# Overview: Initiative to Prevent and Reduce Tobacco-Related Disparities

## Background

In November 1988, California voters approved passage of the *Tobacco Tax and Health Protection Act of 1988*, also known as Proposition 99 (Prop 99). This initiative increased the state cigarette tax by 25 cents per pack and added an equivalent amount on other tobacco products. The revenue from Prop 99 was designated for tobacco-related research, health education and promotion, and health care services, and as a result, the California Tobacco Control Program (CTCP) was established in 1989.

In November 2016, California voters overwhelmingly approved the *California Healthcare, Research, and Prevention Tobacco Act of 2016,* Proposition 56 (Prop 56), by a 64 percent to 36 percent vote. Prop 56 added an additional $2.00 tax to each pack of cigarettes and an equivalent tax on other tobacco products, including electronic smoking devices (ESDs) and designated that a portion of the tobacco tax revenue be directed toward preventing and reducing tobacco use. Of the funds directed to the California Department of Public Health (CDPH) for a comprehensive tobacco control program, Prop 56 requires that a minimum of 15 percent of funds be used to accelerate and monitor the rate of decline in tobacco-related disparities with a goal of eliminating tobacco-related disparities.

The enabling legislation for California's comprehensive tobacco control program is provided by the following: Assembly Bill (AB) 75 (Chapter 1331, Statutes of 1989), AB 99 (Chapter 278, Statutes of 1991), AB 816 (Chapter 195, Statutes of 1994), AB 3487 (Chapter 199, Statutes of 1996), Senate Bill (SB) 99 (Chapter 1170, Statutes of 1991), SB 960 (Chapter 1328, Statutes of 1989), SB 493 (Chapter 194, Statutes of 1995); the annual State Budget; Health and Safety (H&S) Code Sections 104350-104480, 104500-104545; and Revenue and Taxation Code Sections 30121-30130.

H&S Code Section 104385 authorizes CDPH/CTCP to fund grants that prevent and reduce tobacco use and that do the following:

- Demonstrate community support for the grant.
- Design the grant to coordinate with other local health programs, school-based programs, or voluntary health organizations.
- Use and enhance existing services.
- Serve a priority population at high risk of starting tobacco use or developing tobacco-related illnesses.
- Demonstrate an understanding of the role community norms have in influencing behavior change regarding tobacco use.
- Indicate innovative or promising approaches that can be replicated by others.

## Initiative Overview

Prop 56 requires that a minimum of 15 percent of funds be used to accelerate and monitor the rate of decline in tobacco-related disparities with a goal of eliminating tobacco-related disparities. To meet this mandate, CDPH/CTCP is leveraging and expanding its existing infrastructure (see Appendix 1. *Leveraging Existing California Tobacco Control Program Infrastructure*) and launching the *Initiative to Reduce Tobacco-Related Disparities* comprised of seven targeted smaller initiatives (see below Figure 1. *Initiative to*

*Reduce Tobacco-Related Disparities*), including the *American Indian Initiative to Reduce Tobacco Related Disparities*. Efforts to leverage the current infrastructure include expanding:

- Statewide media reach to include multi-cultural English and non-English language campaigns;
- Capacity of the California Smokers' Helpline to serve more tobacco users;
- Surveillance systems to collect more robust data on priority population groups; and
- Training and technical assistance services to build the capacity of agencies, including during the grant application process, and to develop more educational materials and resources reflective of California's diverse populations.

The *Initiative to Reduce Tobacco-Related Disparities* focuses on a subset of the priority populations groups identified in the *2018–2020 Tobacco Education and Research Oversight (TEROC) Committee's Master Plan, New Challenges, New Promises for All.*

Priority populations in California include, but are not limited to:

- African Americans, American Indian and Alaska Natives, Native Hawaiians and Pacific Islanders, Asian American men, and Latinos;
- People of low socioeconomic status (SES);
- People with limited education, including high school non-completers;
- Sexual and gender minorities, including lesbian, gay, bisexual, and transgender (LGBT) people;
- Rural residents;
- Current members of the military and veterans;
- Individuals employed in jobs or occupations not covered by smoke-free workplace laws;
- People with substance use disorders or behavioral health issues;
- People with disabilities; and
- School-age youth.

The *2018-2020 TEROC Master Plan* identifies more than a dozen priority populations groups and of these, there is considerable overlap among the groups. In order to create critical mass, CDPH/CTCP identified a subset of the TEROC priority population groups to be the focus of intense interventions in its *Initiative to Reduce Tobacco-Related Disparities* are populations that:

- Have high rates of tobacco use and/or secondhand smoke exposure, or
- Comprise a large number of California's 3.2 million smokers, or
- Capture multiple categories of risk for tobacco use (e.g., race/ethnicity, lack of educational attainment, military service, disabilities), or
- Reflect groups that are included in existing surveillance systems, so change in tobacco use and tobacco-related disparities among these groups can be tracked to monitor the effectiveness of interventions to prevent and reduce tobacco use in these groups.
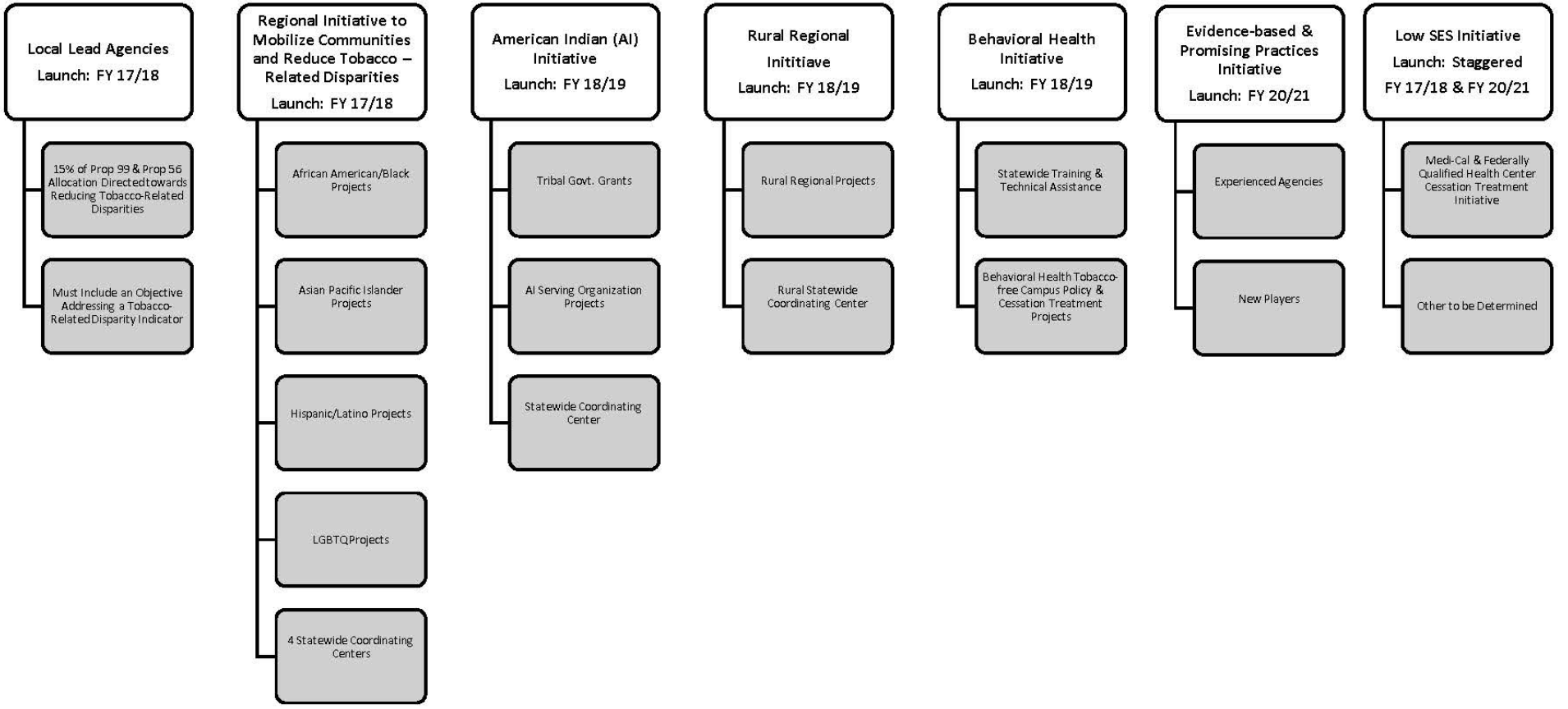
**Figure 1.** ***Initiative to Reduce Tobacco-Related Disparities***