

# Partnerships

in Tobacco Prevention and Control



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# Acknowledgements

This guide was produced for the Centers for Disease Control and Prevention by the Center for Public Health Systems Science at the Brown School at Washington University in St. Louis.

## Primary contributors:

Stephanie Andersen, Laura Brossart, Rebecca Ballard, Amy Endrizal, Erin Foster, Isaiah Zoschke, Tim Poor, Elyse Vesser, Douglas Luke, Sarah Moreland-Russell

## Input was provided by:

Cathy Callaway, Carissa Holmes, Joann Kang, Michon Mabry Jeter, Karla S. Sneegas, Renee Wright

## Input for the case studies was provided by:

Tiffany Johnson, Mississippi Office of Tobacco Control  
Charlotte Williams, Mississippi Office of Tobacco Control  
Cheryl Bettigole, Philadelphia Department of Public Health  
Ryan Coffman, Philadelphia Department of Public Health

## Other contributions:

Photographs on pages 5 and 24 courtesy of Gustavo Torrez, Campaign for Tobacco-Free Kids  
Photographs on pages 14 and 15 courtesy of Cynthia Hallett, Americans for Nonsmokers' Rights  
Photographs on pages 16 and 28 courtesy of Carly Caminiti, Health Resources in Action  
Photograph on page 17 courtesy of Patty Barahona, Youth Leadership Institute  
Photograph on page 18 courtesy of Shaunda Scruggs  
Photograph on page 19 courtesy of Sally Herndon, North Carolina Tobacco Prevention and Control Branch  
Photograph on page 22 courtesy of John Daley, Colorado Public Radio  
Photograph on page 37 courtesy of Wayne Tormala, Arizona Bureau of Tobacco and Chronic Disease

# Table of Contents

Guide to the Reader .....	1
Making the Case .....	2
Brief History.....	3
How to .....	4
What are Partnerships in Commercial Tobacco Prevention and Control?.....	4
Preparing to Partner .....	5
Forming Coalitions.....	11
Achieving Goals with Partners .....	14
Advancing Health Equity and Reducing Disparities .....	25
Working Together Effectively.....	29
Evaluating Partnerships.....	32
Sustaining Partnerships.....	36
Providing Support.....	39
Case Studies.....	40
Case for Investment .....	44
Resources .....	46
References .....	53

## Purpose

The Center for Public Health Systems Science at Washington University in St. Louis is developing a set of user guides funded by the Centers for Disease Control and Prevention (contract 75D30120C09195) for the *Best Practices for Comprehensive Tobacco Control Programs—2014 (Best Practices 2014)*, an evidence-based tool to help states develop comprehensive tobacco control programs.<sup>1</sup>

The purpose of the user guides is to help tobacco control staff and partners implement evidence-based best practices by translating research into practical guidance. The guides focus on strategies (e.g., programs and interventions) that have shown strong or promising evidence of effectiveness. Recommendations in this guide are suggestions for programs working to develop strategic partnerships and coalitions. Programs can follow these recommendations according to their needs, goals, and capacity.

## Content

This user guide updates recommendations in the 2009 *Best Practices User Guide: Coalitions*.<sup>2</sup> State and community partnerships continue to be essential to change behavior and social norms around commercial tobacco use.<sup>1</sup> According to *Best Practices 2014*, partnerships “can keep tobacco issues before the public, combat the tobacco industry, enhance community involvement and promote community buy-in and support, educate decision makers, and help to inform policy change.”<sup>1</sup> This guide expands the recommendations of the 2009 *Coalitions* user guide to include partnerships that form for a narrow, strategic purpose and larger, more complex coalitions. It gives program managers information on how to develop effective partnerships and coalitions as a part of a comprehensive tobacco control program.

### Links to More Information

Each instance of italicized, bolded *blue text* in the guide indicates a link to an additional resource or a page within the guide itself with more information. Website addresses for all of the blue resources noted throughout the guide are also included in the Resources section.

## Organization

- ▶ **Making the Case:** A brief overview of why it is important for tobacco control programs to form partnerships
- ▶ **Brief History:** How partnerships have led the movement to reduce commercial tobacco use
- ▶ **How to:** Strategies to involve partners in commercial tobacco prevention and control efforts
- ▶ **Providing Support:** How tobacco control programs can support partnerships
- ▶ **Case Studies:** Real-world examples of how partnerships have advanced commercial tobacco control goals
- ▶ **Case for Investment:** Information to raise awareness about the importance of commercial tobacco control partnerships
- ▶ **Resources:** Publications, toolkits, and websites to help in planning efforts

### *Best Practices for Comprehensive Tobacco Control Programs—2014<sup>1</sup>*

The *Best Practices 2014* is an evidence-based guide to help states plan, establish, and evaluate comprehensive commercial tobacco prevention and control programs. The report offers recommendations and evidence for five essential components of effective programs:

- State and community interventions
- Mass-reach health communication interventions
- Cessation interventions
- Surveillance and evaluation
- Infrastructure, administration, and management

# Making the Case for Partnerships

Ending the commercial tobacco use epidemic will require the coordinated efforts of many people.<sup>3</sup> Partnerships can create the capacity to achieve goals that programs may not have the authority or flexibility to reach on their own. As programs are asked to do more with fewer resources, partnerships have become even more critical to commercial tobacco control efforts.<sup>4</sup> Partnerships help programs:

▶ **Develop synergy**

Partnerships bring together people with different strengths and experiences. When people pool their different skills and knowledge to work toward a common goal, they are able to do more than they could on their own.<sup>5</sup>

▶ **Build capacity**

Partnerships help commercial tobacco control staff gain knowledge about different communities, learn new skills, and improve existing skills.<sup>6</sup> In turn, partners develop relationships and skills that enhance their ability to address community problems.<sup>7</sup>

▶ **Drive policy change**

The most effective interventions combine program and policy strategies to influence social norms about commercial tobacco use and exposure to secondhand smoke.<sup>1</sup> Partners can lead policy change, informed by the science and best practices.

▶ **Enhance credibility**

Partnerships get trusted leaders and reputable organizations involved in tobacco control issues.<sup>4</sup> Their support generates interest and increases credibility for the program's activities.<sup>4</sup>

▶ **Counter tobacco industry influence**

Partnerships create a broad base of support to combat the powerful influence of the tobacco industry and expose its practices.<sup>6</sup> Program staff and partners can work together to develop effective methods to counter the industry's tactics.<sup>3</sup>

▶ **Advance health equity and reduce disparities**

Partners bring a diversity of lived experiences, viewpoints, and skills to tobacco control efforts. Forming multi-level, multi-sector, diverse, and inclusive partnerships can also help programs reach priority groups and focus resources on advancing health equity and reducing tobacco-related disparities.<sup>5</sup>

▶ **Sustain commercial tobacco control efforts**

Partnerships build community support for tobacco control strategies.<sup>6</sup> When partnership activities end, community members can use the skills they have learned and the relationships they have built to continue working to reduce commercial tobacco use and address social determinants of health in their community.<sup>8</sup>

## Fifty Years of Partnership

In the 1960s, people began to grow concerned about the harmful effects of smoking and the tobacco industry’s tactics. In response, nonsmokers’ rights groups began forming across the United States. Their concerns were warranted; in 2006, a federal court ruled that the industry had conspired for decades to mislead the public.<sup>9</sup> These groups have since evolved into partnerships and coalitions that work at grassroots, local, state, and national levels. Starting with the National Cancer Institute’s American Stop Smoking Intervention Study (ASSIST) in 1990 and continuing through multiple Surgeon General Reports and the publication of CDC’s *Best Practices 2014*, national programs have worked to reinforce partners’ roles in commercial tobacco control.<sup>1,3,10</sup>

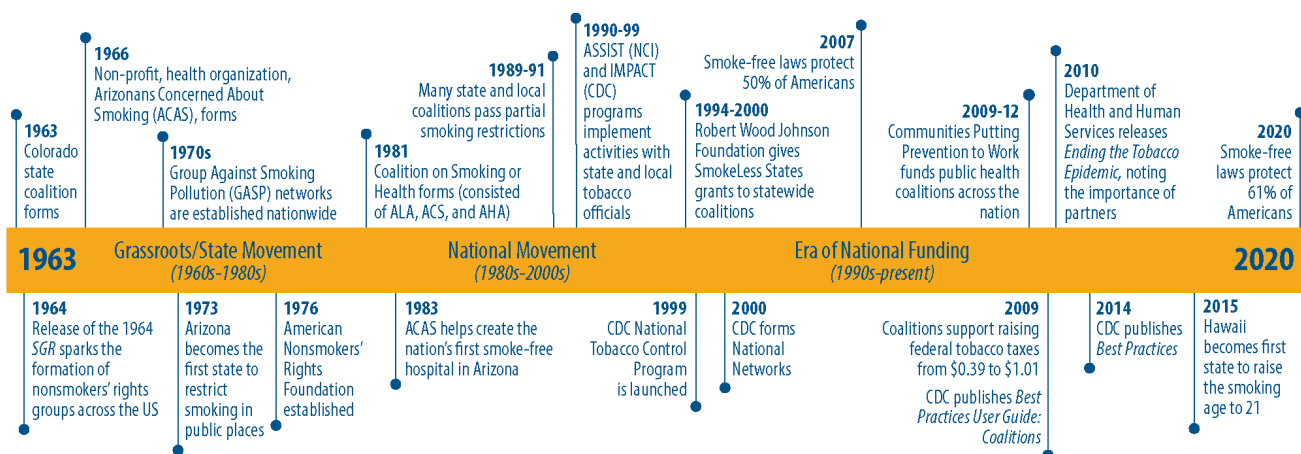
Coalitions are a special type of partnership that have successfully promoted policy change despite an often unfavorable cultural and legislative climate for their work.<sup>11</sup> Their resolve has created a permanent role for partner organizations in tobacco control. One of the first coalitions to counter the industry and engage priority populations was in 1990 when national, local, and faith-based organizations joined forces against menthol cigarette marketing targeted at Philadelphia’s Black community.<sup>12</sup> In 2013, the

City of Chicago spearheaded a coalition of national and local organizations against the harms of flavored tobacco. As a result, the city passed a restriction on flavored tobacco product sales within 500 feet of schools.<sup>13</sup> Government agencies recognize the need for partnerships to strengthen and sustain programs. Over the past 20 years, many government investments in programs have required community partnerships as a funding condition.<sup>5</sup> Budget constraints have forced programs to do more with less, which may explain the rise in popularity of public health partnerships.<sup>4,14</sup>

In 2000, CDC formed the National Networks, a consortium of national organizations to prevent commercial tobacco use in populations experiencing tobacco-related disparities. In 2009, CDC focused on coalitions in the first *Best Practices User Guide*, which reviewed evidence on coalitions and provided recommendations on supporting coalition partners.<sup>2</sup>

Today, partnerships and coalitions are working to raise awareness of the importance of environments free of commercial tobacco, educate about the impact of tobacco prices, create health communications campaigns, and promote cessation. As of April 2020, 27 states and 1,131 communities had laws requiring all non-hospitality workplaces, bars, and restaurants to be smokefree.<sup>15</sup> Nearly all states have increased their cigarette taxes since 2002.<sup>16</sup> States and communities across the country are forming partnerships to counter the tobacco industry’s impact in retail stores, including restricting the sale of flavored tobacco products.<sup>17</sup>

**Figure 1. History of Commercial Tobacco Control Partnerships**



# What are Partnerships in Commercial Tobacco Prevention and Control?

Partnerships are formed when two or more organizations work together to reach a common goal.<sup>18</sup> Often the term “*partnership*” is used interchangeably with terms like *alliance*, *coalition*, *collaboration*, or *network*. Partnerships occur along a continuum, ranging from organizations who work independently on a single project to partners who act almost as a single organization. Most partnerships work within the middle of this range.<sup>18</sup> Partnerships also vary in their purpose, membership, and structure.

**Strategic partnerships** come together for a narrow purpose.<sup>19</sup> These partnerships can include joint ventures and public-private initiatives. Working together gives

the partners a strategic advantage, and each adds value to the activities of the other partners.<sup>20</sup> Strategic partnerships help programs seize new opportunities and work together on community issues.<sup>21</sup> They often involve only those organizations needed to reach their goal and may disband once the goal is reached.<sup>19</sup> These partnerships often lack a formal infrastructure and meet only as needed.<sup>19</sup>

**Coalitions** are a special type of partnership that are more complex and broader in scope than strategic partnerships.<sup>20</sup> They have diverse and inclusive membership, bringing together people and organizations with wide-ranging skills and knowledge.<sup>5</sup> Coalitions tend to have formal structures for communication and decision-making, including shared vision and mission statements, rules, goals, and objectives.<sup>5</sup> They may be statewide or focus on one community or population. Although statewide coalitions are not typically funded by tobacco control programs, working together is important to advance tobacco control goals.

Coalitions address broad problems that cross traditional organizational boundaries and need multiple solutions.<sup>18</sup> They are sometimes also referred



Source: Campaign for Tobacco-Free Kids



## Preparing to Partner

Rushing to form strategic partnerships and coalitions without proper preparation may result in ineffective partnerships or damage relationships between partners. Programs can prepare to form successful partnerships of any size by defining a clear need for the partnership, developing partnership infrastructure, and identifying potential partners. When program staff are ready to form a new partnership or coalition, they can follow the steps on [page 8](#). For more guidance on developing coalitions, see [page 11](#).

to as community-wide partnerships. Coalitions are particularly important in building momentum for change in communities where the tobacco industry plays a large role in the culture and economy.<sup>22</sup>

Table 1 describes unique features of strategic partnerships and coalitions. Both types of partnerships contribute to commercial tobacco control goals by implementing parts of the program’s strategic plan, providing training, and evaluating program outcomes.<sup>21</sup>

### Defining the Need

A first step in forming a partnership is understanding why the partnership is needed.<sup>23</sup> Sometimes the need may be clear. For instance, a program working to reduce tobacco-related disparities may need better access to community members or a program promoting smokefree air may want to reach business leaders.

**Table 1. Unique Characteristics of Strategic Partnerships and Coalitions**

Characteristic	Strategic Partnerships	Coalitions
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• Seize new opportunities</li> <li>• Respond quickly to emerging trends</li> <li>• Good choice for partners not yet able to make a longer-term commitment</li> </ul>	<ul style="list-style-type: none"> <li>• Work on complex problems that are unlikely to be solved by one organization</li> <li>• Address a variety of tobacco control or public health issues</li> <li>• Cross traditional organizational boundaries</li> </ul>
<b>Membership</b>	<ul style="list-style-type: none"> <li>• Only those organizations needed to reach a specific goal</li> </ul>	<ul style="list-style-type: none"> <li>• A diverse, inclusive mix of organizations that bring together many skills and perspectives</li> </ul>
<b>Structure</b>	<ul style="list-style-type: none"> <li>• Informal structures and procedures</li> <li>• Temporary</li> <li>• Meet only as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Formal communication and decision making structures</li> <li>• Shared vision, mission, and goals</li> <li>• Longer-term commitment</li> <li>• Regular meeting schedule</li> </ul>

*Adapted from Butterfoss<sup>20</sup> and Colorado State Tobacco Education & Prevention Partnership<sup>19</sup>*



Other times, it may be unclear what is needed to achieve better results. Staff can conduct a SWOT analysis to better understand the program’s strengths, weaknesses, opportunities for success, and threats to achieving goals (Figure 2). Learn more at the Minnesota Department of Health’s *SWOT Analysis* web page.

Once a program identifies a need to form a partnership, it is important to decide what type of partnership is needed to reach their goals. For example, a strategic partnership may be the best approach to tackle a single straightforward issue. A coalition can be a more effective way to work together on a variety of issues or a complicated problem that needs wide community involvement and skills from different fields.<sup>5</sup>

## Developing Partnership Infrastructure

Programs that are prepared to partner have leaders who help develop staff skills, policies, and resources necessary for partnering. When leaders believe

that partnerships are important, they will include partnering as part of a program’s strategic agenda and may dedicate staff time and resources to developing and sustaining partnerships.<sup>24</sup> Leaders are also influential communicators. By talking about the benefits of partnerships, they can build support throughout the organization.<sup>25</sup> Program staff can help gain leadership support by explaining:<sup>26</sup>

- How the partnership aligns with leadership’s priorities
- Why leadership support for the partnership matters
- What added value the partnership will bring to the program’s work
- What leadership can do to help

Staff may need training to effectively form partnerships and make sure that new partnership opportunities are not missed.<sup>27</sup> Training in working with others, such as conflict management and

customer service skills, can help keep new partnerships strong.<sup>24</sup> Depending on the partnership, staff training may also include how to work with people from different cultures. See [page 25](#) for more on working with partners from diverse backgrounds.

Figure 2. SWOT Analysis

	Helpful	Harmful
Internal	<p><b>S Strengths</b> What does the program do well?</p>	<p><b>W Weaknesses</b> In what ways is the program lacking?</p>
External	<p><b>O Opportunities</b> What outside factors help achieve program goals?</p>	<p><b>T Threats</b> What outside factors block achievement of program goals?</p>

Adapted from CDC<sup>28</sup> and the Minnesota Department of Health<sup>29</sup>

## Building Representative Coalitions

The most effective coalitions actively engage populations who are most directly affected by commercial tobacco use, such as members of certain racial/ethnic minority groups, LGBTQ communities, communities with low income or education, and Native communities.<sup>30,31</sup> These are often the people who hold the least power and resources. Diverse, representative coalitions that share power and leadership with community members are better equipped to make lasting change.<sup>30</sup> Learn more about building shared leadership on [page 12](#) and engaging community partners on [page 25](#).

## Identifying Potential Partners

Deciding who to partner with is one of the most important decisions staff will make when forming partnerships. Having the right partners can build momentum for commercial tobacco control; having the wrong partners can waste time and energy and set back a program's goals. Staff can look for partners who:

- Are seen as trustworthy and credible by people who represent the community<sup>4</sup>
- Bring something valuable to the partnership, such as technical skills<sup>32</sup>
- Can help achieve goals<sup>32</sup>
- Provide access to resources or networks<sup>4</sup>
- Have a stake in the outcome<sup>32</sup>

- Do not have any real or perceived conflicts of interest with the program, such as an affiliation with the tobacco industry<sup>32</sup>

To develop a list of potential partners, program staff can ask trusted advisors and gatekeepers to identify sectors that are important to engage in commercial tobacco control work.<sup>33</sup> They may also be able to give referrals or make connections at events and conferences.

Programs may also issue a broad call for partners. The call does not have to be announced publicly, but can be shared with many potential partners to avoid pressure on a single partner to take part or the appearance of preferential treatment.<sup>4</sup> For a list of potential partners and how they can contribute, see Table 2 on [page 8](#).

## A CLOSER LOOK: Public-Private Partnerships

Public-private partnerships share skills and resources between public organizations like tobacco control programs and private businesses, individuals, and charitable branches of companies.<sup>6</sup> These partnerships help programs be innovative and agile, share messages with a wider audience, develop staff skills, and build support for tobacco control outside the public sector.<sup>6</sup> Public-private partnerships have shared the cost of state quitlines and added cessation to employee health benefits.<sup>34</sup>

Although private organizations can make strong partners, they may have different missions and cultures than public organizations. For instance, businesses may be responsible to shareholders and often operate on short timelines.<sup>6</sup> While businesses (including healthcare organizations like hospitals, insurers, and physician groups) may not share all of the program's goals, they care about the effects of commercial tobacco use on employee health care costs and productivity and the potential impact of regulations on their business.<sup>35</sup> Understanding differences, identifying potential conflicts of interest, and finding common ground early on can help develop successful partnerships.<sup>6</sup> To form public-private partnerships, programs can take the following steps:<sup>35</sup>

- Research the partner's mission, vision, and corporate culture
- Explain to partners how they can benefit from the partnership, focusing on shared interests and return on investment
- Understand differences between the partner's fiscal years and the program's grant funding cycles
- Limit complex health terms in communications with partners
- Create work plans with short timelines

**Table 2. Potential Tobacco Control Partners**

Partner Type	Link to Commercial Tobacco Control	Partner Activities
<b>Businesses</b>	People who smoke are more likely to miss work and use health care services. <sup>3</sup> Smokefree workplaces protect employees from secondhand smoke exposure. <sup>36</sup> Workplace policies and practices that support cessation make quitting tobacco easier for employees and encourage them to use cessation coverage. <sup>36</sup>	<ul style="list-style-type: none"> <li>• Provide comprehensive cessation coverage to employees</li> <li>• Form cost-sharing partnerships with state quitlines</li> <li>• Make workplaces tobacco-free</li> </ul>
<b>Chronic disease programs</b>	Tobacco dependence is a chronic disease that often relapses and increases the risk of other chronic illnesses. <sup>3,37</sup> Chronic disease prevention programs may be willing to align efforts with tobacco control programs to reduce costs and improve outcomes.	<ul style="list-style-type: none"> <li>• Pool resources and coordinate efforts</li> <li>• Train program staff and other partners</li> <li>• Create joint health communications</li> </ul>
<b>Communications specialists and news outlets</b>	Communications specialists have experience creating ads, planning media placements, and arranging opportunities for news coverage. Newspapers and radio stations may support program goals and publish content that promotes commercial tobacco control efforts.	<ul style="list-style-type: none"> <li>• Help programs adapt existing ads and create new ads</li> <li>• Offer free ad placement or reduced development costs</li> <li>• Publish letters to the editor, Op-Eds, and news stories</li> </ul>
<b>Community members</b>	Community members know best how commercial tobacco use, secondhand smoke exposure, and the tobacco industry affects them and their families. They can add valuable information, insight, and credibility to commercial tobacco control efforts.	<ul style="list-style-type: none"> <li>• Educate decision makers about how tobacco impacts their communities</li> <li>• Help select evaluation measures and review data</li> <li>• Share program updates with other community members</li> </ul>
<b>Decision makers</b>	Elected officials and other community leaders represent community members and respond to their concerns, including those related to tobacco. They are an important audience to educate about the harms of commercial tobacco use.	<ul style="list-style-type: none"> <li>• Write letters to the editor</li> <li>• Serve as coalition or partnership spokespersons</li> <li>• Adopt and implement policies that address commercial tobacco use and exposure</li> </ul>
<b>Faith-based organizations</b>	Faith-based organizations such as churches, mosques, temples, or health ministries are central hubs of community activity. <sup>38</sup> They have strong credibility among community members and care about their health. <sup>38</sup>	<ul style="list-style-type: none"> <li>• Educate faith communities about commercial tobacco control issues</li> <li>• Serve as champions to lead efforts or build community support</li> <li>• Speak as trusted voices for community well-being</li> </ul>
<b>Groups representing populations affected by tobacco-related disparities</b>	Certain populations are more likely to use commercial tobacco and less likely to be able to quit, such as some racial/ethnic groups and people with lower education and income. <sup>3,39</sup> Organizations who represent these groups can reach the population and add credibility to commercial tobacco control efforts.	<ul style="list-style-type: none"> <li>• Share insight about the population's culture and key concerns</li> <li>• Help programs develop strategies that match community needs and values</li> <li>• Promote the Quitline and other cessation resources</li> <li>• Develop and adapt ads for non-English speakers and other groups</li> </ul>

**Table 2 cont. Potential Tobacco Control Partners**

Partner Type	Link to Commercial Tobacco Control	Partner Activities
Healthcare partners	Hospitals, health systems, and health insurers can help make commercial tobacco cessation screening and treatment a part of every patient visit. <sup>40</sup> Integrating commercial tobacco use treatment into routine clinical care and offering comprehensive cessation coverage can increase the chances of quitting successfully. <sup>1</sup>	<ul style="list-style-type: none"> <li>• Screen every patient for tobacco use and offer those who use commercial tobacco help to quit at every visit</li> <li>• Improve insurance coverage for evidence-based cessation treatment</li> <li>• Refer patients to state quitlines for cessation support</li> </ul>
Legal technical assistance providers	Legal technical assistance organizations, such as the <i>Public Health Law Center</i> , are experts on the legal aspects of commercial tobacco control and know about emerging policies and tobacco products.	<ul style="list-style-type: none"> <li>• Develop and share educational and training resources</li> <li>• Help decision makers draft policy and enforcement language</li> <li>• Help with legal challenges from the tobacco industry</li> </ul>
National Networks	Although smoking is at an all-time low, prevalence remains high among certain groups. <sup>41</sup> CDC funds eight <i>National Networks</i> to address tobacco-related and cancer-prevention disparities and serve as national leaders in commercial tobacco prevention and control.	<ul style="list-style-type: none"> <li>• Provide training and technical assistance to help local partners implement culturally responsive, evidence-based strategies</li> <li>• Engage priority populations in commercial tobacco control strategies</li> <li>• Implement health communications campaigns</li> </ul>
National tobacco control organizations	<i>National partners</i> play an important leadership role in tobacco control. <sup>1,42</sup> Partners can use their influential voices to communicate with decision makers and build public support for reducing commercial tobacco use.	<ul style="list-style-type: none"> <li>• Develop media campaigns</li> <li>• Provide technical assistance to develop and implement commercial tobacco control strategies</li> <li>• Collect surveillance data</li> </ul>
Regulatory agencies and law enforcement	Regulatory agencies and law enforcement are responsible for administration, oversight, and enforcement of tobacco control laws at the national, state, and local levels. They enforce smokefree laws, conduct retailer compliance checks, and work to prevent tobacco tax evasion.	<ul style="list-style-type: none"> <li>• Help plan for enforcement activities</li> <li>• Educate the community about existing and new policies</li> <li>• Make sure business owners follow policies</li> </ul>
Schools and universities	Young people spend much of their day in school, making schools an important setting for tobacco-free interventions. <sup>43</sup> Youth with lower academic achievement are also more likely to use tobacco than their higher achieving peers. <sup>39</sup>	<ul style="list-style-type: none"> <li>• Make school campuses and events tobacco-free</li> <li>• Educate youth about the dangers of commercial tobacco use</li> <li>• Connect youth with tobacco control program activities</li> </ul>
Youth	Tobacco companies continue to use tactics to appeal to youth and promote their products in places visited by young people. <sup>44</sup> When young people learn they are being manipulated by the tobacco industry, they are more likely to get involved. <sup>45</sup> Youth bring a fresh perspective to tobacco control efforts. <sup>46,47</sup>	<ul style="list-style-type: none"> <li>• Conduct store assessments and neighborhood audits</li> <li>• Monitor youth tobacco sales</li> <li>• Share messages on social media</li> <li>• Serve as spokespersons on tobacco control policy interventions to decision makers</li> </ul>

## Steps for Forming Partnerships

Every partnership is unique. Strategic partnerships may come together quickly, while coalitions may include a formal application process. Although partnerships may form in different ways, they often share these common steps:<sup>48</sup>

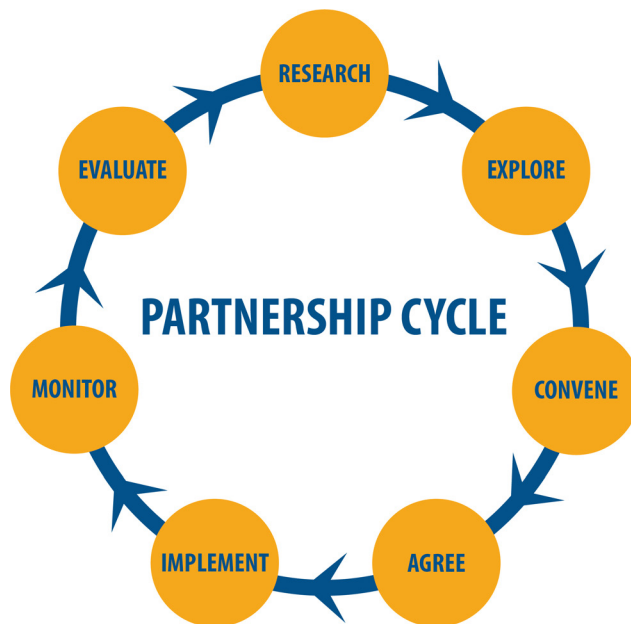
- **Research:** Gather information about the partner's interests, trustworthiness, and past performance.
- **Explore:** Talk with the partner to learn more about them and areas of shared interest.
- **Convene:** Have a more in-depth conversation to talk about specific projects and begin building a relationship.
- **Agree:** Develop written guiding principles that outline the partnership's purpose and partner roles and responsibilities.
- **Implement:** Carry out the activities described in the written guidance.
- **Monitor:** Closely track partnership activities to make sure timelines are met and unexpected challenges are dealt with.
- **Evaluate:** Assess the partnership's successes and failures, and evaluate the potential for future partnerships.

Figure 3 shows how the steps fit together to form a partnership cycle. The cycle begins with gathering information to decide whether the partnership can succeed. Important considerations are whether the partner has a similar mission and culture, leadership support, and adequate resources to devote to the partnership. Assessing whether there are potential conflicts of interest between the program and partner, such as other pending contracts or tobacco industry influences, is also important.<sup>4</sup>

Once a candidate has been identified, an exploratory conversation can help programs gauge the partner's interest. If there is mutual interest, follow-up meetings can help partners get to know each other better and start discussing the details of the partnership.<sup>21</sup>

A Memorandum of Understanding (MOU) is a nonbinding document that details the purpose of the partnership and expectations of partners.<sup>4</sup> While a formal MOU may not be necessary for all partnerships, recording the results of these meetings in

Figure 3. Steps for Forming Partnerships



Adapted from CDC Foundation<sup>48</sup>

a written guidance document helps secure a partner's commitment.<sup>4</sup> Partnerships formed quickly may still find it helpful to draft guiding principles later on to clarify how partners will work together and measure success.<sup>4</sup> What is included will depend on the partnership, but often includes the following information:<sup>4</sup>

- Contact information for each partner
- Partners' assets, strengths, and resources
- Partners' potential conflicts of interest
- Description of the problem the partnership aims to address
- Goals and objectives of the partnership
- Roles and responsibilities of partners
- A plan for how partners will make decisions and communicate about activities
- Measures for evaluating the partnership
- The end date of the agreement and how it can be revised, renewed, or ended

As they begin working together, periodic monitoring helps partners stay on track to meet goals. Evaluating successes and challenges completes the partnership cycle and informs future partnerships.

# Forming Coalitions

Coalitions are a special type of partnership that bring together a large, diverse group of partners. Coalitions are most useful when:

- The problem or goal is complex<sup>23</sup>
- Many parts of the community need to be involved<sup>23</sup>
- Partners are duplicating efforts<sup>23</sup>
- A new opportunity arises, such as funding, information, or policy changes<sup>49</sup>

Developing coalitions requires an extra level of commitment and planning. It begins with a core group of partners who want to achieve the same long-term goal.<sup>5</sup> These partners provide initial resources to form the coalition.<sup>5</sup> Initial partners do not have to be members of top-level leadership to form a new coalition. For instance, youth from the Vietnamese Youth Development Center led the development of a coalition to create healthy corner stores in San Francisco’s Tenderloin neighborhood.<sup>50</sup> They encouraged partners to come together by gathering data about the unhealthy food, alcohol, and commercial tobacco products sold in their community and presenting it to local organizations and city agencies.<sup>50</sup>

It is important to have realistic expectations about the time and resources it takes to set up the coalition. Coalition development takes an average of 12 months.<sup>51</sup> The actual time frame may vary depending on the

## Questions to Ask Before Forming a Coalition<sup>20</sup>

- Does the problem affect a wide range of people?
- Does the problem require information and skills from multiple sectors?
- Is broad public education needed?
- Is any organization already responsible for this work?
- Do other organizations see the problem as a priority and want to work together to address it?
- Is the problem best addressed through a joint approach?
- Are potential members willing to give up control over coalition activities and share decision making?
- Are there resources that can be shared to do the work?

scope of the problem the coalition will address.<sup>14</sup> Partners who have worked together before may be able to come together more quickly.<sup>52</sup> It is also important to take the time to involve community members as equal, active partners.<sup>33</sup>



Having a strong infrastructure in place can help a new coalition be successful. Effective coalitions have skilled leadership, diverse membership, a shared mission and vision, and formal policies and procedures to guide the coalition's work.<sup>53</sup>

## Building Shared Leadership

It is important to engage members of communities that are most impacted by tobacco use. By sharing power with a wide range of community stakeholders, rather than leading from the top down, coalitions can gain a broader understanding of the root causes of commercial tobacco use disparities.<sup>30</sup>

Strong coalition leaders have the skills, relationships, and vision to combine individual interests into a shared strategy for community change.<sup>53</sup> Potential leaders include partners who are respected by their organizations, communities, and other coalition members. An important role of coalition leaders is to foster and share leadership among members.<sup>30</sup>

It is important to choose leaders who can:

- Organize efforts<sup>5</sup>
- Encourage partners to take on decision-making responsibilities, and acknowledge those contributions<sup>5</sup>
- Instill a sense of shared ownership in the coalition's work<sup>33</sup>
- Effectively communicate with partners and community members<sup>5</sup>
- Manage conflicts if they arise<sup>8</sup>

Some coalitions may select a lead agency or organization to guide their efforts. A lead agency can be a part of the coalition or a separate organization with staff who can help plan, manage, and support the coalition's activities.<sup>20</sup> It may be necessary for leaders



from traditional “top-down” organizations to switch to a community-based leadership model in which community members share in the key tasks, including managing resources.<sup>30</sup>

### Characteristics of a Good Lead Agency<sup>20</sup>

- Strong links to and respect for the community
- The respect of community organizations and leaders
- Deep understanding of community health issues and priority populations
- Belief in collaboration
- Adoption of tobacco control policies within the organization (e.g., tobacco-free workplace)
- Staff support
- Ability to positively promote the coalition and its work

## Recruiting Members

Coalitions address complex issues that require the skills of many different partners. Their efforts can change the community significantly, and having broad-based support helps ensure that these changes are accepted and sustained.<sup>54</sup> Including partners from different backgrounds and community sectors also enables the coalition to better understand the community's needs.

Offering a variety of ways for people to contribute can help encourage more people to join. Some members may want to have a more active role in the coalition; others may be more interested in networking opportunities.<sup>5</sup> Members often have other work demands, so it is important to offer several participation levels. Coalition members fall into five types:

- **Active Members** who are regularly involved in coalition activities and meetings, assume leadership roles, and help recruit new partners<sup>5</sup>
- **Part-Time Members** who split their responsibilities among several staff from their organization and take turns attending events and meetings<sup>5</sup>
- **Inactive Members** who rarely attend coalition meetings but may be asked to help with specific activities or to become active members later<sup>5</sup>
- **Active Supporters** who occasionally attend meetings, lend credibility to the coalition, promote events and activities, and help create community connections<sup>5</sup>
- **Virtual Supporters** who have expressed interest in or support for coalition activities online (e.g., liking the coalition's Facebook page or following its Twitter account)<sup>19</sup>

## Creating a Shared Mission and Vision

Vision and mission statements help keep the coalition focused. The **vision** states what the coalition wants to achieve. It is short and to-the-point—it may be only a single sentence—so that it is easy to communicate to new partners and the community. The **mission** describes what the coalition will do to make its vision a reality. Keeping these statements broad encourages diverse membership and innovative strategies.<sup>23</sup> All coalition

## Understanding Community Context

Community context includes all of the community characteristics that affect how a coalition works.<sup>5</sup> They can influence coalitions at any stage, from recruiting partners to implementing strategies.<sup>5</sup> Some factors that can affect coalitions include:<sup>55</sup>

- Previous successful coalitions
- The level of trust between community organizations and members
- Local politics and history
- Readiness for change
- Geographic location (e.g., rural or urban settings)
- Demographic makeup of the community
- Culture and values

partners have their own mission statements. To develop a joint vision and mission, partners can discuss each other's goals, approaches to community issues, and personal or organizational strengths and challenges.<sup>21</sup> Finding similarities and differences between partners can help develop joint statements that satisfy everyone's interests. Updating statements annually helps ensure new opportunities are not missed.<sup>23</sup>

## Establishing Policies and Procedures

Policies and procedures guide the coalition's work. They can include written goals and objectives, by-laws, MOUs or other written guiding principles, and committee descriptions. These formal structures help coalitions engage partners, pool resources, and plan and implement strategies.<sup>5</sup> Developing and documenting these structures also makes it more likely that coalition outcomes will be sustained.<sup>5</sup>

Learn more about forming coalitions in the Coalitions Start-Up Tools from [Coalitions Work](#).



## Achieving Goals with Partners

The ultimate purpose of a partnership is to achieve a common goal. Tobacco control partnerships pool resources to achieve the shared goals of reducing commercial tobacco use and preventing initiation.<sup>5</sup> When partners work together in new ways, they can create innovative solutions to tough problems.<sup>56</sup> Partnerships work best when their strategies complement and reinforce the other work of the program.<sup>57</sup> Strategic partners and coalitions can work on the following strategies:

- Raising awareness about the importance of smokefree and tobacco-free environments
- Educating about the impact of tobacco product prices
- Reducing exposure to tobacco advertising and promotion
- Promoting cessation
- Communicating the dangers of commercial tobacco use
- Advancing health equity and reducing tobacco-related disparities

## Creating Smokefree and Commercial Tobacco-Free Environments

Exposure to secondhand smoke causes chronic illnesses, such as heart disease, and other serious health conditions.<sup>3</sup> Smokefree laws make it clear that smoking is unsafe and unacceptable. They are especially important for protecting people with the greatest exposure to secondhand smoke: Blacks, youth, people living below the poverty level, and residents of multiunit housing.<sup>58</sup>

Partnerships have been instrumental in leading the movement for clean air, especially local coalitions. Partners run many of the places covered by voluntary smokefree and commercial tobacco-free policies, such as universities, workplaces, and hospitals. Partners can also help programs find champions and educate community members about the importance of clean air.



*The Smokefree Atlanta coalition includes over 50 partner organizations. Atlanta passed new smokefree protections that went into effect in January 2020. Source: Americans for Nonsmokers' Rights*

As e-cigarette use remains high among young people, many states and communities are including these products in smokefree laws.<sup>59</sup> The aerosol produced by e-cigarettes is not harmless and can contain harmful and potentially harmful chemicals, including nicotine.<sup>60</sup> Because e-cigarettes may resemble cigarettes, including them in indoor air laws can simplify policy enforcement and help the community maintain smokefree norms.<sup>60</sup> Learn more about the risks of e-cigarette use in the CDC resource, [Electronic Cigarettes: What's the Bottom Line?](#) States are also including prohibiting marijuana smoking in indoor air laws. As of January 2021, 18 states have included marijuana in smokefree laws.<sup>15</sup>

## Identifying Champions

Smokefree laws work best when they are supported by a community leaders and residents with diverse backgrounds.<sup>61</sup> Partners can help programs connect with these potential champions. In Birmingham, Alabama, partners reached out to local clergy and nearly 100 neighborhood association presidents, who then spread the word about the importance of smokefree environments. Birmingham passed a comprehensive smokefree law covering over 300,000 residents.<sup>61</sup>

In San Francisco, California, youth from the Girls After School Academy worked with community leaders and tenants to create smokefree public housing developments. Involving tenants gave the initiative credibility with developers and led one of the developments to go smokefree.<sup>62</sup> Read more in the San Francisco Tobacco-Free Project's *case study*.

## Educating about Smokefree Benefits

Partners are natural educators because they are connected to the community and have credibility with community members. They can bring attention to the impact of secondhand smoke exposure where it may not be a priority.<sup>61</sup> They can also clarify misunderstandings that may keep others from lending their support.<sup>61</sup> Partners can lay the groundwork

## A CLOSER LOOK: Community Members and Entertainment Partners Support Smokefree Ordinance in New Orleans

After Hurricane Katrina devastated New Orleans, Louisiana, in 2005, the city looked for ways to rebuild. The Louisiana Campaign for Tobacco-Free Living wanted to protect the health of residents, visitors, and workers while promoting New Orleans' famous attractions. Recognizing that Louisiana had one of the lowest percentage of employees covered by smokefree workplace protections, the campaign began reaching out to Black communities and health organizations to build community support for a comprehensive smokefree ordinance.<sup>63</sup>

The partnership also engaged New Orleans' vibrant entertainment business community. Casino operators, musicians, bar and restaurant staff, and other hospitality workers shared personal stories about the harms of secondhand smoke exposure.<sup>64</sup> Smokefree events featuring local bars and music venues promoted the campaign.<sup>63</sup> In 2015, the New Orleans City Council unanimously passed a comprehensive smokefree ordinance making all workplaces, including bars, restaurants, and casinos, smokefree.<sup>63</sup>

The ordinance has been good for business. Six months after it went into effect, 78% of residents approved of the new law and business revenues had increased.<sup>63,64</sup> Partnership-driven media coverage featuring well-known local entertainers helped spread word of its success.<sup>64</sup> By August 2017, Baton Rouge, Louisiana's capital city, and 11 other Louisiana cities passed their own comprehensive smokefree laws.<sup>65</sup>



Partners celebrate one year of smokefree air in New Orleans during the French Quarter Festival in 2016. Source: Americans for Nonsmokers' Rights

for smokefree environments through community education and partnership building activities, such as:

- Collecting data on public support for clean air or secondhand smoke exposure<sup>61</sup>
- Developing fact sheets, toolkits, or other materials about the dangers of secondhand smoke and the effectiveness of smokefree laws<sup>61</sup>
- Talking with community organizations, landlords, and businesses about the benefits of clean air<sup>61</sup>
- Writing letters to the editor and Op-Eds in support of smokefree and commercial tobacco-free environments<sup>66</sup>

For example, partners in Louisiana set the stage for smokefree spaces by building local community coalitions, organizing smokefree hospitality events, and educating entertainment and hospitality workers. They also created the *Healthier Air for All* campaign to share messages about the importance of smokefree air.

## Supporting Implementation

Partners not only play a key role in raising awareness about the importance of smokefree protections, they are also messengers about new smokefree policies. Partners can educate the public and local businesses about the reason for the changes, when they will go into effect, and how they will be enforced. Since new smokefree policies increase cessation, partners can also help spread the word about resources to help quit commercial tobacco.<sup>67</sup>

Partners can also celebrate businesses and organizations that create smokefree spaces, which in turn may encourage others to follow their lead. For example, the American Nonsmokers' Rights Foundation created the *#ReopenSmokefree* social media campaign to recognize the dozens of casinos that chose to reopen as smokefree spaces after COVID-19 related–restrictions were lifted and to encourage others to do the same.<sup>68</sup>

When new laws go in effect, partners can keep community support strong by maintaining a presence in the community and communicating through media outlets about the importance of comprehensive smokefree protections.<sup>69</sup> Learn more in the Americans for Nonsmokers' Rights tip sheet, *Implementing Your New Smokefree Law*.

## Educating About the Impact of Tobacco Product Prices

Research shows that raising the price of tobacco products is the most effective way to prevent initiation and reduce commercial tobacco use.<sup>1</sup> It can also generate revenue to fund programs and counter pro-tobacco influences.<sup>3</sup> Pricing strategies include:

- Raising taxes on tobacco products<sup>70</sup>
- Setting a minimum price and pack size for tobacco products<sup>70,71</sup>
- Prohibiting discounts and coupons<sup>70</sup>
- Reducing tax avoidance and evasion through tax stamps and enforcement<sup>70</sup>

Increasing the price of tobacco products has strong public support.<sup>72</sup> Community members can help build awareness about the impact of pricing tactics and create momentum for change. Legal experts and staff from other state agencies are also critical to help partners develop and implement legally sound strategies.

## Educating the Public about Pricing Tactics

Many people who do not smoke are unaware of the tobacco industry's pricing tactics.<sup>73</sup> These tactics make commercial tobacco more attractive and accessible,



Members of Massachusetts' The 84 youth coalition raise awareness about industry pricing tactics Source: The 84 ©2017 Marilyn Humphries

especially to youth and other priority populations (those that are most impacted by tobacco use).<sup>71</sup> Partners can document tobacco prices and promotions, like discounts and coupons. Sharing the results with community members can raise awareness about the problem of inexpensive tobacco products.

Gathering pricing data can be as simple as walking through the community and observing tobacco advertising for pricing and discount information. Working in groups of four to six people, partners can take photographs or videos of tobacco prices and promotions advertised on signs and functional items like gas pumps.<sup>74</sup> They may want to focus on prices near particular places, such as parks or schools. Partners can share the photos and their personal stories about how tobacco product prices impact their communities with community leaders and the public. Learn more about using photography to document social issues in the Community Tool Box resource, *Implementing Photovoice in Your Community*.

## Providing Legal and Technical Expertise

Innovative pricing strategies are still being tested in many communities. Developing an evidence-based, legally sound strategy may require specialized knowledge beyond that of program staff.<sup>73</sup> Attorneys and tobacco control law centers have the skills and experience to help states develop a successful strategy and plan for enforcement.<sup>73</sup>

Pricing strategies often overlap with the responsibilities of departments of agriculture, revenue, and commerce. Program staff can work with these partners to plan how existing policies will be enforced. For instance, the New York City Department of Finance enforces cigarette tax laws and the Department of Consumer Affairs issues tobacco retailer licenses and inspects stores for violations.<sup>75</sup> The city Department of

Health & Mental Hygiene worked with staff from these departments to limit price discounting and reduce cigarette smuggling from places with lower tax rates.

Learn more about pricing strategies in the Center for Public Health Systems Science resource, *Pricing Policy: A Tobacco Control Guide*.

## Reducing Exposure to Tobacco Advertising and Promotion

The tobacco industry focuses most of its marketing efforts in retail stores, such as convenience stores, gas stations, groceries, and pharmacies.<sup>75</sup> Research has shown that these tactics work; exposure to tobacco advertising encourages youth to begin using tobacco products and progressing to regular use.<sup>44</sup> Strategies to reduce the influence of the tobacco industry in retail stores include:<sup>76</sup>

- Restricting the number, location, density, and types of tobacco retailers, including those that sell e-cigarettes
- Restricting point-of-sale advertising
- Restricting product placement



Youth leaders in San Francisco share data they helped to collect on access to tobacco, alcohol, and unhealthy foods in area stores. Source: Youth Leadership Institute

- Increasing the minimum sales age for all tobacco products and enforcing the federal Tobacco 21 law at the state level
- Prohibiting the sale of flavored tobacco products, including menthol

Local communities and coalitions across the country have led the way in adopting innovative retail strategies.<sup>77,78</sup> These partners have surveyed and mapped tobacco retailers, educated tobacco retailers, and built partnerships with the private sector, like corner store owners, to support retail efforts.<sup>50,79</sup>



*San Mateo County, California, tobacco control coalition member conducts staff appreciation visits with local tobacco-free pharmacies Source: San Mateo County Health*

## Surveying and Mapping Tobacco Sales

Community surveys, store assessments, and maps of store locations can expose industry tactics aimed at priority populations and find where change is most critical. Gathering this information takes time and resources; partners can offer the people power to gather data from across the community. Partners can gather data by:

- Conducting store assessments and “walking” audits to document tobacco product advertising and promotions<sup>80</sup>
- Researching tobacco retailer permit data collected by health departments and licensing agencies<sup>81</sup>
- Conducting youth purchase surveys to monitor illegal sales of tobacco products<sup>82</sup>
- Creating maps of where tobacco retailers are located in neighborhoods<sup>81</sup>

The Standardized Tobacco Assessment for Retail Settings (STARS) is a simple, 20-item tool to collect information about tobacco product advertising and promotion in retail stores. STARS takes about 10 minutes to complete on a smartphone or on paper and does not require special training. Learn more about STARS and the companion tools to assess vape shops

(vSTARS) and flavored tobacco products (fSTARS) on the [Counter Tobacco](#) website.

Involving youth in retail efforts is especially helpful to reveal advertising tactics aimed at young people and raise public awareness about tobacco advertising. Staff can prepare youth to collect data by teaching them about the history of tobacco advertising and training them on how to talk with store employees.

Safety is a top priority when involving youth in activities. Obtaining parental consent, coordinating transportation, sending youth in pairs, conducting background checks, and providing adult supervision can help ensure a safe and fun experience for young people.<sup>83,84</sup> Learn more about engaging youth in CDC’s [Best Practices User Guide: Youth Engagement in Tobacco Control and Prevention](#).

## Engaging Tobacco Retailers

Asking retailers to share their questions or concerns about the potential impacts of retail tobacco strategies helps create effective, enforceable strategies.<sup>85</sup> Programs and partners can take these steps to engage retailers:

- Reach out to business associations to connect with their members<sup>75</sup>

## A CLOSER LOOK: North Carolina's Partners Inspire Action

Ranked 44th nationally in tobacco control funding, North Carolina's Tobacco Prevention and Control Branch (TPCB) understands the importance of partnerships. "We try to build partnerships to make up for what we do not have in funding," said Sally Herndon, head of the TPCB. In October 2018 the TPCB and its coalition partners organized its annual strategic planning meeting of nearly 100 invitees. "We have many wonderful partners who are doing amazing work in tobacco control but who did not necessarily know about and link with each other's work. Our goal was to educate, connect, and inspire action," she added. They planned this event, as one member said, "like you plan a wedding—it's all about relationships and getting folks to know each other."



*Coalition members meet to learn more about commercial tobacco control work in North Carolina*

The coalition meeting began with a welcome and an overview of evidence-based strategies to reduce commercial tobacco use, including funding, price increases, tobacco-free policies, easy access to effective treatment, and hard-hitting media campaigns. Next, the participants engaged with data through a gallery walk featuring graphics showing North Carolina's progress in building a comprehensive program. Participants gave feedback on sticky notes about what they saw, identified what they thought was missing, and shared ideas for future collaboration.

Panel presentations gave partners a chance to share their varied work. Together with youth partners, the North Carolina Alliance for Health discussed the e-cigarette epidemic among youth. The TPCB described its work with Rescue, a health behavior change marketing agency, to develop mass-reach tobacco prevention campaigns. Representatives from the state's Division of Health Benefits presented an update on Medicaid managed care access to commercial tobacco use treatment. The executive director of the Greater Charlotte Apartment Association shared how the Smoke-Free Apartment Certification Program was good for business and "an amenity worth bragging about."

The summit met its goals of educating, connecting, and inspiring the partners. After the meeting, partners became more active in seeking sustainable funding for media campaigns, offering tobacco-use treatment in community health clinic settings, and strengthening local tobacco-free policies. For example, after having learned about progress to cover tobacco use treatments through the state Medicaid program, partners have increased their efforts to provide commercial tobacco use treatment to patients at tobacco-free community behavioral health centers. Local health directors and county commissioners focused on expanding regulations to make government buildings, grounds, and public places tobacco-free. Inspired by the smokefree housing efforts in Charlotte, leaders of the Triangle Apartment Association voted to adopt a similar program.

- Educate businesses about the health risks of commercial tobacco use and secondhand smoke exposure<sup>76</sup>
- Publicly recognize businesses that voluntarily stop selling tobacco or reduce tobacco advertising in their stores<sup>86</sup>
- Offer technical assistance and resources to businesses that are working to comply<sup>50</sup>



For example, retailer opposition was a challenge to community efforts to restrict the sale of menthol tobacco products in St. Paul, Minnesota. Commercial tobacco control partners met with retailers and the city to educate them about the importance of restricting youth access to flavored products, including menthol. Retailers were able to voice their concerns and meeting participants agreed to create a support plan to help small businesses to reposition their businesses to focus on other products.<sup>87</sup>

Assurances of voluntary compliance can help enforce tobacco retail policies while limiting retailer exposure to multiple lawsuits for violations.<sup>88</sup> These binding agreements commit large retailers to comply with commercial tobacco retail policies.<sup>88</sup>

## Raising Community Awareness

Teaching partners about the effects of tobacco marketing can help them educate the community about the importance of retail strategies. Partners can attend community events, speak with the news media, and present at community meetings. Potential partners include economic development groups, business associations, and business owners. In New York City, partners liked having a few simple talking points about the problem of commercial tobacco use and their goals to use when speaking on behalf of the city's efforts to reduce youth access to inexpensive tobacco.<sup>75</sup>

Data on the health and economic impact of retail strategies can also make the case for change. In Minneapolis, Minnesota, partners countered retailer claims that menthol restrictions would hurt their business by using industry trade publication data to show that tobacco products accounted for only a small portion of store profits.<sup>87</sup> In contrast, the products came at a high cost to the health of communities, especially those targeted by years of tobacco industry marketing.<sup>87</sup>

Learn more about reducing tobacco industry influence in retail stores in the Center for Public Health Systems Science resource, [\*Point-of-Sale Strategies: A Tobacco Control Guide\*](#).

## Promoting Cessation

Although most people who smoke want to quit, most do not use evidence-based commercial tobacco cessation treatments.<sup>39</sup> Partnerships are critical to help programs connect people who smoke to cessation support. Hospitals and health systems can make sure that every patient is screened for commercial tobacco use and offered help to quit at every visit. Private health insurers, state health plans, and state Medicaid programs can improve insurance coverage of cessation counseling and medication and support state quitlines.<sup>1</sup>

Learn more about each of the following cessation strategies in the CDC [\*Best Practices User Guide: Cessation in Tobacco Prevention and Control\*](#).

## Making Health Systems Changes

More than 8 in 10 people who smoke see their doctor every year, and most patients who smoke value their doctor's advice about quitting.<sup>1</sup> Healthcare providers from many specialties can be partners in treating commercial tobacco use and dependence, including pediatricians, pharmacists, and nurses. Programs can also work with partners from many healthcare settings, including outpatient and inpatient care, public and private practices, and settings with one or many providers.

Health systems changes may include assigning staff to ask about commercial tobacco use, including reminders in electronic health records, and creating a referral system to connect patients to cessation resources.<sup>1</sup> For more on the components of health systems changes, see the [Tobacco Cessation Change Package: A Million Hearts® Action Guide](#).

Health systems change initiatives often bring together partners from across the system to implement these changes, including leadership, providers, healthcare staff, IT staff, and quality improvement specialists. Partners may be more willing to adopt health systems changes when they learn about the feasibility, economic benefits, and improved health outcomes for patients.<sup>1</sup>

Providers may also need training to screen for commercial tobacco use or technical assistance to make the changes. For example, the North Carolina Division of Public Health joined with partners at the Duke Smoking Cessation Program and the University of North Carolina Tobacco Treatment Program to develop the Duke-UNC Tobacco Treatment Specialist Training Program. The nationally accredited training program trains healthcare providers in person and online on integrating commercial tobacco treatment into any clinic or practice.<sup>89</sup>

Online training is an increasingly popular training format. Learn more about online training options at [Rx for Change](#) and the University of Wisconsin's [Tobacco Treatment Training](#).

## Improving Cessation Coverage

Improving insurance coverage for evidence-based cessation treatment increases the number of people

who try and succeed in quitting smoking.<sup>90,91</sup> An important first step in improving cessation coverage is educating partners on what is meant by comprehensive cessation coverage. It includes:<sup>1</sup>

- Covering individual, group, and telephone counseling
- Covering all seven FDA-approved cessation medications (*i.e.*, nicotine patch, gum, lozenge, nasal spray, and inhaler, bupropion, and varenicline)
- Eliminating or reducing barriers to treatment, such as co-pays or prior authorization
- Promoting available coverage to people who use commercial tobacco and to healthcare providers to increase awareness and use
- Monitoring and reporting use and availability of cessation treatment

Learning about the economic and health benefits of cessation coverage can encourage insurers and employers to take action. CDC's [6|18 Initiative](#) web page can help program staff talk to businesses about the importance of reducing commercial tobacco use. To learn more about starting a 6|18 Initiative team, see the Association of State and Territorial Health Officials' fact sheet, [Partnership: What Goes into Building a 6|18 Initiative Team](#).

Programs may want to team up with a single large employer to serve as a model for other employers. For instance, Get Healthy Philly first approached the City of Philadelphia to expand cessation services to nearly 7,000 city employees and their families.<sup>82</sup> Their success encouraged other large employers to follow suit.<sup>82</sup> Learn more about Get Healthy Philly's efforts in the case study on [page 42](#).

## Supporting State Quitlines

Quitlines are free, evidence-based telephone helplines for people who want to quit smoking.<sup>1</sup> They may also offer other resources, like web-based help and text messaging. Callers receive practical advice on how to quit, individual counseling, referrals to other services, and, in some states, cessation medication.<sup>1</sup>

State quitlines are highly effective.<sup>37</sup> Using quitlines increases the chance of quitting successfully, and





Dr. Robin Deterding of the Children's Hospital Colorado speaks at a press conference in Denver, Colorado Source: John Daley/Colorado Public Radio

using both quitline counseling and medication is more effective than using either alone.<sup>37</sup> Quitlines are especially important for people who have limited access to cessation resources, such as people without health insurance or those who live far from a healthcare provider.<sup>92</sup>

Organizations that represent or serve priority populations are important partners to improve quitline reach to these groups. For example, Asian American community organizations can reach and refer clients who speak Asian languages to the state quitline.

Public-private partnerships have successfully funded state quitlines and helped to sustain their services.<sup>1</sup> Health insurers, large employers, foundations, and trusts are potential private partners.<sup>93</sup> Focusing on large health plans and employers helps partnerships have the greatest impact by expanding quitline reach to many people at once.<sup>94</sup> Forming cost-sharing partnerships with the state Medicaid agency or state employee benefits program is a way to lead by example and show the benefits of partnering.<sup>95</sup> Program staff can begin discussions with potential partners by focusing on the effectiveness of quitlines and the return on investment for partners.<sup>95</sup>

Financial constraints may impact the number of callers a quitline can serve. But states have found that potential partners appreciate when the program works

with partners first before requiring cost-sharing or strategically limiting services.<sup>94</sup> Learn more about how partners can support quitlines at the North American Quitline Consortium's *Public-Private Partnership Initiative*.

## Communicating About the Dangers of Commercial Tobacco Use

Communications campaigns share impactful messages about the risks of commercial tobacco use and how to get help to quit. Creating effective campaigns is often a group effort. They are developed with the help of communications specialists and community partners who create new materials, plan media placements, and arrange earned media opportunities. The group may

### Lobbying Restrictions on Federal Funding

Decision makers are important partners in commercial tobacco control work, but it is critical that programs understand special restrictions that come with federal funding. While educating and raising public awareness about issues are important activities of a commercial tobacco control program, lobbying efforts are not permitted.<sup>96</sup> Prohibited activities that are considered lobbying include advocating for or against a specific piece of legislation or encouraging constituents to ask decision makers to support a specific bill.<sup>96</sup> Instead, programs can focus on:

- Educating decision makers and the public
- Researching interventions and communicating findings
- Implementing effective strategies

For more information about which activities are allowed, read the CDC resource, *Anti-lobbying Restrictions for CDC Grantees*.

share messages on social media and distribute program materials.<sup>66</sup> Partners also extend the reach of campaign messages by sharing them with their partners and the communities they represent.

Learn more about each of the following health communications strategies in CDC’s *Best Practices User Guide: Health Communications in Tobacco Prevention and Control*.

## Developing and Placing Ads

Effective communications campaigns include paid media ads placed on channels that reach wide audiences, such as television, radio, billboards, public transit, newspapers, magazines, or the internet.<sup>1</sup> Experienced health communications partners can help develop ads, or, in many cases, adapt materials from existing campaigns. The CDC’s *Media Campaign Resource Center* allows free access to ads for programs to adapt and reuse.

Partners who have trusted relationships with the audience can help recruit participants to review ads and decide which are most easily understood, believable, and motivating.<sup>66</sup> Partners may also be able to develop surveys and offer space for testing ads. For some campaigns, it may be important to translate materials into different languages. Partners who work with communities can connect the program with native speakers for help translating and testing ads.

Planning how often ads will run, where ads will be placed, and how much placements will cost may require technical skills beyond the capacity of program staff. Communications specialists can use their knowledge and experience to analyze what can be done with a program’s resources. They can recommend the best media placements to reach the intended audience, and get better deals for media buys.<sup>66</sup> These specialists often work for media agencies that contract with the tobacco control program. Other branches of the state agency, local coalitions, and programs

in other states may be able to share referrals for media contractors or valuable knowledge from their own experiences developing campaigns.

## Working with News Media

News stories add credibility to paid media campaigns, convey additional information, and continue the conversation even after paid ads are off the air or out of print.<sup>97</sup> Partners with respected voices in the community, such as healthcare providers, youth, and decision makers, can generate news coverage. Partners can author letters to the editor and Op-Eds, speak at program events, and hold press conferences. Promoting the campaign at partners’ events can also gain news coverage.

Partners are most likely to generate media interest when they are talking about newsworthy events, announcing breaking news, or sharing locally relevant information.<sup>66</sup> To prepare partners to work with the news media, programs can give talking points and regularly update them on campaign progress. Templates for news releases and letters to the editor make it easy for partners to quickly and knowledgeably speak on behalf of the campaign.

## Distributing Program Materials

Programs can also take advantage of partners’ networks to share flyers, infographics, fact sheets on



new scientific evidence, cessation resources, or recent policy changes. Having partners share materials can reduce costs and coordinate messages.

An information-sharing network in the form of monthly newsletters, a listserv, or dedicated website helps partners quickly communicate updates.<sup>66</sup> Emphasizing the connections between commercial tobacco use and other health issues can encourage partners to share these messages with a wider audience.

## Sharing Messages on Social Media

Social media has become a normal part of life for many Americans, with 72% of U.S. adults using at least one platform for social networking as of 2019.<sup>98</sup> Although young adults use social media at the highest rates (90%), use among those 65 and older has tripled to 40% since 2010.<sup>98</sup> Social media use is also increasingly common among organizations.<sup>99</sup> Partners can leverage their own social media networks to share campaign messages and update their audiences on commercial tobacco control news and events.<sup>79</sup>

When sharing partners' posts, it can help to develop criteria about who to like, tag, or share (e.g., featured partners; pages sharing relevant, truthful information; messages you want to highlight).<sup>100</sup> To make it easier for partners to share social media messages, programs can tag partners in posts, create content for partners to share, and develop a schedule to coordinate posts. For example, the Vermont Department of Health created a social media toolkit for partners about the impact of commercial tobacco use on people with behavioral health disorders.<sup>101</sup> The toolkit included social media content and a calendar that instructed partners when to share posts.<sup>101</sup>



Tobacco control partners pose for a photo Source: Campaign for Tobacco-Free Kids

## Social Media Sharing Tips

Social media content is easier for partners to share when messages.<sup>101</sup>

- Discuss trending health topics or news
- Use fewer characters than the maximum allowed so that partners can add their own text
- Ask users to do something, such as Share, Like, or Comment
- Include content that encourages users to participate in conversations, such as quizzes, questions, or challenges
- Cross-promote other channels, by including links to Twitter, Facebook, or YouTube

# Advancing Health Equity and Reducing Disparities

Despite declines in cigarette use across the U.S., disparities still exist in commercial tobacco use, tobacco-related disease and death, and access to cessation treatment among certain groups.<sup>31</sup> These differences are closely linked to systematic disadvantages and social determinants of health such as age, disability, education, income, occupation, geographic location, race, ethnicity, sex, sexual orientation, gender identity, behavioral health status, or military status.<sup>1,31,102</sup> Health equity is attained when all people can reach their full health potential.<sup>1</sup>

Reducing tobacco-related disparities and advancing health equity among these groups requires the skills and knowledge of partners from many levels, sectors, and backgrounds.<sup>7</sup> While not all partners may have experience in public health or commercial tobacco control, they have valuable knowledge about the community's beliefs and culture.<sup>61</sup> Meaningful engagement with partners who have strong ties to the community is essential to include priority populations and build community capacity.

## Engaging Community Partners

Effective strategies to reduce disparities meaningfully involve many different partners from the beginning.<sup>61</sup> To increase diversity, programs can collaborate with community members and a wide variety of organizations, such as:

- Local youth groups and youth-serving organizations<sup>101</sup>
- Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) support groups<sup>31</sup>
- Behavioral health treatment centers<sup>31</sup>



- Organizations serving active-duty military personnel and veterans<sup>31</sup>
- Faith-based organizations<sup>38</sup>
- Members of local tribal nations<sup>31</sup>
- National Networks serving specific populations (learn more about the eight funded networks at CDC's [web page](#))<sup>103</sup>
- Other community groups working to achieve health equity<sup>61</sup>

Formal recruitment processes can engage partners who represent priority populations. For example, a Request for Proposals can bring in partners from larger organizations or from diverse geographical areas.<sup>61</sup> For any recruitment method, it is important to learn which organizations are essential to the community.

## Developing Cultural Humility

Some partners may lack experience working with priority populations. Understanding other cultures and examining one's own beliefs are important when working with people affected by tobacco-related disparities.

Programs can help partners by encouraging them to start a process of self-reflection, known as cultural humility.<sup>104</sup> It is different from cultural competence, which focuses on gaining knowledge and "achieving" competence. Instead, cultural humility is a continual process of learning and self-awareness.

Partners can practice cultural humility by:<sup>104</sup>

- Taking a self-assessment to recognize their own values and biases
- Using mindfulness techniques to recognize their own thoughts and emotions and those of others
- Thinking about the culture and experiences of people from priority groups
- Forming partnerships with people who have lived experiences that match those of community members
- Learning about the community's history, especially with commercial tobacco
- Avoiding stereotyping and consider that people from the same population may have different experiences and values

Learn more about developing cultural humility in the article, *Cultural Humility: Essential Foundation for Clinical Researchers*. See an outline and examples of a self-assessment in the Community Tool Box toolkit, *Enhancing Cultural Competence*.

It is also helpful for partners to be aware of others' communications styles, preferred languages, and literacy levels.<sup>66</sup> For tips on improving cross-cultural communication skills, see the U.S. Department of Health & Human Services' *Guide to Providing Effective Communication and Language Assistance Services*.

## Involving Partners in Reducing Disparities

Working closely with partners who that represent priority populations increases the likelihood that strategies focus on relevant issues.<sup>61</sup>

Partners can help organize and contribute to focus groups, collect data for community assessments, and review health communications messages. Learn more about conducting community assessments with partners on [page 27](#). As respected members of the community, partners can also speak on behalf of the program about the impact of commercial tobacco use. For example, members of the Native American Tobacco Coalition of Montana educated tribal members on

## Role of Faith-Based Organizations in Reducing Disparities

Faith-based organizations like churches, mosques, synagogues, and temples can be effective partners in reducing tobacco-related disparities because they:<sup>38</sup>

- Are centers of community life for many priority populations
- Have traditionally served as a trusted source of guidance and inspiration, especially in Black communities
- Understand their communities and their needs
- Share concerns for the well-being of their congregations that can align closely with commercial tobacco prevention goals

For example, a partnership of community stakeholders, 26 local churches, and a team from the University of Kentucky developed and implemented Faith Moves Mountains, a smoking cessation program for underserved, high-risk communities in rural Appalachia.<sup>105</sup> Faith-based partners incorporated their own relevant religious components, and participants included but were not limited to church members. Participants appreciated the convenience, the support and comfort of existing social connections, and access to free nicotine-replacement therapies.<sup>105</sup>

the dangers of commercial tobacco and the difference between ceremonial and commercial use. Armed with this knowledge, tribes created smokefree indoor environments, including making casinos smokefree.<sup>61</sup> Learn more about how to work with partners to reduce

disparities in the CDC's *Best Practices User Guide: Health Equity in Tobacco Prevention and Control* and at *Networking2Save*, CDC's consortium of National Networks focused on eight priority populations.

## Working with Partners to Conduct Community Assessments

Community assessments help programs understand the impact of commercial tobacco use on a community. People in a community may live in the same area or share characteristics such as race or ethnicity, LGBTQ+ status, religion, or culture.<sup>106</sup> Although each person is different, the group may have similar needs, strengths, and histories that are important to recognize.<sup>5</sup> Some of the questions that community assessments can answer include:<sup>106</sup>



- Who is part of the community?
- What are the rates of commercial tobacco use, secondhand smoke and aerosol exposure, and cessation in the community?
- What does the community view as the main area of need? What other needs have been identified by the community and how do they relate to tobacco control?
- What strategies have been tried before? What worked and what did not?
- What is the level of community knowledge on this topic?
- What discrimination-related barriers may affect community members?
- What strategies will most effectively protect the community from commercial tobacco use and secondhand smoke and aerosol exposure?
- How can programs identify and reach out to community leaders and partners?

Involving trusted community members in developing and disseminating assessments can help encourage others to take part. Partners can also hold public forums, administer surveys to community members, or review public records. Learn more in the Community Tool Box toolkit, *Assessing Community Needs and Resources*.

## A CLOSER LOOK: Partners Focus on Social Justice to End Sales of Flavored Tobacco Products in Massachusetts

Candy, fruit, and menthol flavored commercial tobacco products entice people who do not smoke to try tobacco and are harder to quit than unflavored products.<sup>107</sup> The tobacco and e-cigarette industries also heavily target flavored products to Black, Latinx, and LGBTQ+ communities.<sup>108</sup> In fact, over 80% of all Black/African American people who smoke use menthol cigarettes.<sup>107</sup> In Massachusetts, the popularity of flavored tobacco products threatened to undercut the state's progress in reducing youth tobacco use and commercial tobacco-related disparities.<sup>107</sup>



Digital ad from the No Menthol. Know Why. campaign Source: Health Resources in Action

To push back against the industry's targeted marketing tactics, the Boston-based public health institute Health Resources in Action created the *Fight All Flavors* campaign. The goal of the campaign was to raise awareness about the need to end sales of flavored tobacco products, including menthol cigarettes.<sup>109</sup> The campaign brought together youth and other partners from communities of color, neighborhood groups, faith-based organizations, healthcare, and public health. Together, the partners spent months educating and mobilizing members of communities targeted by flavored tobacco marketing.<sup>109</sup>

Organizers also used a brief signed by all eight CDC-funded National Networks outlining how menthol tobacco products can further harm populations already at risk for tobacco disparities. They distributed this statement to state legislators through the legislative news service before a flavored tobacco bill was brought for a vote.

In November 2019, Massachusetts passed the first state law ending the sale of all flavored tobacco products, including menthol. The coalition's work did not end there. Before the law went into effect in June 2020, the coalition launched the *No Menthol. Know Why.* campaign to educate people who use flavored tobacco about which products will no longer be sold, how the law will improve health in their communities, and how to get help quitting commercial tobacco.<sup>108</sup>

## Working Together Effectively

Equipping partners to work together effectively makes the time and resources they invest in the partnership worthwhile.<sup>5</sup> Well-managed strategic partnerships and coalitions plan for how partners will contribute to goals and interact with other partners. These processes are important for all partnerships but can be especially critical for coalitions with many members. Successful partnerships have the following features:<sup>5</sup>

- Clearly defined partner roles
- Effective meetings
- A process for making group decisions
- A system for communicating with partners
- Work groups to distribute tasks across larger partnerships
- Strategies for managing potential conflict

### Defining Partner Roles

Clearly defined roles and expectations help partners contribute to tobacco control goals. Partners contribute most effectively when their roles match their strengths and fit the tobacco control program's needs.<sup>110</sup> Partners may be able to serve multiple roles, for example, recruiting others and serving as spokespeople. Offering a variety of roles also helps partners build new skills.<sup>111</sup>

One way to develop clear roles is to write out each partner's responsibilities in a collaborative work plan.<sup>8</sup> Joint work plans describe partners' duties, assign tasks, and include due dates. Work plans also include benchmarks to show how partners' work contributes to the partnership's larger goals.

## Conducting Effective Meetings

Partners use meetings to exchange information and ideas, make group decisions, share successes and setbacks, and ask questions. Regular meetings help partners stay on track and make progress toward goals. For some partnerships, meeting twice a year with frequent communication in between may be enough. Other partnerships, especially those with short timelines, may want to meet monthly or weekly. If community members or youth are included as partners, it is important to schedule meetings when they can attend, such as evenings or weekends. Providing transportation or child care can also help increase involvement.<sup>110</sup>

Partners are busy professionals, so using meeting time wisely is important. When partners believe that meetings make good use of their time, they may be more likely to attend future meetings and events.<sup>110</sup> Effective meetings have these features:

- A clear purpose<sup>112</sup>
- A structured agenda<sup>113</sup>
- A skilled leader<sup>113</sup>
- Ground rules for participation<sup>112</sup>
- Time for networking<sup>112</sup>
- Follow-up communication about tasks and deadlines<sup>113</sup>





## Meeting Virtually

In-person meetings are now moving to virtual formats. Virtual meetings let people attend from multiple locations and can be more convenient for busy partners. To host engaging virtual meetings:

- Hold meetings when they are convenient for most attendees.
- Keep virtual meetings short, or take frequent breaks in longer meetings.
- Record meetings for partners who are unable to attend live.
- For meetings with a lot of interaction, limit participants to small groups so that everyone has the chance to speak.

In meetings that involve many partners, differences in participant roles can make it seem as though some voices are more valued than others. To encourage everyone to participate, program staff can ask partners to introduce themselves using information other than job title (such as what neighborhood they live in) and place equal importance on everyone's ideas when recording notes.<sup>110</sup>

A good meeting leader keeps participants focused and makes sure everyone has a voice. Throughout the meeting, the leader:<sup>113</sup>

- Checks to make sure partners follow the agenda and stay on time
- Summarizes the meeting results
- Asks for input from people who have not spoken
- Protects people from personal attacks
- Encourages the group to revisit difficult issues if they cannot agree

Alternating who leads meetings can share power and build capacity of partners without a tobacco control background. Find more tools for effective meetings in the Coalition Building Tools section of the [Coalitions Work](#) website.

## Making Group Decisions

A fair and transparent decision-making process helps build trust and prevents power from being concentrated among a few partners.<sup>113</sup> Partners can set rules such as discussing one issue at a time, giving everyone an equal right to be heard, and requiring majority support to take action. It is also important to establish a process for decisions that need to be made urgently, such as reviewing and approving materials.

Consensus building can help achieve broad support for big decisions like changing strategic direction, applying for a new grant, or hiring staff.<sup>113</sup> To build consensus, discussion continues until everyone's most important needs are met. For each member, parts of the agreement may not be ideal, but they can live with the outcome and will support the decision.<sup>113</sup> Decisions made by consensus are more likely to be implemented successfully, but may take longer to reach.<sup>113</sup> Achieving consensus may be a new strategy for some partners, so training in group discussion, listening, and conflict resolution beforehand can help smooth the way to agreement.

## Communicating with Partners

Frequent communication connects partners to the tobacco control program and to each other. It helps partners stay up to date on progress toward goals, understand their responsibilities, and prepare for meetings. Communication can also increase partner involvement and motivation.<sup>23</sup>





The right mix of communication tools depends on the partners involved and the goals of the partnership. At a minimum, it is important to set up a way to share project updates, new scientific evidence, or other resources. This kind of information can be effectively shared through e-newsletters or websites.<sup>8</sup>

Programs may also want to create a way for partners to interact with each other, such as a listserv or web-based document that everyone can edit.<sup>8</sup> These tools allow partners to share ideas and support each other outside of meetings. Online chat forums or webinars add real-time interaction, especially for long-distance partnerships.<sup>8</sup> Online collaboration tools (e.g., Microsoft Teams, Asana, and Trello) are useful for assigning tasks, tracking progress, and keeping partners accountable.

## Forming Work Groups

Work groups include a small number of partners and are often used in larger partnerships to carry out activities. For example, a work group might focus on a specific strategy like smokefree air. Work group members may collect data, find resources, meet with stakeholders, develop an action plan, or coordinate messages with the broader coalition.<sup>114</sup> Effective work groups meet at least monthly, include members that represent the diversity of the larger group, and communicate regularly with other work groups and the overall partnership.<sup>114</sup>

To form work groups, tobacco control staff decide how many groups there will be, how partners will

be assigned to a group, and who will lead each group. Work group chairs communicate with the larger partnership, develop agendas, and lead meetings.<sup>115</sup>

## Managing Potential Conflict

Disagreements are a natural part of working together, especially in large partnerships. Partners may clash over strategic direction, different personalities, adding new partners, or allocating resources.<sup>113</sup> But when conflict escalates, it can drain partners' energy and lead to turnover, reluctance to conduct activities, or recruitment challenges.<sup>116</sup>

Effective meetings, clear decision-making processes, and frequent communication can help avoid many sources of conflict. Programs can also reduce conflict by clearly defining roles and balancing different viewpoints.<sup>113</sup>

Learn more about managing conflict in the Tobacco Technical Assistance Consortium's *Reaching Higher Ground: A Guide for Preventing, Preparing for, and Transforming Conflict for Tobacco Control Coalitions*.

## Dealing with Disagreement

If conflict occurs, the following strategies can help ease tension:<sup>113</sup>

- Remind partners to follow ground rules.
- Acknowledge intense emotions instead of ignoring them.
- Explore partners' underlying interests.
- Take a break.
- Keep differences of opinion from becoming personal attacks.
- Focus on areas where some agreement exists.

# Evaluating Partnerships

Evaluating strategic partnerships and coalitions for strengths, outcomes, and areas of improvement is just as important as evaluating the program's commercial tobacco control strategies. Evaluating partnerships helps programs track progress toward goals and improve partnership effectiveness.<sup>117</sup> It can also build partners' evaluation skills that they can use within their own organizations.<sup>117</sup> Programs can follow these six steps to effectively evaluate partnerships:

- **Step 1:** Engage partners
- **Step 2:** Describe the partnership
- **Step 3:** Focus the evaluation
- **Step 4:** Gather credible evidence
- **Step 5:** Analyze data and draw conclusions
- **Step 6:** Share results and ensure use

Partnership evaluation activities can be completed separately or integrated into the program's overall evaluation plan. More guidance on completing the six steps of evaluation is also available in the CDC workbook, *Developing an Effective Evaluation Plan*.

## Step 1: Engage partners

Partners who are involved in the evaluation from the beginning are more likely to support its recommendations.<sup>118</sup> Partners can help evaluate partnerships by:<sup>118</sup>

- Deciding which questions to ask
- Testing evaluation tools
- Collecting data
- Interpreting and sharing results

For coalitions with many partners, it may not be practical to involve everyone in the evaluation. A workgroup of 8-10 partners is ideal.<sup>117</sup> It is especially important to involve program staff, community members, and partners who would use evaluation results, such as community groups and decision makers.<sup>117</sup> Allowing time for partners to work through conflict and come to agreement is important to meaningfully engage partners in evaluation.<sup>117</sup>



## Step 2: Describe the partnership

Defining the partnership's purpose and key activities helps partners develop realistic expectations for what questions can and cannot be answered by the evaluation.<sup>117</sup> When partners know what to expect, they can plan for how they will use the results.

For more complex partnerships like coalitions, it may help to describe the partnership using a logic model. A logic model is a diagram showing all activities of the partnership and how they relate to intended outcomes. Learn more about how to develop logic models in the CDC workbook, *Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide*.

## Step 3: Focus the evaluation

Partnership evaluations typically examine how partners work together and what has happened because of the partnership. Questions may ask about collaboration processes, membership, activities, and outcomes.<sup>118</sup> Programs may have limited resources to collect and analyze data about partnerships. Focusing on the most important questions about the partnership, rather than trying to answer every question that partners may ask, can make the most of evaluation resources. For sample partnership evaluation questions, see Table 3 on [page 35](#).

Partnership activities and resources change often. Staff and partners may want to add questions for new activities or adjust questions for strategies that have ended, scaled down, or changed. Updating questions helps recommendations match the partnership’s current strategies.

## Step 4: Gather credible evidence

It is important that partners view data gathered as believable, trustworthy, and relevant. If partners do not trust the data source or collection method, they may reject it when making changes to the partnership.<sup>117</sup> To collect data that partners can trust and rely on, programs can ask partners to help select methods, data sources, and key outcome measures.<sup>117</sup> Tools like the *Wilder Collaboration Factors Inventory* can help assess how partners work together.

Developing a shared set of evaluation measures that are used by all partners can enhance the evaluation’s credibility and make it easier to assess partnership progress and outcomes.<sup>119</sup> An easy way for partners to contribute to a shared measurement system is through an online portal. For example, the Mississippi State Department of Health’s Office of Tobacco Control uses the Tobacco Reporting and Progress System (TRAPS) to track data entered by partners on their activities. Program staff can also check partner progress in real time using the system’s charts and maps.<sup>120</sup>

## Step 5: Analyze data and draw conclusions

Programs may be tempted to skip this step for short-term partnerships or those with limited resources. But it is important to devote adequate time to data analysis so that recommendations are useful and relevant.

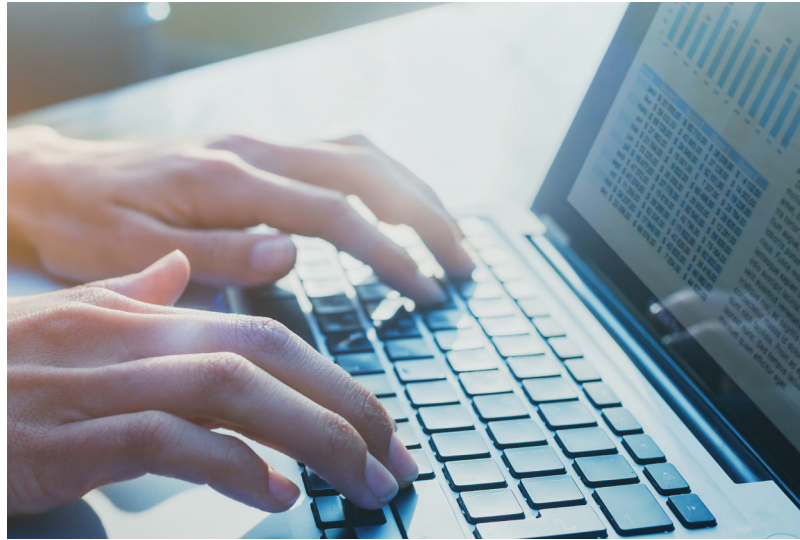
**Table 3. Sample Partnership Evaluation Questions**

Question Type	Sample Questions
Partnership infrastructure	<ul style="list-style-type: none"> <li>• Do partners represent priority populations and a mix of community sectors?</li> <li>• Do partners understand the goals of the partnership?</li> <li>• Do partners have the capacity and authority to make change?</li> <li>• Are the roles and responsibilities of partners clear?</li> <li>• Does the partnership have skilled leadership, staff support, and adequate funds to achieve its goals?</li> </ul>
How partners work together	<ul style="list-style-type: none"> <li>• What process does the partnership have for making decisions?</li> <li>• Do partners have a way to share timely information with each other?</li> <li>• Are partnership meetings productive?</li> <li>• Are work groups functioning well?</li> <li>• Do partners build an environment of trust and respect?</li> <li>• Are partners satisfied with how the partnership is working and its progress toward goals?</li> <li>• What training have partners received and how have their skills improved? What training is still needed?</li> <li>• Is membership sustained over time? Why do members leave the partnership?</li> </ul>
Partnership outcomes	<ul style="list-style-type: none"> <li>• Is the partnership on track to achieve goals and objectives?</li> <li>• How is the partnership contributing to environmental or practice changes?</li> <li>• To what extent is the partnership improving health outcomes?</li> <li>• Is the partnership increasing community capacity to solve problems?</li> <li>• Have there been any unintended outcomes of the partnership’s work?</li> <li>• What other external factors affect the partnership (e.g., changing tobacco product landscape or support for commercial tobacco control)?</li> </ul>

Adapted from CDC, *Division for Heart Disease and Stroke Prevention*<sup>121</sup>

Partners can add new insights, especially if they help carry out activities or work with the population.<sup>117</sup> Partners may draw different or even conflicting conclusions when analyzing the data.<sup>122</sup> The following questions can help guide discussion and reach consensus:<sup>122</sup>

- Why were the data gathered? Do the results answer all the questions?
- Were the results expected?
- Do the results address the priorities of partners?
- How do the results compare with those of similar partnerships?
- How does the social and political environment affect the results?
- How do the results inform goals?



## Step 6: Share results and ensure use

Sharing evaluation results with partners helps put recommendations into action. Partners may prefer to receive information in different ways. For example, decision makers may only have time to read a brief summary, while local grantees prefer the detail of a full report.

Planning ahead can make sure evaluation results get used. Program staff can take the following steps to increase the likelihood of using evaluation results:<sup>117</sup>

- Ask partners what they want to know.
- Tailor content and format for each audience.
- Communicate findings in several ways, such as reports, presentations, or social media posts.
- Create interim reports when partnerships are new, short-term, or occurring in rapidly changing environments.
- Schedule follow-up meetings with partners to discuss results.

Learn more about sharing evaluation results in the CDC workbook, *Developing an Effective Evaluation Report*.

## Evaluating How Coalitions Work

How well coalition members work together can impact the coalition's ability to achieve its goals. If a member feels the coalition is successful, they are more likely to participate; if not, they are more likely to drop out.<sup>123</sup> Programs can evaluate coalition functioning by assessing factors such as member representation, role clarity, satisfaction, decision making, and conflict.<sup>20</sup> Information such as membership records, attendance sheets, and other activity records show an informal picture of members' views on how well the coalition works.

It can also be helpful for members to assess their own involvement in the coalition. Reflecting on their participation can encourage more effective membership, which improves coalition functioning. Coalition Works created a helpful self-assessment, "*Am I a High Functioning Coalition Member?*"

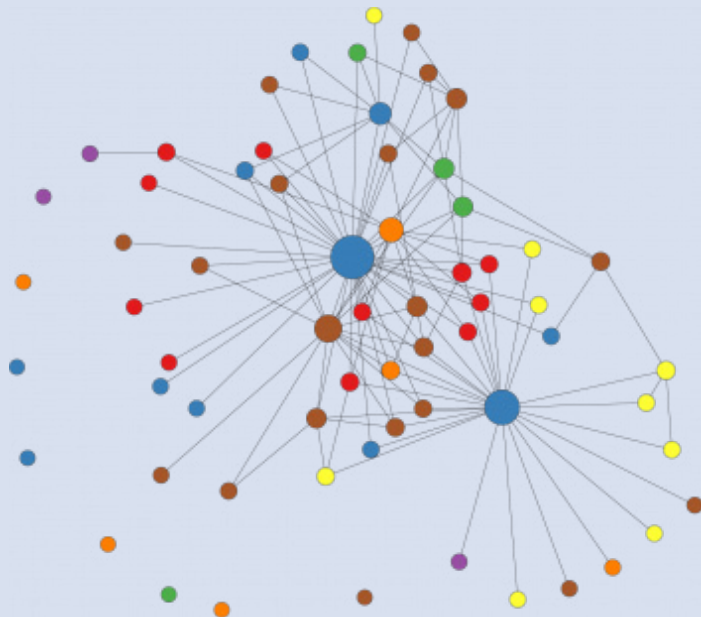
## Using Social Network Analysis to Understand Partnerships

Social network analysis is a tool to show the links among members of a partnership or other network of people or organizations. Tracking these relationships can help partnerships better understand how to work effectively together.<sup>124</sup> To create a social network diagram, the program identifies people who are knowledgeable or trusted within the partnership, conducts a survey to learn how partners interact with each other, and plots the information on a network map. Partners are represented by shapes, usually circles. Different types of partners may be shown in different colors. Lines represent connections between partners.<sup>124</sup>

Social network analysis can help answer the following questions:<sup>124</sup>

- Who is in the partnership and how strong are relationships among the partners?
- How does information flow into and out of the partnership?
- Who are key influencers in the partnership?
- How have relationships changed over time?
- How could partners be better connected?

Partnerships can hire outside specialists to conduct social network analysis, or use online tools, such as the [PARTNER](#) tool, to conduct surveys and create network maps themselves. Learn more about social network analysis at the Center for Public Health Systems Science's web page, [What Can Social Network Analysis Do for You?](#)



*An example network map representing partners with more connections as larger circles and using colors to represent different partner types*

## Sustaining Partnerships

Despite the importance of tobacco control partnerships, many are unable to sustain their efforts. Funding alone does not ensure sustainability. Sustained partnerships are effectively managed and fulfill a continuing purpose.<sup>5</sup> They have the following characteristics:

- Supportive program infrastructure
- Adequate time for sustainability planning
- Strategies to keep partners engaged
- Ongoing recruitment of new partners

### Maintaining Partnership Infrastructure

Long-term partnerships have diverse and multi-year funding sources. To manage day-to-day operations, they have shared values, committed leadership, and clear policies and procedures.<sup>125</sup> Partners begin developing this foundation when partnerships are formed and keep it strong by regularly reviewing partnership infrastructure for gaps and improvements.

Funding is particularly important to consider for coalitions, which often tackle longer-term, more complex issues than other partnerships. Grants and fundraising can support partnership activities. These external funding sources may require that the partnership show effectiveness. See more about evaluating strategic partnerships and coalitions on [page 32](#). The ability to generate funds internally can also help sustain partnerships. In coalitions, internal funds can come from membership dues that organizations pay to be involved in the coalition or other financial contributions of members.<sup>20</sup>

In addition to securing funding, coalitions and other partnerships can take the following steps to sustain infrastructure:

- Review and refine the partnership's policies and procedures<sup>7</sup>
- Create a resource development committee to look for new ways to diversify and strengthen the partnership's resources<sup>126</sup>
- Plan for transferring leadership<sup>23</sup>
- Evaluate partnership activities, successes, and challenges<sup>7</sup>

Learn more about developing a strong program infrastructure to support partnership activities in CDC's *Best Practices User Guide: Program Infrastructure in Tobacco Prevention and Control*.

### Planning for Sustainability

Including a partnership in the program's overall sustainability plan ensures a vision for the partnership's future and the resources to achieve that vision.<sup>7</sup> The plan can outline which partnership activities will be sustained, what resources are needed, and what potential funding sources exist.<sup>127</sup> Coalitions may wish to develop their own sustainability plan. Ideally, sustainability planning begins during the early development of a coalition and continues throughout its life. Although the plan may be written by a small



## Sustaining Coalitions

The following characteristics are important to sustain coalitions:<sup>125</sup>

- Diverse, multi-year funding sources
- Ability to generate funds internally
- Involvement in meaningful work
- Demonstrated outcomes
- Shared values that guide how the coalition operates
- Committed leadership
- Sound financial and program management
- Members who will speak on behalf of the coalition
- Respect and credibility

Learn more about sustaining coalitions in the *Coalitions Sustainability Tools* from Coalitions Work.

new opportunities may make it hard for partners to sustain their original level of involvement. Focusing on the 6 R's of engagement can help keep people committed to the partnership:<sup>23</sup>

- **Recognition:** People want to be recognized for their contributions.
- **Respect:** People want their ideas, values, and time to be respected.
- **Role:** People want to clearly understand their role in the partnership.
- **Relationships:** People want the chance to build personal and professional relationships.
- **Reward:** People expect the rewards of participating to outweigh the costs.
- **Results:** People want to see their participation lead to results they care about.

Coalitions can keep members engaged by assigning them to meaningful tasks that fit their skill sets.<sup>128</sup> This will allow members to make significant contributions to the coalition's work and increase their commitment. Sharing tobacco-related news and updates also helps keep partners interested.<sup>129</sup> Regular training for all members can increase their skills and equip them to take on bigger roles both within and outside the partnership.<sup>128</sup>

group, it is important to gather perspectives from as many coalition members as possible.

Planning for leadership changes is an important part of coalition sustainability plans.<sup>127</sup> It is likely there will be leadership changes during the life of a coalition. Sustainability plans can include action steps for outgoing leadership to take to ensure a smooth transition, as well as guidance for new leaders as they take on their new role.

Online tools such as the Center for Public Health Systems Science's *Program Sustainability Assessment Tool* and CDC's *A Sustainability Planning Guide for Healthy Communities* can help gather input from many partners and create a sustainability action plan.

## Keeping Partners Engaged

Over time, the enthusiasm that helped form a partnership can decrease. Competing priorities and



*Arizona Bureau of Tobacco and Chronic Disease celebrates partners' commitment to tobacco control with Most Valuable Partner Awards*



## Recruiting New Partners

Turnover is a natural part of partnering, especially in large coalitions with many members. As partners form connections, they may learn about other opportunities. Unplanned and poorly managed turnover may make it difficult to coordinate activities, develop trust, and achieve goals.<sup>130</sup> To prepare for turnover, staff can periodically review the following questions:<sup>23</sup>

- Who else in the community can help achieve the partnership's goals?
- What roles are unfilled or need to be created? Who could best fill these roles?
- What do potential partners bring to the partnership?
- When is the right time for new partners to join?
- What potential barriers exist to recruiting new partners, and what strategies can overcome those barriers?

Existing members may already have relationships with potential partners and can speak about the importance of the partnership. Programs can prepare partners to recruit new people by ensuring they are ready to answer questions about the level of commitment and the new partner's role.<sup>131</sup> For tips on recruiting partners, see [page 6](#).

## Ending the Partnership

In some cases, it may not be possible to sustain the original partnership. It may have achieved its goals. Community needs also change over time, and a new issue may take priority over the partnership's original focus. Partners that worked well together may still be able to continue the partnership by shifting emphasis.<sup>130</sup> For instance, a successful partnership for tobacco-free restaurants may turn its attention to tobacco-free casinos. In other cases, one or more of the partners may not want to continue the partnership. Partnerships work best when all partners value the partnership and want to contribute.<sup>8</sup>

## Coalition Member Gap Analysis<sup>132</sup>

A member gap analysis can help larger partnerships and coalitions decide who is missing from the partnership. To conduct a member gap analysis:

1. Start with a list of the sectors wanted for the partnership (e.g., business, faith-based, health, family, and children's services).
2. At a partnership meeting, write each sector on a sheet of paper. Include a few examples of organizations for each sector and mount the sheets on the walls of the room.
3. Give each partner a name tag.
4. Have everyone get up and quickly attach their name tag to a sheet.
5. Name the sectors where current partners come from. Often membership is skewed toward a few sectors, while other sectors have only a few or no representatives.
6. Brainstorm organizations from the underrepresented sectors that might make good partners.
7. Choose existing partners to contact these organizations about joining the partnership.



# How Can Tobacco Control Programs Support Partnerships?

Tobacco control program staff can take the following actions to support strategic partnerships and coalitions:

## Coordination and Collaboration

- ▶ Act as the convener, bringing all partners to the table on a regular basis.
- ▶ Involve partners in the program's strategic planning process and developing Requests for Proposals.
- ▶ Ask partners how program staff can better support them and their communities.

## Administrative Support

- ▶ Assign regional program staff to support local partners and coordinate efforts statewide.
- ▶ Develop and share materials that can be used by partners (*e.g.*, toolkits, news releases, and social media posts).
- ▶ Provide a way for partners to interact (*e.g.*, listservs, websites, and conference calls).
- ▶ Share surveillance and evaluation data with partners that they can use to promote the program's activities and successes.

## Training and Technical Assistance

- ▶ Routinely assess partners' skills and ask about training needs.
- ▶ Train partners in commercial tobacco control, cultural competence, and conflict management.
- ▶ Offer individualized technical assistance to each partnership based on its needs.

# Mississippi Case Study

## Coalitions help over 180 communities go smokefree, protecting 36% of Mississippians

### State program and coalitions promote smokefree air

In 2010, the Mississippi State Department of Health's Office of Tobacco Control received funding from CDC to raise awareness about the importance of smokefree environments. While other efforts to pass a statewide smokefree law had been unsuccessful, local communities were focused on becoming smokefree. Guided by the 2009 *Best Practices User Guide: Coalitions*, the Office worked with Mississippi's 34 tobacco-free coalitions. These coalitions were first funded in 2008 to educate local communities about the benefits of smokefree environments. As of March 2021, 174 communities had passed smokefree laws, as well as seven counties, protecting 36% of Mississippi's population.<sup>133</sup>

### State office focuses on strengthening local coalitions

To expand smokefree environments, the Office started by strengthening the state's local tobacco control coalitions. Program staff hosted trainings, conducted educational presentations, created handouts, and provided technical assistance. A Department of Health project officer was named as an on-call smokefree expert for coalitions seeking help. Coalition members could phone in and receive one-on-one help from this staff member.

The Office also required coalitions to develop clearly defined work plans that included recommendations for representative coalition membership. Coalitions recruited members from 13 key sectors, including law enforcement, the media, public health, and education. The work plans also included activities, such as mapping community resources. The plans made sure that coalitions could continue to make progress on comprehensive smokefree environments across Mississippi even if resources became scarce.

### Coalitions begin efforts by assessing local communities

Coalitions began smokefree efforts by learning about the priorities and demographics of their communities. For example, they found that community leaders were

most willing to support smokefree policies just after taking office. During other times, coalitions maintained their presence in communities through continued community

education. Coalitions also found that support for smokefree environments varied geographically. In coastal Mississippi, where gaming is a large revenue source, casinos that allowed smoking sometimes opposed smokefree strategies. Coalitions were able to prevent opposition before it started by developing relationships with many different community members, including local business owners. To build community support, they publicly recognized businesses who volunteered to go smokefree. This helped decision makers to see the popularity of smokefree communities and gave them the confidence to support smokefree strategies.

Community assessments also revealed that decision makers valued the perspectives of local champions. Local leaders met one-on-one with decision makers to educate them about the benefits of smokefree environments. They also spoke to city boards or local community organizations. "The coalitions are effective because decision makers listen to local champions," said Tiffany Johnson, Bureau Director of the Office on Tobacco Control. "They trust information when it comes from someone who lives and works in the community."

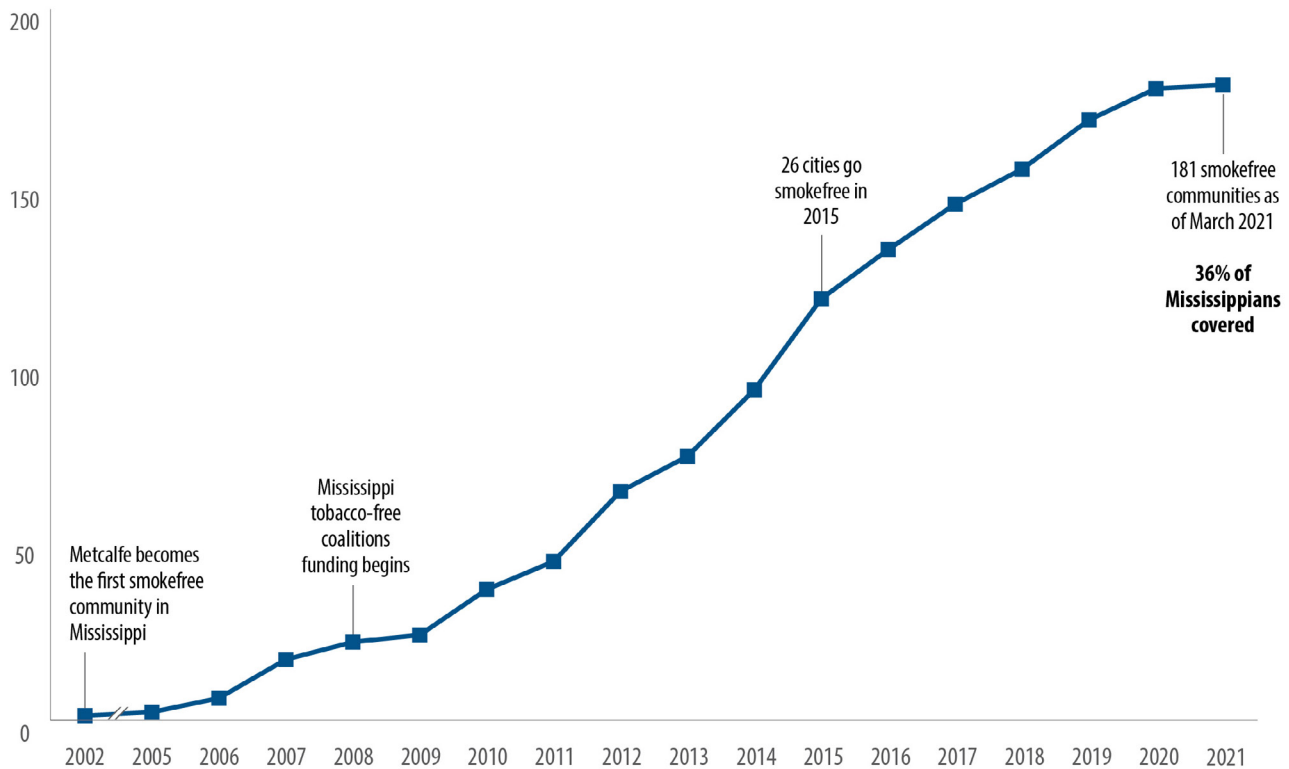
### State office continuously monitors coalition progress

To keep coalition progress on track, the Office continuously evaluated coalition activities and outcomes. Four project officers from the Office provided oversight and technical assistance to coalition directors. Each officer served eight or nine coalitions in



*Mississippi Tobacco-free Coalitions logo*

**Figure 4. Mississippi Smokefree Communities Trend**



Source: Mississippi Tobacco Data<sup>137</sup>

an assigned region. Project officers monitored turnover and member engagement, working to help coalitions stay diverse and keep participation rates high.

Coalition members also used an online reporting system to track progress and activities. Members recorded data, such as number and type of activities or

number of meeting attendees, and it was reviewed by their project officer and external reviewers. If coalitions had challenges meeting their goals, project officers worked to get them back on track. The Office also used these data to understand geographical differences and shift focus to locations in need.

### Mississippi coalitions focus on multi-unit housing

Coalitions across the state are building on their successes by extending smokefree protections to multi-unit housing. In response to the 2016 Department of Housing and Urban Development rule requiring smokefree public housing, the Office is training coalitions to work with local housing authorities and developing a smokefree housing toolkit. The Office also plans to involve coalitions in other tobacco control strategies. These strategies include educating retailers about not selling tobacco products to minors, promoting the state quitline, and working with youth programs to prevent commercial tobacco use.

“ The coalitions are effective because decision makers listen to local champions. They trust information when it comes from someone who lives and works in the community.”

– Tiffany Johnson, Bureau Director

# Philadelphia Case Study

## Get Healthy Philly works with large employers to expand cessation coverage

### Philadelphia Department of Health forms partnerships to reduce smoking and promote active living

Philadelphia's smoking prevalence among adults had been increasing since 2002, peaking at more than 27% in 2008.<sup>134</sup> As the prevalence topped those of the 10 largest U.S. cities, the Philadelphia Public Health Department sought a new approach to make high-impact policy, systems, and environmental changes.<sup>135</sup> With funding from CDC's *Communities Putting Prevention to Work* initiative, the Department formed Get Healthy Philly in 2010, a collaboration of government, academic, community, and private-sector organizations.<sup>135</sup> Get Healthy Philly partners work together to make Philadelphia a healthy, active, and smokefree city.<sup>135</sup>

Improving access to evidence-based cessation treatments was among Get Healthy Philly's first priorities. Historically, the Department focused on clinical tobacco treatment. But it recognized that the cost per person who quit was high, and the program could still support important clinical interventions and reach more people by expanding access to proven cessation resources. Get Healthy Philly turned to its partners for help.

### Get Healthy Philly partners encourage employers to expand access to cessation resources

The Department formed a partnership with the College of Physicians of Philadelphia to educate mid-sized and large employers about the benefits of expanding cessation coverage and the best way to provide cessation resources to employees. The partnership's first success was getting the City of Philadelphia to cover cessation treatment for nearly 7,000 employees and their families.<sup>82</sup> The City agreed to cover six of the seven FDA-approved smoking cessation treatments.<sup>82</sup> The coverage included civil service, court, and union employees and the first five years of their retirement. The City's early adoption of these changes served as a model for other employers. Dedicated Department staff kept up the momentum by continually educating potential partners about the model.



*Get Healthy Philly logo*

Several other large employers followed suit, hosting smoking cessation classes, reducing barriers to accessing treatments, and adopting tobacco-free policies.<sup>82</sup> These changes expanded coverage for nearly 50,000 workers and their families.<sup>82</sup>

Get Healthy Philly continued supporting employers after implementation, talking with human resources departments about enhancing resources and communicating with employees about the changes. For instance, the program worked with the City of Philadelphia to highlight successes of employees who quit smoking and promote the new resources. The response was so strong among City employees that the program created a video and poster campaign of people who quit smoking sharing their stories to motivate their colleagues. Inspired by a similar campaign from the University of Massachusetts Memorial Medical Center, the "Ex-Smoker Hall of Fame" traveled to City offices across Philadelphia, culminating in an event with the mayor to recognize their achievements. The campaign was so successful that Get Healthy Philly has expanded it to three community employers.

### Program staff provide comprehensive technical assistance on employee wellness

Get Healthy Philly staff worked to develop a broad skill set focused on overall employee health. When educating employers about cessation access, Get Healthy Philly staff encouraged them to make other changes, such as installing healthy vending machines and creating tobacco-free workplaces. They helped employers



*“Ex-Smoker Hall of Fame” poster featuring employee of Philadelphia Department of Behavioral Health and Intellectual disAbility Services*

implement these changes by reviewing existing workplace policies, drafting new policies, training security staff on enforcement, and developing communications. Ryan Coffman, Tobacco Policy and Control Program Manager at Get Healthy Philly, says of the strategy, “In working with large employers, we try to go beyond sending them a flyer to assist them in creating a tobacco-free culture of health within their workforce. If we can be a one-stop shop for them, they appreciate it”

The program also created a network of partners who had implemented similar strategies in many different settings. When a new partner had a question, Get Healthy Philly staff could connect them to a partner with experience. This network was invaluable support for partners as they made wellness changes in their organizations.

## Philadelphia focuses on strong partnerships in all areas of tobacco control

Partnerships continue to be central to Get Healthy Philly’s cessation efforts. The program has worked with managed care organizations to improve Medicaid cessation coverage. To develop a cessation media campaign, the program formed academic and media partnerships.<sup>82</sup> Recently, Get Healthy Philly added unique partnerships with the Philadelphia Prison System and Community Behavioral Health network to improve employee and patient access to cessation treatment.<sup>139</sup>

Get Healthy Philly also applied lessons learned from working with employers to form successful partnerships in other tobacco control areas. For example, the program worked with small businesses to limit sales of tobacco products and collaborated with behavioral health facilities to implement tobacco-free policies. “We try to find ways that tobacco prevention and control speaks to issues that organizations and members of our community care about,” says Coffman. “In my discussions with communities, I try to talk about tobacco’s effects on occupational, social, financial, and emotional health and wellness. I think this helps communities see that this issue is still very much with us, and that tobacco use impacts not just length of life but quality of life for the populations they serve or represent.”

Get Healthy Philly’s collaborative approach is already showing strong results. Since reaching its peak in 2008, adult smoking had declined by 18% in 2015.<sup>136</sup> Although Philadelphia’s smoking prevalence still outpaces other large cities, it is expected to decline even further as the full effects of two tobacco tax increases (in Philadelphia in 2014 and statewide in 2016) are realized.<sup>136</sup>

“ We try to find ways that tobacco prevention and control speaks to issues that organizations and members of our community care about.”

– Ryan Coffman, Tobacco Policy and Control Program Manager

# Why Invest in Partnerships?

Partnerships are essential to reduce commercial tobacco use and change social norms.<sup>1</sup> As programs are asked to do more with fewer resources, partnerships have become critical to commercial tobacco control efforts. They mobilize communities and bring together resources to help programs achieve more than they could on their own.<sup>5</sup>

## History and Adoption

For almost 50 years, partnerships have strengthened the national commercial tobacco control movement and expanded the reach of state and local tobacco control programs. For example, the early work of nonsmokers' rights groups focused on the health effects of smoking and evolved into tobacco control coalitions that work at local, state, and national levels.

Since the 1990s, national organizations like CDC and the National Cancer Institute have worked to reinforce partners' roles in tobacco control.<sup>1,3,10</sup> In 2006, CDC formed the National Networks to address commercial tobacco use and related health disparities. CDC expanded its National Networks in 2018 with the formation of *Networking2Save*, a consortium of eight National Networks that bring together partners from across tobacco and cancer control to address the prevalence of commercial tobacco use and tobacco-related cancers.<sup>103</sup>

Support for partnerships continues to increase as government agencies and foundations recognize the importance of partnerships to strengthen prevention programs. Partnerships have enhanced commercial tobacco control efforts in states and communities across the country. As of 2021, 61 percent of Americans are protected by local or state comprehensive smokefree laws, 48 states have increased cigarette taxes since 2000, and local partners across the country are working to counter the tobacco industry's advertising tactics.<sup>15,16,22</sup>

## Scientific Evidence

Due to the limited evaluation of partnership efforts, evidence linking tobacco control partnerships to positive health outcomes is still emerging.<sup>137</sup> Research on coalitions has noted the key role that they play in program outcomes, but it is difficult to separate and measure their contributions.<sup>137</sup> Major national reports continue to recognize partnerships as powerful contributors to changing social norms.<sup>1,3,10</sup> Strategic partnerships and coalitions can be even more effective when they have a program's full support, include diverse community representation, and use evidence-based practices.<sup>7,138</sup>

Examples of successful partnerships continue to emerge as programs involve partners in planning and implementing strategies. Partners have helped raise awareness about the importance of tobacco-free environments, educate about the impact of increased tobacco product prices, reduce tobacco product advertising, expand cessation coverage, and reduce tobacco-related disparities.<sup>2,10,61</sup> For example, partners have educated businesses about the benefits of tobacco-free workplaces in Oklahoma.<sup>138</sup> They have also limited tobacco product discounts in New York City, and improved cessation coverage for nearly 57,000 employees in Philadelphia.<sup>75,82</sup>

By creating and supporting partnerships, programs can continue to mobilize communities and sustain community change.

## Cost

Commercial tobacco use is the leading cause of preventable disease and death in the U.S.<sup>3</sup> Each year, smoking-related illness in the U.S. costs more than \$300 billion, including nearly \$170 billion in direct healthcare costs for adults and more than \$156 billion in lost productivity.<sup>3,139</sup> By forming partnerships to reduce commercial tobacco use and secondhand smoke exposure, programs and partners can work together to decrease the health and economic burden of tobacco use.

While the financial investment in tobacco control partnerships is relatively low, the return on investment can be high. Successful partnerships leverage their members' resources and expertise to enhance tobacco control programs and public health outcomes. Partners often contribute significant amounts of their time and services because they are committed to the partnership's vision. Members are more likely to contribute when they feel valued, benefit from the partnership, and can see the results of their efforts.<sup>20</sup>

To sustain partnerships, it is important that programs and partners seek a variety of financial resources. When partners are involved in securing funding, they are more likely to become invested in the partnership.<sup>20</sup>

## Sustainability

Partnerships help make commercial tobacco control a permanent focus of community health. Creating strategic partnerships and coalitions allows programs to bring together community talents and expertise and develop an action plan to address local tobacco control issues.<sup>7,118</sup> Partners become champions for tobacco control strategies, promoting change within their organizations and throughout the community.<sup>7</sup> Committed partners continue this work even when the partnership comes to an end.<sup>24</sup>

Partnerships also help programs reach a wider audience. Programs can tap into partners' networks to share campaign messages, tobacco control news, and information about cessation resources. By educating decision makers and the public on the dangers of commercial tobacco use and on the importance of tobacco control, partners build community support for future tobacco control strategies.<sup>137</sup>



# Tobacco Prevention and Control

## 6|18 Initiative (2018)

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Overview of the 6|18 Initiative with strategies and resources to reduce commercial tobacco use through partnerships

<https://www.cdc.gov/sixeighteen>

## Assessing Community Needs and Resources Toolkit (2018)

**Publisher:** Community Tool Box  
**Summary:** Step-by-step guidance and resources for assessing a community's needs and resources

[http://bit.ly/ctb\\_assessing](http://bit.ly/ctb_assessing)

## Best Practices for Comprehensive Tobacco Control Programs—2014

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Strategies and funding recommendations to plan and implement state tobacco control programs

[http://bit.ly/bp\\_2014](http://bit.ly/bp_2014)

## Best Practices User Guide: Cessation (2020)

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Steps that state tobacco control staff and partners can take to promote health systems change, improve cessation coverage, and support state quitlines

[https://bit.ly/cdc\\_cessation](https://bit.ly/cdc_cessation)

## Best Practices User Guide: Health Communications in Tobacco Prevention and Control (2018)

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Steps that state tobacco control staff and partners can take to develop effective health communications

[http://bit.ly/cdc\\_communications](http://bit.ly/cdc_communications)

## Best Practices User Guide: Health Equity in Tobacco Prevention and Control (2015)

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Steps that state tobacco control staff and partners can take to promote health equity and reduce tobacco-related disparities

[http://bit.ly/cdc\\_healthequity](http://bit.ly/cdc_healthequity)

## Best Practices User Guide: Program Infrastructure in Tobacco Prevention and Control (2017)

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Steps that state tobacco control staff and partners can take to build strong program infrastructure

[http://bit.ly/cdc\\_programinfrastructure](http://bit.ly/cdc_programinfrastructure)

## Best Practices User Guide: Youth Engagement in Tobacco Prevention and Control (2019)

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Steps that state tobacco control staff and partners can take to engage youth as part of a comprehensive tobacco control program

[http://bit.ly/cdc\\_youthengagement](http://bit.ly/cdc_youthengagement)

## Building Relationships with People from Different Cultures

**Publisher:** Community Tool Box  
**Summary:** Information on how to learn about and build relationships with people from other cultures

[http://bit.ly/ctb\\_relationships](http://bit.ly/ctb_relationships)

## Community Leaders Toolkit: Educating Community Leaders

**Publisher:** Center for Public Health and Tobacco Policy  
**Summary:** Worksheets to plan for meetings with community leaders

<http://bit.ly/cphptoolkit>

## Cultural Humility: Essential Foundation for Clinical Researchers

**Publisher:** Applied Nursing Research  
**Author:** Yeager KA, Bauer-Wu S  
**Summary:** Discussion of the cultural humility process and its role in research

[http://bit.ly/yeager\\_humility](http://bit.ly/yeager_humility)

## **Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation (2011)**

**Publisher:** Centers for Disease Control and Prevention

**Summary:** Workbook to develop an evaluation plan

[http://bit.ly/cdc\\_effectiveevaluation](http://bit.ly/cdc_effectiveevaluation)

## **Developing an Effective Evaluation Report: Setting the Course for Effective Program Evaluation (2013)**

**Publisher:** Centers for Disease Control and Prevention

**Summary:** Workbook to develop a final evaluation report

[http://bit.ly/cdc\\_evalreport](http://bit.ly/cdc_evalreport)

## **Electronic Cigarettes – What’s the Bottom Line?**

**Publisher:** Centers for Disease Control and Prevention

**Summary:** Graphic summary on the health effects of e-cigarettes

[http://bit.ly/cdc\\_bottomline](http://bit.ly/cdc_bottomline)

## **Enhancing Cultural Competence**

**Publisher:** Community Tool Box

**Summary:** Toolkit for assessing and enhancing cultural competence in your organization or community

<https://ctb.ku.edu/en/enhancing-cultural-competence>

## **Evaluate: SWOT Analysis Tool**

**Publisher:** Centers for Disease Control and Prevention

**Summary:** Interactive document for conducting a SWOT analysis of a program’s strengths, weaknesses, opportunities, and threats

[http://bit.ly/cdc\\_swot](http://bit.ly/cdc_swot)

## **Guide to Providing Effective Communication and Language Assistance Services**

**Publisher:** U.S. Department of Health and Human Services

**Summary:** Strategies for health care providers and administrators to communicate health information to diverse groups of people

<https://hclsig.thinkculturalhealth.hhs.gov>

## **The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General (2014)**

**Publisher:** U.S. Department of Health and Human Services

**Summary:** Overview of the progress made to reduce commercial tobacco use over the last 50 years and the continued burden of tobacco-related death and disease

[http://bit.ly/sgr\\_2014](http://bit.ly/sgr_2014)

## **Healthier Air for All**

**Publisher:** Louisiana Campaign for Tobacco-Free Living

**Summary:** Website for campaign to expand partnering for comprehensive smokefree protections in Louisiana

<http://healthierairforall.org>

## **Implementing Photovoice in Your Community**

**Publisher:** Community Tool Box

**Summary:** Guide to the Photovoice process of using photos and videos to share one’s environment and experiences with others

[http://bit.ly/ctb\\_photovoice](http://bit.ly/ctb_photovoice)

## **Implementing Your New Smokefree Law**

**Publisher:** Americans for Nonsmokers’ Rights

**Summary:** Tip sheet for communities seeking to introduce and implement new smokefree measures

[http://bit.ly/anr\\_smokefreelaw](http://bit.ly/anr_smokefreelaw)

## **Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide (2011)**

**Publisher:** Centers for Disease Control and Prevention

**Summary:** Guide for planning and implementing evaluation activities using CDC’s Framework for Program Evaluation in Public Health

[http://bit.ly/cdc\\_pubhealth](http://bit.ly/cdc_pubhealth)

## **Media Campaign Resource Center (2018)**

**Publisher:** Centers for Disease Control and Prevention

**Summary:** Searchable archive of CDC-licensed commercial tobacco control advertisements

[http://www.cdc.gov/tobacco/media\\_campaigns](http://www.cdc.gov/tobacco/media_campaigns)

### **Networking2Save: CDC's National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations**

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Links to web pages for eight National Networks to reduce commercial tobacco use in special populations  
[http://bit.ly/cdc\\_networking2save](http://bit.ly/cdc_networking2save)

### **Partnership: What Goes into Building a 6|18 Initiative Team?**

**Publisher:** Association of State and Territorial Health Officials  
**Summary:** Fact sheet for state and territorial health departments, with strategies for starting an effective 6|18 Initiative team  
<https://www.astho.org/ASTHOBriefs/6-18-Initiative/>

### **Point-of-Sale Strategies: A Tobacco Control Guide (2014)**

**Publisher:** Center for Public Health Systems Science and the Tobacco Control Legal Consortium  
**Summary:** Strategies to reduce advertising and promotion of tobacco products in retail stores as part of a comprehensive tobacco control program  
[http://bit.ly/cphss\\_pointofsale](http://bit.ly/cphss_pointofsale)

### **Pricing Policy: A Tobacco Control Guide (2014)**

**Publisher:** Center for Public Health Systems Science and the Tobacco Control Legal Consortium  
**Summary:** Information on developing and implementing tobacco product pricing policies  
[http://bit.ly/cphss\\_policypricing](http://bit.ly/cphss_policypricing)

### **Public Housing Authority Smoking Limitations (2010)**

**Publisher:** San Francisco Tobacco-Free Project  
**Summary:** Case study on how youth from Girls After School Academy worked with partners to encourage smokefree public housing  
<https://sanfranciscotobaccofreeproject.org/case-studies/gasa>

### **Program Sustainability Assessment Tool (2012)**

**Publisher:** Center for Public Health Systems Science  
**Summary:** Tool to assess tobacco control and other programs' sustainability and guide sustainability planning  
<https://sustaintool.org>

### **Public Health Law Center**

**Publisher:** Mitchell Hamline School of Law  
**Summary:** Webinars and resources on commercial tobacco control topics, such as T21, e-cigarettes, and enforcement  
<https://www.publichealthlawcenter.org/>

### **Rx for Change (2019)**

**Publisher:** University of California, San Francisco  
**Summary:** Free online training for healthcare providers on treating commercial tobacco use  
<http://rxforchange.ucsf.edu>

### **Smokefree Policies in Multi-Unit Housing (2019)**

**Publisher:** American Lung Association  
**Summary:** Tools and resources to help housing properties go smokefree  
[http://bit.ly/ala\\_smokefreehousing](http://bit.ly/ala_smokefreehousing)

### **Store Assessment Tools**

**Publisher:** Counter Tobacco  
**Summary:** Tools and resources to collect data about tobacco product advertising and promotion in stores  
[http://bit.ly/ct\\_tools](http://bit.ly/ct_tools)

### **SWOT Analysis**

**Publisher:** Minnesota Department of Public Health  
**Summary:** Information on how to conduct a SWOT analysis and community examples  
[http://bit.ly/mdh\\_swot](http://bit.ly/mdh_swot)

### **Tobacco Cessation Change Package: A Million Hearts® Action Guide (2020)**

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Quality improvement tool to help providers incorporate commercial tobacco treatment into clinical settings  
[http://bit.ly/millionhearts\\_changepackage](http://bit.ly/millionhearts_changepackage)

## **Tobacco Treatment Training (2019)**

**Publisher:** University of Wisconsin Center for Tobacco Research and Intervention

**Summary:** Free online training for healthcare providers on treating commercial tobacco use, including comprehensive training for mental health and substance use providers

[http://bit.ly/uw\\_training](http://bit.ly/uw_training)

## **What Can Social Network Analysis Do for You**

**Publisher:** Center for Public Health Systems Science

**Summary:** Introduction to the concepts and steps of social network analysis

<http://bit.ly/3pvqWrl>

## **What You Need to Know About Background Screening (2013)**

**Publisher:** U.S. Department of Justice, National Center for Missing and Exploited Children

**Summary:** Guidebook on screening potential employees and volunteers who will work with youth

[http://bit.ly/usdoj\\_backgroundscreening](http://bit.ly/usdoj_backgroundscreening)

# Strategic Partnerships

## **Building Partnerships: A Best Practices Guide (2013)**

**Publisher:** Community Partnerships Interagency Policy Committee

**Summary:** Guidance for when and how to form effective partnerships

[http://bit.ly/cpipc\\_guide](http://bit.ly/cpipc_guide)

## **Evaluating Partnerships to Prevent and Manage Chronic Disease (2009)**

**Publisher:** Preventing Chronic Disease

**Author:** Butterfoss FD

**Summary:** Six-step approach to evaluating partnerships

[http://bit.ly/butterfoss\\_evaluating](http://bit.ly/butterfoss_evaluating)

## **Creating and Maintaining Partnerships (2018)**

**Publisher:** Community Tool Box

**Summary:** Guiding questions and resources for forming partnerships

[http://bit.ly/ctb\\_partnerships](http://bit.ly/ctb_partnerships)

## **Evaluation Guide: Fundamentals of Evaluating Partnerships (2008)**

**Publisher:** Centers for Disease Control and Prevention

**Summary:** Tools for state and local health departments to evaluate partnerships

[http://bit.ly/cdc\\_evalpartners](http://bit.ly/cdc_evalpartners)

## **CDC's Guiding Principles for Public-Private Partnerships: A Tool to Support Engagement to Achieve Public Health Goals (2018)**

**Publisher:** Centers for Disease Control and Prevention

**Summary:** Guidebook for establishing public-private partnerships to address public health problems

[http://bit.ly/cdc\\_principles](http://bit.ly/cdc_principles)

## **Healthy Retail: Collaboration Workbook (2016)**

**Publisher:** ChangeLab Solutions

**Summary:** Worksheets to help program staff form partnerships in the retail environment

[http://bit.ly/changelab\\_collaboration](http://bit.ly/changelab_collaboration)

## **The Implementation Road: Engaging Community Partnerships in Evidence-based Cancer Control Interventions (2015)**

**Publisher:** Health Promotion Practice

**Author:** Breslau E, Weiss E, Williams A, Burness A, Kepka D

**Summary:** Successes and challenges for partnerships in using evidence-based strategies to increase cancer screening in rural communities

[http://bit.ly/breslau\\_implementation](http://bit.ly/breslau_implementation)

## **Involving People Most Affected by the Problem (2018)**

**Publisher:** Community Tool Box

**Summary:** Strategies to form partnerships with priority populations

[http://bit.ly/ctb\\_involving](http://bit.ly/ctb_involving)

## Partnering with CDC

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Overview of CDC's public-private partnerships and resources for partnership development  
<https://www.cdc.gov/partners/partnering.html>

## Partnership Evaluation Guidebook and Resources (2011)

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Evaluation methods and tools to help state public health programs evaluate partnerships  
[http://bit.ly/cdc\\_partnershipsevaluation](http://bit.ly/cdc_partnershipsevaluation)

## Partnerships: Frameworks for Working Together

**Publisher:** Compassion Capital Fund  
**Summary:** Strategies to help community organizations form and maintain partnerships  
[http://bit.ly/ccf\\_framework](http://bit.ly/ccf_framework)

## The Power of Collaborative Solutions (2010)

**Publisher:** Jossey-Bass  
**Author:** Wolff T  
**Summary:** Principles for effective community partnerships  
[http://bit.ly/wolff\\_collaborative](http://bit.ly/wolff_collaborative)

## Public-Private Partnership Initiative

**Publisher:** North American Quitline Consortium  
**Summary:** Initiative to help states form cost-saving partnerships with private and public health insurers  
[http://bit.ly/naqc\\_partnership](http://bit.ly/naqc_partnership)

## A Structured Approach to Effective Partnering: Lessons Learned from Public and Private Sector Leaders

**Publisher:** Centers for Disease Control and Prevention  
**Summary:** Framework for developing effective strategic partnerships  
[http://bit.ly/cdc\\_structured](http://bit.ly/cdc_structured)

## Wilder Collaboration Factors Inventory (2019)

**Publisher:** Amherst H. Wilder Foundation  
**Summary:** Free online tool to assess partnership performance  
[http://bit.ly/wilder\\_factors](http://bit.ly/wilder_factors)

# Coalitions

## Am I a High Functioning Coalition Member?

**Publisher:** Coalitions Work  
**Summary:** Self-assessment checklist for coalition members to rate their own involvement  
[http://bit.ly/coalitionswork\\_functioning](http://bit.ly/coalitionswork_functioning)

## Case Studies from Community Coalitions: Advancing Local Tobacco Control Policy in a Preemptive State (2015)

**Publisher:** American Journal of Preventive Medicine  
**Author:** Douglas M, Manion C, Hall-Harper V, Terronez K, Love C, Chan A  
**Summary:** Strategies and lessons learned from tobacco control coalitions in states with preemption laws  
[http://bit.ly/douglas\\_casestudies](http://bit.ly/douglas_casestudies)

## Coalition Building I: Starting a Coalition (2018)

**Publisher:** Community Tool Box  
**Summary:** Information on what coalitions are and how to establish them  
[http://bit.ly/ctb\\_starting](http://bit.ly/ctb_starting)

## Coalition Building II: Maintaining a Coalition (2018)

**Publisher:** Community Tool Box  
**Summary:** Steps for maintaining or deciding to end a coalition  
[http://bit.ly/ctb\\_maintaining](http://bit.ly/ctb_maintaining)

## Coalitions and Partnerships in Community Health (2007)

**Publisher:** Jossey-Bass  
**Author:** Butterfoss FD  
**Summary:** Step-by-step guide to build, manage, and evaluate coalitions  
[http://bit.ly/butterfoss\\_coalitions](http://bit.ly/butterfoss_coalitions)

## Coalitions Work Tools (2007)

**Publisher:** Coalitions Work  
**Summary:** Checklists, surveys and other tools to build, manage, and sustain coalitions  
<http://coalitionswork.com/resources/tools>

## Collective Impact (2011)

**Publisher:** Stanford Social Innovation Review

**Author:** Kania J, Kramer M

**Summary:** Description of the five conditions necessary to achieve collective impact through cross-sector collaboration

[http://bit.ly/kania\\_collectiveimpact](http://bit.ly/kania_collectiveimpact)

## Collective Impact Forum (2014)

**Publisher:** Collective Impact Forum

**Summary:** Tools, resources, and advice to guide cross-sector coalition development and activities

<http://bit.ly/collectiveimpactforum>

## The Collective Impact Model and Its Potential for Health Promotion: Overview and Case Study of a Healthy Retail Initiative in San Francisco (2015)

**Publisher:** Health Education and Behavior

**Author:** Flood J, Minkler M, Hennessey Lavery S, Estrada J, Falbe J

**Summary:** Description of the Collective Impact model and coalition efforts to reduce tobacco and alcohol sales in San Francisco

[http://bit.ly/flood\\_collectiveimpact](http://bit.ly/flood_collectiveimpact)

## Determinants of Community Coalition Ability to Support Evidence-Based Programs (2010)

**Publisher:** Prevention Science

**Author:** Brown L, Feinberg M, Greenberg M

**Summary:** Coalition features that helped implement evidence-based programs in Pennsylvania

[http://bit.ly/brown\\_determinants](http://bit.ly/brown_determinants)

## Guide to Evaluating Collective Impact: Learning and Evaluation in the Collective Impact Context (2014)

**Publisher:** Collective Impact Forum

**Author:** Preskill H, Parkhurst M, Juster J

**Summary:** Three-part guide on how to plan and conduct an evaluation of coalition activities

[http://bit.ly/cif\\_guide](http://bit.ly/cif_guide)

## Organizing a Strategic Policy Coalition

**Publisher:** Center for Public Health Practice

**Summary:** Free online course on why and how to form a strategic policy coalition

[http://bit.ly/cphp\\_coalition](http://bit.ly/cphp_coalition)

## Predictors and Level of Sustainability of Community Prevention Coalitions (2008)

**Publisher:** American Journal of Preventive Medicine

**Author:** Feinberg M, Bontempo D, Greenberg M

**Summary:** Features that helped sustain coalitions in Pennsylvania

[http://bit.ly/feinberg\\_sustainability](http://bit.ly/feinberg_sustainability)

## Reaching Higher Ground: A Guide for Preventing, Preparing for, and Transforming Conflict for Tobacco Control Coalitions (2010)

**Publisher:** Tobacco Technical Assistance Consortium

**Author:** Dukes EF, Solomon M

**Summary:** Strategies for preventing and managing conflict within coalitions

[http://bit.ly/dukes\\_higherground](http://bit.ly/dukes_higherground)

## A Sustainability Planning Guide for Healthy Communities

**Publisher:** Centers for Disease Control and Prevention

**Summary:** Step-by-step guide to develop a coalition sustainability plan

[http://bit.ly/cdc\\_sustainability](http://bit.ly/cdc_sustainability)

## Sustaining Tobacco Control Coalitions Amid Declining Resources (2007)

**Publisher:** Health Promotion Practice

**Author:** Carver V, Reinert B, Range L

**Summary:** Strategies used by tobacco control coalitions in Mississippi to sustain funding

[http://bit.ly/carver\\_sustaining](http://bit.ly/carver_sustaining)

# Case Studies

## Mississippi

### Office of Tobacco Control

**Publisher:** Mississippi State Department of Health

**Summary:** Information on the Mississippi state tobacco control program's activities, partners, and resources

[http://bit.ly/ms\\_tobaccocontrol](http://bit.ly/ms_tobaccocontrol)

### Mississippi Tobacco Data

**Publisher:** Social Science Research Center, Mississippi State University

**Summary:** Data and interactive charts on tobacco use and tobacco control activities in Mississippi

<http://mstobacodata.org>

### Mississippi Tobacco-Free Coalitions

**Publisher:** Mississippi State Department of Health

**Summary:** List of county-level tobacco-free coalitions funded by the Mississippi State Department of Health, Office of Tobacco Control

[http://bit.ly/ms\\_coalitions](http://bit.ly/ms_coalitions)

## Philadelphia

### Get Healthy Philly

**Publisher:** City of Philadelphia Department of Public Health

**Summary:** Vision and activities of the Get Healthy Philly program

<https://www.phila.gov/programs/get-healthy-philly>

### Tobacco Policy and Control Program

**Publisher:** Philadelphia Department of Public Health

**Summary:** Overview of Get Healthy Philly's Tobacco Policy and Control Program with links to cessation services

[http://bit.ly/phila\\_tpcp](http://bit.ly/phila_tpcp)

1. Centers for Disease Control and Prevention. Best Practices For Comprehensive Tobacco Control Programs—2014. Published 2014. [https://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/index.htm](https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm).
2. Centers for Disease Control and Prevention. Best practices user guide: coalitions. Published 2009. <https://cphss.wustl.edu/items/best-practices-user-guide-coalitions/>.
3. US Department of Health and Human Services. The health consequences of smoking—50 years of progress: a report of the surgeon general. Published 2014. [https://www.cdc.gov/tobacco/data\\_statistics/sgr/50th-anniversary/index.htm](https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm).
4. Community Partnerships Interagency Policy Committee. Building partnerships: a best practices guide. Published April 29, 2013. Accessed May 21, 2019. <https://www.fs.usda.gov/sites/default/files/building-partnerships-a-best-practices-guide.pdf>.
5. Butterfoss F, Kegler M. A coalition model for community action. In: Minkler M, ed. *Community Organizing and Community Building for Health and Welfare*. 3rd ed. New Brunswick, NJ: Rutgers University Press; 2012.
6. Centers for Disease Control and Prevention. CDC’s guiding principles for public-private partnerships: a tool to support engagement to achieve public health goals. Published 2014. <https://www.cdc.gov/partners/pdf/partnershipguidance-4-16-14.pdf>.
7. Centers for Disease Control and Prevention. A sustainability planning guide for healthy communities. Published 2011. [https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability\\_guide.pdf](https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf).
8. Compassion Capital Fund. Partnerships: frameworks for working together. Published 2010. Accessed May 21, 2019. <http://elearning.daremightythings.com/CCF/partnerships/Print.aspx>.
9. Big tobacco’s “corrective statements”. Campaign for Tobacco-Free Kids. June 19, 2017. Accessed March 22, 2021. <https://www.tobaccofreekids.org/what-we-do/industry-watch/doj>.
10. National Cancer Institute. Monograph 16: shaping the future of tobacco prevention and control. Published 2005. <https://cancercontrol.cancer.gov/brp/tcrb/monographs/monograph-16>.
11. Carver V, Reinert B, Range L. Sustaining tobacco control coalitions amid declining resources. *Health Promotion and Practice*. 2007;8(3):292-298. doi: 10.1177/1524839906289820.
12. The Uptown Coalition. National Association of African Americans for Positive Imagery. Accessed October 12, 2020. <http://www.naaapi.org/campaigns/1990.asp>.
13. Tobacco Control Legal Consortium. Chicago’s regulation of menthol flavored tobacco products: a case study. Published 2016. Accessed October 12, 2020. <https://www.publichealthlawcenter.org/sites/default/files/resources/tclc-fs-Chicago-Regulation-of-Menthol-Case-Study-Update-2016.pdf>.
14. Hanleybrown F, Kania J, Kramer M. Channeling change: making collective impact work. *Stanford Social Innovation Review*. [https://ssir.org/articles/entry/channeling\\_change\\_making\\_collective\\_impact\\_work](https://ssir.org/articles/entry/channeling_change_making_collective_impact_work). Published January 26, 2012. Accessed July 26, 2017.
15. Overview list—number of smokefree and other tobacco-related laws. Americans for Nonsmokers’ Rights. Updated April 1, 2020. Accessed April 15, 2021. <https://no-smoke.org/wp-content/uploads/pdf/mediaordlist.pdf>.
16. State cigarette excise tax rates & rankings. Campaign for Tobacco-Free Kids. December 21, 2018. Accessed April 15, 2021. <https://www.tobaccofreekids.org/assets/factsheets/0275.pdf>.
17. Luke D, Sorg A, Combs T, et al. Tobacco retail policy landscape: a longitudinal survey of US states. *Tobacco Control*. 2016;25:i44-i51. doi:10.1136/tobaccocontrol-2016-053075.
18. The Institute of Public Health in Ireland. Partnerships: a literature review. Published 2007. Accessed April 15, 2021. <https://publichealth.ie/partnerships-a-literature-review/>.
19. Colorado State Tobacco Education & Prevention Partnership. Organizing a strategic policy coalition [webinar]. Colorado Dept of Public Health and Environment. Published 2014. Accessed February 16, 2017. <https://registrations.publichealthpractice.org/Training/Detail/233>.
20. Butterfoss F. *Coalitions and Partnerships in Community Health*. San Francisco, CA: Jossey-Bass; 2007.
21. ChangeLab Solutions. Healthy retail: collaboration workbook. Published 2016. Accessed September 14, 2018. [http://www.changelabsolutions.org/sites/default/files/Healthy\\_Retail\\_WORKBOOK\\_FINAL\\_20160622.pdf](http://www.changelabsolutions.org/sites/default/files/Healthy_Retail_WORKBOOK_FINAL_20160622.pdf).
22. Goldstein A, Grant E, McCullough A, Cairns B, Kurian A. Achieving fire-safe cigarette legislation through coalition-based legislative advocacy. *Tobacco Control*. 2010;19(1):75-79. doi: 10.1136/tc.2009.029538.
23. Creating and maintaining coalitions and partnerships. Community Tool Box. Accessed February 13, 2019. <https://ctb.ku.edu/en/creating-and-maintaining-coalitions-and-partnerships>.
24. Partnership for the Public’s Health. *Strategies for Building Community-Public Health Partnerships: Lessons Learned from the Program Office of the Partnership for the Public’s Health Initiative*. Oakland, CA: Partnership for the Public’s Health; 2007.
25. Building and sustaining commitment. Community Tool Box. Accessed February 13, 2019. <https://ctb.ku.edu/en/table-of-contents/leadership/leadership-functions/build-sustain-commitment/main>.
26. Pearsol J, Baker J, Adams K, Koester D. Engaging leadership and gaining buy-in [CDC Performance Improvement Managers Network call]. Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support. Published September 27, 2012. Accessed May 5, 2017. <https://www.cdc.gov/stltpublichealth/pimnetwork/eventdocs/2012/september/09272012transcript.doc>.




27. Centers for Disease Control and Prevention. A structured approach to effective partnering: lessons learned from public and private sector leaders. Accessed May 21, 2019. <https://uwm.edu/mcwp/wp-content/uploads/sites/337/2015/11/A-Structured-Approach-to-Effective-Partnering.pdf>.
28. Centers for Disease Control and Prevention. SWOT analysis tool. [www.cdc.gov/phcommunities/docs/Evaluate\\_SWOT\\_Analysis\\_Tool.doc](http://www.cdc.gov/phcommunities/docs/Evaluate_SWOT_Analysis_Tool.doc).
29. SWOT analysis. Minnesota Department of Health. Accessed March 26, 2019. <https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swot.html>.
30. Wolff T. Ten places where collective impact gets it wrong. *Global Journal of Community Psychology Practice*. 2016;7(1). Published March 15, 2016. Accessed September 23, 2020. <https://www.gicpp.org/en/resource.php?issue=21&resource=200>.
31. Centers for Disease Control and Prevention. Best practices user guide: health equity in tobacco prevention and control. Published 2015. <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/pdfs/bp-health-equity.pdf>.
32. Coalition formation stage. CoalitionsWork. Accessed May 27, 2016. <http://coalitionswork.com/resources/tools/>.
33. Netters TJ. Building novel community based partnerships. Presented at: Centers for Disease Control and Prevention, Office for Smoking and Health Kickoff Meeting; August 17-21, 2020.
34. NAQC Public-Private Partnership Initiative. North American Quitline Consortium. Accessed May 11, 2017. <http://www.naquitline.org/?page=PPP>.
35. CoalitionsWork. Partnering with community sectors. Published 2010. Accessed May 27, 2016. <http://coalitionswork.com/wp-content/uploads/Partnering-with-Community-Sectors.pdf>.
36. Smokefree policies reduce smoking. Centers for Disease Control and Prevention. Updated December 1, 2016. Accessed July 6, 2018. [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/protection/reduce\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/reduce_smoking/index.htm).
37. Fiore M, Jaén C, Baker T, et al. Treating tobacco use and dependence: 2008 update. Published 2008. <https://www.ahrq.gov/prevention/guidelines/tobacco/index.html>.
38. Kegler M, Hall S, Kiser M. Facilitators, challenges, and collaborative activities in faith and health partnerships to address health disparities. *Health Education & Behavior*. 2010;37(5):665-679. doi: 10.1177/1090198110363882.
39. Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting smoking among adults — United States, 2000–2015. *MMWR Morbidity and Mortality Weekly Report*. 2017;65(52):1457-1464. doi: 10.15585/mmwr.mm6552a1.
40. Centers for Disease Control and Prevention. Using health systems change to increase tobacco cessation: what can state tobacco control programs do? Frequently asked questions (FAQ). Accessed July 18, 2017. [https://www.cdc.gov/tobacco/quit\\_smoking/cessation/pdfs/using-health-systems-change508.pdf](https://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/using-health-systems-change508.pdf).
41. US Department of Health and Human Services. Smoking cessation: a report of the surgeon general. Published 2020. Accessed July 28, 2020. [https://www.cdc.gov/tobacco/data\\_statistics/sgr/2020-smoking-cessation/index.html](https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/index.html).
42. Other US organizations: smoking & tobacco use. Centers for Disease Control and Prevention. Updated December 10, 2019. Accessed July 6, 2020. [https://www.cdc.gov/tobacco/basic\\_information/related\\_links/ngo\\_orgs/index.htm](https://www.cdc.gov/tobacco/basic_information/related_links/ngo_orgs/index.htm).
43. Bach L. How schools can help students stay tobacco-free [fact sheet]. Campaign for Tobacco-Free Kids. June 1, 2017. Accessed February 12, 2019. <https://www.tobaccofreekids.org/assets/factsheets/0153.pdf>.
44. US Department of Health and Human Services. Preventing tobacco use among youth and young adults: a report of the surgeon general. Published 2012. <https://www.ncbi.nlm.nih.gov/books/NBK99237/>.
45. Farrelly MC, Heaton CG, Davis KC, Messeri P, Hersey JC, Haviland ML. Getting to the truth: evaluating national tobacco countermarketing campaigns. *American Journal of Public Health*. 2002;92(6):901-7. doi: 10.2105/ajph.92.6.901.
46. Bozlak C, Kelley M. Youth participation in a community campaign to pass a clean indoor air ordinance. *Health Promotion Practice*. 2010;11(4):530-540. doi: 10.1177/1524839908330815.
47. National Initiative to Improve Adolescent Health. Engaging youth in partnership: a resource document for youth serving agencies and programs. Published 2011. <http://smhp.psych.ucla.edu/pdfdocs/niah/niahyouthengagementwebinar.pdf>.
48. Partnership cycle. CDC Foundation. Accessed May 5, 2017. <http://www.cdcfoundation.org/what/partnership-cycle>.
49. What barriers? Insights from solving problems through cross-sector partnerships. Living Cities. Published September 11, 2013. Accessed September 14, 2018. <https://www.livingcities.org/resources/231-what-barriers-insights-from-solving-problems-through-cross-sector-partnerships>.
50. Flood J, Minkler M, Hennessey Lavery S, Estrada J, Falbe J. The collective impact model and its potential for health promotion: overview and case study of a healthy retail initiative in San Francisco. *Health Education & Behavior*. 2015;42(5):654-668. doi: 10.1177/1090198115577372.
51. Butterfoss F, Gilmore L, Krieger J, et al. From formation to action: how allies against asthma coalitions are getting the job done. *Health Promotion Practice*. 2006;7(2 Suppl):34S-43S. doi: 10.1177/1524839906287063.
52. Kegler M, Rigler J, Honeycutt S. The role of community context in planning and implementing community-based health promotion projects. *Evaluation and Program Planning*. 2011;34(3):246-253. doi: 10.1016/j.evalprogplan.2011.03.004.

53. Foster-Fishman P, Berkowitz S, Lounsbury D, Jacobson S, Allen N. Building collaborative capacity in community coalitions: a review and integrative framework. *American Journal of Community Psychology*. 2001;29(2):241-261. <https://doi.org/10.1023/A:1010378613583>.
54. Walzer N, Weaver L, McGuire C. Collective impact approaches and community development issues. *Community Development*. 2016;47(2):156-166. doi: 10.1080/15575330.2015.1133686.
55. Kegler M, Rigler J, Honeycutt S. How does community context influence coalitions in the formation stage? A multiple case study based on the Community Coalition Action Theory. *BMC Public Health*. 2010;10(90). Published February 23, 2010. Accessed May 21, 2019. doi: 10.1186/1471-2458-10-90.
56. Kania J, Kramer M. Embracing emergence: how collective impact addresses complexity. Stanford Social Innovation Review. January 21, 2013. Accessed July 26, 2017. 2013:1-7. [https://ssir.org/articles/entry/embracing\\_emergence\\_how\\_collective\\_impact\\_addresses\\_complexity](https://ssir.org/articles/entry/embracing_emergence_how_collective_impact_addresses_complexity).
57. Kania J, Kramer M. Collective impact. Stanford Social Innovation Review. 2011. Accessed July 26, 2017. [https://ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact).
58. Shastri SS, Talluri R, Shete S. Disparities in secondhand smoke exposure in the United States: National Health and Nutrition Examination Survey 2011–2018. *JAMA Internal Medicine*. 2021;181(1):134-135. doi:10.1001/jamainternmed.2020.3975.
59. States and municipalities with laws regulating use of electronic cigarettes. American Nonsmokers' Rights Foundation. Updated October 1, 2018. Accessed October 26, 2018. <https://no-smoke.org/wp-content/uploads/pdf/ecigslaws.pdf>.
60. US Department of Health and Human Services. E-cigarette use among youth and young adults: a report of the surgeon general. Published 2016. [https://www.cdc.gov/tobacco/data\\_statistics/sgr/e-cigarettes/index.htm](https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/index.htm).
61. Centers for Disease Control and Prevention. A practitioner's guide for advancing health equity: community strategies for preventing chronic disease. Published 2013. Accessed November 29, 2018. <https://www.cdc.gov/nccdphp/dch/pdf/healthequityguide.pdf>.
62. Public housing authority smoking limitations. San Francisco Tobacco-Free Coalition. Published 2010. <http://sanfranciscotobaccofreeproject.org/case-studies/gasa>. Accessed November 30, 2018.
63. State success story: New Orleans builds coalition of non-traditional stakeholders to pass comprehensive smoke-free ordinance. Association of State and Territorial Health Officials. 2016. Accessed July 13, 2020. <https://www.astho.org/Prevention/Tobacco/New-Orleans-Builds-Coalition-of-Non-Traditional-Stakeholders-to-Pass-Comprehensive-Smoke-Free-Ordinance/>.
64. Louisiana: New Orleans smoke-free ordinance. Action for PSE Change. Accessed July 13, 2020. <http://action4psechange.org/new-orleans-smoke-free-ordinance/>.
65. Baton Rouge, LA: Smokefree law in effect. Americans for Nonsmokers' Rights. Accessed July 13, 2020. <https://nonsmokersrights.org/baton-rouge-la>.
66. Centers for Disease Control and Prevention. Best practices user guide: health communications in tobacco prevention and control. Published 2018. <https://www.cdc.gov/tobacco/stateandcommunity/bp-health-communications/index.htm>.
67. Leung R. Instituting a smoke-free policy for city recreation centers and playgrounds, Philadelphia, Pennsylvania, 2010. *Preventing Chronic Disease*. 2013;10:120-294. Published July 11, 2013. Accessed July 26, 2017. [https://www.cdc.gov/pcd/issues/2013/12\\_0294.htm](https://www.cdc.gov/pcd/issues/2013/12_0294.htm).
68. Reopen smokefree: protect musicians & public health. American Nonsmokers' Rights Foundation. May 27, 2020. Accessed July 10, 2020. <https://no-smoke.org/reopen-smokefree-protect-musicians-public-health>.
69. Moore T. When locals speak, policies happen! Presented at: Centers for Disease Control and Prevention, Office for Smoking and Health Kickoff Meeting; August 17-21, 2020.
70. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis. Pricing policy: a tobacco control guide. Published 2014. <https://publichealthlawcenter.org/sites/default/files/resources/tclc-guide-pricing-policy-WashU-2014.pdf>.
71. Public Health Law Center. Regulating tobacco products based on pack size. Accessed April 15, 2020. [https://www.publichealthlawcenter.org/sites/default/files/resources/tclc-guide-regulating-packsizes-2012\\_0.pdf](https://www.publichealthlawcenter.org/sites/default/files/resources/tclc-guide-regulating-packsizes-2012_0.pdf).
72. Raising tobacco taxes: a win-win-win. Campaign for Tobacco-Free Kids. <https://www.tobaccofreekids.org/assets/factsheets/0385.pdf>. Published December 21, 2018. Accessed May 23, 2019.
73. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis. Regulating price discounting in Providence, RI. Innovative point-of-sale policies: case study #1. Published 2013. <https://publichealthlawcenter.org/sites/default/files/resources/SCTC-case-study-Providence-pricing-2013.pdf>.
74. Walking tobacco audit [toolkit]. Counter Tobacco. Accessed July 26, 2017. [http://countertobacco.org/sites/default/files/CT\\_Advocate\\_Against\\_Youth\\_Targeting.pdf](http://countertobacco.org/sites/default/files/CT_Advocate_Against_Youth_Targeting.pdf).
75. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis. Reducing cheap tobacco & youth access: New York City. Innovative point-of-sale policies: case study #3. Published 2015. [https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/e/1037/files/2004/11/ASPiRE\\_2015\\_NYC\\_CaseStudy-2a7bv2d.pdf](https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/e/1037/files/2004/11/ASPiRE_2015_NYC_CaseStudy-2a7bv2d.pdf).

76. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis. Point-of-sale strategies: a tobacco control guide. Published 2014. <https://publichealthlawcenter.org/sites/default/files/tclc-guide-pos-policy-WashU-2014.pdf>.
77. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis. Regulating pharmacy tobacco sales: massachusetts: innovative point-of-sale policies: case study #2. Published 2014. <http://tobaccopolicycenter.org/wp-content/uploads/2017/11/550.pdf>.
78. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis. Point-of-sale report to the nation: realizing the power of states and communities to change the tobacco retail and policy landscape. Published 2016. <https://cphss.wustl.edu/point-of-sale-report-to-the-nation/>.
79. Community Service Society of New York. Putting prevention to work in new york city: tobacco control at the community level. Published 2012. Accessed November 30, 2018. [http://lghhttp.58547.nexcesscdn.net/803F44A/images/nycss/images/uploads/pubs/CSS\\_SmokeFreeReport\\_Final.pdf](http://lghhttp.58547.nexcesscdn.net/803F44A/images/nycss/images/uploads/pubs/CSS_SmokeFreeReport_Final.pdf).
80. Store assessment tools. Counter Tobacco. Accessed March 22, 2016. <http://countertobacco.org/resources-tools/store-assessment-tools/>.
81. Tobacco retailer nation [toolkit]. Counter Tobacco. June 2016. Accessed July 21, 2017. [http://countertobacco.org/wp-content/uploads/2016/06/CT\\_Tobacco\\_Retailer\\_NationFINAL.pdf](http://countertobacco.org/wp-content/uploads/2016/06/CT_Tobacco_Retailer_NationFINAL.pdf).
82. Philadelphia Department of Public Health. Tobacco policy and control program: making the healthy choice the easy choice. Published 2012. Accessed December 5, 2018. <http://www.phila.gov/health/pdfs/TobaccoAnnualReport.pdf>.
83. Feld A, Johnson T, Byerly K, Ribisl K. Peer reviewed: how to conduct store observations of tobacco marketing and products. *Preventing Chronic Disease*. 2016;13:150-504. [https://www.cdc.gov/pcd/issues/2016/15\\_0504.htm](https://www.cdc.gov/pcd/issues/2016/15_0504.htm). Published February 18, 2016. Accessed July 26, 2017.
84. Office of Community Oriented Policing Services. What you need to know about background screening. Published June 2013. Accessed November 11, 2019. [https://rems.ed.gov/docs/COPS\\_NCMEC\\_Background-Screening.pdf](https://rems.ed.gov/docs/COPS_NCMEC_Background-Screening.pdf).
85. Reducing tobacco retail density in San Francisco: a case study. San Francisco Tobacco-Free Coalition. 2016. <http://sanfranciscotobaccofreeproject.org/case-studies/reducing-tobacco-retail-density-in-san-francisco>.
86. McDaniel P, Offen N, Yerger V, Malone R. "A breath of fresh air worth spreading": media coverage of retailer abandonment of tobacco sales. *American Journal of Public Health*. 2014;104(3):562-569. doi:10.2105/AJPH.2013.301564
87. Menthol policy case studies. ClearWay Minnesota. Accessed July 10, 2020. <http://clearwaymn.org/menthol-policy-case-studies/>.
88. Assurances of voluntary compliance. Counter Tobacco. Accessed March 18, 2021. <https://countertobacco.org/resources-tools/store-assessment-tools/assurances-of-voluntary-compliance/>.
89. About duke-unc tts training program. Duke UNC Tobacco Treatment Specialist Training Program. Accessed December 30, 2019. <https://www.dukeunctts.com/>.
90. Curry S, Grothaus L, McAfee T, Pabiniak C. Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization. *New England Journal of Medicine*. 1998;339(10):673-679. doi: 10.1056/nejm199809033391006.
91. van den Brand F, Nagelhout G, Reda A, et al. Healthcare financing systems for increasing the use of tobacco dependence treatment. *Cochrane Database of Systematic Reviews*. 2017;(9): CD004305. Published September 12, 2017. doi: 10.1002/14651858.CD004305.pub5.
92. American Lung Association. Helping smokers quit: tobacco cessation coverage 2014. Published 2014. Accessed September 20, 2017. <http://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/helping-smokers-quit.html>.
93. Osborne D. Public-private partnerships: sustaining and expanding access to quitlines [webinar]. North American Quitline Consortium. May 29, 2014. [http://www.naquitline.org/resource/resmgr/PPP/June112014Cost-Sharing\\_Leve.pptx](http://www.naquitline.org/resource/resmgr/PPP/June112014Cost-Sharing_Leve.pptx). Accessed July 18, 2017.
94. Rainey J, Klisch V. Florida quitline evaluation ad hoc report: quitline cost sharing models. Published 2012. Accessed September 6, 2017. [https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/ppp/fl\\_bureau\\_of\\_tobacco\\_prevent.pdf](https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/ppp/fl_bureau_of_tobacco_prevent.pdf).
95. North American Quitline Consortium. A promising practices report. Public-private partnership initiative: working to advance cessation coverage among private and public insurers. Published 2016. Accessed September 8, 2017. <https://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/ppp/PPPReportSeptember2016.pdf>.
96. Centers for Disease Control and Prevention. Anti-lobbying restrictions for CDC grantees. Published 2017. Accessed February 8, 2021. <https://www.cdc.gov/grants/documents/Anti-Lobbying-Restrictions.pdf>.
97. Satterlund T, Treiber J, Haun S, Cassady D. Evaluating local policy adoption campaigns in California: tobacco retail license (TRL) adoption. *Journal of Community Health*. 2014;39(3):584-591. doi: 10.1007/s10900-013-9803-9.
98. Social media fact sheet. Pew Research Center Internet & Technology. June 12, 2019. Accessed January 2, 2020. <http://www.pewinternet.org/fact-sheet/social-media/>.
99. The year of social? Emarketer.com. November 14, 2013. Accessed April 19, 2017. <https://www.emarketer.com/Article/Year-of-Social/1010386>.
100. Facebook guidelines and best practices. Centers for Disease Control and Prevention. Updated December 27, 2019. Accessed February 20, 2020. <https://www.cdc.gov/socialmedia/tools/guidelines/facebook-guidelines.html>.

101. Vermont Department of Health. *Tobacco Control Program 2014 Community Prevention Summary: Investing in Tobacco Prevention*. Burlington, VT: Vermont Dept of Health; 2014.
102. National Cancer Institute. Monograph 22: a socioecological approach to addressing tobacco-related health disparities. Published 2017. [https://cancercontrol.cancer.gov/sites/default/files/2020-06/m22\\_complete\\_0.pdf](https://cancercontrol.cancer.gov/sites/default/files/2020-06/m22_complete_0.pdf).
103. Networking2Save: CDC's national network approach to preventing and controlling tobacco-related cancers in special populations. Centers for Disease Control and Prevention. <https://www.cdc.gov/tobacco/about/foa/national-networks-nofo/coop-agreement/index.html>. Accessed May 23, 2019.
104. Yeager KA, Bauer-Wu S. Cultural humility: Essential foundation for clinical researchers. *Applied Nursing Research*. 2013;26(4):251-256. doi: 10.1016/j.apnr.2013.06.008.
105. Schoenberg NE, Bundy HE, Baeker Bispo JA, Studts CR, Shelton BJ, Fields N. A rural Appalachian faith-placed smoking cessation intervention. *Journal of Religion and Health*. 2015;54:598-561. Accessed October 15, 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4183727/>.
106. Understanding and describing the community. Community Tool Box. <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/describe-the-community/main>. Accessed February 14, 2019.
107. Fight All Flavors. <https://fightallflavors.org/>. Accessed July 21, 2020.
108. No Menthol. Know Why. <https://www.nomentholknowwhy.org/>. Accessed July 21, 2020.
109. Health Resources in Action. <https://hria.org/projects/fight-all-flavors/>. Accessed July 21, 2020.
110. Involving people most affected by the problem. Community Tool Box. <https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/involve-those-affected/main>. Accessed June 2, 2016.
111. Kegler M, Swan D. Advancing coalition theory: the effect of coalition factors on community capacity mediated by member engagement. *Health Education Research*. 2012;27(4):572-584.
112. National Business Coalition on Health, Community Coalitions Health Institute. Community health partnerships: tools and information for development and support. [https://www.countyhealthrankings.org/sites/default/files/media/document/Community\\_Health\\_Partnerships\\_tools.pdf](https://www.countyhealthrankings.org/sites/default/files/media/document/Community_Health_Partnerships_tools.pdf). Accessed September 14, 2018.
113. Dukes E. *Reaching Higher Ground: A Guide for Preventing, Preparing for, and Transforming Conflict for Tobacco Control Coalitions*. Atlanta, GA: Tobacco Technical Assistance Consortium; 2010.
114. Centers for Disease Control and Prevention. Partnership evaluation guidebook and resources. Published 2011. <https://www.cdc.gov/obesity/downloads/PartnershipEvaluation.pdf>.
115. Coalition coordinator [fact sheet]. Coalitions Work. [http://coalitionswork.com/wp-content/uploads/coalition\\_roles\\_and\\_job\\_descriptions.pdf](http://coalitionswork.com/wp-content/uploads/coalition_roles_and_job_descriptions.pdf). Accessed May 27, 2016.
116. Kegler M, Steckler A, Malek S, McLeroy K. A multiple case study of implementation in 10 local Project ASSIST coalitions in North Carolina. *Health Education Research*. 1998;13(2):225-238. doi: 10.1093/her/13.2.225.
117. Centers for Disease Control and Prevention. Developing an effective evaluation plan: setting the course for effective program evaluation. Accessed September 6, 2020. <https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf>. Published 2011.
118. Butterfoss F. Evaluating partnerships to prevent and manage chronic disease. *Preventing Chronic Disease*. 2009;6(2):A64. [http://www.cdc.gov/pcd/issues/2009/apr/08\\_0200.htm](http://www.cdc.gov/pcd/issues/2009/apr/08_0200.htm). Published April 2009. Accessed February 5, 2016.
119. Preskill H, Parkhurst M, Juster J. Guide to evaluating collective impact: learning and evaluation in the collective impact context. Accessed May 21, 2019. <https://www.collectiveimpactforum.org/sites/default/files/Guide%20to%20Evaluating%20CI%2001.pdf>.
120. McMillen R. Mississippi's state-wide Tobacco Reporting and Progress System (TRAPS). Presented at: National Conference on Tobacco or Health; March 22-24, 2017; Austin, TX.
121. Centers for Disease Control and Prevention. Evaluation guide: fundamentals of evaluating partnerships. Published 2008. [https://www.cdc.gov/dhdsp/evaluation\\_resources/guides/evaluating-partnerships.htm](https://www.cdc.gov/dhdsp/evaluation_resources/guides/evaluating-partnerships.htm).
122. Centers for Disease Control and Prevention. Introduction to program evaluation for public health programs: a self-study guide. Published 2011. [https://stacks.cdc.gov/view/cdc/26235/cdc\\_26235\\_DS1.pdf?](https://stacks.cdc.gov/view/cdc/26235/cdc_26235_DS1.pdf?)
123. Wolff T. *The Power of Collaborative Solutions: Six Principles and Effective Tools for Building Healthy Communities*. San Francisco, CA: Jossey-Bass; 2010.
124. Network analysis 101. Center for Public Health Systems Science at the Brown School at Washington University in St. Louis. <https://cphss.wustl.edu/methodsandstrategies/social-network-analysis/network-analysis-101/>. Accessed September 22, 2020.
125. CoalitionsWork. Coalition sustainability characteristics. Accessed February 5, 2015. <http://coalitionswork.com/wp-content/uploads/COALITION-SUSTAINABILITY-CHARACTERISTICS.pdf>.
126. CoalitionsWork. Coalition resource development plan. Accessed February 5, 2015. <http://coalitionswork.com/wp-content/uploads/COALITION-RESOURCE-DEVELOPMENT-PLAN.pdf>.
127. The Finance Project. Sustaining youth engagement initiatives: challenges and opportunities. Published November 2009. Accessed May 21, 2019. [http://c.ycmdn.com/sites/www.summerlearning.org/resource/group/7FBA0800-C5EE-4859-9C1E-1205ED9F6116/financesustainability/sustainingyouthengag\\_54fc77.pdf](http://c.ycmdn.com/sites/www.summerlearning.org/resource/group/7FBA0800-C5EE-4859-9C1E-1205ED9F6116/financesustainability/sustainingyouthengag_54fc77.pdf).

128. CoalitionsWork. Seven tips for retaining coalition members. Accessed February 5, 2015. <http://coalitionswork.com/wp-content/uploads/seven-tips-for-retaining-coalition-members.pdf>.
129. Calloway C, Gaillard A. The ABC's of coalition development, alignment and sustainability. Presented at: Centers for Disease Control and Prevention, Office for Smoking and Health Kickoff Meeting; August 17-21, 2020.
130. Breslau E, Weiss E, Williams A, Burness A, Kepka D. The implementation road: engaging community partnerships in evidence-based cancer control interventions. *Health Promotion Practice*. 2015;16(1):46-54. doi: 10.1177/1524839914528705.
131. Involving key influentials in the initiative. Community Tool Box. Accessed February 13, 2019. <https://ctb.ku.edu/en/table-of-contents/participation/encouraging-involvement/key-influentials/main>.
132. CoalitionsWork. Coalition member gap analysis. Accessed January 2, 2020. <http://coalitionswork.com/wp-content/uploads/Coalition-Member-Gap-Analysis.docx>.
133. Policy research. Mississippi Tobacco Data. 2017. Accessed September 26, 2017. <https://mstobaccodata.org/publications/policy-research/>.
134. Citywide over time: summary health measures. City of Philadelphia. Accessed February 13, 2019. <https://healthexplorer.phila.gov/citywide-over-time/#summary-health-measures>.
135. Get Healthy Philly. *Annual Report 2015*. Philadelphia, PA: Philadelphia Dept of Public Health; 2016.
136. Hendrickson B. Smoking rates drop to all-time low in Philadelphia. NBC10 Philadelphia. June 29, 2015. Accessed September 27, 2017. <http://www.nbcphiladelphia.com/news/health/Smoking-Rates-Drop-to-All-Time-Low-in-Philadelphia-310809151.html>.
137. Bonnie R, Stratton S, Wallace R. Ending the tobacco problem: a blueprint for the nation. Published 2007. <http://tobaccopolicycenter.org/wp-content/uploads/2017/11/425.pdf>.
138. Douglas M, Manion C, Hall-Harper V, Terronez K, Love C, Chan A. Case studies from community coalitions: advancing local tobacco control policy in a preemptive state. *American Journal of Preventive Medicine*. 2015;48(1):S29-S35. doi: 10.1016/j.amepre.2014.09.020.
139. Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual healthcare spending attributable to cigarette smoking: an update. *American Journal of Preventive Medicine*. 2014;48(3):326-333. doi: 10.1016/j.amepre.2014.10.012.



*This document was produced for the Centers for Disease Control and Prevention by the Center for Public Health Systems Science at the Brown School at Washington University in St. Louis.*

### **Suggested citation:**

Centers for Disease Control and Prevention. *Best Practices User Guide: Partnerships in Tobacco Prevention and Control*. Atlanta, GA: 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, 2021.

### **Ordering information:**

To download or order copies of this report, go to [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco) or to order single copies, call toll-free 1-800-CDC-INFO or 1-800-232-4636.

### **More information:**

For more information about commercial tobacco control and prevention, visit CDC's Smoking & Tobacco Use website at [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco).