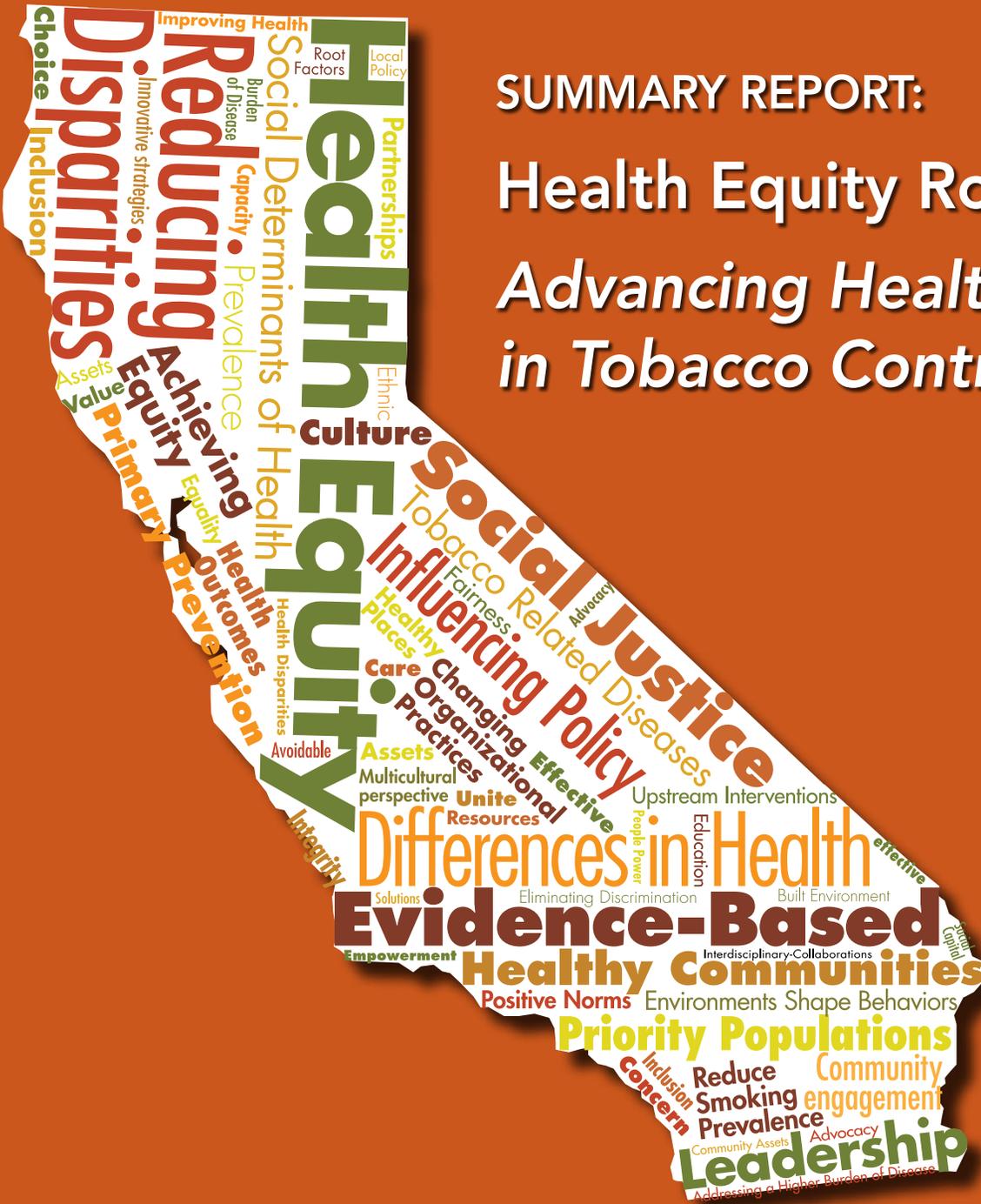
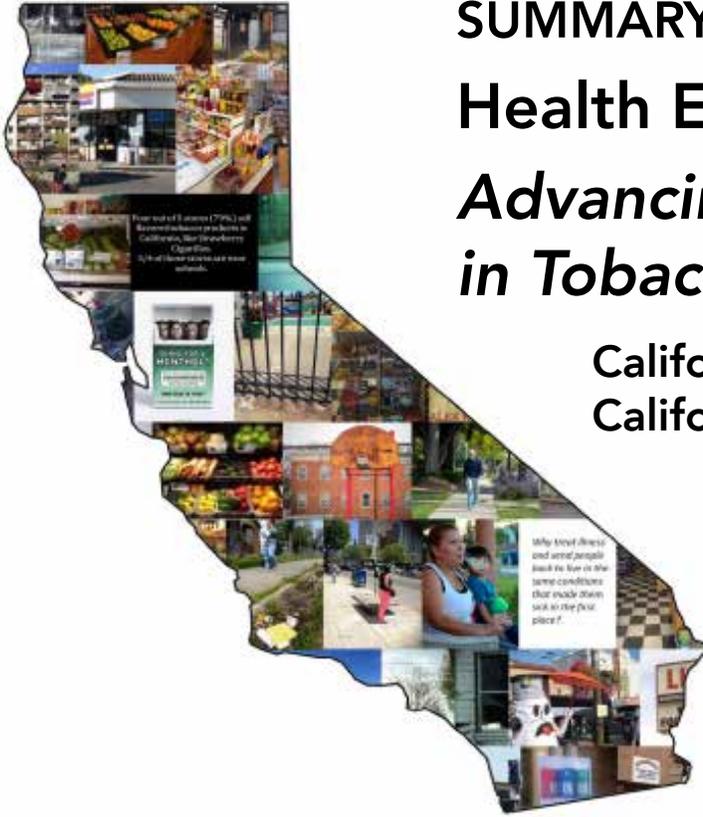


SUMMARY REPORT:
Health Equity Roundtables
Advancing Health Equity
in Tobacco Control



California Tobacco Control Program
California Department of Public Health

June 2014



SUMMARY REPORT: Health Equity Roundtables *Advancing Health Equity in Tobacco Control*

California Tobacco Control Program
California Department of Public Health

June 2014



EDMUND G. BROWN JR, GOVERNOR
State of California

Diana S. Dooley, Secretary
California Health and Human Services Agency

Ron Chapman, MD, MPH
Director & State Officer
Department of Public Health



California Department of Public Health, California Tobacco Control Program
Health Equity Roundtables: Advancing Health Equity in Tobacco Control

California Tobacco Control Program
California Department of Public Health
Sacramento, CA
October, 2014

TABLE OF CONTENTS

Purpose	1
Background	1
Method	2
Findings	4
Recommendations and Next Steps.	8
Appendix A: Priority Strategies Data Posters	A-1
Poster A-1: Eliminate Flavored Tobacco Product Sales	A-3
Poster A-2: Establish Tobacco-Free Colleges	A-3
Poster A-3: Establish Commercial Tobacco-Free Workplaces	A-4
Poster A-4: Establish Healthy/Clean Housing Policies that Integrate Smoke-Free Housing	A-4
Table 1: Priority Strategies from the California Tobacco Control Program Health Equity Summit, June 2013.	1
Table 2: Recommendations from the California Tobacco Control Program Health Equity Summit, June 2013.	2
Table 3: Priority Strategies address in the Health Equity Roundtables, June 2014	3
Tables 4a-d: Strategy Findings from the California Tobacco Control Program Health Equity Roundtable, June 2014	5-6
Table 5: Metric Findings from the California Tobacco Control Program Health Equity Roundtable, June 2014	7

PURPOSE

The purpose of the Health Equity Roundtables was to convene stakeholders, thought-leaders, and experts in the fields of health equity, tobacco control, public health and chronic disease to provide input, guidance, and direction on tangible, innovative, and promising practices for implementing the *Advancing Health Equity in Tobacco Control*¹ plan strategies in California.

BACKGROUND

In June 2013, the California Department of Public Health, California Tobacco Control Program (CTCP) convened the Health Equity Summit (Summit) to engage thought-leaders in a forum to develop a vision for reducing tobacco-related health disparities in California. Summit findings are summarized in a February 2014 report *Advancing Health Equity in Tobacco Control*. More than 50 tobacco control stakeholders and experts representing a mix of local, state, and national perspectives participated in the two-day summit. The Summit resulted in high-level Strategies (Table 1) and recommendations (Table 2) aimed at reducing usage of and morbidity and mortality from tobacco products.

Table 1

Priority Strategies* from the California Tobacco Control Program Health Equity Summit, June 2013

- | | |
|-----|--|
| 1. | Adopt and enforce smoke-free policies in alternative settings (e.g., hospitals, behavioral health, prisons) |
| 2. | Fund priority populations advocacy and leadership alliances |
| 3. | Investment in community and capacity building |
| 4. | Minimum price on tobacco products and tobacco tax |
| 5. | Flavored product sales ban |
| 6. | Tobacco-free colleges (e.g., community, tech, and trade) |
| 7. | Convene health equity oversight committee |
| 8. | Commercial tobacco-free workplaces (outdoors) (e.g., construction sites) |
| 9. | Environmental design framework inclusive of tobacco-free considerations |
| 10. | Sustained comprehensive media campaign to promote cessation benefits to providers, medical patients, and behavioral health |
| 11. | Healthy/clean housing policies that integrate smoke-free multi-unit housing |

* Strategies are not intended to be listed in order of importance.

¹ Advancing Health Equity in Tobacco Control, <http://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Publications/HealthEquity-Sum-Web.pdf>

Table 2

Recommendations from the California Tobacco Control Program Health Equity Summit, June 2013
<ul style="list-style-type: none"> • It takes all of us. The California Tobacco Control Program will play a large role in ensuring the strategies and foundational skills highlighted throughout the Summit report are planned and implemented with an explicit equity focus. In addition, multi-sectoral partnerships with groups (those previously engaged in tobacco-prevention as well as the “unusual” suspects) will be key to maximizing the impact of these efforts.
<ul style="list-style-type: none"> • Cross-cutting efforts can help to achieve the greatest impact or reducing tobacco-related disparities. By developing approaches and solutions that address multiple problems and provide win-win outcomes across different sectors, California’s tobacco prevention and control efforts can accelerate health equity. In addition to addressing multiple issues, cross-cutting efforts can help build relationships and connections that support successful partnerships longer-term.
<ul style="list-style-type: none"> • Building skills and providing training to California Tobacco Control Program staff, as well as with partners and the community, is integral to maintaining the momentum towards advancing equity. Health equity is not a simple concept that lends itself to a one-time training. To build staff and community capacity around health equity, it is important to establish a strong system of training and skill-building at all levels.

In the one year period following the June 2013 Health Equity Summit, CTCP:

- Developed the Social Disparities Capacity Assessment as part of the Communities of Excellence Needs Assessment process
- Funded a multi-cultural Capacity Building Network (CBN) at the level of \$1.5 million/three years to provide:
 - Centralized training and technical assistance
 - Subject matter and skill-based technical assistance trainers
 - Professional training and leadership development opportunities
- Released the Advancing Health Equity in Tobacco Control plan
- Funded eight (8) local projects to implement and evaluate innovative interventions that result in policy, system and environmental changes impacting populations with high rates of tobacco use
- Hosted a series of Health Equity Roundtables (Roundtables) in June 2014 to engage local tobacco control, health equity, and community-based experts in delving into the Summit-identified recommendations and strategies.

METHOD

In June 2014, CTCP held three one-day Roundtables, at The California Endowment sites in Fresno, Oakland, and Los Angeles. Nearly 50 invited participants from local health departments, advocacy organizations, education agencies, planning agencies, and community-based organizations traveled from 20 counties to attend. Over 40 percent of the Roundtable participants were from non-tobacco related fields such as healthy housing, environmental health, substance abuse treatment and prevention, chronic diseases, health care sector, research, and education. The Roundtable sessions were designed based on the following assumptions:

- Local agencies are the best resource for knowing local needs.

- Participation early and often between State and local partners is essential to build trust, confidence, and better working rapport among all partners.
- Best practices exist at the local level which may be beneficial to disseminate to other localities throughout the State.

Preparation

To focus the work of the Roundtables and help CTCP define actionable approaches for the next 12-18 months, a survey was distributed to 65 invited participants a month prior to the Roundtables. The survey yielded a 53 percent response rate (n=35). The 11 Priority Strategies were individually rated by the extent to which work in a given strategy would be likely to:

- impact health equity, based on the existing evidence base;
- build on existing resources;
- build on other health equity activities and efforts currently in progress; and
- leverage existing partner, stakeholder, and community support.

Input was solicited from invited participants via an electronic survey. Four (4) of the 11 strategies were then selected for consideration during the Roundtables (Table 3).

Table 3

Priority Strategies* addressed in Health Equity Roundtables, June 2014
• Eliminate Flavored Tobacco Product Sales
• Establish Tobacco-Free Colleges (e.g., community colleges, tech and trade schools)
• Establish Tobacco-Free Work Places (outdoors—construction sites and outdoor dining)
• Establish Healthy/Clean Housing Policies that Integrate Smoke Free Multi-Unit Housing

* Strategies are not intended to be listed in order of importance.

Roundtables

Invited participants were asked to prepare for the Roundtable by submitting a photo or quote that represented health equity in their community. The Roundtable day began with participants introducing themselves and health equity in their community using the photo or quote they had submitted. CTCP shared background information regarding the purpose and findings of the Summit and work that has been done leading up to the Roundtables.

In order to provide context for participants on the identified Priority Strategies, data on each strategy was presented in a poster format. Participants were organized into small groups and conducted a “data walk” where the information from each poster was presented by a facilitator. The posters are presented in Appendix A.

In the morning session, participants worked through the four Priority Strategies to identify opportunities for action, potential partners, and training and technical assistance needs to effectively and efficiently move towards improving tobacco-related health equity outcomes. In small groups, participants considered the following questions:

1. What actions could be taken in communities to achieve each strategy in both the short term (within 1 year) and longer term (within 3 years)?

2. Who or what kinds of organizations can help and/or could have an interest/stake in the success of this strategy?
3. What kinds of technical assistance, training, and capacity will be needed to fully implement the 2013 Health Summit recommendations?
4. What else should be considered in the planning of this work?

In the afternoon session, participants engaged in small group work to identify potential metrics to be included in a Tobacco Control Health Equity Report Card. The purpose of the Report Card is to ensure accountability and transparency in tracking the progress CTCP makes in reducing tobacco-related disparities and implementing the strategies identified in the 2013 Health Equity Summit report. The Report Card will be designed to visually and easily communicate progress made and areas for enhanced effort. Participants were encouraged to suggest both realistic and ideal metrics in considering the following questions:

1. What metrics would be useful in measuring change related to health equity?
2. What metrics would be useful to you or your partners?
3. If you could pick just two things to measure, what would they be?
4. What else should be considered?

FINDINGS

Common themes emerged in each of the Roundtables. Participants' photographs and quotes presented during introductions demonstrated the influence of the social determinants of health on health equity, and set the tone for the Summit. Place, environment, and economy were all cited as key influencers of the health impacts of tobacco.

Key findings across the strategies shared several elements:

- **Data**—Baseline, enriched, and/or stratified data is critical for promulgation of correct policies, outreach, and education.
- **Education**—Education of target audiences, policy makers, stakeholders and the public is vital to forwarding the strategies and achieving better outcomes.
- **Best Practices**—Assessing what works well in localities across the State will help in disseminating successful models to other localities.

A comprehensive table of Strategy Findings from the Health Equity Roundtables, June 2014 is presented in Tables 4a-d.

Table 4a

Eliminate Flavored Tobacco Product Sales		
Priority Strategies	Partners/Stakeholders	Technical Assistance/ Training Needs
<ul style="list-style-type: none"> • Identify data to help frame the issue and link public opinion • Develop model ordinances • Educate policy makers and parents • Utilize GIS mapping • Frame as a social justice issue • Amend existing tobacco retail licensing policies to ban and/or restrict sales • Expose predatory marketing of products in certain communities 	<ul style="list-style-type: none"> • Parent groups • School boards • Chambers of Commerce (ethnic-based) • Youth advocacy groups • College advocacy groups/ Greek organizations • Faith and inter faith groups • Alcohol prevention • Nutrition education • Corner store conversion projects • Retailer associations • Code enforcement • Juvenile Justice commissions • First 5 	<ul style="list-style-type: none"> • Enforcement and compliance training • Taxing flavored products • Electronic devices • Educational materials – multi-language and parent focused • Flavored product Summit

Table 4b

Establish Tobacco-Free Colleges (e.g., community colleges, tech and trade schools)		
Priority Strategies	Partners/Stakeholders	Technical Assistance/ Training Needs
<ul style="list-style-type: none"> • Assess compliance with existing policies • Identify model policies • Educate decision makers including locally elected community college boards • Catalogue schools • Health-in-all policies approach – district or state level • City or county comprehensive outdoor secondhand smoke policies • Create report cards • Case studies • Frame as a social justice issue 	<ul style="list-style-type: none"> • Elected community college boards • Faculty/staff • Campus and community Veteran Centers • High schools • Student groups • Pre-professional groups • Employers • Workforce development programs • Training/employment agencies • Community College Board of Governors 	<ul style="list-style-type: none"> • Guide/toolkit for trade/tech schools • Workforce development training • Local data • Messaging for students and decisions makers • Media campaigns • Curriculum

Table 4c

Establish Tobacco-Free Work Places (outdoors—construction sites and outdoor dining)		
Priority Strategies	Partners/Stakeholders	Technical Assistance/ Training Needs
<ul style="list-style-type: none"> • Identify corporate policies • Set definition of outdoor environment • Assess public attitudes • Educate business owners on California Labor Code 6404.5 • Identify policy loop holes • Frame as a social justice issue • Identify the impact and cost savings • Utilize a city/county ordinance • Tailoring interventions and messages based on specific worksites and industries 	<ul style="list-style-type: none"> • Unions • Workers’ rights groups • Human Resource Departments • Business associations • Occupational Health & Safety Administration (OSHA) • Health and safety • Chambers of Commerce (ethnic-based) • Tribal leadership • Civil rights groups 	<ul style="list-style-type: none"> • Guide/toolkit on how to work with the different worksites/ industries • Testimonials from workers • Multi-language educational materials • Sample letters to the editor • Data on worksite fires

Table 4d

Establish Healthy/Clean Housing Policies that Integrate Smoke Free Multi-Unit Housing (MUH)		
Priority Strategies	Partners/Stakeholders	Technical Assistance/ Training Needs
<ul style="list-style-type: none"> • Assess public attitudes • Assess exposure to secondhand smoke • Assess financial impact • Identify model policies • Identify best practices for enforcement • Perform cost-benefit analysis • Assess difference between rural and urban settings • Educate tenants/landlords regarding second/third-hand smoke • Frame healthy housing as a social justice issue • Integrate into community development plans • Identify developers 	<ul style="list-style-type: none"> • Senior advocacy groups • Youth advocacy groups • Mental health agencies • Environmental health • Code enforcement • Tenants’ rights groups • Affordable housing groups • Public Housing Authorities • Realtor associations • Planning Commissions • Asthma coalitions • Faith-based community • Fire departments • Pediatricians • Primary health care providers 	<ul style="list-style-type: none"> • Understanding the complexity of housing • Multi-language educational materials • Matrix of decision-making • Identifying and overcoming barriers of tenant engagement • Key messages that resonate with decision makers • Case studies • Trainings for code enforcement • Data on the demographics of MUH dwellers

Key findings across metrics also shared commonalities:

- **Data**—The need for stratified data (urban vs rural, by income, by geography, etc.) is essential for better understanding health equity gaps; measuring the use of traditional smoking versus newer products (such as e-cigarettes) is beneficial for understanding use patterns and targeting means to lower use rates, morbidity and mortality from all tobacco products.
- **People**—Understanding attitudes of affected groups may guide work toward reducing disparities.
- **Contact**—Use newer and better means of communicating with stakeholders and the public; realize the power of social media.
- **Enforcement**—Consider voluntary versus legislative policies and their impacts, positive and negative. Examine best practices at the local level; disseminate throughout local programs.

A comprehensive table of Metric Findings from the Health Equity Roundtables, June 2014 is presented in Table 5.

Table 5

Metric	Findings
Capacity	<ul style="list-style-type: none"> • Funding for health equity • Assessment of social disparity across multiple disciplines • Assessment of social disparities at the local level • Partner engagement • Training and technical assistance provided
Cessation	<ul style="list-style-type: none"> • Successful quit rates by ethnicity • Availability of cessation services • Calls to Quitline
Media	<ul style="list-style-type: none"> • Message impact • Awareness • Placement • Tools such as Hulu, YouTube, Twitter, Instagram
Population Data	<ul style="list-style-type: none"> • Sales data by census track • Morbidity and mortality • Poverty data • Retail survey data • Tobacco licenses • Motivation to quit • Dual use of e-cigarettes and other tobacco

Table 5 (cont.)

Metric	Findings
Tobacco Control Policies	<ul style="list-style-type: none"> • Reach of voluntary policies • Reach of legislative policies • Policy enforcement • Adverse impact of policy enforcement • Mapping of retail data by priority strategy area • Compliance

RECOMMENDATIONS AND NEXT STEPS

Across the Roundtables, common over-arching recommendations emerged:

- Develop capacity in addressing the social determinants of health.
- Disseminate findings to partners, those who attended the Roundtables as well as others similarly positioned to impact their communities.
- Catalogue data across strategies and make it available to local stakeholders.
- Focus on cross-cutting activities that leverage resources across issue areas beyond tobacco.
- Develop ‘cost of prevention’ data.
- Identify best practices and model programs.
- Continue to include local stakeholders and strengthen partnerships between the State and local entities.

The California Tobacco Control Program commits to:

- Utilizing the ideas, opinions, suggested courses of action and feedback shared during the Roundtables to advise CTCP as it works toward implementing Summit findings and monitoring the State’s progress in addressing tobacco-related health equity.
- Integrating health equity considerations in all tobacco control efforts.
- Initiating regular meetings and communication with stakeholders, leadership, and multi-sector partners to seek feedback, advice, and guidance.
- Coordinating and collaborating, as appropriate, with the California Department of Public Health Office of Health Equity.
- Providing on-going training and capacity building opportunities for CTCP staff and the tobacco control community.
- Identifying promising local strategies and activities including replication approaches.
- Monitoring the Social Disparities Capacity Assessment results and identifying leveraging and improvement opportunities.
- Developing, implementing, and modifying a Tobacco Control Health Equity Report Card.
- Designing, implementing, and evaluating program components including funding structures with a health equity lens to maximize impact.

APPENDIX A:
PRIORITY STRATEGIES DATA POSTERS

Poster A-1: Eliminate Flavored Tobacco Product Sales



Eliminate Flavored Tobacco Product Sales

Description: Public policies that eliminate the sale and distribution of flavored other tobacco (including menthol) and electronic nicotine delivery device products (e.g., smokeless tobacco, dissolvable tobacco, little cigars, cigarillos, hookah tobacco, e-cigarettes, e-hookah).

Background:

- Flavored product sales have increased by 233 percent (\$211 million in 2011).
- 80 percent of stores sell flavored tobacco products; 75 percent of stores near schools sell flavored tobacco products.
- The number of stores selling e-cigarettes has increased by 400 percent (46 percent sold in 2013).

Groups most impacted:

Groups most impacted ↓	Flavored products	Menthol products	E-cigarettes
African Americans		✓	
College Educated	✓		✓
Experimenters	✓		
>High School Educated	✓		
LGBT		✓	
Native Americans		✓	
Low SES	✓		
Pacific Islanders		✓	
Price Sensitive	✓		
Former & Current Cigarette Smokers			✓
Young Adults	✓	✓	✓
Youth	✓	✓	✓



Policy Successes:

- New York City, Providence Rhode Island, and Santa Clara County passed ordinances restricting the sales of flavored tobacco products.
- Chicago passed an ordinance prohibiting the sale of menthol and other flavored tobacco products within 500 feet of schools.

Poster A-2: Establish Tobacco-Free Colleges



Establish Tobacco-Free Colleges (e.g., Community, Tech, and Trade)

Description: Public policies that designate campuses (e.g., community colleges, trade schools, technical schools, etc.) as tobacco-free.

Background:

- About 1/3 of United States college students use some form of tobacco.
- In 2012, 18-24 year olds had a 14.2 percent smoking prevalence rate.
- California has 112 community colleges and over 200 trade/technical schools (=millions of students).

Groups most impacted:

- First-year students
- Latinos
- LGBT
- Low SES
- Veterans



Policy Successes:

- 23 California Community Colleges are 100% tobacco-free OR smoke-free (8 policies prohibit e-cigarettes).



Poster A-3: Establish Commercial Tobacco-Free Workplaces



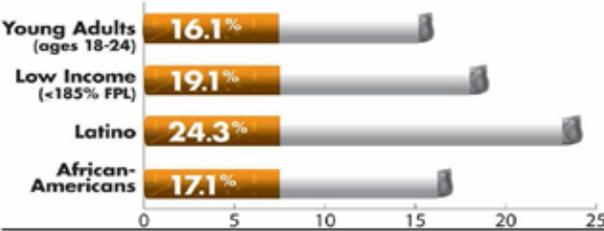
Establish Commercial Tobacco-Free Workplaces (Outdoors, e.g. Constructions Sites, Dining)

Description: Public policies that designate outdoor worksite premises (e.g. construction sites, logging operations, fishing operations) and outdoor dining (e.g. beverage, service areas of restaurants, bars, nightclubs, mobile catering businesses) as smoke-free.

Background:

- 1 in 7 workers are exposed to SHS in the workplace.
- 74 percent of voters support smoking restrictions to protect workers at restaurants and bars.

Groups most impacted:



Group	Percentage
Young Adults (ages 18-24)	16.1%
Low Income (<185% FPL)	19.1%
Latino	24.3%
African-Americans	17.1%

Policy Successes:

- 99 cities and counties have passed 100 percent smoke-free outdoor dining ordinances.

Poster A-4: Establish Healthy/Clean Housing Policies that Integrate Smoke-Free Housing



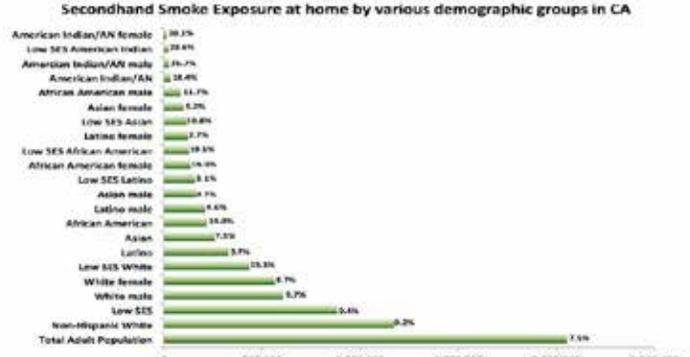
Establish Healthy/Clean Housing Policies That Integrate Smoke-Free Housing

Description: Amend existing or establish new comprehensive city or county housing or property maintenance codes to include smoke-free conditions in addition to water, heat, light, ventilation, contaminant-free, pest-free, safe, hazard-free, maintained conditions.

Background:

- The home is the most dangerous and unhealthy place for families.
- 78% of California voters support a law requiring apartment buildings to offer nonsmoking sections.

Groups most impacted:



Source: California Health Evidence Survey, 2008. Extrapolated to adults aged 18 years and older. Low SES is defined as 130% Federal Poverty Level. Prepared by: California Department of Public Health, California Tobacco Use Research Center, 2010.

Policy Successes:

- 55 cities and counties have passed smoke-free MUH policies; 33 prohibit smoking within a certain percent of units in MUH.

