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The Rhode Island Department of Health, the Rhode Island Division of the American Cancer Society, the Rhode Island Affiliate of the American Heart Association, and the Rhode Island Lung Association will all serve on the Executive Committee of the Rhode Island ASSIST project.

Lobbying

Rhode Island already has several well-established tobacco policies including promotion of tobacco education in schools and restrictions on smoking in public places, smoking in the workplace and selling to minors.

The department of health asserts that the ASSIST project "does more than create a positive climate for state action;" it will provide a science-based framework for "validating" their policy efforts as well.

One group in the statewide coalition is the policy and community environment coalition: "Members should be able to influence policy and decision-making with regard to legislation, tobacco products taxation, voluntary designation of smoke-free areas in schools and worksites, enforcement of laws against sale of tobacco to minors, etc. Targets: legislators, opinion leaders in business and industry, school administrators and unions, print and broadcast media, managers of facilities serving the public, and so forth."

(See attached membership list.)

Target Regions and Populations

The state as a whole is the targeted region because of its relatively small population. Targeted populations include children and young adults, minorities, women, blue collar workers, adults without a high school education and people living in poverty.

State Coalition

The functions of coalition members are categorized as follows: policy and community environment, media and public education, health care provider and patient, schools and youth, worksite and blue collar, minority community network and women's community network.

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Members include the State Department of Human Services, the Rhode Island AFL-CIO, the Rhode Island State Nurses Association, Blue Cross/Blue Shield of Rhode Island, the Urban League of Rhode Island, Brown University Program in Medicine, the State Department of Elementary and Secondary Education, United Way of Southeastern New England, the Rhode Island Black Ministerial Alliance, Healthy Mothers/Healthy Babies, etc.

Channels for Reaching Citizens:

- **Health Care System** -- including the Department of Elementary and Secondary Educations, the Department of Human Services, health care providers, health care professional organizations and unions, health education facilities such as the Brown University Program in Medicine, two NCI-funded cancer research facilities. Health agencies involved include the American Cancer Society, the Tri-Agency Coalition on Smoking or Health, the American Heart Association, and the Rhode Island Lung Association. Third-party payors such as Blue Cross/Blue Shield of Rhode Island will also be utilized.

- **Worksites** -- including the Rhode Island Chambers of Commerce Federation, the Office of Environmental Risk Assessment, and the Rhode Island Commission on Occupational Safety and Health.

- **Schools** -- including all levels of public and private schools and several education associations.

- **Community networks** -- including fraternal organizations, social and athletic clubs, social service organizations, religious groups, minority service and advocacy organizations, women's organizations and business and trade associations.

- **Community environment** -- including pressing for stronger enforcement of tobacco laws, encouraging teachers to make schools smoke-free, encouraging smoke-free worksite policies, expanding anti-tobacco media efforts, and encouraging the Rhode Island Public Transportation Authority to stop advertising in/on buses.

Many coalition members will be expected to make multiple contributions to Project Assist. The Miriam Hospital Health Promotion Center, for example, will provide expertise in developing intervention strategies, will serve as a "scientific validator" of Project Assist to media and policy-makers, and will administer worksite interventions targeting Miriam Hospital employees. For this reason, a number of coalition members will be represented on more than one action coalition.

B. Composition of Core Coalitions

Table 26 describes the criteria for membership in each action coalition and shows the provisional allocation of current coalition members among them.

TABLE 26: Provisional Allocation of Members of Action Coalitions and Criteria for Membership

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Policy and Community Environment Coalition.

Members should be able to influence policy and decision-making with regard to legislation, tobacco products taxation, voluntary designation of smoke-free areas in schools and worksites, enforcement of laws against sale of tobacco to minors, etc. Targets: legislators, opinion leaders in business and industry, school administrators and unions, print and broadcast media, managers of facilities serving the public, and so forth.

American Cancer Society, Rhode Island Division
American Heart Association, Rhode Island Affiliate
Hospital Association of Rhode Island
Pawtucket Heart Health Project
Rhode Island AFL-CIO
Rhode Island Cancer Prevention Research Consortium
Rhode Island League of Cities and Towns
Rhode Island Lung Association
Rhode Island Medical Society
Rhode Island State Nurses Association
Roger Williams Cancer Center
State Department of Elementary and Secondary Education
State Department of Health
State Department of Human Services

SECTION IX: TIME SCHEDULE

The purpose of this section is to outline performance tasks and dates for completion/delivery for Phase I of Rhode Island Project Assist. Table 29 presents this information in graphic form.

A. Project Organization

Includes formal hiring of personnel, final arrangements for space and equipment, etc.: (It is usual practice to bring on personnel as consultants pending approval of positions under state personnel procedures.) Month 1.

B. Site Analyses

1. Specification of objectives, methods and materials, based on NCI-mandated requirements and local resources: Month 2.

2. Orientation and Training, i.e., familiarization of staff, Executive Committee, Steering Committee and coalition members with purpose and methods. NCI-mandated training for staff and selected coalition members: Months 2 & 3.

3. Data Collection. Staff will collect additional statewide data, but emphasis will be on working with individual coalition members to generate intervention site-specific information: Months 4-6.

4. Assemble Report. Staff will prepare reports for each coalition and Project Manager will assemble into coherent statewide report. This will be reviewed by the Executive and Steering Committees, and revised: Months 7 & 8.

5. The draft Site Analysis Report will be submitted to NCI for review: Month 8.

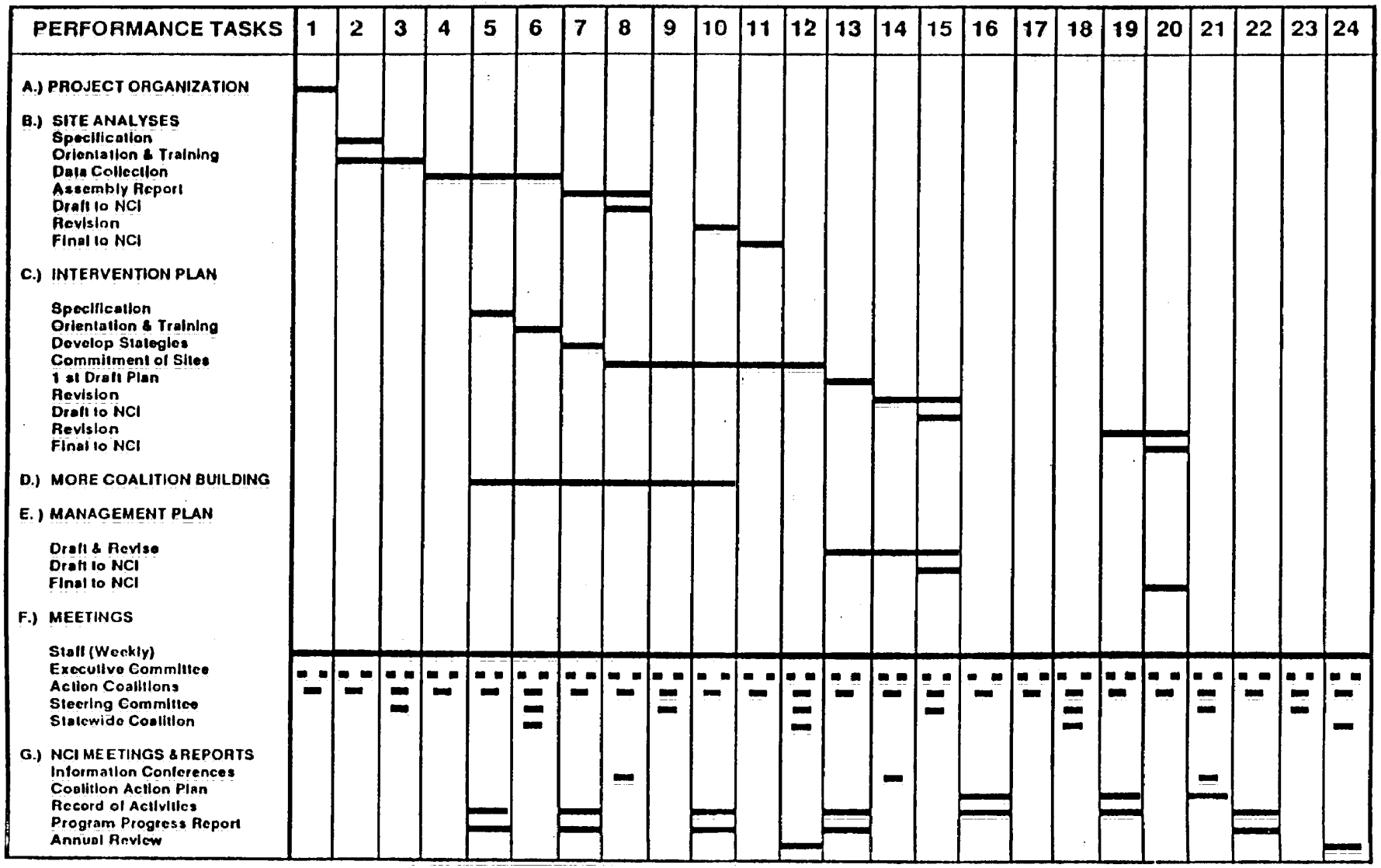
6. Based on NCI comments, the report will be revised and approved by the Executive Committee: Month 10.

7. The Final Site Analysis Report will be submitted to NCI in: Month 11.

TABLE 29

TIME FRAME FOR MANAGEMENT OF PHASE I

MONTHS FROM DATE OF AUTHORIZATION FOR PHASE I



C. Intervention Plan

1. Specification of intervention methods and materials mandated by NCI: Month 5. (It is understood that NCI may periodically modify these specifications over the life of the project.

2. Orientation and Training. Familiarize staff, leadership groups and coalition members with NCI objectives, methods and materials, and conduct or secure NCI-mandated training for staff and representatives of the coalitions: Month 6.

3. Develop Strategies. Each action coalition, with staff support, will develop strategies to be followed in developing interventions in its functional area, and securing participation of intervention sites: Month 7.

4. Commitment of Intervention Sites. During Months 8-12 staff assigned to each action coalition will work with individual coalition members, and other channel sites in the state, to secure: (agreement to be an intervention site, agreement on nature of intervention, and commitment of necessary expenditure and/or in-kind resources. Note that field staff will have completed their work on the site analyses by this date and are free to assume this new assignment.

5. Complete first draft plan. Field staff will draft individual action coalition plans. Project Manager will assemble into coherent statewide plan: Month 13.

6. Revision. Draft will be reviewed and be revised based on comments of Executive and Steering Committee members: Months 14 & 15.

7. Submit to NCI: Month 15.

8. Revision based on NCI comments, which may not be completed for several months: Months 19 & 20.

9. Final delivery of Intervention Plan to NCI: Month 20.

D. More Coalition Building

During the period when site analyses are being conducted and intervention strategies are being developed, it will become apparent that additional organizations need to be recruited to round out the coalitions. This will occur during Months 5-10.

E. Management Plan

1. When the outlines of the Intervention Plan have been determined, and based on management experience in Phase I, the Project Manager will draft a management plan for Phase II. This will be reviewed by the Executive and Steering Committees and revised: Months 13-15.

2. A draft management plan will be submitted to NCI in Month 15.

3. Based on comments from NCI, the Management Plan will be revised and a final version submitted to NCI: Month 20.

F. Meetings

Project coordination, consultation, communication and effective management depend on regular meetings of all key bodies. These include:

Weekly staff meetings throughout the project to review progress, identify and resolve problems, make new assignments.

Bi-weekly meetings of the Executive Committee with senior project staff to review policies, budget, staff performance, work of the action coalitions, and timeliness of task-performance. When appropriate, meetings will be devoted to reviewing and approving reports and plans for submission to NCI. The Executive Committee will receive a written progress report at every other meeting, and draft quarterly reports to NCI once every three months.

Action coalitions will meet at least once each month with staff to review progress and agree on next steps.

The Steering Committee of the Statewide Coalition, composed of action coalition chairs, the co-chairs of the Executive Committee, and selected resource persons, will meet at least once quarterly. They will receive and review copies of the quarterly reports submitted to NCI, and advise staff and the Executive Committee on current policy issues. Action coalition chairs will report back to their coalition members.

The Statewide Coalition will hold a plenary session once every six months.

G. NCI Meetings and Reports

1. Executive Committee Co-Chairs will attend scheduled NCI meetings in Months 8, 13 & 20, and staff and leadership personnel will attend such other meetings as they may be called, e.g., with regard to training.

2. The Coalition Action Plan for Year-3 will be submitted in Month 20, based on the approved Intervention and Management Plans.

3. & 4. Record of Activities and Progress Reports will be submitted to NCI quarterly. As noted elsewhere, field staff will make monthly reports of activities for entry in the project's management information system, and these data, plus general project administration data and information on meeting of leadership groups will be the source for Record of Activities Reports.

5. The Annual Review Report will be submitted to NCI in Months 12 and 24.