Background and Authorizing Legislation

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, health care services, and environmental programs. Enabling legislation adopted in 1989, established a comprehensive tobacco prevention program which is administered by the California Department of Public Health (CDPH).

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 CDPH for its comprehensive tobacco prevention 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 term “tobacco” used in this Application refers to commercial tobacco products. This Solicitation does not seek to impinge upon the sacred use of traditional or ceremonial tobacco in American Indian communities. Tobacco-related health disparities are differences in patterns, prevention, and treatment of tobacco use; differences in the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups; and related differences in capacity and infrastructure, access to resources and environmental tobacco smoke exposure.[i]

Many of the health disparities that put individuals and communities at a higher risk of tobacco use are influenced by social factors such as income level, gender, and ethnicity.[ii] The disparities found in tobacco use are the result of inequities exacerbated by the tobacco industry’s marketing that targets individuals that reside in diverse, and/or low socioeconomic communities.[iii]

The California Department of Public Health, California Tobacco Prevention Program (CDPH/CTPP) continues to make progress towards ending the tobacco epidemic in California. Although evidence indicates that there has been a

decrease in overall smoking rates in California, certain communities are still burdened by disease and death linked directly to higher tobacco use rates.[iv]

Authorizing Legislation

The enabling legislation for California's comprehensive tobacco prevention 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/CTPP 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.

[i] Fagan P, King G, Lawrence D, Petrucci SA, Robinson RG, Banks D, Marable S, Grana R. Eliminating tobacco-related health disparities: directions for future research. *American Journal of Public Health*. 2004;94(2):211-7. doi: 10.2105/ajph.94.2.211.
[ii] Garrett BE, Dube SR, Babb S, McAfee T. Addressing the Social Determinants of Health to Reduce Tobacco-Related Disparities. *Nicotine and Tobacco Research*. 2016; 17(8): 892–897. doi: 10.1093/ntr/ntu266
[iii] Truth Initiative. Tobacco is a social justice issue: Racial and ethnic minorities. Assessed July 27, 2022. https://truthinitiative.org/research-resources/targeted-communities/tobacco-social-justice-issue-racial-and-ethnic-minorities#:~:text=Tobacco%20use%20disproportionately%20affects%20many,targeted%20by%20the%20tobacco%20industry.
[iv] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.