



**NICOTINE  
ACTION ALLIANCE**  
BUTTE COUNTY



Butte County Public Health Department  
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Dear Prospective Alliance Member:

Thank you for your interest in the Nicotine Action Alliance. We welcome new members!

Our Orientation Packet is designed to provide an overview of the Alliance. This packet contains:

- A Membership Agreement
- Our Mission Statement and By-Laws
- Alliance Timeline

The Nicotine Action Alliance meets the first Tuesday of every month from 3-4:30 p.m. Please call or e-mail to confirm. We hope to see you at our next meeting!

If you have any questions, or need further information, please call me at 538-6196 or email me at [marmstrong@buttecounty.net](mailto:marmstrong@buttecounty.net).

Sincerely,

Megan Armstrong  
Butte County Public Health Department

**Community Partners:**

American Cancer Society, American Lung Association, Butte County Office of Education, Butte County Public Health, Butte Youth Now, California Health Collaborative, Chico Unified School District, Enloe Medical Center, Four Winds Indian Education Center



# Membership Agreement

*January - December 2018: For new members and current member renewal*

Membership in the Nicotine Action Alliance is open to any individual or organization who endorses the coalition's mission and wishes to serve as a volunteer to our cause. Membership in the Nicotine Action Alliance is free of charge and members do not receive compensation for service.

**Mission:** The Nicotine Action Alliance of Butte County consists of a cross-section of community members and organizations dedicated to protecting the health and well-being of the people of Butte County from the harmful effects of tobacco, tobacco smoke and other nicotine products.

Name: \_\_\_\_\_ Credentials: (if applicable) \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

**Membership Status: Are you a New Member or Renewing Your Membership?**

New Member (as of: \_\_\_\_\_)  Renewing Member

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do we have permission to list your organization as a Nicotine Action Alliance member in coalition-related materials, advertisements, website, and/or social media posts, as appropriate?  Yes  No

**Please indicate the population(s) you serve by marking all that apply:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asian and Pacific Islander | <input type="checkbox"/> African-American | <input type="checkbox"/> American Indian/Alaskan Native       |
| <input type="checkbox"/> Behavioral Health          | <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> Lesbian, Gay, Bisexual & Transgender |
| <input type="checkbox"/> Low Socioeconomic Status   | <input type="checkbox"/> Military         |   |
| <input type="checkbox"/> Rural Residents            | <input type="checkbox"/> Youth            | <input type="checkbox"/> Other: _____                         |

**Optional: Please indicate the population(s) you represent as an individual by marking all that apply:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asian and Pacific Islander | <input type="checkbox"/> African-American | <input type="checkbox"/> American Indian/Alaskan Native       |
| <input type="checkbox"/> Caucasian                  | <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> Lesbian, Gay, Bisexual & Transgender |
| <input type="checkbox"/> Low Socioeconomic Status   | <input type="checkbox"/> Military         | <input type="checkbox"/> Rural Residents                      |
| <input type="checkbox"/> Other: _____               |   |   |

**Priority Areas:** Which priority areas do you have expertise in and/or would be most interested in working with?

- Reduce Exposure to Secondhand Smoke*
- Reduce the Availability of Tobacco*
- Promote Tobacco Cessation*
- Cultural Diversity and Cultural Competency*

**What skills or experience do you currently possess, that you can contribute to the coalition's efforts?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Data Collection      | <input type="checkbox"/> Event Planning                   | <input type="checkbox"/> Evaluation Analysis           |
| <input type="checkbox"/> Graphic Design       | <input type="checkbox"/> Grassroots Organizing            | <input type="checkbox"/> Media Writing/Outreach        |
| <input type="checkbox"/> Meeting Facilitation | <input type="checkbox"/> Presentations (Preparing/Giving) | <input type="checkbox"/> Priority Population Outreach  |
| <input type="checkbox"/> Public Speaking      | <input type="checkbox"/> Social Media Engagement          | <input type="checkbox"/> Strategic Planning            |
| <input type="checkbox"/> Training Others      | <input type="checkbox"/> Website Maintenance              | <input type="checkbox"/> Writing and Editing Materials |
- Other \_\_\_\_\_  Other \_\_\_\_\_

**What tobacco or health-related issues would you like to learn more about and/or skills do you wish to develop in the next year, that the coalition could potentially provide through resources and training?**

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**As a member of the Nicotine Action Alliance, I endorse the mission of the coalition and pledge my participation in attendance at coalition meetings, coalition sponsored-events, evaluation activities, etc.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Questions?** Contact Megan Armstrong, Coalition Coordinator, at (530) 538-6196 or at [marmstrong@buttecounty.net](mailto:marmstrong@buttecounty.net)

## **Mission Statement**

The Nicotine Action Alliance of Butte County consists of a cross-section of community members and organizations dedicated to protecting the health and well-being of the people of Butte County from the harmful effects of tobacco, tobacco smoke and other nicotine products.

## **Purpose**

The Alliance acts as an advisory board to the Tobacco Education Program Coordinator and the Butte County Public Health Department of tobacco-related issues. The Alliance plays a major role in:

- Developing of the scope of work
- Making recommendations regarding the plan of the Public Health Department
- Reviewing, evaluating and recommending revisions to the plan.

The Alliance provides community leadership locally, regionally and statewide on tobacco-related issues. The Alliance:

- Shares information and coordinates tobacco-related activities through the strategic plan,
- Provides on-going support, recruitment and expertise,
- Develops community support,
- Serves as an advocate for tobacco use prevention,
- Ensures culturally proficient and linguistically appropriate services to all Butte County citizens, and
- Utilizes a culturally proficient framework to guide inclusive program, service and resource development planning.

The Alliance provides technical assistance to organizations and agencies involved with tobacco. The Alliance may:

- Review and comment on requests for funding from local groups and
- Provide education and training.

## **Membership**

All residents and organizations within Butte County who share the vision set forth in the Coalition's goals and mission statement are invited to attend and contribute to the work of the Coalition. There shall be no fee to join.

Membership is voluntary and may include state-recommended representatives such as the public health tobacco program, dental health and health care organizations, government, media, youth, parents, voluntary agencies, physicians, schools, employers, pregnant women, concerned citizens, and organizations funded by Proposition 99 and/or 56 to accomplish tobacco-related work in Butte County.

## **Alliance Structure**

The Nicotine Action Alliance of Butte County will meet monthly, or as needed, and will be chaired by the Alliance Chairperson, Vice-Chairperson, or designee. Butte County Public Health Department's Tobacco Education Program (TEP) staff will disseminate Coalition minutes, notices of meetings, agendas, and other materials necessary to further the work of the Coalition. TEP staff will also perform membership maintenance activities, such as calling members to maintain or increase attendance, and orientation for new members.

## **Election of Chairs and Terms of Office**

At an annual meeting held during September, Alliance members shall elect one Chairperson and one Vice-Chairperson to serve a minimum one-year term and a maximum of three years.

## **Duties of the Chairperson**

- Work with the Public Health Department's Tobacco Education Program Coordinator to set meeting agendas and facilitate Coalition meetings
- Act as spokesperson for the Alliance
- Provide leadership needed for the Alliance to remain focused on its mission and purpose
- Establish ad hoc sub-committees as needed

## **Duties of the Vice-Chairperson**

- Chair Alliance meetings when the Chairperson is absent
- Work with the Chairperson and the Public Health Department's Tobacco Education Program Coordinator in order to be knowledgeable about the Alliance and familiar with its activities
- Perform all other duties as needed when the Chairperson is absent

## **Group Process**

Coalition meetings are open to the public. Decisions are made by 100% consensus of Coalition members present at the meeting. If consensus cannot be reached after considerable discussion, the group may decide the issue on a 2/3's vote. With the exception of voting for officers, a telephone and/or e-mail poll of Coalition members may be used to make important decisions if a meeting is not possible, nor a quorum. A quorum for voting is defined as 1/3 of the active membership.

When conflicts arise, the members involved should attempt to resolve. In the event that agreement cannot be reached, the Chairperson or designee will mediate to reach agreement.

Prior approval from the Chairperson or consensus of the membership is required to authorize a member to sign letters or other documents on behalf of the Alliance.

Alliance members need to be present at the annual September meeting in order to vote for Chairperson and Vice-Chairperson positions. In the event the Chairperson is unable to complete a term the Vice-Chairperson shall assume the unexpired term and a new Vice-Chairperson will be elected at the next scheduled meeting after the resignation of the Chairperson.

In the event that the Chairperson and Vice-Chairperson are both unable to perform their duties as defined above, a Nominating Committee will be appointed by the Alliance to re-initiate the election process.

## **Evaluation of Satisfaction**

The Butte County Public Health Department's Tobacco Coalition Coordinator shall conduct a member survey every year and make the results known to the membership within one month of administering the survey.