Youth-Driven Tobacco Policy Change: The Tobacco Industry Gets Hammered by Teens (TIGHT) Youth Program

Norm Constantine
Bonnie Benard
Marycruz Diaz
Kathleen Curry
Diane Reed
School and Community Health Research Group
WestEd, Oakland, CA

Cyndi Simpson
Lisa Baustista-Rivera
Denice Dennis
Colleen Floyd-Carroll
Holly Schneider
Community Wellness and Prevention Program
Contra Costa County Department of Health Services

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For more information about the Tobacco Industry Gets Hammered by Teens (TIGHT) youth program, and the Youth-Driven Tobacco Policy Change study, please contact:

Denice Dennis, MSPH
Community Wellness and Prevention Program
Contra Costa County Department of Health Services
597 Center Street, Suite 115
Martinez, CA 94553
Phone: (925) 313-6860 (925) 313-6840
E-mail: ddennis@hsd.co.contra-costa.ca.us

Norm Constantine, PhD
Director, School and Community Health Research Group
WestEd, Oakland City Center
300 Lakeside Drive, 18th Floor
Oakland, CA 94612
Phone: (510) 302-4215 FAX: (510) 302-4269
E-mail: nconsta@wested.org

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With funding from the California Department of Health Services Tobacco Control Section, TIGHT was created in 1997 as a youth-driven effort to: (1) develop teams of youth with the capacity to recognize and counter tobacco industry targeting in their communities; (2) work with policy and decision makers to develop and implement effective ordinances and policies to reduce youth access to tobacco; and (3) develop youth skills and resilience (e.g., leadership, public speaking, problem solving, action planning). The TIGHT approach builds on the lessons learned through the successful experiences in the early 1990's in passing 100% smoke-free workplaces and restaurant ordinances throughout Contra Costa County (Ellis, et al., 1995; 1996). A key enhancement is that TIGHT's organizational structure is designed to maximize youth development. The Project Coordinator serves as an adult mentor and trainer to Regional Coordinators in each of four County regions (the coordinators are young adults). The Regional Coordinators, along with paid Youth Outreach Workers (high school aged youth working in their own communities), recruit and train Youth Advocates in community organizing, decision making, planning and advocacy. There have been several examples of Youth Advocates working their way up to becoming Youth Outreach Workers and Regional Coordinators; this kind of leadership development is a desired outcome for youth development programs.

Prevention Context

TIGHT was conceived based on our understanding of five key prevention factors regarding youth and tobacco: 1) youth are at disproportionate risk for tobacco initiation and addiction, 2) existing approaches are largely ineffective in preventing alcohol, tobacco, and other drug abuse, 3) community-based policy initiatives offer potential, 4) youth-driven community action is a powerful and underutilized approach, and 5) youth resilience is strongly associated with tobacco resistance. These are discussed below.

1. Youth are at disproportionate risk for tobacco initiation and addiction. Tobacco marketing is a top predictor of and contributor to teen tobacco use (Schooler et al., 1996), and key marketing strategies such as youth-attractive advertising and the distribution of tobacco promotional items have been linked to initiation of use (Pierce et al., 1998). Numerous studies have documented the positive relationship between tobacco advertising and rates of tobacco use. Cigarette companies must now attract at least two million new smokers each year to replace smokers who die or quit (CDC, 1994). The industry has commissioned several studies to better understand marketing strategies that appeal to youth (Pollay & Lavack, 1993); results of these studies may be some of the most important information the tobacco industry has about content, format, and placement of ads that maximize appeal to youth.

Another critical factor in youth tobacco use is ease of access. Although laws exist prohibiting the sale of tobacco to minors, many studies have documented the ease of access to tobacco for minors, estimating that up to 70% of youth attempts to purchase tobacco products are successful (DiFranza et al., 1987; Erikson et al., 1993).

Recent indicators show that while tobacco use has steadily declined among adults for the last decade, smoking rates among high school youth have increased 36% between 1991 and 1997 (CDC, 1998). This increase is most notable in certain subgroups of youth, such as African-American males (CDC, 1998) and pregnant women ages 15 to 19 (NCHS, 1998). Further,

alarming increases have been found for young adolescents ages 12 to 13, among whom smoking rates have increased by 33% between 1994 and 1997 (SAMHSA, 1997b). These trends in adults and youth are paralleled in California, with smoking rates for adults declining by 18% between 1990 and 1996, while smoking rates for California youth ages 12 to 17 increased by 30% during the same time period (Cancer Prevention and Control Center, 1998).

2. Existing approaches are largely ineffective in preventing alcohol, tobacco, and other drug abuse. From the late 1980's to the present, the conceptual structure for alcohol, tobacco, and other drug (ATOD) abuse prevention has been grounded in the disease or pathology model. This *risk-focused* prevention model is based on a "deviancy assumption"-- any use equals abuse (Brown & Horowitz, 1993), and has an etiological orientation in risk factors, a focus on the individual, and a programmatic approach emphasizing peer resistance skills (e.g., "Just Say No"). This model has been incorporated into a myriad of curricula, especially the widely disseminated *Project DARE* and *Here's Looking At You 2000*. However, evaluation studies have consistently documented the dismal failure of most of these efforts, finding only some *short-term* reductions in the onset of tobacco and marijuana use and no effects on the level of alcohol use (Brown and Kreft, 1998; Clayton, Catarelo, & Johnstone, 1996; Ellickson & Bell, 1990; Ennett, et al., 1994; Hopkins, et al., 1988; Klitzner, 1987).

Where ATOD program evaluations have identified somewhat more promising efforts, two critical components were in place. First, these programs have had to move away from the exclusive focus on "fixing" individual youth to involving family, school, and, especially, community systems in environmental change. Moskowitz' conclusion in his comprehensive review of alcohol prevention programs is directly relevant to tobacco prevention:

> *The failure of primary prevention programs is not surprising given the widespread availability of alcohol and the important role it plays within our society….If one could create a social environment where positive social influences regarding alcohol use predominated, then there would be little need to attempt the difficult task of trying to train the ultimate social animal to resist social influences as is currently in vogue in many 'just say no'-type prevention programs* (1989, p. 78).

A second component identified as contributing to positive ATOD outcomes in youth is the active participation and contribution of the youth in the program (Tobler, 1986; Tobler & Stratton, 1997; and Tobler, 1998). In fact Tobler and Stratton's meta-analysis of school-based ATOD abuse prevention programs (1997) found that "interactive" or peer programs could reduce youth ATOD use by 10%. Tobler defines interactive programs as those that *actively involve youth, use trained adult-led small groups, enable open and honest communication, and are youth-centered* (focusing on *youths*' perceptions, interests, and experience) (1998). Furthermore, when an interactive school-based ATOD program involved the *community*, youth ATOD use was reduced by 25%.

From examining *only* the ATOD prevention program evaluation literature, it is clear that the two most effective program elements are (1) focusing on community change, and (2) providing youth ongoing opportunities for participation and contribution. Both of these characteristics, which describe the TIGHT program, are rare in prevention programs. In fact, Tobler and colleagues found that *non*-interactive programs are used in 90% of the school systems they studied (Ennett, Tobler, Ringwalt, & Flewelling, 1994), and, as the next section makes clear, community efforts, while growing, also are the exception. Thus, an evaluation of TIGHT will significantly contribute to our understanding of implementing and replicating a best practices prevention program.

3. Community-based policy initiatives offer potential. Community involvement in public health promotion is increasingly sought (even required by many funders) in the belief that interventions guided by community participation are more likely to succeed. Kalnins (1992) suggests that community participation in problem solving and decision-making is a precursor for effective interventions, and a growing body of evidence suggests that involvement in controlling events that determine our lives promotes good health (Syme, 1990). For example, the positive changes in knowledge, attitudes and behavior found among low income women using a health promotion and resource guide were credited in large part to their participation in the guide's development (Neuhauser, 1998).

From a research perspective, community involvement is likely to lead to the development of valid research questions by compelling researchers to observe the community through the eyes of its residents (Altman, 1994). Community participation is also likely to increase the quality of data (Wandersman, 1983; Prestby, 1990). Green (1991) directly asserts that nothing assures the success of a program more than to engage the people of a community.

4. Youth-driven community action is a powerful and underutilized approach. Many advocates of community participation, however, tend to overlook children and youth as an integral part of the community. Children and youth are rarely given the opportunity or resources to research, define and address issues that affect their lives. Public policies intended to benefit young people are nearly always developed with little or no meaningful input from them, and programs designed to serve youth are generally run *for*, rather than *by* them. Kalnins (1992) has found that scant attention is given to the potential of children participating in health promotion efforts other than being passive recipients of the efforts of adults working on their behalf. This often results in the failure of the policies and limited participation by youth in programs intended for them.

However, children's participation in health promotion has been demonstrated in both developed and developing countries (Hart & Schwab, 1997), successfully challenging the belief that children and youth are not competent to make decisions about conditions in their communities that affect their health and lives. Broad-based and politically visible programs encouraging cities to be more responsive to and supportive of children and youth have been developed in Seattle, Santa Monica and Edmonton, Canada where children define community problems from their perspective and participate in committee meetings and boards to implement changes (Kalnins, 1992). The result has been formation of broad coalitions of city government, business, and youth groups, which validates the premise that providing opportunities for youth to be democratically involved in community-based organizations is valuable for their development as well as for their communities (Hart, 1997a).

The impact of youth actively challenging the legitimacy of the tobacco industry, as demonstrated in the TIGHT program, has been a powerful strategy in Contra Costa County for both the individual and the community. Yet very little social activism has been reported in the literature on current tobacco prevention programs (Edwards, 1992). To date there are no published evaluation studies documenting the impact of the programs that do exist, even though a review of community-based approaches used to reduce tobacco use among youth by the Center for Substance Abuse Prevention found that community anti-tobacco activism may have an important role in promoting anti-tobacco attitudes and in counteracting messages from the tobacco industry. The value of anti-tobacco activism as an approach requires further study (SAMHSA, 1997).

5. Youth resilience is strongly associated with tobacco resistance. Recent high-profile research, such as the National Longitudinal Study of Adolescent Health (Resnick, et al., 1997), has identified youth's *sense of connectedness* as protective against alcohol, tobacco, and drug use. At the same time, the national multi-site evaluation of the Big Brothers/Big Sisters mentoring program has found *greater* reductions in the onset of ATOD use than most specifically-focused ATOD prevention programs. These types of findings are now directing the prevention field back to a path that ATOD policy makers rejected over a decade ago: human development. This approach assumes that human development is motivated by basic human needs for safety, belonging, self-worth, autonomy, mastery, and meaning. When these needs are met in programs, families, schools, and communities, healthy and successful individual outcomes are a likely result.

This time around the approach is called *youth development,* and has a powerful scientific knowledge base in resilience research – in the interdisciplinary, cross-cultural, developmental studies of youth growing up in high-risk environments that document how most of these youth become healthy and successful despite trauma and adversity (Masten & Coatsworth, 1998; Rutter, 1985; Werner & Smith, 1992).

Resilience research clearly identifies the environmental protective factors, the supports and opportunities, that promote healthy youth development as being three-fold: *caring relationships, high expectation messages, and the opportunities to participate and contribute in meaningful activities* (Benard, 1991; Werner & Smith, 1992). It is through these three external assets that basic human needs are met in healthy and positive ways.

Resilience research also specifies the positive individual outcomes that these developmental supports and opportunities promote and that serve as protective against problem behaviors, including ATOD abuse: *social competence* (e.g., empathy, communication skills); *problem-solving* (e.g., critical thinking, decision-making); *autonomy/identity* (e.g., self-efficacy, distancing); and *sense of purpose and future* (e.g., imagination, persistence, optimism)(Benard, 1991). The major implication from resilience research for prevention practice is:

Further support for a youth development/resilience approach comes from the pioneering research of the Search Institute. Their data from hundreds of communities and about 250,000 youth have clearly documented the positive relationship between the number of assets (their 30 - 40 identified internal and external assets map well to those from resilience research) that young people have and their nonparticipation in problem behaviors, including alcohol, tobacco, and drug use and abuse. In terms of *daily tobacco use*, only 1% of youth with 26-30 developmental assets use; 4% of youth with 21-25 assets use; and 35% of youth with only 1-10 assets use (Benson, 1997, p. 58). This pattern is similar for other problem behaviors.

Finally, a few program evaluations are beginning to appear that document the power of the youth development paradigm for healthy development. All of these programs are focused on meeting the developmental needs of children and youth by providing caring relationships, high expectation messages, and opportunities for participation and contribution in meaningful activities. Most of them have also documented *more* powerful ATOD prevention outcomes than any of the marginally successful ATOD-specific programs. These program evaluations include the Big Brother/Big Sisters (Tierney, Grossman, & Resch, 1995); the latest follow-up of High/Scope Educational Research Foundation's Perry Preschool Study (Schweinhart & Weikart, 1997); a meta-analysis of adventure programs (Hattie, Marsh, & Richards, 1997); meta-analyses of cooperative learning (Johnson & Johnson, 1989; Slavin, 1990); effective schools research

(Meier, 1995; Rutter, Maughan, Moritmore, Ouston, & Smith, 1979); a national qualitative study of community-based youth-serving programs (McLaughlin & Irby, 1994); and the National Evaluation of Learn and Serve America School and Community-based Programs (Melchior, 1998).

What is clearly needed to move the ATOD field toward the youth development and resilience paradigm are some youth development-oriented ATOD program evaluations, such as the one proposed. As a recent literature review of youth development program evaluations concluded, "The review of the evaluation literature highlights the paucity of high quality outcome evaluations of programs fitting the youth development framework (Roth, Brooks-Gunn, Murray, & Foster, 1998, p. 441).

TIGHT: Resiliency In Action

What seems clear from the literature on both youth participation in community-based public health research and action and youth resilience is that to influence or change youth behavior in a positive direction, prevention programs must be designed to meet young people's developmental needs for belonging, respect, power, challenge, autonomy, contribution, and meaning. This translates to programs needing to provide the caring relationships, high expectation messages, and opportunities for youth to be in leadership roles in the program. Schwab (1996) found that youth, including those living in difficult circumstances, as do most of the TIGHT youth, can make a strong contribution to research and action on their own behalf, if given the opportunity, respect and support they need. Similarly, several ethnographic studies of community-based programs found that at-risk inner city youth prefer to be in organizations they feel give them greater self-control and self-respect, and higher expectations about their own futures (Heath, 1994; McLaughlin, Irby, & Langman, 1994). This is the type of environment, as illustrated below, in which young people tend to thrive; it is precisely the environment that TIGHT creates to support the youth who, in turn, become activists in changing their community for both adults and young people.

Youth are attracted to TIGHT for a variety of reasons: being with friends, documenting how the tobacco industry targets them and their communities, and having constructive ways to take action. A TIGHT outreach worker adds: "TIGHT is youth-driven and youth-led and we can take action. We as youth can do something about our community *and* our problem with tobacco" (Reed, 1998). TIGHT youth, mostly from underserved and resource-deprived communities, bring in other youth who would ordinarily not consider getting involved in a project like this. "They're the experts on how to reach young people and make this information relevant," says project director Colleen Floyd-Carroll. "They know how to translate it in a way that is meaningful to their communities. The youth have become passionate and persuasive advocates" (Reed, 1998).

"In the beginning, the adults always have very low expectations", said Floyd-Carroll. "They expect the young people to stumble over their words, to be unsure of themselves. But we have over twenty resolutions in support of tobacco-free youth policies from policy making bodies and advisory groups throughout the county that endorse this entire policy initiative. Nearly all of them were because of presentations done by the youth" (Reed, 1998). The youth themselves feel they are taken seriously during hearings before the Board of Supervisors. "They want to listen to the youth mostly," said one youth outreach worker. "You can tell by their body language. When youth get up there, they pay attention, make eye contact" (Reed, 1998).

Working with school-age youth and young adults who are both new to the workforce and to working with the community has required Tobacco Prevention Project (TPP) and Community

Wellness & Prevention Program (CW&PP) staff to assume unconventional roles: teaching youth a work culture and easing bureaucratic constraints to give youth the room they need to mobilize communities. “Now when we talk about bringing in representatives from diverse communities for projects, young people are included as one of those communities,” said TPP Manager, Denice Dennis (Reed, 1998). TIGHT’s input in the budgetary planning process last year led TPP and the Tobacco Prevention Coalition (TPC) to redefine priorities and reallocate funds in the last budget year to provide more resources for TIGHT’s work to pass the tobacco-free youth ordinance.

While some exemplary tobacco control programs help youth gain knowledge, skills, the ability to think critically, and take action (ANR, 1998; Edwards et al, 1992), it is rare to find a project willing to allow youth to participate in research and define their agenda based on findings from research they did in their own communities. Even fewer provide the type of intensive support (e.g. case management) needed to help youth with few resources to remain in the program when developmental and situational problems arise.

The critical need for effective tobacco prevention strategies for youth is clear. The proposed study will fill the need for research to evaluate the effectiveness of a participatory, youth-driven, youth development approach in working on tobacco control policy. Youth involvement in health policy work translates to several levels of benefits. In the words of Cyndi Simpson, CW&PP Director: “They’re not engaging in risk behaviors, they’re getting their self-esteem built, they’re learning how to problem solve, they’re getting validation about their worth from adults who are not their caregivers...The fact that it’s actually about a key public health issue is like icing on the cake (Reed, 1998).

Community Context

In the broadest sense, the community of relevance is Contra Costa County, a geographically and demographically diverse county located in the San Francisco Bay Area. The special focus of this program comprises all Contra Costa County youth and young adults between the ages of 14 and 25. Contra Costa is a mix of urban, suburban and rural communities. Its estimated 1998 population was 903,000, of which 25% are under the age of 18 and 37% are people of color. Countywide median household income is higher than the statewide average, yet while the county projects a prosperous image, some of the most poverty-stricken communities in the Bay Area are found here. Hills and rugged terrain divide the county into three distinct regions. Densely populated West County contains much of the county’s heavy industry. Central County is rapidly changing from suburban bedroom communities into a major center for commercial and corporate financial headquarters. East County continues to be an important agricultural region even as it is increasingly suburbanized. Parts of West County and East County have the lowest incomes and most persistent economic, social and health problems in the county. These regional differences present challenges to organizing for tobacco control public policy changes.

Preliminary Evaluation Activities

Several preliminary studies of the TIGHT project have been conducted to date. An initial study of policy options to reduce demand for and supply of tobacco among young people was conducted by the Contra Costa County TPC and the TPP at the request of the County Board of Supervisors and the Conference of Mayors. After reviewing federal and state policies, local initiatives and public opinion, a policy paper, *Tobacco-Free Youth: Assessing Policy Options*

Which Reduce Demand for and Supply of Tobacco to Young People in Contra Costa County, was developed. The major strategies described to reduce youth access and the impact of tobacco advertising on youth included regulating tobacco retailers through licensing and conditional use permit restrictions; restricting or prohibiting tobacco advertising; limiting tobacco promotional and sponsorship activities; and restricting tobacco self service displays.

The 1998 TIGHT evaluation prepared for the California Department of Health Services Tobacco Control Section was directed by CW&PP director Cyndi Simpson. The evaluation contains two case studies and a focus group summary on the project's strengths and challenges. The first report, *TIGHT: A Case Study of a Youth-Driven, Participatory Model Involving Youth in the Development and Passage of Local Tobacco Policy* described how youth from primarily low income, underserved communities won the respect and support of policy makers and became powerful youth advocates as articulate, passionate, and persuasive organizers and speakers whose presence had a decisive impact on the Board's decision to pass the ordinance. The youth themselves feel they have a positive impact, and significant positive changes have occurred in their academic achievement, self esteem, acquisition of new skills, and vision of the future.

The study identified several key issues the staff faced in implementing the youth-led model, including the need to educate the youth about professional work culture, and to educate adults about how to share power with youth. A key issue has been providing support on-demand to the youth to help them stay in the program.

Youth voices in *Results From the Focus Group with Members of Tobacco Industry Gets Hammered by Teens (TIGHT)* echo the importance of the support TIGHT provides them. Explaining how they benefit from their participation in TIGHT, the youth describe caring relationships, high expectations, and meaningful participation, the three protective environmental supports to promote resiliency among youth. They have also gained knowledge about tobacco industry targeting and the policy process, as well as skills in communication, public speaking, organizing, leadership, working in diverse teams, media advocacy and administrative tasks. Many TIGHT participants have changed their attitudes about smoking and become informal anti-tobacco advocates with family and friends. The youth reveal that their interest in TIGHT stemmed from their desire to be with friends, take action and exercise leadership. They perceive that the strength of the program lies in the passion and diversity of the youth involved, and that TIGHT provided them with opportunities for participation in a way that other youth projects do not.

The second case study, *Development of a Contra Costa County Tobacco-Free Youth Ordinance,* documents the strategies used and barriers encountered in pursuing the model ordinance with the County Board of Supervisors. A sense of urgency to pass the ordinance was established through the strong and on going presence of well-trained youth from diverse backgrounds who provided photographic evidence they had collected and their own experience of tobacco industry targeting in their communities. Additional strategies that contributed to successful passage of the ordinance included meeting individually with Board members; working to establish a positive working relationship with County Counsel; soliciting outside experts to review the ordinance; having an attorney on TPP staff; and providing well-researched, comprehensive materials for the Board.

Some of the barriers that arose in pursuing the ordinance included: County Counsel's initial reluctance to work with TPP; the difficulty in getting the Board of Supervisors --faced with tobacco industry and some merchant opposition -- to make a decision on the ordinance; initial resistance on the part of the county planning department opposed to any proposal that would create more work for them; and the county's fear of threatened litigation.

Research Proposed for 1999-2002

A three-year collaborative community-academic research award (CARA) study has been proposed by WestEd's School and Community Health Research Group and the Contra Costa County Department of Public Health Services' Community Wellness & Prevention Program to the University of California Office of the President's *Tobacco-Related Disease Research Program.* This study is to investigate the role of youth mobilization in local tobacco policy change. Grounded in the theories of participatory action research and youth resilience, we will systematically examine and analyze the processes and outcomes of TIGHT. We plan to document and better understand the determinates and mediators of TIGHT's most important outcomes clusters: (1) changing local tobacco policies and community environments; and (2) providing developmental supports to participating youth, enhancing their resilience, and positively affecting their tobacco-related knowledge, attitudes, intentions, and behaviors. The study builds on TIGHT's experience developing, successfully advocating for, and implementing a comprehensive Tobacco Free Youth Ordinance applicable to unincorporated areas of Contra Costa County, together with TIGHT's plans to replicate these successful strategies in up to 18 county cities during the next three years. One important product of the study will be a package of materials and technical assistance strategies together with a dissemination plan to encourage and assist the diversity of California communities that could potentially replicate this unique program.

The study has three primary aims:

1. Assessment of the processes, outcomes, and mediating factors of youth-driven community actions and community change in five cities.
2. Understanding of the youth and community mobilization-related issues, assets, and needs of a diverse sample of specific communities to inform dissemination and replication strategies.
3. Assessment of developmental supports, protective factors, enhancement of resilience traits, and positive tobacco outcomes experienced by youth as a result of their participation.

To accomplish these aims, we will employ a mix of three types of research methodologies:

1. Longitudinal multi-site tracking, analysis, and reporting of community actions and community changes across five selected communities (Fawcett and colleagues, 1995, 1999).
2. In-depth qualitative data collection and structured analysis across these communities (Miles and Huberman, 1994.)

3. Individual assessment, tracking, and analysis of protective factors, resilience traits, and tobacco use and its correlates for a sample of student activists at start of participation, six months later, and 18 months later (Constantine and colleagues, 1998, 1999).

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