ABSTRACT: The International Conference on Primary Health Care, meeting in Alma-Ata, in the Soviet Union, September 12, 1978, expressed the need for urgent action by all governments, all health and development workers and the world community, to protect and promote the health of all people of the world. The world was caught by the phrase which emerged from this conference, “Health For All by the Year 2000” and many have examined the articles of the Alma-Ata declaration and tried to implement them in their corner of the world. This paper describes a community-based smoking-cessation program which was implemented in the province of Nova Scotia, Canada, during the years 1980–1984. Primary to this project was the belief that people have the right and the duty to participate individually and collectively in planning and implementing their health care. This paper describes one community’s effort in putting this belief into practice.

INTRODUCTION

The “Time to Quit” program, which was developed by the Canadian Cancer Society and the Health Promotion Directorate of Health and Welfare Canada in 1982, is a multi-media, community-based, smoking-cessation program targeted to smokers between the ages of 25 and 45 who are motivated to quit. This program is built on two suppositions: that many smokers want to quit but some need help to do so and that communities and regional representatives are far better able
to organize, coordinate and adapt a program to suit their particular region than are central or national offices. Local groups can enlist support from businesses, agencies and local residents, thereby providing a strong community effort toward creating a smoke-free environment. The program has three working components: a community guide that introduces the program to interested communities and provides organizational guidelines for implementation by these communities, a self-help booklet that gives smokers a selection of strategies for practicing and achieving nonsmoking behavior, and three supportive half-hour television programs. The guide contains a step-by-step outline of the local organization needed to effectively mount this community stop-smoking program. It also describes how to assess the feasibility of starting “Time to Quit” in the local community and how to plan the follow-up required. The program to help smokers stop smoking relies on a cognitive behavioral approach, which means that individuals must first understand why they smoke and then learn to substitute appropriate alternative behaviors. The underlying concept of “Time to Quit” is that individuals who participate manage their own decisions and behavior and are only assisted by the program materials.

**LITERATURE REVIEW**

“Time to Quit” was designed for communities that want to actively help smokers quit smoking. The literature related to community mobilization for health is increasing daily as “health promotion” and “public health” implementation strategies are defined. A community can be described as a collection of people who share some important feature. Some factors which can bring people together are a need for emotional support, special interests, time and space relationships, similar characteristics and geopolitical organization. Cobb and Gottlieb have identified a strong positive relationship between social supports and health and longevity. Peter Oberlander stresses the need to build coalitions of interests that can work toward building a healthy society. The work of Levin and Idler has drawn attention to the importance of what they refer to as “Mediating Structures” in the health of communities, families and individuals. In summary, community support groups are seen by all the above authors to operate in three ways: they can offer support to individuals adapting to the stresses of everyday life, they can mediate between the individual and the large bureaucratic structures that are seen to control our lives, and they can encourage people to make their