A Framework for Mobilizing Communities to Advance Local Tobacco Control Policy: The Los Angeles County Experience

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The Los Angeles County Tobacco Control and Prevention Program was significantly restructured in 2004 to improve capacity for local policy adoption. Restructuring included creating a fully staffed and trained policy unit; partnering with state-funded tobacco control organizations to provide high-quality, continuous technical assistance and training; implementing a highly structured policy adoption approach; expanding community capacity building; and establishing local coalitions to mobilize communities. Over the ensuing 6 years (2004–2010), 97 tobacco control policies were enacted in the county's 88 cities and unincorporated area, including 79 that were attributable to the program. By comparison, only 15 policies were enacted from 1998 to 2003. Expanding policy adoption capacity through program restructuring may be achievable in other local jurisdictions. (*Am J Public Health*. Published online ahead of print March 15, 2012: e1–e4. doi:10.2105/AJPH.2011.300586)

KEY FINDINGS

- From 2004 to 2010, 97 tobacco control policies were enacted in Los Angeles County's 88 cities and unincorporated area, including 79 attributable to the program (only 15 policies were enacted from 1998 to 2003).

- Increases in tobacco policy adoptions were attributed to the comprehensive restructuring efforts, including creating a Policy and Planning Unit, establishing key partnerships to provide technical assistance and training, extensive capacity building, use of policy organizing tools, and forming coalitions to mobilize communities.

Municipal-level tobacco control policies, such as indoor and outdoor smoking restrictions, play a vital role in local tobacco prevention and control efforts as well as in building grass roots support for state legislation.[1] In 2004, the Los Angeles County Department of Public Health's Tobacco Control and Prevention Program (TCPP) embarked on a comprehensive restructuring to focus its tobacco control efforts on local policy adoption in the county, a jurisdiction that has 88 cities and a large unincorporated area. We describe the elements of this transformation process and the lessons learned.

ORGANIZATIONAL CHANGES AND TEAM APPROACH

At the outset, the TCPP established a Policy and Planning Unit to provide leadership, policy analysis, and coordination of tobacco policy efforts, including technical assistance, to the community-based organizations charged with spearheading local policy campaigns. The existing Contract Management Unit was reoriented to take a much more active role in the policy development process, including implementation of a system for incentivizing community-based organizations to conduct policy work and monitoring their progress. The existing Research and Evaluation Unit was likewise reorganized to provide policy support functions, including the rapid collection, analysis, and dissemination of qualitative and quantitative data (e.g., focus groups and key informant interviews, public opinion surveys, population-based surveys) specific to tobacco control policies under consideration. A team approach was fostered, including regular collaboration and integration of the 3 TCPP units and community-based organizations to jointly promote and strategize about specific policy campaigns.

KEY PARTNERSHIPS FOR TECHNICAL ASSISTANCE AND TRAINING

The California Tobacco Control Program (CTCP), which administers and coordinates the efforts of 61 local health departments funded by Proposition 99 (a California tobacco tax passed in 1988), provided strong leadership and critical infrastructure to support TCPP's policy efforts. Of particular importance was the availability of ongoing technical

support and training (e.g., community organizing strategies and legal analysis of tobacco control policies) through CTCP-funded agencies designated to provide policy expertise.

EMBRACING A STRUCTURED MODEL FOR POLICY CHANGE

TCPP collaborated with the Center for Tobacco Policy and Organizing in the development of a step-by-step approach for organizing tobacco policy campaigns, referred to as the Policy Adoption and Implementation Model (Figure 1). This model separates the policy adoption and implementation process into 5 phases:

1. community assessment,
2. policy campaign strategy,
3. coalition building,
4. policy campaign implementation and policy adoption, and
5. policy implementation and enforcement.

During phase 2, a heuristic tool, the Midwest Academy Strategy Chart, was adopted for use in planning policy campaign activities.[2] The strategy chart is composed of 5 components:
1. developing campaign goals;
2. assessing organizational resources;
3. identifying constituents, allies, and opponents;
4. selecting appropriate policymakers and decision makers; and
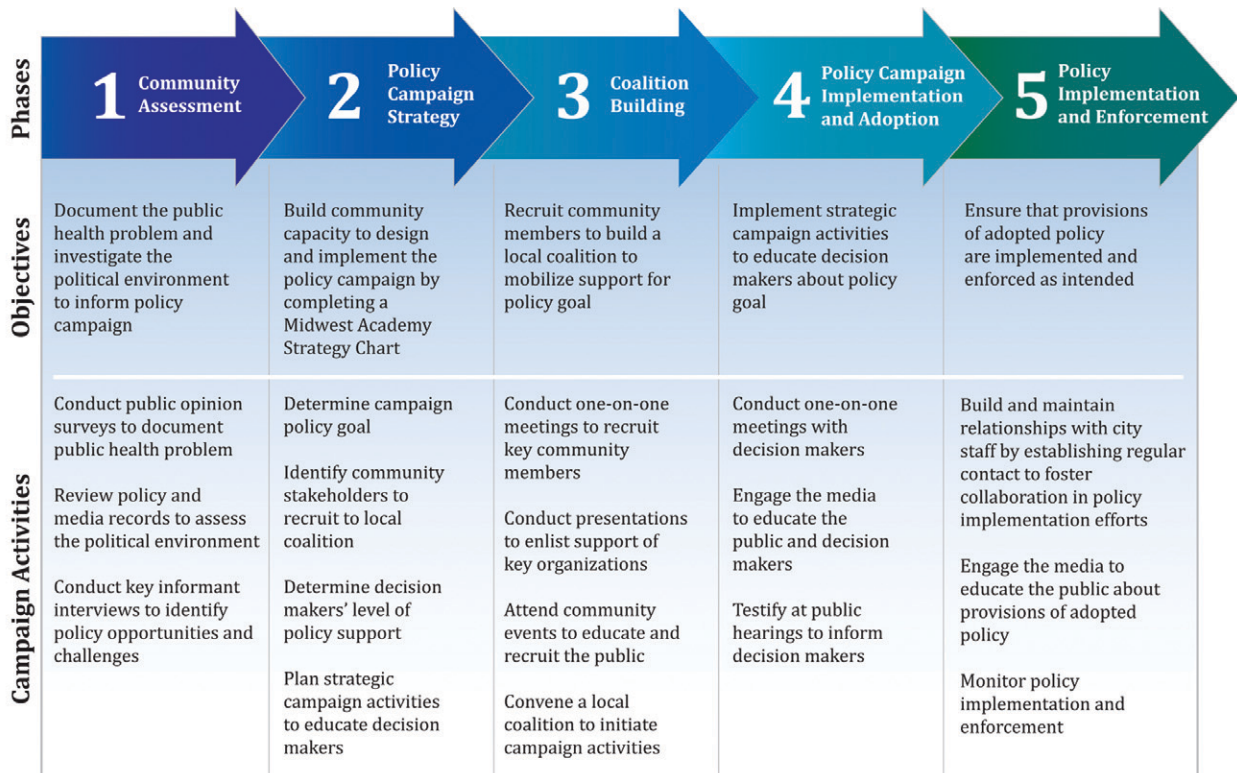5. choosing campaign tactics.

Explicating these 5 components results in a blueprint for conducting the policy campaign.

COMMUNITY MOBILIZATION

To increase public support and facilitate community mobilization, TCPP and partnering community-based organizations established in each city a local community coalition focused on the specific tobacco control policy under consideration. Coalitions consisted of local residents with particular interests in tobacco issues; health advocacy groups; business owners; and ethnic, religious, and cultural organizations.

CAPACITY BUILDING

Critical to the success of the restructured program was the investment in intensive training of staff from TCPP and community-based organizations on each phase of the Policy Adoption and Implementation Model. This included comprehensive all-day trainings, small group workshops, and ongoing one-on-one technical assistance led by TCPP policy staff and Center for Tobacco Policy and Organizing. Policy staff, along with outside experts provided by CTCP (e.g., Technical Assistance Legal Center), facilitated community coalition meetings, workshops, and webinars on tobacco control issues for the trainees. In addition,

	1 Community Assessment	**2** Policy Campaign Strategy	**3** Coalition Building	**4** Policy Campaign Implementation and Adoption	**5** Policy Implementation and Enforcement
Objectives	Document the public health problem and investigate the political environment to inform policy campaign	Build community capacity to design and implement the policy campaign by completing a Midwest Academy Strategy Chart	Recruit community members to build a local coalition to mobilize support for policy goal	Implement strategic campaign activities to educate decision makers about policy goal	Ensure that provisions of adopted policy are implemented and enforced as intended
Campaign Activities	Conduct public opinion surveys to document public health problem Review policy and media records to assess the political environment Conduct key informant interviews to identify policy opportunities and challenges	Determine campaign policy goal Identify community stakeholders to recruit to local coalition Determine decision makers' level of policy support Plan strategic campaign activities to educate decision makers	Conduct one-on-one meetings to recruit key community members Conduct presentations to enlist support of key organizations Attend community events to educate and recruit the public Convene a local coalition to initiate campaign activities	Conduct one-on-one meetings with decision makers Engage the media to educate the public and decision makers Testify at public hearings to inform decision makers	Build and maintain relationships with city staff by establishing regular contact to foster collaboration in policy implementation efforts Engage the media to educate the public about provisions of adopted policy Monitor policy implementation and enforcement

Note. The model divides a local tobacco control policy campaign into 5 distinct phases, each with a specific objective and campaign activities With this step-by-step approach, knowledge, experience, and momentum acquired from performing campaign activities in each phase build toward the next.

FIGURE 1—The Policy Adoption and Implementation Model.

community-based organizations received training in data collection methods to ensure the reliability and validity of data provided to stakeholders and policymakers.

ALIGNING THE INCENTIVES

A key factor in the success of the restructuring process was the establishment of fiscal incentives for the funded community-based organizations to adhere to the core activities in each phase of the Policy Adoption and Implementation Model. For example, phase 1 activities included a specified number of public opinion surveys, key informant interviews, and a policy record review (e.g., investigation of city councilmember voting patterns on tobacco ordinances). A fee-for-service billing structure was instituted, linking the completion of each phase-specific activity to a predetermined reimbursement payment. The community-based organizations were required to submit monthly invoices describing the activity type, number of units completed, and supporting documentation to receive payment. This fiscal incentive approach allows for flexibility to respond to campaign developments in the field.

OUTCOMES

As a result of the coordinated efforts of TCPP and its community partners, 79 local tobacco control policies were adopted in 43 cities and in the unincorporated area of Los Angeles County, California, from 2004 to 2010; 18 additional policies were passed but did not receive assistance from TCPP. The adopted policies covered 77% of the county's 10.4 million population and

included the following ordinances: 29 tobacco retail licensing, 18 smoke-free parks, 11 smoke-free beaches, 7 comprehensive smoke-free outdoor areas, 5 smoke-free outdoor dining areas, 5 smoke-free multiunit housing, and 4 others. By comparison, only 15 smoke-free ordinances were adopted from 1998 to 2003 (Figure 2). This represents a 427% increase in policy adoption from 1998 to 2003 (15 policies) to 2004 to 2010 (79 policies).

NEXT STEPS

Although the county experienced a dramatic increase in tobacco control policy adoption in the 6 years following TCPP restructuring, the lack of a rigorous research design precludes making strong causal inferences about the effects of program restructuring. However, the 427% increase in policy adoption was achieved despite 58% and 43% decreases in TCPP funding and CTCP media funding targeting Los Angeles County, respectively, during 2004 to 2010, compared with 1998 to 2003. Also during 2004 to

Campaign staff member monitors smoke-free parks policy implementation (phase 5) by assessing signage.
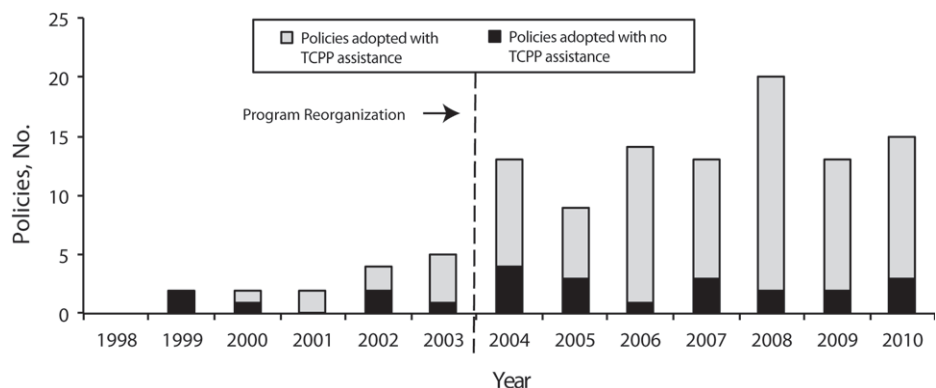
Note. TCPP = Tobacco Control and Prevention Program.

FIGURE 2—Number of tobacco control policies adopted in Los Angeles County, 1998–2010.

TOBACCO CONTROL AND PREVENTION PROGRAM'S (TCPP'S) RESTRUCTURING FRAMEWORK: STEPS FOR ADVANCING LOCAL TOBACCO CONTROL POLICY

1. Conduct comprehensive appraisal of program goals, organization, and capacity to identify barriers to tobacco policy adoption and implementation.

2. Establish programmatic units to foster tobacco policy adoption and implementation:
   · A policy and planning unit to provide leadership, policy analysis and recommendations, and coordination of tobacco policy efforts.
   · A contract management unit for implementing and monitoring a system for incentivizing community-based organizations to conduct policy work.
   · A research and evaluation unit to provide policy support functions, including the rapid collection, analysis, and dissemination of tobacco-related data to guide tobacco policy adoption and implementation activities.

3. Establish key partnerships with local, state, and national organizations that can provide:
   · Technical assistance and training for building TCPP and community-based organization staff capacity to conduct tobacco policy and implementation activities.

4. Use tobacco policy organizing tools to plan and implement strategic tobacco policy campaigns, such as
   · The Policy Adoption and Implementation Model, an approach for organizing tobacco policy campaigns into 5 step-by-step phases (community assessment, policy campaign strategy, coalition building, policy campaign implementation and policy adoption, and policy implementation and enforcement).
   · The Midwest Academy Strategy Chart, a heuristic tool for explicating all activities involved in a successful tobacco policy campaign, resulting in a campaign blueprint.

5. Increase public support and facilitate community mobilization by establishing local (e.g., city-level) community coalitions that focus on the specific tobacco control policy under consideration.

6. Build the capacity of TCPP and community-based organization staff to successfully use tobacco policy organizing tools and conduct policy campaigns through comprehensive trainings and ongoing one-on-one technical assistance.

7. Establish fiscal incentives for the funded community-based organizations to conduct the core activities in each phase of the policy adoption and implementation model by linking the completion of each phase-specific activity to a predetermined reimbursement payment.

2010, greater than 4 times more policies were adopted with TCPP assistance (79 policies) than without assistance (18 policies). To the best of our knowledge, no other systematically coordinated, well-funded tobacco policy efforts targeted Los Angeles County cities during 2004 to 2010.

Funding from the federal Communities Putting Prevention to Work initiative has provided new opportunities for local jurisdictions across the nation to engage in local tobacco control policy-work. Federal health care reform (i.e., the Prevention and Public Health fund of the Patient Protection and Affordable Care Act) will likely create additional opportunities. The success of these investments will depend on the readiness of local health departments and their community partners to carry out this work. The recent experience in Los Angeles County suggests that this readiness can be developed relatively quickly but requires a highly structured process, strong community partnerships, and a strong technical assistance and capacity-building infrastructure (see the box on this page). ■

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