
Foreword

The first great “public health revolution” in developed countries involved measures to control infectious disease, and now we are in the midst of the second revolution: the massive attack on chronic disease. In this revolution, the dramatic decline in cigarette smoking in the United States since 1964 stands out as the most striking success story, which is especially remarkable considering the fact that antismoking advocates play the part of David against the Goliath of the tobacco industry. Antitobacco forces, including public advocacy groups, have made steady advances in controlling the smoking epidemic despite the tobacco industry’s greater expenditures to expand tobacco use. The industry’s counterattacks continue with steadily increasing intensity; this points to a clear need to increase the scope and effectiveness of all existing educational and regulatory antitobacco strategies. This monograph on the Community Intervention Trial for Smoking Cessation (COMMIT) field experience meets this need extraordinarily well because organizing, activating, and empowering communities to take action against smoking surely stands as the most important strategy for use in public health campaigns that emphasize control of tobacco use.

This monograph, *Community-Based Interventions for Smokers: The COMMIT Field Experience*, is one of an excellent series on various aspects of tobacco and health published since 1991 by the National Cancer Institute and the first to deal with community-based approaches. It reports exciting victories: (1) a modest decrease in smoking rates in light-to-moderate smokers, especially in the hard-to-reach categories of individuals of low educational attainment and (2) an impressive accomplishment in community empowerment.

Many monographs and most scientific articles either confine themselves to a description of health problems or concentrate on the final results of interventions designed to solve these problems. It is indeed rare to find a document that tells *how* a problem was addressed: which methods were used, what resources and training were needed, what barriers were found, how the barriers were overcome, and how the intervention could have been improved.

This attention to process is long overdue. Given that eight previous community-based research studies on cardiovascular disease risk factors (including smoking) from the United States, Finland, Australia, South Africa, and Switzerland have been reported since 1972 (see Chapter 2), it is striking to note the absence of reporting on the *process* of achieving change. The responsibility for this absence can be laid at the door of the scientific journals, whose policy is to focus on results rather than methods, thereby excluding information with the greatest potential to help those who could attempt such programs.

COMMIT, with its 22 communities comprising 11 treatments and 11 controls, furnishes excellent opportunities for providing information on process, thanks to the diversity of experience it obtained and the excellence

of its recordkeeping. These factors allow for good estimates of effort expended and results achieved for multiple intervention strategies carried out in varied settings, such as the media, health care venues, worksites, community organizations, and schools.

The authors deserve great praise for putting together 14 chapters of such value and usefulness. The resultant state-of-the-art compendium will serve policymakers and practitioners who wish to attempt community-based programs for virtually any health problem that requires broad community participation. That COMMIT was organized as a research project gives it the credibility needed to promote it as a blueprint for success. Both successes and failures are described, and programs in both the United States and Canada are described in enough detail to let us appreciate not only the logic of planning and methods of intervention but also the human drama involved.

Jane Farquharson, a community health specialist from Dalhousie University, Nova Scotia, Canada, has said, “Scientists learn from data, people learn from stories.” Stories in this case are the monograph’s details of process, as mentioned earlier. Lest scientists become offended, one can add that scientists interpret data as well, but it is only as activists that they, together with the people they help, can create community change. The stories of Chapters 5 through 13 are the how-to section of this document and give the information and inspiration needed to plan and implement simple or complex community intervention programs.

These chapters, whose stories are rich with lessons that will guide future community work, are the “trees” of the monograph. The “forest” is the ability of COMMIT to demonstrate the power of the people to better their lives by collaborating toward a shared goal. In the 19th century, the French writer and politician Alexis de Tocqueville labeled this country a “nation of joiners”—a trait he found admirable. COMMIT illustrates this American characteristic more than 100 years later, showing how members of the 11 treatment communities joined in a common cause for health.

De Tocqueville’s symbolic nation of joiners was demonstrated in the community Boards and their task forces, which were created early in the 11 COMMIT communities. As organized events proceeded and gained recognition, community involvement increased manyfold. COMMIT’s successes in creating community events (“magnet events”) tell the world how ferment from “below” (from the people of a community) can change their local world. For example, imagine the excitement in Bellingham, WA, as COMMIT staff members paraded in giant turkey costumes, or during an annual parade, in giant cigarette costumes!

Each element of COMMIT’s multicomponent campaign represented an innovation—as so often happens when pioneering efforts are made. Many barriers were encountered along the way, sometimes to be overcome by luck, sometimes by ingenuity and perseverance, sometimes not at all.

COMMIT staff members encountered a dramatic barrier as they worked toward adoption of smoke-free school policies in two communities. In each

instance, a single school board member who was a smoker blocked the policy change. The obstacle was overcome in only one of these communities, after intense public discussion sparked by a COMMIT Board member's letter to the editor of the local newspaper. Thus, a committed Board member bore out the wisdom inherent in this quote from anthropologist, Margaret Mead, "Never doubt the ability of a few dedicated individuals to change the world, indeed, it is the only way it ever has." COMMIT, as a laboratory, teaches us how to create many such dedicated individuals whose talents were enhanced, for example, during service on the task forces.

The story of many examples of barriers overcome during the COMMIT trial is a heartening antidote to the undercurrent of cynicism, fear, and alienation that exists in the United States today. The ultimate power of the COMMIT monograph will manifest itself when this message of hope (we can improve our lives if we work together in common cause) and suggestions of how to accomplish change are disseminated widely to those who need encouragement.

One community was remarkably successful in "stirring the pot" and putting the hazards of smoking at the top of the community's agenda through skillful use of media advocacy. As such experts in social marketing as Drs. June Flora and Craig Lefebvre have pointed out, a successful message often can be grafted onto a topic that already has captured the public's attention. At the height of the great public debate over the possibility of harmful contaminants in a shipment of Chilean grapes, the COMMIT staff in Medford/Ashland, OR, was able to show that the cyanide content of inhaled cigarette smoke was potentially much more toxic than the grape's pesticide content.

Another COMMIT success was the finding that young people were surprisingly effective as catalysts for change. This observation highlights another tenet of social marketing: Messages should be delivered by highly credible people. COMMIT interventionists discovered that many young people were eager to help and were often remarkably successful in garnering the public's attention. An exciting example occurred during an attempt by COMMIT to decrease illegal sales of cigarettes to minors in Raleigh, NC. Three months earlier, the city council had rejected COMMIT's proposal to restrict vending machine cigarette sales, but after one adolescent's testimony council members rapidly approved the new legislation. The testimony in part simply stated, "You can't educate vending machines."

Community empowerment, including use of volunteers, perhaps the most important COMMIT result, is evident from all community stories but was carefully quantified as well; 94 percent of seven categories of process objectives were achieved and 99 percent for the category "Mobilization of Boards and Task Forces."

Given the impressive success in community empowerment, which also can be called a "bottom-up" approach, a major question is how best to harness the power of newly activated members of any community. First is

the potential for the COMMIT monograph to be the country's current best creative and adaptable "cookbook" for change and thus a vehicle for wide adaptation. However, as described in the monograph's last chapter, one answer to the question of how to channel this "power" is to ask for "top-down" assistance from all levels of government and other policymakers. As Canada, Australia, and the States of California and Massachusetts have shown, increasing taxes on tobacco is the single most effective way to decrease tobacco use in a country or State. Nationally supported antismoking media campaigns also are needed to interact with and magnify the effect of community actions. Enforcement of existing laws in tobacco sales to minors, policies on vending machines, and restrictions and bans on advertising are also governmental responsibilities.

Adding these governmental activities to countrywide community-based activities could result in a synergistic interaction that would strengthen and propel a national movement toward a truly smoke-free society. This also might help us gain the courage, wisdom, and moral force to mobilize a nation of joiners and stem the ruthless expansion of tobacco companies into developing countries.

The COMMIT field experience, as described in this pioneering monograph, supplies powerful lessons and important tools for the public health movement by demonstrating the simple truth: Comprehensive community interventions do make a difference.

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