

LAW AND POLICY PARTNERSHIP TO END THE COMMERCIAL TOBACCO EPIDEMIC NEEDS ASSESSMENT SUMMARY

January 2022

The American Lung Association in California (ALA) and Public Health Law Center (PHLC) were awarded a 5-year contract by the California Tobacco Control Program (CTPC) at the California Department of Public Health, running from July 1, 2019 to June 30, 2024.

The project aims to support commercial tobacco control professional and advocates in their work to end the commercial tobacco epidemic in California. Together as the Law and Policy Partnership to End the Commercial Tobacco Epidemic, the partners provide a variety of services such as policy development, implementation technical assistance, and the development of educational materials (case studies, policy briefs, and toolkits).

The Research & Evaluation Group (R&E Group) at Public Health Management Corporation (PHMC) collaborates with ALA and PHLC to serve as the project evaluator. A needs assessment survey was designed to help solicit feedback and suggestions for the Law and Policy Partnership's proposed project activities in year three of the contract.

The assessment asked about feedback on project feasibility, content of training and materials, usefulness of existing resources, and opportunities for growth. This assessment also allowed a space for reflection on the programmatic impacts of the COVID-19 pandemic.

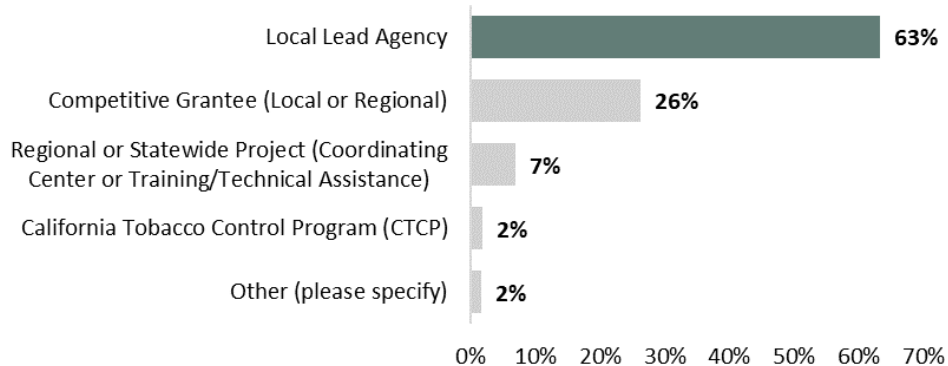
Survey Administration & Response

R&E Group reviewed the existing needs assessments from FY21 and consulted with the Tobacco Control Evaluation Center of University of California Davis to develop the Law and Policy Partnership's FY22 needs assessment. ALA and PHLC staff reviewed and edited the instrument to ensure that it met current program needs. The updated assessment was built into an online format through Alchemer, a web-based survey software.

PHLC staff distributed the survey link via an email campaign, inviting established partners to complete the online assessment. Fifty-eight responses were collected between November 9, 2021 and December 13, 2021.

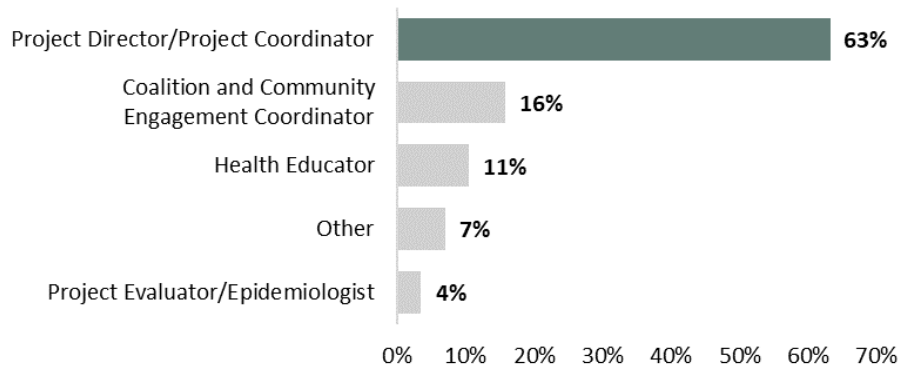
Respondent Demographics

Respondents most commonly worked at a **local lead agency** (n=36, 63%). An additional 26% (n=15) worked in **local or regional competitive grantee offices**.



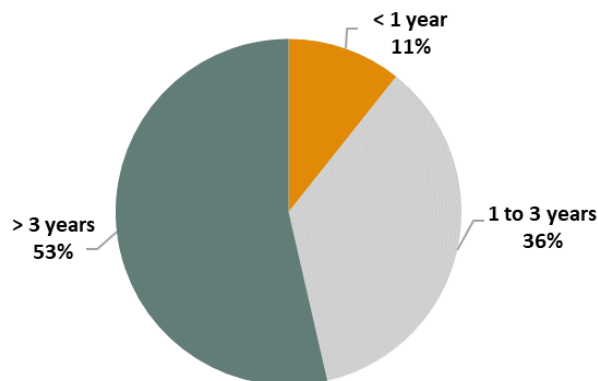
"Other" occupational categories included local jurisdictions and voluntary agencies.

The most common position title of respondents was **project director/project coordinator** (n=36, 63%). Additional common occupations were **coalition and community engagement coordinator** (n=9, 16%) and **health educator** (n=6, 11%).



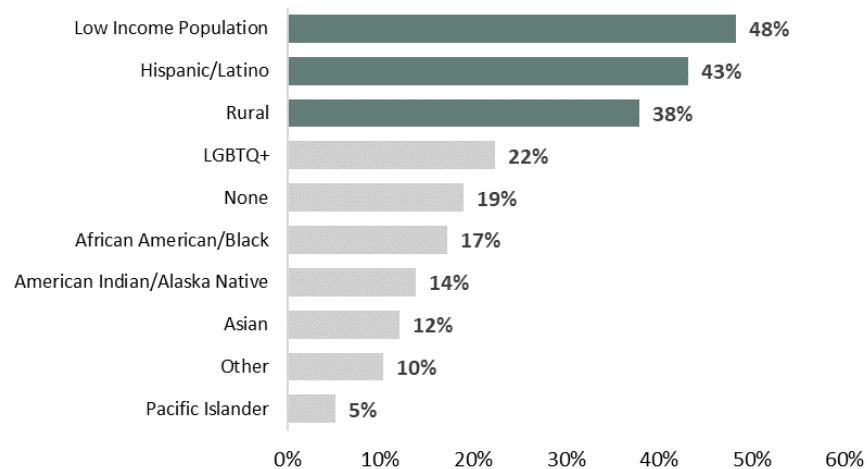
"Other" occupations included elected officials, program managers, treatment coordinators, and project specialist.

Almost 90% of respondents have worked in the tobacco control field for over a year. Fifty-three percent (n=30) indicated having worked in the tobacco control field for **over 3 years**, while 36% (n=20) have worked in the field for **1 to 3 years**.



Tailored Support

Respondents worked on diverse projects in the tobacco control field. Many projects provided tailored support to vulnerable populations. The most common populations that CTPC funded programs supported were: **low income populations** ($n=28$, 48%), **Hispanic/Latino populations** ($n=25$, 43%), and **rural populations** ($n=22$, 38%).



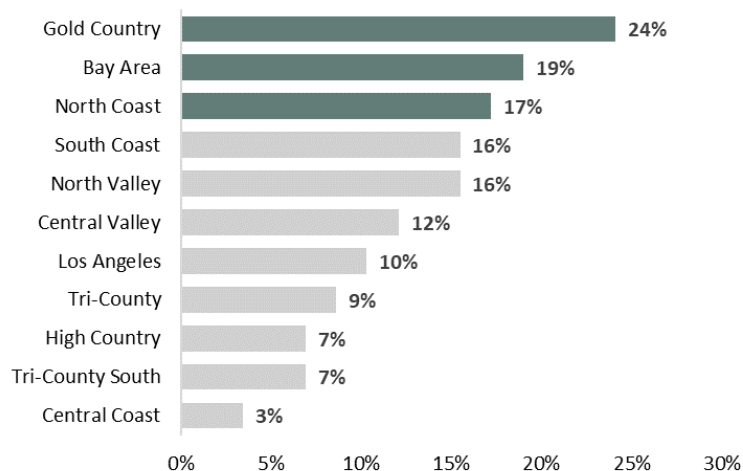
Among those who indicated providing tailored support to **Asian populations** ($n=7$, 12%), the most common Asian backgrounds included:

- **Chinese** ($n=6$, 86%); and
- **Vietnamese** ($n=4$, 57%).

Among those who indicated providing tailored support to **Pacific Islander populations** ($n=3$, 5%), the most common Pacific Islander backgrounds included:

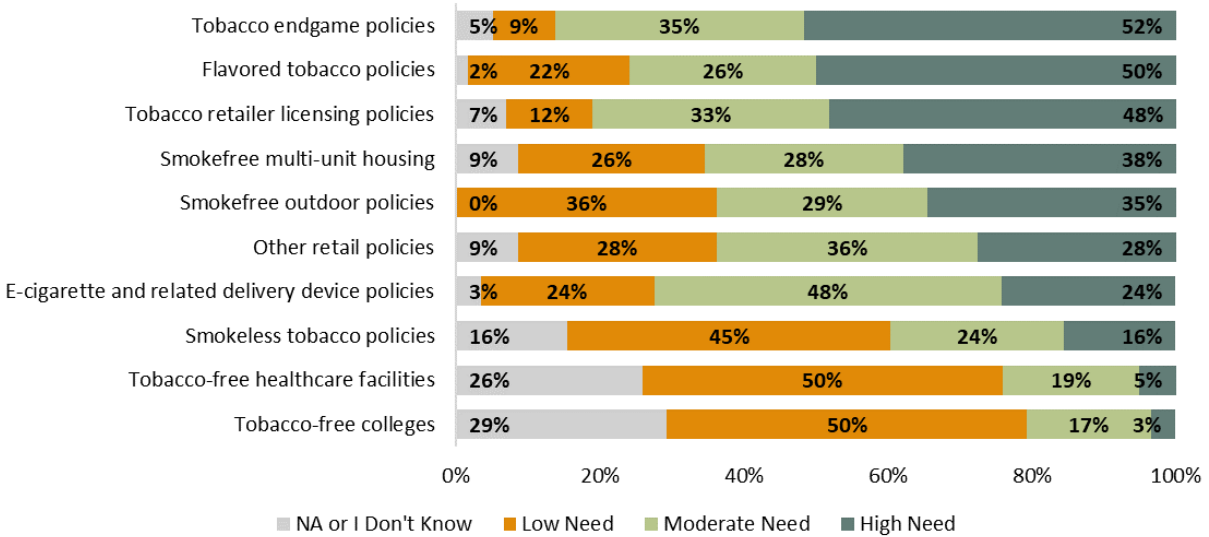
- **Native Hawaiian** ($n=2$, 67%);
- **Samoan** ($n=1$, 33%); and
- **Tongan** ($n=1$, 33%)

CTPC funded projects provide tobacco cessation support around the entire state of California. The 58 counties of California were divided into 11 unique regions (Appendix A). Among those regions 24% of projects worked in **Gold Country** ($n=19$). Additionally, projects were frequently working in the **Bay Area** ($n=11$, 19%), **North Coast** ($n=10$, 17%), **South Coast** ($n=9$, 16%), and **North Valley** ($n=9$, 16%).



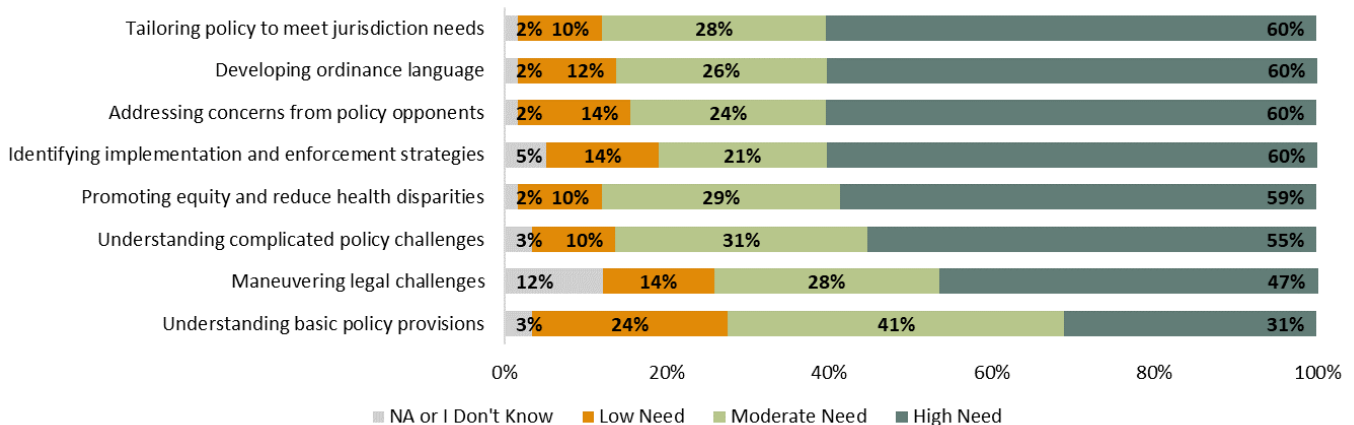
Technical Assistance Needs

Respondents have varying levels of need for technical assistance. Respondents indicated “**high need**” for **tobacco endgame policies** (n=30, 52%), **flavored tobacco policies** (n=29, 50%), and **tobacco retailer licensing policies** (n=28, 48%).

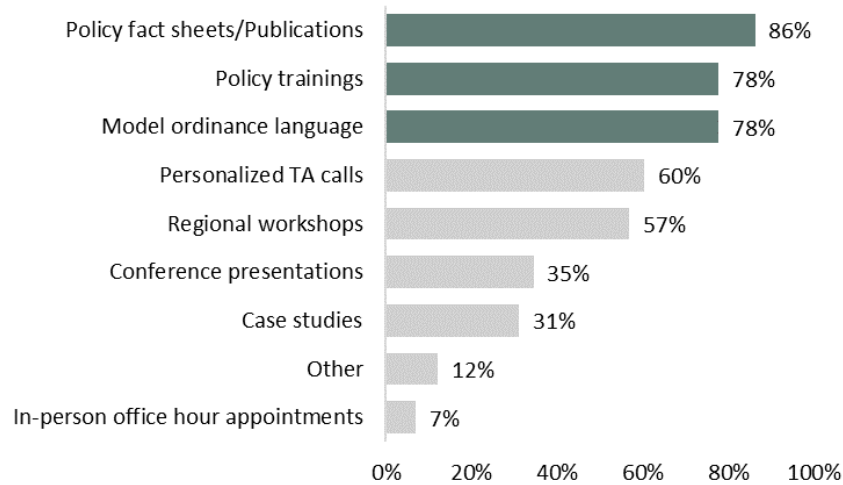


Nearly a quarter of respondents (n=13, 23%) described other technical assistance topic areas not included in the above list. They shared a need for assistance around: best practices in youth interventions in school; online sales policies, including enforcement; countering the impact of pro-cannabis policies; successful lobbying against well-funded tobacco interests; engaging local and state legislators in tobacco control; how to address social determinants of health within tobacco control; policy solutions to tobacco product waste; smokefree single unit housing policies; smokefree workplace policies; marijuana and crossover products in community awareness and policies; tobacco and the environment; smokefree bar patios and semi-enclosed smoking rooms; General Plan and Housing Element language; and working with organizations to adopt an AAR protocol.

When asked to rate their level of need for resources provided by the Partnership, a majority of respondents indicated equally “**high need**” for **tailoring policy to meet jurisdiction needs**, **developing ordinance language**, **addressing concerns from policy opponents**, and **identifying implementation and enforcement strategies** (n=35, 60%).

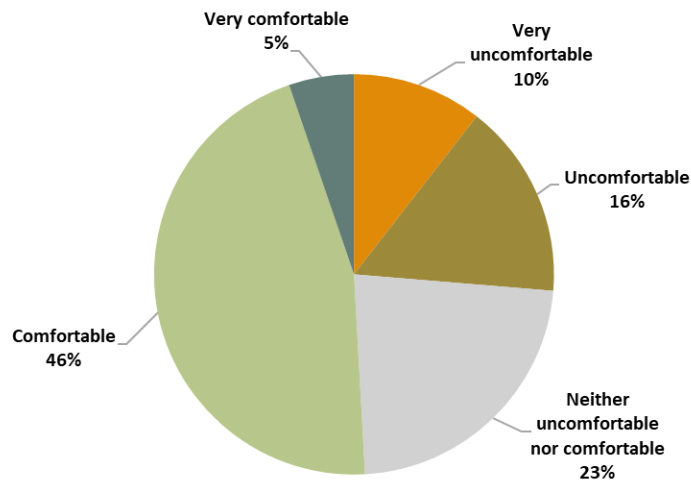


An overwhelming majority of respondents rated **policy fact sheets and publications** ($n=50$, 86%), **policy trainings** ($n=45$, 78%), and **model ordinance language** ($n=45$, 78%) as the most useful services for addressing their project's needs and goals.



Only seven respondents (12%) described other services that would be most useful. They requested the following services: documents which provide suggestions for countering opposing arguments; social media creator; support for development of regional and local endgame feasibility studies regarding retail policies; remote trainings for coalition; and trainings regarding how to talk to policymakers and community leaders in a community where marijuana is typically grown and smoking/vaping is the norm.

When asked how comfortable they would be in attending in-person trainings in 2022, most respondents rated **comfortable** ($n=26$, 46%) and **very comfortable** ($n=3$, 5%). Almost a quarter of respondents were **neither uncomfortable nor comfortable** ($n=13$, 23%) with the idea of attending in-person trainings.

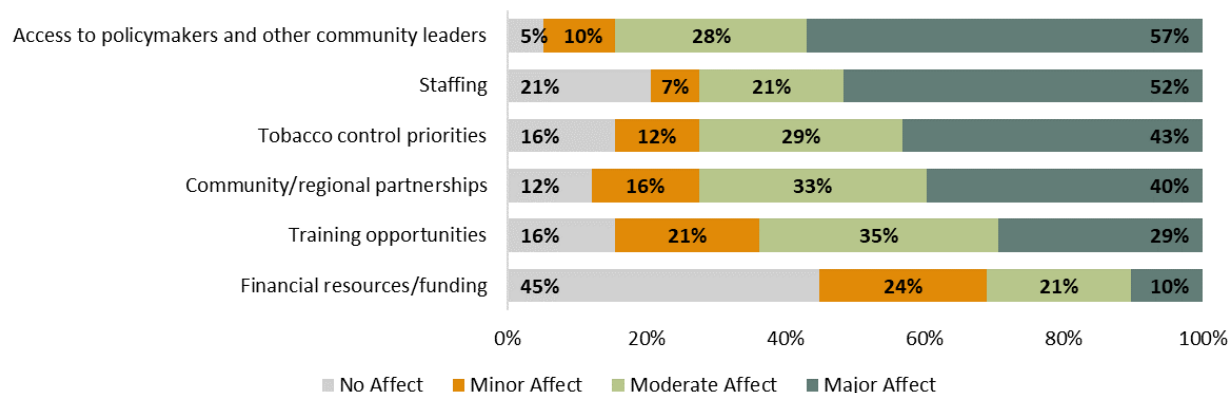


COVID-19 Pandemic

Respondents reflected on the COVID-19 pandemic's influence on their programs. Over half of respondents indicated that the pandemic had a **“major affect”** on their **access to policymakers and other community leaders** ($n=33$, 57%). Respondents described how many lawmakers shifted focus away from tobacco control issues and toward controlling the COVID-19 pandemic. Several respondents also described a sense of skepticism toward public health policies citing that there is increased political polarization because of the pandemic; a handful of policymakers even faced recall challenges because of COVID-19 related restrictions on businesses. Leaders were reported to be hesitant to pass further legislation that would impact retailers and small businesses.

More than a third of respondents reported the pandemic having a **“major affect”** on **community/regional partnerships** ($n=23$, 40%) and **their tobacco control priorities** ($n=25$, 43%). Partnerships lost momentum as meetings shifted online, and shifting priorities in policymakers and community members made it difficult to address items in their statements of work. However, some respondents remarked that the COVID-19 pandemic improved meeting participation because of the convenience of an online format.

For staffing, many programs were re-assigned to the COVID-19 response, assisting with contact tracing and communications. This greatly reduced their time to work on tobacco-free efforts. Some respondents described financial impacts. Programs reported challenges with higher staff turnover rates and difficulties replacing the staff with new employees.



Additional Feedback

Lastly, respondents provided open-ended suggestions for the Partnership to better serve tobacco control programs in California. Additional feedback and topic areas of interest included:

- Clarity around SB 793
- Regulation of commercial cannabis
- Increased research and focus on rural communities and rural data
- Minimum pricing/packaging
- Digital tobacco control awareness campaigns
- Sessions specific for the Central Valley

Appendix A: Regional breakdown of 58 California counties

| Region | Counties |
|------------------|---|
| Bay Area | Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano |
| Central Coast | Monterey, San Benito, Santa Cruz |
| Central Valley | Fresno, Kern, Kings, Madera, Mariposa, Merced, Tulare |
| Gold County | Alpine, Amador, Calaveras, El Dorado, Inyo, Mono, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tuolumne, Yolo |
| High Country | Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity |
| Los Angeles | Los Angeles |
| North Coast | Del Norte, Humboldt, Lake, Mendocino, Napa, Sonoma |
| North Valley | Butte, Colusa, Glenn, Shasta, Tehama, Yuba |
| South Coast | Orange, San Diego |
| Tri-County | San Luis Obispo, Santa Barbara, Ventura |
| Tri-County South | Imperial, Riverside, San Bernardino |