Community Tobacco Prevention and Control Toolkit
Community Needs Assessments
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Community Tobacco Prevention and Control Toolkit Community Needs Assessments

A needs assessment is an approach to gathering data to identify problems, set priorities and make decisions to address the problems. A community needs assessment on tobacco use defines and describes the: 1) geographic area and population, 2) epidemiology of tobacco use, 3) infrastructure, training needs, and history of tobacco prevention and control, 4) baseline measures of tobacco-related attitudes and practices in different community sectors, 5) current community resources/services, and 6) additional information needed to address gaps in the understanding of local tobacco use.

End products of the community needs assessment include:

- Quarterly data reports to the coalition from the Community Epidemiology Workgroup
- Analysis of gaps in community programs, infrastructure, resources and services at baseline
- Data-driven problem statements
- Annual data report to the Texas Department of State Health Services
- Data sources for continued assessments

Why is a Community Needs Assessment Important?

Not all communities are alike – in available resources, or in the way the community views the sale and use of tobacco.

Most Texans do not smoke. Yet in some communities, smoking is an everyday activity that is accepted and “normal.” Although establishing smoke-free policies in the home and public places is the right thing to do to protect the health of children and non-smokers, many people (and communities as a whole) feel it is impolite and even a violation of rights to ask smokers to smoke outdoors.

A more complete understanding of the community – its history, cultures and demographics – is critical to provide appropriate tobacco prevention and control programs and services. This type of understanding can be achieved when data from many sources are collected, examined and interpreted through the lens of a large cross-section of the community.

Understanding Community Tobacco Use

Understanding the tobacco use problem means knowing who is affected and how, what can be changed, and which resources can help make these changes. The balance between the decision to use or avoid use of tobacco can tip in either
direction. Several factors can either increase the risk of tobacco use or protect potential users.

Knowing what makes individuals use tobacco is the first step in understanding the local tobacco problem. The issue of community tobacco use is much larger and extends well beyond individual smokers. It is heavily influenced by community and state policies and practices:

- Tobacco industry profits
- State and local government revenue from the sale of tobacco
- Level of enforcement and perceived enforcement of laws prohibiting tobacco sales to minors and youth possession of tobacco
- Health care costs to taxpayers due to tobacco use
- Social norms - the way community opinion leaders view tobacco use
- Policies to protect non-smokers, especially children, from secondhand smoke

Thinking big – identifying problems beyond the individual, at a systems level, helps build big solutions and tobacco-free communities.

Data Collection

Baseline Community Needs Assessment

If you do not take measurements when a project starts it is hard to prove months or years later that a change has taken place. All community coalitions need to conduct a community needs assessment at baseline, prior to setting up a comprehensive tobacco prevention and control program.

An Effective Needs Assessment

- Is conducted in the first few months of a program and is administered in an organized and coordinated fashion
- Includes members from priority populations in the selection and interpretation of baseline data Priority populations are groups that have been shown in other communities to experience a higher than average health burdens due to tobacco use
- Uses established research methods
- Determines the best means and sources of getting useful information
- Includes perceptions as well as statistical information on tobacco use
- Updates the coalition regularly on data collection progress
- Includes information on the:
  - Quality of life of tobacco users, who is protected/not protected from secondhand smoke and who has access to cessation services
  - Scope of the damage including the number of deaths and tobacco-related illnesses, medical costs and days of work lost due to tobacco-related illnesses
Secondary health hazards, such as the impact of secondhand smoke on non-smokers, and potential threats to community health

**Baseline Texas Tobacco-Free Community Needs Assessment**

A four-part baseline assessment should be conducted during the first few months of the program. These downloadable assessment tools are included below.

- **Part A** – *Coalition Infrastructure, Priorities and Training Needs* completed by individual coalition members
- **Part B** – *Baseline & History Tobacco Use Policies and Programs* - short surveys administered to various community sectors – school districts, community agencies, mass media outlets, law enforcement agencies, municipalities, and elected officials
- **Part C** – *Statistical Characteristics of Population and Epidemiology of Tobacco Use* – U.S. Census data on the community, youth and adult prevalence of cigarette and tobacco use and tobacco-related health outcomes compiled from existing data sources
- **Part D** – *Community Assets* - completed by coalition members and organizational partners to reflect human, social and financial resources

Results of these surveys along with other optional local assessments are reviewed and used to develop data-driven problem statements.

**Mining Existing Data Sources**

State and national public health agencies and organizations conduct surveys at regular intervals to monitor progress on youth and adult tobacco use. Much of this information is available online and by request. While the sample size for many of these surveys is too small to provide meaningful data at the community level, many agencies are willing to over-sample. Alternately, health data can be extrapolated from a metropolitan statistical area (MSA) or public health region (PHR).

DSHS and the Centers for Disease Control and Prevention (CDC) are responsible for collecting a representative sample of data. Their surveys provide information on tobacco use prevalence and tobacco-related knowledge, attitudes and practices for adults and youth. Survey findings are available online through the DSHS Center for Health Statistics website [http://www.dshs.state.tx.us/datareports.shtm](http://www.dshs.state.tx.us/datareports.shtm).

**Sample Data Sources: Texas Tobacco Prevention & Control**

<table>
<thead>
<tr>
<th>Survey Instrument</th>
<th>Scheduled Administration &amp; Online Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas School</td>
<td>Spring of even numbered years</td>
</tr>
<tr>
<td>Survey of</td>
<td><a href="http://www.dshs.state.tx.us/sa/RecentResearchStudies.shtm">http://www.dshs.state.tx.us/sa/RecentResearchStudies.shtm</a></td>
</tr>
<tr>
<td><strong>Survey Instrument</strong></td>
<td><strong>Scheduled Administration &amp; Online Access</strong></td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Substance Abuse Among Youth (TSS)</td>
<td></td>
</tr>
<tr>
<td>Texas Youth Tobacco Survey (YTS)</td>
<td>Written survey 2-stage cluster sample; spring every two years in even numbered years; 2008 <a href="http://www.dshs.state.tx.us/tobacco/txyts.shtm">http://www.dshs.state.tx.us/tobacco/txyts.shtm</a></td>
</tr>
<tr>
<td>Youth Risk Behavior Surveillance System (YRBS)</td>
<td>Nationally administered survey conducted in grades 9-12 in odd numbered years <a href="http://www.cdc.gov/yrbs">http://www.cdc.gov/yrbs</a></td>
</tr>
<tr>
<td>Texas Cancer Registry</td>
<td>Texas Cancer Incidence and Mortality <a href="http://www.dshs.state.tx.us/tcr/statistics.shtm">http://www.dshs.state.tx.us/tcr/statistics.shtm</a> Other reports: <a href="http://www.dshs.state.tx.us/tcr/data.shtm#datainfo">http://www.dshs.state.tx.us/tcr/data.shtm#datainfo</a></td>
</tr>
<tr>
<td>Texas Hospital Discharge Data</td>
<td>Number of hospitalizations due to various disease conditions <a href="http://www.dshs.state.tx.us/chs/">http://www.dshs.state.tx.us/chs/ Texas Department of State Health Services, Center for Health Statistics, Hospital Discharge Data, http://www.dshs.state.tx.us/thcic/Hospitals/HospitalData.shtm</a></td>
</tr>
<tr>
<td>Texas Quitline Tobacco User Follow-up Survey</td>
<td>Telephone survey; Staggered ongoing 3, 6, &amp; 12 month follow up to Quitline counseling</td>
</tr>
<tr>
<td>Texas Quitline: Tobacco Intake &amp; Counseling Survey</td>
<td>Telephone survey – administered at client intake; statewide data summarized monthly and annually for DSHS; summarized as requested for counties and regions; e-mail <a href="mailto:tobacco@dshs.state.tx.us">tobacco@dshs.state.tx.us</a> for information</td>
</tr>
</tbody>
</table>

**Community Level Data Collection**

The larger and more complex the community, the harder it is to gain a complete understanding of all the factors influencing tobacco use. In addition to standard surveys, it often helps to collect non-traditional data.

Determine what other information needs to be collected by holding community forums and focus groups. Find out what problems the community perceives to be associated with tobacco use and what the community values.

If participants link youth cigarette smoking, for example, to school truancy, you may need to collect data on the smoking rates among high school students who...
skip classes. This can then be paired with information on average daily attendance (ADA) of minors who smoke and funds lost to the school district. This type of information can help make the case for engaging a school district in tobacco use prevention and control. Likewise, visits to the local law enforcement agency and courthouse may be in order if community members are interested in understanding the number of minors issued citations for tobacco possession.

Assessment is not a single step but rather part of an ongoing process in data-based decision making. Additional assessments will need to be conducted as the coalition increases its ability to consider other community issues.

**Optional Local Assessments**

Additional assessments are recommended as the community coalition expands its capacity to address tobacco use. These assessments are optional and can supplement the Baseline Tobacco Needs Assessment to help tailor programs for local audiences.

Larger, more controlled research studies require careful planning, involve detailed data collection protocols and collect information from a representative sample of the community. A representative sample is one where the demographic profile of participants roughly matches the profile of the whole community in terms of age, gender, race, education and income levels.

In contrast, data used to inform local program planning can be collected quickly and at a relatively low cost. These data are not publishable nor can they be generalized to other groups. Rapid needs assessments are used only to inform local program activities. It is sufficient to simply describe the number of people interviewed and conditions under which the data are collected. An example of a rapid needs assessment is an “intercept interview.” Diners entering a particular restaurant on a given date and time are asked a few quick questions to determine their preferences for smoke-free dining. Results of the survey are summarized and may be shared with the restaurant owner or members of the city council to promote smoke-free dining.

**Use Existing Assessment Tools**

After identifying gaps in existing data, the next step is to identify or modify existing surveys. Whenever possible, use pre-existing interview forms or items that have already been used and evaluated.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Optional Local Assessment Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools &amp; Community</td>
<td><strong>School Capacity Building Toolkit</strong></td>
</tr>
<tr>
<td></td>
<td>Assessment of an individual school’s capacity to implement alcohol, tobacco and other drug programs. The real-time report is accompanied by online, research-based tools for improving local programs. <a href="http://scbtoolkit.coe.uh.edu">http://scbtoolkit.coe.uh.edu</a></td>
</tr>
</tbody>
</table>
• **Tobacco Free Community Assessment**
  Adapted from 2007 Michigan Department of Community Health, Tobacco Control Program;
  http://www.mihealthtools.org/smokefree/

Retailer Sales to Minors

• **Store Alert**
  Online training guide and resources for assessing impact of tobacco industry advertising in local stores and taking action in the community www.StoreAlert.org

Tobacco Industry Sponsorship

• **Model Guidelines for Nonprofits Evaluating Proposed Relationships with Other Organizations**

Secondhand Smoke Policy

• **Social Climate Survey**
  Mississippi State University, Social Science Research Center;
  http://www.ssrc.msstate.edu/socialclimate/Site/Home.htm

• **Apartment Owner/Manager Survey on Smoke Free Multi-Housing**
  American Lung Association of California, 2005; e-mail contact@californialung.org for information

• **Secondhand Smoke at Worksites and Public Places**
  Kent County Opinion Survey, Community Research Institute, August 1, 2002; data requests may be made at http://www.cridata.org/experts.aspx

• **Texas Municipal Smoke-Free Ordinance Database**
  http://txshsord.coe.uh.edu

Tobacco Cessation

• **Survey of Employer Tobacco Cessation Services**
  University of Texas, Department of Kinesiology and Health Education, 2006. Includes overview, instructions on administering survey, sample survey and data recording matrix and sample summary report tobacco@dshs.state.tx.us

Coalition Processes

• **Environmental Scan in a Nutshell**
• **The Nuts and Bolts of the Environmental Scan Project**
  Population Assessment & S.W.O.T for Tobacco Prevention and Control

• **Evaluation Checklist to Assess Workgroup Meetings**

Making Sense of the Numbers
After data collection the next step is to figure out what all the numbers mean and how best to use the information. Comparison of findings with other community, state or national data is one way to make sense of baseline data. Another way is to use a group process to develop problem statements.

Comparison with State and National Data

To better understand the extent of the tobacco problem in the community compare your data to the national Healthy People 2010 goals promoted by the U.S. Department of Health and Human Services (http://www.healthypeople.gov/).

Progress on Selected Healthy People 2010 Tobacco Goals

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Healthy People 2010 Goal</th>
<th>Texas Status &amp; Source</th>
<th>Local Baseline Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 3.2</td>
<td>Lung cancer death rate (# deaths per 100,000 population)</td>
<td>44.9 HP 2010</td>
<td>54.3 2000 – 2004 TX Cancer Registry</td>
<td></td>
</tr>
<tr>
<td>Goal 27-1</td>
<td>Reduce tobacco use by adults aged 18 years and older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27-1a</td>
<td>Adult Cigarette smoking (past 30 days)</td>
<td>12% HP 2010</td>
<td>17.9% 2006 BRFSS</td>
<td></td>
</tr>
<tr>
<td>27-2 b</td>
<td>Reduce tobacco use by adolescents in Grades 9 – 12:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;</td>
<td>Cigarettes (past month)</td>
<td>16% HP 2010</td>
<td>24.2% 2005 YRBS (24.3% 2006 YTS)</td>
<td></td>
</tr>
<tr>
<td>&quot;</td>
<td>Cigarettes – High School Males</td>
<td>26.3 % 2005 YRBS (26.9% 2006 YTS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;</td>
<td>Cigarettes – High School Females</td>
<td>22.0% 2005 YRBS (22.4% 2006 YTS)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Texas adult smoking rates (17.9%) are far higher than the goal of 12%. Texas high school current smoking rates (24.2%) are not only higher than the national goal (16%), but they also have the distinction of being the 11th highest youth smoking rates in the United States. The only group at the state level to have reached the Healthy People 2010 goal of a 12% adult smoking rate is college graduates.[1]

**Which Groups Experience Higher than Average Rates of Tobacco Use?**

The past 30-day smoking rate for adult Texans as of 2006 is 17.9% (BRFSS). Actual smoking rates for a community can vary greatly by ZIP code, highest level of education, gender and race/ethnicity.[2]

Members of certain racial/ethnic minority groups, people with low socioeconomic status and other groups are not only at high risk for tobacco use, but are exposed to higher levels of secondhand smoke and have more tobacco-related illness and death than the average adult smoker. These groups are often more susceptible to tobacco marketing practices that take advantage of their lack of education.[3]

**Tobacco-Related Disease Burden**

Tobacco use is a well-known cause of cancers and cardiovascular and respiratory diseases. In 2005 an estimated 27,000 Texans were newly diagnosed and another 17,800 died from tobacco-related cancers such as lung, oral cavity, bladder, kidney and stomach.[4] The burden of these disease conditions varies with the stage at which it is diagnosed as well as access to treatment.

Population groups with a higher than average rate of tobacco use or tobacco-related disease burden are listed in the chart below. U.S. Census Bureau data (http://factfinder.census.gov/home/saff/main.html?_lang=en) can be used to complete the chart and approximate the estimated proportion of each population group in each coalition’s service area.

This exercise helps identify groups that the coalition may want to designate as priority populations. When resources are limited, it is particularly important to focus program initiatives on groups that not only smoke more, but also experience more tobacco-related death and disease rates than the general community. Stakeholders from priority populations should be recruited actively to serve as coalition members.
<table>
<thead>
<tr>
<th>Potential Priority Population Groups</th>
<th>Tobacco Use Prevalence and Disease Burden</th>
<th>Estimated % in Community*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>Texas men have higher smoking rates and earlier deaths due to smoking than women. Widespread smoking cessation is predicted to eventually cut the risk of premature death for men ages 35-60 in half.</td>
<td></td>
</tr>
<tr>
<td>African Americans</td>
<td>Compared to White smokers, African American smokers have more cancers and more deaths due to six different cancers. Smoking cessation among African Americans has been identified as a national health priority. [5] African Americans represent about 12% of the Texas population based (2005 Census Estimate).</td>
<td></td>
</tr>
<tr>
<td>Young Adults and Lower Socio-Economic Status (SES)</td>
<td>Data collected from East Texas and Central Texas in 2005-2007 show the highest rates of tobacco use among 18-29 year olds enrolled in two-year technical school programs. [6, 7] Current smoking rates are estimated to be about 30%. These students also have one of the lowest quit rates.</td>
<td></td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>More than half the babies born in Texas are born to mothers who participate in the federally funded nutrition program for women, infants and children (WIC). Smoking rates for Texas pregnant women vary greatly by race and geography. Smoking among pregnant women endangers the baby as well as the mother.</td>
<td></td>
</tr>
<tr>
<td>Disabled</td>
<td>Smoking prevalence among people with disabilities has been estimated to be approximately 50% higher than for people without disabilities (30.4% compared to 19.3%, 2004 BRFSS). [8] More than 40% of smokers with disabilities are not being told about the types of available tobacco-cessation treatments. An estimated 1.8 million Texans ages 16-64 are classified as disabled (2005 Census Estimate).</td>
<td></td>
</tr>
</tbody>
</table>
Military

More than a third of active duty service members still smoke. The military tradition of selling cheap, tax-free cigarettes persists.[9] Both cigarette smoking and heavy alcohol use increased significantly in this population between 1998 and 2002 and remained at those levels in 2005.[10] An estimated 10.1% of the Texas civilian population 18 years and over (1,605,825) are classified as military veterans, eligible to use commissaries. These numbers are predicted to increase as Texas men and women return from serving in the Middle East.

Sexual Minorities

Cigarettes are part of the GLBT (Gay, Lesbian, Bisexual and Transgender) population culture. At the national level there is evidence of youth smoking rates in this population approaching 60%.[11]

Native Americans

A 25.6% smoking rate for Native Americans was the highest of any designated racial group in Texas in 2004.[2] The estimated number of Native Americans is approximately 0.8% of the Texas population (2005 Census Estimate).

Tools & Quick Tips

Creating and Using Problem Statements

Adapted from CADCA, Assessment Primer 2005

Once the data are collected, analyzed and reported, coalition members review the information and create clear and concise problem statements. These problem statements will be used during the strategic planning process to help construct logic models.

A Good Problem Statement:

- Identifies one problem at a time
- Objectively describes the situation and avoids blame
- Focuses on the problem and avoids naming solutions
- Defines the problem by the behaviors and conditions that affect it
- Is specific and measurable
- Accurately reflects community concerns
Sample Problem Statement: High school youth are hanging around the school parking lot and smoking cigarettes before school and during lunch. The group, which includes young adults who are 18 years old and younger, has expanded in numbers over the past month.

A problem statement is only the starting point. A sound problem statement prepared during the assessment phase contributes to developing a strong action plan. Recognize that the problem statement can change as the coalition moves forward and a common understanding of key issues in community tobacco use emerges.

Using Problem Statements This coalition activity “names and frames” what the broader community believes to be the most significant problems related to tobacco use. It can be used at multiple points in the planning process.

“For Whom?” “But Why?” And “But Why Here?” Activity

The goal of assessment is to understand the cause and the symptoms of the problem and then “attack” the source. One way to move beyond an initial list of problems is to use the “But Why?” “For Whom?” and “But Why Here?” technique to pull out the “root causes” of the problem in a specific community.

- Place a problem statement in the middle of a circle on a large piece of flip chart paper.
- Have the group brainstorm by asking “for whom?” the problem exists
- Next have the group identify the “but whys?” for all the “for whoms”
- Record the answers in outlying circles linked by arrows

Typically most answers are generic and could apply to any community. By taking it a step further and asking “but why here?” community members begin to identify root causes of a problem that are unique to their particular setting.

Repeat this process for each problem statement and then set priorities. This activity can be a springboard for identifying where additional data are needed before prioritizing problems in the strategic planning process.

Setting Priorities

Priority setting can be done through a general discussion that results in a consensus or through a more systematic, multiple voting processes. In a multiple voting process all members spread a set number (3) of “votes” individually across a list of local issues or invest two or more votes on a single issue. When this method is used, the problem receiving the highest number of votes becomes the priority issue. Depending on resources, more than one issue can be addressed at this stage or revisited later over the next few months.

Guidelines for Community Data Collection
### Do This

| Use qualified language interpreters and a fifth grade reading level on survey materials distributed to the general public. |
| Collect information from groups documented to have higher than average smoking rates. Over-sample if there is reason to do so. |
| Recruit and train community members from priority populations to conduct and interpret findings. |
| Treat the surveys as confidential. Protect the identity of individual participants and report only aggregate data. |
| Before administering the survey, tell people why you are collecting the information and how it will be used. |
| Use correct, easy-to-access information summarized in tables, figures, and maps. |
| Use a variety of methods to compile and present representative information available from the community including the press and existing reports. |
| Supplement existing data with new information as new problems are identified. |

### Don’t Do This

| Underestimate the importance of language barriers, both literacy and limited English proficiency, in the development and interpretation of survey results. |
| Interview only a few close friends – or people who just happen to be easy to reach. |
| Use only paid staff and traditional agency partners to collect and make sense of community data. |
| Store the surveys in an open box accessible to anyone who happens to enter the room. Quote comments received from specific individuals. |
| Get the information you need and treat participants as if they don’t really matter. |
| Yield to the temptation to issue reports that exaggerate the scope of the damage and the real needs. |
| “Cherry pick” findings - conceal, manipulate, or change the data collected. |
| Rely solely on data collected at the state level to address emerging problems. |

## Community Needs Assessments

*These documents are coming soon, we apologize for any inconvenience*

- **Part A** – *Coalition Infrastructure, Priorities and Training Needs* completed by individual coalition members
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- **Part D** – *Community Assets* - completed by coalition members and organizational partners to reflect human, social and financial resources

**References**

1. Texas Department of State Health Services, Center for Health Statistics, March 2007 data request
2. Texas Department of State Health Services, Texas adult current smoking rates, 2004 - 2006 BRFSS accessed online [http://www.dshs.state.tx.us/datareports.shtm](http://www.dshs.state.tx.us/datareports.shtm) as well as through Centers for Disease Control and Prevention, accessed online [http://apps.need.cdc.gov/brfss/](http://apps.need.cdc.gov/brfss/)

Developed by Sneden GG, Loukas A, Gottlieb NH & Robertson TR Department of Kinesiology and Health Education University of Texas at Austin