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Training Leaders From Priority Populations to Implement Social Norm Changes in Tobacco Control: Lessons From the LAAMPP Institute

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Abstract

The development of leadership in tobacco control has been crucial in the fight against the number one most preventable cause of death and disease worldwide. Yet today, little scientific evidence exists regarding its actual impact, particularly among priority populations. This article describes the impact of the Leadership and Advocacy Institute to Advance Minnesota's Parity for Priority Populations (LAAMPP Institute), a major tobacco control leadership program for five priority populations: African/African Americans, American Indians, Asian Americans, Chicano/Latinos, and lesbian, gay, bisexual, transgender communities in Minnesota. The LAAMPP Institute, a year-long institute with 17 days of training, focused on the core competencies of advocacy, collaboration, cultural or community competency, facilitation, and tobacco control. A logic model helped to guide and frame the institute's efforts. The LAAMPP Institute has been effective in increasing fellows' capacity to do advocacy, which in turn has led to increased involvement in implementing social norm—change activities. Leadership development can provide a solid foundation for training leaders and a catalyst for mobilizing key advocates and priority population communities toward the implementation and sustainment of social norm or policy changes.

Keywords

leadership; tobacco control; social norm change; health equity; priority populations

Background

Policy or social norm change has been shown to be an effective tool in decreasing prevalence of tobacco use (Zhang, Cowling, & Tang, 2010). However, culturally or community competent ways to engage priority populations^a using social norm—change methods in mainstream tobacco control policy initiatives have been limited with the exception of a few tobacco control policy initiatives (e.g., Praxis Project's PATH Initiative).

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^aThe term *priority populations* is used here to describe Africans and African Americans, American Indians and Alaskan Natives, Asian Americans, Native Hawaiians and Pacific Islanders, Hispanic/Latinos, and lesbian, gay, bisexual, and transgender communities.

Since the 1990s, some leadership development programs have incorporated a theory of change approach using broader comprehensive community initiatives beyond the individual-level impact, but only recently have elements of health equity been integrated (Hannum, Martineau, & Reinelt, 2007; Leadership Learning Community, Meehan, Reinhelt, & Perry, 2009). Few studies have been documented in the literature showing the effectiveness of formalized, cross-cultural leadership programs for multiple priority populations on tobacco control. An initial scan of health leadership institutes, commissioned by ClearWay Minnesota, revealed multiple mainstream health leadership programs but few that focused primarily on priority populations (ACET, Inc., 2009).

Leadership development has been defined as “the ability to move others, communities and systems toward positive social change” (Lew, 2009) and has been a mechanism for moving priority populations toward social norm change (Task Force on Advancing Parity, 2002). This article describes a cross-cultural leadership training program and its effect in training community advocates and emerging leaders to become involved in implementing and sustaining social norm change on tobacco in Minnesota.

Overview of Laampp Institute

The Leadership and Advocacy Institute to Advance Minnesota’s Parity for Priority Populations (LAAMPP Institute) was designed to build the tobacco control capacity of five priority population groups in Minnesota: African/African Americans, American Indians, Asian Americans, Chicano/Latinos, and lesbian, gay, bisexual, transgender (LGBT) in a community competent manner. The LAAMPP Institute was adapted from the APPEAL Leadership Model (Lew, 2009), which has trained more than 600 fellows from priority populations. Funded by ClearWay Minnesota, the LAAMPP Institute was a year-long, innovative, cross-cultural leadership program from May 2006 to June 2007 with 32 fellows completing the program.

Based on an integrative model using the comprehensive community initiative approach, social ecological and empowerment models of change, the LAAMPP Institute was designed as an interactive, experiential-based learning model and focused on the core competencies of tobacco control, facilitation, advocacy, collaboration, and cultural or community competency. Components of the LAAMPP Institute included a strategic planning process, a tobacco disparities conference, two intensive four-day leadership summits, four bimonthly theme-based trainings on policy advocacy, fund development, media and tailored topics, and a series of institute activities and meetings. In addition, each priority population group was funded to implement a culturally-tailored tobacco control project in their community.

Critical elements of the LAAMPP Institute included a flexible and collaborative planning team, a skilled and community-competent training team, and a strong principle-based model. Central to the APPEAL Leadership Model and LAAMPP Institute is a philosophy that includes principles of inclusion of priority populations during all phases, creating an assets-based model steeped in a social justice context, developing a safe, learning community, and applying the lessons learned to engage in and implement social norm change.

A logic model was developed for the LAAMPP Institute to help guide the program’s implementation and evaluation (Figure 1). While a core objective of the LAAMPP Institute was to increase individual fellows’ tobacco control knowledge and leadership skills, other objectives focused on building capacity of the coaches to support the fellows and increasing community capacity to mobilize on tobacco control issues. In addition, this included other longer term goals such as increased advocacy efforts, institutionalization of priority population issues in mainstream health care systems, and successful policy or social norm changes (Lew, Honma, Portugal, & Baezconde-Garbanati, 2008).

Following the end of the LAAMPP Institute, most fellows reported that they were involved in systems or policy change activities including organizing a letter-writing campaign to the media to support Minnesota's Freedom to Breathe Act, legislative visits at the local, state, and federal levels, working on clean indoor air policies and voluntary smoke-free apartment units, developing tribal policies on commercial tobacco, and advocating for the inclusion of questions on sexual orientation on health-related surveys.

Lessons Learned

The lessons learned from the LAAMPP Institute and other APPEAL leadership trainings include the following:

1. It is critical to involve priority populations in the initial planning stages of policy or social norm change.
2. Leadership development has been a way to build capacity of emerging priority population leaders in helping to advance their communities' readiness levels to engage in tobacco control policy.
3. Leadership trainings must incorporate a holistic, community context steeped in a social justice and racial justice framework and address issues of structural racism and homophobia.
4. Although the LAAMPP Institute is the most comprehensive of leadership trainings, other leadership training formats can have similar impact as long as they use a principle-based model.
5. Cross-cultural collaboration facilitated through leadership training can provide powerful results in advocacy, policy, and systems change.

Conclusions

The LAAMPP Institute, steeped in a strong principle-based model, is designed to be fluid and dynamic and allows for adaptation that benefits the entire community of fellows. Although the Institute initially focuses on individual knowledge and skills development, the longer term impact can be seen in social norm and policy change on multiple levels within priority population communities, mainstream institutions, and on legislative levels.

For policy change to be effective, priority populations must be included from the beginning of the policy planning. Leadership programs for priority populations can be a viable training mechanism to implement and sustain social norm change in tobacco control and should be funded. Not only was the LAAMP Institute effective in increasing skills of leaders and advocates for tobacco control, but the results also showed impact in other areas of health and health equity.

Leadership development, in isolation, cannot achieve elimination of tobacco disparities or health inequities, but it can provide a solid foundation for training leaders and a catalyst for mobilizing key advocates and priority population communities toward the successful implementation and sustaining of social norm or policy changes.

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Figure 1.
LAAMPP (Leadership and Advocacy Institute to Advance Minnesota's Parity for Priority Populations) Logic Model and Conceptual Framework