2018

NCPC

UC MERCED
Nicotine & Cannabis
Policy Center

COMMUNITY WORKSHOP 1

MEETING REPORT

DR. NANCY BURKE – COMMUNITY CORE LEAD

NICOTINE & CANNABIS POLICY CENTER | 5200 N. LAKE ROAD, MERCED, 95343

NCPC
UC MERCED
Nicotine & Cannabis
Policy Center

COMMUNITY WORKSHOP 1

Meeting Title: NCPC Community Workshop One

Meeting Objectives:

- To introduce all team members of the NCPC community core, AHA, Healthy House and regional community-based organizations to each other, and to confirm and clarify the role of each organization in the NCPC mission and objectives for the next 4 years.
- To learn about each organization's role and experience in the field of tobacco control in the Central Valley.
- To discuss the current landscape of tobacco and cannabis control in the Central Valley, and share thoughts and suggestions on how the NCPC can succeed in its mission and effectively address tobacco and cannabis related policy disparities in the eleven counties of the Central Valley.

Meeting Agenda (*Appendix A*):

Morning Session:

9.00am - Introductions & Icebreaker
9.30am - Overview of NCPC structure and aims
10.00am - Overview of Community Based Organizations (CBOs) background, mission, and tobacco and/or cannabis policy engagement (HH & AHA)
11.00am - Internal Working Group (UC/HH/AHA) Discuss, Brainstorm, & Clarify Collaboration and Roles

Afternoon Session:

Community-Based Organizations (CBOs) Join

12.00pm - Overview of NCPC structure and aims
12.15pm - CBO Introductions
1.30pm - Local Legislative Update
2.00pm - Policy Priority Brainstorm and Identification of Local Issues
3.10pm - Evaluations/Comments
3.30pm - Close

Morning Session

Attendees: Anna Song, Nancy Burke, Irene Yen, Deanna Halliday, Alex Mellor, Lisa Jones Barker, Jamie Morgan, Juliette Martinez, Candice Adam-Medefind, Nai Saechao, Belle Vallador, Sandra Lopez & Rifat Wali

Following an icebreaking exercise, team leaders presented a general overview and history of their organization:

NCPC
UC MERCED
Nicotine & Cannabis
Policy Center

COMMUNITY WORKSHOP 1

- Dr. Nancy Burke lead an introductory presentation providing an overview of the NCPC, explaining its mission, goals and structure **(*See Appendix B for Slides)***

Questions:

- Q Where will the youth curriculum for the youth training core will come from?
  - The curriculum will come largely from Dr. Bonnie Halpern-Felsher, who is a Professor at Stanford and one of the Research Core Leads. The research core will adapt the existing curriculum for youth in the Central Valley
- Q How "quick" will the Quick Strike research core actually be?
  - It should take about 6 months or less. This is a real first for the TRDRP, so the NCPC and Rapid Response Core team will work closely with them to determine how this will work in reality and what/who is involved in determining the process of deciding which research projects to examine

- Dr. Burke highlighted the need to discuss who might serve on the NCPC community advisory board, which will meet once per year to provide feedback, advice, and evaluate the center's success.

Questions:

- Q Would it be possible for advisors from outside California to join the advisory board?
  - Because we are funded through Prop 56, the NCPC cannot spend funds outside California. However, Dr. Song confirmed that she would ask Dr. Raymond Boyle (TRDRP Program Officer) about the availability of non-Prop 56 funds that could be used for this purpose

- Candice Adam-Medefind led the presentation about Healthy House, their expertise, and their program successes. **(See Appendix C for Slides)**

- Lisa Jones Barker and Juliette Martinez presented an overview of the American Heart Association, highlighting a number of national initiatives that resulted in improved health statistics. **(See Appendix D for Slides)**

- Dr. Burke opened the floor for general questions and discussion on roles and responsibilities:

  Questions:

  - Q Would it be possible to have a list of existing tobacco and cannabis legislation in the Central Valley?
    - Jamie Morgan said she would provide a list. **(see NCPC Website – Resources for list and Tobacco Polling Results)**

- Several members expressed some general confusion about the state, county, and city level ordinances that might conflict regarding tobacco, cannabis, and e-cigs.
    - Tobacco laws include e-cig products. State laws are a baseline, but local ordinances have a lot of freedom to differ (though tobacco taxes are restricted)
- Would it be possible to train immigrant children/adolescents to speak with their family members about the use of tobacco and e-cigs?
    - Caution shared about relying on youth to be effective family influencers;
    - Adults from some cultural groups are unlikely to listen to their children;
    - Adolescents from different cultural backgrounds in the region are turning to drug use because of problems with family and related stressed;
    - The lack of communication goes both ways, as the youth do not always seek out parental advice
- How do these communication dynamics change as the child reaches different life stages?
    - Things may change as the children go on to have their own families, but the divide is still there
    - Parents in Latinx families tend to have little health information and will get some information from kids
- Are there any well-defined job descriptions for citizen scientists?
    - The NCPC training core will work with Healthy House to develop these descriptions, as they want the citizen scientists working alongside the researchers during the development stages. They do not need any specific training.

Afternoon Session

Attendees: Anna Song, Nancy Burke, Irene Yen, Deanna Halliday, Alex Mellor, Lisa Jones Barker, Jamie Morgan, Juliette Martinez, Candice Adam-Medefind, Nai Saechao, Belle Vallador, Sandra Lopez, Rifat Wali, Mimi Xiong, Chai Moua, La Verne Davis, Karina Ornelas, Jake Lor, Stephanie Gonzalez, Evi Hernandez, Patrik White, Jazmine Kenny, Tashelle Wright, Morelia Marines, Jennifer Acidera, Sue Emanivong

Organizations Represented: AHA, Healthy House, CHC, ACCT, Unidos Por Salud, FAIHP, API PACT

NCPC
UC MERCED
Nicotine & Cannabis
Policy Center

COMMUNITY WORKSHOP 1

- The session began with general introductions by each member. Everyone highlighted the current tobacco and cannabis issue(s) in the central Valley in which they would like to be involved, and what they found most interesting. These interests included:
  - Public support for smoke free events
  - Public support for a tobacco/e-cig flavor ban
  - More information about youth access to flavored products
  - Support for smoke free areas around schools and retailer licensing
  - Information about marijuana use in college students, questions about why people use marijuana, whether marijuana use has changed due to legalization,
  - More information about vaping and Juul use (including secondhand exposure to vape smoke)
  - Tobacco use in pregnancy and SIDS among African Americans
  - Parental awareness of drug use, tobacco cessation
  - Public awareness of policy

- Dr. Nancy Burke and Dr. Anna Song held a mock-interview, to discuss the purpose of the NCPC with the wider Community Partners. *The following questions were asked in response to the information provided:*
  - Q How do you see the role of these other community organizations in collaboration?
    - Today, we will discuss how these organizations will work together. This isn't just a UC Merced initiative. The resources are here to support all of us. This is a partnership, so the first step is to determine what WE are going to do
  - Q Not everyone who smokes becomes addicted—is there a threshold of addiction? Can we control smoking without eliminating?
    - There is no safe level of tobacco use. You don't know who will become addicted or who won't. It is the most addictive substance out there. There are so many complex things that go into addiction, there is no known safe level. You are also putting others at harm around you through second hand smoke and behavioral modeling
  - Q Do you have a research question to guide the work of the center?
    - What are the perceptions, attitudes, understandings of, and feelings towards tobacco and marijuana use and policy--- and how those relate to behavior? How can we best work with and empower youths?
  - Q What age are the youth you're targeting?
    - Emerging and young adults, 18-25 years old

- Jamie Morgan from the AHA presented a legislative update for the Central Valley **(See Appendix E for Slides)**

Questions:

- Q What jurisdiction supersedes the others?
  - Typically, local jurisdictions can't pre-empt state law.
- Q What are the forces and entities that fight against these policies?
  - There is a fairly big opposition coming from the tobacco industry. They do donate and provide money to legislatures. They also engage the retailer and distributer associations. They are powerful and spend a lot of money, but we keep pushing to get legislators on our side. Prop 56 was the 3rd time they tried to push a tax, and these things take time when you're up against a lot of money. Supermajorities are typically helpful when trying to pass taxes, but the AHA is non-partisan and support comes from both sides.
- Q Is there the chance of fully prohibiting tobacco through legislation?
  - Technically we can, but politically it would be very difficult to pass. The work of the new center and advocates could help.
- Q Why would this not pass?
  - There is a multi-billion-dollar industry of public companies. They would be horrible businesses if they didn't fight against these laws. There is just a lot of money pushing against this. They need to make profits, and they've been shifting already to e-cigs.
- Q How does an anti-tobacco movement get started? Do we prevent youth from smoking, or do we target families and friends?
  - We often look at how we can reach youth. There are organizations like the California Youth Advocacy network that help. One of the core goals of the center is to empower youth engagement and train them to do research and reach out to their communities. Underrepresented youth are targeted in their neighborhoods and schools, and many parents do not know the warning signs. That's what we need help with from our community partners. We've made great strides in tobacco reduction already, and we could always do more.

Working Session:

The meeting broke into several teams for a working session. Dr. Nancy Burke posed five questions discussed by each team. The teams then presented thoughts and ideas back to the main group for queries, discussion and agreement.

NCPC
UC MERCED
Nicotine & Cannabis
Policy Center

COMMUNITY WORKSHOP 1

1.) What policy priorities are of interest/importance in your community/to your organization?

- Reducing access to tobacco and marijuana products.
  - A CHC representative stated there are several programs working on licensing legislation. If people have to pay licensing, they are less likely to sell to youth. There is less understood about cannabis and how new laws are going to be enforced.
- Changing perceptions about tobacco and marijuana products
  - Young People would benefit from policies that would help them realize that these products are not safe. There are misperceptions about flavored tobacco products, because they look harmless and good—but they're aimed at youth. With marijuana legalization, Prop 64 give the perception that marijuana is safe and not harmful.
  - Parents should be another target. Especially in the rural communities, children may be the only source of education.
- We also need to change perceptions of the legislators & elected officials.
- Increasing understanding around multicultural and underserved community groups and how these policies apply to these groups
  - Polices need to fit the place and the culture
- Providing more funding for local enforcement of existing tobacco laws, and fight for more access for youth advocates to encourage engagement
  - These products are targeted towards youth, so they should be involved. The social norms are changing, and the youth should have some ability to dictate the message
  - Many local businesses are concerned about losing profits
  - Need to advocate for the Central Valley to get those considerations, particularly because the other areas of CA get more funding
  - The policy is not fitting the place, because we have so little funding for enforcement in these areas
- Psychological reasons why people get addicted in the first place
- The ban of flavored tobacco in different areas
- Doing more research on the cultural aspects of tobacco and cannabis use—especially looking at the different groups
  - Every community is different, which is why we need to reach out into every community
  - A lot of the people who design surveys don't smoke, so we should reach out to those who've used these products.
- More research on marijuana (How do the CBD and THC components differ)
  - Lack of research means that people are uncertain about the risks

- There is also little information about vape products

2.) If your organization has been involved in policy initiatives, what successes have you had? What did you learn from the process?

- The California Health Collaborative in Livingston was able to work with the city school district to make a resolution for youth advocacy against flavored tobacco products. They also gave a presentation to elected officials about a flavored tobacco ban;
- A flavor ban was implemented in San Francisco and will possibly be adopted in Sacramento;
- The CHC was able to rebrand and the grow the coalition. They expanded their partnerships and became more diverse and engaged. Their goal is to have three coalitions, and they already have two;
- There have been youth engagement initiatives and work on banning smoking in local parks;
- Healthy House shared that they have built trust with different communities and cultural groups, focusing on preventative health. They had great success with the Hmong population on a diabetes project;
- AHA is able to leverage existing partners and extend their reach;
- Healthy House has had many successes in their oral health program;
- Work with multi-unit housing in Merced on non-smoking policies;
- Working in Fresno, Tulare, and Kings county to ban smoking in parks;
- Worked with Southeast communities and churches to adopt tobacco free policies;
- Working towards tobacco free flea markets;
- Lessons learned: getting youth engaged has been the greatest benefit because they're the ones targeted.

3.) What skills/resources are necessary to move the needle forward?

- Identify a way to align partnership opportunities;
- Share youth education strategies in a centralized place;
- More research needed around cannabis and e-cigs;
- A way to disseminate the information to youth in the way they understand it;
- Attract more funding;
- Create opportunities to network with those with funding;
- Focus on a collective impact process
- Involve community members from other cultural groups to grow trust;
- Identify/develop data at the local level at least in 3 languages;

- Conduct research symposiums and bring in outside researchers. There are a number of disparities issues that could be addressed. If we do bring in community members we need to ensure that the science is presented in lay language. Bring in youth to help translate and make the research "youth friendly."
    - Does it make sense to hold this in Merced?
        - There could potentially be a web series**.** This could be an opportunity to give scholarships and get people from throughout the region. We'd also need to work with media to get the message out.
    - Could we actually write a paper that compares data from different organizations and submit it?
        - Absolutely.

4.) How might you engage youth in these efforts?

- Find a place where youth can gather (e.g. schools churches) and talk to adults who influence them (teachers). It's possible that youth are more susceptible when they're even younger, or have our youth talk to younger groups like siblings.;
- CHC representatives emphasized building a pathway for youth (CHC)—following the youth through different stages of their education/employment;
- Would it be possible to have the department of education involved? Could we use those who've been in trouble to become advocates?
- We should ensure that youth can guide the work. Highlighting opportunities for youth and providing them with continuing opportunities to advocate locally;
- There need to be social media platforms to engage with youth
    - How do your organizations use social media?
        - Get the youth involved to make the messages. Get a plan developed with them, because they know what's best;
        - Different messages for different communities and programs- appropriate memes;
        - Conduct media campaigns—showing litter etc. Show what the youth are doing. Youth take pictures and share them;
        - Instagram and Snapchat and YouTube (making videos—develop their own PSAs);
        - The Social Justice angle is being newly implemented in some programs to show how different groups are being targeted;
        - Some groups even use celebrity influencers;
- Making sure our locations are accessible;
- Working directly with school administrators—transportation and retention, some sort of compensation or food;

- There are many advertisers so, highlight when youth are targeted;
- Create art as well. Poems, music, raps, drawings, etc.
  - Potentially a mural or public art project. We could look at the multi-cultural art center or at the humanities program roving art program. This could potentially be good for Hispanic youths in particular

5.) How would your organization/you like to be involved in addressing the policy priorities identified?

- Participants would like to see everyone coming together to share resources, see where the programs overlap, or go speak to City Councils together;
  - Would a web forum would be useful?
    - A web forum would be useful if it had the following characteristics:
      i. A list of upcoming engagements that is regularly updated
      ii. A resource center where we can share materials that have been successful
      iii. A place to share data
      iv. A list of procedures, such as how to seek letters of support
- Participants emphasized the NCPC should provide opportunities to meet with representatives from the entire region, preferably in person

- Dr. Nancy Burke summarized the discussion takeaways:

1. Hosting a seminar or forum that is appropriate for a wide population and is focused on disseminating the recent science;
2. Need to continue to strategize about how to include a wide range of people in the forum through scholarships and web casts;
3. Collaborating to write abstracts and/or submit a panel to APHA highlighting the extensive work already happening in the region;
4. Hosting a web resource for all the participating CBOs. A calendar, resources, processes (such as getting letters of support)

NEXT STEPS:
Another meeting should take place in about 6 months. A date for this will be announced and invitations/Save the dates will be sent.

APPENDIX A


NCPC
UC MERCED
Nicotine & Cannabis
Policy Center
COMMUNITY WORKSHOP
NOV 30th 2018
AGENDA
9.00am - Introductions & Icebreaker
9.30am - Overview of TRDRP Project
10.00am - Overview of CBOs (HH & AHA)
BREAK
11.00am - Internal Working Group (UC/HH/ AHA) Discuss, Brainstorm, & Clarify Collaboration and Roles
WORKING LUNCH (12pm -1pm)
Community-Based Organizations (CBOs) Join
12.00pm - Overview of TRDRP Project
12.15pm - CBO Introductions
1.30pm - Local Legislative Update
BREAK
2.00pm - Policy Priority Brainstorm and Identification of Local Issues
3.10pm - Evaluations/Comments
3.30pm - Close
PARKING
19TH STREET
N STREET
Park 12
DCC
18TH STREET
LOCATION
UC MERCED DOWNTOWN CAMPUS CENTER (DCC)
655 W 18th ST, MERCED, CA 95340
WORKING LUNCH WILL BE PROVIDED
FOR MORE INFORMATION CONTACT ALEX MELLOR
AMELLOR@UCMERCED.EDU / 209.355.9280

APPENDIX B

UC MERCED NCPC PRESENTATION
BY
DR. BURKE

UC MERCED
NICOTINE & CANNABIS POLICY CENTER

PRESENTATION:

Community Core Workshop 1

NCPC

NCPC GOALS

THE NCPC MISSION

THE NCPC WILL CONDUCT NICOTINE AND CANNABIS POLICY RESEARCH AND DISSEMINATE AND TRANSLATE THE RESULTS TO SUPPORT TOBACCO AND CANNABIS CONTROL EFFORTS, AND REDUCE TOBACCO-RELATED DISEASES AND DEATH FOR THE SJV REGION.

Aim 1: To establish grassroots support for tobacco and cannabis control, including point of sales, smoke-free indoor air, vaping, and recreational cannabis retailer regulations.

Aim 2: Monitor tobacco and cannabis control policy efforts in the region, document challenges to enforcing those policies, and identify emergent policy issues.

Aim 3 Support both short and long-term research projects that will inform tobacco and cannabis control policy at the local and state levels.

Aim 4. Establish a visible and stable presence for tobacco and cannabis control policy research and coordination in the San Joaquin Valley.

NCPC
UC MERCED
Nicotine & Cannabis Policy Center

WHICH COUNTIES ARE INCLUDED?

THE NCPC CATCHMENT AREA

- The NCPC will be based in Merced but the research will be carried out in **11 counties** across the San Joaquin Valley. These counties include:

San Joaquin / Calaveras / Stanislaus / Tuolumne / Merced / Mariposa / Madera / Fresno / Kings / Tulare / Kern

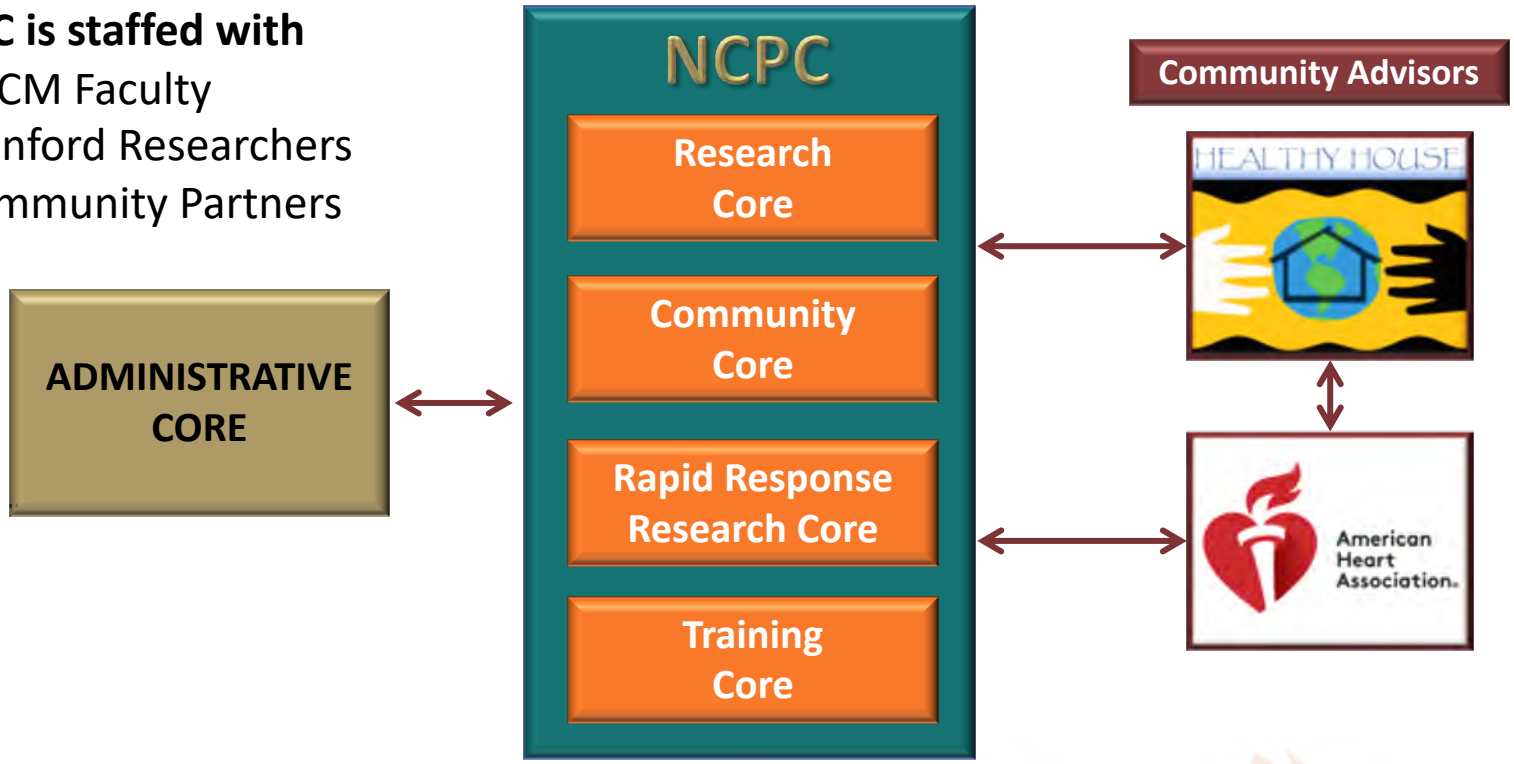
- The 11 counties are home to over 4 million people, the region includes some of the poorest counties and populations in California.
- With a state-level smoking prevalence rates reaching 12% in 2016, the disparities in tobacco control implementation in California have resulted in adult smoking prevalence rates of 16% in the SJV, with rates reaching 19% in Fresno and 20% in Tuolumne, Calaveras, and Mariposa.

NCPC
UC MERCED
Nicotine & Cannabis Policy Center

HOW IS THE NCPC STRUCTURED?

THE NCPC HAS FIVE KEY CORES

- **The NCPC is staffed with**
  - 10 UCM Faculty
  - 3 Stanford Researchers
  - 2 Community Partners



NCPC
UC MERCED
Nicotine & Cannabis Policy Center

MAIN RESEARCH CORE

The research project, "Understanding and Empowering Tobacco Control the San Joaquin Valley" will be the foundational research project of the NCPC

- The project will address two main gaps in tobacco and cannabis control efforts in the region:
    1) The lack of data on public knowledge, support, and adherence to policies
    2) Under-utilization of youth advocacy in tobacco and cannabis control in the SJV

1 LOCAL DATA IS CRUCIAL TOBACCO AND CANNABIS CONTROL

- There is very little data on the SJV
- Large epidemiological data have not been able to capture the SJV and mountain areas
- We have no data to understand what the public knows and thinks about tobacco, marijuana, and policies
- Tobacco and marijuana impact youth, but much of the work has been to affect youth, not work with youth

MAIN RESEARCH CORE

The research project, "Understanding and Empowering Tobacco Control the San Joaquin Valley" will be the foundational research project of the NCPC

2

INVOLVING YOUTH AS AGENTS OF CHANGE IN UNDERSERVED REGIONS IS KEY TO BUILDING TOBACCO AND CANNABIS CONTROL MOVEMENTS THE SJV

- **Youth are effective agents of change,** and are important to policy formation and implementation
- **SJV youth are ethnically diverse**, and there are large emerging cohorts of adolescents and young adults in the 11-county region
- **Positive Youth Development** (PYD) methods have been shown to be an effective mechanism for empowering youth

NCPC
UC MERCED
Nicotine & Cannabis Policy Center

MAIN RESEARCH CORE

The Research project focuses on providing the necessary data on enforcement and implementation of tobacco control policies in the SJV, and devising culturally-tailored strategies to increase youth involvement in tobacco and cannabis policy advocacy.

RESEARCH ACTIVITIES

- Conduct interviews and focus groups around the region
- Conduct mass-scale community surveys to understand public knowledge and attitudes towards tobacco and cannabis
- Implement a youth-empowerment curriculum to train youth ambassadors to be agents of policy change and advocate for their communities

NCPC
UC MERCED
Nicotine & Cannabis Policy Center

RURAL RAPID RESPONSE CORE

THE RRRG WILL DEVELOP INDIVIDUAL RESEARCH PLANS TO ANSWER SPECIFIC POLICY ISSUES FACED BY SJV AGENCIES & PUBLIC HEALTH DEPTS

The RRRG is charged with addressing emerging policy issues in the SJV and Sierra Foothills

- Engage with Public Health Departments in the San Joaquin Valley, Mountain Counties, and other rural counties in California.
- Conduct *Quick-Strike* studies that will help inform policy in a timely fashion
- Help disseminate their findings to key stakeholders in the area, including public health agencies, community groups, and public at-large

NCPC
UC MERCED
Nicotine & Cannabis Policy Center

COMMUNITY CORE

COMMUNITY ENGAGEMENT AND COMMUNICATION IS ESSENTIAL TO THE SUCCESS OF THE NCPC MISSION

The community core will build on collaborations with local community based organizations (CBOs, e.g. Healthy House) and with state- and national-level CBOs (e.g. American Heart Association and California Youth Advocacy Network) to meet the community engagement goals of the proposed policy center

THE MAIN AIMS

1) **Build a network of CBOs seasoned in tobacco policy advocacy and those with local ties but less policy experience**
2) **Develop structured mentorship opportunities to build local CBO tobacco policy expertise**
3) **Develop local CBO expertise in working together with San Joaquin Valley youth to effect policy change.**

NCPC
UC MERCED
Nicotine & Cannabis Policy Center

TRAINING CORE

INVOLVING AND TRAINING LOCAL YOUTH AS AGENTS OF CHANGE IS CRUCIAL TO BUILDING TOBACCO AND CANNABIS CONTROL MOVEMENTS THE SJV

- The senior faculty and community partners will conduct a variety of learning opportunities for undergraduates, research associates, graduate students, citizen scientists, faculty, and community partners.

THE MAIN AIMS

1) **Provision of relevant training including:**
   a. Research methods – focus groups, survey development, flash polling
   b. Youth – youth engagement, adult-youth partnerships
   c. Policy
   d. Dissemination methods
2) **Training for a range of key stakeholders including**:
   Community youth / Undergraduate students / Citizen scientists / Emerging researcher / Center junior faculty

NCPC
UC MERCED
Nicotine & Cannabis Policy Center

NCPC LONG-TERM GOALS

- To our funder, California's Tobacco-Related Disease Research Program (TRDRP), NCPC will have 4 years to strengthen its foundation in the SJV and Foothills
- Our long-term goal will be to build our community network and strengthen community capacity to take control of their tobacco and cannabis programs
- Continue to produce cutting-edge research that informs policies and programs

NCPC
UC MERCED
Nicotine & Cannabis Policy Center

SPECIAL THANKS

- Tobacco-Related Disease Research Program (UCOP)
- San Joaquin Valley Public Health Consortium
- Assemblyperson Adam Gray
- UC Merced Office of Research
- Community Partners, AHA, Healthy House, and California Youth Advocacy Network
- Towns and community groups across the SJV and Foothills who have written in to support the NCPC

NCPC
UC MERCED
Nicotine & Cannabis Policy Center

APPENDIX C

HEALTHY HOUSE PRESENTATION
BY
CANDICE ADAM-MEDEFIND

Healthy House Within a MATCH Coalition

Mission: ***To promote the well being and health of all people in our multi-ethnic community through the provision of education, services and advocacy which are founded in respect for language, culture and health equity.***

“Culturally Responsive Healthcare Services: Developing a Sense of Context”

California—*one of the most linguistically and culturally diverse states*

- **Home to over 200 Languages**
- **Geographically large, home to nearly 40 million (twice as many as New York)**
- **Economy is greater than all but five nations**
- **20% , 1 of every 5 Californians, are limited English proficient (LEP)**
- **Among Medi-Cal beneficiaries, 25+ languages are ‘preferred languages’**
- **45.2% speak language other than English(Spanish 36.9%; Vietnamese 1.9%; Cantonese 1.2%; Armenian 0.9%; Russian 0.6%)**

San Joaquin Valley—*The Breadbasket of the World*

(one of five Mediterranean climate ag areas in world)

"The San Joaquin Valley (27,000 square miles from Bakersfield to Stockton) is a singular place in the American landscape. No other farm belt in the world produces such a variety of crops—more than 250 fruits, vegetables, grains, milk, fiber—in such staggering amounts . . . 1.5 million tons of (fruits) . . . 614,000 tons of (nuts) . . . 12 billion pounds of milk and cream. We have built something that no other tribe has built."

The Valley has been home to the Yokuts Indians, "a legion of Armenian, Italian, Japanese, Swede, Slav, Volga German, Mexican, and Okie farmers," as well as Portuguese and Dutch dairymen, and, most recently, Hmong, Oaxacan, and Sikh. . . . The valley sun is the Punjab sun."

--Mark Arax*, Highway 99*, Foreward, 2007

A Sense of Place (a sense of context)

- Place is Moveable
- Objective Sense of Place
- Spiritual Connection with Geographical Place

--Mark Arax, *West of the West*, 2009

Growth Projections for the Great Central Valley

"Demographers and planners project that "the nation's longest chain of cities will rise here, a 280-mile megalopolis along the spine of highway 99. We will grow twice as fast as the rest of California and our population will double to 7 million by the year 2040. More than 1.5 million acres—one-third of our best irrigated farmland—will be gone."
--Mark Arax, *West of the West*, 2009

Merced County (2016)

Population Growth and Diversity

- Population has grown by 27% since 2000, double the statewide growth rate (fastest growing county)
- Current population is 269,000
- Hispanic population grown by 47%; now a majority at 58%
- Asian population is now 8% (Hmong; Mien; Laotian; Punjabi)
- One of newest refugee groups: Afghani—speak Dari/Pashto)
- White, non-Hispanic share of population decreased to 29%

Merced County (2011-2015)

Age Structure

- Median age 30 years, compared to statewide median of 36
- 31% of the population are younger than 18 years
- Traditional families (husband/wife) = 54% of households, compared to 49% statewide
- 53% of residents, and 2 out of every 3 children (67%) live in poverty (less than 200% FPL).

Merced County (2015)

Education

- 33% less than high school diploma, compared with 18% statewide
- 20% of adults earned a BA or higher, compared to 39% statewide (37% U.S.)

Income

- Median household income is $42,462, compared to $61,818 statewide

Merced County (2015)

Foreign Born

- **26% of total population**
- **96% from Mexico**
- **52% of these households are *linguistically isolated* (a language other than English is spoken at home vs. 45% in the state)**

Social Determinants of Health (SJV)

- *High Foreclosure Rate; 1% Vacancy Rate*
- *High Unemployment; Depressed Ag Economy*
- *Lack of Transportation*
- *Lack of Healthcare (Provider Shortage)*
    - *44 per 100,000 v. 78 per 100,000 (urban/US)*
    - *Many providers (60+ yrs)*
    - *2 year wait for pediatrician*
    - *Over 50% of population on Medi-Cal*
- *Highest Rates of Chronic Disease (e.g. Asthma, Diabetes)*
- *One of worst air quality basins*

Need for Language Access

Research documents that language barriers impede access to health care, compromise quality of health care, and increase the risk of adverse health outcomes among Limited English Proficient patients.

--L. Ku and G. Flores*, Pay Now or Pay Later: Providing Interpreter Services in Health Care*

Importance of Developing a Sense of Context

Context of Situation: ***The totality of extra-linguistic features having relevance to a communicative act.***

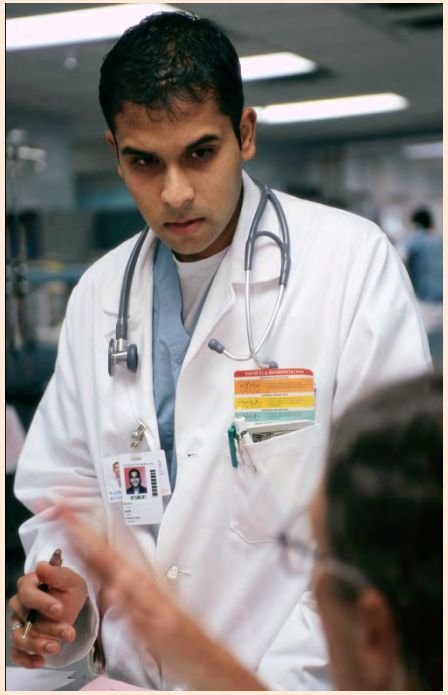
--Webster's New Universal Unabridged Dictionary

Trivia Question: What percent of communication is non-verbal?

Cultural Competency: A Comparison

Western Culture	Eastern Culture
Individualism	Communal culture
Internal Controls	External Controls
Low Context Language/Culture	High Context Language/Culture
Equality-based	Hierarchal (defined authority and sex roles)
Egocentric Orientation	Geocentric Orientation

***Remember*: If you intend to establish a practice in the Central Valley, it will be a bilingual/multilingual practice whether you are bilingual or not. However, you don't have to be bilingual to be *culturally literate*!**



“I have always felt that the action most worth watching is not at the center of things but where edges meet. I like shorelines, weather fronts, international borders. There are interesting frictions and incongruities in these places, and often, if you stand at the point of tangency, you can see both sides better than if you were in the middle of either one. This is especially true, I think, when the apposition is cultural . . . after I realized how much I liked both sides and how hard it was to lay the blame at anyone’s door . . . I stopped parsing the situation in such linear terms, which meant that without intending to, I had started to think a little less like an American and a little more like a Hmong.”

--Anne Fadiman, *The Spirit Catches You and You Fall Down*

NCPC
UC MERCED
Nicotine & Cannabis
Policy Center

COMMUNITY WORKSHOP 1

APPENDIX D

AHA OVERVIEW PRESENTATION
BY
JULIETTE MARTINEZ &
LISA JONES BARKER

OUR STORY

who we are & what we do

Lisa Jones Barker
Juliette Martinez
American Heart Association
November 2018

American Heart Association.

Who we are

The American Heart Association/ American Stroke Association is not just a charity. We are crusaders, innovators, scientists and partners.

Our Mission

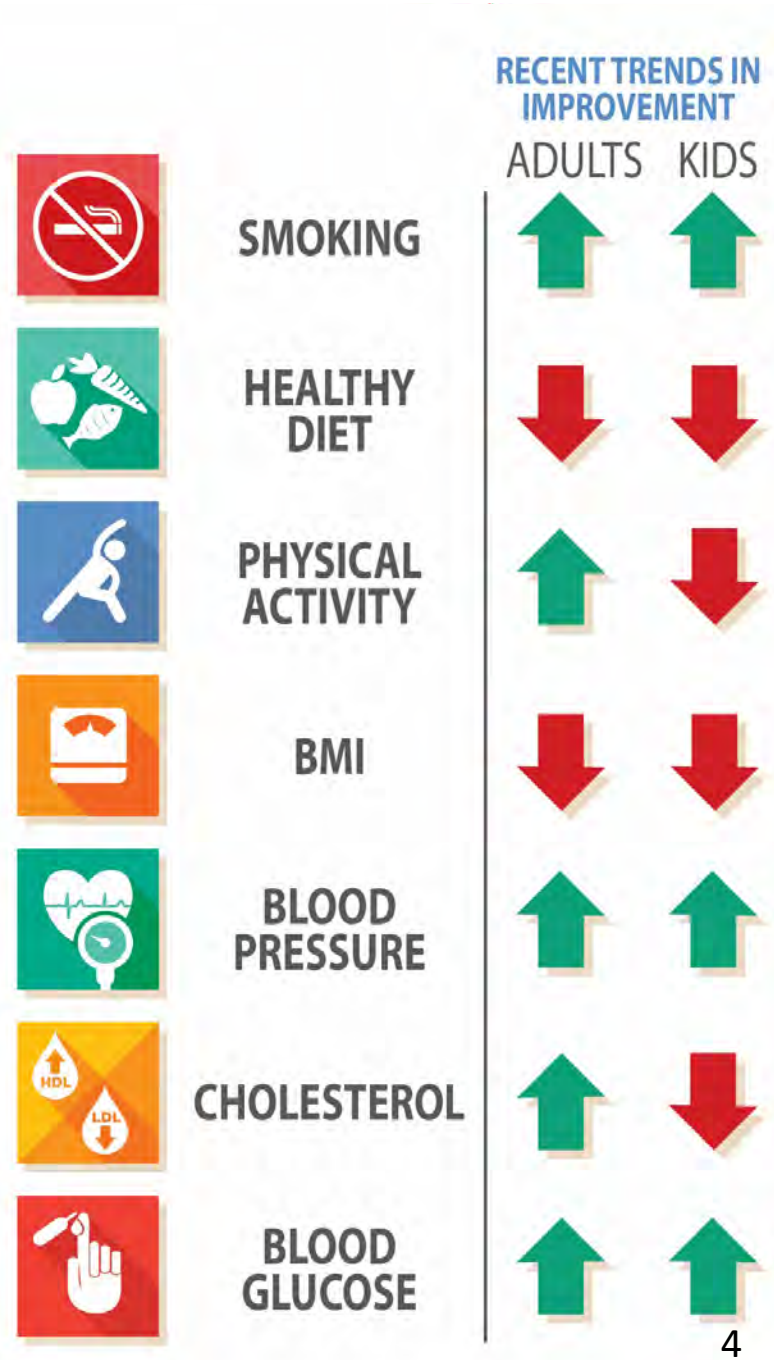
To be a relentless force for a world of longer, healthier lives.

Life is why

Keeping hearts beating is what keeps our hearts pumping.

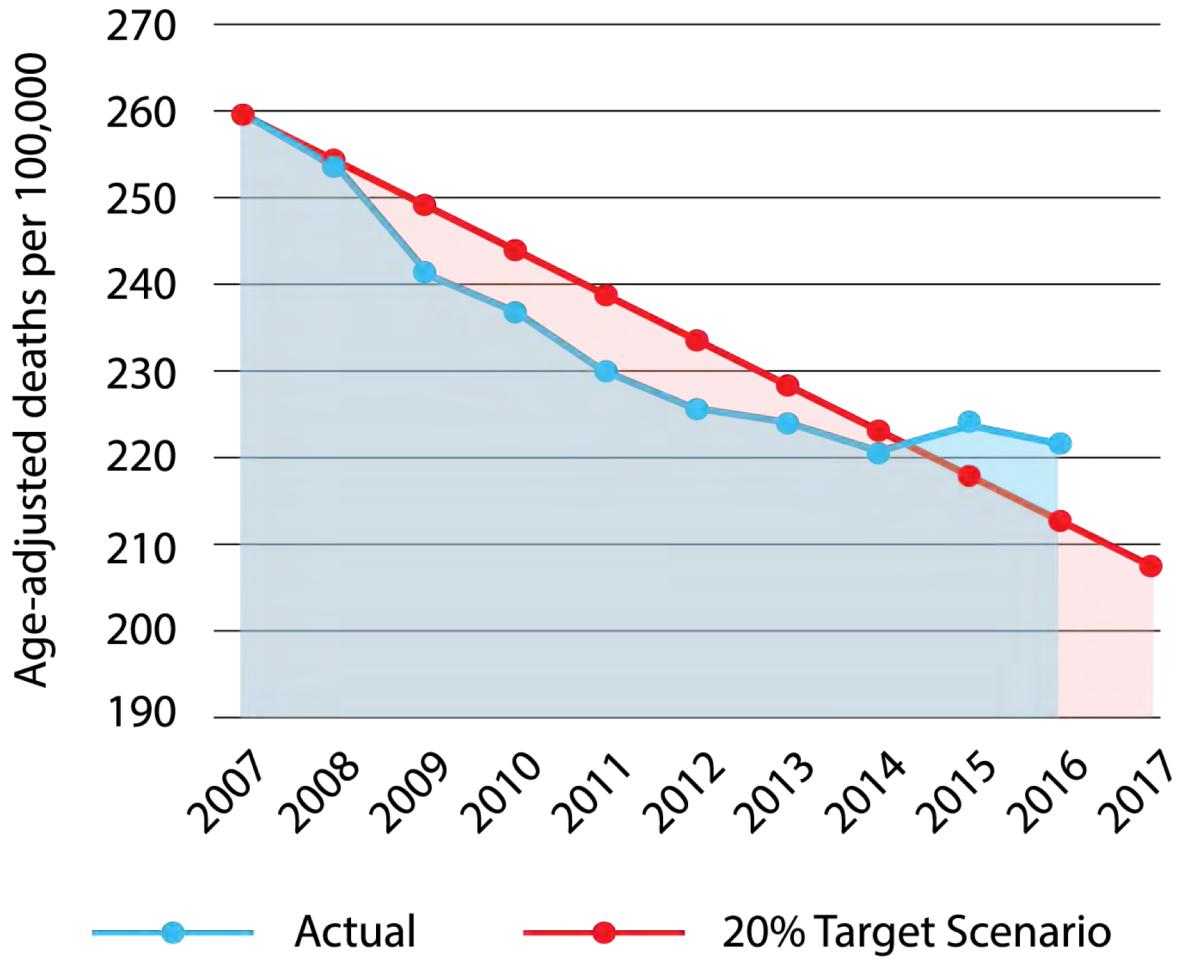
Trends in health improvements

- Part of the 2020 impact goal is to improve health by 20% - and we're currently at 3.95%.
- In adults, we are seeing improvements in smoking rates, physical activity, blood pressure, cholesterol and blood glucose.
- In kids, we see improvements in smoking rates, blood pressure and blood glucose.
- Our work in these areas is being offset by issues such as unhealthy diets and obesity rates.



Compared to NHANES 2007-2008 (Baseline). NHANES (2013-2014) .

Fewer people are dying from cardiovascular diseases

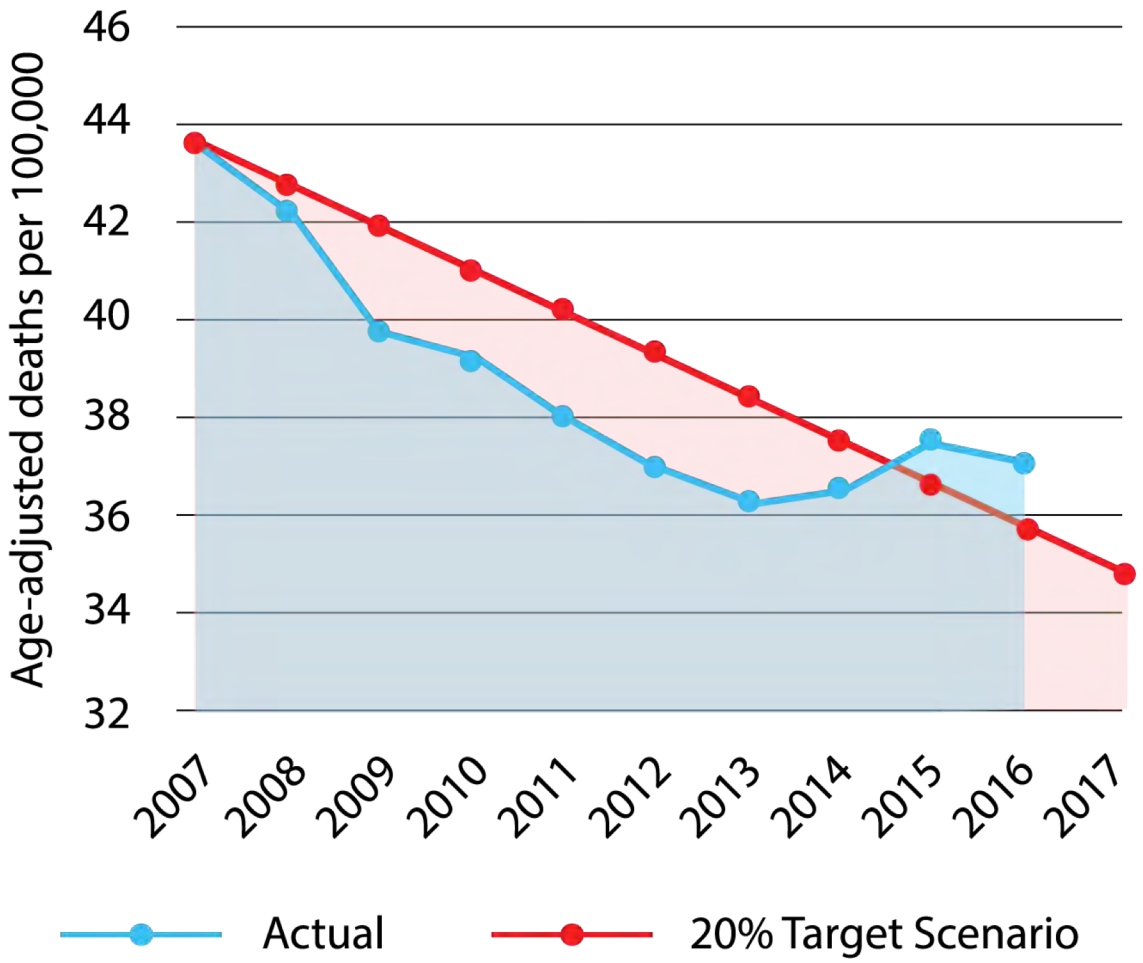


Total Cardiovascular Disease Deaths: -15.0%

Source: NCHVS, Heart Disease: I00-I99, Q20-28

Source: NCHVS, Stroke: ICD-10 I60-I69

Fewer people are dying from stroke

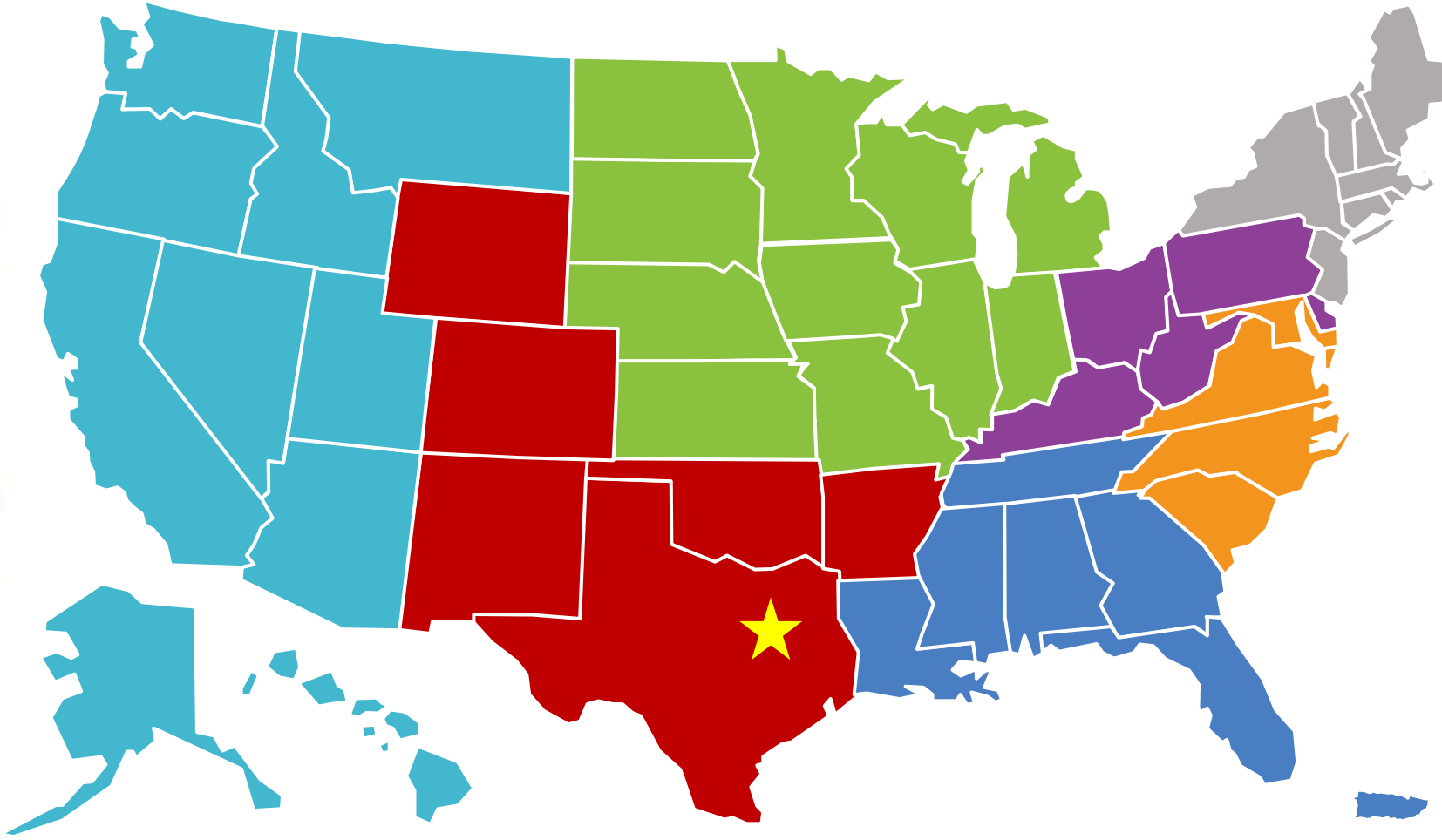


Stroke Deaths: -14.3%

Source: NCHVS, Heart Disease: I00-I99, Q20-28

Source: NCHVS, Stroke: ICD-10 I60-I69

Our levels of work



National – Dallas HQ

Education & awareness
Research management
Quality & science
Advocacy agenda
Strategic partnerships & alliances

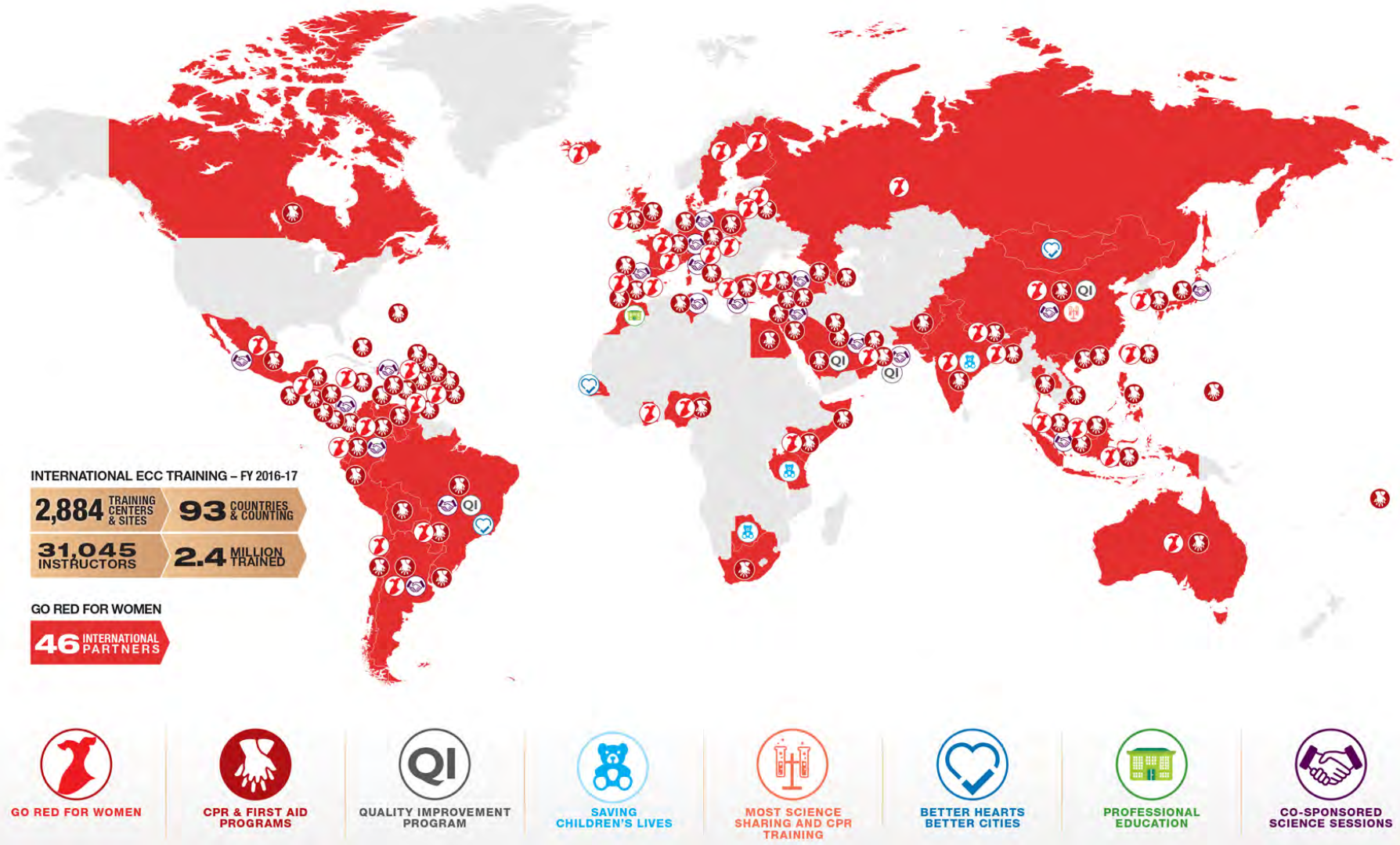
Affiliate - 7 affiliates

Activate advocacy
State and affiliate education
Quality improvement
Regional projects

Local

Grassroots advocacy
Fundraising & education
Building partnerships
Recruiting volunteers
Community health

International Programs



We deliver lifesaving programs in 93 countries worldwide.

Go Red For Women works in 46 countries to raise awareness for women.

Professional education, quality improvement programs and more are making a global impact!

The impact of our work

1956
AHA's first statement of smoking and heart disease issued

1959
Cholesterol inhibitors developed

1960
First successful pacemaker surgery

1961
First successful long-term artificial heart valve

1961
CPR techniques & standards developed

1990
Treatment for Infant Respiratory Distress Syndrome

1998
American Stroke Association formed

2000
Get With The Guidelines launched

2003
Drug-coated stents approved for use

2004
Go Red For Women launched

2007
Mission: Lifeline formed

2014
AHA launched its work with precision medicine

2016
One Brave Idea launched

2017
New blood pressure guidelines released

Impact Strategy

ACCELERATE SCIENTIFIC KNOWLEDGE

Bringing science to life

American Heart Association.

THE AHA HAS INVESTED

$4.3 BILLION

in research since 1949, second only to the federal government.

THE URGENCY FOR DISCOVERY IS GREAT

Heart disease is the No. 1 killer in the world. **Stroke is No. 2.** We lose 17 million lives each year and there is no cure.

ONE BRAVE IDEA™

American Heart Association.

Skillfully led by:

Calum MacRae, MD, PhD

Chief, Cardiovascular Division, Brigham & Women's Hospital

$75 million initiative over **5 years** with the goal of ending coronary heart disease.

More than 4 in 10 cardiovascular disease deaths are a result of coronary heart disease.

Institute for Precision Cardiovascular Medicine

- Uses a person's genetics, environment and lifestyle to find better-targeted, more effective solutions.
- Opens data for more scientific discovery, provides precision medicine research grants.

Strategically Focused Research Networks

- Researchers are working together from top institutions to find cures.
- Nine SFRNs – Prevention, Hypertension, Disparities in Cardiovascular Disease, Go Red For Women, Heart Failure, Obesity, Children, Vascular Disease, and Atrial Fibrillation.

Sharing our research

1 Leading scientific journals published by the American Heart Association and American Stroke Association.

2 More than **16,000** professionals attend Scientific Sessions, and more than **4,000** attend the International Stroke Conference.

Sharing research helps all communities improve the quality of care for patients and save lives.

Get With The Guidelines®

We partner with nearly half of all U.S. hospitals to ensure the best possible care of Americans.

36% decrease in heart disease and stroke deaths since Get With The Guidelines began in 2000.

Mission: Lifeline

82% of the U.S. population is covered through the Mission: Lifeline program.

Best Care for patients with time-sensitive emergencies, from emergency onset to secondary care.

Emergency Cardiovascular Care

Every year, we train
22 million
people in CPR.

We are the **#1** resuscitation training provider for hospitals & EMS.

We develop **first aid** and **resuscitation** guidelines that are used globally.

Impact Strategy

BUILD AN EQUITABLE, SUSTAINABLE CULTURE OF HEALTH

American Heart Association.

Building a culture of health in the community

American Heart Association.

Social factors and location influence our health

50 million Americans have to choose between paying rent and purchasing medicine, healthy foods and medical care.

26 million Americans live without access to healthy foods.

7.3 million people who suffer from cardiovascular disease are uninsured.

EXAMPLE: ACCESS TO HEALTHY FOOD CAN IMPACT A FAMILY'S HEALTH.

AVERAGE LIFE EXPECTANCY

NEW ORLEANS

25 YEAR DIFFERENCE IN LIFE EXPECTANCY

WHAT MAKES UP A HEALTHY COMMUNITY?

OPPORTUNITIES TO LIVE HEALTHY

STRONG EDUCATION AND TECHNOLOGY

A HEALTHY ENVIRONMENT

A STRONG ECONOMY

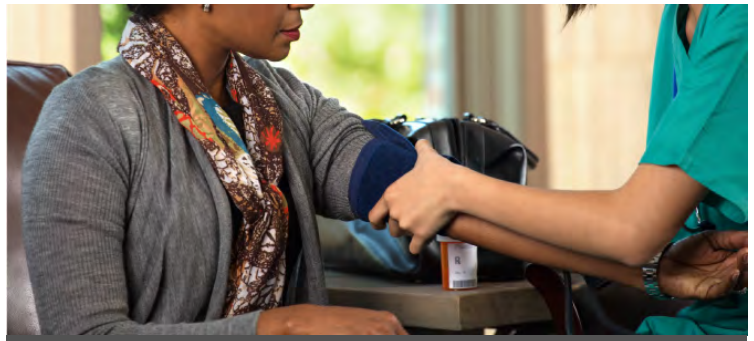
A SOLID CITY INFRASTRUCTURE

AFFORDABLE AND SAFE HOUSING

The need around social determinants

- Continue our support for affordable, accessible and quality healthcare.
- Keep advocating for access to healthy food for everyone in America, especially kids.
- Ensure everyone has safe places to be physically active.
- Support partners in housing, banking, education and employment.
- Invest in more research.
- Continue our community transformation work.

Improving Health



Check. Change. *Control.* & Target: BP

Nearly 86 million

Americans have high blood pressure.

500,000 +

People have participated in Check. Change. *Control.* program to lower their blood pressure

Check. Change. *Control.* Cholesterol

40% of Americans have high cholesterol.

Our goal is to move

9 million

Americans to healthier cholesterol levels by 2020.

Heart-Check Mark

More than 900 products carry the Heart-Check mark

American Heart Association CERTIFIED Meets Criteria For Heart-Healthy Food

Diabetes and Cardiovascular Disease

We're working alongside the American Diabetes Association and others to combat the growing threats from diabetes and cardiovascular diseases.

30 million American adults
have diabetes, including 7.2 million who are undiagnosed.

On average, adults age 60 with both cardiovascular disease and diabetes are expected to live

12 fewer years.

Improving Nutrition in Schools

31 million kids eat school lunches and 13 million eat school breakfasts that meet the Dietary Guidelines for America.

90% of beverage calories have been taken out of schools.

Healthy Way to Grow

243 early childhood programs participating.

22,000 children influenced.

American Heart Association.

Together to End Stroke

Every

40 seconds someone has a stroke.

We Prevent Stroke: by empowering Americans to live healthier lives.

We Treat Stroke: by empowering Americans to live healthier lives and protect their brains.

We Beat Stroke: by enhancing support for survivors, loved ones and caregivers.

Life's Simple 7® Journey to Health™

Workplace Health

We work with thousands of employers to help them improve the health of their *workplace* and their *workforce*.

An *integrated solution* with one-stop shopping:

- ✓A simple way for employers to target and implement best-practice strategies for improved health.
- ✓Easy-to-use online aggregate data reporting to see the health of your workforce.
- ✓Seamless data flow from health screenings to health assessments to the Workplace Health Achievement Index.
- ✓Opportunity for national recognition from the American Heart Association.

You're the Cure - Advocacy

Through our advocacy efforts:

3.8 million	babies are screened for congenital heart defects.
210 million	Americans live in smoke-free communities.
2.5 million	students are trained in CPR every year.

Local Priorities

- Tobacco flavor bans
- Sugary drinks tax preemption ballot initiative 2020
- Complete Streets

THANK YOU

www.heart.org

APPENDIX E

AHA LEGISLATIVE PRESENTATION
BY
JAMIE MORGAN

California's Tobacco & Cannabis Legislative Landscape

Jamie Morgan
American Heart Association
November 2018

You're the Cure - Advocacy

Through our advocacy efforts:

3.8 million	babies are screened for congenital heart defects.
210 million	Americans live in smoke-free communities.
2.5 million	students are trained in CPR every year.

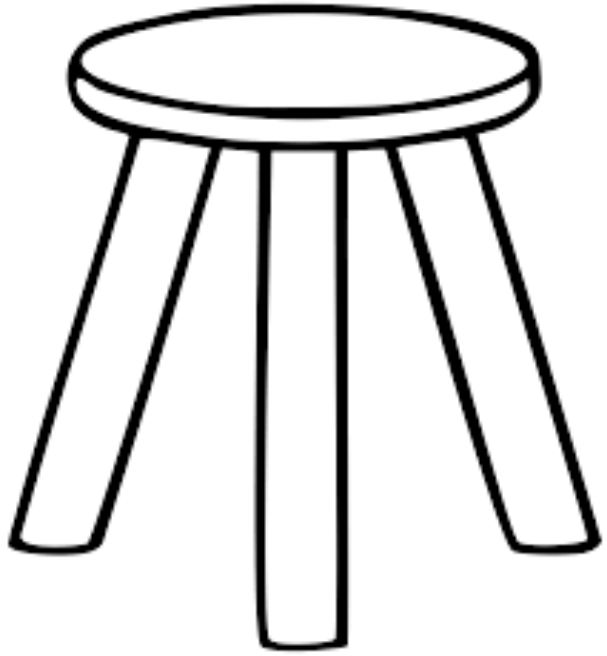
State Priorities

Tobacco flavor bans

Sugary drinks tax and preemption repeal ballot initiative - 2020

Complete Streets

Three-legged stool of tobacco prevention: Evidence-based Policies that work



Tobacco Taxes
$2.87

Smoke-Free Air Laws

Funded Tobacco Prevention & Cessation Programs

Legislative Update

Recent California Tobacco Control Successes:

- 2018 Protected Prop 56 Funding
- 2016 Raised Tobacco Tax by $2.00
- 2016 Raised the Minimum Age to Purchase Tobacco to 21
- 2016 Closed Loopholes in California's Smoke-Free Workplaces Law
- 2016 Included E-Cigarettes in the Definition of a Tobacco Product
- 2016 Increased California Tobacco Control Program Funding
- 2016 Extended Smoke-Free Schools Funding to Charter Schools
- 2016 Revised Tobacco Retailer Licensing Law
- 2016 Comprehensive Smoking Cessation Coverage for Medi-Cal Enrollees


Under 21
No Tobacco
We Card
LAW PROHIBITS THE SALE OF TOBACCO TO MINORS.
Please Have ID Ready
Under 21
No
E-Cigarettes
We Card
LAW PROHIBITS THE SALE OF E-CIGARETTES TO MINORS.
Please Have ID Ready
Under 21
No E-Vapor
We Card
LAW PROHIBITS THE SALE OF E-VAPOR TO MINORS
lease Have ID Ready

Local Policy Opportunities

Tobacco Retailer Licensing

Smoke-Free Multi-Unit Housing

Restriction of Smoking in Service Areas

Flavored Tobacco Products Ban

Public Awareness Campaigns

Enforcement of Tobacco Control Laws

Tobacco Retailer Density Near Schools Requirements

NOVEMBER 26, 2018 | BLOG | NO COMMENT

Polling Results 2018: Tobacco Retail Licensing, Secondhand Smoke In Outdoor Areas And Smokefree Housing

Youth Access in Rural Areas:
52% feel that it is easy for minors under the age of 21 to buy electronic cigarettes at local retail stores

Smoke-Free multi-unit housing:
Over 50% both CA voters and CA rural voters support policies to protect people from secondhand smoke exposure in multi-unit housing.

NOVEMBER 26, 2018 | BLOG | NO COMMENT

Polling Results 2018: Tobacco Retail Licensing, Secondhand Smoke In Outdoor Areas And Smokefree Housing

<u>Tobacco Retailer Licensing</u>:

74% of CA voters and 73% CA rural voters support requiring store owners to get a license to sell cigarettes and other tobacco products

71% of CA voters and 73% of CA rural voters support a fee on retailers of a few hundred dollars a year that would be used to enforce the law against selling cigarettes to minors

NOVEMBER 26, 2018 | BLOG | NO COMMENT

Polling Results 2018: Tobacco Retail Licensing, Secondhand Smoke In Outdoor Areas And Smokefree Housing

<u>Secondhand Smoke Restrictions</u>:

91% of CA voters and 88% of CA rural voters believe that secondhand smoke is harmful to those who inhale it in outdoor areas

72% of CA voters and 68% of CA rural voters support a comprehensive ban on outdoor smoking in all areas accessible to the public except for designated smoking areas

Local Opportunities

Merced MCTCP

Ban sale of flavored tobacco products and electronic smoking devices (ESDs)

Ban smoking in outdoor venues—parks, fairgrounds etc.

Establish Youth Advisory Board for tobacco control efforts

Local Opportunities

Fresno (FCTPP)

One jurisdiction will limit tobacco retail outlets within 1,000 feet of schools, parks and youth facilities; and/or limit the number of retailers within a jurisdiction to minimize tobacco-related health disparities among priority populations

One jurisdiction will adopt a policy that designates 100% of individual units (including balconies and patios) in multi-unit housing (MUH) complexes as entirely smoke-free to reduce tobacco–related health disparities among priority populations

Local Opportunities

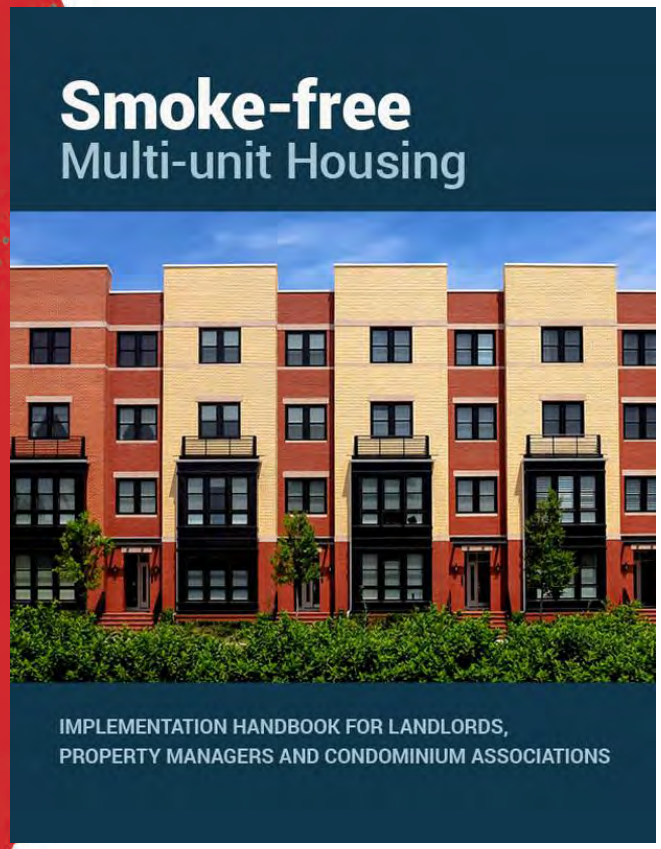
Central Valley—Asian/Pacific Islander Partners & Advocates Countering Tobacco

Prohibit sale of mentholated and other flavored tobacco products w/I 1000 ft of schools and other youth sensitive areas

Support Asian/Pacific Islander (API) organizations with the adoption of tobacco-free policies for their outdoor venues including API cultural events

Empower Central Valley API Youth to become engaged in tobacco control

Fresno (EOC RTEP)



At least 2 cities in rural Fresno County will adopt a policy that will require all indoor worksites in areas that are exempted by the state smoke-free workplace law (warehouses, company vehicles, truck tractors, small businesses with 5 or fewer employees, owner-operated businesses and outdoor laborers) to become smoke-free

At least 2 cities in rural Fresno County will adopt and implement a policy prohibiting smoking in 100% individual units (including balconies and patios) in multi-unit housing complexes…or require managers to disclose location of smoking and non-smoking units

Local Opportunities

Tulare, Kings, & Fresno Counties (ReAct)

- Assisting cities with adoption and implementation of public policies that eliminate use of all tobacco products in outdoor venues
- Eliminate indoor smoking in workplaces exempted by CA smoke-free workplace law In Kings & Tulare Counties

Legislative Update--Cannabis

Proposition 64 Passed in 2016 – Key Provisions:

- California's smoke-free workplace law includes cannabis
- Prohibits marijuana smoking within 1,000 feet of a school, day care center or youth center when children are present
- Purchase age of 21
- Excise Taxes:

  Purchaser: 15 % excise tax on cannabis and cannabis products.

  Cultivators: $9.25 /ounce of cannabis flowers

  $2.75/ounce for cannabis leaves.

- Funding for youth education, prevention, early intervention and treatment

THANK YOU

www.heart.org