

program idea to these important people. A planning committee can be most useful in helping with some of the planning activities and in helping to “sell” the program to the priority population. Therefore the committee should be composed of interested individuals, “doers” and “influencers,” who are representative of the priority population. If the planning committee is to be effective, it will need to know the planning parameters set for the program by the decision makers.

REVIEW QUESTIONS

1. Why is the support of the decision makers important in planning a program?
2. What kinds of reasons should be included in a rationale for planning and implementing a health promotion program?
3. How important is “selling” the idea of a program to decision makers?
4. What items should be addressed when creating a program rationale?
5. Who should be selected as the members of a planning committee?
6. What are *planning parameters*? Give a few examples.
7. Why is it important to know the planning parameters at the beginning of the planning process?

ACTIVITIES

1. Write a two-page rationale for “selling” a program you are planning to decision makers, using the guidelines presented in this chapter.
2. Write a two-page rationale for beginning an exercise program for a company with 200 employees. A needs assessment of this priority population indicates that the number one cause of lost work time of this cohort is back problems and the number one cause of premature death is heart disease.
3. For a program you are planning, write a two-page description of the individuals (by position/ job title, not name) who will be asked to serve on the planning committee, and provide a rationale for asking each to serve.
4. Provide a list (by position/job title, not name) and a rationale for each of the ten individuals you would ask to serve on a communitywide safety belt program. Use the town or city in which your college/university is located as the community.
5. Following are two program rationales written by former students at Ball State University. Read each of the rationales and then select one to critique using the guidelines presented in this chapter. Critique by describing the following: (a) the strengths of the rationale, (b) the weaknesses, and (c) how you would change the rationale to make it stronger. Be critical! Closely examine the content, reasoning, and references.

Example 1

A rationale for “No Butts About It”: A campaign to create a smoke-free ordinance in the restaurants of Delaware County, Indiana.*

The global tobacco use pandemic is responsible for 4.9 million deaths a year worldwide (WHO, 1998). The United States ranks as the second highest consumer of cigarettes in the world with 451 billion consumed each year (WHO, 1998). Tobacco use has been la-

*This rationale was written by Peggy Chute, Fariba Mirzaei, and Joe Turner while they were graduate students at Ball State University, Muncie, IN. Reprinted with permission.

beled the single most important preventable cause of death and disease in the United States, causing more than 440,000 deaths and resulting in more than \$75 billion in direct medical costs annually. Nationally, smoking results in more than 5.6 million years of potential life lost each year.

In the United States, approximately 80% of adult smokers started smoking before the age of 18. That means that each day nearly 5,000 young people under the age of 18 try their first cigarette (USDHHS, 2000). It is clear that years of cigarette smoking vastly increase the risk of developing several fatal conditions. Cigarette smoking is responsible for one third of all cancers. It is the leading cause of lung cancer contributing to 90% of all lung cancers. It is also associated with cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, uteri cervix, kidney, bladder, and colon (USDHHS, 1994). Smoking also increases the risk of cardiovascular disease including stroke, heart attack, vascular disease, and aneurysm (USDHHS, 1994).

Environmental tobacco smoke (ETS) is a mixture of the smoke given off by the burning end of a cigarette (sidestream smoke) and the smoke emitted at the mouthpiece and exhaled from the lungs of smokers (main stream smoke). ETS, also known as second hand smoke, is a major source of indoor air pollution. In the United States, approximately 38,000 deaths are attributable to ETS exposure each year (NCI, 2000). When a cigarette is smoked, only 15% of the smoke is inhaled by the smoker, the other 85% goes directly into the air. Cigarette smoke contains more than 4,000 substances, and 40 of these are classified as carcinogens (cancer causing agents). Nearly nine out of ten nonsmoking Americans are exposed to ETS, as measured by the levels of cotinine, a chemical the body metabolizes from nicotine, in their blood. Eighty-eight percent of all nontobacco users had measurable levels of cotinine in their blood according to a study conducted by the CDC. The presence of cotinine is documentation that a person has been exposed to ETS. Serum cotinine levels can be used to estimate nicotine exposure over the last two to three days.

ETS is estimated to cause approximately 3,000 lung cancer deaths per year among nonsmokers and contribute to 40,000 deaths related to cardiovascular disease (USDHHS, 1994). These deaths are all due to breathing the smoke of others' cigarettes and make ETS the third leading preventable cause of death in the United States. Some of the highest reported exposures to concentrations of ETS are found in food service establishments (EPA, 1992).

Approximately, one out of every four adults in Indiana smokes making it the fourth highest in the nation (27% compared to the U.S. median of 23.3%) (CDC, 2002). The number of adults between ages 18 to 24 who smoke has risen due to the tobacco companies targeting that age group since 1996 (SFI, 2003). The results of the Indiana Youth Tobacco Survey show that 9.8% of middle school students and 31.6% of high school students are current cigarette smokers (SFI, 2000). The smoking attributable mortality rate (SAM) in Indiana is also higher (341.4/100,000) compared to the median for the United States (295.5/100,000) (CDC, 2002).

The five leading causes of death in Delaware County are cardiovascular disease, malignant neoplasm, chronic obstructive pulmonary disease, and unintentional injuries (Synergy, 1998). Lung and bronchial cancer had higher incidence of death when compared to other cancers. “Residents of Delaware County are clearly at risk for cigarette smoking, with 3 in 10 claiming to smoke and having smoked 100 or more cigarettes in their entire lives” (Synergy, 1998, p. 17). Delaware County residents were significantly higher when compared to the national average and the percentage of smokers increased from 1989 (27%) to 1998 (30%). Currently, Delaware County has no ordinance to prohibit smoking in public, including restaurants. This allows ETS to have effects on their nonsmoking clients, smoking clients, and workers of the restaurants.

One of the national health objectives for 2010 is to reduce public exposure to ETS (USDHHS, 2000). Objective 27-13c is specifically related to laws on smokefree air in

restaurants. The base line measure for this objective was only 3 states and the target for 2010 is 51 states (50 states and the District of Columbia).

To reduce public exposure to ETS, the Centers for Disease Control and Prevention recommends smoking bans and restrictions in public places to reduce exposure to second-hand smoke. The Task Force on Community Prevention Services, a nonfederal public health panel, which conducted in-depth systematic reviews on selected tobacco interventions concluded that smoking bans and restrictions are the most effective measures to reduce exposure to second-hand smoke (CDC, 2002).

Local ordinances requiring restaurants to be smokefree have spread rapidly. Over 230 U.S. municipalities in different states, among these states Massachusetts, Texas, Colorado, Wisconsin, New York, Oregon, North Carolina, and Arizona, have smokefree ordinances in some of their cities. Fort Wayne is a good example in the state of Indiana, where a smoke-free ordinance was passed in 1998. Additionally, the states of California, Maine, Maryland, Vermont, and Utah have smokefree restaurant laws. Several Canadian jurisdictions also have restaurant smoking bans.

Contrary to popular belief, restaurants that implement smokefree policies do not see a decline in profits. Studies in cities that have implemented such policies have shown sales to remain constant and in some cases sales have increased (Americans for Nonsmokers' Rights, 2002).

In addition to stable economic conditions, health care costs decline due to a decrease in worker's compensation claims, decrease in absenteeism, and an increase in worker productivity (CDC, 2002).

After reviewing national, state and local data it is clear that there is a significant health problem in regards to ETS in Delaware County. It is important to "think globally and act locally." This community problem provides a need for action at the local level. In order to succeed in a local campaign to prohibit smoking in restaurants it is important to mobilize grassroots activities. Educating the citizens regarding the health risks of ETS, and mobilizing local advocates will empower the Tobacco Free Coalition of Delaware County's activities in executing a smokefree ordinance campaign. A significant and active grassroots base of support is the most potent weapon to counter the relentless and well-funded opposition from the tobacco industry. Tobacco control advocates have the expertise to draft sound smokefree policies based on successes and lessons learned from other clean indoor air campaigns across the country, while policymakers often lack tobacco control knowledge or expertise.

The above rationale adds up to the conclusion that the Tobacco Free Coalition of Delaware County can succeed in advocating for and passing a smokefree ordinance in Delaware County if it obtains active grassroots support from the community. Passage of an ordinance in turn will decrease the dangers of ETS exposure in Delaware County. Therefore the *No Butts About It* program can be a means to achieving these goals.

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Example 2

A Rationale for "Mind, Body, and Soul": A Health Education Program at First Presbyterian Church, Muncie, IN*

The health status of Americans has improved greatly in the last 50 years as evidenced by the decrease in the number of cases of communicable disease, increased life expectancy, and the declining death rates (NCHS, 1997). However, the health status of Americans could be further improved if Americans were willing to make additional changes. We now know that better control of behavioral risk factors alone—such as lack of exercise, poor diet, use of tobacco and other drugs, and alcohol abuse—could prevent between 40 and 70% of all mature deaths, one-third of all acute disabilities, and two-thirds of chronic disabilities (USDHHS, 1990).

Closer to home, recent data also indicate that the health status of Hoosiers has improved but they too could do more to improve their health. In 1996, 32% of the adults (>17 years of age) in Indiana were overweight, 29% were current smokers, and 66% were classified as having a sedentary lifestyle (ISDH, 1998). The data from Indiana are also consistent with the data that were collected from the members of the adult education class, the Mariners, at First Presbyterian Church in Muncie, IN. The data collected using a health risk appraisal (HRA) (Healthier People Software, no date) and a health and spirituality questionnaire (developed by health science students from Ball State University) indicated that the Mariners were interested in educational programs on faith and its relationship to health, humor and healing, and stress management (including prayer as a means of stress reduction). In addition, there appears to be a need for or an interest in programs associated with aging (including Alzheimer's disease), the family, nutrition, weight control, and exercise.

It seems logical to try to address some of the health needs and interests of those in the Mariners class through the Christian Education program of the church. For a long time, religious organizations have functioned as "healing" institutions as evidenced by the mental health issues addressed through pastoral counseling (Ransdell & Rehling, 1996). The idea of addressing the health needs and interests of a target population in combination with

*This rationale was written by the undergraduate students enrolled in the program planning classes at Ball State University, Muncie, Indiana.