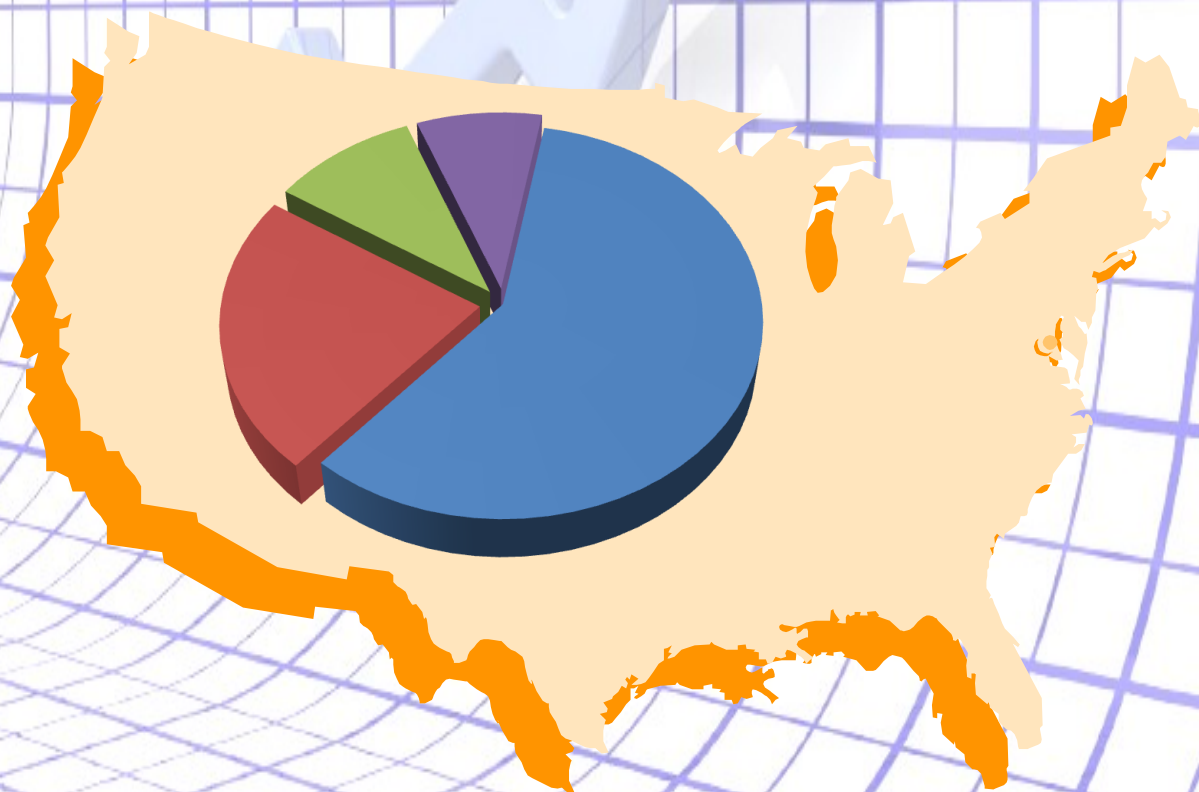


State Tobacco Cessation Alliance Summits

ActionToQuit Survey Report



State Tobacco Cessation Alliance Summits - ActionToQuit Summit Survey Report -

- August 2011 -



Partnership for Prevention is a nonprofit organization dedicated to preventing illness and injury and promoting health. Partnership's programs reach policymakers, a wide range of public health and healthcare professionals, businesses, and others who can emphasize prevention.

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Acknowledgements

Partnership for Prevention recognizes the following lead organizations who were awarded 2010 ActionToQuit state grants:

**American Lung Association in Florida
American Lung Association in Nevada
American Lung Association of New England
Colorado Tobacco Education and Prevention Alliance
New York State Smokers' Quitline
Prevention Connections**

Partnership for Prevention would like to thank the ActionToQuit evaluator, Dr. Caroline Sparks, and her graduate research assistants, Monika Luabeya and Heather Hromulak, for analyzing the survey data and their contributions to this report.

Partnership for Prevention would like to acknowledge and thank Pfizer Foundation, Pfizer Inc and the Global Health Partnerships Program for their commitment to tobacco control worldwide and for the grant that enables Partnership to move the ActionToQuit initiative forward. It would not be possible without this generous funding. The contents of this publication do not necessarily reflect the viewpoints of Pfizer Foundation, Pfizer Inc or the Global Health Partnerships program.



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Foreword

Partnership for Prevention seeks to create a “prevention culture” in America, where the prevention of disease and the promotion of health, based on the best scientific evidence, is the first priority for policy makers, decision-makers, and practitioners. ActionToQuit is Partnership’s tobacco control initiative that urges all sectors – employers, insurers, health care systems, quitlines, and policymakers – to work together to ensure that all tobacco users have access to comprehensive cessation treatments.

The ActionToQuit State Grant Program was implemented by Partnership for Prevention in 2010 with funding from the Pfizer Foundation and Pfizer Inc. The program aims to dramatically increase access to and use of proven tobacco cessation treatments. The focus of the ActionToQuit State Grants is system and policy change in tobacco cessation which will be accomplished through the strengthening of state level alliances for tobacco cessation. These alliances will chart a course for increasing coverage for these services in States, strengthen quitlines, work with health systems/employers/insurers, and promote the importance of tobacco cessation. As a result, utilization of these treatments will increase and tobacco use will decline.

Jud Richland, MPH
President and CEO, Partnership for Prevention

Abstract

In the fall of 2010, as part of the evaluation of Partnership for Prevention's (Partnership) Action-ToQuit State Grant Program, an online survey was fielded which asked registrants from each state tobacco cessation alliance for their state summits to complete. The baseline ActionToQuit State Summit Survey assessed participants' social norms about tobacco cessation services, the importance of the issue, priorities for action, barriers to improvement, intent to serve as advocates for cessation services, self-efficacy as advocates, and perceptions of their state alliance to serve as advocates for enhanced services.

Using a Survey Monkey platform, Partnership disseminated the survey link to each alliance planning group several weeks prior to their state summits. The planners then distributed the survey to all people who had registered for their state alliance meeting. Responses were anonymous. Eleven state alliances held summit meetings from September 2010 to March 2011.

The ActionToQuit State Summit Survey consisted of fourteen sets of questions, five of which asked questions about demographics and involvement of responders in tobacco control coalitions. The remaining nine sets of questions covered selected constructs related to comprehensive tobacco cessation services: 1) awareness of tobacco control issues, 2) social norms related to cessation services, 3) perceived importance of services, 4) perceived barriers to services, 5) priorities for alliance action, 6) intent to serve as an advocate for cessation services, 7) self-efficacy to act as an advocate, 8) collective efficacy of the alliance to advocate for change, and 9) general comments from respondents.

The evaluator, Dr. Caroline Sparks of The George Washington University School of Public Health and Health Services, with the help of graduate students in public health, assisted Partnership with the analysis of preliminary data and presented the results to the second grantee meeting in February 2011. A poster on this data was also presented during The George Washington University's Research Day in March 2011. This report summarizes the data from all summit respondents.

Partnership for Prevention has since funded three additional state alliances – Georgia, Iowa and Michigan. These states will distribute the surveys during the fall of 2011 and that data will then be added to a final report in early 2012.

Caroline H. Sparks, Ph.D.
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Summit Demographics

Of the 746 people who registered for a summit meeting and were eligible for inclusion in the survey, 412 respondents completed the ActionToQuit State Summit Survey for a completion rate of 55 percent.

Figure 1 shows the percentages of participants from each state or region by state of residence. The size of the state or region was not necessarily reflected by the number of residents from each state or region.

In addition to state of origin, Figure 2 shows the proportion of survey participants who were registered for each of the summit meetings. Twenty-one percent attended the Florida Tobacco Cessation Alliance summit, 10% attended the Nevada Increasing Cessation Access for All Nevadans (ICAAN) summit, 10% attended the Virginia Partnership for Tobacco Use Cessation summit, 5% attended the Connecticut State summit, 4% attended the Maine State summit, 18% attended the Rhode Island State summit, 2% attended the Vermont State summit, 6% attended the Albany summit, 5% attended the Buffalo summit, 11% attended the New York City summit, and 8% attended the Colorado Tobacco Education and Prevention Alliance summit. New Hampshire and Massachusetts did not have summits.

Figure 1: "I am currently a resident of:" (n = 412)

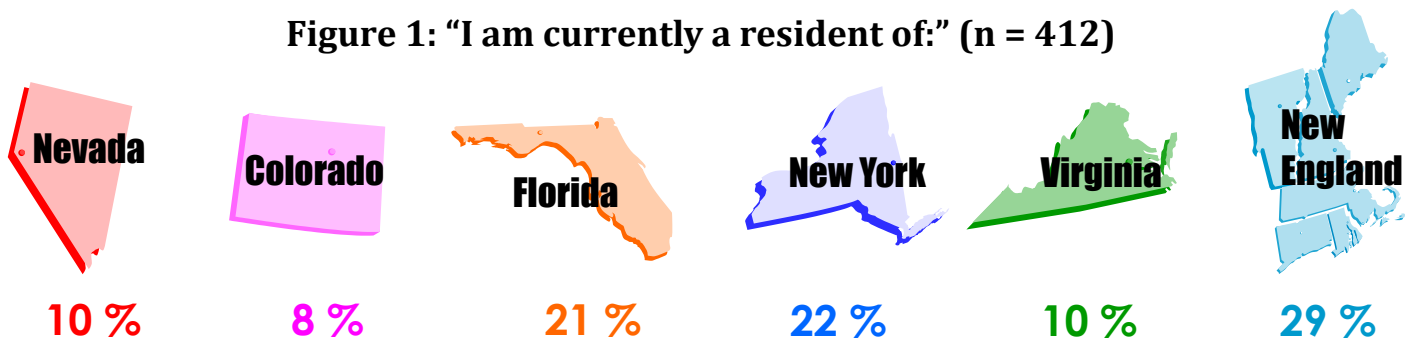


Figure 2: I am attending the summit of the following state or local alliance (n = 412)

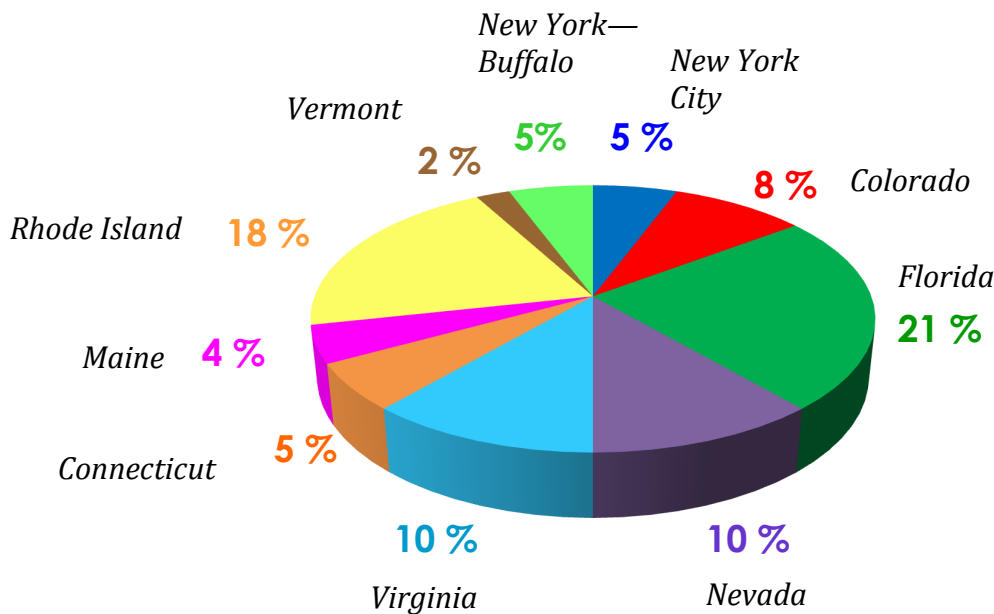
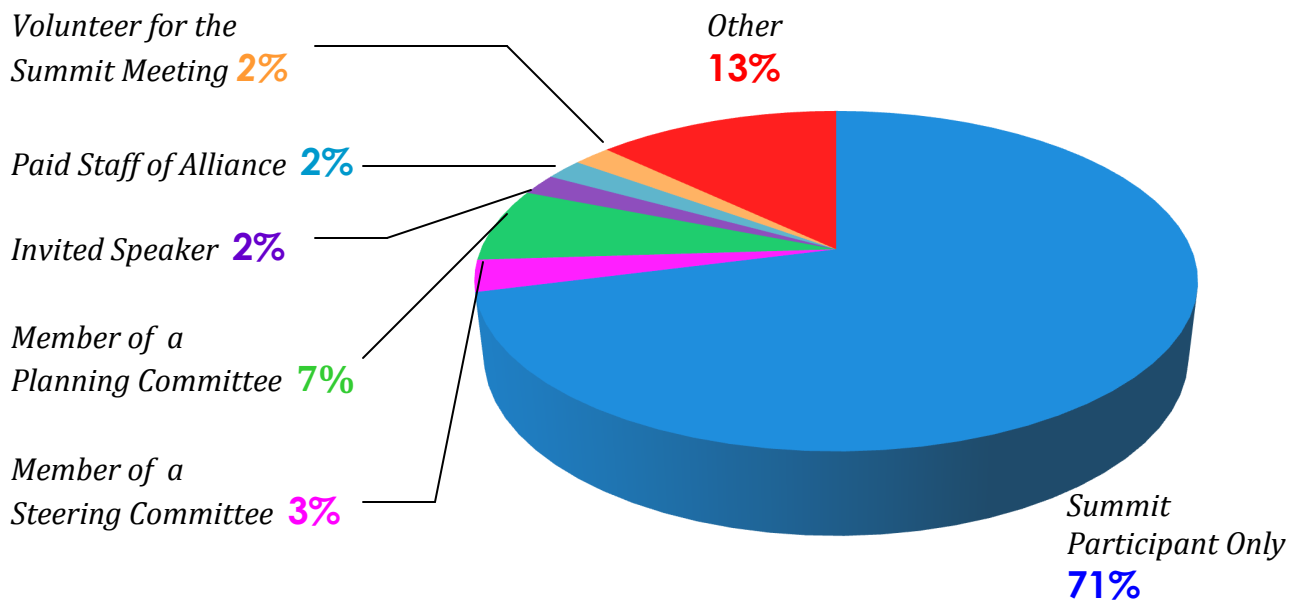


Figure 3 below describes the roles of the participants in the alliances. Seventy-one percent (n = 279) of the respondents reported that they were summit participants only, 3% were members of the steering committee, 7% were members of a summit planning committee, 2% were invited speakers, 2% were paid staff of the alliance, and 2% were summit meeting volunteers. Finally, 13% of respondents listed other roles, such as “member of tobacco-free partnership” and “consultant”.

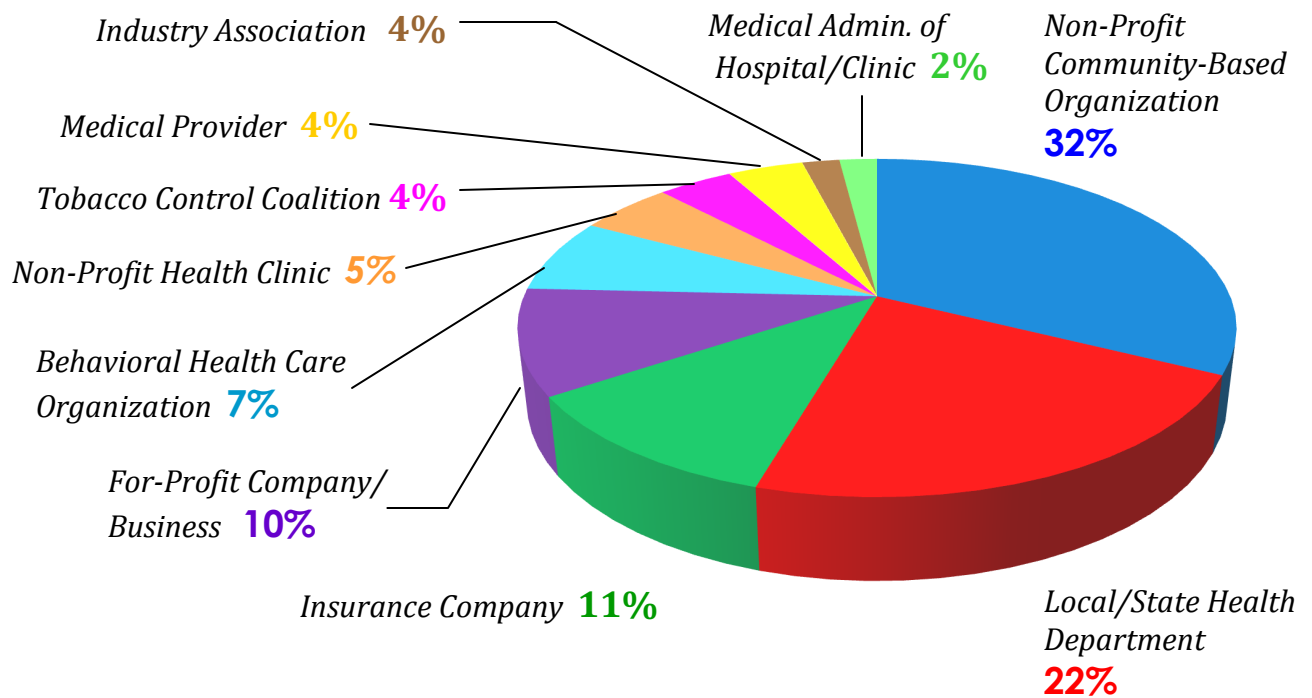
Figure 3: What is Your Role in Your State Alliance? (n = 392)



When asked if they had ever been active in a tobacco cessation coalition besides this alliance, 42% of participants answered “Yes” (n = 163) and 58% answered “No,” (n = 230). This is an indication that the alliances mostly recruited new people to participate in tobacco cessation work.

Figure 4 below describes the sectors in which participants work. Of the 412 respondents, 304 answered this question for a completion rate of 74 percent. Of those that answered, 7% (n = 20) worked in a behavioral health care organization, 2% (n = 6) worked in an industry association, 11% (n = 34) worked in the insurance industry, 10% (n = 31) worked in a for-profit company or business, 22% (67) worked in a local or state health department, 2% (n = 7) were medical admin of a hospital or clinic, 4% (n = 12) were medical providers, 32% (n = 98) worked in a non-profit community-based organization, 5% (n = 15) worked in a non-profit health clinic, and % (n = 11) worked in a tobacco control coalition. Additionally, 1% (n = 2) were from a state regulatory agency, and one person (1%) was from the state legislature. None of the participants were from a religious organization. Some of the other sectors listed by participants were “self-employed” and “university teaching/research”.

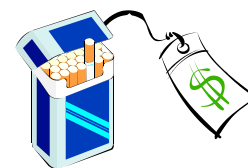
Figure 4: I work in the following sector (n = 304)



The remainder of this report provides information about attitudes and opinions of the respondents to the questionnaire. For each set of questions, a mean scale score has been computed.



Awareness of the Tobacco Problem



Five questions were asked about general awareness of the tobacco problem. Three hundred and eighty-one of the 412 respondents (completion rate 92%) indicated their level of agreement to each statement below by rating their awareness on a scale from “1” to “4” (where “1” is “Strongly Disagree” and “4” is “Strongly Agree”). The mean score of awareness across respondents on the five questions was 3.40, which means that in general, people “Agree” with each statement in the scale. (Note: Question 6c was reversed in computing the scale score.) The responses for each question in the scale are shown in the table below.

Table 1: Awareness of Tobacco Issues (n = 381)

On a scale of "1" to "4" (where "1" is "Strongly Disagree" and "4" is "Strongly Agree"), please indicate your level of agreement:					
Answer Options	1	2	3	4	Response Count
6 a. Tobacco use tops the list of behaviors that lead to death in this country	4	11	79	286	380
6 b. Annually, tobacco related health care and lost productivity cost billions of dollars	3	4	32	339	378
6 c. Changing the system of treatment for tobacco addiction is too difficult to know where to begin	161	154	41	19	375
6 d. The majority of tobacco users need cessation counseling or treatment to quit	8	37	141	187	373
6 e. Most tobacco users would quit if health providers gave them more information about tobacco cessation services	11	114	166	84	375
<i>answered question</i>					381
<i>skipped question</i>					31

Ninety-six percent of participants (n = 365) “Agreed” or “Strongly Agreed” that tobacco use tops the lists of behaviors that lead to death in the U.S, and 98% (n = 371) “Agreed” or “Strongly Agreed” that annually tobacco related health care and lost productivity cost billions of dollars. For question 6c, responses were reversed, since the statement was phrased negatively. Collectively, 84% (n = 315) of the respondents “Agree” or “Strongly Agree” that changing the system of treatment for tobacco addiction is *not* too difficult to even know where to begin. This response indicates that the summit participants may not be easily intimidated by the challenges in advocating for state-wide tobacco cessation services. Eighty-eight percent (n = 328) “Agree” or “Strongly Agree” that the majority of tobacco users need cessation counseling or treatment to quit, and 67% (n = 250) of the respondents “Agree” or “Strongly Agree” that most tobacco users would quit if health providers gave them more information about tobacco cessation services.

The majority of respondents agreed that tobacco cessation services are effective in treating tobacco users, and that tobacco use is detrimentally increasing health care cost and the loss of productivity in various employment industries. Medical providers and counselors, in the respondents’ opinion, are needed to either diagnose or treat users for tobacco cessation services. To accomplish these tasks, mental health and medical providers need education and resources.

Social Norms Supportive of Tobacco Cessation

Five questions were asked in order to assess social norms supportive of tobacco cessation services on a scale of “1” to “4” (where “1” is “Strongly Disagree” and “4” is “Strongly Agree”). The scale score for the social norms construct was 3.42, indicating that respondents have a high level of agreement and that they share this set of norms.

Table 2: Social Norms about Tobacco Cessation (n = 378)

On a scale of "1-4" (where "1" is "Strongly Disagree" and "4" is "Strongly Agree"), please indicate your level of agreement:					
Answer Options	1	2	3	4	Response Count
7 a. Offering tobacco cessation services, including in-patient detox when needed, is the best way to reduce deaths from tobacco use	11	76	178	109	374
7 b. Free treatment for nicotine addiction should be available to all tobacco users	9	46	133	190	378
7 c. Private and public health plans should provide free/low cost tobacco cessation benefits to members	5	11	77	283	376
7 d. The ability to sustain state Quitlines is critical in a system of tobacco cessation services	4	32	138	200	374
7 e. Overcoming nicotine addiction requires recurring treatment for relapses	4	13	105	256	378
<i>answered question</i>					378
<i>skipped question</i>					34

Seventy-seven percent (n = 287) of all participants “Agree” or “Strongly Agree” that offering tobacco services, including in-patient detox when needed, is the best way to reduce deaths from tobacco use, 85% (n = 323) “Agree” or “Strongly Agree” that free treatment for nicotine addiction should be available to all tobacco users, 96% (n = 360) of the respondents “Strongly Agree” that private and public health plans should be free or low cost tobacco cessation benefits for their members, 90% (n = 338) “Agree” or “Strongly Agree” that the ability to sustain state quitlines was critical in a system of tobacco cessation services, and 95% (n = 361) of the respondents “Agree” or “Strongly Agree” that overcoming nicotine addiction requires recurring treatment for relapses.



Many respondents agree that overcoming nicotine addiction requires recurring treatment for relapses and that the ability to sustain state quitlines is critical in a system of tobacco cessation services. These shared norms show that, according to respondents, tobacco cessation services are necessary and should be offered multiple times at minimal cost to tobacco users. To accomplish these goals, healthcare professionals and state and local governments must be involved.

Perceived Importance of Tobacco Cessation Services

Five questions asked respondents to rate their perceived importance of tobacco cessation services, indicating on a scale of “1” to “7” (where “1” is “Not at All Important” and “7” is “Very Important”) the importance of the issues. The mean scale score was 6.12 out of seven, indicating that the issues discussed in question 8 are of high importance to the respondents. The following table shows the responses for each part of question 8.



Table 3: Perceived Importance of Tobacco Cessation Service (n = 379)

On a scale of "1" to "7" (where "1" is "Not At All Important" and "7" is "Very Important"), please select the number that best represents how important each item is to you:								
Answer Options	1	2	3	4	5	6	7	Response Count
8 a. That health insurers offer comprehensive tobacco cessation services for people who smoke	0	0	2	13	17	78	269	379
8 b. That our state has a statewide tobacco use quitline	1	4	3	29	46	69	226	378
8 c. That tobacco users in our state who qualify for Medicaid and Medicare get free comprehensive tobacco cessation services	1	1	4	14	33	84	239	376
8 d. That all health care providers get cessation training in order to counsel tobacco users to quit	0	4	5	19	56	92	202	378
8 e. That comprehensive tobacco cessation services include in-patient treatment for chronic tobacco users	11	27	27	50	83	61	118	377
<i>answered question</i>								379
<i>skipped question</i>								33

Combining responses from “5” to “7”, 96% (n = 364) of respondents thought it was “Important” for health insurers to offer comprehensive tobacco cessation services for people who smoke, 90% of respondents (n = 341) rated it “Important” for their individual states to have a state wide tobacco use quitline and more specifically, 60% (n = 226) found it “Very Important.” Ninety-five percent of respondents (n = 356) thought it was “Important” that tobacco users in their state who qualify for Medicaid and Medicare get free comprehensive tobacco cessation services, 93% (n = 350) thought it was “Important” that all health care providers get cessation training in order to counsel tobacco users to quit, and 69% (n = 262) thought it was “Important” that comprehensive tobacco cessation services include in-patient treatment for chronic tobacco users.

Overall, respondents agreed that each item important. The three most important items were that health insurers offer comprehensive tobacco cessation services for people who smoke, that tobacco users in their state who qualify for Medicaid and Medicare get free comprehensive tobacco cessation services, and that all health care providers get cessation training in order to counsel tobacco users to quit. In-patient treatment for chronic tobacco users (question 8e) was the least important item.

Perceived Barriers for Improving Services

Seven questions asked for participants' ratings of perceived barriers to improving tobacco cessation services in the state by using a scale from "1" to "7", where "1" is "Not A Barrier" and "7" is "A Very Serious Barrier." The scale score was 5.53 out of 7, which means that in general, respondents believe that the issues listed are moderate barriers to improved service.

Table 4: Perceived Barriers (n = 371)

Of possible barriers to improving tobacco cessation services in your state, on a scale of "1" to "7" (where "1" is "Not A Barrier" and "7" is "A Very Serious Barrier"), please select the number that best represents your opinion:								
Answer Options	1	2	3	4	5	6	7	Response Count
9 a. High cost of treatment per person	4	22	20	62	86	80	93	367
9 b. Tobacco users' reluctance to seek tobacco cessation services	5	3	16	52	91	100	100	367
9 c. Lack of quitline counseling covered by major health plans and/or Medicaid/Medicare that reaches any smoker in our state	21	23	25	84	72	62	78	365
9 d. Insurance companies' reluctance to cover cessation treatment, including multiple attempts	4	10	13	33	65	87	155	367
9 e. Employers' reluctance to include comprehensive tobacco cessation coverage in their health plans	2	9	13	39	64	103	136	366
9 f. Medical providers' lack of time to offer effective cessation treatment	3	4	8	36	70	104	144	369
9 g. Lack of funding by state governments for cessation services	2	8	14	41	51	97	141	354
Other (please specify any other very serious barriers that are not listed)								46
							<i>answered question</i>	371
							<i>skipped question</i>	41

Combining ratings of "5," "6" and "7" for all questions, 71% of respondents (n = 259) thought that the high cost of treatment was a barrier to improving tobacco cessation services in their state, 79% of respondents (n = 291) rated tobacco users' reluctance to seek tobacco cessation services as a barrier, 58% (n = 212) rated the lack of quitline counseling covered by major health plans and/or Medicaid/Medicare that reaches any smoker in their state as a barrier, 84% of respondents (n = 307) rated insurance companies' reluctance to cover cessation treatment, including multiple attempts to be a barrier, 83% (n = 303) rated employers' reluctance to include comprehensive tobacco cessation coverage in their health plans as a barrier, 86% (n = 318) rated medical providers' lack of time to offer effective cessation treatment as a barrier, and 82% (n = 289) rated lack of funding by state governments for cessation services as a barrier. Furthermore, participants indicated that there are other serious barriers to improving tobacco cessation services that were not included in the question.

The three most serious barriers were medical providers' lack of time to offer effective cessation treatment, insurance companies' reluctance to cover cessation treatment, including multiple attempts, and employers' reluctance to include comprehensive tobacco cessation coverage in their health plans. The least serious barrier, according to respondents, was the lack of quitline counseling covered by major health plans and/

or Medicaid/Medicare that reaches any smoker in our state. Fifty-eight percent of respondents thought this was a barrier. This is reflected in the scale score for this construct (5.53), which was only slightly above the “neutral” rating of “4”. Other barriers suggested by survey participants were tobacco users’ lack of awareness and knowledge of cessation services, a high rate of failure in correctional facilities and in the mental health and behavioral system, and a flooding of the tobacco market with ever-increasing products that appeal to groups who already suffer from health disparities.

Priorities for Action

Seven questions asked for participants’ ratings of priorities for action for improving tobacco cessation services in the state by using a scale from “1” to “7”, where “1” is “Not A Priority” and “7” is “High Priority”. The scale score for this construct was 6.15, which reflects a high priority for potential action by the alliances.

Table 5: Priorities for Action (n = 365)

Please rate the level of priority that you think the state alliance should place on each item below. Select the number from "1" to "7" that best represents your opinion:								
Answer Options	1	2	3	4	5	6	7	Response Count
10 a. Create a plan of action for our state's tobacco cessation efforts	3	3	5	24	58	85	186	364
10 b. Ensure resources are available to tailor programs to reach specific populations	3	1	2	19	67	108	164	364
10 c. Strengthen collaboration among alliance partners to support changes in tobacco cessation services	1	1	8	23	65	121	145	364
10 d. Close gaps in coverage for uninsured smokers and reduce disparities in those who qualify for tobacco cessation treatment	3	1	7	21	51	99	181	363
10 e. Commit resources among alliance partners to support work for policy change	1	4	8	27	72	101	149	362
10 f. Increase smokers' awareness of tobacco cessation services	1	2	2	13	45	78	223	364
10 g. Ensure that all health systems and health providers talk with users about cessation medications and therapies	1	1	1	10	38	87	224	362
Other (please specify)								11
<i>answered question</i>								365
<i>skipped question</i>								47

Combining all answers from “5” to “7”, 90% of respondents (n = 329) thought that creating a plan of action for their state’s tobacco cessation efforts was a priority, 93% of respondents (n = 339) thought that ensuring resources are available to tailor programs to reach specific populations was a priority, 91% of respondents (n = 331) thought that strengthening collaboration among alliance partners to support changes in tobacco cessation services was a priority, 91% of respondents (n = 331) thought that closing gaps in coverage for uninsured smokers and reducing disparities in those who qualify for tobacco cessation treatment was a priority, 89% of respondents (n = 322) thought that committing resources among alliance partners to support



work for policy change was a priority, and 95% of respondents (n = 346) thought that increasing smokers' awareness of tobacco cessation services was a priority, and 96% of respondents (n = 349) thought that ensuring that all health systems and health providers talk with users about cessation medications and therapies was a priority.

The three highest priority items were ensuring that all health systems and health providers talk with users about cessation medications and therapies, increasing smokers' awareness of tobacco cessation services, and

ensuring resources are available to tailor programs to reach specific populations. Overall, however, respondents rated all of the items listed as relatively high priorities, as reflected in the scale score for this construct (6.18). Other priorities for action suggested were providing educational material to schools, among other educational efforts.

Intent to Advocate for Comprehensive Tobacco Cessation Services

Five questions asked about participants' likelihood to carry out various advocacy tactics. Respondents measured their likelihood on a scale from "1" to "4", where "1" is "Not At All Likely" and "4" is "Very Likely". With a scale score of 3.14, the participants were likely to advocate for comprehensive tobacco cessation services as shown in the table below.

Table 6: Intent to Advocate for Comprehensive Tobacco Cessation Services (n = 363)

On a scale from "1" to "4", (where "1" is "Not At All Likely" and "4" is "Very Likely"), please rate the likelihood that you will do any of the following:					
Answer Options	1	2	3	4	Response Count
11 a. Work with other summit participants to implement the state action plan	23	47	131	162	363
11 b. Work for changes in my agency or company that enhance tobacco cessation services for our employees	42	40	117	158	357
11 c. Urge state legislators to support using taxes for tobacco prevention and cessation services	47	52	117	144	360
11 d. Advocate for insurers to provide 100% tobacco treatment coverage for all beneficiaries	27	47	128	158	360
11 e. Urge local, state, and federal governments to use tobacco taxes for evidence-based cessation treatment services	28	32	114	185	359
	<i>answered question</i>				363
	<i>skipped question</i>				49

Combining “3” and “4” responses, 81% of respondents (n = 293) were likely to work with other summit participants to implement the state action plan, 77% of respondents (n = 275) were likely to work for changes in their own agency or company that enhance tobacco cessation services for their employees, 72% of respondents (n = 261) were likely to urge state legislators to support using taxes for tobacco prevention and cessation services, 79% of respondents (n = 286) were likely to advocate for insurers to provide 100% tobacco treatment coverage for all beneficiaries, and 83% of respondents (n = 299) were likely to urge local, state, and federal governments to use tobacco taxes for evidence-based cessation treatment services.

In summation, respondents indicated that they were most likely to urge local, state, and federal governments to use tobacco taxes for evidence-based cessation treatment services (83%), and least likely to urge state legislators to support using taxes for tobacco prevention and cessation services (72%).

Self-Efficacy for Tobacco Cessation Advocacy

Ten questions asked respondents about self-efficacy to be a tobacco cessation advocate. Respondents were asked to rate their personal ability to do certain tasks described by selecting a number from “1” to “10”, where “1” was “Not At All Confident” and “10” was “Very Confident.” The scale score of 7.47 indicates that the respondents rate their self-efficacy to complete the following tasks as moderately high.

Table 7: Self-Efficacy to be a Tobacco Cessation Advocate (n = 88)

Please rate how confident you feel about your personal ability to do the things described by selecting the number from "1 to 10" that best represents your opinion: I am confident that AS AN INDIVIDUAL I can:											
Answer Options	1	2	3	4	5	6	7	8	9	10	Response Count
12 a. Take on any challenge in tobacco cessation	3	6	10	7	41	40	58	57	49	74	345
12 b. Coordinate efforts to complete difficult projects	2	2	7	9	27	39	43	62	62	91	344
12 c. Pursue a clear strategy for change	2	2	7	8	21	33	47	72	65	84	341
12 d. Network with political and advocacy organizations	14	6	9	15	29	31	43	67	41	86	341
12 e. Recruit other members to our state alliance	10	8	16	18	41	40	53	58	46	52	342
12 f. Accomplish social action goals	8	8	11	13	30	35	57	63	58	57	340
12 g. Advocate for effective policy change with state legislators	27	17	20	13	28	29	35	54	46	69	338
12 h. Mobilize the effort needed to respond effectively when faced with a policy setback	15	16	14	16	42	32	45	54	47	55	336
12 i. Evaluate my success in changing the system	5	8	7	11	32	27	41	64	65	80	340
12 j. Work well with diverse groups	1	0	1	4	11	10	29	45	70	169	340
<i>answered question</i>											347
<i>skipped question</i>											65

Combining answers from “6” to “10”, 81% of respondents (n = 278) were confident that they could take on any challenge in tobacco cessation, 86% of respondents (n = 297) were confident that they could coordinate efforts to complete difficult projects, 88% of respondents (n = 301) were confident that they could pursue a clear strategy for change, 79% of respondents (n = 268) were confident that they could network with political and advocacy organizations, 73% of respondents (n = 249) were confident that they could recruit other members to our state alliance, 79% of respondents (n = 270) were confident that they could accomplish social action goals, 69% of respondents (n = 233) were confident that they could advocate for effective policy change with state legislators, 69% of respondents (n = 233) were confident that they could mobilize the effort needed to respond effectively when faced with a policy setback, 81% of respondents (n = 277) were confident that they could evaluate their success in changing the system, and 95% of respondents (n = 323) were confident that they could work well with diverse groups.



Respondents were most confident in their ability to work well with diverse groups, pursue a clear strategy for change, and coordinate efforts to complete difficult projects. They were least confident, however, in their ability to advocate for effective policy change with state legislators, mobilize the effort needed to respond effectively when faced with a policy setback, and recruit other members to their state alliance. These findings indicate that it may be beneficial for the state alliances to focus on recruiting skills and tactics for responding to setbacks, as well as advocacy tactics.

Collective Efficacy for Tobacco Cessation Advocacy

Ten questions asked respondents about his or her view of their state alliance’s efficacy for tobacco cessation advocacy. Respondents were asked to rate their state alliance’s ability to do certain tasks indicated by selecting a number from “1” to “10”, where “1” was “Not At All Confident” and “10” was “Very Confident.” The scale score of 8.22 indicates that respondents have moderately high confidence in the alliances’ collective efficacy. This scale score is nearly one point higher than the self-efficacy scale score (7.47), which shows that in all states, respondents are slightly more confident in the alliance’s efficacy as compared to their own self-efficacy.



Table 8: Collective Efficacy for Tobacco Cessation Advocacy (n = 325)

Please rate how confident you feel about your state alliance's ability to do the things described by selecting the number from "1 to 10" that best represents your opinion for each. I am confident that OUR STATE ALLIANCE AS A GROUP can:													
Answer Options	1	2	3	4	5	6	7	8	9	10	Response Count		
13 a. Take on any challenge in tobacco cessation	2	3	1	10	22	26	42	69	54	96	325		
13 b. Coordinate efforts to complete difficult projects	3	2	3	7	25	17	48	56	61	102	324		
13 c. Pursue a clear strategy for change	2	2	3	4	25	15	45	62	60	106	324		
13 d. Network with other political and advocacy organizations	2	2	2	7	18	18	27	54	74	119	323		
13 e. Recruit other members for the state alliance	2	1	4	7	18	17	33	58	72	111	323		
13 f. Accomplish social action goals	2	4	4	6	24	17	47	65	59	95	323		
13 g. Advocate for effective policy change with state legislators	6	2	7	6	18	21	33	55	68	107	323		
13 h. Mobilize the effort needed to respond effectively when faced with a policy setback	4	3	6	6	24	24	34	63	57	101	322		
13 i. Evaluate our success in changing the system	2	4	3	5	22	13	38	62	64	111	324		
13 j. Work well with diverse groups	3	1	3	4	15	10	22	44	73	146	321		
											<i>answered question</i>	325	
												<i>skipped question</i>	87

Combining answers from “6” to “10”, 88% of respondents (n = 287) were confident that the alliance could take on any challenge in tobacco cessation, 88% of respondents (n = 284) were confident that the alliance could coordinate efforts to complete difficult projects, 89% of respondents (n = 288) were confident that the alliance could pursue a clear strategy for change, 90% of respondents (n = 292) were confident that the alliance could network with other political and advocacy organizations, 90% of respondents (n = 291) were confident that the alliance could recruit other members for the state alliance, 88% of respondents (n = 283) were confident that the alliance could accomplish social action goals, 88% of respondents (n = 284) were confident that the alliance could advocate for effective policy change with state legislators, 87% of respondents (n = 279) were confident that the alliance could mobilize the effort needed to respond effectively when faced with a policy setback, 89% of respondents (n = 288) were confident that the alliance could evaluate its success in changing the system, and finally, 92% of respondents (n = 295) were confident that the alliance could work well with diverse groups.

Respondents were most confident in the alliances’ ability to work well with diverse groups, network with other political and advocacy organizations, and to recruit other members to the alliance. They were least confident in the alliances’ ability to mobilize the effort needed to respond effectively when faced with a policy setback. Additional comments given by respondents expressed uncertainty about the alliances and their group capacity, as well as optimism and excitement for future coalition work.

As mentioned above, respondents were more confident in their state alliance’s efficacy. Across all parts of question 13, confidence in collective efficacy was higher than self-efficacy, except for question 13j (“work well with diverse groups”). The biggest increase in confidence was for question 13g (from 69% for self-efficacy to 88% for collective efficacy), which assessed the ability to advocate for effective policy change with state legislators. Again, the state alliances may wish to focus upon advocacy skills to increase respondents’ confidence in self-efficacy.

Summary

The survey completion rate of 55 percent of summit registrants means that the opinions of a significant portion of summit participants are not represented in the results presented in this report. In addition, for some sets of questions, some participants who took the survey skipped questions, further reducing the response rate for those question sets. Still, the responses given may be useful to the state alliances in their future planning. The number of people who were new to tobacco control offers opportunities for training and involvement, and the areas where participants lacked confidence can be focused upon in future training sessions. The priorities of respondents and the areas in which they are willing to act as advocates may provide direction for involving people in action or in training people to take effective action.



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