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Tobacco Control Evaluation Center

Cultural Competency in Tobacco Control

A summary and analysis of 14 Final Evaluation Reports
of California Tobacco Control Program's competitive grantees that
demonstrated cultural competence in the 2013-2015 funding cycle

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Acronyms and Abbreviations

BOS	Board of Supervisors
CCM	City Council Member
CG	Competitive Grantees
CX	Communities of Excellence
DCT	Data Collection Training
KII	Key Informant Interviews
FER	Final Evaluation Report
FG	Focus Group
LGBT	Lesbian Gay Bisexual and Transgender Community
LSES	Low Socio Economic Status
MASC	Midwest Academy Strategy Chart
MUH	Multi-Unit Housing
OBS	Observation Survey
POP	Public Opinion Poll
TA	Technical Assistance

Introduction

Purpose and Scope of This Study

Between the beginning of July 2013 and the end of June 2015, 34 competitive grantees representing 34 organizations in California, were funded by the California Department of Public Health, Tobacco Control Program, to pursue objectives related to tobacco use reduction. At the conclusion of the 2013-2015 funding cycle, each of these 34 competitive grantees submitted a Final Evaluation Report (FER). The purpose of this report is to provide a summary and analysis of 14 Final Evaluation Reports (FERs) submitted by 14 of these competitive grantees which were purposively selected for this report as they demonstrated culturally competent evaluation.

Communities of Excellence (CX) Indicators Chosen

Each of these 14 competitive grantees focused on addressing a Communities of Excellence (CX) Indicator as is required by the California Tobacco Control Program when developing a plan. Thirteen focused on indicators that deal with reducing exposure to secondhand smoke (Indicators 2.2.6, 2.2.10, 2.2.13, 2.2.16 and 2.2.26) and one focused on reducing the availability of tobacco (Indicator 3.2.4). These indicators are described in Table 1 below.

Table 1. CX Indicators the Workplans Addressed.

Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste and Other Tobacco Products
2.2.6   **Smoke-Free Outdoor Dining:** Number of outdoor restaurant, bar, and mobile catering businesses with a voluntary policy that designates the outdoor dining, bar, and service line as smoke-free –or- Number of communities with a policy that designates the outdoor dining, bar, and service line of mobile catering businesses as smoke-free.
2.2.10   **Smoke-Free Health Care Campuses:** Number of businesses providing in-home health care and assistance with daily living services which have a policy that prohibits smoking by employees when delivering in-home services -or- Number of licensed health care and/or assisted living facilities (e.g., acute health care facilities; drug and rehab facilities; adult residential care facilities for the chronically ill, elderly, or people with developmental or mental disabilities; social rehabilitation facilities; adult group homes; assisted living facilities; skilled nursing facilities) with a voluntary policy that designates the premises, inside and out, as smoke-free at all times - or- Number of communities with a policy that designates the premises, inside and out, of licensed health care and/or assisted living facilities (e.g., acute health care facilities; drug and rehab facilities; adult residential care facilities for the chronically ill, elderly, or people with developmental or mental disabilities; social rehabilitation facilities; adult group homes; assisted living facilities; and skilled nursing facilities) as smoke-free at all times.
2.2.13   **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 -or- Number of communities with a policy that restricts smoking in the individual units of multi-unit housing (including balconies and patios).
2.2.16   **Smoke-Free Recreational Areas:** The number of outdoor recreational facilities, areas, and venues with a voluntary policy that regulates smoking in places such as

	amusement parks, beaches, fairgrounds, parks, parades, piers, sport stadiums, zoos, and service lines (e.g., movie theaters, food service, restrooms) -or- Number of communities with a policy that regulates smoking at outdoor recreational facilities, areas, and venues in places such as amusement parks, beaches, fairgrounds, parks, parades, piers, playgrounds, sport stadiums, tot lots, zoos, and service lines (e.g., movie theaters, food service, restrooms).
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.
Reduce the Availability of Tobacco	
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.

Primary Areas of Investigation

The purpose of this report is to examine certain elements or factors common to these 14 projects. These were selected by the Tobacco Control Evaluation Center as primary areas of investigation due to their apparent link to successful outcomes in past analyses of FERs related to cultural competency. These elements or factors are:

→ Elements of a culturally competent campaign, the steps involved, including:
- · Getting to know the community
- · Involving community members
- · Educating decision makers
- · Using culturally appropriate media for education and advocacy
- · Using culturally adapted data collection instruments

→ Problems encountered and barriers

→ Conclusions and recommendations

Methods

At the conclusion of the 2013-2015 funding cycle, 34 competitive grantees produced FERs describing their experiences and revealing whether they were able to succeed in meeting their objectives. Of the 34, 14 competitive grantees described practical tips on culturally competent evaluation. Contacting the competitive grantees directly to resolve ambiguities or to expand upon the information offered in the FERS was not an option in preparation of this report. As such, the data used here are drawn exclusively from a content analysis of the 14 FERs as they were submitted at the end of the project period.

Limitations. Although these FERs are focused on tobacco use reduction, they demonstrate a wide variation in content and presentation. The FERs ranged in length from 13 to 118 pages[1] and, upon reviewing the reports, it was apparent that there were no set of shared variables that could be used for convenient point-by-point comparison. In considering what to include in each section of this report, if it was not specifically reported as a completed activity in the competitive grantees FER, it was not included

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[1] Page count includes cover page and text only, excluding attachments.

here. For these reasons, definitive conclusions cannot be drawn from the limited information that these FERs provided. Instead, this report is limited to compiling information about activities and outcomes presented by the FERs themselves and making tentative observations based upon this information.

Competitive Grantees Funded, Indicators Chosen and Project Outcomes

The names of the competitive grantees, the specific indicators addressed in the workplans, as well as the outcomes of each project, are illustrated in detail in Table 2 below. [2]

Table 2. Competitive Grantees Funded, Indicators Chosen and Project Outcomes.
(Shading: blue = objectives exceeded, green = objectives met, grey = objectives partially met, no shading = objectives not met)

#	Competitive Grantee (City)	CX Indicator Chosen							OBJECTIVE MET?
		2.2.6	2.2.10	2.2.13	2.2.16	2.2.26	3.2.1	3.2.4	
1	America On Track (Santa Ana)			X					*Exceeded objective:* 14 multi-unit housing complexes with more than 10 units and 8 multi-unit housing complexes with less than 10 units adopted and implemented a voluntary smoke-free policy instead of 10
2	American Lung Association of California – Tobacco Free Communities (San Diego)			X					*Did not meet objective:* 1 city or housing authority did not adopt a smoke-free multi-unit housing policy gaming policy, then casino reversed decision
3	Bay Area Community Resources, Inc. – SUNSET Project (San Rafael)			X					*Exceeded objective:* 7 multi-unit housing complexes adopted and implemented a voluntary smoke-free policy instead of 5
4	Community Action of Napa Valley - Connect Partnership Program (Napa)					X			*Partially met objective:* 3 of 4 multi-unit housing complexes adopted and 2 implemented smoke-free policies
5	Community Partners - Smoke-Free Living (Los Angeles)			X					*Did not meet objective:* 1 city did not adopt a smoke-free multi-unit housing policy
6	Fresno County Economic Opportunities Commission (Fresno)			X					*Did not meet objective:* 2 cities did not adopt and implement a smoke-free multi-unit housing policy
7	Health and Social Policy Institute – At Home in Humboldt (Sacramento)			X					*Partially Met objective:* 1 city adopted and implemented a smoke-free multi-unit housing policy instead of countywide
8	National Council On Alcoholism and Drug Dependence (Orange County)	X							*Did not meet objective:* A legislated smoke-free outdoor dining policy was not adopted; however, 14 voluntary policies were adopted and implemented
9	Pajaro Valley Prevention and Student Assistance, Inc. (Santa Cruz County)		X						*Partially met objective:* 5 health care facilities adopted and implemented smoke-free campus policies instead of 10
10	People's Community Organization for Report and Empowerment (Los Angeles)					x			*Met objective:* 12 multi-unit housing complexes adopted and implemented a voluntary smoke free policy
11	Public Health Institute (Sacramento)			X					*Met objective:* 1 countywide smoke-free multi-unit housing policy was adopted and implemented

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[2] A listing of each competitive grantee and its objective is provided in Appendix A.

#	Competitive Grantee (City)	CX Indicator Chosen							OBJECTIVE MET?
		226	2210	2213	2216	2226	321	324	
12	San Dieguito for Drug Free Youth (Del Mar)				X				*Met objective:* 1 smoke-free grounds policy was adopted and implemented at the Fairgrounds and at horse races
13	Tri-City Health Center (Fremont)							x	*Met objective:* 1 city adopted and implemented a voluntary policy to prohibit the distribution of free tobacco products or offers
14	United Indian Health Services (Arcata)				X				*Partially met objective:* 0 of 1 tribal organizations and 1 of 1 business/group on tribal land adopted a policy that regulates outdoor smoking

As noted above in Table 2, 10 projects were successful, and in 3 of these the competitive grantee was able to accomplish more than the minimum goals it set for itself as defined in the objective.

Analysis of the Primary Areas of Investigation

Why were some projects able to achieve their objectives? The following pages provide an examination of these competitive grantees for common characteristics or combinations of characters that might illuminate certain elements or factors common to these projects. The primary areas of investigation were chosen by the Tobacco Control Evaluation Center. They were selected due to their apparent link to successful outcomes in past analyses of FERs related to cultural competency. Rather than attempt an exhaustive summary and analysis of every point as addressed by each FER, significant areas will be illustrated with examples provided by the competitive grantees which actively addressed the area of cultural competence.

ELEMENTS OF A CULTURALLY COMPETENT CAMPAIGN

According to the American Evaluation Association, "Culture can be defined as the shared experiences of people, including their languages, values, customs, beliefs, and mores . . . Cultural competence is defined in relation to a specific context or location, such as geography, nationality, and history."[3] There are four basic steps to working with diverse cultural communities:[4]

> Step 1: Gather Background Information About the Community
> Step 2: Establish Contacts and Develop Relationships
> Step 3: Identify / Adapt Program Strategies
> Step 4: Plan / Adapt Evaluation Activities

Step 1:   Gather Background Information About the Community

Each of the 14 projects focused on a California Tobacco Control Program "priority population;" specifically, people of low socioeconomic status (LSES), Hispanics, Russian Immigrants, Asian/Pacific Islanders, the Lesbian, Gay, Bisexual and Transgender (LBGT) community, and Native

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[3] American Evaluation Association, retrieved at http://www.eval.org/p/cm/ld/fid=92, January 20, 2016.
[4] Gonzalez, V, et al 1991. *Health Promotion in Diverse Cultural Communities*. Note that the 4 basic steps presented here are adapted from the model presented.

Table 3. Elements of Cultural Competency Described in the FERs.

(Shading: blue = objectives exceeded, green = objectives met, grey = objectives partially met, no shading = objectives not met)

#	LLA (City)	Rural or Urban	Priority Population	ELEMENTS OF A CULTURALLY COMPETENT CAMPAIGN							
				BACKGROUND INFORMATION COLLECTED	LANGUAGE SPOKEN	WAYS IN WHICH COMMUNITY MEMBERS WERE INVOLVED	EDUCATIONAL MATERIALS COMPILED	MEDIA USED	TRAINING & TA PROVIDED	EVALUATION METHODS	EVALUATION PRACTICES
1	America On Track (Santa Ana)	Urban	Low Socio-economic Status (LSES), Hispanic	Smoking Prevalence Primary Language Spoken	Spanish	Data Collection - POP	Smoke-Free MUH Info. Kits and flyers in English and Spanish	-	Data Collection – POP	KII, OBS, POP-tenants	POP was provided in English and Spanish
2	American Lung Association of California – Tobacco Free Communities (San Diego)	Urban	LSES, Hispanic, Low literacy[5]	Smoking Prevalence Exposure to SHS Targeted Jurisdictions Size of Local Population Primary Language Spoken	Spanish	Delivered educational kits to landlords DCT for residents	Smoke-Free MUH Info. Kits for Tenants (low-literacy), Owners/Managers and Policy Makers in Spanish and English	-	DCT – Air Quality Monitoring	POP-tenants, KII, Dylos Air Quality Monitoring	DCT provided - residents
3	Bay Area Community Resources, Inc. SUNSET Project (San Rafael)	Urban	Russian Immigrants, LSES	Smoking Prevalence Exposure to SHS Social Norms Targeted Jurisdictions Size of Local Population Primary Language Spoken Tobacco Product Availability	Russian	POP Data Collection – POP, OBS, KII Presentations to Tenants Introduced Landlords/Managers, Meetings with Onsite Managers, Community Events	Bilingual materials developed: Smoke-Free MUH Info Kits, Smoke-Free MUH Info Kits with Sample Policies Existing Data (Prevalence) 2013 Obs. Survey 2015 Obs. Survey	Russian-language papers, newsletters and ads	Data Collection – POP, OBS, KII Presentations – Educating Tenants & Policy Makers	POP of Renters, OBS, KII	Bilingual materials developed; Survey methods were conducted by members of the Russian-speaking community
4	Community Action of Napa Valley - Connect Partnership Program (Napa)	Rural	Hispanics	Smoking Prevalence Exposure to SHS Primary Language Spoken	Spanish	Partnered with 3 Promotoras per year from clinic partner to become health advocates Focus Groups POP Data Collection – POP, OBS (by Promotoras)	-	Spanish Radio, Campaign Newsletter	Data Collection – POP, OBS (Litter)	2 Pre-policy FG of Tenants, 2 POP of Tenants, OBS (Litter)	Surveys provided in Spanish; Post-Training Assessment in English and Spanish
5	Community Partners - Smoke-Free Living (Los Angeles)	Urban	LSES, Hispanics, Immigrants	Smoking Prevalence Targeted Jurisdictions Primary Language Spoken	Spanish	Promotoras were recruited and utilized for outreach and education	-	Spanish newspaper ad, Door hangers in Spanish and English	Presentations – Educating Policy Makers	POP of Tenants, KII	POP survey and POP results provided in Spanish
6	Fresno County Economic Opportunities Commission (Fresno)	Rural	LSES, Hispanic	Exposure to SHS Primary Language Spoken	Spanish	Education and Outreach (Promotoras), English and Spanish PowerPoint for presentations to Tenants	Smoke-Free MUH Info, Kits for Tenants (Spanish/English) and Policy Makers California Smoker's Helpline brochure was provide in "appropriate" languages to residents	-	-	POP at Community Events	POP was provided in English and Spanish
7	Health and Social Policy Institute – At Home in Humboldt (Sacramento)	Rural	LSES, Hispanics	Exposure to SHS Primary Language Spoken	Spanish	Focus Group - Multi-unit housing staff and residents provided input on educational materials (conducted in Spanish)	Smoke-Free MUH Info. Kits for Tenants	-	-	Education/ Participant Survey , Pre/Post KIIs included tenants, FG of Residents, OBS (Litter)	Low-literacy pen-paper Education/Participant Survey, Focus group (in Spanish)of residents was used to fine tune educational messages

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[5] "Project staff learned from previous contracts that 'residents contacted for public comment were reluctant and uncomfortable entering the public arena. They did not have the time, most had a language barrier (they were Spanish monolingual), and feared retaliation.' It was essential to keep up a community front so interns/volunteers living in both cities were recruited from local universities."

#	LLA (City)	Rural or Urban	Priority Population	ELEMENTS OF A CULTURALLY COMPETENT CAMPAIGN							
				BACKGROUND INFORMATION COLLECTED	LANGUAGE SPOKEN	WAYS IN WHICH COMMUNITY MEMBERS WERE INVOLVED	EDUCATIONAL MATERIALS COMPILED	MEDIA USED	TRAINING & TA PROVIDED	EVALUATION METHODS	EVALUATION PRACTICES
8	National Council On Alcoholism and Drug Dependence (Orange County)	Urban	LSES, Hispanics	Smoking Prevalence Exposure to SHS Targeted Jurisdictions Size of Local Population Primary Language Spoken	Spanish	Promotoras from Hispanic/Latino community Data Collection - OBS Latino Adults as Peer Educators and for data collection procedures Presentations were done in English and Spanish	Smoke-Free Info. Kits – Tenants (Spanish-language)	Print ad in Spanish-language Magazine, Restaurant Association Newsletter	Data Collection – OBS	OBS (Signage)	Latino adults for data collection procedures and data collection
9	Pajaro Valley Prevention and Student Assistance, Inc. (Santa Cruz County)	Urban	LSES, Hispanics, Low literacy	Smoking Prevalence Exposure to SHS Targeted Jurisdiction Size of Local Population	Spanish	Promotoras for Outreach/Education Data Collection - OBS	Smoke-Free Ed. Kit	-	Data Collection - OBS	KII, OBS, Education/ Participant Survey	Latino project staff did all data collection
10	People's Community Organization for Report and Empowerment (Los Angeles)	Urban	Asian/ Pacific Islanders, LSES Multi-genera-tional, Some Immigrants	Smoking Prevalence Exposure to SHS Social Norms Targeted Jurisdictions Size of Local Population Primary Language Spoken Tobacco Industry Tactics	Various Asian Languages	Identifying Targets & Strategies Data Collection – OBS, KII, FG Presentations Meetings with Landlords/Managers, Community Events, Input on Data Collection Instruments & Presentations Multilingual materials developed	Multilingual materials developed Smoke-Free MUH Info Kits Existing Data (Prevalence) 2013 Obs. Survey 2015 Obs. Survey	Multilingual materials developed; Asian-language newspapers, TV, newsletters and paid ads	Data Collection – OBS, KII, FG	OBS, KII, FG	Focus groups were conducted first; participants provided input on ways questions were framed and sequenced in data collection methods
11	Public Health Institute (Sacramento)	Urban	LSES	Smoking Prevalence Exposure to SHS	English	-	Smoke Free MUH Info. Kit – Tenants (low literacy)	-	-	KII, POP	-
12	San Dieguito for Drug Free Youth (Del Mar)	Urban	Hispanics	Smoking Prevalence Exposure to SHS Primary Language Spoken Tobacco Industry Tactics	Spanish	Data Collection – OBS, POP in English and Spanish	Smoke Free Fair Info. Kits	-	Presentations & Data Collection	OBS, KII, POP	Adult and youth teams collected observation data, and POP data in English and Spanish
13	Tri-City Health Center (Fremont)	Urban	Lesbian Gay Bisexual and Trans-gender Community	Smoking Prevalence, Social Norms Targeted Jurisdictions Tobacco Industry Tactics Tobacco Product Availability	Understood LGBT Culture	Identifying Targets & Strategies Data Collection - OBS Presentations MASC Community Events, Collected Petition Signatures Speakers represented many different segments of the community and ethnic groups (not just LGBT)	Tobacco Sampling Info Kits including e-cigarettes Existing Data (Prevalence) 2013 Obs. Survey 2015 Obs. Survey	1 ad post-policy adoption	Data Collection – OBS Presentations – Educating Policymakers: Detailed and Coordinated Talking Points	OBS KIIs	Survey was conducted by members of the LGBT community
14	United Indian Health Services (Arcata)	Rural	Native Americans, LSES	Smoking Prevalence Exposure to SHS Social Norms	Understood Native Culture	Native Teen Advisory Group (TAG) and CORE (Adult volunteers) helped do outreach, education and presentations Data Collection – OBS/Litter Clean-up	SHS / Litter Ed. Kits	1 article in Native Newspaper, Indian Health Services newsletter and community newsletter, 2 tribal newspapers and 3 tribal newsletters	Presentations & Data collection	FGs, KIIs, OBS/Litter Clean-up	Focus Groups included tribal members who provided input on educational presentation packet and signage

Americans, each of which have tobacco-related disparities. Before approaching a community/population, a natural first step is to gather background information about the community – the scope of the problem, history, the social norms, where to find participants and how to involve them – and all 14 projects specifically mentioned having gathered background information about the targeted community among their first steps.

The specific types of information collected included smoking prevalence in the targeted population (mentioned as high in 12 projects), exposure to secondhand smoke in multi-unit housing, at work or in public venues (11 projects), and social norms that supported tobacco use (4 projects). Comments from competitive grantees included the following:

> *"American Indians had the highest smoking prevalence among men and women (27% and 33.5%, respectively) than . . . other racial/ethnic groups. . . American Indian people have a huge respect for the individual's right to choose what to do . . . and [because of] the firm rules of respect for one another, nonsmokers are reluctant to ask smokers not to smoke or to ask them to smoke in only designated areas . . . "* (United Indian Health Services NATIVE Project)

> *The smoking prevalence among the gay population in Santa Clara County is 3x the general population. "Drinking and smoking is just what we [gays] do. It is part of our community. It is just who we are."* (Tri-City Health Center)

As shown in Table 3, specific tobacco industry tactics targeting the population was mentioned in 3 projects. For example, the SUNSET project mentioned that there are discount stores in the Russian immigrant neighborhoods in the Bay Area making tobacco products readily available and Tri-City Health Center reported that the tobacco industry provides free samples to get the LBGT community hooked on nicotine.

Where a primary language other than English was spoken, this was also identified, as was the case with 11 of the projects where Spanish (9 projects), Russian (1 project) and various Asian languages (1 project) were spoken.

Of the 14 competitive grantees, 10 projects were successful and partially met, met or exceeded the objective they set out for themselves. Of these 10 competitive grantees, all (10) mentioned that they gathered information about the target population in the early stages of the project.

Step 2:   Establish Contacts and Develop Relationships

Creating culturally-tailored tobacco prevention and evaluation activities starts with building a relationship with the community. This can include working with a community leader or organization to obtain support, having a respected member of the community involved, engaging members of the community in specific activities or by having bicultural/bilingual volunteers/paid staff on the project team.

Involvement of Community Members. Thirteen projects reported the involvement of community members in varying degrees. As Table 3 shows, 13 projects recruited community members to help with data collection, make presentations to policy members and educate the community. Five projects reported the use of Promotoras for education and outreach to the Hispanic/Latino community.

Many projects reported that having members of the community involved was key to their project's success. The project team, typically a combination of staff and volunteers, spoke the language of the target population and/or understood its culture. For example, members of the SUNSET team spoke Russian; members of People's CORE spoke a variety of Asian languages; and members of Tri-City Health

Center were from the LGBT community. United Indian Health Services reported having Native American Youth and Adult Advisory Groups to provide input on project activities.

Attending webinars and trainings in culturally competent evaluation and effective tobacco control strategies to facilitate culturally competent implementation and evaluation practices throughout the two-year scope of work was mentioned by 1 project:

> *"For this particular project, apartment managers and owners as well as apartment tenants were more likely to engage in dialogue with people who speak their own language. Among Asians/Pacific Islanders, this created a sense of comfort and openness and an entry to building relationships and rapport by creating a sense of understanding for community needs."* (People's CORE)

Developing Trust. Important to note is that some projects mentioned having had a history of working with their targeted populations: SUNSET since 2000 (since 2008 specifically on Smoke-Free MUH), People's CORE since 1996, and Tri-City Health Center had experience with the LBGT community in Alameda County (although a length of time wasn't mentioned). Prior relationships facilitated the campaign because they weren't starting from scratch to build trust among the community in these projects. One competitive granted reported,

> *"NATIVE Tobacco Project staff has learned through the years of experience that it is impolitic to attempt to conduct a project without involving all tribes. For this same reason, it is important to ensure that all tribes are involved at the same point in time if at all possible."* (United Indian Health Services NATIVE Project)

Although Tri-City Health Center had not worked in Santa Clara County before, prior experience helped as their first step was to make contact with the local tobacco control program and LGBT advocates, which paved the way for building a small core of advocates.

Many projects also mentioned having tables at public events to raise awareness, e.g., People's CORE – Lotus Festival, Tri-City Health – LGBT Pride, and Community Action of Napa Valley – Migrant farm camps, as examples, which helped to build relationships with the broader community. A few projects mentioned being introduced to decision-makers by community members, which paved the way for policy discussions. Other projects mentioned garnering signatures as indications of support, gathering letters of support and attending meetings in the community.

Of the 14 competitive grantees, 10 projects were successful and partially met, met or exceeded the objective they set out for themselves. Of these 10 competitive grantees, 9 mentioned that they involved the community at different stages of the project.

Step 3:   Identify / Adapt Program Strategies

Compiling Educational Materials and Seeking Technical Assistance. Competitive grantees gathered information in two main ways: 1) by utilizing the information offered through Center for Tobacco Policy and Organization (CTPO) and ChangeLab Solutions, and 2) by reviewing local, state and national media for data they could use. Examples of the materials competitive grantees collected include: sample policies, fact sheets regarding secondhand smoke exposure or availability of electronic cigarettes, and the prevalence of smoking.

Twelve projects assembled educational "kits." A summary of the type of kits created is provided below (Table 3):

- Smoke-Free Multi-Unit Housing Information Kits in language appropriate materials (Spanish, Russian or Asian language), for low-literacy populations, tenants and/or for policy makers – 8 projects
- SHS / Smoke-Free Policies Educational Packet for Apartment Owners/Managers – 3 projects
- Tobacco Sampling Educational Kit – 1 project

Tri-City Health Center, which developed the Tobacco Sampling Educational Kit for policy makers, included in the kit a campaign brochure with photos of tobacco representatives engaging with patrons at San Jose bars (taken by project participants), the list of bars in San Jose that were scheduled to be visited by Phillip Morris, the list of community groups that endorsed the campaign, and the Matrix of existing tobacco sampling policies that were enacted in other California cities and counties.

Using Culturally Appropriate Media for Education and Advocacy. Use of culturally appropriate media to help inform the community of the need for tobacco control, to build support for tobacco use reduction and to put pressure on decision makers at the same time was reported in 7 projects. Media were focused on smoke-free multi-unit housing (4 projects), smoke-free outdoor dining (1 project), banning tobacco sampling (1 project), and prohibiting outdoor smoking (1 project). Culturally-appropriate media included placing ads in language-appropriate papers (5 projects), articles in culturally appropriate newspapers/newsletters (7 projects), and announcements on culturally appropriate radio (2 projects) and TV (1 project). Comments by various competitive grantees included the following:

> *"Putting advertisements in Russian-language media was key. SUNSET staff placed over 20 advertisements in newspapers widely read by Russian-language readers, such as Kstati and New Life magazine. Publishing letters to the editor in Russian-language publications was a way to engage Action Team Members (volunteers) and they wrote and published two letters every report period in New Life and Kstati, and one in Ariekin. These letters addressed second hand smoke and housing . . . bilingual MUH bus ads for public transportation "share your walls, not your smoke: were placed on San Francisco Muni bus lines . . . from 2 garages – those that carried the greatest number of Russian-speakers."* (Bay Area Community Resources, Inc. SUNSET Project)

While other FERs reported which media was used and who the targets were, the message that the projects tried to convey or what they hoped to change was not specified.

Educating Decision Makers. For the competitive grantees focused on secondhand smoke exposure in MUH, the policymakers for the campaign were apartment landlords/managers (9 projects). For the competitive grantees focused on a tobacco sampling policy (1 project) and smoke-free outdoor dining (1 project), the targeted policy makers were the city council members. One competitive grantee focused on a smoke-free fair (1 project) targeted the fair board and the targeted policy makers for smoke-free tribal lands/businesses were tribal leaders and tribal businesses. Of these, 5 FERs reported making presentations to decision makers and involving members of the community in those presentations.

Of the 14 competitive grantees, 10 projects were successful and partially met, met or exceeded the objective they set out for themselves. Of these 10 competitive grantees, 9 compiled educational materials, adapted media and/or 5 educated decision makers with the help of community members.

Step 4:   Plan / Adapt Evaluation Activities

When working with different racial/ethnic and CTCP-priority population groups, determining which data collection methods will work best, in addition to how questions are asked, in what language, and by whom, will determine the quality of the information gathered and, therefore, the effectiveness of the evaluation.

<u>Using Culturally Adapted Data Collection Instruments.</u> Involving members of the community in adapting data collection instruments was reported in 2 FERs (Table 3). One project (National Council on Alcoholism and Drug Dependence) reported that data collection procedures were reviewed by community members but didn't say explicitly in what manner they were adapted or provide more information. Another project (People's CORE) reported changing how questions were framed as well as the sequencing of questions in data collection instruments as a result of community input, but didn't indicate the specific data collection instrument(s) being reviewed, e.g., all, some or one of the instruments being utilized.

Two FERs reported creating low-literacy data collection instruments and many projects implied that community input was utilized to create language-appropriate data collection instruments, but it was not explicitly stated.

Otherwise, 5 projects reported that survey instruments were provided in a language other than English. Whether it was bicultural/bilingual project staff or community members that translated these instruments was not clearly stated.

<u>Involving the Community in Data Collection.</u> Involving members of the community in collecting data was reported in 10 FERs (Table 3), gathering information through public opinion polls (4 projects), observation surveys (8 projects), key informant interviews of the "targets" (2 projects), and focus groups (3 projects). Other projects indicated that information was collected by culturally-appropriate data collectors, e.g., members of the LGBT community for tobacco sampling targeting gays (1 project), Native American youth for work with a tribe (1 project), and bicultural/bilingual data collectors for projects requiring a specific language and cultural sensitivity (7 projects). One FER reported regarding a public opinion poll of multi-unit housing tenants that,

> *"It was critical to the project that the people conducting the resident poll, observational data, and key informant interviews with the owner/managers were themselves members of the Russian-speaking community for several reasons. They had relationships with some of the tenants which was the key reason why they had success in conducting the tenant poll. The residents with whom they had relationships introduced them to the managers, which was also critical. They could communication in Russian to tenants the rationale for protections against drifting smoke, and for the necessity for Smoke-free policies. They could understand and discuss one on one the concerns the Russian-speaking tenants had about such policies after the poll was taken."* (Bay Area Community Resources, Inc. SUNSET Project)

Another project indicated that conducting a Focus Group with community members at the start of the project made evident,

> *". . . respect and sensitivity to their needs, as well as acknowledgement of their values and aspirations"* [which] *were essential to laying the groundwork for developing programs focused on non-smoking policy adoption."*

<u>Process Measures</u>. Many projects made an effort to learn about the community through <u>Public Opinion Polls</u>. Eight competitive grantees conducted public opinion polls (POPs) prior to or when implementing their activities with local decision makers. The specific purpose of the POP was to determine awareness of the dangers of tobacco use and secondhand smoke exposure in addition to assessing support for tobacco-related policies. In most cases, the surveys were conducted in-person, using a convenience sample of people attending community health fairs and other public events, or of tenants living in multi-unit housing complexes. Six of the projects provided surveys in the native language and/or utilized bicultural/bilingual data collectors. As shown in Table 4, public support ranged from 70% to 94% in

favor of smoke-free policies. Of the 8 projects that conducted public opinions polls, 5 were successful and partially met, met or exceeded their projects objectives.

Table 4. Public Opinion Poll Results.
(Shading: blue = objectives exceeded, green = objectives met, grey = objectives partially met, no shading = objectives not met)

Competitive Grantee (City)	Rural or Urban	OBJEC-TIVE TYPE		Support for Policy Adoption	
		A	I	Pre-Intervention	Post-Intervention
America On Track (Santa Ana)	U	A	I	94% (n=558) MUH Tenants 70% (n=45) Condo Tenants	-
American Lung Association of California – Tobacco Free Communities (San Diego)	U	A	I	76% Chula Vista (n=179) MUH Tenants ? National City (n=200) MUH Tenants	-
Bay Area Community Resources, Inc. SUNSET Project (San Rafael)	U	A	I	77% (n=308) MUH Tenants	-
Community Action of Napa Valley - Connect Partnership Program (Napa)	R	A	I	85% (n=241) MUH Tenants	96% (n=200) MUH Tenants
Community Partners - Smoke-Free Living (Los Angeles)	U	A	-	87% (n=277) MUH Tenants	-
Fresno County Economic Opportunities Commission (Fresno)	R	A	I	85% (n=242) MUH Tenants MUH	-
Public Health Foundation Enterprises, Inc. - SOL (Sacramento)	U	A	I	-	74% (n=156) Have seen positive change since policy was adopted (via Facebook)
San Dieguito for Drug Free Youth (Del Mar)	U	A	I	90% (n=302) Smoke-Free fairgrounds (reported 3 years combined)	

<u>Observational Survey</u>. Many competitive grantees reported that they conducted Observational Surveys pre-intervention and/or post-intervention to document the presence of tobacco use (tobacco litter, smoking, etc.). Most competitive grantees used Observational Surveys as a method to influence policy makers and other key stakeholders. These surveys were typically conducted by bicultural/bilingual project staff or volunteers. Observation surveys, especially collection of cigarette butt litter, was effective at indicating a problem with smoking, whether or not smokers were actually observed.

Of the 14 projects, 10 specifically mentioned conducting observational surveys at the beginning of the project (Table 4). Of these 10 projects, 9 were successful and partially met, met or exceeded their projects objectives.

To assess policy compliance, 10 projects conducted a post-policy adoption observation survey. Post-policy adoption observational surveys are discussed further under **Outcome Measures** (page 12).

<u>Reporting Results</u>. Many projects reported success in documenting the problem through observation surveys. For the projects focused on smoke-free multi-unit housing, renter surveys also indicated high support for a smoke-free policy and the key informant interviews with apartment landlords/managers revealed complaints being received about secondhand smoke drift. When it came to whether or not reporting results were tailored, one project mentioned that public opinion polls results were provided in Spanish for its target population. Another project reported that, "API community members were involved through the assessment, planning, intervention and evaluation," but specific reference to tailoring the reports to the API community was not mentioned.

Of the 14 competitive grantees, 10 projects were successful and partially met, met or exceeded the objective they set out for themselves. Of these competitive grantees, 2 projects indicated that they provided survey results in the native language.

<u>Outcome Measures.</u> Eleven of the 14 projects utilized observation surveys as the outcome evaluation measure. Observational Surveys were typically conducted by a culturally competent data collector as in the use of Promotoras for projects working with the Hispanic/Latino community and Native American youth for observations on tribal lands. Of the 11 projects that conducted culturally competent observation surveys, 9 projects were successful and partially met, met or exceeded their objectives.

Table 5. Observation Survey Results.

(Shading: blue = objectives exceeded, green = objectives met, grey = objectives partially met, no shading = objectives not met)

Competitive Grantee (City)	Rural or Urban	OBJEC-TIVE TYPE		Pre-Intervention	Post-Intervention / Post-Policy Adoption
		A	I		
America On Track (Santa Ana)	U	A	I	1 Wave (n=16) - 12 sites had evidence of smoking	1 Wave (n=5) - 2 sites had evidence of smoking
American Lung Association of California – Tobacco Free Communities (San Diego)	U	A	I	Dylos Air Quality Monitoring (n=5 MUH residents) showed significant exposure	-
Bay Area Community Resources, Inc. SUNSET Project (San Rafael)	U	A	I	1 Wave (n=7) – litter	1 Wave (n=7) – no smoking
Community Action of Napa Valley - Connect Partnership Program (Napa)	R	A	I	1 Wave (n=3) – litter	1 Wave (n=2) - showed 28.7% reduction
Health and Social Policy Institute – At Home in Humboldt (Sacramento)	R	A	I	1 Wave (n=8) – 63% had litter	1 Wave (n=2) – showed reduction but unclear
National Council On Alcoholism and Drug Dependence (Orange County)	U	A	I	-	1 Wave (n=100) – signage with 14
Pajaro Valley Prevention and Student Assistance, Inc. (Santa Cruz County)	U	A	I	1 Wave (n=5)	1 Wave (n=5) – showed reduction, but unclear
People's Community Organization for Report and Empowerment (Los Angeles)	U	A	I	1 Wave (n=30)	1 Wave (n=30) - reduction in litter from 91 locations on properties to 16
San Dieguito for Drug Free Youth (Del Mar)	U	A	I	3 waves (2013 n=24, 2014 n=28, 2015 n=16) – showed evidence of smoking, but unclear	
Tri-City Health Center (Fremont)	U	A	I	4 Waves (Bars) - 23 total over 2 years showed limited presence of Tobacco Reps.	
United Indian Health Services (Arcata)	R	A	-	1 Wave Obs. / Litter Clean-up (n=6) – evidence of tobacco litter	1 Wave Obs. / Litter Clean-up (n=6) showed butt litter decreased by at least 30%

Problems Encountered and Barriers. There are unique challenges when working with various racial/ethnic groups and CTCP priority populations regarding tobacco prevention and cessation services. Among the challenges noted by some projects was being able to recruit community members. Comments from competitive grantees included the following:

> *"It was extremely challenging to recruit community advocates in this heavily immigrant, very low-SES city. Residents are struggling financially and civic engagement is not a priority for them. Neither are many likely to stand up for themselves and their families, disadvantaged by lower educational attainment and often undocumented status. People who were identified while collecting surveys and who said they would participate, would not necessarily come to follow-up meetings."* (Community Partners Smoke-Free Living Project, Los Angeles)

> *"Working with the city of San Jose, the emphasis on the LBGT community was not always helpful, because it sometimes made it difficult for policy makers to recognize that the entire city population would benefit from the proposed policy change."* (Tri-City Health Center)

Otherwise, several projects mentioned that the use of culturally appropriate media was a "lesson learned" and suggested making the most of them through press releases, articles, one-on-on interviews, letters to the editor and op-ed pieces. It was also suggested to purchase ads, if necessary, to ensure that the message gets out to the public.

CONCLUSIONS

The 14 FERs produced by California Department of Public Health, Tobacco Control Program competitive grantees focusing on CX indicators that deal with reducing exposure to secondhand smoke and reducing

the availability of tobacco – Indicators 2.2.6, 2.2.10, 2.2.13, 2.2.16, 2.2.26 and 3.2.4 – described cultural differences among the populations with which they worked. Despite these differences, there were factors or elements that emerged for these competitive grantees that were found to be instrumental to their campaigns. These are provided below.

- Gather background information to find out as much as possible about the history and social norms of the targeted racial/ethnic group or CTCP "priority population" before designing the campaign.

- Involve community members who speak the language or understand the culture in as many aspects of the campaign as possible. People tend to feel automatically understood by someone who speaks their language or is from their culture.

- Have a table or presence at public events. This helps build trust in the community.

- Ask community members to provide an introduction to decision makers and other key stakeholders.

- Demonstrate that there is a problem by documenting secondhand smoke exposure or tobacco product sampling.

- Show public support for the policy via public opinion polls, petition signatures, letters of support and presence at meetings.

- Utilize culturally appropriate media, in the language of the target population, and make the most of them through articles, one-on-one interviews, letters to the editor and op-ed pieces, as well as purchased ads, to make sure the message gets out to the broader community.

- Involve community members in adapting data collection instruments and in collecting data to ensure that they are culturally appropriate.

Each of the 14 competitive grantees utilized the above approaches in an effort to achieve their objectives – reducing secondhand smoke exposure and reducing distribution of free tobacco products – and 10 were successful at getting policies adopted.

Appendix A. List of Competitive Grantee Objectives

America On Track – On Track for a Smoke-Free Santa Ana: *By June 30, 2015, a minimum of ten (10) multi-unit housing (MUH) complexes having greater than 10 units per complex located in Orange County in Low Socio Economic Status neighborhoods with 50% or more of the residents being Hispanic, will adopt and implement written policies requiring all outdoor common areas and at least 50% of their contiguous individual units to be designated as smoke-free (including balconies and patios).*

American Lung Association of California – IMPACT: *By June 30, 2015, a minimum of two additional cities in Fresno County will adopt a tobacco retail licensing policy that earmarks a portion of the license fees for enforcement activities. IMPACT will work with the cities of Fresno, Reedley, Sanger, Mendota, Kerman, Clovis and/or Selma.*

American Lung Association of California – Tobacco Free Communities: *By June 30, 2015, the City of Chula Vista, National City and/or Chula Vista Housing Authority will adopt a smoke-free policy that restricts smoking in outdoor common areas of multi-unit housing complexes and in at least 75% of individual contiguous units (including balconies and patios).*

Bay Area Community Resources, Inc. – SUNSET Russian Tobacco Education Project: *By June 30, 2015, at least 5 multi-unit housing (MUH) complexes in San Francisco County, San Mateo County and Marin County, where 20% or more of the residents are Russian speaking, will adopt and implement a voluntary policy designating 75% of contiguous individual units as smoke-free (including balconies and patios) and designating a 20-foot zone at the MUH building entrances as smoke-free.*

Community Action of Napa Valley – Connect Partnership Program: *By June 30, 2015, a minimum of 4 Multi-Unit Housing complexes in Napa County will adopt and implement policies to restrict smoking in common indoor and outdoor areas.*

Community Partners – Smoke-Free Living: *By June 30, 2015, at least one city in Los Angeles County which has at least 10% of residents at or below the poverty level and/or at least 20% are Latino, will adopt a comprehensive housing policy that requires apartment buildings to make all common areas (both indoor and outdoor) and at least 50% of units adjacent to each other (including balconies and patios), non-smoking. Additionally, landlords shall be required to disclose to prospective tenants the location of the smoking and non-smoking units.*

Fresno County Economic Opportunities Commission – Rural Tobacco Education Program: *By June 30, 2015, at least 2 cities in rural Fresno County will adopt and implement a policy designating at least 75% of individual units (including balconies and patios) in multi-unit housing complexes as entirely smoke-free units.*

Health and Social Policy Institute – Sustainable Health Advances in Rural Environments (SHARE): *By June 30, 2015, the Humboldt County Public Housing Authority will adopt and implement a written policy whereby all affordable multi-unit housing facilities operated under its authority will prohibit smoking in a minimum of 75% of contiguous individual units, including balconies and patios.*

National Council on Alcoholism and Drug Dependence-Orange County – Tobacco Intervention Project- Orange County: *By June 30, 2015, the city of Lake Forest (with a population 22 percent Hispanic/Latino) will adopt a policy that designates outdoor dining, bar areas and mobile catering businesses as smoke-free.*

Pajaro Valley Prevention and Student Assistance, Inc. – Comunidad Saludable: *By June 30, 2015, a minimum of 10 facilities in Santa Cruz County that primarily serve low social economic status*

individuals (such as alcohol and drug treatment, mental health, developmental disabilities, or senior day treatment or residential care settings) will adopt and implement voluntary smoke-free campus policies.

People's Community Organization for Reform and Empowerment (CORE) — Smoke-Free Apartments: *By June 30, 2015, a minimum of 12 multi-unit housing complexes in Central and Northeastern Los Angeles with predominantly Asian/Pacific Islander residents will adopt and implement a voluntary policy that restricts smoking in individual units, (Including balconies and patios) and designates common indoor areas (e.g., laundry room, hallways, stairways and lobbies) and outdoor areas (e.g., playground, swimming pool areas and entrances) as smoke-free.*

Public Health Institute — Wellness Initiatives Now (WIN): *By June 30, 2015, the Sacramento Public Housing Authority Commission (PHA), will adopt and implement a written, permanent, system-wide policy mandating that all multi-unit housing facilities operating under its authority in unincorporated areas of Sacramento County and in the cities of Sacramento, Rancho Cordova, Citrus Heights, Folsom, Isleton, and Elk Grove will prohibit smoking in 100% of individual apartment units, including balconies and patios.*

San Dieguito for Drug Free Youth — Smoke-Free San Dieguito: *By June 30, 2015, the Board of Directors of the State of California 22nd Agricultural Association District will adopt and implement a policy that creates a completely smoke-free environment at the two major events hosted at the San Diego County Fairgrounds, the annual Fair, and the Del Mar Thoroughbred Races.*

Tri-City Health Center Project: *By June 30, 2015, at least one city in Alameda County (later changed to the city of San Jose, Santa Clara County) will adopt and implement a policy to prohibit the distribution of free tobacco products, coupons, coupon offers or rebate offers for tobacco products at public events.*

United Indian Health Services NATIVE Tobacco Project: *By June 30, 2015, at least 1 tribe and/or tribal organization and 1 business/group located on reservations or Rancherias in the United Health Services *UIHS) service area will adopt a policy that regulates smoking at outdoor recreational facilities, venues and areas that are owned by tribes or other tribal organizations, or are located on reservations or rancherias and as a result tobacco litter in these areas will be reduced by 30% from a baseline to be established no later than October 2013.*

Appendix B. References

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