STRATEGIC PLAN FOR ADVANCING

HEALTH EQUITY IN TOBACCO CONTROL

SANTA CLARA COUNTY, 2018-2022



Santa Clara County
PUBLIC HEALTH

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This report was prepared by the
Santa Clara County Public Health Department's Tobacco Free Communities Program

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EXECUTIVE SUMMARY

California is a national leader in tobacco control. Smoking rates have declined steadily since the comprehensive state tobacco control program began in 1989. During this time, local programs – including those in Santa Clara County – have saved more than one million lives from tobacco-related disease and avoided more than $134 billion in healthcare costs.[1] However, not everyone has benefitted equally from these life-saving declines. In Santa Clara County, significant work remains to address higher smoking rates among our county's diverse populations. For example, smoking rates among Vietnamese men; for individuals with certain behavioral health conditions; and bisexual men are more than three times the countywide smoking rate of 10%.

THE STRATEGIC PLAN

This Strategic Plan for Advancing Health Equity in Tobacco Control in Santa Clara County provides a five-year roadmap for the Tobacco-Free Communities Program to reduce the impact of tobacco among our most vulnerable populations. It serves as a guide for organizational practices and program priorities, and sets outcomes and benchmarks. Our goal goes beyond closing the gaps; we must improve overall outcomes by focusing efforts on those who are faring the worst.

The plan contains a range of strategies – not only to change the environment in which tobacco becomes less acceptable and accessible – but also to ensure that groups experiencing health inequities are involved in all phases of tobacco control work. Leadership development, community capacity building, and culturally appropriate media and cessation campaigns are essential to reducing tobacco-related health disparities.

"Our goal goes beyond closing the gaps; we must improve overall outcomes by focusing efforts on those who are faring the worst." - Nicole Coxe, Tobacco -Free Communities Program Manager, Public Health Department

RECOMMENDED STRATEGIES

The strategies recommended in the plan are included below.

Strategy Type		Specific Strategy
	**Media & Communications**	Conduct sustained, comprehensive media campaigns for populations experiencing health inequities
	**Community Engagement & Collaborative Partnership**	Include partners working with population groups experiencing health inequities in all phases of planning, implementation, and evaluation
	**Capacity Building Tools/Training/TA**	Invest in community capacity building
	**Community Intervention**	• Reduce exposure to secondhand and third-hand smoke • Prevent initiation of tobacco use and reduce youth access • Improve the availability, accessibility, and effectiveness of cessation services for populations experiencing health inequities
	**Data Collection & Evaluation**	Conduct surveillance and evaluation activities to help understand the burden of tobacco-related disparities to guide policy development and implementation, and to evaluate the effects of policies on specific populations
	**Administration & Management**	Design program infrastructure to promote health equity

The plan contains a detailed set of specific interventions for each strategy. These interventions reflect that tobacco control efforts – whether media or cessation campaigns, policy strategies, or evaluation activities – must be developed in partnership with community and targeted to specific populations in order to achieve meaningful results. The interventions will guide the development of program and funding priorities. This plan is a living document and will be monitored on a semi-annual basis to evaluate progress.

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INTRODUCTION

Tobacco use is the leading preventable cause of death in the United States. Cigarette smoking causes more than 480,000 deaths annually, including nearly 42,000 deaths resulting from secondhand smoke exposure. Additionally, more than 16 million Americans are living with a smoking-related disease.

Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Secondhand smoke causes stroke, lung cancer, and coronary heart disease in adults. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.

Currently, 10% of adults in Santa Clara County smoke cigarettes, and 6% of youth currently use electronic smoking devices (e.g., e-cigarettes, vape pens, etc.). Santa Clara County ranks seventh highest for total cost of smoking in California, second highest among the Bay Area Counties, totaling $689,796,000 annually.

Although Santa Clara County – along with the State of California – has made great strides in reducing overall tobacco use, disparities remain among some of the county's diverse populations. In Santa Clara County, tobacco use is highest among Asian men, LGBTQ populations, populations with behavioral health conditions, individuals with lower socioeconomic position (low income and lower educational attainment), and among African American and Latino youth. Not only do some of these communities experience an unfair burden brought on by the disparities in tobacco use, they're also aggressively targeted by the tobacco industry.

KEY TERMS

***Health Equity**: Attainment of the highest level of health for all people. Health equity means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.*

***Health Inequities:** Differences in health that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions.*

***Health Disparities:** Differences in health outcomes among groups of people.*

New and innovative strategies are required to eliminate disparities and achieve health equity in tobacco control. Focused interventions aimed at addressing these high rates of tobacco use are necessary in achieving the program's vision of a tobacco-free Santa Clara County.

The passage of Proposition 56 by California voters in November 2016, increasing the tax on tobacco products by two dollars, will provide sorely needed resources to address tobacco use in the county. This Strategic Plan for Advancing Health Equity in Tobacco Control for Santa Clara County provides a foundational document for how these resources can be best spent in the county over the next five years.

MISSION, VISION & VALUES

The mission of the Santa Clara County Public Health Department's Tobacco-Free Communities (TFC) Program is to strive for optimal health of all residents and the workforce countywide by eliminating illness and premature death attributed to the use of tobacco products. The program's vision is for a tobacco-free Santa Clara County.

The TFC program implements activities to:

1. Prevent initiation of tobacco use & reducing youth access to tobacco products, including electronic smoking devices
2. Reduce tobacco use, particularly among populations with the highest rates
3. Reduce exposure to secondhand smoke and third hand smoke

TFC collaborates with community-based organizations and local, state, and federal health agencies to promote a healthy lifestyle and create a tobacco-free Santa Clara County. The goal of TFC is to increase community awareness of the detrimental impact of tobacco use by engaging residents, key community partners, and elected leaders in implementing a variety of evidence-based strategies, most notably policy, systems, and environmental change interventions. The program's efforts, in particular, are focused on reducing tobacco use and secondhand smoke exposure for populations that use tobacco at higher rates, and experience a greater burden of tobacco-related diseases.

TFC works to reduce the use of all forms of tobacco products, from traditional cigarettes to electronic smoking devices to new devices or methods for delivering tobacco or nicotine.

Additional information on the current program focus areas for our program can be found here: sccphd.org/tobaccofree.

COUNTY OF SANTA CLARA PUBLIC HEALTH DEPARTMENT

MISSION

The Santa Clara County Public Health Department prevents disease and injury and creates environments that promote and protect the community's health.

VISION

All people thrive in healthy communities that promote equity and optimal health.

CORE VALUES

Excellence - We deliver the highest quality services using best practice models.

Equity - We work in partnership with others to address injustices that lead to health disparities.

Diversity and Collaboration - We respect all cultures and beliefs and honor diversity, community collaboration, and inclusiveness.

Accountability - We make informed decisions, demonstrate the effectiveness of our work, and communicate it to the community.

Integrity - We strive to earn the trust of clients, partners, and communities by holding true to

THE BURDEN OF TOBACCO USE

Since California implemented its comprehensive tobacco control program, adult smoking has declined by 49%, lung cancer rates have declined nearly four times faster than rates in the rest of the U.S., and heath care-related savings have totaled over 86 billion dollars.[2] Despite these improvements, significant work remains to address higher rates of smoking among our county's diverse populations.

ADULT TOBACCO USE

Approximately 10% of adults in Santa Clara County currently smoke cigarettes. However, smoking rates are higher among certain populations. For example:

- 15% of Vietnamese adults smoke cigarettes, including 31% of Vietnamese men
- 32% Filipino men smoke cigarettes
- 11% of African Americans smoke cigarettes
- 11% of Latinos smoke cigarettes[3]

Cigarette smoking also varies by educational attainment and household income levels. In Santa Clara County, 15% of adults with a high school education or less are current smokers compared with only 6% of adults with a college degree or higher level of education.[3]

Cigarette smoking varies dramatically by household income levels. For example, 15% of residents who earn less than $15,000 a year smoke compared to just 7% for residents earning $75,000 a year or more. Smoking rates are even higher – 17% -- for those earning between $35,000 and $50,000 per year.[3]

YOUTH TOBACCO USE

Youth smoking rates have declined from 9% to 3% since 2009.[4] While youth smoking rates are lower than for adults, rates are higher for certain populations and grade levels. For example:

- 5% of African American Youth smoked cigarettes in the past 30 days
- 4% of Latino Youth smoked cigarettes in the past 30 days
- 4% of 11th graders smoked cigarettes in the past 30 days[4]

Youth use of e-cigarettes is higher than it is for cigarettes. While 6% of youth use e-cigarettes rates are higher for certain groups, including:

- 9% of Latino youth used e-cigarettes in the past 30 days
- 7% of African American youth used e-cigarettes in the past 30 days
- 9% of 11th graders used e-cigarettes in the past 30 days[4]

Because data on youth tobacco use is not available from all school districts in Santa Clara County, a goal of this Strategic Plan is to identify and address gaps in data on youth smoking rates.

Youth find it shockingly easy to get cigarettes. Countywide, 37% of middle and high school students found it easy or very easy to obtain cigarettes. Those numbers increase for certain populations: 43% of African American youth and 41% of Latino youth find it easy or fairly easy to obtain cigarettes.[4]

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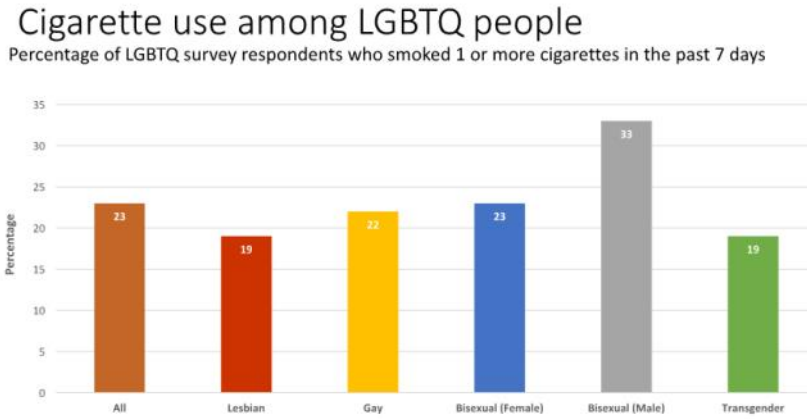


Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey

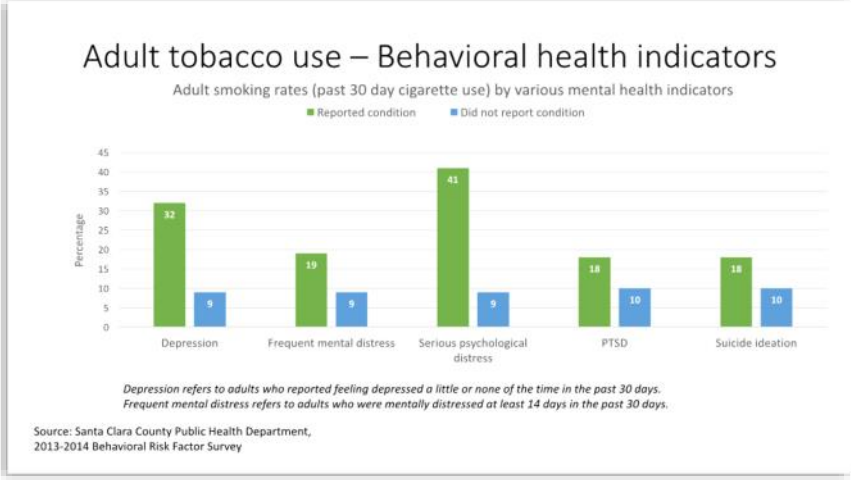
DISPARATE TOBACCO IMPACTS

Smoking rates among LGBTQ people are more than double that of county residents overall, with certain populations particularly vulnerable.

Adults with mental illness or substance use disorders smoke cigarettes more than adults without these disorders. People with mental illness or substance use disorders die about 5 years earlier than those without these disorders; many of these deaths are caused by smoking cigarettes.[5]

People with mental illness are more likely to have stressful living conditions, have low annual household income, and lack access to health insurance, health care, and help quitting. All of these factors make it more challenging to quit.[5] Nationally, less than half of substance abuse treatment centers (42%) offer tobacco cessation services, and only 34% offer cessation counseling.[5]

Unfortunately, reliable data on tobacco use is not available for all populations, such as certain Asian and Pacific Islander groups, refugees, LGBTQ youth who are also African American or Asian, homeless adults, and adults who use alcohol or other substances. For that reason, one of the goals of the Strategic Plan is to collect data for subpopulations in order to better target interventions that are culturally appropriate and likely to be effective with certain population groups.



SECONDHAND SMOKE EXPOSURE

Santa Clara County residents also experience different levels of exposure to tobacco smoke drifting into their homes. For example, countywide, nearly 30 percent of residents smelled smoke drifting into their home in the past week while 40 percent of Latinos reported such exposure. Higher exposure rates are also correlated with lower income levels and educational attainment.[3]

TOBACCO PREVENTION & CONTROL LANDSCAPE

The **California Tobacco Control Program (CTCP)** is the longest running, most comprehensive tobacco control program in the nation.[6] For nearly 30 years, CTCP has led the fight to keep tobacco out of the hands of youth, help tobacco users quit, and ensure that all Californians can live, work, play, and learn in tobacco-free environments. State law requires most public places to be smokefree; prevents the sale of tobacco products to people under the age of 21; and requires a license to sell tobacco products.[7,8]

A cornerstone of the **CTCP** is providing funding to local health departments and nonprofit organizations. The guiding principles for this funding are to:

1. Empower local decision-making through broad-based community participation.
2. Recognize cultural diversity and maintain respect for cultural traditions.
3. Encourage innovative and multi-dimensional models for health education.
4. Create a partnership among communities, schools, worksites, health care organizations, and government.
5. Recognize individual and community rights to self-determination.
6. Recognize the likely need and prepare for major shifts in program emphasis as conditions change.
7. Recognize the critical importance of using interventions that focus on involving the family and community rather than only individuals. Programs must tap into the social context of individual behavior. Individuals, whether young people or adults, interact within a vast complex of relationships, organizations, peer and reference groups, as well as work, personal growth, religious, and recreational activities.
8. Recognize the paramount importance of program cost-effectiveness. In order for programs to be replicable throughout California, they must be financially feasible.

Local governments can adopt laws that go beyond the tobacco control protections in state law and Santa Clara County has consistently done so. **The Santa Clara County Public Health Department (SCCPHD)** recently launched a Healthy Cities Campaign to help cities adopt policy and practice changes that prevent chronic disease and injury, including tobacco-free communities. The project hopes to increase the number of residents covered by these protective policies in the county. For information on tobacco control policies adopted by individual cities in the county, please visit *www.sccphd.org/tobaccofree.*

THE PLANNING PROCESS

Santa Clara County is at a critical time in tobacco control. Although progress has been made in reducing overall tobacco use rates, the same level of success has not been experienced by many vulnerable populations. Several key milestones led to the desire for developing a detailed strategic plan for advancing health equity in tobacco control for Santa Clara County:

Development of the Strategic Plan involved the following steps:

1. Laying the groundwork for strategic planning, which included:
    a. Forming a Strategic Planning Committee (SPC) within the Public Health Department, comprised of members of the TFC and SCCPHD. The SPC met approximately monthly and provided direction and feedback on the development of the plan.
    b. Developing a project plan and timeline.
    c. Conducting an extensive review of national, state, and local materials relevant to tobacco control and health equity. In particular, we consulted materials developed by the Santa Clara County Health Assessments, the Communities of Excellence in Tobacco Control Assessment, and state and national reports providing recommendations on strategies to advance health equity in tobacco control. **Appendix C** provides a full list of resources consulted.
2. Compiling relevant information and selecting strategic priorities, which included:
    a. Developing proposed strategies and interventions drawn from evidence-based recommendations on advancing health equity in tobacco control;
    b. Soliciting input and feedback on the proposed strategies and interventions from the Strategic Planning Committee and the Tobacco-Free Coalition; and
    c. Conducting a gaps analysis to determine the level of internal and external engagement to create the plan.
3. Developing the strategic plan, which included:
    a. Review by internal and external stakeholders; and
4. Developing a process for implementing, monitoring, and revising the plan as necessary.

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EQUITY PLAN EVOLUTION

2015

Santa Clara County Public Health Department Strategic Plan

- Prioritized advancing racial and health equity to eliminate health disparities
- Set goal to reduce tobacco use among populations with highest rates

2016

Communities of Excellence in Tobacco Control Needs Assessment

- Established tobacco control priorities, including promoting equity in funding.
- Assessed organizational capacity to address social disparities

2017

Proposition 56 Tobacco Tax

- Opportunity to implement organizational changes to strengthen capacity to advance health equity
- Opportunity to provide resources to more fully address community disparities

2018-2022

Santa Clara County Five-Year Strategic Plan for Advancing Health Equity in Tobacco Control

- Provides a roadmap for the Tobacco-Free Communities Program
- Guides program priorities, organizational practices, and sets outcomes for reducing impacts of tobacco among our most vulnerable populations

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INTERVENTION & STRATEGIES

The core of the Strategic Plan consists of strategies for achieving tobacco-related health equity along with specific interventions to advance those strategies. These strategies and interventions were developed through a review of national, state, and local plans for achieving health equity in tobacco control or public health generally. For a full list of resources consulted, please see **Appendix C.**

The strategies and interventions are consistent with the priorities of the overall TFC program but they focus, in particular, on eliminating tobacco-related health disparities. For example, policy-related interventions – such as adopting smoke-free multi-unit housing policies – are supplemented with strategies to build capacity and develop leadership among priority populations.

Based on input into the Strategic Plan, a significant emphasis is placed on interventions to evaluate and measure the success of our work. Not only will this evaluation measure progress in reducing tobacco-related disparities, it is designed to involve priority populations in the evaluation process. Additionally, the plan includes several interventions designed to improve the PHD and TFC programs' internal capacity to promote health equity by ensuring diversity among staff and reducing structural barriers for accessing funding.

The tables below list all the strategies and interventions contained in this five-year strategic plan.

Strategy Type	Specific Strategy	Interventions
Media & Communications 	**Conduct sustained, comprehensive media campaigns for populations experiencing health inequities**	• Promote cessation benefits to providers, medical patients, and behavioral health[10,11] • Create culturally appropriate cessation campaigns in collaboration with priority demographic groups for populations experiencing health inequities[15,16] • Develop health communication materials in multiple languages and with culturally relevant themes[10] • Create targeted health communication interventions that support policy work for populations experiencing health inequities[10] • Go beyond traditional media outlets and consider social media; progressive and independent media; and ethnic-specific media[11,15]

[1]The categories of strategies in the plan are based on those in the Centers for Disease Control and Prevention, Best Practices for Comprehensive Tobacco Control Programs, 2014 (available at https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf) combined with the organizational approaches in the California Tobacco Control Program, Advancing Health Equity in Tobacco Control: California Health Equity Summit Proceedings, 2014 (available at https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/Policy/HealthEquity/HealthEquitySum-Web.pdf).

Strategy Type	Specific Strategy	Interventions
Community Engagement & Collaborative Partnership 	**Include partners working with population groups experiencing health inequities in all phases of planning, implementation, and evaluation**	• Build coalitions to include the communities we serve[12] • Convene health equity oversight committee to monitor progress toward advancing health equity in tobacco control[11] • Increase youth engagement in tobacco control, with particular focus on youth disproportionately impacted by tobacco[13] • Increase adult engagement in tobacco control, with particular focus on populations disproportionately impacted by tobacco • Strengthen collaboration between public health and mental health/behavioral health[10] • Work across sectors engaged in reducing structural inequities[9]

Strategy Type	Specific Strategy	Interventions
Capacity Building: Tools/Training/TA 	**Invest in community capacity building**	• Offer culturally competent technical assistance and training to grantees and partners[10] • Provide grants and/or offer resources on priority populations advocacy; leadership development; and community assessment, outreach, and mobilization [10,11] • Create small and mini-grant opportunities to build leadership and capacity[11] • Expand the capacity for evaluation services by external partners

Strategy Type	Specific Strategy	Interventions
Community Intervention 	**Reduce exposure to secondhand and thirdhand smoke**	• Healthy/clean housing policies that integrate smoke -free multi-unit housing, including mobile homes [9,11,13] • Smoke-free (and tobacco-free) college campuses, including community, tech, and trade schools [11,12] • Smoke-free behavioral health treatment centers [11,12] • Smoke-free outdoor dining, bars, service areas[13] • Smoke-free outdoor non-recreational areas (e.g., outdoor workplaces)[11,13] • Improve enforcement and compliance with existing smoke-free policies [14,17]

Strategy Type	Specific Strategy	Interventions
Community Intervention 	**Prevent initiation of tobacco use and reduce youth access**	• Require tobacco retailer licensing (TRL)[13] • Prohibit the sale of flavored tobacco products, including menthol [10–13] • Limit tobacco retailer locations through density/ zoning [9,10,13,18] • Prohibit the sale of tobacco products in pharmacies [9,12,13] • Set a minimum price and/or a minimum pack size on tobacco products [10,11,13] • Restrict tobacco industry sampling, coupons, discounts, gifts [10,13] • Restrict the sale of tobacco products to adult-only venues

Strategy Type	Specific Strategy	Interventions
Community Intervention 	**Improve the availability, accessibility, and effectiveness of cessation services for populations experiencing health inequities9**	• In collaboration community members and/ or agencies reflecting priority populations, create culturally and linguistically appropriate prevention and cessation programs for populations with the highest rates of tobacco use that are appropriate based on literacy levels, native languages, and ages [9,12] • Create a cessation assessment and referral system; integrate health education[13] • Integrate cessation programs and support into community settings located in places people already go (e.g., public housing, faith-based settings, social service agencies, community health clinics, libraries, community centers)[9] • Train medical providers on tobacco use screening, cessation, and health education • Work with community health outreach workers to reach specific populations to aid in cessation, e.g., the Vietnamese community

Strategy Type	Specific Strategy	Interventions
Data Collection & Evaluation 	**Conduct surveillance and evaluation activities to help understand the burden of tobacco-related disparities to guide policy development and implementation, and to evaluate the effects of policies on specific populations10**	• Include outcome measures and metrics for all community interventions[14] • Expand surveillance mechanisms to assess factors that affect tobacco related disparities, including community-based data collection[17] • Include people from populations affected by tobacco-related disparities in the evaluation process [9,10] • Develop accountability measures and take steps to make sure tobacco control policies are fully and consistently enforced[10] • Incorporate evaluation into the funding stream[15] • Gather qualitative or other data on subpopulations that are not adequately represented in quantitative surveys, (including data on chronic disease rates as well as tobacco use)[10]

Strategy Type	Specific Strategy	Interventions
Data Collection & Evaluation *continue*	**Conduct sustained, comprehensive media campaigns for populations experiencing health inequities**	• Disseminate evaluation results to community members and partners to guide programmatic and policy work • Submit evaluation results for publication to contribute to the literature on best practices for tobacco control programs[19]

Strategy Type	Specific Strategy	Interventions
Administration & Management	**Design program infrastructure to promote health equity9,10**	• Hire staff with experience working with populations affected by tobacco-related disparities (staff representing these populations highly desired)[9,10] • Train staff on cultural humility, racial and health equity, and health disparities [10,15] • Track and capture health equity efforts in training and performance plans[9] • Ensure that the county contracting process supports broad involvement (remove structural bias)[14] • Application of a budget equity tool for decisions related to resource allocation

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IMPLEMENTATION MONITORING

The **Strategic Plan** lays out the strategies and interventions proposed for the five-year period from 2018 – 2022. In order to fully implement these interventions, an Implementation Plan will be developed by TFC staff in consultation with the health equity oversight committee of the TFC Coalition. A proposed implementation plan is provided in Appendix A. For each of the interventions, this plan includes information on:

- **Population or location** – ideas of how this intervention should be targeted, such as particular groups (LGBTQ, Vietnamese men, etc.) or, in the case of policy interventions, particular communities;
- **Recommended performance measures** – how we can measure success, specifically in determining how much was achieved and how well; and
- **Recommended evaluation measures** – how we will measure changes in skills/ knowledge, attitude/opinion, behavior and/or circumstance.

The implementation plan should be expanded to include:

- Timelines for each of the interventions;
- Responsible parties; and
- Key partners: individuals or organizations that will be essential in achieving the objective.

The health equity oversight committee of the TFC coalition should review the plan and progress every six months in consultation with the TFC program. The Strategic Plan is a living document. It lays out a vision – with specific actionable steps – toward advancing health equity in tobacco control. However, these steps may need to be adjusted through the life of the plan based on changing conditions, insight gained from implementing specific interventions, and to account for progress.


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A. Media and Communications Strategy:
Conduct sustained, comprehensive media campaigns for populations experiencing health inequities

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
1. Promote cessation benefits to providers, medical patients, and behavioral health	County health systems	# of instances where cessation/quit information and resources were shared at County locations or with County health providers	Pre- and post-test with County health providers to measure knowledge of cessation resources
	County behavioral health system subcontractors	# of instances where cessation/quit information and resources were shared with County health system behavioral health subcontractors	Pre- and post-test with County health system subcontractors to measure knowledge of cessation resources
	Community based organizations and agencies serving priority population agencies	# of instances where cessation/quit information and resources were shared with community based organizations and agencies serving priority populations	Pre- and post-test with community based organizations and agencies who serve priority populations to measure knowledge of cessation resources
2. Create culturally appropriate cessation campaigns in collaboration with priority demographic groups for populations experiencing health inequities	LGBTQ Vietnamese Men Filipino Men Behavioral health Pregnant women Low SES populations African American youth	Description/case study on the role of community members (reflecting the priority population) in the development and dissemination of materials # of media impressions; click-thrus, etc. (specific to each demographic population) # of instances of earned and paid media # of followers on social media # of likes and reposts via social media A record of population-specific cessation campaign information in multiple forms, including both earned and paid media: • Radio advertising • Online advertising • Social media • Outreach to partner organizations working with specific populations, e.g., LGBTQ, behavioral health providers, medical providers	Focus group with priority populations to test effectiveness and receptivity of culturally appropriate cessation campaigns for populations experiencing health inequities Qualitative review of random sample and demographically-segmented social media comments, repost content, and reactions

A. Media and Communications Strategy *continue*:

Conduct sustained, comprehensive media campaigns for populations experiencing health inequities

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
3. Develop health communication materials in multiple languages and with culturally relevant themes	Vietnamese Men/ Families Filipino Men/Families LGBTQ Latino youth African American youth Behavioral health populations Low SES populations Specific geographic areas of the county	Description/case study on the role of community members (reflecting the priority population) in the development and dissemination of materials # of program-generated materials available in multiple languages Description of program-generated materials available for priority populations	Focus group with priority populations to test effectiveness and receptivity of health communication materials
4. Create targeted health communication interventions that support policy work for populations experiencing health inequities	Vietnamese Cafes LGBTQ Bars Residents in Multi-Family Housing	Description/case study on the role of community members (reflecting the priority population) in the development and dissemination of materials # of instances of earned media (press releases, letters to the editor, social media) and paid media Record of earned media (press releases, letters to the editor, social media) and paid media Results of a public opinion survey of proposed policy interventions	Focus groups with target populations to test health communication material Intercept surveys on campaign awareness, receptivity, effectiveness in prompting action
5. Go beyond traditional media outlets and consider social media; progressive and independent media; and ethnic-specific media		Description/case study write up on the role of community members (reflecting the priority population) in the development and dissemination of materials # of instances of media products by outlet Record of media products by outlet	Literature review of most effective nontraditional media outlets and methods for various priority populations, including the use of social media for cessation

B. Community Engagement and Collaborative Partnership Strategy:

Include partners working with population groups experiencing health inequities in all phases of planning, implementation, and evaluation

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
1. Build coalitions to include the communities we serve	Populations or locations that are not currently represented or are under-represented in the Coalition	# of Coalition members Description of Coalition members in relation to factors such as: Santa Clara County census data (e.g., race/ethnicity, geographic distribution, % of population under age 21) and tobacco use rates	Use demographic surveillance data of SCC to inform the continued building of a diverse and representative coalition including populations disproportionately impacted by health inequities
2. Convene health equity oversight committee to monitor progress toward advancing health equity in tobacco control	Tobacco-Free Coalition Steering Committee (Subgroup)	Updated Coalition Manual to reflect the Health Equity Committee role and responsibilities # of committee members Description/list of committee members	Focus group with health equity oversight committee members on the utility the committee
3. Increase youth engagement in tobacco control, with particular focus on youth disproportionately impacted by tobacco		# of youth engaged in tobacco control activities Description of youth engaged in tobacco control activities (e.g., race/ethnicity, geography, age) # of CATT youth coalition chapters established Description/list of school-based tobacco-free programs # of organizations that serve youth participating in tobacco control activities Description/list of organizations that serve youth participating in tobacco control activities	Use a validated framework to measure youth engagement (i.e. Tiffany-Eckenrode Program Participation Scale) 20

B. Community Engagement and Collaborative Partnership Strategy *continue*:

Include partners working with population groups experiencing health inequities in all phases of planning, implementation, and evaluation

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
4. Increase adult engagement in tobacco control, with particular focus on populations disproportionately impacted by tobacco	Labor/unions Adults who abuse alcohol	# of instances of TFC staff attending behavioral health meetings # of instances of behavioral health staff participating in tobacco control meetings Results of a survey of behavioral health staff to identify ways to improve collaboration on tobacco treatment	% of behavioral health/mental health meetings attended resulting in information sharing and progress on at least one collaborative action step
5. Strengthen collaboration between public health and mental health/behavioral health		Updated Coalition Manual to reflect the Health Equity Committee role and responsibilities # of committee members Description/list of committee members	Focus group with health equity oversight committee members on the utility the committee
6. Work across sectors engaged in reducing structural inequities		# of instances of tobacco control staff or coalition members participating in meetings on related issues, e.g., the housing coalition Results of a survey of coalition membership to evaluate efforts to reduce structural inequities	% of meetings attended resulting in information sharing and progress on at least one collaborative action step

C. Capacity Building: Tools/Training/TA Strategy:

Invest in community capacity building

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
1. Offer culturally competent technical assistance and training to grantees and partners	Coalition members Grantees – offer training on foundational issues, such as community organizing Potential applicants for funding – offer training about tobacco control	# of trainings held Description of training topics # of participants Description of agencies/individuals trained	Conduct pre- and post-test to measure increase of knowledge of training topics Survey six months after trainings to determine knowledge retention, skills application, and utility
2. Provide grants and/or offer resources on priority populations advocacy; leadership development; and community assessment, outreach, and mobilization	LGBTQ Specific API populations Latino: both US born and immigrants African Americans Low SES populations Youth e-cigarette use	# of applicants and grant recipients List of applicants List of grant recipients Grant dollars distributed to agencies led by and focused on priority populations (ex. API, LGBTQ etc.)	Funding distribution relative to need recorded annually to measure equity in contracting
3. Create small and mini-grant opportunities to build leadership and capacity		# of applicants and grant recipients List of applicants List of grant recipients Grant dollars distributed	Survey/key informant interviews to assess change evaluation capacity by external partners
4. Expand the capacity for evaluation services by external partners		# of individuals receiving training on providing evaluation services List of organizations receiving training on providing evaluation services	Survey/key informant interviews to assess change evaluation capacity by external partners

D. Community Intervention Strategy:

Reduce exposure to secondhand and thirdhand smoke

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
1. Healthy/clean housing policies that integrate smoke-free multi-unit housing, including mobile homes	San Jose, Santa Clara, Gilroy - promote adoption and implementation of 100% smoke-free multi-unit housing policies	# of smoke-free multi-unit housing policies adopted and implemented % of the population covered by a 100% smoke-free multi-unit housing policy % of adults, by various demographic indicators (race/ ethnicity, income), who report past week exposure to secondhand smoke who live in multi-unit housing	Key informant interview or public intercept surveys with multi-unit housing residents Use CDC's Evaluation Toolkit for Smoke-Free Policies model to evaluate public support, compliance, air quality, community health and economic impact21
2. Smoke-free (and tobacco-free) college campuses, primarily community, tech, and trade schools	Santa Clara County community, tech, and trade schools	# of policies adopted requiring smoke-free or tobacco-free campuses # of students (including demographic information) covered by a smoke-free or tobacco-free policy # of campuses covered by a smoke-free or tobacco-free policy	Key informant interviews or public intercept surveys with college campus affiliates Use CDC's Evaluation Toolkit for Smoke-Free Policies model to evaluate public support, compliance, air quality, community health and economic impact21
3. Smoke-free behavioral health treatment centers	Santa Clara County behavioral health treatment centers	# of policies adopted by behavioral health treatment centers % of behavioral health treatment centers covered by a smoke-free policy % of behavioral health clients covered by a smoke-free policy	Key informant interviews or public intercept surveys with behavioral health treatment centers Use CDC's Evaluation Toolkit for Smoke-Free Policies model to evaluate public support, compliance, air quality, community health and economic impact21

D. Community Intervention Strategy *continue*:

Reduce exposure to secondhand and thirdhand smoke

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
4. Smoke-free outdoor dining, bars, service areas		# of policies adopted requiring smokefree outdoor dining, bars, service areas Demographic information on jurisdictions adopting smoke-free policies (e.g., population size, race/ethnicity, income)	Key informant interviews or public intercept surveys with outdoor dining, bars, service area users/patrons Use CDC's Evaluation Toolkit for Smoke-Free Policies model to evaluate public support, compliance, air quality, community health and economic impact
5. Smoke-free outdoor non-recreational areas (e.g., outdoor workplaces)		# of policies adopted requiring smokefree outdoor non-recreational areas (e.g., outdoor workplaces) Demographic information on jurisdictions adopting smoke-free policies (e.g., population size, race/ethnicity, income	Key informant interviews or public intercept surveys Use CDC's Evaluation Toolkit for Smoke-Free Policies model to evaluate public support, compliance, air quality, community health and economic impact21
6. Improve enforcement and compliance with existing smoke-free policies		# of complaints to TFC program and to Breathe CA's secondhand smoke help line # of instances where educational outreach was shared with targeted locations Record of compliance visits Inventory of enforcement mechanisms (e.g. signage alone, associated fee, administrative repercussions)	Focus group or survey with compliance leads on efficacy of enforcement mechanisms Public Intercept surveys to gather data on awareness, barriers, opportunities to improve compliance efforts

E. Community Intervention Strategy:

Prevent initiation of tobacco use and reduce youth access

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
1. Require tobacco retailer licensing (TRL)	Cities without a TRL High Priority: Mountain View, Milpitas, Santa Clara, Sunnyvale	# of TRL policies adopted and implemented % of the population covered by a TRL policy Demographic information on the jurisdictions covered by a policy (e.g., race/ethnicity, income, % of population under age 21) Rates of illegal tobacco sales to youth by jurisdiction	Use key informant interviews or public intercept surveys to evaluate adoption of TRL policy on behavior change in community, and ultimately decrease in use of tobacco products % of youth, by various demographic indicators (race/ ethnicity, income), who report acquiring tobacco products from a store by purchasing the products themselves
2. Prohibit the sale of flavored tobacco products, including menthol	Gilroy, Mountain View, Milpitas, San Jose, Santa Clara, Sunnyvale	# of policies adopted and implemented prohibiting the sale of flavored tobacco products % of the population covered by a flavored tobacco policy Demographic information on the jurisdictions covered by a policy (e.g., race/ethnicity, income, % of population under age 21)	Evaluate policy impact by assessing the reduction of tobacco products and access to tobacco products (i.e. change in retailers carrying flavored tobacco products, reduction in average number of products sold after policy, change in behavior in community) % of youth who report use of menthol and flavored tobacco products Qualitative data collection and analysis to assess reasons why youth who have limited or stopped use of flavored tobacco products

E. Community Intervention Strategy *continue*:

Prevent initiation of tobacco use and reduce youth access

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
3. Smoke-free outdoor dining, bars, service areas	Milpitas, Mountain View, San Jose, Santa Clara, Sunnyvale	# of policies adopted and implemented that restrict tobacco retailer locations, e.g., a TRL that prohibit prohibits issuance of licenses to retailers within 500 feet of existing tobacco retailers or within 1,000 feet of a school. % of the population covered by density/location policy Demographic information on the jurisdictions covered by a policy (e.g., race/ethnicity, income, % of population under age 21)	Evaluate change of tobacco retailer locations on tobacco use rates in SCC
4. Prohibit the sale of tobacco products in pharmacies	Milpitas, Mountain View, San Jose, Santa Clara, Sunnyvale	# of policies adopted and implemented to prohibit the sale of tobacco product in pharmacies % of the population covered by a pharmacy policy Demographic information on the jurisdictions covered by a policy (e.g., race/ethnicity, income, % of population under age 21)	Projected dollar value reduction in tobacco product sales by jurisdiction following policy implementation % of adults who report purchase of tobacco products at pharmacies pre- and post-policy implementation
5. Set a minimum price and/ or a minimum pack size on tobacco products	Santa Clara County – monitor whether tobacco prices increase based on Proposition 56; if so, no action may be necessary	A review of data on tobacco price, use of specific tobacco products by populations, e.g., published research, HSHC data, etc. A review of data on how youth are accessing tobacco products	Qualitative data collection on impact of minimum price changes on tobacco use rates among minority populations Price elasticity of demand (measure of percentage change in demand/ sales vs. percentage change in price)
6. Restrict tobacco industry sampling, coupons, discounts, gifts	Santa Clara County – monitor whether tobacco prices increase based on Proposition 56; if so, no action may be necessary	A review of data on tobacco price, use of specific tobacco products by populations, e.g., published research, HSHC data, etc. A review of data on how youth are accessing tobacco products	Pre- and post-test and qualitative data collection with tobacco retailer patrons on the impact of restricted couponing on their purchasing behavior

E. Community Intervention Strategy *continue*:

Prevent initiation of tobacco use and reduce youth access

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
7. Restrict the sale of tobacco products to adult-only venues	Continue to monitor political climate and public support for this strategy	% of county residents who support a policy to restrict the sale of tobacco products to adult-only venues Findings from qualitative surveys from Key Opinion Leaders on this policy topic	Key Informant interviews with adults and youth on perceptions of limiting sales of tobacco products to adult only venues

F. Community Intervention Strategy:

Improve the availability, accessibility, and effectiveness of cessation services for populations experiencing health inequities

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
1. In collaboration community members and/ or agencies reflecting priority populations, create culturally and linguistically appropriate prevention and cessation programs for populations with the highest rates of tobacco use that are appropriate based on literacy levels, native languages, and ages	LGBTQ Asian and Pacific Islander men – use a social network family-focused intervention approach using lay health worker outreach Behavioral health treatment centers and populations with behavioral health concerns Latino and African American youth Low SES populations Health care providers Youth Homeless individuals Adults who abuse alcohol	Description/case study on the role of community members/ agencies (reflecting the priority population) in the development of cessation programs # of community agencies implementing culturally appropriate best-practices for treatment of tobacco use # of clients served by tobacco cessation/quit programs # of calls to the Smoker's Helpline	Focus groups with priority populations to test and gather feedback on developed culturally and linguistically appropriate prevention and cessation programs % of clients who report quitting after 6 months

F. Community Intervention Strategy *continue*:

Improve the availability, accessibility, and effectiveness of cessation services for populations experiencing health inequities

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
2. Create a cessation assessment and referral system; integrate health education	Behavioral health service settings County employees	# of community agencies implementing culturally appropriate best-practices for treatment of tobacco use % of the clients being asked about tobacco use on intake % of clients being advised to quit % of clients being referred to services # of clients served by tobacco cessation/quit programs # of calls to the Smoker's Helpline	% of clients who report quitting after 6 months
3. Integrate cessation programs and support into community settings located in places where people already go (e.g., public housing, faith-based settings, social service agencies, community health clinics, libraries, community centers, and schools)	Multi-unit housing	# of clients served by tobacco cessation/quit programs % of the clients being asked about tobacco use on intake % of clients being advised to quit % of clients being referred to services % of clients who report being quit after 6 months	Pre- and post-intervention test to evaluate the change and effectiveness of integration of cessation programs
4. Train medical providers on tobacco use screening, cessation, and health education for a culturally diverse community	Health care providers reaching: Behavioral health populations LGBTQ Asian and Pacific Islander men Latino and African American youth Low SES populations	# of providers trained on best practices for treating tobacco use # of agencies trained on best practices for treating tobacco use Description of the types of agencies trained and populations they serve	Pre- and post-test of medical providers on knowledge gained on tobacco use, screening, cessation and health education, in particular when interacting with priority populations

F. Community Intervention Strategy *continue*:

Improve the availability, accessibility, and effectiveness of cessation services for populations experiencing health inequities

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
5. Work with community health outreach workers to reach specific populations to aid in cessation, e.g., the Vietnamese community	Latino, Vietnamese, LGBTQ Family members of individuals who smoke Homeless individuals	# of community health outreach workers/promotoras hired to provide quit services to priority populations # of clients served by tobacco cessation/quit programs % of clients who report being quit after 6 months	Test trainings for community health outreach workers among priority populations in which the intervention is planned Qualitative pre- and post-test of intervention among participants of the cessation program % of clients who report quitting after 6 months

G. Data Collection and Evaluation Strategy:

Conduct surveillance and evaluation activities to help understand the burden of tobacco-related disparities to guide policy development and implementation, and to evaluate the effects of policies on specific populations

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
1. Include outcome measures and metrics for all community interventions		List of performance measures for community interventions Program/project logic model with identified outcome measures	
2. Expand surveillance mechanisms to assess factors that affect tobacco related disparities, including community-based data collection	LGBTQ - LGBTQ questions should be routinely included in the demographic sections of health monitoring and evaluation surveys Asian and Pacific Islander men Latino and African American youth Behavioral health populations Low SES populations	List of survey questions	Descriptive statistics of surveillance mechanisms Advanced data analysis to assess the multivariate impacts of tobacco on priority populations (i.e. associations, hierarchical linear modeling)

G. Data Collection and Evaluation Strategy *continue*:

Conduct surveillance and evaluation activities to help understand the burden of tobacco-related disparities to guide policy development and implementation, and to evaluate the effects of policies on specific populations

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
3. Include people from populations affected by tobacco-related disparities in the evaluation process	LGBTQ Asian and Pacific Islander men Latino and African American youth Behavioral health populations	List of grant applicants and recipients Description of community members and key partners and their role in program evaluation activities, including dissemination of evaluation results (e.g. # of collaborative papers submitted/published; # of conference presentations, etc.)	
4. Develop accountability measures and take steps to make sure tobacco control policies are fully and consistently enforced		List of performance measures for community interventions Record of implementation and enforcement measures	
5. Incorporate evaluation into the funding stream		RFP that includes outputs, deliverables, and requirements related to evaluation Description of grant recipients' participation in evaluation activities	
6. Gather qualitative or other data on subpopulations that are not adequately represented in in quantitative surveys (including data on chronic disease rates as well as tobacco use)	LGBTQ youth, including African American LGBTQ youth and Asian Pacific Islander LGBTQ youth Asian and Pacific Islander refugees Hispanic/Latino refugees Homeless populations Native American		Analysis of focus group/ interviews Thematic analyses of how tobacco burdens these populations

G. Data Collection and Evaluation Strategy:

Conduct surveillance and evaluation activities to help understand the burden of tobacco-related disparities to guide policy development and implementation, and to evaluate the effects of policies on specific populations

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
7. Disseminate evaluation results to community members and partners to guide programmatic and policy work		Evaluation results Record of dissemination to community members and partners, including who presented the information	
8. Submit various evaluation results for publication to contribute to the literature on best practices for tobacco control programs19		# of articles submitted for publication # of articles published Description/list of submissions and publications	

H. Administration and Management Strategy:

Design program infrastructure to promote health equity

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
1. Hire staff with experience working with populations affected by tobacco-related disparities (staff representing these populations highly desired)	TFC staff	Description of staff diversity # of staff participating in workforce equity training Interview questions for all program positions that get at experience with priority populations List of recruitment methods (where and how outreaching for positions) Job duty statements that include functions aimed to engage priority populations List of how applicants heard about the position # of applicants; # of interviewees; # of hires Summary of applicants, interviewees, and hires by demographic indicators	
2. Train staff on cultural humility, racial and health equity, and health disparities	TFC, Epi, PHD staff, Subcontracts	Detailed training plan with learning objectives (Align with Public Health Department Racial & Health Equity Training Plan and augment with additional external training relevant to job expectations) # and list of agencies/orgs [contractors] trained on racial and health equity trainings	

H. Administration and Management Strategy *continue*:

Design program infrastructure to promote health equity

Interventions	Population or Location	Recommended Performance Measures	Recommended Evaluation Measures
3. Track and capture health equity efforts in training and performance plans	PHD staff	Detailed staff training and development plan for each TFC staff # staff that are meeting training deliverables # staff with a goal related to racial and health equity training/work in performance appraisal	
4. Ensure that the county contracting process supports broad involvement (remove structural bias)	PHD/Healthy Communities Branch	List of proposal review panel members, including community members Work with a fiscal intermediary to promote a more inclusive and efficient contracting process RFP that includes language related to promotion of racial and health equity, including criteria related to the SOW and organizational capacity/experience RFP review process that includes criteria related to racial and health equity	
5. Application of a budget equity tool for decisions related to resource allocation	TFC Program	List of trainings for staff and partners on budget equity tool	Record of when and how the tool is applied Use of the tool as part of the Communities of Excellence assessment process

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