

2012 Communities of Excellence Indicators and Assets List
California Tobacco Control Program
California Department of Public Health

Communities of Excellence Indicators

Priority Area: Limit Tobacco Promoting Influences (1) Tobacco Marketing and Deglamorization Indicators (.1)	
<p>Definition: These indicators address: 1) advertising and marketing tactics used to promote the use of tobacco products and electronic nicotine delivery devices (ENDD), 2) the glamorization of tobacco and ENDD use through entertainment and social media venues, 3) the public image of tobacco and ENDD companies, and 4) other environmental factors that promote tobacco and ENDD product use or that decrease tobacco and ENDD industry influences.</p> <p>The term ENDD refers to any electronic smoking device that delivers nicotine vapor to the user and which is not approved by the Food and Drug Administration as a treatment for nicotine or tobacco dependence, including, but not limited to an electronic cigarette, cigar, cigarillo, hookah or pipe.</p>	
1.1.1	Store Interior Marketing: The number of jurisdictions covered by a public policy that restricts or specifically bans time, place, and manner of in-store tobacco and/or ENDD advertising, promotions, or product displays (e.g., “power walls”) consistent with the First Amendment and federal law.
1.1.2	Store Exterior Marketing: The number of jurisdictions covered by a public policy that restricts or specifically bans time, place, and manner of outdoor store tobacco and/or ENDD advertising or promotions consistent with the First Amendment and federal law.
1.1.3	Media Outlet Advertising Policies: The proportion of print and digital media outlets (e.g., magazines, newspapers, social media) that have adopted a voluntary policy to refuse tobacco and/or ENDD advertising.
1.1.4	Retired
1.1.5	Enforcement of the MSA/STMSA/Federal Tobacco Marketing Restrictions: The number and type of violations by tobacco manufacturers or retailers for advertising, sponsorship, promotional, or other marketing requirements identified in the Master Settlement Agreement (MSA), the Smokeless Tobacco Master Settlement Agreement (STMSA), or federal law.
1.1.6	Sponsorship: The number of jurisdictions covered by a public policy that restricts or specifically bans time, place, and manner of tobacco and/or ENDD company sponsorship and marketing at public, entertainment, and sporting venues (e.g., county fair, rodeo, motor sports, sporting events, parade, concert, museum, dance, festival, business forum) consistent with the First Amendment and federal law.
1.1.7	Adult-Only Facility Marketing: The number of jurisdictions covered by a public policy that restricts or specifically bans time, place, and manner of tobacco and/or ENDD product marketing and sponsorship at adult-only facilities (e.g., bars and night clubs) consistent with the First Amendment and federal law.
1.1.8	College/Trade School Marketing: The number of colleges, universities, trade/technical schools covered by a public policy that restricts tobacco and/or ENDD company product marketing and sponsorship consistent with the First Amendment and federal law.

1.1.9	Corporate Giving: The number of professional groups and institutions (e.g., education, research, public health, women's, cultural, entertainment, fraternity/sorority groups, social service) with a voluntary policy that prohibits acceptance of tobacco and/or ENDD-related contributions.
1.1.10	Political Contributions: The number of elected officials or political caucuses that have signed a voluntary pledge to refuse tobacco and/or ENDD company contributions.
1.1.11	Smoking in the Movies: The number of elected officials, parent organizations, health groups, entertainment entities or other groups that have adopted resolutions and voluntary policies that support: 1) an "R" rating for movies that depict smoking, 2) certifying no payments for depicting tobacco use, 3) an end to the depiction of tobacco brands, 4) requiring the placement of strong anti-smoking ads prior to airing any film with any tobacco presence, and 5) limiting government supported movie subsidies to tobacco-free movies.
1.1.12	Candy Tobacco Look-Alike Products: The number of jurisdictions covered by a public policy that prohibits the sale of edible products packaged to resemble tobacco products (e.g., candy cigarettes, bubble gum cigars, chewing gum).
1.1.13	Anti-Industry Media Coverage: The number and quality of news media stories, blogs, or social media efforts highlighting the harmful impact of tobacco and/or ENDD industry practices and/or political lobbying on health and/or the environment.
1.1.14	Retired
1.1.15	Retired
1.1.16	Retired
1.1.17	Anti-tobacco Advertising Placement: The number of jurisdictions covered by a public policy that mandates a 1:1 or 3:1 placement of anti-tobacco advertising in prime retail locations to counter pro-tobacco and ENDD advertisements, buydowns or other promotional offers consistent with the First Amendment and federal law.
1.1.18	Advertising on Storefront Windows: The number of jurisdictions covered by a public policy that restricts the percent of the square footage of windows and clear (e.g., glass) doors of a retailer that may have advertising of any sort, including tobacco.

Priority Area: Limit Tobacco Promoting Influences (1) Economic Indicators (.2)	
<p>Definition: These indicators address financial incentives and disincentives to reduce tobacco and/or electronic nicotine delivery devices (ENDD) industry influences and promote non-tobacco use norms.</p> <p>The term ENDD refers to any electronic smoking device that delivers nicotine vapor to the user and which is not approved by the Food and Drug Administration as a treatment for nicotine or tobacco dependence, including, but not limited to an electronic cigarette, cigar, cigarillo, hookah or pipe.</p>	
1.2.1	Divestment of Stocks: The number of public (e.g., county, city or tribal government, public university) and private institutions (e.g., union, private university) with a policy that divests investment in tobacco and/or ENDD stock.
1.2.2	Health Insurance Discounts for Non-tobacco Users: The number of public and private employers that offer discounted health insurance premiums to non-tobacco users.
1.2.3	Retired
1.2.4	Disposal Fee for Toxic Products: The number of jurisdictions covered by a public policy that imposes an end product producer requirement or fee on tobacco and/or ENDD products, retailers, distributors or manufacturers, with an earmark for tobacco control or litter mitigation activities, in a manner consistent with the requirements of the California Constitution and California law.
1.2.5	Conflict of Interest: The number of public (e.g., county, city or tribal government, public university) or privately funded agencies that have a voluntary policy or contract language that prohibits awardees from accepting funding from tobacco and/or ENDD companies during the grant/contract period.
1.2.6	Minimum Retail Price: The number of jurisdictions covered by a public policy that sets a minimum retail sale price for tobacco and/or ENDD products or bans or constrains tobacco and/or ENDD industry promotional practices such as buydowns, multi-pack offers, and discounts, consistent with the First Amendment and federal law.
1.2.7	Minimum Package/Volume Size: The number of jurisdictions covered by a public policy that establishes a minimum package or volume size for tobacco and/or ENDD products (e.g., cigarettes, cigars, smokeless tobacco, dissolvable tobacco, pipe tobacco, electronic cigarettes) and/or that eliminates the sale and distribution of individual or small unit packages of tobacco and/or ENDD products.
1.2.8	Healthy Community Incentives. The number of jurisdictions offering incentives in the form of financial aid, tax credits, technical assistance (e.g., business planning) or other tangible goods and services in exchange for adopting meaningful and sustainable health promoting practices (e.g., building smoke-free multi-unit housing) that support tobacco free living and non-nicotine dependence.

Priority Area: Limit Tobacco Promoting Influences (1) School and Community-based Prevention Indicators (.3.)	
Definition: These indicators address the availability and provision of tobacco use prevention education that impacts youths in school and youth serving programs, such as the Scouts or 4-H.	
1.3.1	Retired
1.3.2	Retired
1.3.3	Retired
1.3.4	Retired

Priority Area: Limit Tobacco Promoting Influences (1) Physical Environment Indicators (.4)	
Definition: These indicators address the integration of tobacco-free living elements into community planning, economic development, and redevelopment.	
1.4.1	Retired
1.4.2	Retired
1.4.3	General Plan. The number of jurisdictions that include tobacco-free living health promotion elements in the General Plan.

Priority Area: Limit Tobacco Promoting Influences (1) Global Movement Indicators (.5)	
Definition: These indicators address countering the national and international promotion and distribution of tobacco electronic nicotine delivery device (ENDD) products and in other states and countries.	
The term ENDD refers to any electronic smoking device that delivers nicotine vapor to the user and which is not approved by the Food and Drug Administration as a treatment for nicotine or tobacco dependence, including, but not limited to an electronic cigarette, cigar, cigarillo, hookah or pipe.	
1.5.1	International Marketing Accountability: The number of local resolutions in support of policies to hold U.S. tobacco and ENDD companies accountable for consistent tobacco and ENDD marketing and product distribution standards across their U.S. and international business operations.
1.5.2	Retired
1.5.3	Retired
1.5.4	Retired

Priority Area: Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products (2) Policy Indicators (.2)	
<p>Definitions: These indicators address the impact of tobacco use on people, other living organisms, and the physical environment resulting from exposure to: 1) secondhand smoke, 2) tobacco smoke residue, 3) tobacco waste, and 4) tobacco products.</p> <p>The terms “smoke” and “smoking” are intended to cover the use of electronic nicotine delivery devices (ENDD). The term ENDD refers to any electronic smoking device that delivers nicotine vapor to the user and which is not approved by the Food and Drug Administration as a treatment for nicotine or tobacco dependence, including, but not limited to an electronic cigarette, cigar, cigarillo, hookah or pipe. The terms “smoke-free” and “tobacco-free” are not intended to apply to ceremonial, sacred or religious uses of tobacco products.</p>	
2.2.1	Household Smoking: The proportion of households with a voluntary policy that does not permit smoking in the home (e.g., single dwelling house, mobile home, apartment, boat).
2.2.2	Retired
2.2.3	American Indian Smoke-free Worksites (Non-Gaming Worksites): The number of American Indian tribal governments with a public policy that designates indoor worksites as smoke-free, not including casino/leisure complexes (Note: Smoke-free policies do not apply to ceremonial, religious or sacred use of tobacco products).
2.2.4	Labor Code 6404.5 Exemptions: The number of jurisdictions covered by a public policy that prohibits indoor worksite smoking in those areas that are exempted by the state smoke-free workplace law (e.g., 5 or fewer employees, warehouses, owner operated bars, tobacco shops, hotel lobbies, hotel guest rooms).
2.2.5	Retired
2.2.6	Smoke-free Outdoor Dining/Bars/Service Areas: The number of jurisdictions covered by a public policy that designates the outdoor dining, beverage, and service areas of restaurants, bars, nightclubs, and mobile catering businesses as smoke-free.
2.2.7	<p>Smoke-free Outdoor Worksites: The number of jurisdictions covered by a public policy that designates outdoor worksite premises as smoke-free (e.g., construction sites, logging operations, fishing operations).</p> <p>Note: do not use this indicator, if the worksite is addressed by one of the following indicators: outdoor dining areas (2.2.6), non-recreational outdoor public areas (2.2.9), health care campuses (2.2.10), outdoor recreational areas (2.2.16), K-12 schools (2.2.17), faith community campuses (2.2.20), and commercial or non-profit child care facility premises (2.2.27).</p>
2.2.8	Smoke-free Doorways: The number of jurisdictions covered by a public policy that prohibits smoking within 20 feet or more of all doorways, windows, vents, and openings of public and private worksites.

2.2.9	<p>Smoke-free Outdoor Non-recreational Public Areas: The number of jurisdictions covered by a public policy that designates outdoor non-recreational public areas as smoke-free (e.g., walkways, streets, plazas, college/trade school campuses, shopping centers, transit stops, farmers markets, swap meets).</p> <p>Note: do not use this indicator, if the outdoor non-recreational public area is addressed by one of the following indicators: health care campuses (2.2.10), K-12 schools (2.2.17), faith community campuses (2.2.20), and commercial or non-profit child care facility premises (2.2.27).</p>
2.2.10	<p>Smoke-free Health Care Campuses: The number of jurisdictions covered by a public policy that designates indoor and outdoor premises of licensed health care and/or assisted living facilities (e.g., hospitals, other acute health care facilities, drug and rehab facilities, mental health facilities, adult day care or residential facilities, social rehabilitation facilities, adult group homes, assisted living facilities, skilled nursing facilities, doctors' offices) as smoke-free at all times.</p>
2.2.11	Retired
2.2.12	Retired
2.2.13	<p>Smoke-free Multi-Unit Housing: The number of jurisdictions covered by a public policy that prohibits smoking in the individual units of multi-unit housing including balconies and patios.</p>
2.2.14	Retired
2.2.15	Retired
2.2.16	<p>Smoke-free Outdoor Recreational Areas: The number of jurisdictions covered by a public policy that designates outdoor recreational facilities, areas, and venues as smoke-free (e.g. amusement parks, beaches, fairgrounds, parks, parades, piers, playgrounds, sporting venues, tot lots, zoos).</p>
2.2.17	<p>Tobacco-free Schools: The number of public and private kindergarten, elementary, middle, and high schools that designate their campuses as tobacco-free inside and outside at all times.</p>
2.2.18	<p>Smoke-free Licensed Home Childcare and Foster Homes: The number of jurisdictions covered by a public policy that requires licensed home childcare and foster homes to be completely smoke-free and/or tobacco-free everywhere, inside and outside at all times.</p>
2.2.19	Retired
2.2.20	<p>Smoke-free Faith Community Campuses: The number of faith community organizations (e.g., churches, synagogues, mosques, temples) with a voluntary policy that designates outdoor areas as smoke-free except when tobacco is used for ceremonial or religious purposes.</p>
2.2.21	Retired
2.2.22	<p>Tobacco Control Elements in General Plans/Building Codes/Zoning Requirements: The number of jurisdictions that use zoning regulations, building codes, housing or other general plan elements, Housing and Urban Development consolidated plans, permitting processes, etc. to increase the amount of smoke-free indoor or outdoor areas in multi-unit housing.</p>
2.2.23	<p>Multi-Unit Housing Smoking Disclosure: The number of jurisdictions covered by a public policy that requires multi-unit housing complexes to disclose the location of smoking and nonsmoking units, the smoking history of a unit, and/or require rental vacancy listings to include a category for smoking and nonsmoking units.</p>

2.2.24	Secondhand Smoke Designated as a Nuisance: The number of jurisdictions covered by a public policy declaring non-consensual exposure to secondhand smoke as a nuisance.
2.2.25	American Indian Smoke-free Gaming: The number of American Indian/tribal owned casino/leisure complexes with a policy that designates all indoor areas of casino/leisure complexes as smoke-free, excluding when tobacco is used for ceremonial, religious or sacred purposes.
2.2.26	Smoke-free Common Areas of Multi-Unit Housing: The number of jurisdictions covered by a public policy that designates common indoor (e.g., laundry room, hallways, stairways, and lobby) and outdoor (e.g., playground, swimming pool area, entrances) areas of multi-unit housing complexes as smoke-free.
2.2.27	Smoke-free Licensed Day and Residential Care: The number of jurisdictions covered by a public policy that designates commercial and non-profit licensed childcare centers and children's residential facilities (e.g., crisis nurseries, youth group homes, transitional living centers) as smoke-free and/or tobacco-free everywhere, inside and outside at all times.
2.2.28	Smokeless Tobacco and E-cigarette Use: The number of jurisdictions covered by a public policy that prohibits the use of non-combustible tobacco products (e.g., smokeless tobacco products, dissolvable tobacco products) and/or nicotine products that are not specifically approved by the Food and Drug Administration (FDA) for use in treating nicotine or tobacco dependence (e.g., electronic nicotine vaporization devices) in places where smoking is otherwise prohibited.
2.2.29	Tobacco Litter: The number of jurisdictions covered by a public policy to reduce tobacco litter in public places (e.g., parks, playgrounds, beaches) and water systems.
2.2.30	Tobacco Product Litter Audit: The number of jurisdictions covered by a public policy that requires a tobacco product litter cost assessment.

Priority Area: Reduce the Availability of Tobacco (3) Policy Indicators (.2)	
<p>Definition: These indicators address the sale, distribution, sampling, or furnishing of tobacco products and electronic nicotine delivery devices (ENDD).</p> <p>The term ENDD refers to any electronic smoking device that delivers nicotine vapor to the user and which is not approved by the Food and Drug Administration as a treatment for nicotine or tobacco dependence, including, but not limited to an electronic cigarette, cigar, cigarillo, hookah or pipe.</p>	
3.2.1	Tobacco Retail Licensing: The number of jurisdictions covered by a tobacco and/or ENDD retail licensing policy that earmarks a portion of the license fee for enforcement activities.
3.2.2	Tobacco Retailer Density/Zoning: The number of jurisdictions covered by a policy that restricts the number, location, and/or density of tobacco and/or ENDD retail outlets through use of any of the following means: conditional use permits, zoning, tobacco retail permits or licenses, or direct regulation.
3.2.3	Retired
3.2.4	Tobacco Industry Sampling, Coupons/Discounts/Gifts: The number of jurisdictions covered by a public policy that restricts the distribution of free or low-cost tobacco and ENDD products, and/or restricts the distribution and/or redemption of coupons, coupon offers, gift certificates, gift cards, rebate offers or other similar offers for tobacco and ENDD products consistent with the First Amendment and federal law.
3.2.5	Retired
3.2.6	Retired
3.2.7	Tobacco-free Pharmacies and Health Care Providers: The number of jurisdictions covered by a public policy that eliminates the sale and distribution of tobacco and/or ENDD products from places where pharmacy and/or other health care services are provided by a licensed health care professional (e.g., hospital, vision screening, blood pressure screening).
3.2.8	Retired
3.2.9	Menthol and Other Flavored Tobacco Products: The number of jurisdictions covered by a public policy that eliminates the sale and distribution of mentholated cigarettes and/or other flavored tobacco and ENDD products (e.g., smokeless tobacco products, dissolvable tobacco products, non-premium cigars such little cigars, cigarillos, hookah tobacco, e-cigarettes, e-hookah).
3.2.10	Retired.
3.2.11	Electronic Nicotine Delivery Devices: The number of jurisdictions covered by a public policy that eliminates the sale or distribution of tobacco products and electronic nicotine vaporization devices including electronic cigarettes, electronic pipes, electronic cigars, and electronic hookahs.
3.2.12	Tobacco Product Definition: The number of jurisdictions covered by a public policy that broadly defines "tobacco product" to include cigarettes, smokeless tobacco, cigars, pipe tobacco, hookah tobacco and any product containing nicotine or any product used to introduce nicotine into the body, including but not limited to such things as dissolvable tobacco products and electronic nicotine vaporization devices (e.g., cigarettes, electronic pipes, electronic cigars, electronic hookah), but excluding products specifically approved by the FDA for use in treating nicotine or tobacco dependence.

Priority Area: Reduce the Availability of Tobacco (3) Behavior Indicators (.3)	
Definition: These indicators address the sale, distribution, sampling, or furnishing of tobacco products and other nicotine containing products that are not specifically approved by the Food and Drug Administration (FDA) as a treatment for nicotine or tobacco dependence (e.g. social sources of tobacco, shoulder tapping).	
3.3.1	Retired

Priority Area: Promote Tobacco Cessation (4) Cessation Service Indicators (.1)	
Definition: These indicators address the direct provision of culturally and linguistically appropriate cessation services and nicotine replacement therapy distribution which is not provided as part of a health insurance benefit.	
4.1.1	Tobacco Cessation Services: The extent to which evidence-based and culturally and linguistically appropriate behavior modification-based tobacco cessation services are available in the community.
4.1.2	Retired
4.1.3	Cessation Pharmacotherapy: The extent to which evidence-based free or low cost pharmacological quitting aids are available to tobacco users who are not eligible for a cessation pharmacological benefit through a government or employer subsidized health insurance plan.
4.1.4	Cessation Assessment and Referral Systems: The extent to which health care, social service, and education agencies systematically refer patients and clients to accessible, evidence-based tobacco cessation programs such as the California Smokers' Helpline.

Priority Area: Promote Tobacco Cessation (4) Policy Indicators (.1)	
Definition: These indicators address the availability of behavior modification and cessation pharmacotherapy services provided through health care plans, the health care system, and employers.	
4.2.1	Health Insurance Coverage for Cessation Benefits: The extent to which health insurance plans provide comprehensive coverage of tobacco dependence treatments with few or no barriers to access, consistent with the U.S. Public Health Service Clinical Practice Guidelines, <i>Treating Tobacco Use and Dependence</i> (2008 Update).
4.2.2	Health Care System Tobacco User Identification and Treatment Systems: The number of health care clinics that implement a tobacco user identification system, provide education, resources, and feedback to promote provider intervention, and dedicate staff to provide cessation treatment, consistent with the U.S. Public Health Service Clinical Practice Guidelines, <i>Treating Tobacco Use and Dependence</i> (2008 Update).
4.2.3	Moved. See indicator 2.2.28
4.2.4	Behavioral Health Cessation Treatment Programs: The number of alcohol and drug treatment programs, mental health treatment programs, migrant clinics, and other health or social service agencies that have systematically implemented evidence-based tobacco cessation treatment, consistent with the U.S. Public Health Service Clinical Practice Guidelines, <i>Treating Tobacco Use and Dependence</i> (2008 Update).
4.2.5	Employer-based Cessation Programs: The number of employers that have adopted a comprehensive plan to promote tobacco cessation among their employees, including covering multiple evidence-based treatments, promoting awareness of these benefits and of the importance of quitting, and providing financial incentives for employees' use of cessation services.

4.2.6	Hospital-based Cessation Treatment and Follow-up: The number of hospitals that have implemented the 2012 Joint Commission Tobacco Treatment Measures, including screening inpatients for tobacco use, providing evidence-based cessation treatment during the hospital stay and a discharge, and assessing tobacco use status post-discharge.
4.2.7	Electronic Medical Records: The number of health care practices and organizations that have implemented tobacco cessation into their electronic medical record (EMR) systems consistent with federal “Meaningful Use” guidelines (i.e., EMR use achieves significant improvements in care).
4.2.8	Nicotine Addiction Treatment Incorporated into Health Care Professional Curricula: The number of medical, nursing, dental, pharmacy, and other allied health professional schools that include training on the treatment of nicotine or tobacco dependence in their curricula.

Communities of Excellence Assets

Tobacco Control Funding Assets (1)	
Definition: These assets address the availability of funding to support tobacco control efforts.	
1.1	<p>Tobacco Control Funding: Global per capita appropriation for tobacco control activities, from various sources, is consistent with the recommendations of the National Association of County and City Health Officials:</p> <ul style="list-style-type: none"> • <100,000 population: \$8-\$10/capita; • 101,000-500,000 population:\$6-\$8/capita; • >501,000 population: \$4-\$6/capita. <p>Subset of Global per capita funding for school programs:</p> <ul style="list-style-type: none"> • \$4-\$6 per student regardless of student population size.
1.2	<p>Master Settlement Agreement (MSA) Funding: The amount of MSA funds that are appropriated for the purpose of tobacco control activities.</p>
1.3	<p>Proposition 10 Funding: The amount of local Proposition 10 funds that are appropriated for cessation and secondhand smoke education targeting pregnant women and families with young children.</p>
1.4	<p>Affordable Care Act Community Health Needs Assessment Participation: The number of local tobacco control advocates who actively participate in the Community Health Needs Assessment which is required to be conducted by non-profit hospitals every three years pursuant to the Affordable Care Act* for the purpose of promoting the inclusion of indicators and interventions that support tobacco-free living (e.g., physical environment and housing improvements, economic development, community support, leadership development, coalition development, community health improvement and advocacy, workforce development, other community development activities to build health and safety). *SEC. 9097: Additional Requirements for Charitable Hospitals and as defined in Internal Revenue Service, Schedule H instructions (Form 990), 2011</p>

Social Capital Assets (2)	
Definition: These assets address the extent to which people and organizations work collaboratively in an atmosphere of trust to accomplish goals of mutual interest.	
2.1	<p>Training and Skill Building: Our program provides technical assistance and support to diverse community groups to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.</p>
2.2	<p>Coalition/Advisory Committee Satisfaction: The extent of satisfaction among coalition or advisory committee members with program planning, involvement of the community, implementation activities, quality of services, and progress made by the project.</p>
2.3	<p>Key Opinion Leader Support: The extent of support among local key opinion leaders for tobacco related community norm change strategies.</p>

2.4	Youth Engagement in Tobacco Control: Our program has participatory collaborative partnerships with diverse youth and youth serving organizations and mobilizes their involvement in community assessments; development, implementation, and evaluation of interventions to support tobacco control-related policy, environmental, and system change; and engages them in activities that address tobacco-related determinants of health.
2.5	Adult Engagement in Tobacco Control: Our program has participatory collaborative partnerships with diverse adults and non-Prop 99 funded adult serving organizations and mobilizes their involvement in community assessments; development, implementation, and evaluation of interventions to support tobacco control-related policy, environmental, and system change; and engages them in activities that address tobacco-related determinants of health.
2.6	Retired and integrated with 2.5
2.7	Retired and integrated with 2.5

Cultural Diversity and Cultural Competency (3)	
Definition: These assets address behaviors, attitudes, and policies that enable effective work in cross-cultural situations within the work environment and community. Culture refers to patterns of human behavior that include the languages, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, sexual orientation, or social groups. Competency refers to having the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and the community.	
3.1	Coalition/Advisory Committee Diversity: Our program has built and engages a diverse coalition or advisory committee in designing and implementing tobacco control activities. Diversity is inclusive of ethnicity, culture, geography, and non-traditional partners (e.g., housing, employee development, law enforcement, parks and recreation, environmental groups).
3.2	Retired
3.3.	Cultural Competence Assessment: Our program periodically conducts self-assessments of organizational cultural competence.
3.4	Tailored Educational and Outreach Materials: Our program makes culturally appropriate educational, outreach and media materials easily available and appropriate for the languages and literacy levels of commonly encountered groups in the service area.
3.5	Retired
3.6.	Equity in Funding: The extent to which culturally and ethnically diverse organizations are funded to implement community norm change-focused tobacco control efforts in the community, in proportion to community demographics.
3.7	Retired