

# WORKING WITH COMMUNITIES TO REDUCE HEALTH INEQUALITIES: PROTECTING CHILDREN AND YOUNG PEOPLE FROM TOBACCO

## Newsletter 1

March 2009

### FOREWORD

Dear Reader,

The damage to public health caused by tobacco consumption is considerable. Over 650,000 Europeans die every year because they smoke. 13 million more smokers suffer from serious, chronic diseases. Reducing smoking prevalence amongst young people is a priority of the tobacco control agenda. Not least, because over 80 per cent of all smokers began smoking by the age of 18 years old. There is also evidence that smoking prevalence remains high amongst young people at a time when smoking rates overall are falling.

It is also firmly established that exposure to second-hand smoke kills non-smokers and exacerbates illnesses. This has led to many countries introducing legislation to ban smoking indoors in workplaces and public places – including premises often used by young people. However, many children and young people – who are particularly vulnerable to exposure to second-hand smoke - continue to be exposed to second-hand smoke. This has serious health and equity implications.

The "Working with Communities Network's" initial activities suggest that addressing tobacco control issues that affect children and young people will be more effective when local communities and peer groups are involved in the solutions. They also indicate that protecting children from tobacco smoke by reducing smoking in homes is more likely to succeed where smoking is more widely banned. However, significant gaps remain in fully understanding the effectiveness of such interventions - there is generally a lack of evaluation or robust evidence of impact or health outcomes. Equally, there is little understanding of how community and peer group engagement methods might be transferable to different cultural contexts and where traditions of governance and public health service delivery differ.

Our project *Working with Communities to Reduce Health Inequalities: Protecting Children and Young People from Tobacco* will attempt to fill these important gaps.

### OBJECTIVE OF THE PROJECT

The primary objective of the project is to develop effective methods of engaging local communities and "peer groups" to bring about lifestyle changes that generate positive health outcomes and reduce health inequalities.

Focusing on tobacco control priorities, this project aims to develop the tools to reduce (1) high smoking prevalence rates amongst young people and (2) exposure of children and young people to second-hand smoke.

The project started on 1<sup>st</sup> July 2008 and is to last two years. It targets children and young people from socially excluded and disadvantaged communities that have poor health indicators. It is co-funded at 60% by the European Union in the framework of the Public Health Programme.

It involves an informal but established network of the main, 9 associated and 7 collaborative partners from 15 member states. The project builds on the activities of the "Working with Communities Network" - supported by SmokeFree Liverpool and the European Network for

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Smoking Prevention (ENSP). Partners will work together to deliver a series of integrated activities and objectives. Specifically, the project will, in five member states, pilot innovative and comparable tobacco control interventions that engage local communities and peer groups. The project will assess the effectiveness of these interventions and will culminate in the development and launch – at a European-wide conference - of (1) a cross-cultural community engagement "tool-kit" and (2) policy recommendations for European, national, regional and local policy-makers.

### WORK PLAN

The project comprises a series of integrated activities. It has five sequential phases:

#### Phase 1:

An initial working seminar will launch the project. Partners will work together to establish the comparable approach to be adopted within the pilot interventions. It will also refine the analytic framework for using indicators, creating baselines and analysing the interventions. It will also set out guidelines to establish local systems for the monitoring and reporting required by the project.

#### Phase 2:

Each pilot intervention will carry out a baseline study and, with its cluster partners, refine the intervention's approach. A generic report setting out the specific results and outcomes expected to be generated by the pilot interventions will follow.

#### Phase 3:

The implementation phase will last for 9 months. There will be six pilot interventions carried out. All will target disadvantaged communities and groups.

Partners from France, Latvia and the UK (Liverpool) will implement pilot projects focusing on peer-to-peer interventions to raise awareness about tobacco-related issues and reduce smoking prevalence amongst 11 to 16 year olds.

Partners from Italy, Romania and the UK (Manchester/Barnardos) will implement pilot interventions that focus on engaging communities in protecting children from exposure to second-hand smoke.

An interim progress seminar will be held to report on progress and to share initial experiences that could improve the final outcomes.

#### Phase 4:

Cluster partners (i.e those partners not responsible for delivering a pilot intervention) will carry out independent analyses of each pilot intervention to assess the effectiveness of the process of community engagement, identify outputs, assess impact and health outcomes and highlight good practice. Each cluster partner will be paired with a pilot partner. The analyses will be conducted in line with the analysis guidelines that will be developed during phase 1. They will include combining quantitative and qualitative evidence from updating baselines and assessing feed-back from pilot implementers, participants and beneficiaries.

#### Phase 5:

Drawing on the phase 4 analyses, the tool-kit and policy recommendations will be informed by the outcomes and findings flowing from the analyses of the pilot interventions. The common analysis framework developed in phase 1 and applied in phase 4 will aid comparison of the various pilots. Key criteria for comparison will include:

- methods and effectiveness of community and peer-group engagement;
- analysis of the strengths and weaknesses of processes adopted from qualitative feed-back from the pilot analyses;
- the impact of the interventions in terms of changes to key indicators.

The tool-kit will provide practical guidelines for engaging communities in tackling exposure to second-hand smoke and smoking prevalence amongst children and young people. It will be designed to be a cross-cultural tool to be used at national, regional and local levels. It will include a questionnaire for assessing existing practice and set out guidelines for developing and implementing tobacco control interventions that engage communities and adopt peer-to-peer methods.

The project report will identify key lessons and recommendations for policy makers at European, national, regional and local levels. It will aim to be an important complementary tool encouraging policy makers to develop strategies and actions to support the engagement of communities in tobacco control interventions. Policy recommendations will also consider the application of the tool-kit.

A project conference will share the results and lessons of the pilot interventions, launch the tool-kit and promote the policy recommendations.

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## PARTNERSHIP

Liverpool Primary Care Trust (LPCT, UK) looks after the overall coordination of the project. LPCT is supported by a programme management group composed of seven European associated partners:

- Liverpool Primary Care Trust (LPCT, UK),
- Manchester Primary Care Trust, Stop Smoking Service (MPCT, Manchester, UK),
- Alliance Contre le Tabac en Ile-de-France (ACTIF, France),
- European Network for Smoking Prevention (ENSP, Belgium),
- The Public Health Association of Latvia (PHAL, Latvia),
- Regione del Veneto (REGVEN, Italy),
- Romanian Network for Smoking Prevention (RNSP, Romania).

The PMG had met several times in 2007 and 2008 to prepare the project proposal. Six coordination meetings are planned for the implementation of the action.

Another five organizations are associated to the development of the project:

- Barnardo's North West, Believe in Children (BC, Manchester, UK)
- Health Promotion Foundation (HPF, Poland),
- Agencia de Salut Publica de Barcelona (ASPB, Spain)
- Czech Coalition Against Tobacco (CKPT, Czech Republic),
- Kaunas Drug Abuse Help Center for Youth (KJNPC, Lithuania).

Finally, seven European collaborating partners are also to be involved:

- Conselho Prevencao do Tabagismo (Portugal)<sup>1</sup>,
- Hellenic Anti-Smoking Society (Greece),
- Ministry of Health, Health Promotion Department (Malta),
- German Smoke-Free Alliance (Germany),
- Stivoro (The Netherlands),
- Tobacco Control Collaborating Center (UK),
- Government Office North West (UK).

<sup>1</sup> CPT has now closed.

## LATEST DEVELOPMENTS

### Inaugural Project Management Group meeting (Riga, 18-19/09/2008)



The first PMG meeting organized in the frame of the implementation of the project was held on 18<sup>th</sup> and 19<sup>th</sup> September 2008 in Riga (Latvia). The aims of the meeting were:

- to develop clarity around the project;
- to set dates of key events and milestones;
- to organize the Veneto project launching seminar.

Fourteen representatives of the associated partners as well as one representative of the EU Executive Agency for Health and Consumers (EAHC) brought an active contribution during a very intense meeting. The work packages leads presented their actions. The discussions which followed enabled the group to clearly understand the project developments, each other's roles, priorities and synergies.

### Extraordinary workshop: Pilot Project Group (Paris, 24-25/11/2008)

During the PMG meeting in Riga, the project participants had identified the need for an additional coordination workshop for pilot project leads. Fifteen partner representatives met in Paris on 24<sup>th</sup> and 25<sup>th</sup> November 2008 to:

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- define and refine pilots and clarify basis for comparable assessments,
- develop baseline approach,
- define analysis approach,
- discuss and prepare the Veneto seminar.

### **Project inaugural seminar (Veneto, 21-22/01/09)**



The official launch of the project took place in Venice on 21<sup>st</sup> and 22<sup>nd</sup> January 2009.

The participants were welcomed by the Veneto Region representatives: Dr Elizabeth Tamang (Director, Direzione per la Prevenzione), Luigi Bertinato (Director of The Comprehensive Unit for International Social and Health Affairs), Giovanna Frison (Director of the Regional Department of Prevention), and Andrea Finessi (Addiction Department, Local Health Unit n.19, Adria).

Dr Paula Grey (Director of Public Health, Liverpool PCT) then officially launched the project “*Working with Communities to Reduce Health Inequalities: Protecting Children and Young People from Tobacco*”. She briefly summarized the history of the project, and she underlined the importance of such a European partnership and collaboration.

The aims of meeting were to:

- provide complementary information
- refine the baseline studies for each pilot
- refine the qualitative analysis
- clarify arrangements for cluster partner collaboration

For this purpose, the seminar was scheduled in plenary sessions as well as three pairs of groups, each one lead by a project partner:

Refining Pilot		Baseline		Analysis	
Peer to Peer	community engagement	Peer to Peer	community engagement	Peer to Peer	community engagement
France	Italy	Latvia	Romania	Poland	Spain

### **2<sup>nd</sup> Project Management Group meeting (Venice, 22-23/01/09)**

The project inaugural seminar was followed by a PMG meeting, which aimed to draw the conclusions from the seminar and refine the next steps and the corresponding time schedule.

### **NEXT STEPS**

- February-December 2009: baselines and interventions
- June 2009: interim progress seminar and 3<sup>rd</sup> PMG meeting in Bucharest

### **CONTACT DETAILS**

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