

Youth Participation in a Community Campaign to Pass a Clean Indoor Air Ordinance

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Because of the harmful effects of secondhand smoke, communities are organizing to pass clean indoor air policies. With youth being considered one of the most vulnerable populations to this health hazard, it can be strategic to campaigns and beneficial to the youth's development to involve them in efforts to control this toxin. However, youth participation in health campaigns is limited because of barriers inherent in these initiatives. This article presents lessons learned from a qualitative case study on the youth involvement in a successful local clean indoor air campaign. Through the analysis of semistructured interviews with the adult members of the campaign, group interviews and questionnaire completion by the youth members of the campaign, and additional insight made possible by participant observation, recommendations are provided to engage and sustain youth involvement in local public health initiatives.

Keywords: *youth participation; tobacco control; clean indoor air ordinance; community campaign*

In 2006, a successful grassroots campaign for a clean indoor air ordinance occurred in a Chicago suburban community. This ethnically diverse (31% non-White) area has a population of 52,524 and a median age of 36 years, with 24.2% of the population under the age of 18. In 1999, the median household income for this community was \$59,183 (U.S. Census Bureau, 2000). This particular community is known for its community activism, especially around social justice issues.

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The leading causes of death for community residents in 2003 were malignant neoplasm (cancer) and heart disease. In 2005, 11.5% of adult residents indicated they were current cigarette smokers—a decrease from the 16.4% of adult residents who were current smokers in 2000 (Village Health Department, 2006). This is in comparison to the 19.9% of Illinois residents who indicated they were current cigarette smokers in 2005 (Centers for Disease Control and Prevention, 2005). This indicates that this particular community may be more prone to practicing healthy lifestyle habits than other communities in the state.

The campaign to pass a clean indoor air ordinance (“the campaign”) in this local community began in the spring of 2003 and disbanded in June 2006, on the successful, unanimous passage of an ordinance by the seven-person village Board of Trustees. This grassroots initiative began when a group of adult residents, many of whom had a clinical or public health professional background, decided to organize a “campaign” to pass a strong, comprehensive clean indoor air ordinance for places of employment in the village. Of the approximately 1,600 places of employment in the locality, the majority are small businesses (1 to 19 employees; Community Development Corporation, 2006). Restaurant owners were the main stakeholders who initially voiced

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strong opposition to the ordinance because of economic concerns. This opposition resulted in a 5-2 defeat of an ordinance in the winter of 2005. However, after reenergizing the campaign during 2005, a change in the composition of the law-making Board of Trustees, and multiple discussions between the campaign and the restaurant owners, an ordinance became politically feasible. The passage of this ordinance in June 2006 required a majority vote by the seven-person Board of Trustees of the village government. The ordinance passed unanimously. The resulting ordinance prohibited smoking in any “place of employment,” except for persons seated at outdoor restaurant tables smoking within 15 feet of a public and/or employee entrance to a public place and/or a place of employment. The ordinance went into effect on July 1, 2006. The violation of the ordinance results in fines of \$50 to \$500.

The passage of this ordinance was facilitated by extensive grassroots organizing that resulted in the formation of a community-wide campaign. Some of the major activities of the campaign included scientifically polling the residents to determine their support for an ordinance, distributing materials (i.e. yard signs, flyers) to area residents, establishing a campaign Web site, and remaining vocal on the issue for several years at various village meetings. A deliberate effort to involve youth in the campaign to pass the clean indoor air ordinance was made in the summer of 2004, approximately 1 year after the beginning of the campaign. Youth were paid modest wages to participate in the campaign. The following case study will exemplify how the youth participation in the campaign was essential to the passage of the ordinance and beneficial to the youth and the campaign itself.

► BACKGROUND AND THE SIGNIFICANCE OF THE RESEARCH

Tobacco use remains the leading preventable cause of death in the United States (Mokdad, Marks, Stroup,

& Gerberding, 2004). Exposure to environmental tobacco smoke (ETS, or secondhand smoke, as it will be referred to in this article) has become an increasing concern as research proliferates on its negative health effects. It has been estimated that each year 3,000 lung cancer deaths in nonsmoking adults, approximately 46,000 coronary heart disease deaths, and 430 sudden infant death syndrome deaths in the United States can be attributed to secondhand smoke exposure (United States Department of Health and Human Services, 2006).

In addition to the exposure to secondhand smoke, adolescent use of tobacco products remains a concern (Carver, Reinert, Range, & Campbell, 2003). Every day, approximately 3,000 adolescents in the United States begin smoking, and of these, 1,000 will continue to smoke daily and two thirds will eventually die from a smoking-related illness (Van Den Bree, Whitmer, & Pickworth, 2004). According to the 2005 Youth Risk Behavior Surveillance System, 54.3% of students surveyed nationwide had ever tried cigarettes and 23% of students nationwide had smoked cigarettes on 1 or more of the 30 days prior to the survey (Eaton et al., 2006). The majority of cigarette smokers begin smoking before the age of 18 (Alexander, Piazza, Mekos, & Valente, 2001). The visibility of cigarette smoking in public places with its potential ability for normalizing smoking behavior for adolescents is gaining attention because of adolescents’ vulnerability to social influences (Van Den Bree et al., 2004).

In public health science, there has been an emergent appreciation to involve people directly affected by an issue to create a sense of efficacy, raise awareness, and promote a positive peer culture (Trickett, 1991). In terms of tobacco control, in the United States, communities are organizing coalitions (Mercer et al., 2003) to offer policy initiatives for health, including passing tobacco control ordinances, sometimes known as “clean indoor air ordinances.” The basic premise of these ordinances is to reduce individuals’ exposure to secondhand smoke because of its recognized role in causing disease in healthy nonsmokers, reflect the current attitudes of the public regarding secondhand smoke, and also to positively affect the health of employees as well as facilitate a healthy workplace (Brownson, Eriksen, Davis, & Warner, 1997).

Clean indoor air ordinances have been spreading across the globe for the past 25 years, with local levels of government being the easiest level at which to pass this particular type of law (Eriksen & Cerak, 2008). Exemplifying this are the 2,600 local clean indoor air laws currently in existence in the United States (Eriksen & Cerak, 2008). The passage and implementation of clean indoor air ordinances have proven to be effective

as they have been associated with a positive or neutral economic impact in the locality, a reduction of serum cotinine levels in nonsmokers in the population (especially in hospitality workers), and less consumption of cigarettes among smokers in the population (Eriksen & Cerak, 2008).

Given that such ordinances also affect youth, community activists and public health professionals are including representatives of this age group in tobacco control community health coalitions. Youth can be effective and persuasive advocates for health-related policies, and inclusion of this population is regarded as strategic in youth tobacco prevention and control programs (California Department of Health Services, n.d.; Carver et al., 2003). Youth participation and youth civic engagement are increasingly seen as integral to positive youth development (Pittman, Irby, Tolman, Yohalem, & Ferber, 2003). Youth participation in local health-related activities, such as tobacco control, can lead to healthier youth and healthier communities (CDHS, n.d.) Through their involvement in tobacco control activities, youth may acquire competencies in the areas of health; social, intellectual, and vocational functioning; citizenship; and enhanced emotional well-being (CDHS, n.d.; Unger et al., 1999).

There are documented instances of youth contributing to the passage of local clean indoor air policies and tobacco control activities. One campaign included a youth rally (Reynolds, Hobart, Ayala, & Eischen, 2005). In the summer of 2000, a youth leadership conference on tobacco prevention was held in Mississippi (Carver et al., 2003). Holden, Messeri, Evans, Crankshaw, and Ben-Davies (2004) describe the American Legacy Foundation's Statewide Youth Movement Against Tobacco Use (SYMATU) that involved youth participation in 17 states (Holden et al., 2004). Unger et al. (1999) found youth policy awareness and support to be significantly associated with psychosocial tobacco-related variables such as the following: perceived consequences of smoking, friends' smoking, perceived access to cigarettes, prevalence estimates of smoking among peers, cigarette offers, and cigarette refusal self-efficacy.

Despite the aforementioned research and demonstration of the benefits of youth participation in tobacco control initiatives, more research on youth participation in these activities is needed. Specifically, the contributions youth make to local tobacco control initiatives and how they are affected by their participation needs further investigation. Partnerships between the youth and adult community members need to be explored in more depth for youth involvement in local tobacco control initiatives to be increased and sustained. In addition, the individual characteristics of youth who

participate in tobacco control advocacy activities need more explication (Carver et al., 2003).

The purpose of this exploratory, qualitative case study was to address the following research questions: (a) What motivated youth to participate in a local public health campaign to rid public places of secondhand smoke? (b) How did youth become involved in this campaign, and how was their involvement maintained? (c) What contributions did youth make to a community-driven tobacco control initiative? and (d) What did youth gain from their involvement?

► METHOD

The first author was an active participant in the local campaign for a clean indoor air ordinance beginning in the fall of 2004. The following study was initiated 6 months later in 2005 and concluded with final field observations in 2006 when the clean indoor air ordinance passed.

Design

A case study approach was used to garner a better understanding of the dynamics present within a single setting (Huberman & Miles, 2002), a community public health campaign. The case study strategy therefore allowed for a rich description of the youth participation in this particular campaign, from the perspectives of both youth and adult campaign members (Kidder, 1982; as cited in Huberman & Miles, 2002).

The impetus for this study was a desire to further explore the concept of youth empowerment in tobacco control activities, as has been articulated by researchers, for example in Holden et al.'s (2004) Conceptual Framework for Youth Empowerment in Tobacco Control. The authors posit that the concept of youth empowerment is central and is described as "the creation of opportunities for active group participation that are consistent with positive youth development" (p. 551). Adult involvement is also seen as having an influence on the group structure and climate of the group. The present case study assists to further explore their conceptual framework and its constructs by describing an example of youth participation in a successful tobacco control campaign, from both the adult and youth perspectives.

In addition, aspects of a participatory action research (PAR) framework (Kemmis & McTaggart, 2005) were applied to this inquiry, when possible. Campaign members were consulted on and approved the study design. The results of the study were presented to the youth and adult members of the campaign at a campaign

meeting. This presentation allowed the campaign members to discuss the youth participation in the campaign at a critical time in the regrouping of the campaign and prior to the second attempt to pass the ordinance.

Recruitment of Participants

The University of Illinois at Chicago institutional review board approved the study prior to recruitment and data collection. Adult and youth study participants were recruited between July and September 2005. All participants were to have been active members of the campaign for at least 2 months prior to their recruitment for participation in the study. Written consent was obtained from all participants, and their parent or guardian if they were under the age of 18.

Recruitment of youth research participants. The first author attended the regular weekly campaign meetings of the youth to discuss the study with them, and an e-mail message was also sent to eligible youth. Participants received \$20 for participation in the group interview and questionnaire completion, and food was provided during the group interview.

The youth who participated in this study ranged in age from 17 to 20 years of age. A total of 26 youth participated in the campaign over the course of 2 years, but not all of these youth participated at one point in time. At the time of the study, only 10 youth were active in the campaign. Of those 10 youth, 5 participated in the study. Of the 5 who did not participate, 2 declined, 1 consented to participate but did not attend the scheduled group interview, and 2 could not participate because of scheduling conflicts.

Recruitment of adult research participants. An adult was classified as any participant who was actively participating in the campaign steering committee meetings, not attending the campaign meetings specifically designed for the youth, over the age of 21, and aware of the youth involvement in the campaign. Thirteen adult campaign members were identified by campaign leaders as meeting the eligibility criteria for inclusion in the study. These thirteen individuals were contacted for participation in this study. Adults were recruited via word-of-mouth during regular campaign meetings and via e-mail. Ten of the 13 eligible adult members participated in the study. The 3 individuals who were eligible for the study, but who did not participate, either did not respond to recruitment attempts or did not feel they knew enough about the youth involvement to participate. The adult participants received no compensation for their participation in the study.

► DATA COLLECTION AND ANALYSIS

Data Collection

With the exception of the field notes collected during the course of the campaign, formal data collection took place during 3 months in the summer of 2005. Each of the five youth who participated in this study attended one of two group interviews. One group discussion contained three youth, and the other discussion contained two youth. Each group discussion lasted approximately 1 hr. The researchers debriefed immediately after each interview. The youth completed a brief questionnaire before the group discussion. The constructs of interest included in the questionnaire were the following: demographic information, extracurricular activity participation, and knowledge, behaviors, and attitudes related to cigarette smoking.

The group discussion format was chosen for the data collection with youth because they were accustomed to coming together as a group to work on the campaign. The group discussion proved to be an appropriate data collection decision given the participants' cognitive developmental level and their familiarity with a group discussion format as used throughout the campaign. This format also allowed youth to expand on each other's remarks during the discussion (Morgan & Krueger, 1997).

The 10 adult members of the campaign who participated in the study took part in an individual, semistructured interview. Semistructured individual interviews were the preferred method for data collection among the adults because of their availability and differing schedules. Nine of the interviews were conducted over the telephone, and one was conducted in person. The length of the interviews varied depending on the individual's willingness to expand on his or her responses. The interviews ranged in length from 30 to 90 min. The interview guides for the group discussion with the youth and the semistructured interview with the adults were developed specifically for this study and not pretested. They are available on request.

The constructs of interest as measured by the interview guide for adults were similar for youth, but from an adult campaign member's perspective; that is, perceptions of youth recruitment for participation in the campaign, perceptions of the youth involvement in the campaign, and recommendations for engaging and sustaining youth in future health-related advocacy efforts.

The group discussions and interviews were not audiotaped. This decision was made because the adult interviews were primarily conducted by phone, and there was a need to ensure confidentiality for the youth

because of the first author's affiliation with the campaign in which the youth were employed. However, detailed notes were taken, and paraphrased statements and captured quotations are included in Table 1 below to exemplify key themes. Finally, the goal was not to enumerate the repetition of statements because statistical analysis is not possible; rather the goal was to capture the range of perceptions of the youth participation in the campaign. By displaying excerpts of the data in Table 1, it is possible to see how common themes emerged from the youth and adult study participants.

Data Analysis

Statistical analysis was not possible with the questionnaire distributed to the youth participants because of the small sample size. The information from the completed questionnaires helped to characterize the sample of youth. The demographic information drawn from the questionnaires is presented in the Results section.

For analysis of the interviews, extensive notes from the interviews were reviewed by both researchers. They were first inspected for frequency of content relative to specific categories of inquiry from the interview guides. Thick descriptions of opinions or experience relative to campaign participation were elicited and common themes across all participants and between youth and adult participants were derived. Data matrices in tabular format were constructed that displayed key findings. Specifically, data from the two group meetings with the youth and interviews with the adults were ordered and displayed in a text table by respondent and interview or discussion item. Unique perspectives and contrasts between youth and adults were identified in the data matrices. New categories of information or appearance of concepts not originally conceived of were noted and discussed by both researchers. Finally, text representing specific interview material were organized to address the overall research questions. A modified and simplified example of this can be seen in Table 1. Adult and youth representatives of the campaign reviewed the initial findings from the study, in a process called member checking (Creswell & Miller, 2000).

To complement the data collected through the use of group interviews, semistructured interviews, and questionnaires, we additionally reviewed the first author's field notes, campaign materials, and campaign e-mail correspondence for themes related to the youth participation in the campaign. Observations, reflections, and synthesis of this material assisted in the deeper understanding and development of the themes presented in Table 1.

► **RESULTS**

Of the five youth participants, one was female and two of the five identified themselves as White, whereas three of the five considered themselves to be of multiple races. Only one of the five reported smoking cigarettes in the 30 days prior to completing the questionnaire (including one nonresponse). Three of the five youth reported participating in other extracurricular activities at school, suggesting that perhaps these youth may have been more likely to participate in a community-wide health campaign. With the youth participation focus of the study, similar background information was not collected from the adults in this study.

Table 1 represents a synthesis and display of the data collected from the youth and adult study participants, as well as the data-derived themes as applied to each research question.

Discussion

Motivation for youth participation. Youth initially became involved in the campaign and were motivated to participate for several reasons. These reasons included the employment and financial incentive, salience of the issue, experience of seeing a family member suffer from a smoking-related illness, the community service opportunity to demonstrate altruistic behavior, and, preexisting personal relationship with a campaign member. The motivators of youth to participate in this campaign are similar to the predisposing characteristics outlined by Holden et al. (2004) in their Conceptual Framework for Youth Empowerment in Tobacco Control.

Our study raised issues of the sequencing of different levels of change and motivations (e.g., youth and family) in campaigns where youth are involved. In our study youth participation facilitated familial behavior change. For example, in at least one instance, a parent chose to quit smoking to show support for her son, who was participating in the campaign. This finding is in contrast to the study by Lee, Trapido, Weatherby, and Rodriguez (2001), who concluded that youth who are first exposed to tobacco control programs and family discussion on tobacco use are more likely to be motivated to regularly participate or be willing to participate in antitobacco activities.

Initial recruitment for and sustained involvement of youth in the campaign. Youth were initially recruited for participation in the campaign by their peers or adult figures in their lives. Sustaining youth involvement in the campaign was challenging at times, as

TABLE 1
Examples of Thematic Content by Adult and Youth Participants

<i>Examples of Supporting Statements</i>		<i>Youth</i>	<i>Adults</i>
<i>Research Question</i>	<i>Data-Derived Theme</i>		
What motivated youth to participate in the campaign?	<ol style="list-style-type: none"> 1. Employment and financial incentive 2. Salience of issue 3. Family member suffered from smoking-related illness 4. Community service opportunity and concept of altruism 5. Personal relationship with existing campaign members 	<ol style="list-style-type: none"> 1. Good for resume; not an ordinary job where you're stuck in one place; some kids needed a job 2. Want to get involved around the issue; smoking is unattractive; smoke-free topic is intriguing 3. "My father is a nonstop smoker"; Grandfather had cancer and died—Mom talked about it 4. This was a community service opportunity; able to listen to others' opinions; something good to do for the area 5. Encouraged by friends or parent to get involved 	<ol style="list-style-type: none"> 1. Way to make money; resume-building opportunity and good for college applications 2. They may have had a sense of need to help with this issue; they maintained a connection with the issue; they liked the concept, it resonated with them 3. Some youth had people in their lives affected by cigarette smoke 4. They are civic-minded; they were altruistic and concerned about society 5. Their peers motivated them to participate; involved parents brought their children to campaign meetings
How did youth become involved in this campaign, and how was their involvement maintained?	<ol style="list-style-type: none"> 1. Peers and adult figures in their lives 2. Issues with sustainability of involvement 	<ol style="list-style-type: none"> 1. Named specific friends or family members (e.g., Dad) who recruited them 2. "Life is constantly changing, a lot of people are going off to college, so not a priority"; need to target younger adolescents because they need to learn about the issue 	<ol style="list-style-type: none"> 1. Their peers recruited them; some adults brought their children 2. Older high school-aged youth were initially recruited for campaign; this age group has many commitments; future efforts should target those of younger ages
What was the youth's involvement in the campaign?	<ol style="list-style-type: none"> 1. Built support in community 2. Public advocacy 	<ol style="list-style-type: none"> 1. Distributed flyers, canvassed community and polled residents, talked to leaders in the community (teachers, Board of Health and Village Board members), posted signs, educated residents on the health effects of secondhand smoke 	<ol style="list-style-type: none"> 1. Youth got residents to sign petitions; canvassed door-to-door; worked on direct mail pieces; youth "distributed yard signs for 5 days straight in February in the cold" 2. Spoke at Village Board and school district meetings; "They have been the foot soldiers in the smoke-free army"; presented

(continued)

TABLE 1 (continued)

<i>Examples of Supporting Statements</i>		
<i>Research Question</i>	<i>Data-Derived Theme</i>	<i>Adults</i>
<p>What were the contributions of the youth to the campaign?</p>	<p>1. Youth helped to recruit other youth and parents</p> <p>2. Youth gave credibility to the campaign</p>	<p>at Village Board and school district meetings; collected signatures on petitions; distributed literature</p> <p>1. Youth help to get more parents involved; they influence their peers by participating</p> <p>2. Village board members see more value in kids' participation; youth may be more respected than adults; "These are the Village Trustees of tomorrow"</p>
<p>What did youth gain from being involved in the campaign?</p>	<p>1. Learned challenges of change strategies</p> <p>2. Acquired social and communication skills</p> <p>3. Enhanced sociopolitical development</p> <p>4. Provided gainful employment</p> <p>5. Increased interaction and bonding with parents and extrafamilial family members</p>	<p>1. It is good to see how an ordinance is passed and that things are changeable; it makes the issue no longer a "book issue" for them</p> <p>2. People skills; they gain experience in developing an argument or platform on something; experience communicating with the community</p> <p>3. They get exposed to "politics at its purest"; they gain experience speaking with public officials</p> <p>4. Benefit of earning money in this way rather than some other way</p> <p>5. One youth participated as part of his Bar Mitzvah project under the mentorship of an adult campaign member, who was a family friend</p>

evidenced by the number of youth who were eligible for this study at the time of recruitment. The most consistently active youth, who were also the ones who participated in this study, sensed a lack of long-term commitment to the campaign from some of their peers. Adult members of the campaign recognized the need to engage younger age groups in future campaigns because of competing commitments of the youth members of the campaign (e.g., preparing and leaving for college, other extracurricular activities, and part-time jobs). It should be noted that the data collection for this study occurred during a critical time after the initial attempt to pass the ordinance failed and during a regrouping of the membership of the campaign prior to its eventual success. Youth felt that adults are key to helping remind them of their commitment and significance to the campaign.

Involvement and activities of youth in the campaign. The youth played an exceptionally active role in this campaign. The youth traveled in pairs around the community polling residents and discussing the proposed ordinance. Youth also helped draw the community's attention to the campaign by posting yard signs; distributing campaign information at the local train stations, farmers market, and highly populated downtown areas; and making and wearing T-shirts. Youth voiced support for the campaign by testifying in support of the ordinance before the village Board of Trustees, writing letters to the editor of the local newspaper, and meeting with local officials to discuss the importance of the ordinance (e.g., individual Board of Trustee members, school district administrators).

This study demonstrates various ways in which youth may be vocal in policy-change-related campaigns. Allowing youth the opportunity to use their voice in various settings in the context of a tobacco control campaign can be a preferred and age-appropriate activity for youth. The description of a youth rally in another tobacco control campaign appears to echo this sentiment (Reynolds et al., 2005).

Contributions of youth to the campaign. This study is unique in that the youth involvement in the campaign can be linked to a clear positive outcome for the community, the passage of the clean indoor air ordinance. In other research evaluations of youth empowerment in tobacco control activities, the research design limited the researchers' ability to measure the effects of youth participation on community-level change, although this change seemed theoretically possible (Holden et al., 2004). The youth made significant contributions that led to the success of this campaign, including recruiting

their peers to participate, and garnering support from other community residents for the ordinance.

The participation of the youth was seen as being complementary to the adult participation, but several adult members of the campaign felt that the youth gave a credibility to the campaign that the adults would not have attained by themselves. This was echoed by a village Board of Trustee member who publicly complimented and thanked the youth for their involvement in the campaign (field notes, Village Board meeting, 2005). As one adult member of the campaign stated during their interview, "We may not know the value of their participation for another 20 years."

What youth gained from their participation in the campaign. Although some research claims greater benefits for older groups who volunteer to participate in activities such as this campaign, there are benefits for youth as well (CDHS, n.d.; Carver et al., 2003; Unger et al., 1999). For example, youth campaign members learned the challenges of change strategies, such as the perseverance it requires to educate others on the harmfulness of secondhand smoke. Through their participation, the youth acquired and developed various social and communication skills. They learned how to address local government leaders in a public venue, speak articulately about health issues to strangers, and work with their peers and adults on a common issue. Youth also received practical civics education that could not be learned in the classroom, such as an increased understanding of the local political process, as well as ways to navigate this process. This is a clear example of increased sociopolitical development among the youth (see the chapter by Watts and Guessous in Ginwright, Noguera, & Cammarota, 2006).

Participating in the campaign also allowed the youth to obtain gainful employment with responsibilities, and expectations from the adult members of the campaign and their peers to meet those responsibilities. Youth participants commented that this job opportunity was more beneficial to them than some of the typical job opportunities available to individuals their age. For some, the campaign was an opportunity for parents and children to participate together.

Recommendations for youth participation. The adult and the youth participants offered different recommendations for engaging and sustaining youth participation in health-related community campaigns. The adult participants stated that they should have instituted a more systematic and deliberate youth participation process into the campaign. This could have been accomplished by formulating a youth participation plan

at the beginning of the campaign and by engaging younger age groups. They also believed they should have taken more advantage of the local ecology, such as engaging the natural youth groups in the community (e.g., youth-serving organizations). The adult participants felt that the youth could have played more roles related to strategy and planning, and that it is essential that indigenous youth leadership be fostered in the campaign. These recommendations offer credence to the premise held by Holden et al. (2004) that adults have influence over group structure and climate in tobacco control activities in which youth are involved.

To engage and sustain youth participation in campaigns such as this one, youth stated that the issue must be salient to the youth. Youth also recommended appealing to the emotion of the issue to engage youth, such as emphasizing the harm that secondhand smoke exposure can cause. They recounted images from advertisements produced by the truth@campaign, “the largest national youth-focused anti-tobacco education campaign ever” (Protect the Truth, n.d.), and felt these ads were effective. Finally, youth believed that adult campaign members must help the youth members stay committed to participating.

► LIMITATIONS

The first author served a dual role in this study (campaign member and participant-observer). Consequently, it is possible that during the interviews, some participants may have responded differently had they not known the interviewer. This is especially true for the youth. If a youth participant did not trust that his or her responses would be kept confidential, then this could have affected their willingness to respond truthfully to questions posed during the group interview or in the questionnaire. This concern may have affected youth participation in this research study. However, the first author’s long-term active membership in the campaign is also seen as a strength because lessons learned from this study were able to be used to design future community health initiatives with youth. As a community member, the first author was aware of the nuances of campaign characteristics and occurrences that would likely not have been apparent to an “outside” researcher (Minkler, 2004). Also, the participants in this study may have felt more comfortable being interviewed by someone they knew.

Another limitation of this study was that data collection occurred at one point in time and may not have captured the range of issues or feelings that youth experienced over the course of the entire campaign. Because of the limited observational period, there was an inability

to capture the long-term health and developmental outcomes for the youth participants. In addition, a formative evaluation strategy was not in place at the time of campaign initiation. Verbatim quotes were not possible as the interviews were not audiotaped to ensure confidentiality of the participants. Data analysis was conducted by hand, yet allowed for the researchers to fully immerse themselves in the data. Furthermore, the small number of research participants likely made the saturation or identification of all possible issues unachievable. However, we believe that some of the inherent limitations in conducting “unplanned” formative, participatory evaluation with its resource constraints (Kelley, Baldyga, Barajas, & Rodriguez-Sanchez, 2005) were reasonably addressed by this study. The multiple sources of data that established consistent themes related to the research questions enhances the validity of the study; as does the length of time the first author spent in the field (Creswell & Miller, 2000). The notion of congruence of the data implications with the community meaning attributed to the data is also relevant for validity. This is perhaps best expressed by Creswell and Miller (2000): “We make the assumption that validity refers not [only] to the data, but from the inferences drawn from them” (p. 125). Given the consistency between the themes found in this study and the Conceptual Framework for Youth Empowerment in Tobacco Control (Holden et al., 2004), it is anticipated that the results and conclusions drawn from this study can potentially inform similar localities forming tobacco control coalitions.

► CONCLUSIONS

This case study of a successful campaign that worked to pass a clean indoor air ordinance is an example of how youth and adults may work together on local policy initiatives. Youth were integral to the passing of the clean indoor air ordinance in this community as they were seen as an asset to the perseverance of the campaign and its mission by the adult campaign members and the Board of Trustees. The following are recommendations for how to improve and optimize youth involvement in similar campaigns that have been agreed on by adult and youth members of the campaign and reflected on by the researchers. Details are provided in Table 2.

1. A clearly delineated campaign process for recruitment of youth must be in place and should be developed before the beginning of the campaign. The financial incentive was important to initially spark the interest of the youth. Means to recruit youth who

TABLE 2
Summary of Recommendations for Optimizing Youth Involvement in Tobacco Control Campaigns

Recruitment of youth	<ul style="list-style-type: none"> • Clearly delineated campaign process for recruitment should be developed before the beginning of the campaign • Financial incentive may help to spark interest of youth • Encourage extrafamilial recruitment • Means to recruit youth of all ages from community who are not part of organized youth program are needed
Youth involvement	<ul style="list-style-type: none"> • Formalize mechanisms for youth involvement • Ongoing dialogue with youth about campaign and salience of health issues is needed • Clear means of communication between adult and youth campaign members are needed; liaison may be necessary • Youth need the opportunity to participate in decisions about campaign strategies and tasks • Youth and adult members of the campaign should occasionally have joint meetings • If youth are organized by an adult, the youth organizer should have training in positive youth development and experience working with youth
Future research recommendations	<ul style="list-style-type: none"> • Capture the short- and long-term developmental outcomes for youth • Investigate the effects of youth participation on their families and peers • Describe the effects of youth participation on the campaign itself and the community at large • Involve youth in the evaluations of local health initiatives

were not part of organized school or community networks need to be in place to broaden opportunities for community youth of all ages to participate.

2. Formalize mechanisms for youth involvement to maximize youth contributions and ensure youth benefits. Despite the employment incentive, youth stated they had to have an interest and passion in accomplishing the mission of the campaign, or at least develop the interest during the course of the campaign in order to sustain their participation. Ongoing dialogue with youth about the nature of the campaign and community change and the salience of the health issues is needed to sustain youth interest. Clear means of communication and coordination between adult campaign member roles and responsibilities and those of the youth are needed, with opportunities for youth to participate in decisions about campaign strategies and tasks. Youth and adult members should have opportunities to occasionally meet jointly. It is equally important for youth to have their own space to organize and work on the issue at hand, with the guidance of an individual trained in youth development and organizing.
3. Finally, it is recommended that future research on youth participation in community campaigns for health should plan to capture the short- and long-term developmental outcomes for youth, along with youth participation influences on families and peers, the campaign itself, and the community at large.

Furthermore, youth themselves can serve as valuable contributors to the evaluation of local health initiatives (Checkoway & Richards-Schuster, 2003).

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