



Combating Tobacco Promoting Influences, Reducing Exposure to Secondhand Smoke & Reducing Youth Access to Tobacco

A summary and analysis of 34 Final Evaluation Reports
of California Tobacco Control Program's competitive grantees
during the 2013-2015 funding cycle

Report Prepared by:
Sue Haun, MA
Tobacco Control Evaluation Center / UC Davis

June 2016

Funded by:
The California Department of Public Health,
Tobacco Control Program

Table of Contents

	Page
I. List of Tables, Acronyms and Abbreviations.....	iii
II. Introduction	
a. Purpose and Scope of This Study	1
b. Communities of Excellence (CX) Indicators Chosen	1
c. Primary Areas of Investigation	3
d. Methods	4
e. Final Evaluation Report (FER) Quick Facts	4
III. Overview	
a. Competitive Grantees Funded, Indicators Chosen and Project Outcomes	4
IV. Analysis of the Primary Areas of Investigation	
a. Elements of a Successful Campaign.....	9
Select an Issue	10
Develop a Strategy.....	13
Broaden Coalition and Identify a Champion	13
Involvement of Youth	
Training Adult & Youth Volunteers	
Identifying a Champion	
Gather Credible Evidence.....	16
Compiling Educational Materials and Seeking Technical Assistance	
Gathering Local Information	
Implement Program Activities	26
Educating Decision makers	
Use of Media for Education and Advocacy	
Evaluate the Campaign.....	31
Outcome Measures	
Process Measures	
b. Problems Encountered and Challenges	32
c. Conclusions	33
V. Appendices	
A. List of Competitive Grantee Objectives for 2013-2015 Program Period.....	35
B. References	39

List of Tables, Acronyms and Abbreviations

List of Tables

- Table 1: CX Indicators the Workplans Addressed
- Table 2: Final Evaluation Report (FER) Quick Facts
- Table 3: Competitive Grantees Funded, Indicators Chosen and Project Outcomes
- Table 4: Objective Type and Project Outcomes
- Table 5: Issue Selection, Focus of Objective and Strategy Development Method
- Table 6: Tobacco Use Reduction Area and Focus of Objective
- Table 7: Youth Roles Described in the FERs
- Table 8: Process and Outcome Data Collection Methods
- Table 9: Public Opinion Poll Results
- Table 10: Youth Tobacco Purchase Survey Results
- Table 11: Media Used for Education and Advocacy
- Table 12: Observation Survey Results

Acronyms and Abbreviations

BOS	Board of Supervisors
CCM	City Council Member
CG	Competitive Grantee
CX	Communities of Excellence
KII	Key Informant Interviews
FER	Final Evaluation Report
FG	Focus Group
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 (CGs), representing various nonprofit and governmental entities in California, were funded by the California Department of Public Health, Tobacco Control Program, to pursue objectives related to tobacco use reduction: combating tobacco promoting influences, reducing exposure to secondhand smoke and reducing the availability of tobacco. The purpose of this report is to provide a summary and analysis of the Final Evaluation Reports (FERs) submitted by these programs at the conclusion of the 2013-2015 funding cycle.

Communities of Excellence (CX) Indicators Chosen

Each of these 34 CGs focused on addressing Communities of Excellence (CX) Indicators that deal with tobacco use reduction, as is required by the California Tobacco Control Program when submitting a workplan. These indicators are described in Table 1 below.

Table 1. CX Indicators the Workplans Addressed.

<i>Limit Tobacco Promoting Influences</i>	
1.1.1	Store Interior Tobacco Marketing: Number, type, time, place and manner of in-store tobacco advertising and promotions -or- Number of communities with a policy that imposes a specific ban or restrictions on time, place, and manner of in-store tobacco advertising and promotions consistent with the First Amendment and Food and Drug Administration (FDA) tobacco control legislation.
1.1.6	Tobacco Company Sponsorship: Number and type of tobacco company sponsorship at public and private events including entertainment and sporting venues (e.g., county fairs, rodeos, motor sports, other sporting events, parades, concerts, museums, dances, festivals, business) -or- Number of public and private entertainment and sporting venues with a voluntary policy that regulates tobacco company sponsorship (e.g., county fairs, rodeos, motor sports, other sporting events, parades, concerts, museums, dances, festivals, business) -or- Number of communities with a policy that imposes a specific ban or restrictions on time, place, and manner of tobacco company sponsorship and marketing consistent with the First Amendment and FDA tobacco control legislation at public, entertainment, and sporting venues (e.g., county fairs, rodeo, motor sports, other sporting events, parades, concerts, museums, dances, festivals, businesses).
<i>Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste and Other Tobacco Products</i>	
2.1.8	Smoke-Free Multi-Unit Housing Enforcement Mechanisms: Proportion of communities with policies that include enforcement mechanisms in smoke-free multi-unit housing laws, such as enforcement by government agencies, enforcement by tenants and/or landlords, and enforcement by private citizens.
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.

- 2.2.8 **Smoke-Free Doorways:** Number of worksites with a voluntary policy that prohibits smoking within 20 feet or more of all doorways, windows, vents, and openings -or- Number of communities with a policy that prohibits smoking within 20 feet or more of all doorways, windows, vents, and openings.
- 2.2.9 **Smoke-Free Non-recreational Public Areas:** The number of outdoor public areas, not primarily intended for recreational use, with a voluntary policy that regulates smoking (e.g., walkways, streets, plazas, college campuses, shopping centers, transit stops, farmers markets, swap meets, service lines) -or- Number of communities with a policy regulating smoking at outdoor public areas that are not primarily intended for recreational use (e.g., walkways, streets, plazas, school college campuses, shopping centers, transit stops, farmers markets, swap meets, service lines).
- 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).
- 2.2.20 **Smoke-Free Faith Community Campuses:** The number of faith community organizations (e.g., churches, synagogues, mosques, and temples) with a policy that regulates smoking on their grounds and at events.
- 2.2.25 **American Indian Smoke-free Gaming:** The number of businesses with a voluntary policy that designates American Indian casino/leisure complexes as smoke-free - or- Number of American Indian tribal governments with a policy that designates casino/leisure complexes as smoke-free .
- 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

- 3.2.1 **Tobacco Retail Licensing:** The number of communities with a tobacco retail licensing policy that earmarks a portion of the license fee for enforcement activities.
- 3.2.4 **Tobacco Industry Sampling, Coupons/Discounts/Gifts:** The number of jurisdictions covered by a public policy that restricts the distribution of free or low-cost tobacco and ENDD products, and/or restricts the distribution and/or redemption of coupons, coupon offers, gift certificates, gift cards, rebate offers or other similar offers for tobacco and ENDD products consistent with the First Amendment and federal law.
- 3.2.7 **Tobacco-Free Pharmacies and Health Care Providers:** The number of independent/chain pharmacy stores, health care facilities or businesses that engage in the delivery of direct health care services that have a voluntary policy to NOT sell tobacco products -or – Number of communities with a policy that bans the sale of tobacco products wherever prescription medications are sold and dispensed -or- Number of communities with a policy that prohibits the issuance of a tobacco retail license to any business or facility that engages in the delivery of direct health care services to consumers including, but not limited to, such activities as dispensing prescription medications, providing health screenings, and direct health care services provided by a licensed health care professional.

Primary Areas of Investigation

The purpose of this report is to examine certain elements or factors common to all 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. These elements or factors are:

- Elements of a successful campaign, the steps involved, including:
 - Gathering local information and documenting the problem
 - Involvement of youth
 - Use of culturally appropriate media for education and advocacy
 - Evaluation activities and their uses
 - Use of culturally adapted data collection instruments
- Problems encountered and challenges
- Conclusions

This report is presented in several parts. The *Overview* recaps the CX Indicators and introduces the projects as described in their FERs with two summary tables. This is followed by an *Analysis of the Primary Areas of Investigation*, one by one, which together comprise the body of this report. The *Conclusions* drawn from this analysis are provided in the final section, providing findings for successful project outcomes.

Methods

At the conclusion of the 2013-2015 funding cycle, the 34 Competitive Grantees (CGs) produced FERs describing their experiences and revealing whether they were able to succeed in meeting their objectives. Contacting the CGs 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 the 34 FERs as they were submitted at the end of the project period. In considering what to include in each section of this report, if it was not specifically reported as a completed activity in the CGs FER, it was not included here.

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 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. Many FERs followed a pattern of reporting. Some FERs were models of coherence; others erred by providing too much or too little information, or were difficult to follow. Other differences among the projects included differences in the targeted areas (geographically, economically, politically and demographically) and differences in objectives (policy adoption, policy adoption and implementation, or implementation only). For these reasons, definitive conclusions cannot be drawn from the limited information that many 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.

Final Evaluation Report (FER) Quick Facts

A brief summary of some of the characteristics of the projects as they are described in their FERs is provided in Table 2 below.

Table 2. Final Evaluation Report (FER) Quick Facts.

- **34** FERs were produced by Competitive Grantees (CGs) in California;
- **8** CGs had policy adoption-related objectives; **25** CGs had policy adoption and implementation-related objectives; and **1** had a policy implementation only objective;
- **6** CGs **exceeded** the planned objectives; **8** CGs **met** the objectives; **9** **partially met** the objectives; and **11** **did not meet** the planned objectives;
- **9** FERs reported activities conducted in **rural** areas; the rest (**25**) were **urban** projects;
- **2** FERs reported focusing on indicators related to limiting tobacco promoting **influences**; **27** FERs focused on reducing exposure to **secondhand smoke**; and **5** FERs focused on reducing the **availability of tobacco**.

Overview

Competitive Grantees Funded, Indicators Chosen and Project Outcomes

At the conclusion of the 2013-2015 funding cycle, 34 Competitive Grantees (CGs), representing various nonprofit and governmental agencies in California, produced Final Evaluation Report (FERs) describing their experiences and revealing whether or not they were able to succeed in meeting their objectives.¹ The names of the CGs, the specific indicators chosen, as well as the outcomes of each project, are illustrated in more detail in Table 3 below.

¹ A listing of each Competitive Grantee and its objective is provided in Appendix A.

Table 3. 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?		
		Limit Tobacco Promoting Influences		Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste and Other Tobacco Products										Reduce the Availability of Tobacco					
		111	116	218	226	228	229	2210	2213	2216	2220	2225	2226	321	324	327			
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 (Chico)									X									Partially Met objective: 1 city adopted [but not implemented] a smoke-free outdoor policy
3	American Lung Association of California – IMPACT (Fresno)													X					Did not meet objective: A TRLP was not adopted in 2 cities
4	American Lung Association of California – Bay Area Smoke-Free HOUSING (Oakland)			X															Met objective: 6 smoke-free multi-unit housing policies were implemented
5	American Lung Association of California (Orange County)									X									Exceeded objective: 2 of 2 cities adopted a smoke-free outdoor policy; 1 city adopted a ban on new hookah locations
6	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
7	Bay Area Community Resources, Inc. – Project RIDE (San Rafael)		X																Exceeded objective: 6 event organizers adopted and implemented policies that restrict tobacco industry sponsorship instead of 2
8	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

#	Competitive Grantee (City)	CX Indicator Chosen															OBJECTIVE MET?
		Limit Tobacco Promoting Influences		Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste and Other Tobacco Products										Reduce the Availability of Tobacco			
		111	116	218	226	228	229	2210	2213	2216	2220	2225	2226	321	324	327	
																	instead of 5
9	Breathe California of Sacramento (Sacramento)						X										Met objective: 2 college campuses adopted and implemented smoke-free campus policies
10	California Health Collaborative (Chico)					X											Met objective: 1 city adopted policy to prohibit smoking within 20 feet of doorways, entryways and windows, and parks (including e-cigarettes)
11	California's Clean Air Project (Sacramento)												X				Did not meet objective: 1 of 3 tribal casinos adopted and implemented a smoke-free gaming policy, then casino reversed decision
12	Catholic Charities, Diocese of San Diego (San Diego)							X									Exceeded objective: 15 licensed facilities adopted and implemented a voluntary smoke-free campus policy instead of 14
13	City of Berkeley - 510 Free From Tobacco (Berkeley)	X															Did not meet objective: 1 TRLP was not amended to restrict tobacco marketing
14	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
15	Community Partners - Smoke-Free Living (Los Angeles)								X								Did not meet objective: 1 city did not adopt a smoke-free multi-unit housing policy
16	County of Kern (Bakersfield)													X			Did not meet objective: A TRLP was not adopted in 2 cities
17	Fighting Back Partnership (Vallejo)													X			Did not meet objective: A TRLP was not adopted in 1 city
18	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
19	Health and Social Policy Institute – At Home in								X								Partially Met objective: 1 city adopted and implemented

#	Competitive Grantee (City)	CX Indicator Chosen															OBJECTIVE MET?
		Limit Tobacco Promoting Influences		Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste and Other Tobacco Products										Reduce the Availability of Tobacco			
		111	116	218	226	228	229	2210	2213	2216	2220	2225	2226	321	324	327	
	Humboldt (Sacramento)																a smoke-free multi-unit housing policy instead of countywide
20	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
21	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
22	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
23	Public Health Foundation Enterprises, Inc. - SOL (Sacramento)						X										Met objective: 1 policy to prohibit smoking in all bus/light rail stops and light rail stations in Sacramento was adopted and implemented, including e-cigarettes
24	Public Health Institute (Sacramento)								X								Met objective: 1 countywide smoke-free multi-unit housing policy was adopted and implemented
25	Sacramento Chinese Community Service Center (Sacramento)						X										Partially met objective: 1 of 2 smoke-free outdoor policies were adopted, but not yet implemented
26	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
27	San Francisco Study Center, Inc. (San Francisco)														X		Partially met objective: 1 BOS and 1 City Council of 6 adopted a voluntary policy to prohibit sale of tobacco products in pharmacies
28	Social Advocates for Youth (SAY) San Diego (San Diego)												X				Did not meet objective: 1 city did not adopt a smoke-free multi-unit housing policy;

#	Competitive Grantee (City)	CX Indicator Chosen															OBJECTIVE MET?
		Limit Tobacco Promoting Influences		Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste and Other Tobacco Products										Reduce the Availability of Tobacco			
		111	116	218	226	228	229	2210	2213	2216	2220	2225	2226	321	324	327	
																	however, 12 voluntary policies were passed and implemented?
29	Stanislaus County Office of Education (Modesto)									X							Partially met objective: 3 of 5 cities adopted a policy to prohibit smoking in parks
30	The Northern California Center for Well-Being (Santa Rosa)								X								Did not meet objective: 2 jurisdictions did not adopt and implement a smoke-free multi-unit housing policy
31	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
32	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
33	Vista Community Clinic - Healthy Environments Against Tobacco (San Diego)												X				Partially met objective: 2 of 10 multi-unit housing complexes and 1 home owner's association adopted and implemented smoke-free policies
34	Watts Healthcare Corporation (South Los Angeles)										X						Exceeded objective: 13 faith-based organizations adopted and implemented smoke-free grounds policies instead of 12

Eight (8) Competitive Grantees (CGs) defined policy adoption-specific objectives, Indicators 1.1.1, 2.2.8, 2.2.13, 2.2.16, 3.2.1 and 3.2.7. Twenty-five (25) CGs defined policy adoption and implementation objectives, Indicators 1.16, 2.2.6, 2.2.9, 2.2.10, 2.2.13, 2.2.16, 2.2.20, 2.2.26, 2.2.26, 3.2.1 and 3.2.4. One (1) CG defined an implementation-specific objective, Indicator 2.1.8. To what extent these projects met their objectives is summarized by objective type in Table 4 below.

Table 4. Objective Type and Project Outcomes.

Policy Adoption Objective <i>8 CGs</i>	Policy Adoption & Implementation Objective <i>25 CGs</i>	Implementation Objective <i>1 CG</i>
• 1 project <i>exceeded</i> its objective	• 5 projects <i>exceeded</i> their objective	-
• 1 project <i>met</i> its objective	• 6 projects <i>met</i> their objective	1 project <i>met</i> its objective
• 3 projects <i>partially met</i> their objective	• 6 projects <i>partially met</i> their objective	-
• 3 projects <i>did not meet</i> their objective	• 8 projects <i>did not meet</i> their objective	-

Twenty-three (23) of the 34 projects were successful, and in six (6) of these the CGs were able to accomplish more than the minimum goals they set for themselves as defined in the objective.

Analysis of the Primary Areas of Investigation

Twenty-three (23) of the 34 projects were successful. Why were some CGs able to achieve their objectives and others not? The following pages provide an examination of these CGs for common characteristics or combinations of characters that might illuminate why some projects were more successful than others. 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. These areas or factors are:

- Elements of a successful campaign, the steps involved, including:
 - Gathering local information and documenting the problem
 - Involvement of youth
 - Use of culturally appropriate media for education and advocacy
 - Evaluation activities and their uses
 - Use of culturally adapted data collection instruments
- Problems encountered and challenges
- Conclusions

Rather than attempt an exhaustive summary and analysis of every point as addressed by each FER, significant evaluation-focused areas will be illustrated with examples provided by CGs which actively addressed these areas.

ELEMENTS OF A SUCCESSFUL CAMPAIGN

All of the FERs described a number of activities that together comprised the foundation of the Competitive Grantees (CGs) efforts to effect changes in the tobacco policies of their targeted

communities and events. According to the Strategic Tobacco Retail Effort (STORE), “most successful campaigns . . . go through similar stages on the way to victory.”²

- Stage 1: Select an Issue
- Stage 2: Develop a Strategy
- Stage 3: Broaden Coalition and Identify a Champion
- Stage 4: Gather Credible Evidence
- Stage 5: Implement Activities
- Stage 6: Evaluate Your Campaign

In reviewing the FERs, the specific activities and the order in which they were performed depended upon the unique circumstances of each campaign. For example, engaging stakeholders and broadening your coalition (stage 3) might occur after the decision to gather information and document the problem (stage 4). Some functions overlapped; for example, the decision to seek out champions could be made when selecting an issue (stage 1), researched when developing a strategy (stage 2), and the champions themselves (identified in stage 3) would be deployed while the CG was implementing activities and working with decision makers (stage 5).

Stage 1: Select an Issue

Typically, CGs select the issue on which their objective is based during the Communities of Excellence (CX) needs assessment process prior to the beginning of the two-year project period. As indicated in Table 5, 18 of the 34 projects specifically mentioned selection of the issue – limiting pro tobacco influences, reducing exposure to secondhand smoke or reducing the availability of tobacco – during the CX process. Eleven (11) projects mentioned that the CX process included the Tobacco Coalition, a Planning Group, local tobacco control advocates, or city and county Local Lead Agencies (LLAs), as examples of participants in addition to project staff.

Otherwise, the method used for selecting the issue was not reported or it was difficult to tell. For example, People’s CORE, reported that they conducted a community forum, but didn’t provide more details about the process or who was included in the forum.

Table 5. Issue Selection, Focus of Objective and Strategy Development Method.

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

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE ³		SELECT AN ISSUE When Selected?	FOCUS OF OBJECTIVE	DEVELOP A STRATEGY How Developed?
			A	I			
1	America On Track (Santa Ana)	U	A	I	-	Smoke-Free Multi-Unit Housing	Midwest Academy Strategy Chart (MASC) ⁴ w/ 2 Other Compets & Community Members
2	American Lung Association of California (Chico)	R	A	I	CX Needs Assessment w/ Partners	Smoke-Free Parks	MASC w/ Youth volunteers & Community & Agency Partners
3	American Lung Association of California – IMPACT (Fresno)	R	A	-	CX Needs Assessment	Tobacco Retail Licensing Policy	MASC w/ Coalition, Youth, Community Partners & Board Members
4	American Lung Association of California – Bay Area Smoke-Free HOUSING	U	-	I	CX Needs Assessment	Enforcement of Smoke-Free Housing Laws	-

² Strategic Tobacco Retail Effort (STORE), retrieved at <http://tcsstore.org/stages/index.html>. Note that the 6 stages presented here are adapted from the STORE Model.

³ There are three possible types of objectives: 1) Adoption of a policy (A); 2) Implementation of a policy (I); or 3) Adoption and Implementation (A and I).

⁴ The Midwest Academy Strategy Chart is a campaign planning process that includes defining goals, organizational strengths/resources, constituents, allies/opponents, targets and tactics.

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE ³		SELECT AN ISSUE When Selected?	FOCUS OF OBJECTIVE	DEVELOP A STRATEGY How Developed?
			A	I			
	(Oakland)						
5	American Lung Association of California (Orange County)	U	A	-	CX Needs Assessment w/ Project Team	Smoke-Free Outdoor Rec. Facilities, Areas or Venues	MASC
6	American Lung Association of California – Tobacco Free Communities (San Diego)	U	A	I	-	Smoke-Free Multi-Unit Housing	-
7	Bay Area Community Resources, Inc. – Project RIDE (San Rafael)	U	A	I	CX Needs Assessment	Tobacco Sponsorship	MASC w/ RIDE Advisory Committee & Subcontractors
8	Bay Area Community Resources, Inc. SUNSET Project (San Rafael)	U	A	I	-	Smoke-Free Multi-Unit Housing	-
9	Breathe California of Sacramento (Sacramento)	U	A	I	-	Smoke-Free Outdoor Campuses	-
10	California Health Collaborative (Chico)	R	A	-	CX Needs Assessment	Smoke-Free Entryways	MASC w/ Partner Agencies
11	California's Clean Air Project (Sacramento)	U	A	I	-	Smoke-Free Tribal Casinos	-
12	Catholic Charities, Diocese of San Diego (San Diego)	U	A	I	CX Needs Assessment w/ Adv. Com. & Coalition	Smoke-Free Care Facilities	-
13	City of Berkeley - 510 Free From Tobacco (Berkeley)	U	A	-	CX Needs Assessment w/ Coalition	Amended Tobacco Retail Licensing Policy, Proximity Restrictions	MASC
14	Community Action of Napa Valley - Connect Partnership Program (Napa)	R	A	I	-	Smoke-Free Multi-Unit Housing	-
15	Community Partners - Smoke-Free Living (Los Angeles)	U	A	-	CX Needs Assessment w/ TCPP, FAME & SAFE	Smoke-Free Multi-Unit Housing	MASC
16	County of Kern (Bakersfield)	R	A	I	CX Needs Assessment	Tobacco Retail Licensing Policy	MASC w/ Coalition?
17	Fighting Back Partnership (Vallejo)	U	A	I	-	Tobacco Retail Licensing Policy	-
18	Fresno County Economic Opportunities Commission (Fresno)	R	A	I	CX Needs Assessment	Smoke-Free Multi-Unit Housing	MASC w/ MUH Task Force
19	Health and Social Policy Institute – At Home in Humboldt (Sacramento)	R	A	I	CX Needs Assessment w/ LLA	Smoke-Free Multi-Unit Housing	-
20	National Council On Alcoholism and Drug Dependence (Orange County)	U	A	I	-	Smoke-Free Outdoor Dining	MASC w/ Coalition, Community Partners & Partner Agencies
21	Pajaro Valley Prevention and Student Assistance, Inc. (Santa Cruz County)	U	A	I	CX Needs Assessment w/ Planning Group	Smoke-Free Care Facilities	-
22	People's Community Organization for Report and Empowerment (Los Angeles)	U	A	I	Community Forum (Coalition?)	Smoke-Free Multi-Unit Housing	- Staff
23	Public Health Foundation Enterprises, Inc. - SOL (Sacramento)	U	A	I	-	Smoke-Free Outdoor Public Areas	-
24	Public Health Institute – WIN (Sacramento)	U	A	I	CX Needs Assessment w/ Sacramento Tobacco Control Advocates	Smoke-Free Multi-Unit Housing	MASC w/ Tenants & Project Staff
25	Sacramento Chinese Community Service Center (Sacramento)	U	A	I	-	Smoke-Free Outdoor Public Areas	MASC w/ School Staff, Youth Volunteers & Program Staff
26	San Dieguito for Drug Free Youth (Del Mar)	U	A	I	- Coalition	Smoke-Free Fairgrounds	MASC w/ Adult & Youth Team Leaders
27	San Francisco Study Center, Inc. (San Francisco)	U	A	-	CX Needs Assessment w/ LGBT Partnership Staff	Tobacco-Free Pharmacies	MASC w/ Bay Area Tobacco Free Coalitions
28	Social Advocates for Youth (SAY) San Diego (San Diego)	U	A	I	CX Needs Assessment w/ Coalition	Smoke-Free Multi-Unit Housing	MASC w/ Local Partners
29	Stanislaus County Office of Education (Modesto)	R	A	-	-	Smoke-Free Parks	-
30	The Northern California Center for Well-Being (Santa Rosa)	U	A	I	- w/ Asthma Coalition, Prevention Partnership, et al.	Smoke-Free Multi-Unit Housing	MASC
31	Tri-City Health Center (Fremont)	U	A	I	-	Tobacco Product Sampling Policy	MASC w/ LBGT Youth Advocates
32	United Indian Health Services (Arcata)	R	A	-	CX Needs Assessment w/ Humboldt County & Del Norte County LLAs	Smoke-Free Outdoors	MASC w/ Teen Advisory Group & CORE

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE ³		SELECT AN ISSUE When Selected?	FOCUS OF OBJECTIVE	DEVELOP A STRATEGY How Developed?
			A	I			
							Coalition/Tribal Members
33	Vista Community Clinic - Healthy Environments Against Tobacco (San Diego)	U	A	I	CX Needs Assessment	Smoke-Free Multi-Unit Housing	MASC w/ Staff
34	Watts Healthcare Corporation (South Los Angeles)	U	A	I	- w/ Community Advisors	Smoke-Free Faith Community Orgs.	-

Competitive Grantees (CGs) develop an objective based on the CX Indicator chosen. The number of grantees working in each tobacco use reduction area and the focus of the objectives within each area are provided in Table 6 below.

Table 6. Tobacco Use Reduction Area and Focus of Objective.

Tobacco Use Reduction Area	# of Grantees	Indicators	Focus of Objective (# of Projects)
1. Limiting Tobacco Promoting Influences	2	1.1.1 1.1.6	<ul style="list-style-type: none"> Tobacco retail licensing policy amendment to include a restriction on proximity of tobacco retailers to schools (1) Tobacco company sponsorship (1)
2. Reducing Exposure to Secondhand Smoke	27	2.1.8 2.2.6 2.2.8 2.2.9 2.2.10 2.2.13 2.2.16 2.2.20 2.2.25 2.2.26	<ul style="list-style-type: none"> Smoke-free multi-unit housing enforcement mechanisms (1) Smoke-free outdoor dining (1) Smoke-free doorways (1) Smoke-free non-recreational public areas (3) Smoke-free health care campuses (2) Smoke-free multi-unit housing (8) Smoke-free recreational areas (5) Smoke-free faith community campuses (1) American Indian smoke-free gaming (1) Smoke-free common areas of multi-unit housing (4)
3. Reducing the Availability of Tobacco	5	3.2.1 3.2.4 3.2.7	<ul style="list-style-type: none"> Tobacco retail licensing (3) Tobacco product sampling (1) Tobacco free pharmacies (1)

Two (2) Competitive Grantees (CGs) defined objectives specific to limiting tobacco promoting influences. One objective focused on amending a Tobacco Retail Licensing Policy to include a restriction on proximity of tobacco retailers to schools; the second objective focused on eliminating Tobacco Company Sponsorship. Twenty seven (27) CGs defined objectives specific to reducing exposure to secondhand smoke. Objectives focused on voluntary and legislated policies regarding indoor and outdoor areas with 10 different foci as noted above in Table 6. Five (5) CGs defined objectives specific to reducing the availability of tobacco. Objectives focused on tobacco retail licensing (3 projects), tobacco product sampling (1), and tobacco free pharmacies (1).

The American Lung Association in California – Bay Area Smoke-Free Housing Project – learned during the CX process that a growing political will to adopt policies doesn't necessarily lead to implementation. "The gap was found to be widened by a higher tolerance for smoking and secondhand smoke exposure at low income properties." For that reason, the project decided to focus its objective on implementation of recently adopted smoke-free multi-unit housing policies rather than pursue adoption of a policy in another jurisdiction.

Stage 2: Develop a Strategy

Once an issue is selected, project staff need to gain access to the people who can make the decision to go forward with policy adoption, and also to those who will live with that decision. Of the 34 Competitive Grantees (CGs) focused on adoption and/or implementation of a policy, 20 of the projects discussed using the Midwest Academy Strategy Chart (MASC) to work out specific campaign strategies, potential allies and opponents, and specific tactics (Table 5). Of these 20, 15 projects noted that program staff, their coalitions and, in some cases, their youth advocates and community partners were involved in the planning process (Table 5).

Otherwise, the method used for selecting the strategy was not reported or it was difficult to tell. The participants in the planning process were, similarly, not reported or unclear. For example, several CGs, including Watts Healthcare Corporation in Los Angeles and the Stanislaus County Office of Education in Modesto, among others, didn't mention the process by which they used to define the strategy nor who was involved.

Of the 34 CGs, 23 projects were successful and partially met, met or exceeded the objective they set out for themselves. Of these 23 projects, 12 mentioned that they used the MASC during the planning stages of the campaign.

Stage 3: Broaden Coalition & Identify a Champion

Some CG staff, particularly in the smaller, more rural counties, perform the majority of the tasks associated with getting policies adopted and implemented, or conducting surveys, in their chosen jurisdiction themselves. Sometimes, assistance is provided by coalition-based adult and youth volunteers. Other CGs contracted some or all of their intervention activities to local CBOs and the numerous volunteers available to them. For example, Bay Area Community Resources Project RIDE indicated that their success "depend[ed] largely on the network of community members and groups mobilized toward the overall objective."⁵

In reviewing the FERs, either recruitment of new coalition members was not reported or it was difficult to tell. Many CGs, particularly when discussing selecting an issue on which to focus and developing a campaign strategy, did not even mention their coalition. Other CGs, such as America on Track, not only discussed their campaign strategy with community members, but also with two other CGs.⁶

In terms of recruiting youth, none of the CGs mentioned recruiting youth specifically for its coalition. However, youth were included in campaign activities in a variety of other ways. For example, the Sacramento Chinese Community Service Center ACT-UP Campaign recruited, trained and utilized 189 youth volunteers to participate in various activities related to the objective including conducting a public opinion poll and participating in a focus group. Other ways in which youth were involved is described more in the following section.

Involvement of Youth. Involving youth volunteers was an important component of some of the CGs work during the 2013-2015 project period. As Table 7 shows, 18 CGs mentioned involvement of youth in various ways. However, the number of youth recruited or in what ways they were involved in the campaign was not always reported or clear.

⁵ However, the CG did not report how many adults or youth were recruited, and their specific roles.

⁶ The names of the two other competitive grantees was not provided.

Table 7. Youth Roles Described in FERs.

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

Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		# OF YOUTH RECRUITED	WAY INVOLVED			TRAINING & TA PROVIDED		
		A	I		DATA COLL	PRES	OTHER	DATA COLL	PRES	OTHER
American Lung Association of California (Chico)	R	A	I	-	Multiple Butt Litter Clean Up/Obs.	Presentations (Parks & Recreation District Manager, Town Council, Police Dept.)	-	-	Issue, Spokesperson & Advocacy trainings, incl. presentation skills	Letter writing
American Lung Association of California – IMPACT (Fresno)	R	A	-	9	YTPS	-	-	YTPS	-	-
American Lung Association of California – Tobacco Free Communities (San Diego)	U	A	I	-	-	Presentations	-	-	Presentations	-
Breathe California of Sacramento (Sacramento)	U	A	I	-	Butt Clean-up	-	-	-	-	-
California Health Collaborative (Chico)	R	A	-	-	Obs. & Butt Clean-up	Presentation (city council)	-	Obs. & Butt Clean-up	Presentations, Visual Aids, Spokesperson ⁷	-
City of Berkeley - 510 Free From Tobacco (Berkeley)	U	A	-	. ⁸	-	Presentations & Workshops (to youth) Re: Targeting Practices	-	-	-	-
County of Kern (Bakersfield)	R	A	I	-	2 YTPS POP	-	-	2 YTPS	-	-
Fighting Back Partnership (Vallejo)	U	A	I	-	2 YTPS	-	-	2 YTPS	-	-
Health and Social Policy Institute – At Home in Humboldt (Sacramento)	R	A	I	. ⁹	-	-	-	-	-	-
Public Health Foundation Enterprises, Inc. - SOL (Sacramento)	U	A	I	9	2 Obs. / Butt cleanups	-	-	2 Obs. / Butt Clean up	-	-
Sacramento Chinese Community Service Center (Sacramento)	U	A	I	189	POP	-	MASC, Focus Group	POP	-	-
San Dieguito for Drug Free Youth (Del Mar)	U	A	I	-	3 Obs. at Fair, 2 Obs. at Horse races POP	Presentation (youth groups)	-	OBS, POP	-	-
San Francisco Study Center, Inc. (San Francisco)	U	A	-	-	Obs.	Presentation (city council)	-	-	-	-
Social Advocates for Youth (SAY) San Diego (San Diego)	U	A	I	12	POP	-	-	POP	-	-
Stanislaus County Office of Education (Modesto)	R	A	-	-	Litter Obs. & POP	-	-	Litter Obs. & POP	-	-
Tri-City Health Center (Fremont)	U	A	I	. ¹⁰	-	Presentation (city council)	-	-	Gave youth and adults coordinated talking points	-
United Indian Health Services (Arcata)	R	A	-	41	Obs. / Litter	-	-	4 Obs. / Litter	Advocacy	-
Watts Healthcare Corporation (South Los Angeles)	U	A	I	15 Latino	-	-	-	-	Advocates	-

⁷ The California Health Collaborative at Chico noted, "Forming and training youth advocacy teams [for observations, presentations and advocacy] is highly recommended. Youth should be prepared to be flexible and for the process to be drawn out."

⁸ The City of Berkeley did not report the number of youth recruited but stated, "Tobacco Prevention Interns provided education and mobilized community members to influence policies."

⁹ The number of youth recruited was not specified.

¹⁰ LGBT youth were recruited, which was important to the project's focus and success related to reducing tobacco product sampling in gay bars, but the number of youth recruited was not specified.

Eighteen (18) CGs reported engaging youth, especially with regard to helping to conduct observation surveys, YTPSs and public opinion polls. A snap shot summary of youth involvement and the number of CGs that reported such involvement (indicated in parentheses) is provided immediately below:

- Served as “decoys” during the YTPSs conducted to document the local problem of illegal tobacco sales to minors (3 CGs)
- Conducted an Observation Survey of tobacco litter and smoking behavior, as well as butt litter clean-up (7 CGs)
- Conducted Public Opinion Polls to ascertain community support for policy change (5 CGs)
- Participated in focus groups (1 CG)
- Made presentations to policy makers, youth groups and other groups (7)
- Wrote letters to the editor or elected officials (1)
- Participated in the planning stages of the project, specifically in developing the Midwest Academy Strategy Chart (1)

While many FERs did not report on the relationship between involving youth and their project’s success, some FERs attributed at least some of their triumphs to the use of youth. For example, San Dieguito for Drug Free Youth noted “the Youth Team members were quite multi ethnic, compelling and charismatic with their own personal story to tell when they gave their presentations before the Fair board regarding what a smoke-free County Fair and Horse Races would mean to them.” When it came to talking about observed marijuana use, “the Youth Team members addressing the issue were more effective than the adults.” Another CG, United Indian Health Services, suggested that a project make sure to “use youth/youth groups to assist in your efforts. Train them to conduct tobacco litter surveys and to do presentations to tribal councils, community groups, and business groups. The importance of doing this when working with tribal communities cannot be overstated.”

Training Adult and Youth Volunteers. Many CGs reported that they provided Data Collection Training (DCT) for adults and youth participating in tobacco litter clean up, observation surveys, youth tobacco purchase surveys (YTPS) and public opinion polls (POPS). This was an important component to producing reliable and valid data. Some FERs mentioned educating their adult and/or youth coalition members regarding policies, how to present data collection results or providing training for policy-related activities. For example, public speaking training for adults and/or youth was mentioned by several CGs. CGs attributed part of the successful activities of their campaigns to the fact they took the necessary time to prepare coalition members and youth volunteers about the issue before they were expected to speak to the public or to decision-makers. For the American Lung Association of California at Chico, “the active participation of members of the Paradise Boys and Girls club was instrumental to the success of the project.” The youth made presentations to the Paradise Parks and Recreation District, the Police Department and the Town Council, as well as conducted multiple butt litter clean up events, which allowed them to gather evidence of tobacco litter “and to have personal experiences to share with policy makers and community members.”

Identifying a Champion. For the purposes of this report, a champion is an individual who is a member of, or is respected by, the targeted body of decision makers and is dedicated to securing the passage of the proposed policy. Some CGs reported that one of the coalition members, or a member of a task force, served as the policy champion. For other CGs, a champion was identified inside the target organization. For example, in Santa Clara County, the biggest champion was a city council member. They further stated that another important factor, “was the active involvement of several key individuals who were known to decision makers and who were recognized as significant voices in the community.”

Kern County, which focused on a Tobacco Retail Licensing objective, noted, "The lack of a 'champion' in each of the jurisdictions of Arvin and Shafter ultimately made the process of securing passage of a TRL policy very difficult. Greater outreach to city council members and law enforcement officials, as well as conducting key informant interviews of these folks at the commencement of the intervention is highly recommended."

Step 4: Gather Credible Evidence

Compiling Educational Materials and See

king Technical Assistance. CGs compiled educational materials in three main ways: 1) by utilizing the information and guidance offered through the Tobacco Education Clearinghouse of California (TECC), the Strategic Tobacco Retail Effort (STORE), the Center for Tobacco Policy & Organizing (The Center), ChangeLab Solutions, Rover, the National Latino Tobacco Control Network, the California Youth Action Network (CYAN), California Apartment Association, etc.; 2) by reviewing local, state and national media for data they could use; and 3) by contacting other jurisdictions to learn about their experiences with similar policies. Examples of the materials that CGs collected include: fact sheets, key talking points, sample policies, secondhand smoke information, smoking prevalence, the Center for Tobacco Policy & Organizing (CTPO) Tenant Surveys, and the American Lung Association (ALA) Report Card. Materials that were collected were assembled into different types of educational "kits" or "packets." A total of 21 CGs indicated developing some type of educational packet. A summary of the type of kits and the number of CGs that assembled each type follows:

- Smoke-free Multi-unit Housing Information Kits (7 CGs)
- Second Hand Smoke Information Kits, includes smoke-free areas/facilities (8 CGs)
- Tobacco Retail Licensing Information Kits (3 CGs)
- Tobacco Sponsorship and Sampling (2 CGs)
- Tobacco Free Pharmacies (1 CG)

Otherwise, whether or not materials were collected was not reported (6 CGs) or it was difficult to tell how they were used (6 CGs). Of the 34 CGs, 23 projects were successful and partially met, met or exceeded the objective they set out for themselves. Of these 23 projects, 20 mentioned that they conducted research and/or gathered information to support the intervention activities in the early stages of the campaign (Table 8).

A few CGs noted that they contacted statewide grantees for technical assistance, e.g., the Center for Tobacco Policy & Organizing for model policies and TCEC for sample data collection instruments, most CGs did not indicate which statewide grantees they contacted and for what purpose.

Literature Review. Seven CGs reported that they conducted research and/or literature reviews pre-intervention to document the problem (Table 8). However, four CGs indicated that the research was actually compiling educational materials to update or augment information kits or develop a position paper (e.g., smoking prevalence and the CTPO Tenant Survey). Three of the seven CGs did not specify the nature or results of the literature review. Of these seven CGs, six were successful and partially met, met or exceeded their projects objectives.

Gathering Local Information. In addition to compiling educational materials and/or conducting a literature review, many CGs made an effort to learn about the decision makers that they would be working to convince. Almost all of the CGs used Key Informant Interviews (KIIs) as a method to get to know their policymakers and other key stakeholders. The number of key informants described in the FERs varied widely, from 3 to 28 (in the California Clean Air Project and Social Advocates for Your San Diego FERs, respectively). The local definition of who qualified as a key informant also varied. Some CGs included their coalition members in these interviews (e.g., The Northern California Center for Well-

Continued on page 23 . . .

Table 8. Process and Outcome Data Collection Methods.

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

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		GATHER CREDIBLE EVIDENCE					OUTCOME DATA			CULTURALLY APPROPRIATE / ADAPTED ELEMENTS	OBJECTIVE MET?
			A	I	COMPILE EDUCATIONAL MATERIALS ¹¹	GATHER LOCAL INFORMATION	KII	POP	OTHER	OBS	Policy	Other		
1	America On Track (Santa Ana)	U	A	I	MUH/SHS Ed. Kits	Pre-Int. Obs. Survey	Pre-Int. KIIs indicated almost 100% support among MUH owners/managers ¹²	Pre Int. POP w/ Tenants indicated 94% support	-	Post-Policy Adoption Obs. Survey - policy compliance	Policy?	-	English and Spanish Educational Flyers and POP	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 (Chico)	R	A	I	Smoke-Free Ed. Kit incl. e-cigarettes	Litter Obs. provided evidence	Pre-Int. KIIs	-	Policy Record Review?	-	Smoke-Free Parks in Paradise Policy	-	-	Partially Met objective: 1 city adopted [but not implemented] a smoke-free outdoor policy (including e-cigarettes)
3	American Lung Association of California – IMPACT (Fresno)	R	A	-	Smoking Prevalence, California YTPS, TRL Info. Kits	Local YTPS indicated need	Pre-Int. KIIs indicated support for TRL	POP - indicated support	Policy Record Review, 2 YTPS showed low buy rate	-	-	-	-	Did not meet objective: A TRLP was not adopted in 2 cities
4	American Lung Association of California – Bay Area Smoke-Free HOUSING (Oakland)	U	-	I	-	-	Pre-Int. KIIs w/MUH Owners/ Managers & Rental Housing Assoc. - indicated support, Post-Policy Adoption KIIs identified barriers to implementation	-	-	-	Lease Language Review	-	Media?	Met objective: 6 smoke-free multi-unit housing policies were implemented
5	American Lung Association of California (Orange County)	U	A	-	Smoke-Free Outdoors Ed. Kits	Obs. Survey provided evidence	KIIs indicated support for policy	POP	-	-	Policy Record Review	-	Various Ed. Materials. Not Reported	Exceeded objective: 2 of 2 cities adopted a smoke-free outdoor policy; 1 city adopted a ban on new hookah locations
6	American Lung Association of California – Tobacco Free Communities (San Diego)	U	A	I	MUH/SHS Ed. Kits ¹³	-	Pre/Post KIIs of managers/owners, city officials	Pre-PA POP - showed tenant support	Air Quality Monitoring showed sig. exposure, Policy Activity Record	-	-	-	Low-literacy English and Spanish materials	Did not meet objective: 1 city or housing authority did not adopt a smoke-free multi-unit housing policy
7	Bay Area Community Resources, Inc. – Project RIDE (San Rafael)	U	A	I	Tobacco Sponsorship Info. Kit	Pre-Policy Adoption Obs. – no evidence	Pre-Int. KII – confirmed scope	POP – indicated support from import car show enthusiasts	FG 6 mons after Obs. Survey but not clear	Post-Policy Adoption Obs. – no evidence	-	-	Media	Exceeded objective: 6 event organizers adopted and implemented policies that restrict tobacco industry sponsorship instead of 2

¹¹ Information kits, when the contents were specified, were similar across the projects and typically consisted of a “Fact Sheet,” Newsletter, Policy Brief, sample policies, etc. Local data, if available (such as Public Opinion Polls, Illegal Sales Rate and Letters of Support), were also included.

¹² American On Track noted that MUH owners/managers supported the smoke-free policy due to insurance discounts for “no smoking policies.”

¹³ “Tenant educational kits, in low literacy English and Spanish, contained information on SHS, no constitutional right to smoke, actions steps for dealing with drifting SHS, sample letters from doctors and for landlords, tenant’s legal options, and disability laws for those affected by SHS.”

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		GATHER CREDIBLE EVIDENCE					OUTCOME DATA			CULTURALLY APPROPRIATE / ADAPTED ELEMENTS	OBJECTIVE MET?	
			A	I	CONDUCT RESEARCH	GATHER LOCAL INFORMATION	KII	POP	OTHER	OBS	Policy	Other			
8	Bay Area Community Resources, Inc. SUNSET Project (San Rafael)	U	A	I	-	Previous POP showed tenant support, Pre-Int. Obs. Survey	Pre-Int. KIIs – showed no existing policies, Post-Int. KIIs	POP – showed 70% tenant support ¹⁴			Post-Policy Adoption Obs. Survey		Lease agreements	Russian Speakers on Project Team, Data Collectors also spoke Russian, Media	Exceeded objective: 7 multi-unit housing complexes adopted and implemented a voluntary smoke-free policy instead of 5
9	Breathe California of Sacramento (Sacramento)	U	A	I	Conducted Research but didn't specify	Pre-Policy Adoption Obs. Survey	KII "Surveys" via Facebook, KIIs of policymakers	-	FG w/ STAND staff	Post-Policy Adoption Obs. Survey	-	-	-	Met objective: 2 college campuses adopted and implemented smoke-free campus policies	
10	California Health Collaborative (Chico)	R	A	-	Lit. Review, Smoke-Free Ed. Kit	2 Pre-Policy Adoption Obs. – showed need	Pre-Int. KIIs w/ city council members, chamber of commerce and others, town staff	-	Policy Record Review	-	-	-	-	Met objective: 1 city adopted policy to prohibit smoking within 20 feet of doorways, entryways and windows, and parks (including e-cigarettes)	
11	California's Clean Air Project (Sacramento)	U	A	I	Dev. Infographic; Updated Fact Sheets	Pre Policy Obs. & Air Monitoring	Post-Policy Adoption KIIs w/ Win River Key Staff	Post-Policy Adoption POP w/ Win River Employees	TA Satisfaction Survey Annually, FG w/ Program Staff	Post Policy Obs. Survey & Air Monitoring	-	Economic Impact Study	-	Did not meet objective: 1 of 3 tribal casinos adopted and implemented a smoke-free gaming policy, then casino reversed decision	
12	Catholic Charities, Diocese of San Diego (San Diego)	U	A	I	Smoke Free Info. Kits	Baseline of Existing Policy (self-report), Obs. Survey – showed little evidence of smoking	KIIs - showed willingness to adopt new policies	POP - showed public support for banning smoking	Policy Record Review, Media Activity Record	Post-Policy Adoption Obs. Survey – results unclear	-	-	-	Exceeded objective: 15 licensed facilities adopted and implemented a voluntary smoke-free campus policy instead of 14	
13	City of Berkeley - 510 Free From Tobacco (Berkeley)	U	A	-	Model Policies, Updated Fact Sheet	Obs. Survey	Pre-Int. KIIs w/Retailers – mixed views, mostly negative	POP - implied support for policy	-	-	-	-	-	Did not meet objective: 1 TRLP was not amended to restrict tobacco marketing	
14	Community Action of Napa Valley - Connect Partnership Program (Napa)	R	A	I	Model Policies	Pre-Policy Obs. Survey	KIIs	2 POP w/ Tenants, Post Training Assessment	2 FG Pre Policy ¹⁵	Post-Policy Obs. Survey - showed reduction	Policy Record Review	-	Use of Promotoras, Post Training Assessment in Spanish & English ¹⁶	Partially met objective: 3 of 4 multi-unit housing complexes adopted and 2 implemented smoke-free policies	

¹⁴ "It was critical to the project that the people conducting the resident poll, observation 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 communicate 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." The model of using community members to conduct outreach and surveys was reported as the key to their success.

¹⁵ Focus group of multi-unit housing tenants was conducted in Spanish and used to fine tune educational materials. But, whether or not materials were provided in English and Spanish was not reported. Post Training Assessment of promotoras for the observation survey and the public opinion poll was provided in English and Spanish.

¹⁶ Promotoras were trained to do observations surveys at multi-unit housing complexes, as well as to conduct public opinion polls of tenants.

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		GATHER CREDIBLE EVIDENCE					OUTCOME DATA			CULTURALLY APPROPRIATE / ADAPTED ELEMENTS	OBJECTIVE MET?
			A	I	CONDUCT RESEARCH	GATHER LOCAL INFORMATION	KII	POP	OTHER	OBS	Policy	Other		
15	Community Partners - Smoke-Free Living (Los Angeles)	U	A	-	-	-	Pre-Int. KIIs w/ policy makers – mostly positive, but CCMs facing reelection	POP w/ Tenants ¹⁷	Policy Record Review	-	-	-	Low SES city of El Monte, POP results provided in Spanish ¹⁸	Did not meet objective: 1 city did not adopt a smoke-free multi-unit housing policy
16	County of Kern (Bakersfield)	R	A	I	-	2005 – 2012 YTPS, 2013 YTPS	Pre-Int. KIIs w/ city council members	2 POP - showed support for TRLP	2014 YTPS	-	-	-	-	Did not meet objective: A TRLP was not adopted in 2 cities
17	Fighting Back Partnership (Vallejo)	U	A	I	TRL Info. Kit	Baseline YTPS	-	POP - showed support for CUP and Licensing	Policy Record Review, 2 nd YTPS, FG w/ Staff	-	-	-	-	Did not meet objective: A TRLP was not adopted in 1 city
18	Fresno County Economic Opportunities Commission (Fresno)	R	A	I	Lit. Review, but didn't specify	-	Pre-Int. KIIs, 1 st was for support and ways to increase support, facilitators/barriers	POP at community events – 85% tenant support	Policy Record Review	-	-	-	Some materials were in English and Spanish, CG also used Promotoras	Did not meet objective: 2 cities did not adopt and implement a smoke-free multi-unit housing policy
19	Health and Social Policy Institute – At Home in Humboldt (Sacramento)	R	A	I	MUH/SHS Ed. Kits	Obs. Survey	Pre-/Post-Int. KIIs included tenants - showed tenant support	-	FG of residents	Post Policy Obs. Survey	Lease Review	-	Focus group of residents was conducted in Spanish	Partially Met objective: 1 city adopted and implemented a smoke-free multi-unit housing policy instead of countywide
20	National Council On Alcoholism and Drug Dependence (Orange County)	U	A	I	Smoke-Free Info. Kits	-	Pre-/Post-Int. KIIs w/ Restaurant Managers	-	698 signatures of support	Obs. Survey	-	-	Latino adults as peer educators and for data collection procedures, ¹⁹ ed. handouts in English & Spanish for tenants	Did not meet objective: A legislated smoke-free outdoor dining policy was not adopted; however, 14 voluntary policies were adopted and implemented
21	Pajaro Valley Prevention and Student Assistance, Inc. (Santa Cruz County)	U	A	I	Smoke-Free Ed. Kit	Pre. Int. Obs. Survey	Pre-/Post-Int. KIIs	-	Ed/Participant Survey (Cessation Class)	Post-Policy Adoption Obs. Survey – showed reduction	Policy Review	-	Ed. Materials from National Latino Tobacco Control Network, Latino project staff did all data collection	Partially met objective: 5 health care facilities adopted and implemented smoke-free campus policies instead of 10

¹⁷ Survey was culturally adapted to survey the large Hispanic population in the targeted jurisdiction and was provided in English and Spanish. Results were provided in English and Spanish for interested community members and decision-makers.

¹⁸ “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.”

¹⁹ “The Spanish-speaking peer educators were very important when encouraging local restaurants to adopt a policy. Restaurant owners and/or managers were more willing to be presented with information when it was delivered in a culturally relevant way.”

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		GATHER CREDIBLE EVIDENCE					OUTCOME DATA			CULTURALLY APPROPRIATE / ADAPTED ELEMENTS	OBJECTIVE MET?
			A	I	CONDUCT RESEARCH	GATHER LOCAL INFORMATION	KII	POP	OTHER	OBS	Policy	Other		
22	People's Community Organization for Report and Empowerment (Los Angeles)	U	A	I	Lit. Review, SHS Info. Kit ²⁰	MUH Assessment, Pre-Policy Adoption Obs.	KIIs w/ owner / managers to assess support	-	2 FG w/ residents / tenants to assess support ²¹	Post-Policy Adoption Obs. Survey - showed reduction	Policy Review	-	Various; all were trained in culturally appropriate evaluation methods ²²	Met objective: 12 multi-unit housing complexes adopted and implemented a voluntary smoke free policy
23	Public Health Foundation Enterprises, Inc. - SOL (Sacramento)	U	A	I	Lit. Review but didn't specify	-	KIIs w/ youth task force members	POP (via Facebook)	2 Cigarette Butt Clean-ups, FG w/SRTD Enforcement Officials, FG w/ SOL staff	Post-Policy Adoption Obs. Survey	-	-	-	Met objective: 1 policy to prohibit smoking in all bus/light rail stops and light rail stations in Sacramento was adopted and implemented, including e-cigarettes
24	Public Health Institute (Sacramento)	U	A	I	Lit Review, MUH/SHS Ed. Kits	-	KIIs support from tenants	-	-	Post-Policy Obs. Survey - showed signs of smoking	Policy Record	-	Low literacy audience; updated fact sheets	Met objective: 1 countywide smoke-free multi-unit housing policy was adopted and implemented
25	Sacramento Chinese Community Service Center (Sacramento)	U	A	I	-	Obs. Survey	Pre-Int. KIIs w/ city officials ²³ , Post-Int. KIIs w/ city officials – not conducted with City of SACTO since it didn't pass a policy	POP at Community Events	FG with Youth Volunteers	Post-Policy Adoption Obs. Survey	-	-	-	Partially met objective: 1 of 2 smoke-free outdoor policies were adopted, but not yet implemented

²⁰ Educational materials such as fact sheets, post cards, and posters were also developed and disseminated to promote community awareness, but whether or not they were multilingual was not mentioned.

²¹ "The cultures of the API, specifically the Filipino population, were integrated into communication processes such as presentations which had to be fronted with questions about how their days were going, their families, and their day to day activities, before directly focusing on the public health presentation topic itself." This included the introduction to the focus groups. Evaluation questionnaires were developed with input from the community residents and technical assistance by TCEC. This included an observational survey, a KII and a FG questionnaire. "Community input during the focus group discussions provided training opportunities to build community capacity for tobacco control advocacy in the local Asian and Pacific Islander community."

²² "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." Indicated that the commitment to culturally competent intervention and evaluation was important in this project so staff and community members attended webinars and trainings on culturally competent evaluation methods (as well an intervention methods). This was key to implementing smoke-free policies with API populations. They said . . . all activities utilized culturally competent practices as the work focused on the API populations in Northeastern Los Angeles. Community members were involved throughout the assessment, planning, intervention, and evaluation processes which resulted in adapting evaluation instruments, e.g., "interview questions were framed within the culture and language of the API, specifically Filipino, population . . . [which included] the sequence of questioning whereby questions about how their days were going, their families, and their day-to-day activities were asked first, followed by interview questions." People's CORE noted that that they a long-established relationship with the community, which "led to a sense of trust that was perhaps the most important factor in the successful accomplishment of the objective." They also said that "People's CORE staff and the Evaluation consultant's activities ensured that materials and process were culturally appropriate and relevant."

²³ Indicated three "interviews" were conducted via email.

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		GATHER CREDIBLE EVIDENCE					OUTCOME DATA			CULTURALLY APPROPRIATE / ADAPTED ELEMENTS	OBJECTIVE MET?
			A	I	CONDUCT RESEARCH	GATHER LOCAL INFORMATION	KII	POP	OTHER	OBS	Policy	Other		
26	San Dieguito for Drug Free Youth (Del Mar)	U	A	I	Lit. Review, but didn't specify	Obs. Survey	Pre-Int. KIIs – indicated allies/support for policy but need/desire for education	Annual POP of Fairgoers indicated 90% support for a smoke free/vape free County Fair	Annual Obs. Survey at Horse Races – showed evidence of smoking, Obs. Survey at 2 Different Fairgrounds Events	Post Obs. Survey at 2 Different Events; illustrated improvements needed for education and enforcement	Smoke Free Fairgrounds Policy included e-cigarettes and vape pens	-	POP of fairgoers was provided in English and Spanish	Met objective: 1 smoke-free grounds policy was adopted and implemented at the Fairgrounds and at horse races
27	San Francisco Study Center, Inc. (San Francisco)	U	A	-	Ed. Kit incl. e-cigarettes	-	2 Waves Post-Int. KIIs w/elected officials, pharmacy store managers and pharmacists	-	-	-	-	-	-	Partially met objective: 1 BOS and 1 City Council of 6 adopted a voluntary policy to prohibit sale of tobacco products in pharmacies
28	Social Advocates for Youth (SAY) San Diego (San Diego)	U	A	I	MUH/SHS Ed. Kits	-	Pre-Policy Adoption KIIs with policy makers and opposition, housing reps., Post-Policy Adoption KIIs with owners / managers to assess effectiveness	POP at Community Events - showed support	Policy Record Review	-	-	-	-	Did not meet objective: 1 city did not adopt a smoke-free multi-unit housing policy; however, 12 voluntary policies were passed and implemented?
29	Stanislaus County Office of Education (Modesto)	R	A	-	Dev. Fact Sheets	Pre-Int. -Obs. Survey	-	POP – showed support	"Butt Hunts" litter cleanup	Obs. Survey – showed 100% reduction in smoking	-	-	-	Partially met objective: 3 of 5 cities adopted a policy to prohibit smoking in parks
30	The Northern California Center for Well-Being (Santa Rosa)	U	A	I	MUH SHS Ed. Kits	Pre-Int. Obs. Survey of another jurisdiction (Petaluma-80% showed evidence of smoking)	Pre-Int. KIIs of policy makers – mixed views Post-Int. KIIs of MUH managers and project staff	-	-	Post Obs – done in another jurisdiction (Petaluma)	-	Lease Analyses (Petaluma)	-	Did not meet objective: 2 jurisdictions did not adopt and implement a smoke-free multi-unit housing policy
31	Tri-City Health Center (Fremont)	U	A	I	Ed. Packet incl. e-cigarettes	Bar Obs. Survey - 23 total over 2 years showed presence of Tobacco Reps.	Pre-Int. KIIs - informed them about how to conduct interviews, Post-Int. KIIs were done as evaluation of the project	-	34 Org. Endorsements	Post Policy Adoption Obs. Survey	-	-	Recruited LGBT Youth, observations at Gay bars	Met objective: 1 city adopted and implemented a voluntary policy to prohibit the distribution of free tobacco products or offers

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		GATHER CREDIBLE EVIDENCE					OUTCOME DATA			CULTURALLY APPROPRIATE / ADAPTED ELEMENTS	OBJECTIVE MET?
			A	I	CONDUCT RESEARCH	GATHER LOCAL INFORMATION	KII	POP	OTHER	OBS	Policy	Other		
32	United Indian Health Services (Arcata)	R	A	-	SHS/Litter Ed. Kits	Pre-Int. Obs./Tobacco Litter Clean-up	Pre/Post KIIs w/ tribal reps. and 2 businesses	-	Pre-Int. Litter Survey didn't happen with the adoptive site, but happened with 6 sites elsewhere?, 2 Waves FG ²⁴	Post Int. Litter Survey showed butt litter decreased by at least 30%	Policy Adoption	-	-	Partially met objective: 0 of 1 tribal organizations and 1 of 1 business/group on tribal land adopted a policy that regulates outdoor smoking
33	Vista Community Clinic - Healthy Environments Against Tobacco (San Diego)	U	A	I	MUH/SHS Ed. Kits	Pre-Int. Obs. Survey	Pre-Int. KIIs to assess support	POP Tenant	-	Post-Policy Obs. Survey	-	Lease Agreement Tracking Log	-	Partially met objective: 2 of 10 multi-unit housing complexes and 1 home owner's association adopted and implemented smoke-free policies
34	Watts Healthcare Corporation (South Los Angeles)	U	A	I	SHS Ed. Kits	Pre-Int. Obs. Survey – provided evidence	-	POP showed 83% support from congregation	FG w/ church & faith-based org. leaders	Obs. Survey indicated 0 tobacco litter	-	-	25	Exceeded objective: 13 faith-based organizations adopted and implemented smoke-free grounds policies instead of 12

²⁴ Two Focus Groups occurred with CORE members which included tribal members. The first focus group provided input on educational presentation packet; the second focus group provided input on signage.

²⁵ Churches have Latino and African American congregation members, but whether or not materials were provided in another language or were otherwise culturally adapted was not mentioned.

being); some included staff (e.g. Community Partners – Smoke-Free Living and The Northern California Center for Well-Being). Regardless, the use of KIIs helped the CGs learn about the person’s specific point of view and often information about the political climate, as well. For example, Tri-City Health Center commented that through KIIs it “learned how the government of the city of San Jose works, and to identify key resources and potential obstacles.” The San Francisco Study Center, Inc. commented that through KIIs it learned that for policy makers, “hearing the voices of young people and local health experts and pharmacy experts was key.”

The biggest complaint among the CGs regarding the use of KIIs were limitations resulting from having small sample sizes, e.g., three versus a targeted eight key informants, and the challenges with getting policy makers to participate. Nonetheless, they were commonly used, with 31 of 34 CGs using KIIs as a tool. Of the 23 CGs that were successful at meeting, partially meeting or exceeding their objectives, 21 stated that they used KIIs as part of their campaign arsenal.

Policy Record Review. Some CGs planned to get to know their decision makers by studying the meeting records of the city councils or boards to learn about key issues related to adopting a policy. Eight CGs specifically mentioned the use of a Policy Record Review. The California Health Collaborative at Chico stated that, “policy record reviews were used to identify the presence or absence of support of secondhand smoke policies and other public health issues within the council and to identify potential campaign allies and opponents.” Through this research, they found that “community members reported that there was a decreasing business presence in Paradise citing the multitude of city regulations.” During the development phase of the campaign, they prepared to counter these arguments and were ultimately successful at getting a policy passed.

Community Acton of Napa Valley stated that, “official records of the [multi-unit housing] complexes show[ed] that three did in fact adopt a voluntary no-smoking policy for the complex.” However, for some of these CGs, the proposed policy never made it to formal discussion. Consequently, there were no meeting records to analyze for either support for or opposition to the proposed policy.

Public Opinion Polls. Twenty-one (21) CGs 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 or sales of tobacco to minors (depending on the project’s focus) and to assess 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. As shown in Table 9, public support ranged from 67% to 94% in favor of smoke-free policies. Of the 21 CGs that conducted POPs, 12 were successful and partially met, met or exceeded their projects objectives.

Table 9. 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 – IMPACT (Fresno)	R	A	-	82% (n=473) TRL	-
American Lung Association of California (Orange County)	U	A	-	78% (n=587) Smoke-Free Outdoors	-
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. – Project RIDE (San Rafael)	U	A	I	75% (n=1,000) Smoke-Free Events	-
Bay Area Community Resources, Inc. SUNSET Project (San Rafael)	U	A	I	77% (n=308) MUH Tenants	-
California’s Clean Air Project	U	A	I	-	Employees (n=241)

Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		Support for Policy Adoption	
		A	I	Pre-Intervention	Post-Intervention
(Sacramento)					"respondents commented" suffer less irritation
Catholic Charities, Diocese of San Diego (San Diego)	U	A	I	95% (n=201) Smoke-Free HR Care Facilities	-
City of Berkeley - 510 Free From Tobacco (Berkeley)	U	A	-	Implied support (n=352) (didn't directly ask about policy) Tobacco Marketing	-
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	-
County of Kern (Bakersfield)	R	A	I	"Majority" (n=122) Arvin TRL "Majority" (n=122) Shafter TRL	-
Fighting Back Partnership (Vallejo)	U	A	I	78% (n=132) CUP and TRL	-
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)
Sacramento Chinese Community Service Center (Sacramento)	U	A	I	89% (n=57) Smoke-Free outdoors 73% Smoke-Free bars (reported two years combined)	-
San Dieguito for Drug Free Youth (Del Mar)	U	A	I	90% (n=302) Smoke-Free fairgrounds (reported 3 years combined)	-
Social Advocates for Youth (SAY) San Diego (San Diego)	U	A	I	73% (n=255) MUH Tenants	-
Stanislaus County Office of Education (Modesto)	R	A	-	81% (n=200) Smoke-Free rec. areas	-
Vista Community Clinic - Healthy Environments Against Tobacco (San Diego)	U	A	I	67% (n=312) MUH Tenants (reported two years combined)	-
Watts Healthcare Corporation (South Los Angeles)	U	A	I	83% (n=135) Congregation SF church	-

Observational Survey. Many CGs reported that they conducted Observational Surveys pre-intervention to document the presence of tobacco use (tobacco litter, smoking, etc.). Most CGs used Observational Surveys as a method to influence policy makers and other key stakeholders. In fact, the California Health Collaborative at Chico commented that the "observation data was effective at showing that businesses would not 'voluntarily' protect their customers from secondhand smoke." 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 34 CGs, 23 specifically mentioned conducting observational surveys at the beginning of the project (Table 8). Of the 23 CGs that used Observation Surveys to document the problem at the start of the project, 20 were successful and partially met, met or exceeded their projects objectives.

To assess policy compliance, 23 CGs conducted a post-policy adoption observation survey. Post-policy adoption observational Surveys are discussed further under **Outcome Measures** (page 31).

Youth Tobacco Purchase Surveys (YTPSS). When working on reducing tobacco sales to minors, the importance of collecting local data on the illegal sales cannot be overstated. Of the 34 CGs, 3 CGs working on Tobacco Retail Licensing Policies (TRLPs) conducted YTPSS (Table 10). When it comes to the rate of illegal sales to minors, all three projects were able to document the problem. However, results fluctuated from one YTPS to the next or showed a low buy rate. For example, YTPS conducted in previous scopes of work by Kern County indicated a 39% buy rate; the 2010 YTPS conducted by CTCPC indicated a 30% buy rate. However, the 2014 YTPS in Arvin, one of the targeted cities, only showed a 9% buy rate. One CG, the American Lung Association of California in Fresno, noted that the results of the local YTPS showed a low buy rate ranging from 5% in one survey to 8% in a second YTPS. They attributed these results to having youth that did not match the race/ethnicity of the youth living in the community.

Table 10. Youth Tobacco Purchase 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		Document the Problem	
		A	I	Pre-Intervention	Post-Intervention
American Lung Association of California – IMPACT (Fresno)	R	A	-	2010 CTCP YTPS 30% buy rate 2013 YTPS indicated 5% buy rate (n=19)	2015 YTPS showed 8% buy rate (n=12)
County of Kern (Bakersfield)	R	A	I	2005 – 2012 YTPS Varied 2013 YTPS 10% buy rate in Arvin, 5% in Shafter (n=525)	2014 YTPS 9% buy rate in Arvin, 30% in Shafter (n=562)
Fighting Back Partnership (Vallejo)	U	A	I	2014 Baseline YTPS 0% buy rate (n=35)	2015 YTPS showed 18% buy rate (n=28)

None of the three CGs working on TRLPs met the objectives they set out for themselves.

Utilizing Culturally Adapted Data Collection Instruments. Many CGs reported that they consulted the Tobacco Control Evaluation Center and/or their evaluation consultant to adapt data collection methods and tools to reach different racial/ethnic groups, low socioeconomic status groups or other priority populations, and/or to get training on culturally competent evaluation methods. People’s CORE indicated that this training was key to implementing smoke-free policies with API populations. For People’s CORE, community members were involved throughout the assessment, planning, intervention and evaluation processes which resulted in adapting evaluation instruments, e.g., “interview questions were framed within the culture and language of the API, specifically Filipino, population . . . [which included] the sequence of questioning whereby questions about how their days were going, their families, and their day-to-day activities were asked first, followed by interview questions.”

America On Track indicated that they conducted POPs with Latino/Hispanic multi-unit housing tenants in English and Spanish. Community Action of Napa Valley, Community Partners – Smoke-Free Living in Los Angeles and Fresno County Economic Opportunities Commission, as examples, were able to conduct observations and POPs of low socioeconomic, Latino tenants with the help of promotoras, Hispanic/Latino community members who are trained health care workers who serve as liaisons with the Latino community. In these cases, data collection instruments were provided in English and in Spanish. Health and Social Policy Institute – At Home in Humboldt, Pajaro Valley Prevention and Student Assistance, Inc. and Bay Area Community Resource, Inc. SUNSET Project conducted focus groups in the native language of participants, i.e., Spanish, Spanish and Russian, respectively.

Bay Area Community Resources, Inc. SUNSET Project indicated that all of the data collection was conducted by Russian speakers and noted, “It was critical to the project that the people conducting the resident poll, observation 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 communicate 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.” They stated that the model of using community members to conduct outreach and surveys was the key to their success.

Nine CGs specifically mentioned adapting data collection instruments for use in a second language or conducting Focus Groups in a language other than English (Table 8). Of these nine CGs, seven were successful and partially met, met, or exceeded their project’s objectives.

Stage 5: Implement Activities

Educating Decision makers. Approaching decision makers is an important step in policy adoption-related campaigns. Many CGs offered suggestions or lessons learned in this regard. Lessons learned by various CGs included the following:

- “This vote by the city council [on another issue] didn’t sit well with the coalition members . . . The Coalition filed a formal appeal of the city council’s decision to grant a liquor license to a 99 Cent Store when liquor licenses were perceived to be excessive. This affected the process and progress of the TRL as “this made the city council think that the coalition was not ‘business friendly.’” The challenge made some of the city council members upset and put focus on the alcohol licensing issue instead of the TRL. (Fighting Back Partnership)
- Key informants made suggestions for how to proceed and the project incorporated each of the suggestions, including identifying a champion among city council members early in the process, and getting business support and not-appearing anti-business. Key informants also suggested to “have lots of supportive data ready in advance, so that opponents cannot delay by calling for a ‘study.’” (Tri-City Health Center)
- Using the term “ordinance” was seen as a barrier when working with tribal leaders and was replaced with the word “policy.” “Provide data specific to each [tribal] group you are working with whenever possible. If data is not available, offer to conduct a survey in order to obtain data specific to your target population . . . [this] can help provide proof to tribal councils and business owners that their community supports an outdoor tobacco policy.” (United Indian Health Services)
- El Monte may not have been the best city to target for MUH policy. Going in, the project did not know about the city’s public safety challenges [gangs], nor could it imagine that the city council would soon be playing musical chairs with city staff members, committees and with council members that were up for reelection. (Community Partners – Smoke-Free Living)
- Policy makers were supportive of smoke-free outdoor policies but were hesitant to move forward without data to drive the decision. (Sacramento Chinese Community Service Center)
- City leaders provided a long list of barriers and wanted the project to “show the problem as a real one (vs. theoretical), proving it is an issue the public cares about, providing a sample ordinance and information about successful implementation, and grassroots support.” (American Lung Association of California Tobacco Free Communities)

Presentations. Of the 34 projects, all of the CGs mentioned conducting presentations to decision makers who would determine whether or not a policy would be adopted. For smoke-free multi-unit housing policies, these were often made to the complex owners/managers or local housing authority boards. For tobacco retail licensing policies, presentations were made at regularly scheduled city council or county board meetings with public access or in private meetings. Presentations were generally led by CG staff and frequently involved the active support of coalition members, and adult and youth community volunteers. Many FERs reported bringing youth to the presentations and the positive impact that the youth made on decision-makers (discussed in Stage 3, Table 7).

The informational packets and fact sheets, described under Stage 4: Gather Credible Evidence, were used in a variety of ways to educate policy makers, key stakeholders (e.g., tenants of multi-unit housing complexes or tobacco merchants), and sometimes the general community. These informational packets included the results of local public opinion polls (discussed in Stage 3: Gather Credible Evidence), as well as the results of petitions and letter writing campaigns, which were mentioned in a couple FERs. For

example, America on Track conducted a public opinion poll at multi-unit housing complexes and demonstrated 94% tenant support for a 100% smoke-free policy, which contributed to 18 smoke-free multi-unit housing policies being adopted and implemented during the 2013-2015 project period.

Use of Media For Education And Advocacy. Use of the media to help inform the community of the need for tobacco control, to build support for new policies and to place some pressure on decision makers at the same time was reported in most of the FERs.

Urban settings offer a variety of media outlets – newspapers in multiple languages, newsletters for business and the retail industry, radio and TV stations serving audiences of many cultures, billboards and bus shelter ads. Rural settings have limited coverage – often a single newspaper and perhaps one radio station that serves the area. In addition, there is considerable independence on the part of the owners of the paper and the station in rural areas and, as reported in several FERs, a conservative environment in which smoking is protected. Consequently, paid advertisements may be accepted. However, letters to the editor, op-ed pieces, and contributed articles may simply not get published in the paper. Similarly, paid radio commercials may get played at peak listening times, but interviews and news items may not get played at all.

Table 11 summarizes the use of media in education and advocacy as reported in the 34 FERs. Important to note, however, is that Table 11 includes media that was achieved, i.e., a news release that was printed in a local newspaper, aired on the local radio, etc. It does not include media that was attempted, e.g., a letter to the editor that was submitted but not printed. A brief analysis of the use of media resulted in the following observations:

- 27 of the projects reported media activity; 7 projects reported no media activity, paid or free.
- 13 projects purchased space for ads, 8 in some form of print media, 1 on radio, 1 on television, 3 on Facebook, 2 Bus ads, 1 kiosk, and 2 community newsletters. One project obtained “visibility” by sponsoring car teams. Of these, 8 were in a language other than English.
- 21 projects received free coverage via articles in newsletters and newspapers, mention or interviews on radio (3), and segments on television (10). Of the articles, news reports and talk shows, 5 were in a language other than English.
- 19 projects were from urban areas and 8 from rural areas.

Few FERs commented extensively on their use of media as a resource; only a few, in fact, stated which outlets they used for ads and press releases. For more details specific to each CG, please see Table 9 beginning on the next page.

Use of Culturally Appropriate Media. Eight projects produced culturally appropriate media to reach their target population. Comments by various CGs 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)

Continued on page 31 . . .

Table 11. Media Used for Education and Advocacy.

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

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		FOCUS	MEDIA USED					CULTURALLY APPROPRIATE / ADAPTED ELEMENTS
			A	I		Print	Radio	TV	Other	Purchased?	
1	America On Track (Santa Ana)	U	A	I	Recognition of MUH owners/manages that adopted a voluntary smoke-free policy, the dangers of SHS, and the benefits of smoke-free multi-unit housing	6 ads, 4 press articles	-	4 press articles in local TV	Ads on bus shelters, multiple community collaborative e-mail blasts	Purchased 6 print and bus shelter ads	No mention if articles/ads were also in Spanish
2	American Lung Association of California (Chico)	R	A	I	Litter clean-up and efforts of youth to keep Paradise parks smoke-free, ban of e-cigarettes and vaporizers	2 letters to the editor, but not printed, 6 articles, 5 printed	1 PSA, not aired	1 article	Articles for Recreation District newsletter or website	-	-
3	American Lung Association of California – IMPACT (Fresno)	R	A	-	Illegal tobacco sales to minors and benefits of TRL	3 letters to the editor, 1 news release re: YTPS results for each city surveyed (21 outlets)	1 article - 3 PSAs	1 article - 4 local stations	-	-	-
4	American Lung Association of California – Bay Area Smoke-Free HOUSING (Oakland)	U	-	I	Smoke-Free multi-unit housing and dangers of SHS, quit-smoking resources	47 news articles in print and online (numbers unclear)	-	1 paid media alert resulted in local news coverage	2 articles posted on two web pages; 1 article in East Bay Rental Housing Association Newsletter; 1 article in Sonoma County Gazette (free newsletter)	Paid bus ads and kiosks in Alameda County and Petaluma, 1 paid ad in East Bay Rental Housing Association Newsletter	-
5	American Lung Association of California (Orange County)	U	A	-	Smoke-free outdoors (didn't specify)	News releases, letters to the editor, opinion editorials (but didn't specify)	-	-	-	-	-
6	American Lung Association of California – Tobacco Free Communities (San Diego)	U	A	I	Smoke-free MUH No-smoking policy and explanation of enforcement, complaints, etc., ALA State of Tobacco Control Report Card	2 articles in AMM (not specified), ALA State of Tobacco Control Report Card in multiple newspapers	-	ALA State of Tobacco Control Report Card	1 newspaper ad in English/Spanish targeting residents	-	Ad in English and Spanish
7	Bay Area Community Resources, Inc. – Project RIDE (San Rafael)	U	A	I	Tobacco company sponsorship and marketing tactics	-	-	-	Press releases to car event media outlets, web banner on the Super Street Network and at car events; Sponsored 4 car teams to make an appearance at car events; website	Sponsored 4 car teams	Media outlets targeted Asian and Hispanic males
8	Bay Area Community Resources, Inc. SUNSET Project (San Rafael)	U	A	I	Dangers of SHS exposure and benefits of smoke-free multi-unit housing	Letters to the editor “was a way to engage action team members (Russian-speaking volunteers)	-	-	Newsletters printed in Russian/English and mailed to 530 Russian-speaking community members; otherwise distributed at various events; bilingual bus ads, bilingual placards placed on bus lines from 2 garages	20 ads in Russian-language media; bilingual bus ads	All media was in Russian/English
9	Breathe California of Sacramento (Sacramento)	U	A	I	Not specified	-	-	-	9 Facebook Ads; maintained consistent presence on Facebook and Twitter	9 Facebook ads	-
10	California Health Collaborative	R	A	-	Smoke-free entryways, Business MVP program	Letters to the editor, news releases (Business MVP)	-	-	Facebook campaign, Chamber of Commerce flyers	-	-

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		FOCUS	MEDIA USED					CULTURALLY APPROPRIATE / ADAPTED ELEMENTS
			A	I		Print	Radio	TV	Other	Purchased?	
	(Chico)					Program)					
11	California's Clean Air Project (Sacramento)	U	A	I	-	-	-	-	-	-	-
12	Catholic Charities, Diocese of San Diego (San Diego)	U	A	I	Creating smoke-free environments; Acknowledging health care facilities that adopted a smoke-free policy	3 articles	-	-	Ethnic specific community newspapers	4 ads printed in English, Vietnamese and Spanish	Ads were in English, Vietnamese and Spanish
13	City of Berkeley - 510 Free From Tobacco (Berkeley)	U	A	-	-	-	-	-	-	-	-
14	Community Action of Napa Valley - Connect Partnership Program (Napa)	R	A	I	Dangers of SHS smoke and benefits of smoke-free multi-unit housing	2 press releases/articles, letters to the editor	Spanish speaking radio ²⁶	Channel 28 Interview	4 page campaign newsletter distributed annually	-	Spanish-language Radio Show
15	Community Partners - Smoke-Free Living (Los Angeles)	U	A	-	-	Letter to the editor (but not published) op. ed. piece, 1 ad	-	-	Facebook page	1 paid ad in English	-
16	County of Kern (Bakersfield)	R	A	I	Sales of tobacco to minors (results of YTPSs) and benefits of TRL	Coordinated yearly press conferences for local radio, television and print media re: YTPS results	Ads	Ads	Newsletter article each year for CBOs and law enforcement	Ads for newspaper, radio and TV and purchased media/advertising packages annually	-
17	Fighting Back Partnership (Vallejo)	U	A	I	TRL (but didn't specify)	3 press releases to media outlets, 3 letters to the editor	-	-	Facebook page	-	-
18	Fresno County Economic Opportunities Commission (Fresno)	R	A	I	Smoke-free policy options in multi-unit or public housing	2 letters to the editor and 1 press release (but not printed)	-	-	2 articles in English and Spanish on SHS (distributed to MUH residents)	-	Spanish-language SHS literature
19	Health and Social Policy Institute – At Home in Humboldt (Sacramento)	R	A	I	-	-	-	-	-	-	-
20	National Council On Alcoholism and Drug Dependence (Orange County)	U	A	I	Dangers of SHS smoke Press Event	1 article, ads ²⁷ , 6 op ed. pieces in local news outlets and [other?] press releases	-	Press event	Ads were placed in OC Restaurant Associations weekly email blast (30,000 recipients per newsletter)	17 print ads in 4 outlets, in English or Spanish	Ads in Spanish in Spanish-language magazine
21	Pajaro Valley Prevention and Student Assistance, Inc. (Santa Cruz County)	U	A	I	-	-	-	-	-	-	-
22	People's Community Organization for Report and Empowerment (Los Angeles)	U	A	I	Smoke-free multi-unit housing and tobacco cessation resources	2 articles in Asian newspapers	-	Five interviews in Asian and Pacific Islander media networks including LA18, which serves as a major leading Asian language TV station in Southern California	1,400 copies of multi-lingual biannual newsletters on the Smoke-free Apartments Project	6 ads in Asian newspapers	Media in Asian-language newspapers and TV, and newsletters

²⁶ Discussed smoke-free multi-unit housing complexes on Spanish speaking radio shows (didn't say how many).

²⁷ Ads were also placed in the Spanish-language magazine, El Aviso (50,000 weekly readers by edition).

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		FOCUS	MEDIA USED					CULTURALLY APPROPRIATE / ADAPTED ELEMENTS
			A	I		Print	Radio	TV	Other	Purchased?	
23	Public Health Foundation Enterprises, Inc. - SOL (Sacramento)	U	A	I	Promote Butt Clean-up	-	-	-	E-blast on Sacramento Cultural Hub Media Company, 6 Facebook Ads	6 Facebook Ads	-
24	Public Health Institute (Sacramento)	U	A	I	-	-	-	-	-	-	-
25	Sacramento Chinese Community Service Center (Sacramento)	U	A	I	-	-	-	Sacramento Chinese Community Service Center ACT-UP webpage	-	-	No mention if information was provided in languages other than English
26	San Dieguito for Drug Free Youth (Del Mar)	U	A	I	Smoke-free fairgrounds, inclusion of e-cigarettes, acknowledging Fair board for adopting policy	3 press releases	-	-	3 press conferences	-	-
27	San Francisco Study Center, Inc. (San Francisco)	U	A	-	-	-	-	-	-	-	-
28	Social Advocates for Youth (SAY) San Diego (San Diego)	U	A	I	Fire caused by smoldering cigarette, Smoke-free multi-unit housing	2 news releases, 6 news articles and 2 were printed (2 articles in Spanish were submitted to Spanish-language newspapers), 10 letters to the editor (3 were printed)	2 Spanish radio interviews	Interviews with reporters	Hosted 1 (media did not respond) and participated in 2 other media events (media packets were in English and Spanish), Facebook page (818 likes)	-	Media in Spanish-language newspapers, radio and TV
29	Stanislaus County Office of Education (Modesto)	R	A	-	Tobacco Litter Clean-up "Butt Hunts"	-	-	-	13 Tobacco Litter Clean-up "Butt Hunts" events	-	-
30	The Northern California Center for Well-Being (Santa Rosa)	U	A	I	-	Press releases, letters to the editor	-	Interview on Spanish-language TV	Event coverage?	Ads	Spanish-language TV
31	Tri-City Health Center (Fremont)	U	A	I	-	-	-	-	-	-	-
32	United Indian Health Services (Arcata)	R	A	-	Dangers of tobacco-related litter	News articles, news releases, 1 print ad acknowledging the business who adopted a smoke-free outdoor policy	-	-	Article in the Acorn Basket community newsletter and 3 UIHS newsletter articles, 3 tribal newsletters published articles	1 Print ad	Native American Community Newsletter and Tribal Newsletters
33	Vista Community Clinic - Healthy Environments Against Tobacco (San Diego)	U	A	I	Dangers of SHS smoke and benefits of smoke-free multi-unit housing	3 articles, 2 recognition ads	-	-	-	4 paid ads and 2 recognition ads	-
34	Watts Healthcare Corporation (South Los Angeles)	U	A	I	-	-	-	-	-	-	-

- "Through the Smoke-Free Apartments Project, two articles and six advertisements focusing on smoke-free multi-unit housing and tobacco cessation resources were printed in Asian and Pacific Islander media networks including LA 18, which serves a major leading Asian language TV station in Southern California." (People's CORE)

Of the 27 projects that reported some media activity, 16 projects were successful and partially met, met or exceeded their projects objectives.

Evaluate Your Campaign

Outcome Measures. Outcome measures varied by the type of objective chosen by each Competitive Grantee (CG). For CGs that focused on smoke-free facilities/campuses/outdoors policy adoption and implementation, policy compliance was assessed using a post-policy adoption observation survey.

At the conclusion of the 2013-2015 project period, 22 CGs passed policies affecting California cities, counties and communities (reported in Table 8). Of these 22 CGs, post-observation surveys regarding the presence of smoking were reported as follows (Table 11).

Table 11. 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	OBJECTIVE TYPE		Pre-Intervention	Post-Intervention / Post-Policy Adoption
			A	I		
1	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
2	American Lung Association of California (Chico)	R	A	I	1 Wave Litter Obs. / Butt Litter Clean-up (n=6 sites) showed evidence of smoking (large amount of litter was not quantified)	1 Wave Litter Obs. / Butt Litter Clean-up (n=3 sites) showed evidence of smoking (large amount of litter was not quantified)
3	American Lung Association of California – IMPACT (Fresno)	R	A	-	-	-
4	American Lung Association of California – Bay Area Smoke-Free HOUSING (Oakland)	U	-	I	-	-
5	American Lung Association of California (Orange County)	U	A	-	1 Wave (n=64 sites) showed evidence of "no policy" in some sites but unclear	1 Wave (n=67 sites) showed reduction but unclear
6	American Lung Association of California – Tobacco Free Communities (San Diego)	U	A	I	Dylos Air Quality Monitoring (n=5 MUH residents) showed significant exposure	-
7	Bay Area Community Resources, Inc. – Project RIDE (San Rafael)	U	A	I	1 Wave (n=2) indicated no sponsorship/sampling	1 Wave (n=4) indicated no sponsorship/sampling (but did observe 4 e-cigarette booths)
8	Bay Area Community Resources, Inc. SUNSET Project (San Rafael)	U	A	I	1 Wave (n=7) – litter	1 Wave (n=7) – no smoking
9	Breathe California of Sacramento (Sacramento)	U	A	I	1 Wave (n=1) – smoking, litter	1 Wave (n=1) – increase in smoking, litter
10	California Health Collaborative (Chico)	R	A	-	2 Waves (n=72) – litter	-
11	California's Clean Air Project (Sacramento)	U	A	I	Obs. & Air Monitoring – poor air quality	1 Wave & Air Monitoring – dramatic improvement in air quality
12	Catholic Charities, Diocese of San Diego (San Diego)	U	A	I	1 Wave (n=35)– little evidence of smoking, unclear	1 Wave (n=10), unclear
13	City of Berkeley - 510 Free From Tobacco (Berkeley)	U	A	-	1 Wave (n=60) – price promotions and displays	-
14	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
15	Community Partners - Smoke-Free Living (Los Angeles)	U	A	-	-	-
16	County of Kern (Bakersfield)	R	A	I	-	-
17	Fighting Back Partnership (Vallejo)	U	A	I	-	-
18	Fresno County Economic Opportunities Commission (Fresno)	R	A	I	-	-
19	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

#	Competitive Grantee (City)	Rural or Urban	OBJECTIVE TYPE		Pre-Intervention	Post-Intervention / Post-Policy Adoption
			A	I		
20	National Council On Alcoholism and Drug Dependence (Orange County)	U	A	I	-	1 Wave (n=100) – signage with 14
21	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
22	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
23	Public Health Foundation Enterprises, Inc. – SOL (Sacramento)	U	A	I	-	1 Wave (n=59) - 95% of stops had cigarette butts
24	Public Health Institute (Sacramento)	U	A	I	-	1 Wave (n=5) – 100% had tobacco litter
25	Sacramento Chinese Community Service Center (Sacramento)	U	A	I	1 Wave (n=3) – people smoking	1 Wave (n=3) – showed reduction
26	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	
27	San Francisco Study Center, Inc. (San Francisco)	U	A	-	-	-
28	Social Advocates for Youth (SAY) San Diego (San Diego)	U	A	I	-	-
29	Stanislaus County Office of Education (Modesto)	R	A	-	1 Wave (n=8) – low rates of smoking	1 Wave – showed 0% smoking, but significant tobacco litter
30	The Northern California Center for Well-Being (Santa Rosa)	U	A	I	1 Wave in another jurisdiction (n=28, Petaluma -100% showed evidence of smoking)	1 Wave (n=30, Petaluma – 80% evidence of smoking)
31	Tri-City Health Center (Fremont)	U	A	I	4 Waves (Bars) - 23 total over 2 years showed limited presence of Tobacco Reps.	
32	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%
33	Vista Community Clinic - Healthy Environments Against Tobacco (San Diego)	U	A	I	1 Wave (n=3) – provided evidence	1 Wave (n=3) – showed reduction in litter
34	Watts Healthcare Corporation (South Los Angeles)	U	A	I	1 Wave (n=13) – provided evidence	1 Wave (n=13) indicated 0 tobacco litter

Of the 22 CGs that passed policies during the 2013-2015 project period, 21 conducted post-policy adoption Observation Surveys. Although the percentage reduction in smoking behavior and litter, or tobacco sponsorship, sampling or presence of tobacco representatives was not always provided – and with 4 CGs actually *increased* - 21 were successful and partially met, met or exceeded their projects objectives. A couple of CGs noted that there was little time to fully implement the adopted policy before the scope of work necessitated a post-policy adoption observation survey; hence little to no change was reflected in some cases. In fact, in the 4 other cases noted above, the post-observation survey made obvious the need for more education and enforcement of the policy. Those CGs which had not been successful in seeing a anti-tobacco policy accepted or implemented were naturally unable to do post-policy adoption work.

With more policies passed in urban areas, this set of FERs made it clear that decision makers in the more affluent, more populous counties with longer histories of proactive tobacco control tended to be more receptive to well-mounted campaigns than did those in rural counties where tobacco use was more prevalent and still relatively acceptable.

Problems Encountered and Challenges

Even the most successful campaigns and best-planned interventions encountered difficulties along the way. A selection of these is collected below.

Pre-Intervention Surveys Were Not Convincing. For one CG, the American Lung Association of California at Fresno, the YTPS showed a low buy rate and, despite support indicated during KIIs and a POP, was not sufficient to convince decision makers of the need for a policy. Another CG noted that some sites were not willing to adopt a policy because there was no evidence. According to Catholic Charities

Diocese of San Diego, “none of their current clients or personnel smoked on premises. This led some administrators and staff to conclude that policies were not necessary.” In this case, the CG “found the use of local media support and the provision of technical assistance were important in garnering support of the policies from the HRC personnel” such that it exceeded its objective.

Lack of Local Data. One CG, the California Clean Air Project, noted that one month shy of the anniversary, the Casino rescinded its 100% smoke-free policy and opened up its gaming floors to allow smoking again. The decision was made due to a substantial decline in gaming revenue, information shared anecdotally with project staff. The CG suggested when working with casinos to prepare an economic analysis paper that forecasts impact on revenue and identifies strategies to deal with this change toward the beginning of the project. The American Lung Association of California at San Diego stated that a request for data can be a delay tactic used by policy makers to buy time and allow for policy opposition to emerge. In a similar vein, the United Indian Health Services stated, “Provide data specific to each group you are working with whenever possible. If data is not available, offer to conduct a survey in order to obtain data specific to your target population or attendees at specific events. This increases the level of community buy-in and can help provide proof to tribal councils and business owners that their community supports an outdoor tobacco policy. This can be done through baseline tobacco litter surveys for every tribe/business you will or might be working with.”

Difficult to Make Contact with Key Informants. The challenges with making contact and getting key informants to respond to requests to be interviewed was often cited by CGs. The American Lung Association of California at Chico noted that, “four informants did not even respond to requests” despite multiple attempted contacts by phone and email. Several CGs commented that the most important aspect pre-intervention is to identify barriers to policy adoption through key informant interviews [and observations]. On the other hand, the California Health Collaborative at Chico suggested focusing on policy opponents in order to be prepared for rebuttals and counter-arguments.

Lack of Support for Legislated Policy. The National Council on Alcoholism and Drug Dependence (NCADD) stated, “KIIs were not interested in answering questions about barriers and challenges of adopting a policy. City staff were not interested in adopting a policy.” When the KIIs indicated mixed support for a legislated policy, the NCADD shifted its focus to voluntary MUH policies and was successful at getting 14 voluntary policies adopted and implemented by the end of the 2013-2015 project period.

Policy Change Takes Time. The length of time that it takes to get a proposed policy introduced, let alone accepted and implemented, was expressed by several CGs. In fact, the American Lung Association of California at Oakland stated that post-policy adoption key informant interviews identified “lack of time” as a barrier to implementing policy. Post policy adoption observation surveys were often not conducted because of the late date by which the policy was adopted. Policy passed late were unable to do much with enforcement.

Conclusions

The 34 FERS produced by Competitive Grantees focusing on CX indicators that promote tobacco use reduction – described differences among the cities and counties, differences in competitive grantee agencies, and differences in approach. Despite these unique characteristics, there were factors or elements that emerged from these CGs – large and small, rural and urban – that were found to be instrumental to their campaigns. These are presented below in order, but may be applied in a difference sequence based on the uniqueness of each situation.

- Establish, train and deploy a Community Coalition.
- Involve youth in as many aspects of the campaign as possible. People tend to respond positively to youth, and policy makers are people.

- Understand the local political climate and get to know as much as possible about individual policy makers, their public records, and their alliances and concerns, before designing a campaign.
- Find champions within the organization or within the Coalition that are known and respected by decision makers.
- Demonstrate that there is a problem by gathering local information and documenting the problem, e.g., the rate of illegal sales or the presence of smoking.
- Show public support for the policy via culturally adapted public opinion polls, letters of support, and presence at meetings.
- Utilize culturally appropriate media and make the most of them through press releases, articles, one-on-one interviews, letters to the editor and op-ed pieces. Purchase ads, if necessary, to ensure that the message gets out to the public.

Each of the 34 CGs utilized the above steps in the effort to reduce the use of tobacco products. Whether they achieved their specific goals or not, each CG was successful at raising awareness of their community, in general, key stakeholders and of their local policy makers regarding the problem of the tobacco promoting influences, exposure to secondhand smoke and illegal sales of tobacco products to minors, paving the way for policy adoption in the future.

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 in California – Fresh Air Chico/Fresh Air Glenn County: *By June 30, 2015, the Town of Paradise in rural Butte County will adopt and implement a written policy designating all parks and recreation facilities as 100% smoke-free.*

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 in California – Bay Area Smoke Free Housing: *By June 30, 2015, as measured by surveys with landlords, 80 percent of affordable housing property management companies in the cities of Alameda and Petaluma will have fully implemented non-smoking leases with all of their tenants; and the Berkeley realtors association will have incorporated the disclosure policy provision in their list of required disclosures which is provided to all member realtors.*

American Lung Association in California – Smoke-Free Orange County: *By June 30, 2015, a minimum of two cities (which may include Costa Mesa, Fullerton or Buena Park) will adopt a secondhand smoke abatement policy such as smoke-free outdoor recreational areas, hookah lounge ban and secondhand smoke declared nuisance.*

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. – Project RIDE: *By June 30, 2015, at least two organizers of car events (import, drifting, lowrider, and drag racing shows) in Northern and/or Southern California, including the state-wide Hot Import Nights, will adopt and implement policies prohibiting tobacco industry sponsorship and/or free-or-low-cost tobacco and nicotine products at their events which primarily attract young Asian and Latino car enthusiasts.*

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.*

Breathe California of Sacramento-Emigrant Trails – Sacramento Taking Action against Nicotine Dependence (STAND): *By June 30, 2015, at least two (2) community colleges or trade/vocational/technical schools in Sacramento County will adopt and implement a policy that prohibits smoking in all outdoor areas of their campuses or restricts smoking to specified areas only.*

California Health Collaborative-Chico – Smoke-Free North State: *By June 30, 2015, the Paradise Town Council will adopt a model, comprehensive secondhand-smoke policy which will include prohibiting smoking within 20 feet of doorways, operable windows and ventilation intake units.*

California's Clean Air Project: *By June 30, 2015, a minimum of 2 tribal casinos/resorts (e.g., Cache Creek Casino, Valley View Casino) will adopt 100% smoke-free gaming area policies and the Win River Casino will adopt and implement a 100% smoke-free gaming area policy.*

Catholic Charities Diocese of San Diego – Smoke-Free for All San Diegans: *By June 30, 2015, at least 14 licensed health care and/or assisted living facilities in San Diego County that serve the elderly, developmentally or mentally disabled, or adults in recovery, will adopt and implement new voluntary policies that prohibit smoking at all times in and on the entire outdoor property of each facility's campus.*

City of Berkeley – 510 Free From Tobacco: *By June 30, 2015, the Berkeley tobacco retail licensing ordinance will be amended to require that retailers restrict time, place and manner of tobacco marketing to decrease appeal to youth.*

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.*

County of Kern – Strike Down Secondhand Smoke: *By June 30, 2015, at least two Kern County Cities (Arvin and Shafter) will adopt and implement a tobacco retail licensing policy that earmarks a portion of the license fee for enforcement activities.*

Fighting Back Partnership – Project Alleviating Second Hand Exposure to Smoke (ASHES): *By June 30, 2015, the City of Vallejo will adopt and implement a policy that requires all tobacco retailers to obtain a license in order to sell tobacco products and that includes sufficient fees to conduct regular compliance checks.*

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 Foundation Enterprises, Inc. – The SOL Project: *By June 30, 2015, the Sacramento Regional Transportation District (SRTD) will adopt and implement a policy to prohibit smoking in all bus stop and light rail stations.*

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.*

Sacramento Chinese Community Service Center – ACT-UP: *By June 30, 2015, at least two of six incorporated cities (e.g. Sacramento, City of Elk Grove) in Sacramento County will adopt and implement a policy that creates smoke-free outdoor non-recreational public places, such as the following areas: shopping centers, plazas, streets, or other non-recreational public places.*

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.*

San Francisco Study Center, Inc. – California LGBT Tobacco Education Partnership: *By June 30, 2015, at least 6 Boards of Supervisors or City Councils in Berkeley, Alameda, Marin or San Mateo Counties will adopt a policy against selling tobacco products in any retail establishment that is licensed by the State Board of Pharmacy to dispense prescription medications.*

Social Advocates for Youth (SAY) San Diego – San Diego Smoke-Free Project: *By June 30, 2015, the City of San Diego will adopt and implement a comprehensive smoke-free multi-unit housing policy that requires all indoor and outdoor common areas to be smoke-free and adopt a policy declaring non-consensual exposure to secondhand smoke as a nuisance.*

Stanislaus County Office of Education – StAAT: Stanislaus Advocacy Action Team: *By June 30, 2015, a total of at least five of the nine cities or unincorporated area within Stanislaus County will adopt a policy to prohibit smoking at all city/county parks. As a result, observed smoking at city/county parks will decrease by 75% from baseline.*

The Northern California Center for Well-Being – To Breathe Better: *By June 30, 2015, at least two jurisdictions (such as Santa Rosa, Cloverdale, and Cotati) in Sonoma County will adopt and implement a tobacco control policy that regulates smoking in multi-unit housing (MUH) complexes by designating 100% of the individual contiguous units (including balconies and patios) as smoke-free and designated common outdoor areas, such as playgrounds, swimming pool areas, and entrances, as smoke-free.*

Tri-City Health Center Project – Just For Us: *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 organizations and 1 businesses/group located on reservations or rancherias in the United Indian 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. These venues/facilities/areas may include beaches, campgrounds, parks, piers, playgrounds, event areas and traditional dance areas.*

Vista Community Clinic – Healthy Environments Against Tobacco: *By June 30, 2015, a minimum of (ten) 10 multi-unit housing complexes having greater than 20 units per complex located in Low Socio Economic Status neighborhoods in the cities of Oceanside, Vista, San Marcos, Escondido, Carlsbad, Poway and unincorporated Fallbrook will adopt and implement voluntary policies requiring all indoor and outdoor common areas and at least 75% of their individual units to be designated as smoke-free (including balconies and patios).*

Watts Healthcare Corporation – South Los Angeles Community Tobacco Control Program: *By June 30, 2015, at least 12 African American and Latino faith-based community organizations or churches will adopt and implement a policy that prohibits or restricts smoking on their grounds and at events.*

Appendix B. References

- Acosta-Deprez, V. 2015. *Smoke-free Apartments Project Final Evaluation Report*. People's Community Organization for Reform and Empowerment (People's CORE).
- Alvarado O, Kelley D and Brown M. 2013. *The Smoke-Free Housing Initiative Project in San Diego County's South Bay Region*. American Lung Association in California/San Diego.
- Bankston-Lee, K., Harmon, J., Maytum, C., Wilson, T. 2015. *Change is in the Air: Smoke-Free Policy Adoption on Community College Campuses Final Evaluation Report*. California: Sacramento Taking Action Against Nicotine Dependence (STAND) Project.
- Baum, M., Brown, M. 2015. *Establishing Smoke-Free Multi-Housing Legislation: Continuing Efforts in the City of San Diego*. Social Advocates for Youth (SAY) San Diego.
- Blankenship, D., Olivares, K., and Roussos, S., 2015. *Smoke-Free Entryways in rural northern California final evaluation report*. Chico, California: California Health Collaborative's Smoke Free North State.
- Bloomfield, K.A. 2015. *Designation of smoke-free policies in health and residential care facilities: Final evaluation report*. California: Smoke-Free for All San Diegans project.
- Boschert, T. 2015. *Home is Where the Health Is: The creation of smoke-free Multi-unit Housing Facilities in the Sacramento Region*. California: Wellness Initiatives Now, Public Health Institute.
- Brantley, S. & Hurt, C. 2015. *Smoke-free parks project final evaluation report*. California: A Program of American Lung Association, Chico Office.
- Bustamante, T. 2015. *Tobacco retail advertising final evaluation report*. California: City of Berkeley Tobacco Prevention Program.
- Davis, A. 2015. *Smoke-free Facilities*. California: Comunidad Saludable.
- Davis, B., Foster, T. 2015. *San Jose Stops Tobacco Industry Discounts Aimed at the LGBT Community*. California: Tri-City Health Center.
- Fitzgerald K. 2013. *Stanislaus Advocacy Action Team smoke-free parks initiative final evaluation report*. Stanislaus County Office of Education Prevention Programs Department.
- Forouzes, M. R., Sparks, L. O., Marvin, V. 2015. *Smoke-free outdoor and recreational facilities final evaluation report*. California, Smoke-Free OC.
- Forst, M. 2015. *Smoke-free multi-unit housing final evaluation report*. Connect Partnership Program. California: Community Action of Napa Valley.
- Forst, M. 2015. *Tobacco Retail Licensing Policy Objective Final Evaluation Report*. Fighting Back Partnership ASHES Program.
- Harmon, J., Bankston-Lee, K., Laster, T. 2015, and Weld, T. *Adopting and Implementing a Sacramento Regional Transit District Smoke-free Policy: Final Evaluation Report*. California. Saving Our Legacy (SOL) Project, Public Health Foundation Enterprises.

Kiser, D. 2015. *At Home in Humboldt: A Report on Creating Smoke-free Housing in Ferndale with the Humboldt County Public Housing Authority*. California: Sustainable Health Advances in Rural Environments.

Knutson, G. and McDaniels, C. 2015. *Establishing Voluntary Non-Smoke Policies in Multi-Unit Housing: The Vista Community Clinic Experience*. California, San Diego County: Vista Community Clinic Tobacco Control Program.

Krenz, V.D., 2015. *Smoke-Free Multi-Unit Housing Complexes: Final Evaluation Report*. California: Fresno Economic Opportunities Commission, Rural Tobacco Education Program.

Krenz, V.D., 2015. *Tobacco Retail Licensing in Fresno County: Final Evaluation Report (4-E-7)*. California: American Lung Association in California IMPACT Program.

LPC Consulting Associates, Inc. 2015. *Asian Coalition for Tobacco Use Prevention Final Evaluation Report*. California: Asian Coalition for Tobacco Use Prevention (ACT-UP) Project, Sacramento Chinese Community Service Center.

McClendon, J. 2015. *Legislated Smoke-Free Multi-Unit Housing Policies final evaluation report*. California: Northern California Center for Well-Being "To Breathe Better" Project.

McCubbrey, James P. 2015. *Implementing Smoke-Free Multi-Unit Housing Policies in Low-Income Housing Properties In Three San Francisco Bay Area Cities -- Final Evaluation Report*. American Lung Association in California.

Meucci, S. 2015. *Project RIDE Final Evaluation Report*. California: Bay Area Community Resources, Inc. Project RIDE.

Meucci, S. 2015. *Smoke free multi-unit housing in Russian-speaking community final evaluation report*. California: Bay Area Community Resources, Inc. SUNSET Project.

Ong, Seow Ling & Dhaliwal, Narinder (2015). *California's Clean Air Project Final Evaluation Report*. California: California Department of Public Health/ Tobacco Control Program.

Preece, K. 2015. *Be Fair! Smokefree Fairgrounds Final Evaluation Report*. San Dieguito Alliance for Drug Free Youth.

Puckett, K, Vanderhorst, M, O'Rourke, L. 2015. *Smoke-Free Outdoor Policy on Tribal Lands, Final Evaluation Report, 2013-2015*. United Indian Health Services NATIVE Tobacco Project.

Robinson, G. and Smith, A. 2015. *Voluntary Policy Adoption among Faith-Based Organizations in South Los Angeles County: Final Evaluation Report*. Watts Healthcare Corporation, Compton, California.

Schiller, E. 2015. *Objective 3: The Campaign for a Public Policy to Regulate Smoking in Multiunit Housing in Los Angeles County, California, Final Evaluation Report*. California: Smokefree Air for Everyone (SAFE).

Zetetic Associates, Inc. 2015. *Final Evaluation Report: Enacting Tobacco Retail Licensing (TRL) Policies in Kern County*. California: Kern County Tobacco Education Program.