Alaska Native Tobacco Prevention Community Toolkit

Table of Contents

Alaska Native Tobacco Prevention Community Toolkit

Federally recognized tribes in Alaska are intended to have a government-to-government relationship with the United States, which means they possess certain inherent rights of self-government (i.e. tribal sovereignty). This is important to note because they may have their own unique tribal policies and procedures. However, keep in mind that each tribe is different.

Throughout the vast regions of Alaska there are 229 federally recognized tribes, 13 Alaska Native regional corporations, the Alaska Tribal health system, and many tribally owned businesses. When working with Alaska Native communities to pass smokefree or tobacco-free policies and provide tobacco-related educational material, it is important to understand that each tribal village, town, organization and community has multiple governing bodies and a unique way of passing laws and policies. There are over 200 village corporations. There are regional corporations and most villages often have their own corporation.[1] It is also important to know that you are there to build relationships, educate about evidence-based prevention, provide resources, and assist tribes through the policy process. The Centers for Disease Control and Prevention (CDC) recognizes public policies, such as smokefree workplace laws or smokefree and tobacco-free schools and college campuses, as best practice because policy impacts the larger community and creates positive systems and community change surrounding the issue of tobacco.[2]

The Alaska Native Tobacco Prevention Toolkit is for community grantees of the State of Alaska, Tobacco Prevention and Control Program and anyone who seeks to work with tribes in their journey to become tobacco-free.

This toolkit shares resources and ideas for working within a variety of settings in tribal communities, such as health clinics and schools. The purpose of this toolkit is to guide you through the process of how, as a grantee, you can assist a tribe, a tribal organization, or a tribal business in working towards implementation of evidence-based tobacco prevention strategies. The toolkit was prepared by the State of Alaska Tobacco Prevention and Control Program and the Alaska Native Tribal Health Consortium (ANTHC) tobacco technical assistance team.

As you work with different tribal communities or tribal organizations, you will come to understand how each one is unique and may require more or less effort as they work to establish a smokefree and tobacco-free policy.

---

1. http://www.anvca.biz/about-us/ 2. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs – 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

Alaska Tribal Health System Map

Do you currently work with one of the regional tribal health systems?

Alaska Tribal Health System

Regional Health Consortia
Area Map Key by Region

REGION NUMBER	ORGANIZATION
	Alaska Native Tribal Health Consortium
1	Arctic Slope Native Association
2	Maniilaq Association
3	Norton Sound Health Corporation
4	Yukon-Kuskokwim Health Corporation
5	Bristol Bay Area Health Corporation
6	Aleutian/Pribilof Islands Association
7	Eastern Aleutian Tribes
8	Kodiak Area Native Association
9	Southcentral Alaska Alaska Native Medical Center (jointly managed by ANTHC & SCF) Southcentral Foundation
10	Chugachmiut
11	Copper River Native Association
12	Mt. Sanford Tribal Consortium
13	SouthEast Alaska Regional Health Consortium
16	Tanana Chiefs Conference

Tanana Chiefs Conference (TCC) covers Takotna, McGrath, Medra, Nikolai, Telida and Lake Minchumina.

Southcentral Foundation (SCF) now includes Igiugug, Kokhanok, New Halen, Illiamna, Nondalton and Pedro Bay.

Tribal and/or Local Health Programs

REGION NUMBER	ORGANIZATION
1	UIC (Barrow)
3	Diomede, Native Village of
4	Kwinhagak, Native Village of Akiachak Native Community
6	St. George Traditional Council
8	Karluk, Native Village of
9	Southcentral Alaska • Eklutna, Native Village of • Ninilchik Village Traditional Council • Seldovia Village Tribe • Chickaloon Village Traditional Council • Knik Tribal Council • Tyonek, Native Village of • Kenaitze Indian Tribe, IRA
10	Valdez Native Tribe Eyak, Native Village of
11	Chitina Traditional Council
13	Hoonah Indian Association Yakutat Tlingit Tribe
14	Ketchikan Indian Corporation
15	Metlakatla Indian Community
17	Council of Athabascan Tribal Governments

Relative Size of Alaska and the Contiguous United States

ARCTIC OCEAN

BEAUFORT SEA

ARCTIC CIRCLE

GULF OF ALASKA

PACIFIC OCEAN

Barrow
UIC
Wainwright
Atqasuk
Nuiqsut
Prudhoe Bay
Kaktovik
Anaktuvuk Pass
Arctic Village
Wiseman
Kiana
Ambler
Kobuk
Venetie
Chalkyitsik
Noorvik
Shungnak
Selawik
Bettles
Evansville
Fort Yukon
Beaver
Birch Creek
Alatna
Allakaket
Circle
Buckland
Hughes
Stevens Village
Central
Huslia
Rampart
Livengood
Eagle
Koyukuk
Tanana
Minto
Nulato
Galena
Ruby
Manley Hot Springs
Fairbanks
North Pole
Kaltag
Nenana
Healy Lake
Lake Minchumina
Delta Junction
Dot Lake
Dry Creek
Tok
Tetlin
Telida
Healy
Tanacross
Northway
McGrath
Takotna
Medfra
Nikolai
Cantwell
Paxson
Slana
Mentasta Lake
Mt. McKinley
Chistochina
Nabesna
Shageluk
Holy Cross
Talkeetna
Gulkana
Gakona
Crooked Creek
Georgetown
Skwentna
Tazlina
Copper Center
Sleetmute
Stony River
Red Devil
Willow
Wasilla
Palmer
Chickaloon
McCarthy
Aniak
Napaimute
Kroto
Sutton
Chitina
Lime Village
Susitna
Eklutna
Chugiak
Anchorage
Valdez
Tyonek
Eyak
Kanatak
Knik
Girdwood
Whittier
Tatitlek
Cordova
Port Alsworth
Kenai
Nondalton
Soldotna
Kasilof
Chenega Bay
Pedro Bay
Clam Gulch
Iliamna
Koliganek
Ninilchik
Newhalen
Nikolaevski
Kachemak
Seward
New Stuyahok
Kokhanok
Homer
Aleknagik
Ekwok
Seldovia
Ignitgit
Nanwalek
Manokotak
Levelock
Port Graham
Dillingham
Eliak
Portage Creek
Naknek
Clark's Point
South Naknek
King Salmon
Egegik
Afognak
Ouzinkie
Port Lions
Kodiak
Pilot Point
Ugashik
Larsen Bay
Old Harbor
Akhiok
Skagway
Haines
Klukwan
Juneau
Takotna
Hoonah
Pelican
Tenakee Springs
Angoon
Sitka
Kake
Petersburg
Wrangell
Hyder
Kasaan
Ketchikan
Klawock
Craig
Saxman
Hydaburg
Metlakatla

Village
Village with Clinic
Subregional Clinic
Regional Hospital
Alaska Native Medical Center
(jointly managed by ANTHC & SCF)
Tribal or Local Health Program
Regional Area Border
Road

N

SCALE IN MILES
0   50   100   150   300

7/2004

Relationship Building & Community Engagement

Be Patient

Policy work takes time, especially in smaller communities where there may be fewer staff within the local government, a lack of funding, and other immediate priorities such as alcohol abuse. It may take time to build trust in communities that have high staff turnover or regional programs that have been removed or restructured. Historical incidents may also hinder progress with building trust in the community. With that, it's important to remember that you don't always have to start the policy process by discussing tobacco. If the community's current priority is alcohol abuse, attend local meetings to show your support, to learn about their concerns, and to begin identifying local health advocates.

Identify Champions

If you are located within a regional hub community and aren't able to join regular meetings with the local tribe, you, as a grantee, can assess whether or not you have any relationships within that community. If you do not have established relationships, think about who within the community are the key players (tribal members, school administration, local community health aides/providers, or identified community leaders and/or Elders). Leaders within the Alaska Native community may not be your typical leader in the sense of being a member of the tribal government/council, but often times will be the Elders within the community. Elders within a community hold a lot of influence and are often well respected and consulted by current leaders.

To identify key community members who hold influence and power, start by asking your colleagues if they have any connections. You may also start off by contacting key players that currently work within your organization. For example, if you work for a regional tribal health system the local health clinic may be a helpful entry point for identifying key community members.

Once you've made a solid connection with one community member or organization, ask for their help in reaching out to other organizations and community members.
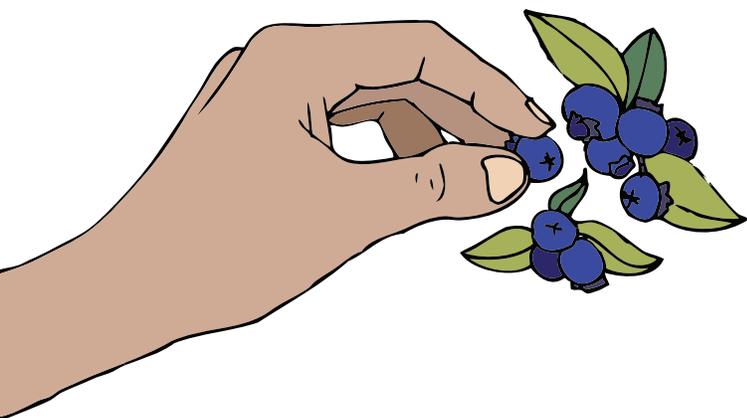
THINGS TO DO INSTEAD OF USING TOBACCO:
Go hunting or berry picking.

Listen to music.

Cultural Considerations

There are several Alaska Native languages still spoken throughout various regions in Alaska. Some languages, such as Yup'ik, continue to be predominantly spoken in communities throughout the Southwest region of Alaska. Since English may be a second language for some, it is important to keep in mind that some English words and concepts may not be easily understood right away because it takes time for people to process the information, think about their response, and then think about how they're going to respond in English. If you are not fluent in the language being spoken, find a skilled translator to assist you and to be your support. Following is a resource link for the different languages spoken across Alaska:
http://www.uaf.edu/anla/collections/

Body language/nonverbal communication and communication style is important to understand when talking to Alaska Native community members across regions. In the Southwest region people may appear to be shy and agree with what is being said, whereas those from the Southeast and Interior region may appear to be more assertive and vocal. While some people are afraid of silence and feel the need to fill silence, silence is a good thing among Alaska Native communities.

Another cultural consideration is the pace at which you talk to an individual or when presenting. Notice your audience, are there Elders? Do you need to speak up? Ask if what you're talking about makes sense and have people tell you what was just said. This will give a good indication that people are understanding what you're trying to relay.

When you begin to go out and meet with individuals and communities it is important to:
- Introduce yourself and where you live.
- Introduce the organization and program you work with.
- Explain why you're in the community.
- Provide resources.
- Find commonalities (hobbies, people you may know in common, foods you like, etc.).
- Ask how you can help and for questions or feedback.
- Provide your contact information.
- Thank the individual or group for their time and welcoming you to their community.

As a grantee it is important that we listen, be respectful, and understand the cultural differences throughout Alaska. Being culturally responsive will help avoid the "us vs. them" or "know-it-all" mentality. By being honest and authentic in your communication and actions, keeping the community engaged, empowering them throughout the process, and providing resources and support, you will help build a strong, positive relationship.

For more considerations on cultural responsiveness please review this document:
www.alaskanativeyouth.org/wp-content/uploads/MovingTowardCulturalCompetence.pdf

Source: *Moving Toward Cultural Competence,* Adoption Exchange Association

Where Do I Go?

In many Alaska Native communities you will likely find your key players at these locations.

Local Health Clinics
Here you can meet with staff and provide educational material (brochures, posters, etc.) to distribute to customers/patients. If you currently work with one of the regional tribal health systems (*see map on previous page for reference*), first find out if there is an internal protocol for reaching out to the clinic and tribal entities. If you currently do not work for a tribal health system, contact the regional tribal health system and speak with their tobacco prevention program or health education department and see if they are already currently working with a certain community, so you do not duplicate efforts.

Tribal Council or City Councils
There are many communities throughout Alaska that have more than one governmental agency. Typically there is the main city council and a tribal council. Following is the Bureau of Indian Affairs' (BIA) Tribal Leaders Directory: http://www.bia.gov/ tribalmap/DataDotGovSamples/tld_map.html This map has a list of all the tribal leaders and their contact information. Leaders may change because of turnover so this list may not reflect the most current information.

Schools
The majority of the schools and school districts in rural Alaska have high numbers of Alaska Native students, staff and school board members. If it's not the local government office, the schools often serve as the number one venue space for meetings, community events, potlatches or pot lucks, carnivals, dances, celebrations, sporting events, after-school programs, and support for community members. Some schools will provide lunches for community members and Elders or act as a safe haven if there's an emergency within the community. Contacting administrators or district officers may provide additional connections. There are 55 school districts and about 500 public

schools in Alaska – you will find a map with the different districts at the following link: www.alaskateacher.org/alaska_school_districts.php

- In many Alaska Native communities sports are what brings the community together – whether it's student sports or adult sports. In Alaska, basketball is the most popular sport in the rural areas and it is not uncommon if the whole community shows up to the local school to watch a basketball game. To find a general calendar of sporting events across Alaska, visit the Alaska School Activities Association (ASAA) site: asaa.org/calendar/ Contact the local schools for their calendar of events or visit their school's website.

- In the winter/early spring, adults will form their own basketball leagues and host their tournaments at the school. Different communities will typically travel to the hosting community. The adult sporting events may be coordinated and sponsored by the local tribal council, a local business(es), and/or other community members. These events are a great place to conduct outreach to reach the adult population.

Churches

In many small rural communities and villages, the church serves as a local gathering space for community members. The local church can be a place to make announcements or host events after service. The head of the local church is typically a respected member of the tribal community. It is important to note that each community may have more than one denomination and varying celebrations throughout the year. It is important to take into consideration the different religious celebrations or traditional indigenous celebrations throughout the year and decide whether or not it would be appropriate to coordinate an event during that time. Some communities have experienced trauma with the church or faith and so it is vital that as a grantee, you do research and planning to help yourself develop a small community profile/assessment before going out to a community.

Other Community Hot Spots

Before you go into a community and you are working with a local community member, ask if there are additional popular meeting spaces or high traffic areas where you or a local member can reach out to community members to join your efforts and support. Additional hot spots to consider other than those already mentioned are: local bingo hall, recreational/community centers, laundromats, libraries, post office, airports, stores, any service centers (electric, cell phone company, gas, water supply) etc.

Regional Events

Dance festivals, sporting events, regional or community celebrations, subsistence activities.

Conducting Assessments

Conducting an assessment of an organization, business, school, or community will help highlight what strengths and resources are currently available, and shine light on what areas need to be targeted. While there are many assessment tools, it is important to hear from the local community members and hear their stories.

Do their current community priorities and concerns align with your goals as a grantee? For instance, if a community is currently working on food security issues – are they thinking about tobacco policy? And if not, maybe there is a way you can link tobacco policy into their current priorities. As a grantee, you can provide education on the economic cost of smoking and how quitting increases a family's budget, therefore increasing the amount of money available for healthy food, gas, and other expenses. Having both the assessment and the shared stories and concerns of the community members increases your chances of success.

Assessment Resources

Environmental Scan
An environmental scan can be helpful in identifying the overall landscape of tobacco control activity in a community. Specifically, a scan can be used to identify gaps in tobacco-free workplace/campus policies, and identifying areas where there is a high concentration of cigarette butt litter, advertising, or smoking areas. *See Appendix for template.*

Community Readiness Assessment
A community readiness assessment integrates a community's culture, resource, and level of readiness to more effectively address an issue. This assessment helps tailor what strategies will make the most sense and creates a sense of ownership in the change(s) that occur within the community. *See Appendix for link.*

Community Assessment Wheel
The Community Assessment Wheel helps you identify names and organizations within each community and assesses whether or not they are a current partner or supporter of the work you are trying to achieve. *See Appendix for template.*

Midwest Academy Strategy Chart Instructions & Example
The Midwest Academy Strategy Chart can help you identify your strategy and narrow down who your key players are, figure out what tactics to use, and what obstacles may come your way. *See Appendix for template.*

Conduct Meetings with Community Members

By meeting with key members of the community and conducting an assessment, the results may be able to tell you the following:

1. What additional tobacco-related educational material is needed? *See Resources pages for links to specific resources under the following categories.*

- Tobacco & Health Impacts
- Tobacco & Economic Costs
- Tobacco & Children's Health
- Tobacco Cessation Resources
- Additional Resources

2. Do they currently have a smokefree or tobacco-free policy in place? And if so, does it include e-cigarettes or other smoking devices? Are e-cigarettes a concern in the community? If there is no current policy in place, why not? Do they need a template?

3. Does the organization, tribe, business, etc., know the importance of having such a policy in place? Do they have the knowledge and capacity for how to implement and enforce a policy? Do you have the time/resources to provide training, if needed?

4. Are there key tribal members who are on the fence about supporting or passing a smokefree or tobacco-free policy? Why are they on the fence? Do you know someone or have connections with other community members who may be able to sway the person in favor of the policy? What personal information (e.g. family impacted by cancer/asthma/ other illness related to smoking, do they have kids, etc.) do you know? By knowing the individual on a personal level, you can weave that information into your message and story for reasons why they should support the efforts to pass smokefree or tobacco-free policies. Sharing the successes of other nearby communities can help demonstrate the region is going smokefree or tobacco-free. Throughout the whole process of meeting with community members and working with them, it is important not to put shame on the tobacco user. Casting shame and putting down a person who uses an addictive substance will hinder your work and shut people out. We want to encourage people to be healthy and provide resources.

THINGS TO DO INSTEAD OF USING TOBACCO:
Go for a walk, engage in cultural activities, sports, or games with others in the community.
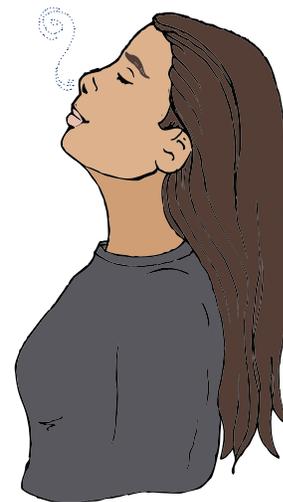
Breathe in and out deeply 10 times.

Strengths & Challenges

It's important to work with a community to identify what they think the strengths and challenges are to achieving good health. The strengths, such as healthy youth, should be highlighted when working on educational campaigns. By building relationships and keeping messages positive, you have a better chance for creating long-lasting connections with community members.

Some of the challenges you may experience during the policy process include:

- Building trust and relationships.

- Maintaining communication.

- Turnover in staff and having to re-establish relationships as well as working with a new person to retrain them or reorient them to your work.

- The political landscape. (e.g. a community may be on board with passing a smokefree workplace policy, but if an influential person in the community smokes, and has a family member who currently serves on the city/village/tribal council, this can sometimes interfere with a successful policy).

Please keep in mind that technical assistance from your grant program manager and TA team is always there to help you throughout the whole process.

Tips Throughout Policy Implementation

When communities have decided to pass a smokefree or tobacco-free policy, grantees continue to be a resource throughout the implementation process.

Here's what you can do:

- Continue to build on the relationships you have in the community or entity you're working with.

- Seek to build new relationships.

- Offer to provide signage and additional resources.

- Make quarterly follow-ups with communities to see how their policy is going.

- Participate in community events (health fairs, celebrations, etc.). Present certificates of appreciation during these events.

- Seek acknowledgement in paid/earned media.

- Assess other government entities or work places for policy engagement.

- Promote cessation resources.

Resources

Find the resources you need online and on the following appendix pages.

Policy Resources

1. **Alaska Policy Templates for Tribal, Community, School Districts, Post-Secondary Schools, Healthcare Systems, Healthcare Campus, Behavioral Health, Workplaces, Multi-Unit Housing**
   www.tobaccofree.alaska.gov
   Click to read about *Breath Easy: Tobacco-Free Policies.*

2. **7 Step Framework for Policy Change**
   www.cdc.gov/policy/analysis/process/docs/cdcpolicyanalyticalframework.pdf

   http://www.nctobaccofreeschools.org/adopt/8steps.htm

Educational Materials

1. **Regional Data**
   Schools, tribes, healthcare, taxes
   http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/regional.aspx

2. **Financial Impact of Tobacco**
   Actual costs and healthcare costs
   http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY13.pdf

3. **Tobacco Prevention & Control Core Messages**
   www.tobaccofree.alaska.gov

Appendix A

1. **Alaska Native Secondhand Smoke Fact Sheet**

2. **New Model Policy/Tribal Resolution**

3. **Map of Tobacco-Free Tribes in Alaska**

4. **Sample Housing Policy**

5. **Sample Employee Survey: Tobacco-Free Policy**

Resources

Find the resources you need online and on the following appendix pages.

Assessment Resources

1. **Community Readiness Assessment**
   http://www.tapartnership.org/docs/
   handbookCommunityReadinessModel.pdf

Appendix B

1. **Environmental Scan**
   Sample can be adapted to any setting.

2. **Community Assessment Wheel**

3. **Midwest Academy Strategy Chart
   Instructions & Example**

Resources for Meetings with Community Members

1. **Tobacco & Health Impacts**
   CDC Health Effects of Cigarette Smoking
   http://www.cdc.gov/tobacco/data_statistics/
   fact_sheets/health_effects/effects_cig_
   smoking/index.htm
   How Tobacco Smoke Causes Disease:
   What It Means to You
   http://www.cdc.gov/tobacco/data_statistics/
   sgr/2010/consumer_booklet/index.htm
   Health Effects of Secondhand Smoke
   http://www.cdc.gov/tobacco/data_statistics/
   fact_sheets/secondhand_smoke/health_
   effects/index.htm
   State of Alaska Tobacco Prevention & Control
   http://dhss.alaska.gov/dph/Chronic/Pages/
   Tobacco/TobaccoFreeAlaska/treatment.aspx

2. **Tobacco & Economic Costs**
   State of Alaska Annual Tobacco Facts Report
   http://dhss.alaska.gov/dph/Chronic/Pages/
   Tobacco/TobaccoFreeAlaska/default.aspx
   CDC
   http://www.cdc.gov/tobacco/data_statistics/
   fact_sheets/economics/econ_facts

3. **Tobacco & Children's Health**
   Campaign for Tobacco-Free Kids
   http://www.tobaccofreekids.org/facts_issues/
   fact_sheets/toll/tobacco_kids/harms/
   Health Effects of Secondhand Smoke http://
   www.cdc.gov/tobacco/data_statistics/fact_
   sheets/secondhand_smoke/health_effects/
   index.htm

4. **Tobacco Cessation Resources**
   Regional tobacco resources and programs
   Alaska Tobacco Quitline 1-800-QUIT-NOW
   http://alaskaquitline.com/

5. **Additional Resources**
   State of Alaska Tobacco Prevention & Control
   Program's Tobacco-Free Alaska site, State of
   Alaska Annual Tobacco Facts Report
   http://dhss.alaska.gov/dph/Chronic/Pages/
   Tobacco/TobaccoFreeAlaska/default.aspx
   Alaska Native Tribal Health Consortium's
   EpiCenter – Health Data: Statewide &
   Regional Profiles
   http://anthctoday.org/epicenter/data/

Alaska Native People Support Smokefree Air!

97% of Alaska Native women who gave birth to a child do not allow smoking inside the home.

Exposure to secondhand smoke increases the risk of sudden infant death syndrome (SIDS).[1]

94% of Alaska Native adults recognize the harm of secondhand smoke exposure.[2]

88% of Alaska Native adults support smokefree restaurants, compared to 79% of non-Native adults.

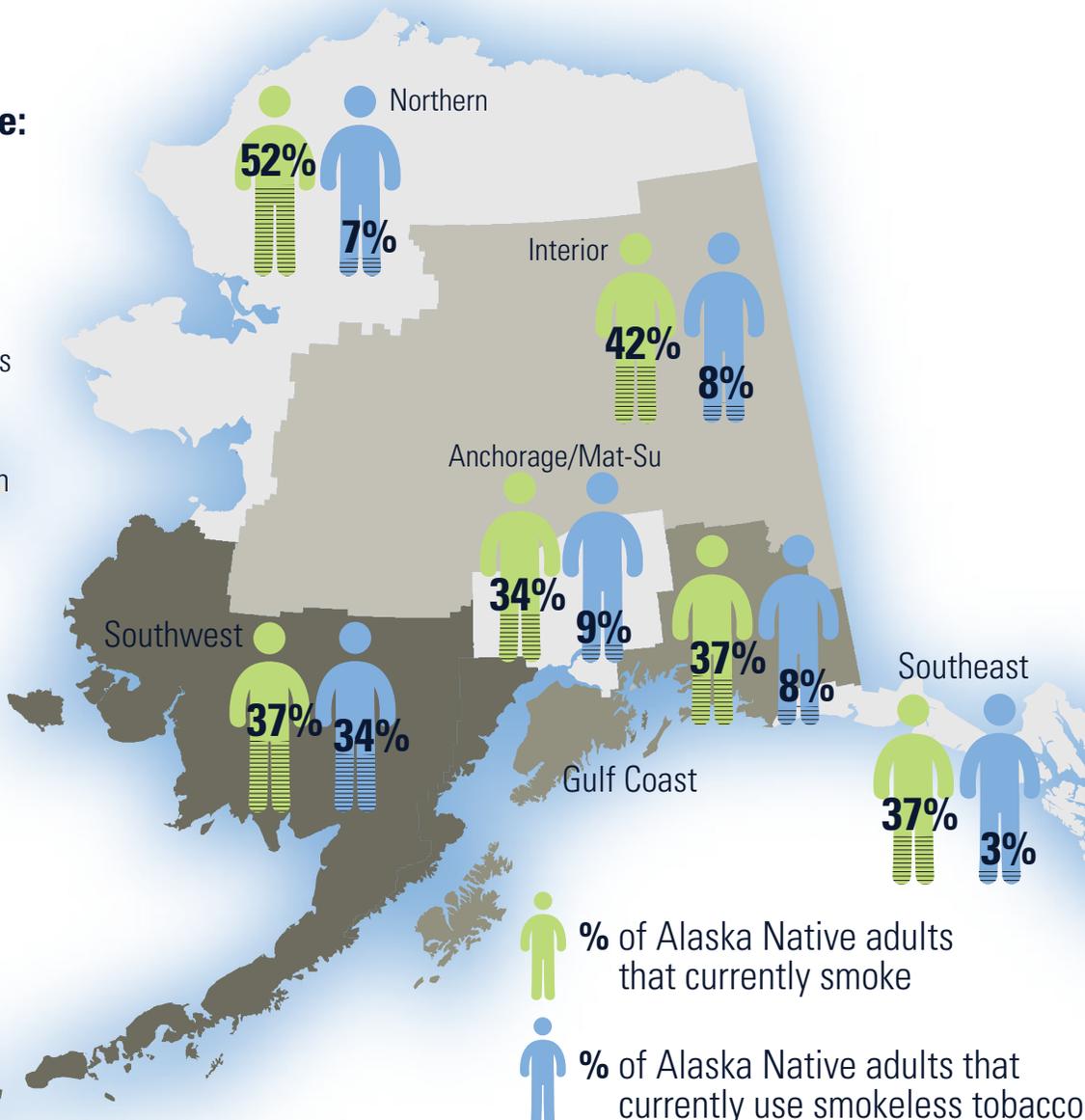**87%** of Alaska Native adults reported that smoking is not allowed anywhere inside the home.

86% of Alaska Native adults believe smoking should not be allowed in indoor work areas.

While Alaska Native people understand the impacts of secondhand smoke and promote smokefree environments, tobacco use among Alaska Native adults is still high.

The Present Challenge: Tobacco Use Remains High

In Alaska, 22% of all adults currently smoke and 5% of all adults currently use smokeless tobacco. However, smoking and smokeless tobacco use rates vary drastically by region among Alaska Native adults.

Overall, Alaska Native adults are almost twice as likely to smoke (42%) when compared to all adults (22%). And Alaska Native adults are three times as likely to use smokeless tobacco (15%) when compared to all Alaskans (5%).[3]

Northern
52% **7%**

Interior
**42%** **8%**

Anchorage/Mat-Su
34% **9%**

Southwest
37% **34%**

Gulf Coast
37% **8%**

Southeast
37% **3%**

% of Alaska Native adults that currently smoke

% of Alaska Native adults that currently use smokeless tobacco

Tobacco & Well-Being

Tobacco is highly addictive and using it has long-lasting impacts. Tobacco use leads to many illnesses and diseases such as stroke, emphysema, asthma, heart disease and many different cancers.

Cancer is the leading cause of death among Alaska Native people. The most frequently diagnosed cancers among Alaska Native people are colorectal, breast, and lung cancer.[4] Cigarette smoking is linked to approximately 90% of all lung cancers in the U.S.[5]

TEETH

ESOPHAGUS

LUNGS

BLOOD PRESSURE

HEART

LIVER
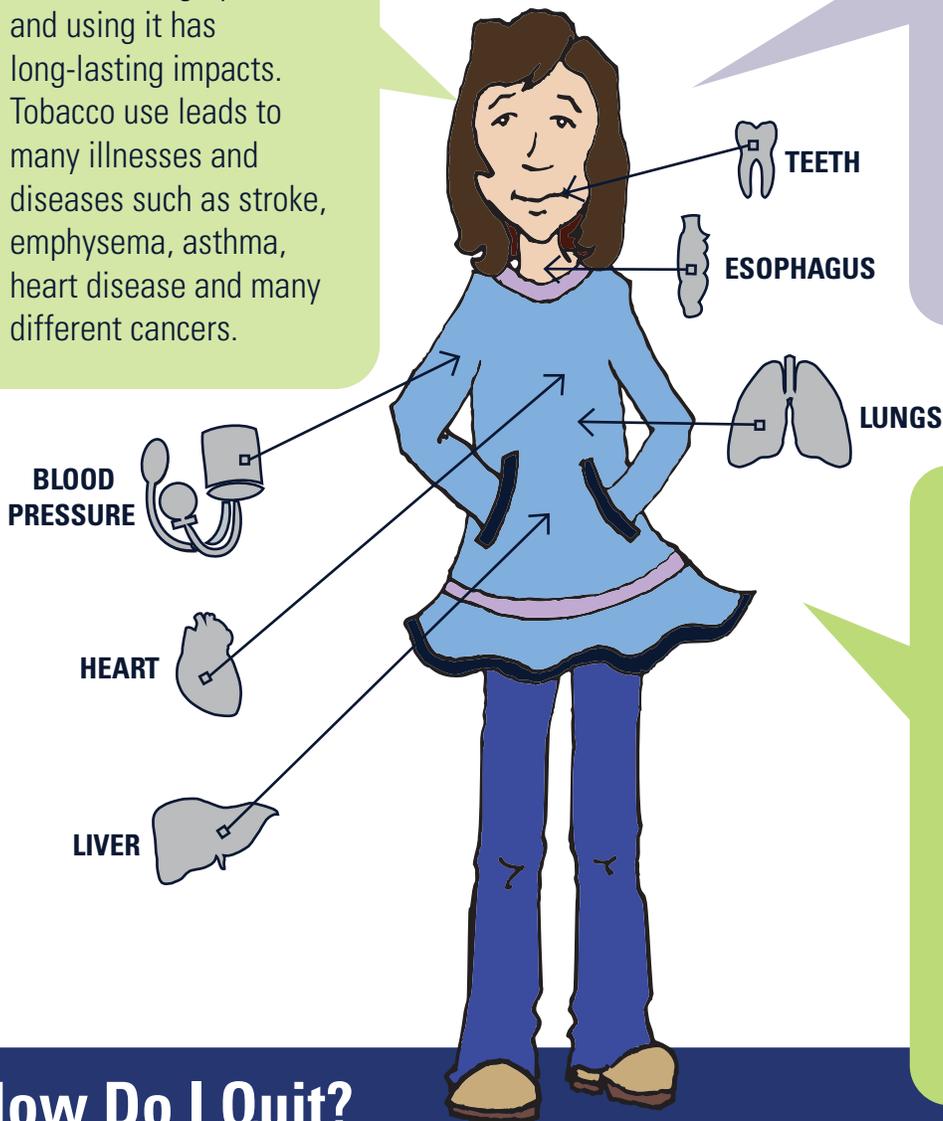
We can change that!

By quitting tobacco use, you add more years to your life by living a healthy, tobacco-free lifestyle. Quitting creates a positive environment for our children and grandchildren, who are at greater risk to start smoking at a young age if they see their family or friends smoking. **By quitting tobacco we are protecting our future generations!**

How Do I Quit?

Contact your Healthcare Provider.
Call Alaska's Tobacco Quit Line! FREE for all Alaskans.
Call 1-800-QUIT-NOW (1-800-784-8669)
24 hours a day, 7 days a week
alaskaquitline.com

ALASKA'S TOBACCO QUIT LINE
1-800-QUIT-NOW
IT'S FREE IT'S CONFIDENTIAL AND IT WORKS

- Quit line services include confidential phone coaching sessions and free nicotine replacement therapy.
- Get support from family and friends!
- Keep trying to quit! Most tobacco users make several quit attempts before they become tobacco-free for good!

[4] Alaska Native Tribal Health Consortium. June 2015. Cancer in Alaska Native People: 1969-2013 The 45-Year Report. Retrieved http://www.anthctoday.org/epicenter/publications/cancer_report/45_Year_Report_0_Contact_Info_.pdf
[5] Centers for Disease Control and Prevention. May 2014. What are the risk factors for lung cancer? Retrieved http://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm

Resolution #_____

Title: Resolution for the Control and Elimination of Tobacco in the Work Place and Enclosed Public Places.

WHEREAS, The _____(name of tribe), is an Indian tribe as defined in Section 4 of the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, 25 U.S.C. 450b;

WHEREAS, Alaska Native people have the highest rate of tobacco use in the state of Alaska;

WHEREAS, Tobacco use is the leading cause of preventable death and disease and Alaska Native people suffer serious health consequences including heart disease and cancer;

WHEREAS, Secondhand tobacco smoke exposure is another leading cause of preventable death, and causes disease in otherwise healthy nonsmokers, including heart disease, stroke, respiratory disease, and cancer;

WHEREAS, It has been determined by the U.S. Surgeon General that there is no safe level of exposure to secondhand smoke, air ventilation systems do not eliminate exposure, and that only completely smokefree environments can protect health;

WHEREAS, A significant amount of secondhand smoke exposure for Alaska Native adults and children occurs in the workplace and even short exposures may result in serious adverse health effects and even death;

WHEREAS, Electronic cigarettes or other vapor products are not a harmless alternative to traditional cigarettes, may expose non-users to harmful chemicals and are not FDA approved cessation devices;

WHEREAS, Tobacco-free workplaces protect people from secondhand smoke, reduce tobacco use overall, support healthy lifestyles, model healthy behavior, and support quit attempts;

WHEREAS, The health of our people is of upmost importance and Alaska Native people have taken a lead in addressing health issues throughout the years; and

WHEREAS, Tobacco-free tribal workplaces will protect the health of our children, grandchildren, families, and community members.

THEREFORE, BE IT RESOLVED that tobacco use, including electronic cigarettes or devices shall be prohibited within the facilities owned, operated, or leased by the _____(name of tribe) including:

a) all areas within enclosed places that are open to and frequented by the public;
b) all areas within places of employment; and
c) all outdoor areas within 20 feet of entrances, exits, and windows that open to enclosed public places and places of employment.

BE IT FURTHER RESOLVED, that signs prohibiting tobacco use shall be posted and a no-tobacco-use distance no less than 20 feet from any entrances be enforced.

CERTIFICATION:

I hereby certify that the above resolution was duly adopted at a regular meeting of the _____(name of tribe) on this __day of _____ at which a quorum was present, with a vote of __for, __against, __ abstentions, __absent.

_____
(Name), *President*   Date

ATTESTED:

_____
(Name), *Tribal Administrator*   Date

TRIBAL RESOLUTIONS

RISE
AS
ONE

Tribal Resolutions in Support of Tobacco-Free Workplace Policies are Important Because...

comprehensive policies protect adults and children from exposure to secondhand smoke, tobacco-related diseases and addiction.

- Alaska Natives suffer from painful and preventable tobacco-related diseases—such as cancers of all kinds, heart disease and COPD—and die from them at higher rates than the general public

- Alaska Native adults are more than twice as likely to smoke as non-Native adults (42% vs 17%) [1]

- Tobacco use remains the leading cause of preventable death and disease in Alaska, causing nearly 600 deaths each year

- Tobacco-free policies allow children to grow up healthy and tobacco-free

- Smokefree policies protect people from secondhand smoke, encourage quitting, and discourage youth from starting

- 89% of adults and 78% of smokers in Alaska agree people should be protected from secondhand tobacco smoke [1]

- Smokefree policies in public places have a positive impact on business and employment

- Electronic cigarettes or other vapor products are not a harmless alternative to traditional cigarettes, may expose non-users to harmful chemicals, and are not an FDA-approved cessation device

ALASKA'S TOBACCO
QUIT LINE
1-800-QUIT-NOW

STATE of ALASKA
Department of Health and Social Services

"Passing a tobacco-free resolution is another step to keeping our tribe and youth healthy."

- Josie Dayton
Koyukuk Tribal Council

Many Alaska Native tribes have instituted tobacco-free and smokefree workplace policies over the years, but today it is more urgent than ever to tackle the issue of tobacco use at a local level.

1. Alaska Behavioral Risk Factor Survey 2014 (Standard and Supplemental Surveys combined)

RESOLUTION

Resolution #_____

Resolution for the Control and Elimination of Tobacco in the Workplace and Enclosed Public Places

Whereas, The_____(name of tribe), is an Indian tribe as defined in Section 4 of the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, 25 U.S.C. 450b;

Whereas, Alaska Native people have the highest rate of tobacco use in the state of Alaska;

Whereas, Tobacco use is the leading cause of preventable death and disease and Alaska Native people suffer serious health consequences including heart disease and cancer;

Whereas, Secondhand tobacco smoke exposure is another leading cause of preventable death, and causes disease in otherwise healthy nonsmokers, including heart disease, stroke, respiratory disease, and cancer;

Whereas, It has been determined by the U.S. Surgeon General that there is no safe level of exposure to secondhand smoke, air ventilation systems do not eliminate such exposure, and that only completely smokefree environments can protect health;

Whereas, A significant amount of secondhand smoke exposure for Alaska Native adults and children occurs in the workplace and even short exposures may result in serious adverse health effects and even death;

Whereas, Electronic cigarettes or other vapor products are not a harmless alternative to traditional cigarettes, may expose non-users to harmful chemicals and are not FDA approved cessation devices;

Whereas, Tobacco-free workplaces protect people from secondhand smoke, reduce tobacco use overall, support healthy lifestyles, model healthy behavior, and support quit attempts;

Whereas, The health of our people is of upmost importance and Alaska Native people have taken a lead in addressing health issues throughout the years; and

Whereas, Tobacco-free tribal workplaces will protect the health of our children, grandchildren, families, and community members.

Therefore, be it resolved that tobacco use, including electronic cigarettes or devices shall be prohibited within the facilities

owned, operated, and leased by the_____(name of tribe) including:

a) all areas within enclosed places that are open to and frequented by the public;
b) all areas within places of employment; and
c) all outdoor areas within 20 feet of entrances, exits, and windows that open to enclosed public places and places of employment.

Be it further resolved, that signs prohibiting tobacco use shall be posted and a no-tobacco-use distance of no less than 20 feet from any entrances shall be enforced.

CERTIFICATION

I hereby certify that the above resolution was duly adopted at a regular meeting of the

_____(name of tribe) on this____day of_____20____(year)

at which a quorum was present, with a vote of_____for, _____against, _____abstentions,

_____absent.

_____   _____
(Name), President   Date

Attest _____   _____
(Name), Tribal Administrator   Date

For tobacco-free and smokefree workplace resolution materials, contact tobacco@alaska.gov

EVERY TRIBE

EVERY ALASKA

NATIVE

TOBACCO-FREE

Together we can end the tobacco epidemic.
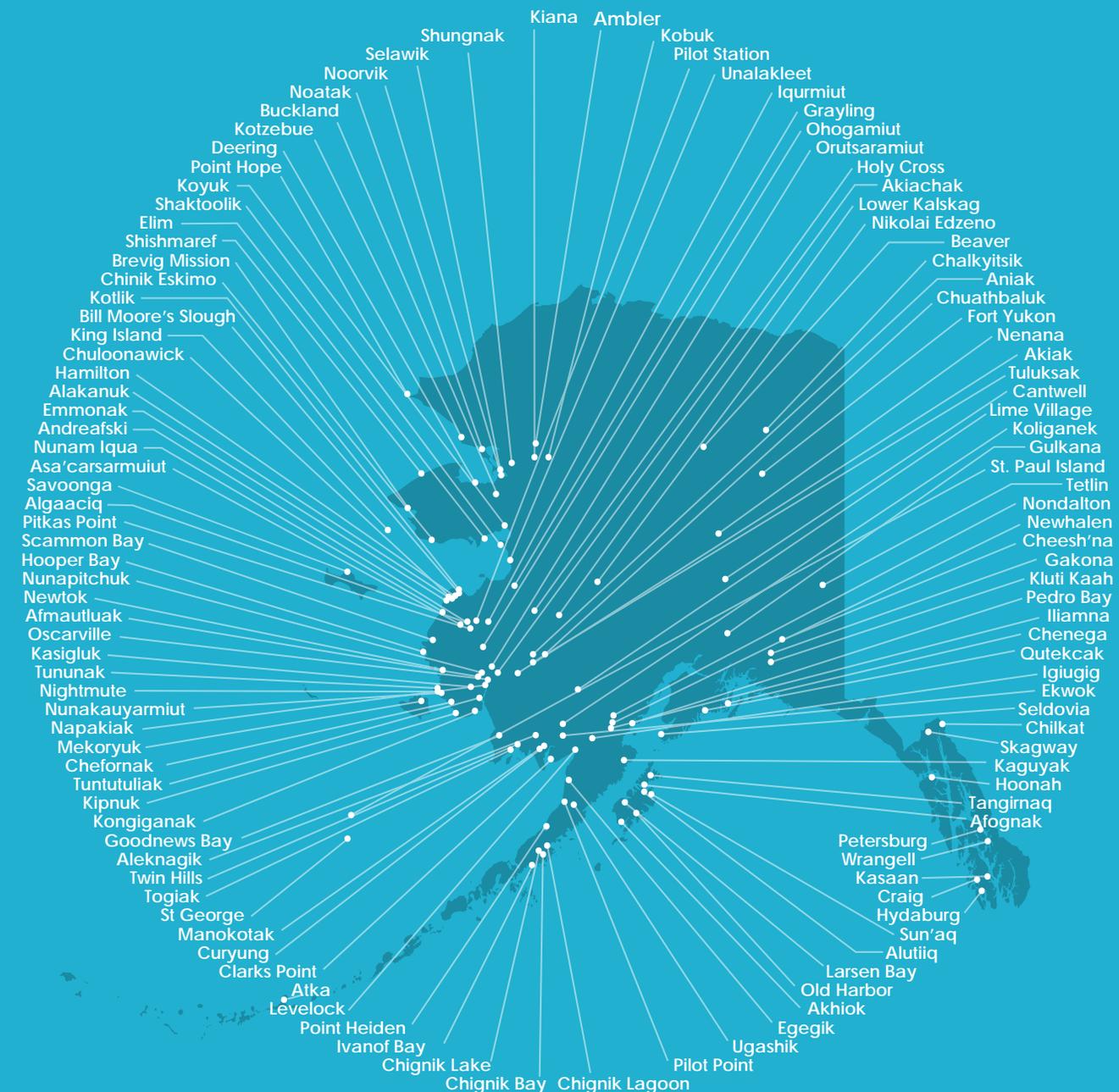
tobaccofree.alaska.gov

THANK YOU
ALASKA TRIBES

Across Alaska, more than half of the Alaska Native tribes have passed smokefree or tobacco-free resolutions that help protect tribal members and the public from secondhand smoke, addiction and tobacco-related diseases.

These tribes and villages passed resolutions as of October 2015.

Is your tribe a part of the movement?

For sample tobacco-free or smokefree workplace resolution materials, contact tobacco@alaska.gov.

Kiana
Ambler
Shungnak
Kobuk
Selawik
Pilot Station
Noorvik
Unalakleet
Noatak
Iqurmiut
Buckland
Grayling
Kotzebue
Ohogamiut
Deering
Orutsaramiut
Point Hope
Holy Cross
Koyuk
Akiachak
Shaktoolik
Lower Kalskag
Elim
Nikolai Edzeno
Shishmaref
Beaver
Brevig Mission
Chalkyitsik
Chinik Eskimo
Aniak
Kotlik
Chuathbaluk
Bill Moore's Slough
Fort Yukon
King Island
Nenana
Chuloonawick
Akiak
Hamilton
Tuluksak
Alakanuk
Cantwell
Emmonak
Lime Village
Andreafski
Koliganek
Nunam Iqua
Gulkana
Asa'carsarmuiut
St. Paul Island
Savoonga
Tetlin
Algaaciq
Nondalton
Pitkas Point
Newhalen
Scammon Bay
Cheesh'na
Hooper Bay
Gakona
Nunapitchuk
Kluti Kaah
Newtok
Pedro Bay
Afmautluak
Iliamna
Oscarville
Chenega
Kasigluk
Qutekcak
Tununak
Igiugig
Nightmute
Ekwok
Nunakauyarmiut
Seldovia
Napakiak
Chilkat
Mekoryuk
Skagway
Chefornak
Kaguyak
Tuntutuliak
Hoonah
Kipnuk
Tangirnaq
Kongiganak
Afognak
Goodnews Bay
Petersburg
Aleknagik
Wrangell
Twin Hills
Kasaan
Togiak
Craig
St George
Hydaburg
Manokotak
Sun'aq
Curyung
Alutiiq
Clarks Point
Larsen Bay
Atka
Old Harbor
Levelock
Akhiok
Point Heiden
Egegik
Ivanof Bay
Ugashik
Chignik Lake
Pilot Point
Chignik Bay
Chignik Lagoon

Alaska Tobacco Prevention and Control Program
Model Smoke-Free Housing Policy

In order to eliminate the known health hazards of secondhand smoke; the increased maintenance, cleaning, and redecorating costs from smoking; the increased risk of fire from smoking; and the high costs of fire insurance for properties where smoking is permitted, the (name of housing) adopts this smoke-free housing policy for (property name) located at (address).

Definitions:

1. "Employee" means manager, owner, representative, or worker of (name of housing).
2. "Guest" means any person visiting residents or employees on (name of housing) property.
3. "Smoking" means inhaling, exhaling, burning or carrying any lighted or heated tobacco product and includes but is not limited to Hookah smoking and e-cigarettes.
4. "Residents" means parties to a written lease agreement with (name of housing) and anyone living or staying in the property.

Smoke-Free Policy

A. Indoor Smoking

1. Effective on (effective date) smoking is not permitted anywhere inside (property name) building(s). This includes, but is not limited to, individual living spaces, all shared areas, hallways, stairs, elevators, restrooms, and any other enclosed areas.

2. This policy applies to all current and new residents, all employees, and all guests at all times.

B. Outdoor Smoking

Option A: Smoking is not permitted on the grounds or outdoor areas of the entire (name of housing) property.

Option B: Smoking is not permitted within 25 feet of the building(s) including entryways, balconies, windows, and air vents, and in all shared outdoor recreational/dining areas including but not limited to patios, hot tubs, play equipment and trash/recycling areas.

Option C: Smoking is not permitted on the grounds or outdoor areas of (name of housing) except for the following designated smoking areas: (Clearly specify locations where smoking is allowed)_____

C. Compliance

1. Residents shall inform guests of the no-smoking policy.
2. Failure of any resident to follow the smoke-free policy will be considered a lease violation and treated as such under the original terms of the lease. Repeated lease violations may result in termination of the resident's lease.

3. "No Smoking" signs will be posted inside the building(s) and at appropriate outdoor locations.
4. If a resident smells tobacco smoke in any place in the building(s) or observes smoking in outdoor areas where smoking is not permitted they will report this to the (landlord, property manager) as soon as possible.
5. The (landlord, property manager) will enforce the smoke-free policy and will respond as soon as possible to secondhand smoke complaints on the property.
6. Upon adoption of the policy, all new and current residents will be given a copy of this Smoke-Free Policy.
7. Upon adoption of the policy, all new and current residents will sign the Smoke-Free Housing Lease Agreement Addendum. A signed copy will be placed in the resident's file and a copy given to the resident.
8. This (name of housing) Smoke-free Policy shall be communicated to all current staff and residents (30, 60, 120) days prior to its effective date, and at the time of employment for all employees and prior to admission and/or prior to the signing of any new lease agreements.

This policy is effective on (effective date).

Signed:

_____

(Housing Authority, Landlord, Property Manager)

Date:

From the Treating Tobacco Dependence as a Standard of Care: A Health Systems Approach Manual Sample Employee Survey: Tobacco---Free Policy

[ORGANIZATION] is considering a tobacco---free policy for the facility and grounds, and would like to hear your opinion. This survey should take less than five minutes.

Questions about this survey or the possible policy should be directed to: [Contact Information].
Thank you!

How strongly do you agree or disagree?	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1. Secondhand smoke is a problem on the groups of [ORGANIZATION].					
2. Secondhand smoke is a problem near entryways of [ORGANIZATION].					
3. The use of tobacco products is a problem at [ORGANIZATION].					
4. Secondhand smoke is a health hazard.					
5. Secondhand smoke bothers me.					
6. A tobacco-free policy on the grounds of [ORGANIZATION] would support our mission as a healthcare organization.					
7. Patients should not have to be exposed to secondhand smoke when they visit [ORGANIZATION].					
8. A tobacco-free policy on the grounds of [ORGANIZATION] would help patients quit tobacco.					
9. A tobacco-free policy on the grounds of [ORGANIZATION] would help employees quit tobacco.					
10. I think it would be a good idea to have a tobacco-free policy inside [ORGANIZATION].					
11. I think it would be a good idea to have a tobacco-free policy at [ORGANIZATION].					

12. Have you ever smoked or chewed tobacco?   Yes   No
13. Do you currently smoke or use tobacco products?   Yes   No
14. If yes, would you be interested in quitting?   Yes   No
15. Please write your comments regarding eliminating the use of tobacco products at [ORGANIZATION]:

Tobacco-Free College Campus
Problem Analysis Worksheet

Characteristics of the Campus Property

Key Resources:

- **Existing campus records such as** campus maps, building directory, etc.
- **Key informant** interviews with personnel from Maintenance/Facilities, Administrative Services, Campus Planning and Real Estate

1. Is there on-campus housing? ❑ Yes ❑ No
   _____
   _____
   Date collected: _____ *Source:* _____

2. Are there satellite or community campuses? ❑ Yes ❑ No
   If "yes", please list all campuses _____
   _____
   _____
   Date collected: _____ *Source:* _____

   a. Do the satellite or community campuses adhere to the policies implemented on the main campus? ❑ Yes ❑ No
      _____
      _____
      Date collected: _____ *Source:* _____

3. Does the college/university own property where retail outlets are operated? ❑ Yes ❑ No
   *Notes:*_____
   _____
   Date collected: _____ *Source:* _____

4. Does the college/university own property that is leased out to non-university organizations/businesses? ❑ Yes ❑ No
   *Notes:*_____
   _____
   Date collected: _____ *Source:* _____

5. Does the college/university rent out facilities on campus to the public? ❑ Yes ❑ No
   *Notes:*_____
   _____
   Date collected: _____ *Source:* _____

6. Are there unique buildings, shared spaces or aspects of the college/university property (e.g., stadium, golf course, community center, museum, etc.) that should be considered? ❑ Yes ❑ No
   *Notes:*_____
   _____
   Date collected: _____ *Source:* _____

Tobacco-Free College Campus
Problem Analysis Worksheet

Characteristics of Campus Community

Key Resources:

- Existing campus records such as written policies, results of student surveys, health services department records.
- **Key informant** interviews with personnel from Health Services, Facilities, Residence Life, Risk Manager/Legal Affairs, Admissions, Campus Security, and Student Government.

7. **What are your school's demographics** for both the student & faculty/staff populations (size, age, international students, full/part-time, % of students enrolled in distance learning only programs, number of students who reside on campus in dorms, etc.)?

    _____
    _____

    Date collected: _____   *Source:* _____

8. What are the tobacco use rates and trends on campus? How do they compare with other campuses?

    _____
    _____

    Date collected: _____   *Source:* _____

9. What are the student attitudes and perceptions related to tobacco use? Do students have an exaggerated perception of the number of students who smoke and/or use smokeless tobacco?

    _____
    _____

    Date collected: _____   *Source:* _____

10. Does the college/university have specific goals or concerns regarding tobacco-related issues on campus? (e.g., health goals, sustainability or "green" initiatives)

    _____
    _____

    Date collected: _____   *Source:* _____

11. **What is the college/university's mission statement**, vision and values? Goals/objectives to meet the mission? _____

    _____
    _____

    Date collected: _____   *Source:* _____

12. Who is interested in tobacco prevention/policy-making on campus? (e.g., student groups, health and wellness groups, sustainability groups, social justice/health equity groups, etc.)

    _____
    _____

    Date collected: _____   *Source:* _____

Tobacco-Free College Campus
Problem Analysis Worksheet

Campus Political Environment

Key Resources:

- Key informant interviews with personnel from Health Services, Facilities, Residence Life, Risk Manager/Legal Affairs, Student Affairs, Faculty Senate, Campus Security, Communications and Student Government, Environmental Health & Safety Committee
- Focus groups with students or faculty/staff/administrators
- Existing campus records and documents such as written policies and procedures, committee by-laws, archived campus newsletters, etc.

13. What is the procedure for creating new policies on campus? _____
_____
_____
Date collected: _____   *Source:* _____

14. Who is the final decision-maker on new policies? What is his/her/their stance on tobacco?
_____
_____
Date collected: _____   *Source:* _____

15. Where does student government stand on this issue? _____
_____
_____
Date collected: _____   *Source:* _____

16. Has there been any previous efforts to change the tobacco use policy? Who was involved? What was the outcome?
_____
_____
Date collected: _____   *Source:* _____

17. Has the campus media covered this issue in the last few years? If so, what was the content of the coverage? _____
_____
Date collected: _____   *Source:* _____

18. Who is likely to support this project? Why? _____
_____
_____
Date collected: _____   *Source:* _____

19. Who is likely to oppose this project? Why? _____
_____
_____
Date collected: _____   *Source:* _____

Tobacco-Free College Campus
Problem Analysis Worksheet

Tobacco Cessation Support & Programs

Key Resources:

- Existing campus records and documents such as written policies and procedures, insurance coverage documents, staff and student handbooks, etc.
- Key informants, such as personnel from Health Services, Human Resources, Student Affairs, and Benefits.

20. What tobacco cessation programs and services are available on campus? Are they publicized? Are they being utilized? _____
_____
_____
Date collected: _____ *Source:* _____

21. Does the college/university promote the state tobacco Quitline on campus? ❑ Yes ❑ No
*Notes:*_____
_____
Date collected: _____ *Source:* _____

22. What, if any, cessation services are available to faculty and staff? _____
_____
_____
Date collected: _____ *Source:* _____

23. Is smoking cessation medications covered by employee health insurance?
❑ Yes ❑ No ❑ Not applicable   Notes: _____
_____
Date collected: _____ *Source:* _____

24. Is there a student health center on campus?   ❑ Yes ❑ No
*Notes:*_____
_____
Date collected: _____ *Source:* _____

25. Does the health center screen all patients for tobacco use? ❑ Yes ❑ No ❑ N/A
*Notes:*_____
_____
Date collected: _____ *Source:* _____

26. Is smoking cessation medications covered by student insurance? ❑ Yes ❑ No ❑ N/A
*Notes:*_____
_____
Date collected: _____ *Source:* _____

Tobacco-Free College Campus
Problem Analysis Worksheet

Tobacco Presence on Campus

Key Resources:
- o Key informants, such as personnel from Health Services, Facilities, Residence Life, Risk Manager/Legal Affairs, Admissions, Campus Security, and Student Government.

27. Is tobacco sold anywhere on campus?
    ❑ Yes ❑ No   *Notes:* _____
    _____
    Date collected: _____   *Source:* _____

28. Are tobacco products advertised or marketed on campus or in campus publications?
    ❑ Yes ❑ No   *Notes:* _____
    _____
    Date collected: _____   *Source:* _____

29. Are any campus clubs, groups or organizations sponsored by a tobacco company?
    ❑ Yes ❑ No   *Notes:* _____
    _____
    Date collected: _____   *Source:* _____

30. Does the campus accept any gifts, donations or funding from tobacco companies?
    ❑ Yes ❑ No   *Notes:* _____
    _____
    Date collected: _____   *Source:* _____

31. Does the college have any investments in tobacco companies through their investments or foundations?
    ❑ Yes ❑ No   *Notes:* _____
    _____
    Date collected: _____   *Source:* _____

32. Do tobacco companies attend campus career or job fairs?
    ❑ Yes ❑ No   *Notes:* _____
    _____
    Date collected: _____   *Source:* _____

33. Has the college/university received complaints about:
    a. Tobacco use on campus?   ❑ Yes ❑ No
       Notes: _____
       Date collected: _____   *Source:* _____
    b. Tobacco funding on campus?   ❑ Yes ❑ No
       Notes: _____
       Date collected: _____   *Source:* _____
    c. Tobacco job recruitment on campus?   ❑ Yes ❑ No
       Notes: _____
       Date collected: _____   *Source:* _____

Tobacco-Free College Campus
Problem Analysis Worksheet

Characteristics of Current Tobacco Use Policies

Key Resources:
  - o Existing campus records such as written policies and procedures (E.g., student conduct code, campus housing rental agreements, student/employee handbooks).
  - o Key informant interviews with personnel from Health Services, Facilities, Risk Manager/Legal Affairs, and Campus Security, the Career Center, University Foundation.

Tobacco Use Policies

34. Is there a written smoking or tobacco use policy for your college campus? ❑ Yes ❑ No
Have you received a copy? ❑ Yes ❑ No

If so, please summarize the policy and attach a copy (e.g., no smoking in buildings, designated smoking areas, etc.)_____

_____
Date collected: _____ *Source:* _____

   a. Does the policy currently include e-cigarettes or other vaporized nicotine products?
   ❑ Yes ❑ No   Comments: _____
   Date collected: _____ *Source:* _____

   b. Does the policy cover other forms of tobacco products that are not smoked (chew, snus, snuff, etc.)?
   ❑ Yes ❑ No   Comments: _____
   Date collected: _____ *Source:* _____

35. How is the policy enforced and by whom? _____

_____
Date collected: _____ *Source:* _____

36. What are the consequences for violation of a policy? _____

_____
_____
Date collected: _____ *Source:* _____

37. How often do violations occur? Are violations recorded? Who records them? _____

_____
_____
Date collected: _____ *Source:* _____

38. Any problems with enforcement? Where are the problem areas? _____

_____
_____
Date collected: _____ *Source:* _____

Tobacco-Free College Campus
Problem Analysis Worksheet

Other Tobacco-Related Policies

39. Are there any written campus policies that <u>prohibit</u>:
    a. Tobacco sales on campus?
       ❑ Yes ❑ No ❑ Unsure   Comments:_____
       Date collected: _____   *Source:* _____

    b. Accepting research funds, gifts, grants, or anything of value from tobacco companies?
       ❑ Yes ❑ No ❑ Unsure   Comments:_____
       Date collected: _____   *Source:* _____

    c. Tobacco promotions, advertising, and marketing in campus publications and on campus property (excluding magazines in the library
       ❑ Yes ❑ No ❑ Unsure   Comments:_____
       Date collected: _____   *Source:* _____

    d. Investing in tobacco companies?
       ❑ Yes ❑ No ❑ Unsure   Comments:_____
       Date collected: _____   *Source:* _____

    e. Tobacco company sponsorships of events?
       ❑ Yes ❑ No ❑ Unsure   Comments:_____
       Date collected: _____   *Source:* _____

    f. Tobacco company participation in campus career fairs & other recruitment activities?
       ❑ Yes ❑ No ❑ Unsure   Comments:_____
       Date collected: _____ *Source:* _____

Tobacco-Free College Campus
Problem Analysis Worksheet

Campus Environmental Scan
Key Resources:
- o Personal observations – walk through campus and note what you see.
- o Key informants interviews with personnel from Health Services, Facilities, and Campus Security.

40. Are there "no smoking" or "no tobacco" signs posted around campus?

Comments:
- c. Campus buildings ❑ Yes ❑ No _____
- d. Dorms ❑ Yes ❑ No _____
- e. University centers ❑ Yes ❑ No _____
- f. Campus store ❑ Yes ❑ No _____
- g. Gymnasium ❑ Yes ❑ No _____
- h. Library ❑ Yes ❑ No _____
- i. Bookstore ❑ Yes ❑ No _____
- j. Eateries ❑ Yes ❑ No _____
- k. Bars ❑ Yes ❑ No _____
- l. Athletic fields/arenas? ❑ Yes ❑ No _____
- m. Other:_____

41. Does the placement of these signs align with your current campus policy?
❑ Yes ❑ No Comments: _____

42. Have you seen ashcans:
- a. Right outside doors? ❑ Yes ❑ No _____
- b. 1-5 ft. from doors? ❑ Yes ❑ No _____

43. Does the placement of ashcans align with your current campus policy?
❑ Yes ❑ No Comments: _____

44. Are there designated smoking shelters on campus? If so, how many and where are they located (proximity to buildings).
❑ Yes ❑ No Locations: _____

45. Is there litter caused by cigarettes, cartons or wrappers on campus?
❑ Yes ❑ No

46. What are the costs of removal of butts on campus? _____
(Ask the Maintenance and Landscape personnel or your Environmental Health & Safety Committee)
Date collected: _____ *Source:* _____

Tobacco-Free College Campus
Problem Analysis Worksheet

Experts recommend completing questions 46-48 multiple times, on different days of the week, times of day and year, as the results can vary. Responses from three separate observations can be noted below. Attach additional pages as necessary.

47. Where do people smoke on campus when the weather is nice?
    Observation #1 Date: _____
    Notes: _____
    _____
    Observation #2 Date: _____
    Notes: _____
    _____
    Observation #3 Date: _____
    Notes: _____
    _____

48. Where do people smoke on campus when the weather is bad?
    Observation #1 Date: _____
    Notes: _____
    _____
    Observation #2 Date: _____
    Notes: _____
    _____
    Observation #3 Date: _____
    Notes: _____
    _____

49. Are there particular areas where litter is common? Where?
    Observation #1 Date: _____
    Notes: _____
    _____
    Observation #2 Date: _____
    Notes: _____
    _____
    Observation #3 Date: _____
    Notes: _____
    _____

You may also consider conducting a litter butt cleanup to quantify how much litter is produced by **cigarette butts on campus. See the "Campus Cigarette Butt Clean-up Guide" for more details on how** *to plan and implement a clean-up event on your campus.*

Please plan to share the results of this problem analysis worksheet with your local campus Task Force.

COMMUNITY WHEEL WORKSHEET

Purpose: This exercise should reveal obvious gaps in current community allies or coalition members.

Directions: For each community sector listed below, a) list organizations or individuals b) identify who are currently active partners, and c) where there is no active partner, identify potential organizations or individuals that could represent the sector as a partner or ally. *Note: an individual or organization should be listed one time.*

Sector	List/Name of your community organization/individuals	Active Partners? Yes/No	Identify some potential partner(s) (Organization/Individual)
Governmental Organizations			
Tribal Council(s)			
City/Local			
State			
Federal Agencies			
Economic Development			
Military Branch(es)			
Courts & Probation Programs			
Law Enforcements			
Fire Departments			
Institutional Organizations			
Small & Large Businesses			
Business Associations (e.g. chambers)			
Labor Unions			
Child Care Providers			
Elementary & Secondary Education			
Higher/Vocational Education			
Hospital, Clinics, Tribal Health			
Health & Human Services			
Media			
Youth Serving Agencies			
Community/Culture			
Community Centers			
Citizen Groups/Clubs/Volunteer			
Parent Organizations			
Religious/Faith-based Organizations			
Historic/Arts/Cultural/Tribal Groups			
Physical/Land			
Parks & Recreational			
Transportation			
Planning & Zoning			
Tourism			
Individuals			
Interested Citizens			
Elders/Seniors			
Youth			

Midwest Academy Strategy Chart

After choosing your issue, fill in this chart as a guide to developing strategy. Be specific. List all the possibilities.

Goals	Organizational Considerations	Constituents, Allies, and Opponents	Targets	Tactics
1. List the long-term objectives of your campaign. 2. State the intermediate goals for this issue campaign. What constitutes victory? *How will the campaign* • Win concrete improvement in people's lives? • Give people a sense of their own power? • Alter the relations of power? 3. What short-term or partial victories can you win as steps toward your long-term goal?	1. List the resources that your organization brings to the campaign. Include money, number of staff, facilities, reputation, canvass, etc. What is the budget, including in-kind contributions, for this campaign? 2. List the specific ways in which you want your organization to be strengthened by this campaign. Fill in numbers for each: • Expand leadership group • Increase experience of existing leadership • Build membership base • Expand into new constituencies • Raise more money 3. List internal problems that have to be considered if the campaign is to succeed.	1. Who cares about this issue enough to join in or help the organization? • Whose problem is it? • What do they gain if they win? • What risks are they taking? • What power do they have over the target? • Into what groups are they organized? 2. Who are your opponents? • What will your victory cost them? • What will they do/spend to oppose you? • How strong are they? • How are they organized?	1. Primary Targets A target is always a person. It is never an institution or elected body. • Who has the power to give you what you want? • What power do you have over them? 2. Secondary Targets • Who has power over the people with the power to give you what you want? • What power do you have over them?	For each target, list the tactics that each constituent group can best use to make its power felt. Tactics must be • In context. • Flexible and creative. • Directed at a specific target. • Make sense to the membership. • Be backed up by a specific form of power. Tactics include • Media events • Actions for information and demands • Public hearings • Strikes • Voter registration and voter education • Lawsuits • Accountability sessions • Elections • Negotiations

© Midwest Academy

28 E. Jackson Blvd. #605, Chicago, IL 60604

(312) 427-2304 mwacademy1@aol.com   www.midwestacademy.com

Midwest Academy Strategy Chart Example

Goals	Organizational Considerations	Constituency	Target	Tactics
Long-Term All schools in [insert school district] have a comprehensive smoke free/tobacco free policy in place. **Intermediate** Work with 3-5 schools and the school district during FY17 to adopt a comprehensive smoke free/tobacco free policy. **Short Term** Set up meetings with the school district, board, and find community/student support.	**Inputs/Expenses** 2 Staff Travel expenses Teleconference Website TA Support Other schools w/in district who have comprehensive policies Current data/trends regarding youth & tobacco use **Outcomes** Identify community champions and students leaders Provide education to community and schools about current youth & tobacco use Develop new policies that will help prevent youth from future tobacco use and provide resources for cessation opportunities	**Constituents** School staff, students, families and community members. **Allies** Local Clinic Regional Health Corporation Youth Leadership Council Afterschool Program Tribal Council ASAA State of AK – TPC Program Teachers **Opponents** Current school employees who smoke Current students who smoke	School Board Members/Administrators for each school - list out each member's name, location, and contact information - how long have they been a school board member – do they have a term? - have they been approached before about adopting a comprehensive policy and how did they react? - Do they currently smoke or have children who attend the school	Gather support from students and parents who are community champions and support healthy living. Schedule meeting with school board members with supportive parents and students. Have students promote healthy choices and smokefree/tobacco free activities. Do a write up for local media and take pictures. If negative, start a petition of school employees, parents, and students who support a comprehensive smoke free/ tobacco free policy. Find a supporter who has connections with opponents. Provide personal story and testimonies from students/families about how tobacco use has negatively impacted them/family/community. Sometimes data/numbers don't work, but providing stories and visuals will help in small, rural communities.

©THE MIDWEST ACADEMY STRATEGY CHART
27 E. ST. 11TH FLOOR, CHICAGO, IL 60603 (312) 427-2304
WWW.MIDWESTACADEMY.COM