

2024



COMMUNITY WORKSHOP 6

MEETING REPORT

NCPC Tobacco Summit 2024

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



NCPC Tobacco Summit

Event Title: NCPC Tobacco Summit 2024

Date: Thursday, June 6th, 2024

Location: Mainzer Theatre 655 W Main Street, Merced, CA 95340

Meeting Agenda (*appendix A*):

Morning Session:

- 9:30am - Registration (Continental Breakfast Buffet)
- 10:00am - "Hakchuma" Opening Ceremony
- 10:20am - Welcome Remarks
- 10:30am - NCPC Tobacco Endgame Interns Panel
- 11:00am - Tribal Journeys in the Tobacco World
- 11:30am - Protecting Vulnerable Populations from Tobacco: The California Health Collaborative Experience
- 12:00pm - Intersection Between Mental Health and Tobacco Use
- 12:30pm - Lunch

Afternoon Session:

- 1:00pm - Engaging the Latino Community
- 1:20pm - BREAKING Cannabis/Marijuana Policy-related Update
- 1:40pm - UC Merced-Based Research
- 2:40pm - Data Dashboard for San Joaquin Valley and Foothills
- 3:30pm - Reception

Speakers Presenters (in order of presentation): Chunya Nowatabi Johnson; Zulema Avalos; Lynnelle Pantoja; Maria Reza, Saifa Sanguilan, Hargun Sethi, Kamryn Salamasina Clark; Zackary Guzman; Evi Hernandez; Sarah S. Tonkin, PhD; Jose Montoya, Sara Schneider, PhD; Natalie Beylin, Karla Llanes, PhD; Allison Temourian, PhD; Arturo Durazo, PhD



Preventing and Treating Tobacco Use for Individuals with Psychopathology

- In this presentation, Dr. Sarah Tonkin, from the Health Sciences Center at the University of Oklahoma, discussed tobacco use and psychopathology. (Appendix B)

Conflicts of Interest

- None

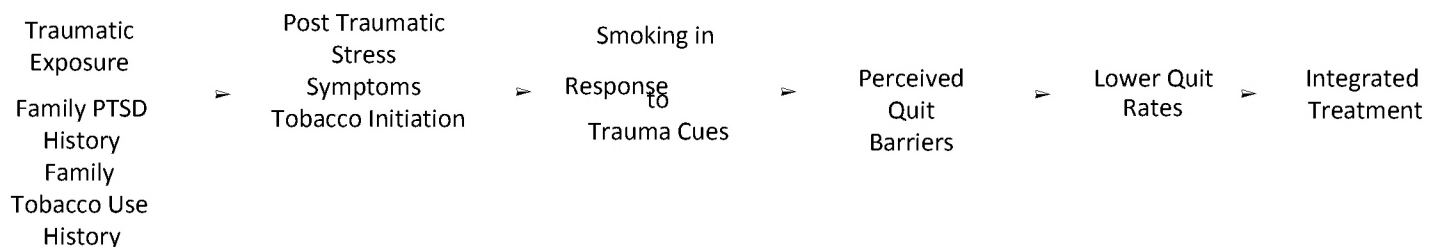
Tobacco Use and Psychopathology

- Prevalence of cigarette smoking is elevated across psychopathology
 - Social anxiety disorder - 36%
 - Major depression - 37%
 - Generalized anxiety disorder - 46%
 - Psychosis - 49%
 - Bipolar disorder - 69%
- Similar patterns can be observed for youth and vaping
 - Depression disorders
 - Anxiety disorders
 - Conduct disorder
 - ADHD

Psychopathology & Tobacco Co-Use Frameworks

- Self medication
 - Research finds smoking initiation often precedes mental health diagnosis
 - Quitting improves psychopathology symptoms
- Family factors/Social environment
 - Genetic vulnerability
 - Access to cigarettes

Example: Smoking and Trauma



Evidence-Based Treatment

- Treatment of psychopathology and tobacco use simultaneously is beneficial
 - Integrated medications
 - Varenicline
 - Bupropion
 - Nicotine replacement therapy
 - Behavioral Counseling
 - Enhance motivation
 - Identify triggers
 - Alternatives to tobacco use
 - Problem solving skills
 - Tobacco treatment specialist trainings

The 5 A's

- /, ASK
- 0, ADVISE
- 1, ASSESS
- 2, ASSIST
- 3, ARRANGE

Evidence-Based Prevention

- School based interventions
- Community based interventions
- Individualized interventions

Mental Healthcare Gaps for Tobacco Use

- Poor communication from scientists
- Separation of general medicine from mental health
- Hesitancy and bias
- Lack of time

What Can I Do?

Community members & Organizers

- Become an anti-tobacco advocate
- Provide tobacco free spaces
- Help reduce mental health stigma
- Partner with tobacco control groups
- Refer community members to quit

Healthcare Workers

- Discuss tobacco use and quitting
- Prevent psychopathology bias
- Provide evidence based care
- Collect data
- Seek additional training





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Researchers

- Include individuals with psychopathology in studies
- Conduct community based research
- Disseminate work to community stakeholders

Funders and Grant Agencies

- Help address funding disparities for mental health facilities
- Ensure funded project represent individuals with psychopathology
- Fund work aimed at reducing disparities

Identifying and Addressing Gaps

- Research suggests gaps in tobacco services for those with psychopathology may be due to:
 - Funding
 - Lack of assessment
 - Finding resources for treatment and prevention
 - Lack of time
 - Bias

What Questions Does Research Need to Answer?

- What should studies look at to understand the relationship between psychopathology and tobacco use?
- What kind of research would help you and your clients?
- What questions should we be trying to answer to help the community?
- How can we use the results of our research to help the community?
- What do you think scientists often miss in their research?



Assessing Digital Health Smoking Cessation Needs for Adults in the San Joaquin Valley

- Dr. Karla Llanes presented findings and research conducted to gain insight about San Joaquin Valley's residents views on using digital/mobile health tools to quit smoking. (*Appendix*)

Background

- 4 million people live within the 11 counties of the San Joaquin Valley.
- 45% are Hispanic, 20% are below the poverty line.
- Disproportionately high tobacco prevalence: 16% adult current tobacco use vs 12% in CA.

Hispanic/Latinx Disparities in Cessation

- 57% adult smokers made quit attempts.
- Less likely to receive cessation advice and cessation assistance (e.g., NRT)
- Digital tools may increase access for marginalized, under-resourced populations.

General

- Used surveys to measure demographics, tobacco use, interest in quitting, and products used to quit smoking.
- Asked what innovations and inclusions in digital interventions they would like to see that could help them and others quit smoking.
- Ran Focus Groups in-person and via Zoom in both English and Spanish.
- In total, 27 participants (age: 21-77, M=41.3) completed the survey and focus groups combined.

Findings

- Years smoked M= 13.96; Cigarettes Smoked/day M=5.46; 82% Voluntarily quit smoking for 24 hours in Past Year.
- Reasons for quitting included family, health, money, and the flavor ban
- Quitting methods included: Cold Turkey, Replacement Activities, Cannabis, E-Cigarettes.

Desired Features for Digital Cessation Tools

- Social support via chat function, peer counseling, engaging, and accessible.
- Culturally relevant cessation content/support

Discussion & Conclusions

- Older and younger have different priorities but both agree on chat functionality and peer support.
- People in San Joaquin Valley need tobacco cessation support

Collecting Tobacco Product Waste in the San Joaquin Valley

- Dr. Allison Temourian presented findings from research focused on waste created by tobacco products, the negative impacts it has, and compares the efficacy of two different protocols used to record tobacco product waste. (*Appendix H*)

Tobacco Product Waste (TPW)

- Trillions of cigarette butt debris are littered each year.
- Filters are resistant to bio degradation and contain harmful materials that can have long lasting negative effects.
- Tobacco waste has a negative impact on the environment and neighborhood cohesion.

Citizen Scientist Approach

- Count-based, Non-labor intensive, In local environments, well-suited for use in under resourced areas.
- Tested each following Protocol in Turlock CA, and Merced, CA, respectively. **Protocol A -**

San Diego State University

1. Pairs provided with geographic bounds and 20-inch hoop
2. Place hoop on ground where TPW is visible
3. Using Survey123, the other partners records key information
4. Continue protocol until each piece of waste is recorded

Protocol B - UC Merced

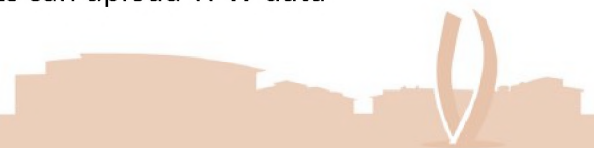
1. Pairs provided with geographic bounds and waste container
2. Each pair sets personal 10-minute timer
3. One partner points out visible TPW, the other picks and bags TPW
4. After timer elapsed each pair counts, sorts, and records their TPW
5. Citizen scientists photograph their waste and upload to Survey123

Discussion & Conclusions

- Both cities & protocols yielded comparable amounts of waste
- Protocol A provided more contact surrounding each piece of waste
- Protocol B may be more efficient for engaging citizen scientists

Future Work

- Standardizing sites of interest
- Creating an interactive dashboard where residents can upload TPW data





Protecting Vulnerable Populations from Tobacco: The California Health Collaborative Experience

- In this presentation, Evi Hernandez, Director of the California Health Collaborative (CHC) discussed the important work the CHC has done for the advancement of tobacco control. *(Appendix E)*

About the CHC

- The CHC was founded in 1982 as a nonprofit, public, benefit corporation. The CHC's headquarters lies in Fresno, CA and they have offices in Chico, Hanford, La Quinta, Sacramento, San Bernardino, Victorville and Visalia.
- The CHC's mission is: "Changing lives by improving health and wellness"

CHC Services and Populations Served

- The CHC is committed to serving Californians who have limited access to resources and who face barriers related to:
 - Culture
 - Language
 - Income
 - Education
 - Gender
 - Geography
 - Immigration Status

Tobacco Prevention and Cessation Services for Priority Populations

- Prenatal and children 0-5:
 - Resource and material development
 - Technical assistance
 - Referral systems
- Youth and young adults:
 - Leadership development training
 - Engagement in policy campaigns
- Ethnically/culturally diverse populations:
 - Prevention/education campaigns
 - Tailored materials
 - Leadership training
 - Policy/systems/environmental change (PSE)
- Rural communities:
 - Tailored assistance
 - Materials development
 - Leadership Training
 - Referral systems



CHC's History in Tobacco Prevention and Cessation Programming

- Perinatal Tobacco Education and Cessation Program (1991-1993)
- Southeast Asian Tobacco Control Program (1997-2001)
- Asian Pacific Islander Tobacco Education Network (APITEN) Regional Consortium Partner (1998-2001)
- Tobacco-Free Futures for Southeast Asians (1999-2003)
- Central Valley Regional Community Linkages Project (1999-2002)
- Strengthening Tobacco Prevention (STOP) Project, Fresno and Tulare Counties (2001-2006)
- Central Valley Regional Advocates Centering Tobacco (CV REACT) Project (2005-2008)
- Fair for All Project (2007-2010)
- Community Networks for Tobacco Relief (CONTROL) Project (2009-2012)

Importance for Continuing Our Tobacco Prevention and Cessation Work

- Some populations experience higher smoking rates

California's Tobacco Tax Revenue - Program Structure

- Tobacco Education and Research Oversight Committee (TEROC)
- California Department of Public Health, California Tobacco Prevention Program (CTPP)
- California Department of Education, Office of the Tobacco Use Prevention Education (TUPE) Program
- University of California, Tobacco-Related Disease Research Program (TRDRP)
- Prop 99 (1988): 25¢ tax on cigarettes
- Prop 56 (2016): \$2 tax (equivalency) on tobacco products

Current CTPP Tobacco Prevention Programs

- Leadership in Equity Action and Development (LEAD) - Butte and Yuba county
- NorCal4Health - Del Norte, Humboldt, Mendocino, and Lake county
- Si Se Puede Project - Butte and Glenn county
- Smoke-Free High Country - Lassen, Plumas and Siskiyou county
- Unidos por Salud - Fresno and Tulare county
- API PACT - Fresno and Merced county
- Smalltown Allies Against Nicotine Dependency (STAAND) - Sutter county
- Families United to End the Rising Tobacco Epidemic (FUERTE) - Riverside county
- Regional Advocates Countering Tobacco (REACT) - Fresno, Kings and Tulare county
- Compromiso Adelante - Stanislaus county
- Community Allies for Rural Equity (CARE) Project- Siskiyou county
- Rural Empowerment, Advocacy, and Leadership (REAL) Project - Merced county





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- Latino Coordinating Center - Statewide
- RISE: Rural Coordinating Center - Statewide
- Local Lead Agencies (LLAs) - Kings and San Bernardino county

Other Focus Areas

- Tobacco Research: Partnerships with UC Merced, UC Los Angeles and UC San Francisco
- Local schools and government agencies
- Tobacco enforcement



Engaging the Latino Community

- In this presentation, Jose Montoya, from the Latino Coordinating Center for a Tobacco Free California, discusses how tobacco companies target Latinos and ways to engage Latinos in tobacco cessation efforts. (*Appendix F*)

Before We Begin

- Some indigenous communities use traditional tobacco for ceremonial, religious or medicinal purposes
- The strategies and recommendations that the LLC recommends are intended to reduce commercial tobacco, which is manufactured and sold for recreational and habitual use.

We Identify in Different Ways

- Latinos identify in many different ways (chicano, chicana, latino, latina, latinx, latine, hispanic, etc). The best term to use in tobacco control is usually the one most embraced by the community members. Latino will be utilized for this presentation.

Introduction

- The Latino Coordinating Center for a Tobacco-Free California (LCC) is operated by the California Health Collaborative (CHC) in partnership with University of Southern California (USC).
- The main mission of the LCC is to improve the overall health of Latinos in California by reducing tobacco-related disparities through the adoption and implementation of policy and system changes.

LCC Program Staff

- Evi Hernandez
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- Rosendo Iniguez
 - Project director
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- Luz Garcia
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 - Principal investigator
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- Yaneth Rodriguez
 - Regional coordinator/evaluator
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LCC Advisory Committee

- Cindy Valencia, PhD, MPH CA Quits
- Eddy Jara DrPH: Riverside University Health System
- Gonzalo Coronado Monterey County Public Health Department
- Jose Montoya: California Health Collaborative
- Nora Mazanillo: Los Angeles District Attorney's Office
- Marcela Gaitan: National Alliance for Hispanic Health
- Monica Acevedo-Guerrero: Public Health Advocates

Why is it Important to Engage the Latino Community in Endgame Initiatives

- Latinos are the state's largest ethnic group, accounting for nearly 40% of California's population.
- Numbers are projected to reach 43% by 2030.

Examples of Engagement Activities

- Bilingual Communication
- Family Engagement Events
- Technology for Communication
- Healing Circle, Circulo de Curación
- Family Activity Nights
- Podcasting

1998 Master Settlement Agreement (MSA)

- Under the MSA, 7 tobacco companies agreed to change the way they market their products and pay the states ~\$206 billion.
- Those same tobacco companies also agreed to finance a \$1.5 billion anti-smoking campaign, open previously secret industry documents and disband industry trade groups.

UCSF Truth Tobacco Industry Documents

- UCSF Truth Tobacco Industry Documents received under the 1998 Tobacco Master Settlement Agreement
- How many documents are housed at UCSF?
 - 15 million documents
 - 92 million pages
 - 8,000 audio-visual items
 - 45 separate collections
- UCSF Tobacco Documents: <https://www.industrydocuments.ucsf.edu/tobacco/>





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Marlboro Sponsors Los Temerarios, Banda Maguey, Los Tucanes de Tijuana

- Placeholder

LCC's Policy Brief

- Placeholder



Advancing Cannabis Safety: Research Overview & Functional Framework

- In this presentation, Dr. Sara Schneider, a postdoctoral scholar with the Nicotine and Cannabis Policy Center at UC Merced, discussed the latest marijuana policies and what a framework for a “functional” marijuana market may look like. (*Appendix G*)

Current State of Marijuana Legalization

- 24 states now have marijuana recreationally legalized, displaying a shift across political party lines toward socially and legally permitting marijuana.

Breaking Federal Developments

- 10/2022 - President Biden requested scientific review of how marijuana is scheduled
- 08/2023 - Health and Human Services recommended rescheduling marijuana from Schedule I to Schedule III
- 05/2024 - Attorney General proposed federal rescheduling change to DEA

Federal Developments

- Rescheduling Marijuana
 - Limitations to Reforms:
 - Does not adequately address disparities
 - Sustained Challenges:
 - Regulatory burdens
 - Limited access
 - Penalties affecting marginalized communities
- DEA is soliciting public comments until July 22nd, 8:59 PM (PT)
 - Comments are used to help decide final rule on the proposal
- How to give public comment
 - Go to www.regulations.gov
 - Type ‘Schedules of controlled substances: rescheduling of marijuana’
 - Click “comment”
 - Write your comment! (But be aware of the public nature of the comments)

Previous Models as Guides

- To understand what marijuana policy control practices are considered healthy or functional, it’s useful to compare them to existing alcohol and tobacco control models
- Alcohol Control as a Model
 - Similarities:
 - Moderation regulations
 - Intoxication
 - Potential health benefits
 - Youth prevention



- Dissimilarities:
 - Direct bystander effects
 - Regulation of products
- Tobacco Control as a Model
 - Similarities:
 - Mode of delivery
 - Health consequences
 - Secondhand and thirdhand risk
 - Youth prevention
 - Dissimilarities:
 - No safe dose of tobacco
 - No medicinal use of commercial tobacco

Framework for a “functional” marijuana market

- Given how rapidly marijuana is becoming recreationally available nationwide, we need a framework for what a functional marijuana marketplace would look like that has adequate safety standards and we need to address what considerations are important for protecting public health. This framework has 5 main tenets. These are:
 - Products are safe for consumption
 - Public and potential consumers can make a fully-informed decision
 - Those who choose not to partake are protected
 - Strong safeguards and policies to prevent youth use
 - Products are accessible to those who want and need it

Products are safe for consumption

- Strong licensing and regulation
- Public understanding of the role of licenses and regulations
- Strategy to address unregulated market and tobacco co-use
- Example of weaknesses in strategy: EVALI outbreak

Fully informed decision-making

- Consumers must have full knowledge about risks/benefits and have capacity to make informed decisions:
 - Research on marijuana is complicated
 - Youth prevention is critical
 - Co-use and combined use awareness



Protections for non-users

- Secondhand and thirdhand smoke protection
 - Multi-unit housing
 - Inclusion of cannabis in tobacco control policies
- Continued support for research on intoxication

Preventing youth use

- Curbing market techniques geared towards youth
 - Flavors
 - Packaging
- Brain development continues until mid-20s
 - Substance use interferes with brain development (prefrontal cortex)

Product accessibility

- Policies can differ between the federal, state and local levels, which can lead consumers to be confused if they're getting licensed or unlicensed products.
- Assuming we want people to access products from licensed dispensaries, those dispensaries just be accessible.
- Those in rural regions where retailers are prohibited may be far from licensed retailers.

City/ County Recreational/ Retailer

- Atwater / Merced / Allowed
- Dos Palos / Merced / Prohibited
- Gustine / Merced / Allowed
- Livingston / Merced / Prohibited
- Los Banos / Merced / Prohibited
- Merced / Merced / Allowed

Role of Research

- The role of research should be to help translate issues into changes in policies. For example:
 - Research on EVALI outbreak → Increased consumer protection
 - Research on SHS/THS in multi-unit housing → More clean indoor air policies
 - Research on addictive properties → Better addiction support programs



Data Dashboard for San Joaquin Valley & Local Foothills

Overview and Introductions:

- Dr. Arturo Durazo led discussion about community-based data dashboard with GreenInfo. (Appendix I)
- Dr. Durazo introduced Maria del Carmen Lamadrid, Design Researcher at GreenInfo who will be leading receiving feedback.

NCPC Next 5 Years

- NCPC plans future workshops, webinars, and policy briefs
- With GreenInfo, confirm SJV-based data and utilize them in Data Dashboard and Brief

Reports

Data Dashboard Objectives

- Must be effective, efficient, easy to use and understand, provides a clear overview instantly
- Dr. Durazo shared two examples: <https://www.communitywatercenter.org/drinkingwatertool/ca-water> ; <https://cthat.org>
- Each tool to be tailored for their specific user needs and is able to serve non-expert users effectively.
- Define and apply SJV-based principles to enhance the relevance of data in our own dashboards

Exercises Covered During Presentation

- The last time you interacted with a digital tool/platform what made the experience effective, what made it challenging?
- What features would make the SJV-based dashboard more engaging for users who are not data experts?
- How can the dashboard design influence user decisions?
- Reflect on how the arrangement of key data may affect policy enforcement Engaging

Wide Audiences

- Prioritize strategies that can make complex data understandable and accessible Future

Data Collection

- Address challenges faced in collecting and presenting data in these dashboards
- Track issues of data accuracy, privacy, and user trust addressed



APPENDIX A

Agenda and Program Information



NCPC Tobacco Summit 2024

Thursday, June 6th, 2024

PROGRAM

9:30 AM - Registration (Continental Breakfast Buffet)

Mainzer - 655 W. Main St, Merced CA, 95340

10:00 AM - "Hakchuma" Opening Ceremony

Artist Chunya Johnson
"Hakchuma"

10:20 AM - Welcome Remarks

10:30 AM - NCPC Tobacco Endgame Interns Panel

Moderated by: Zulema Avalos
Lynelle Pantoja, Parneet Hundal, Maria Reza

11:00 AM - Tribal Journeys in the Tobacco World

Kamryn Salamasina & Zack Guzman

11:30 AM - Protecting Vulnerable Populations from Tobacco: The California Health Collaborative Experience

Evi Hernandez

12:00 PM - Intersection Between Mental Health and Tobacco Use

Dr. Sarah S. Tonkin
Preventing and Treating Tobacco Use for Individuals with Psychopathology

12:30 PM - Lunch

1:00 PM - Engaging the Latino Community

Jose Montoya

1:20 PM - BREAKING Cannabis/Marijuana Policy-related Update

Dr. Sara Schneider
Advancing Cannabis Safety: Research Overview and Functional Framework

1:40 PM - UC Merced-Based Research

Natalie Beylin
Qualitative Insights on Tobacco Control from Community Stakeholders in Rural California: Strategies, Barriers, and Policy Implementation

Dr. Karla Llanes
Assessing Digital Health Smoking Cessation Needs for Adults in the San Joaquin Valley

Dr. Allison Temourian
Collecting Tobacco Product Waste in the San Joaquin Valley

2:40 PM - Data Dashboard for San Joaquin Valley and Foothills

Dr. Arturo Durazo
Community Driven Collective Insight: A Workshop on Co-creating a Data Tool for Tobacco Policy

3:30 PM - Reception

Hi-Fi Wine - 629 W. Main St, Merced CA, 95340



APPENDIX B

"Preventing and Treating Tobacco Use for Individuals with Psychopathology"

**By
Dr. Sara Tonkin**



Preventing and Treating Tobacco Use for Individuals with Psychopathology

Dr. Sarah Tonkin

University of Oklahoma Health Sciences Center

TSET Health Promotion Research Center



The UNIVERSITY of OKLAHOMA HEALTH SCIENCES

Conflicts of Interest

- None

Tobacco Use and Psychopathology

- Cigarette smoking prevalence is elevated across psychopathology¹
 - Social anxiety disorder: 36%
 - Major depression: 37%
 - Generalized anxiety disorder: 46%
 - Psychosis: 49%
 - Bipolar disorder: 69%
- Similar patterns observed for youth and vaping^{2,3}
 - Depressive disorders
 - Anxiety disorders
 - Conduct disorder
 - ADHD (primarily hyperactivity-impulsivity)



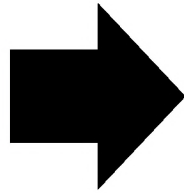
Psychopathology & Tobacco Co-Use Frameworks

- Self-medication
 - Mixed evidence
 - Research finds smoking initiation often **precedes** mental health diagnosis⁴
 - Quitting **improves** psychopathology symptoms
- Family factors and social Environment^{5,6}
 - Genetic vulnerability
 - Availability of cigarettes





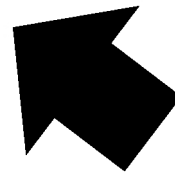
Tobacco Initiation



Regular Tobacco Use



Tobacco Withdrawal Symptoms^{10,11}



Targeted Campaigns by Tobacco Companies⁹

I'm your best friend
I am your Lucky Strike



- to anxiety --- I bring relief
- to distress --- I bring courage
- to achievement -- I bring content
- to loneliness -- I bring companionship



LUCKIES USE ONLY THE CENTER LEAVES . . . CENTER LEAVES GIVE YOU THE MILDEST SMOKE

IT'S A PSYCHOLOGICAL FACT: **PLEASURE HELPS YOUR DISPOSITION**



How's your disposition today?

EVER FEEL MEAN AS A MULE? It's only human, when stubborn annoyances bother you. But remember this psychological fact: pleasure helps your disposition. Everyday pleasures, like smoking for instance, are important. So if you're a smoker, smoke for the *most* pleasure. That means: smoke Camels!

For more
pure pleasure
— have a
Camel



Today more people smoke Camels than any other cigarette because Camels give them more pure pleasure! So — choose *your* cigarette for pleasure. Pleasure helps your disposition. And you need only to *try* Camels to agree: no other cigarette is so *rich-tasting*, yet so *mild* as Camel!

No other cigarette is so rich-tasting, yet so mild!



18+ Only. This product contains nicotine and is addictive.

vuse.jamaica · Following

vuse.jamaica 4w
Mint so fresh you can't hide your smile.

18+ Only. This product contains nicotine and is addictive.

No comments yet.

Start the conversation.



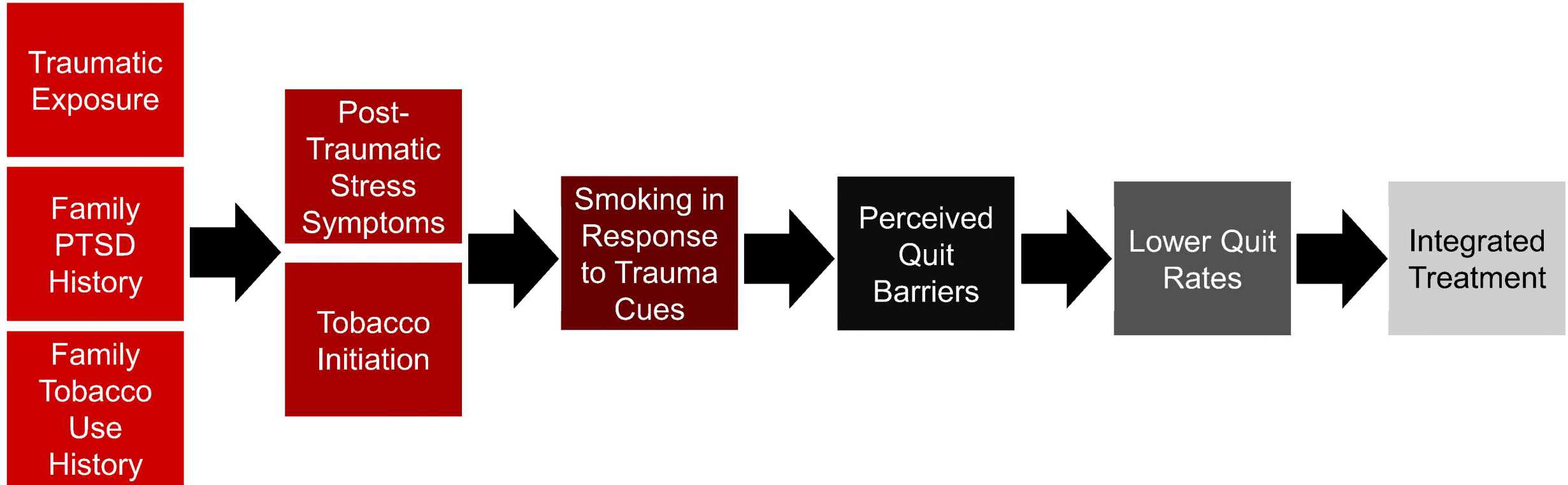
Liked by vuse.worldwide and others

October 31

Add a comment...

Regular Tobacco Use

Example: Smoking and Trauma¹²⁻¹⁴



Evidence-Based Treatment



- Treatment of psychopathology and tobacco use simultaneously is beneficial
 - Integrated medications
 - Varenicline (Chantix)
 - Bupropion (Wellbutrin)
 - Nicotine replacement therapy (patches, gum, lozenges)
 - Behavioral counseling
 - Enhancing motivation
 - Identifying triggers for use
 - Tobacco use alternatives
 - Problem-solving slips
 - Tobacco Treatment Specialist trainings



The 5 A's



- **ASK** clients whether they use tobacco
- **ADVISE** clients to quit
- **ASSESS** how willing clients are to quit on a scale of 0-10 AND how ready they are to change on a scale of 0-10 AND if they are willing to set a quit date in the next 30 days
- **ASSIST** clients who are willing/ready to quit (6+ on the scale) to make plans for their quit OR **ASSIST** those who are not ready (5 or less on the scale) to find motivation to quit
- **ARRANGE** for follow-up including discussing at the next visit

Evidence-Based Prevention

- School Based Interventions¹⁵
 - Social influence resistance with interactive skills learning
- Community Based Interventions
 - Integrated approaches
- Individualized Intervention^{9,16}
 - Delivery of information within healthcare: Frequent discussions of healthy choices, assessment of both psychopathology and tobacco use
 - Discussion of treatment options
 - Tobacco-free environments at clinics



Mental Healthcare Gaps for Tobacco Use

- Poor communication by scientists
- Separation of general medicine with mental health¹⁷
 - Outside treatment scope^{19,20}
- Hesitancy and bias to ask about tobacco use and quitting for individuals with psychopathology^{18,21}
- Lack of time



What can I do?

Community Members & Organizers

- Become an anti-tobacco advocate
- Provide tobacco-free spaces & events
- Reduce mental health stigma
- Partner with tobacco control groups
- Refer community members for quitting

Healthcare Workers

- Discuss tobacco use and quitting
- Prevent psychopathology bias
- Provide evidence-based care
- Collect data
- Seek additional training opportunities

Researchers

- Include individuals with psychopathology in research studies
- Conduct community based research
- Disseminate work to community stakeholders

Funders and Grant Agencies

- Address funding disparities for mental health facilities
- Ensure funded project represent individuals with psychopathology
- Fund work aimed at reducing disparities

Questions?

Dr. Sarah Tonkin
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The UNIVERSITY of OKLAHOMA HEALTH SCIENCES

Discussion

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TSET Health Promotion Research Center



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Identifying and Addressing Gaps

- Research suggest that gaps in tobacco services for individuals with psychopathology may be due to:
 - Funding
 - Lack of assessment for tobacco use and interest in quitting
 - Finding resources for treatment/prevention
 - Lack of time
 - Bias
- Your experiences
- Possible solutions



What Questions Does Research Need to Answer?

- What should studies look at to understand the relationship between psychopathology and tobacco use?
- What kind of research would help you and your clients? What questions should we be trying to answer to help the community?
- How can we use the results of our research to help the community?
- What do you think scientists often miss in their research?



References

1. Lasser K, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. Smoking and mental illness: a population-based prevalence study. *Jama*. 2000;284(20):2606-2610.
2. Becker TD, Arnold MK, Ro V, Martin L, Rice TR. Systematic Review of Electronic Cigarette Use (Vaping) and Mental Health Comorbidity Among Adolescents and Young Adults. *Nicotine Tob Res*. Feb 16 2021;23(3):415-425. doi:10.1093/ntr/ntaa171
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Thank You!

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TSET Health Promotion Research Center



The UNIVERSITY of OKLAHOMA HEALTH SCIENCES



NCPC Tobacco Summit 2024

APPENDIX C

"Accessing Digital Health Smoking Cessation Needs For Adults in the San Joaquin Valley"

**By
Dr. Arla D. Llanes**



UCSF Helen Diller Family
Comprehensive
Cancer Center



**CALIFORNIA HEALTH
COLLABORATIVE**
changing lives by improving health and wellness



Assessing Digital Health Smoking Cessation Needs for Adults in the San Joaquin Valley

Karla D. Llanes

Maya Vijayaraghavan, Pamela M. Ling, Sara Schneider, Evi Hernandez, Anna Song, and
Arturo Durazo

Funding: National Institute of Health grants CA-113710 and DA-057216 and HDFCCC pilot funds

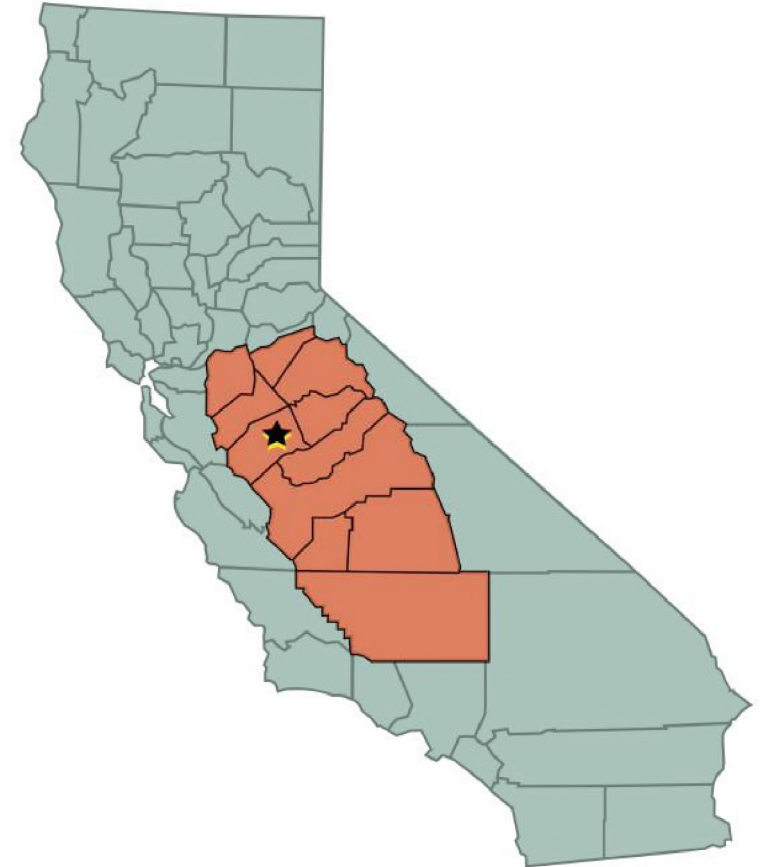
Acknowledgement

- California Health Collaborative: Evi Hernandez, Stephanie Fernandez (Dignity Health), and Maribel Gonzalez (Madera County Department of Public Health)
- UC Merced Team: Drs. Durazo, Schneider, Song, Burke, the wonderful interns (Gisselle, Justin, Karina, Mary), and graduate student (Allison Temourian)
- UCSF Team: Drs. Vijayaraghavan (PI), Ling, Brunetta, and intern (Erin)

Background

San Joaquin Valley

- 4 million people
- 11 counties
- Includes marginalized, underserved, and racially/ethnically diverse groups
 - 45% are Hispanic
 - 20% < federal poverty line
- Disproportionately high tobacco prevalence
 - 16% adult current tobacco use vs. 12% in CA



(U.S. Census Data, 2023; California Department of Public Health: California Tobacco Control Program, 2021)

Hispanic/Latinx Disparities in Cessation

- 57% Hispanic/Latinx adult smokers made quit attempts
- Less likely to receive cessation advice
 - 37% of Hispanic/Latinx CA smokers advised to quit vs 46% of all adults in CA
- Less likely to use cessation assistance (e.g., NRT)
- Digital tools may increase access for marginalized, under-resourced populations

(CDC, 2023; California Department of Public Health: California Tobacco Control Program, 2021.; SAMHSA, 2021; Babbs, 2017)

Research Questions

- What are SJV residents' views about using digital/mobile health tools to quit smoking (i.e., open to using an app or social media).
- What would they like to see in digital interventions that could help them or others quit smoking?

Methods

Eligibility Criteria:

- Adult (18 and over)
- Currently smoke cigarettes
- Any motivation to quit smoking
- San Joaquin Valley residents

Procedures

- Survey Assessment
 - Demographics
 - Tobacco use
 - Interest in quitting
 - Products used to quit smoking
- Focus Group
 - In person or online on Zoom
 - Language: Spanish or English

Results

Demographics ($N=27$)

- **Age:** 21-77 $M = 41.3$
- **Gender:** 52% Women
- **Race/Ethnicity:** 89% Hispanic
- **Preferred Spanish Language:** 54 %
- **Not Proficient in English:** 38%
- **Not Able To Save Money Each Month:** 63%

Tobacco Use and Quitting

- **Years Smoked: $M=13.96$**
- **Cigarettes Smoked per Day: $M=5.46$**
- **Voluntarily Quit Smoking for 24 hours in Past Year: 82%**

Focus Group Characteristics

	2 Focus Groups from Madera	1 Focus Group from Fresno	1 Focus Group from Merced
Group Language	Spanish	English	English
Location	Online	Online	In-Person
Median Age	46	25	41
Preferred Language	Spanish: 92.9%	English: 100%	English: 85.7%
Preferred Product	Cigarettes	Vaping	Cigarettes
Participants (<i>n</i>)	16	5	8

Results: Motivation to Quit

Motivation to Quit

Family



Health



Money



Flavor Ban



Results: Methods Used to Quit

Cold Turkey



"I've been trying to quit cold turkey. Just because I don't really feel like the gum or anything like that works too well, and my brother did actually quit, and he used the gum. And it was hard for him to even stop using the gum because it still has the nicotine in it. His recommendation to me was to quit cold turkey.."

[25 year old male from Fresno]

Replacement Activities

“I didn’t really have any support. I would honestly just chew gum and use sunflower seeds to get rid of the jitters, and other than that, it was just kind of a mental – mental game from there.”

[25 year old male from Fresno]



Cannabis for Cessation

“ To be honest, I am actually a marijuana user, smoking marijuana at night to get me to sleep was actually pretty helpful because I would go to sleep, with cold sweats, not having the nicotine in my system.”

[25 year old Male from Fresno]



Substance Use with Tobacco

"Well, so, for me, crystal, and cigarettes, just kinda went hand in hand. After you use one, I mean, you're gonna want the other, just kinda like, a finishing, topping off, type deal"

[46 year old male from Merced]

E-Cigarette Use for Cessation

“I did try to quit, but this was when the vape stuff started coming out, those little box mods– but I found out that it made me crave tobacco even more. So, my smoking habit doubled from the time that I started vaping”

[Unknown age male from Merced]

Results: Desired Features for Digital Cessation Tools

Cultural Competence



“People who really correctly understand the words that we’re saying, who know how to understand and comprehend us. Because sometimes, I can hear it, but I’m not going to understand.....If they know the culture, maybe they know a reason why we seek refuge in cigarettes. Maybe they could understand us and help us a little more.”

[46 year old female from Madera]

Social Support: Chat Function

“Something opens where people can get together to chat or something”

[Age unknown, female from Madera]

Social Support: Peer Counseling

“It would probably be somebody who you can match with somebody who you’ve had the same experiences with, maybe somebody who’s gone through what you’ve gone through and felt what you felt, and they’ve been off smoking for years, and they can give you that advice, especially if they’ve gone through it. So, someone who can actually relate to you, how you started smoking”

[36 year old female from Fresno]

Engaging & Accessible

“Once stuff gets too complicated, I get frustrated and I just – if I can't figure out, I just don't even pay it the time or pay attention to it.”

[24 year old, female from Fresno]

Engaging & Accessible on Social Media

“I think if it was more on like the social platform, especially like Instagram and Snapchat, and it appealed to my eye, in a way, and if there was like a group you could follow daily, like a page. It helped you on how to start getting off? – the best ways to do it. There’s support if you need help.” I guess more real-life examples instead of just a big X on a vape pen.”

[36 year old, female from Fresno]



Discussion

Discussion

- Older and younger participants differed in priorities
 - Older: Feeling understood culturally
 - Younger: Engaging and accessible
- All groups were interested in social supports
 - Chat function
 - Peer support from successful quitters
- All wanted ways to cope with stress and distract from smoking

Limitations & Lessons Learned

- We sampled 3 counties out of 11 San Joaquin Valley counties
- All groups need help with dealing with daily stressors and the majority wanted some form of social support
- Potential need for targeted tailored interventions:
 - May need different programs for young adults or older adults
 - Need cultural competence in addition to Spanish language
 - Need to address other drug use

Conclusions

- People in the San Joaquin Valley need tobacco cessation support
- Programs need to acknowledge their unique cessation needs
- Culturally relevant resources are needed for people of the San Joaquin Valley

Questions?



NCPC Tobacco Summit 2024

APPENDIX D

"Collecting Tobacco Product Waste in the San Joaquin Valley"

**By
Dr. Allison A. Temourian**



COLLECTING TOBACCO PRODUCT WASTE IN THE SAN JOAQUIN VALLEY

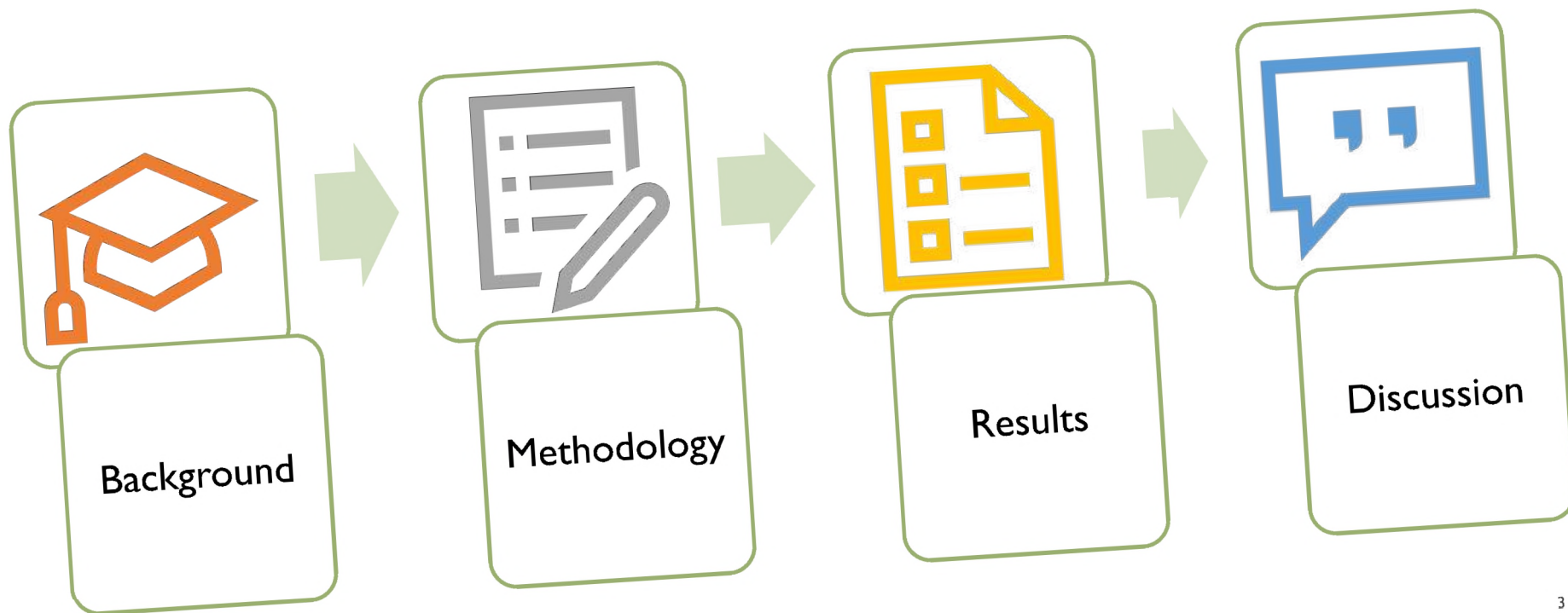
Dr. Allison A. Temourian



THANK
YOU

- Dr. Anna V. Song
- Dr. José R. Díaz-Garayúa
- Dr. Marc Beutel
- Dr. Meggan Jordan
- Dr. Arturo Durazo
- Dr. Lydia Greiner
- Dr. Georg Matt
- Kris Tran
- Citizen scientists





TOBACCO PRODUCT WASTE: A THREAT TO PUBLIC HEALTH



- Trillions of cigarette butt debris remain inappropriately discarded each year¹
 - Threaten our aquatic ecosystem²
 - Filters are resistant to biodegradation³ and contain harmful materials that can have long-lasting negative health effects^{3,4}

TOBACCO PRODUCT WASTE: A THREAT TO PUBLIC HEALTH

E-cigarettes pose an additional risk to public health⁵



Sharp elements found in devices



Chemicals leaching from products⁶

TOBACCO PRODUCT WASTE: A THREAT TO PUBLIC HEALTH



Tobacco waste has an important impact on the environment and neighborhood cohesion^{7,8}

CITIZEN SCIENTIST APPROACH

- ❑ Count-based
- ❑ Non-labor intensive
- ❑ In local environments
- ❑ Well-suited for use in under resourced areas

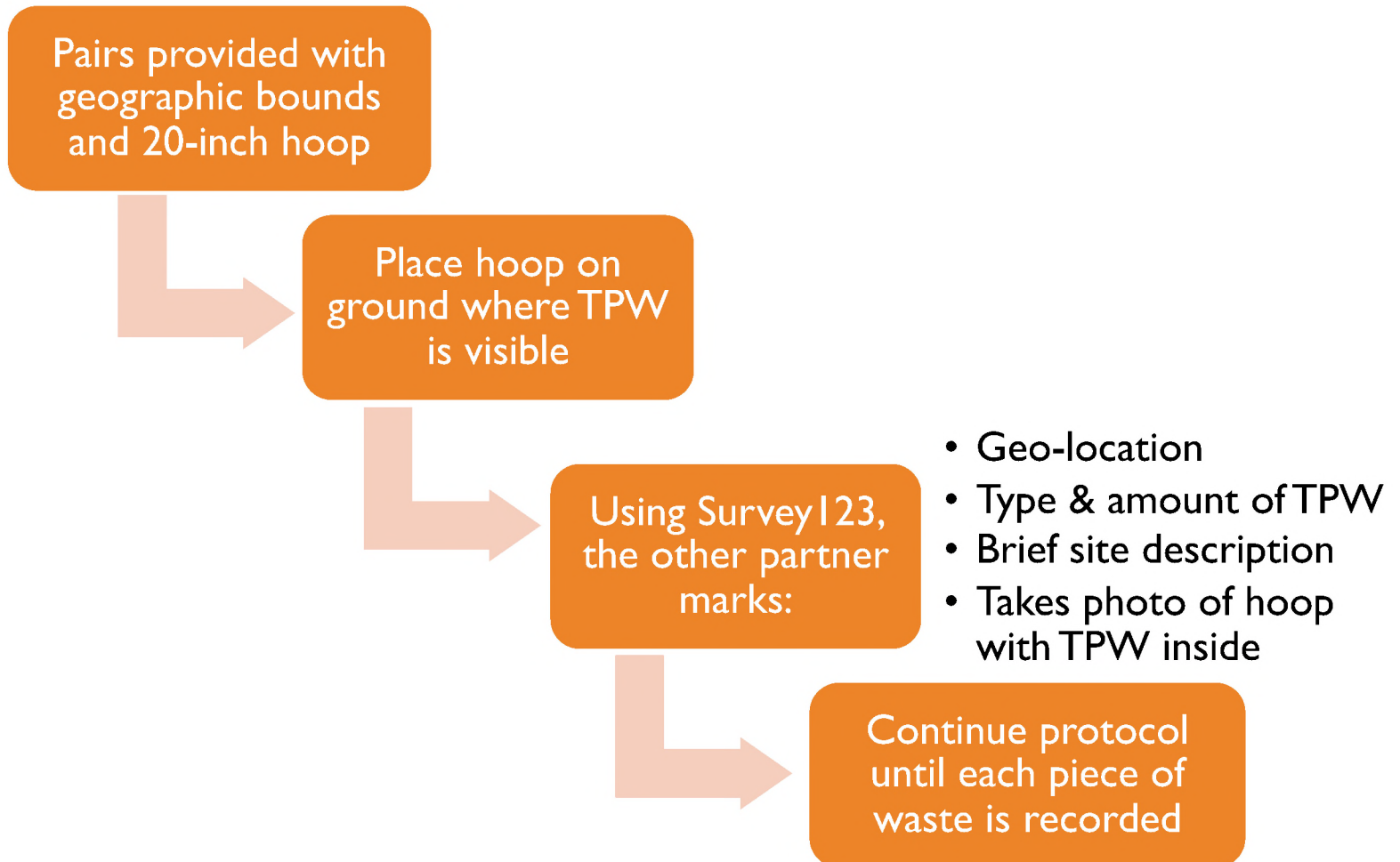




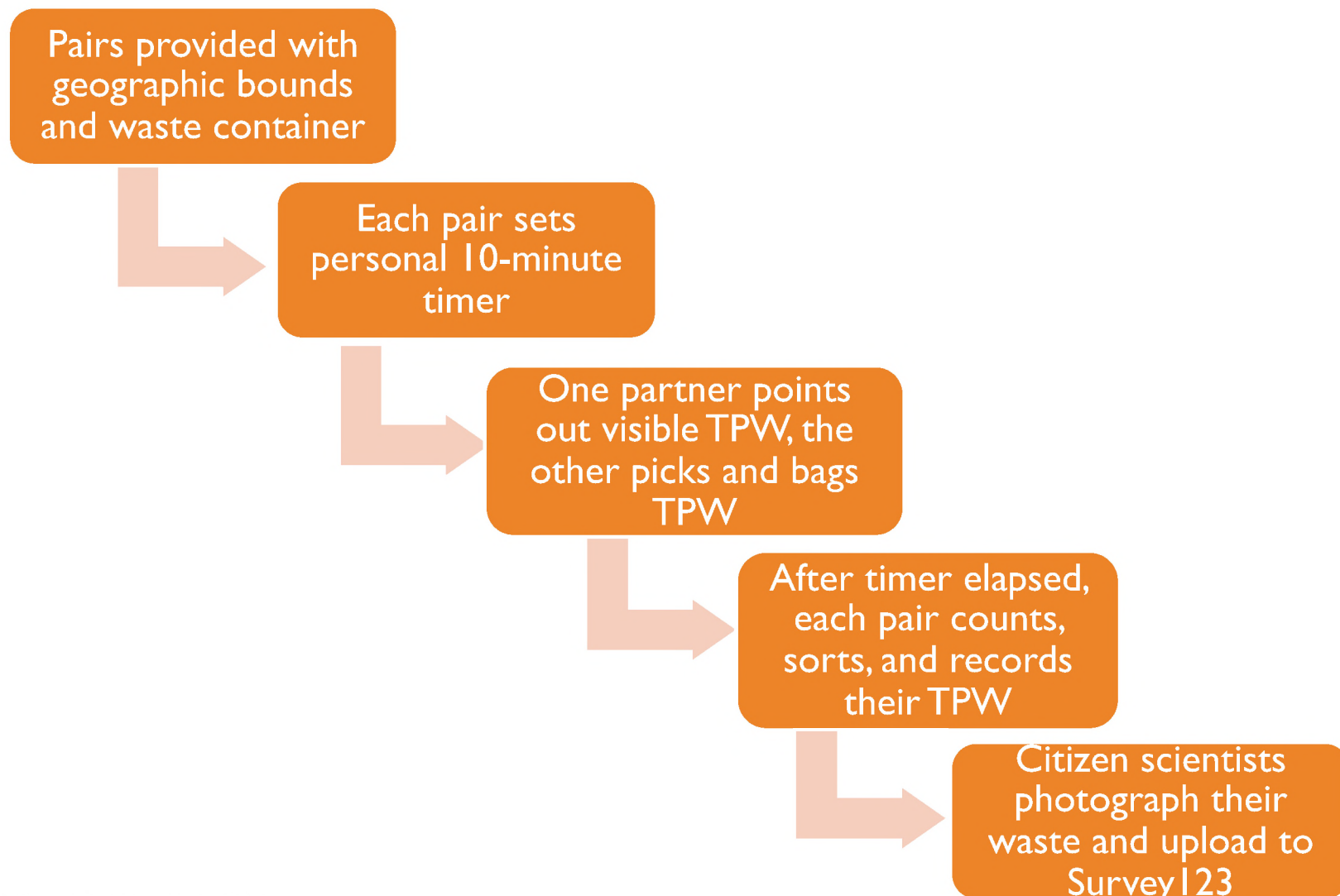
METHODOLOGY



PROTOCOL A – SAN DIEGO STATE UNIVERSITY



PROTOCOL B – UC MERCED





WASTE CLASSIFICATION



CLASSIFYING WASTE

Protocol A

- Cigarette butts
- Tobacco products (no butts)
- E-cigarettes or vapes
- Cannabis waste products
- Dual use products

Protocol B

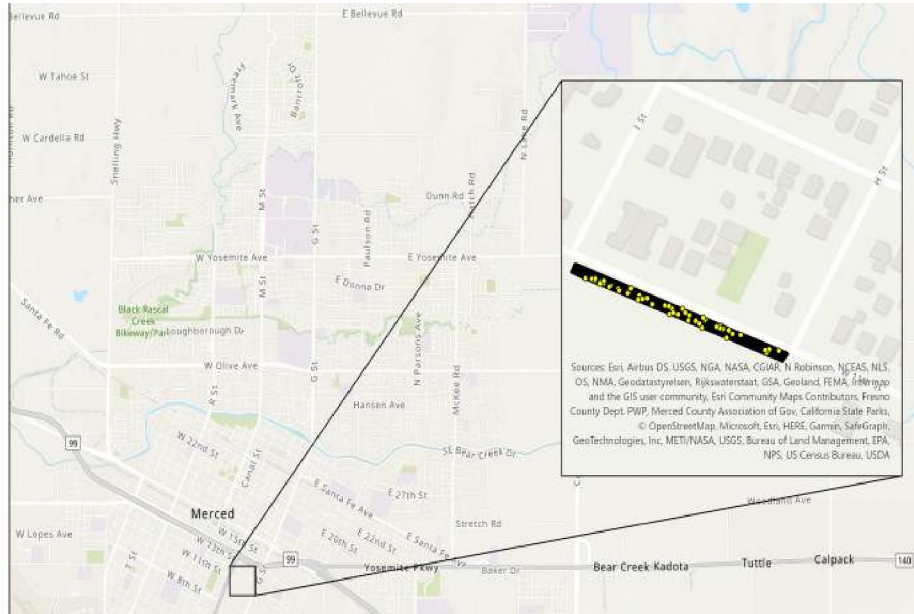
- “Fresher” cigarette butt
- “Older” cigarette butt
- Hand-rolled tobacco or cannabis paper/ “butts”
- Cigars/blunts
- E-cigarettes and cannabis vape product waste
- Other tobacco litter



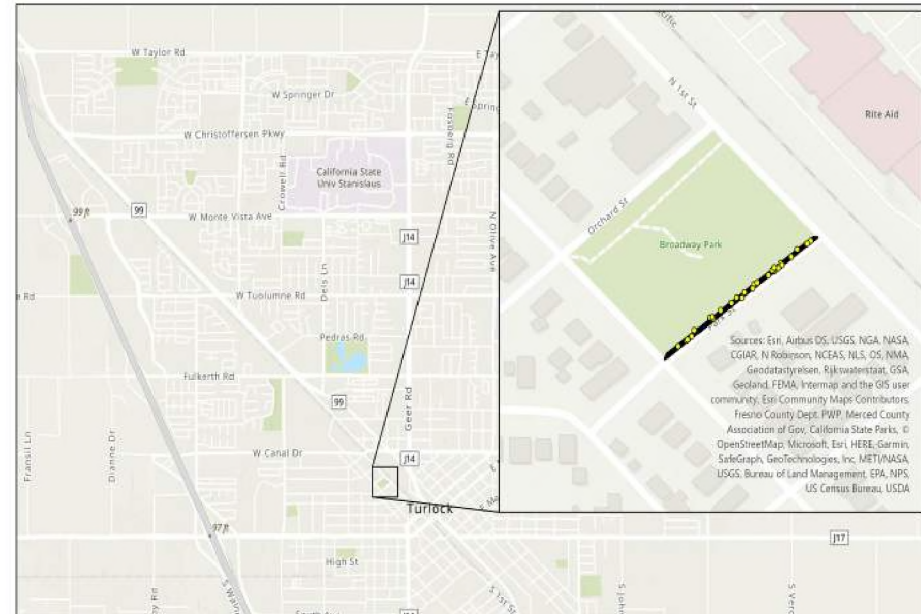
SURVEY SITES



Merced, CA



Turlock, CA



Protocol A site image



Protocol B site image



Protocol A site image



Protocol B site image





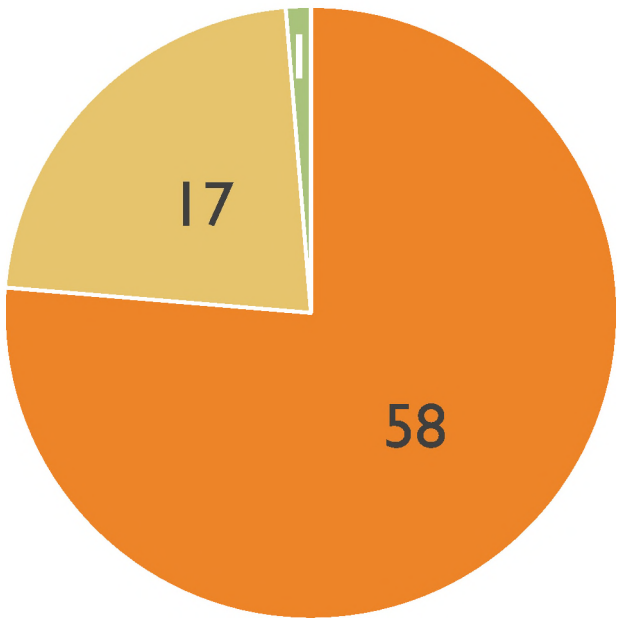
RESULTS

TOBACCO WASTE COUNTS

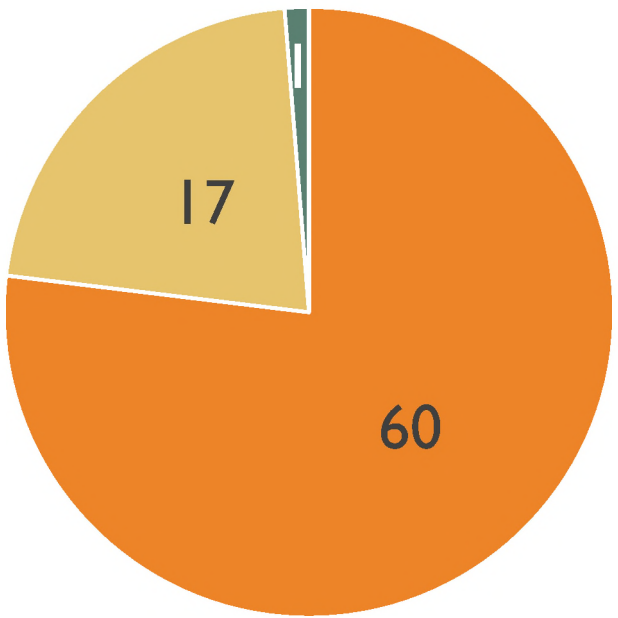


MERCED

Protocol A



Protocol B

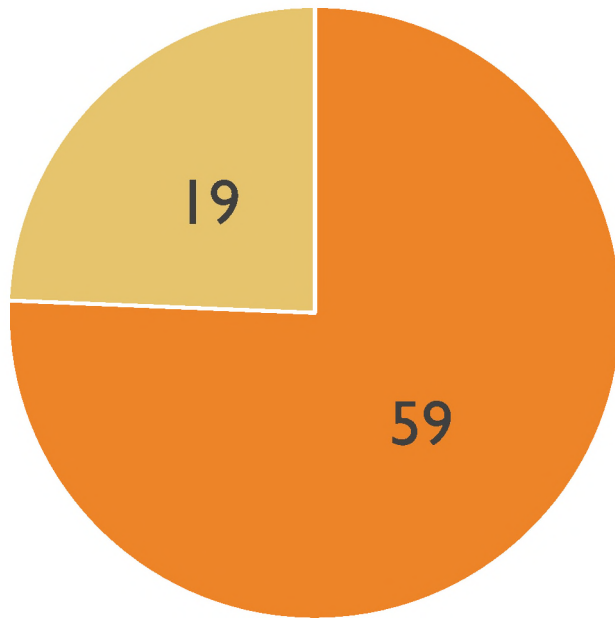


- Cigarette Butts
- Tobacco Products
- E-cigarettes or Vapes
- Cannabis Waste Products
- Dual Use Products

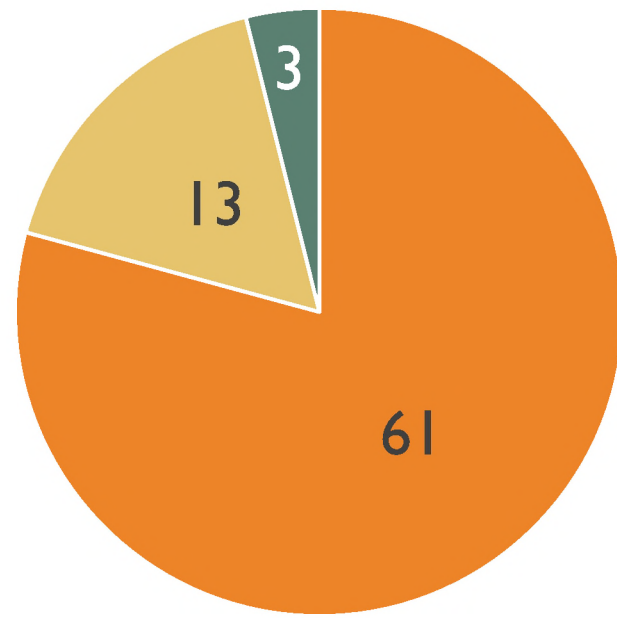
- "Fresher" cigarette butt
- "Older" cigarette butt
- Hand-rolled tobacco or cannabis paper/"butts"
- Cigars/Blunts
- E-cigarette and Cannabis Vape Product Waste
- Other Tobacco Litter

TURLOCK

Protocol A



Protocol B



- Cigarette Butts
- Tobacco Products
- E-cigarettes or Vapes
- Cannabis Waste Products
- Dual Use Products

- "Fresher" cigarette butt
- "Older" cigarette butt
- Hand-rolled tobacco or cannabis paper/"butts"
- Cigars/Blunts
- E-cigarette and Cannabis Vape Product Waste
- Other Tobacco Litter



DISCUSSION

IMPLICATIONS & FUTURE RESEARCH





KEY TAKEAWAYS

- Both cities & protocols yield comparable amounts of waste
- Protocol A provides context surrounding each piece of waste in its natural environment, allowing for reassessment
 - More time consuming; resource intensive
- Protocol B may be more efficient for engaging citizen scientists
 - May miss hidden or disguised TPW waste

FUTURE WORKS/CONCLUSION

- Standardizing sites of interest:
 1. Use pre-existing knowledge of the area and the likelihood of finding tobacco waste
 2. Rely on population density
- Create an interactive dashboard where residents can upload any TPW they find
- Encourage smokers to dispose their cigarette waste in allocated ashtrays



QUESTIONS?

APPENDIX E

"Protecting Vulnerable Populations from Tobacco: The California Health Collaborative Experience"

**By
Evi Hernandez**



Protecting Vulnerable Populations from Tobacco: The California Health Collaborative Experience

NCPC Tobacco Control Summit 2024

June 6, 2024

About CHC

- The California Health Collaborative (CHC) was founded in 1982 as a nonprofit public benefit corporation under Code 501(c)(3) and is organized and operated exclusively for exempt purposes. With an employee base that includes approximately 150 **ethnically diverse** and **culturally competent** professionals, CHC is headquartered in Fresno, California and has offices in Chico, Hanford, La Quinta, Sacramento, San Bernardino, Victorville, and Visalia.
- Mission - "Changing lives by improving health and wellness"



CHC Services and Populations Served

By implementing an array of **health promotion** and **disease prevention** programs, **public health surveillance systems**, **health care access services**, and a variety of **capacity building and networking** activities, CHC is committed to addressing the health needs of Californians who have limited access to resources, and who most often face barriers related to:

- Culture
- Language
- Income
- Education
- Gender
- Geography
- Immigration status

Tobacco Prevention and Cessation Services for Priority Populations

- Prenatal and Children 0-5: Resource and materials development, technical assistance, referral systems
- Youth and Young Adults: Leadership development training and engagement in policy campaigns
- Ethnically/Culturally Diverse Populations: Prevention education campaigns, tailored materials, leadership training, policy/systems/environmental change (PSE)
 - Asian/Pacific Islander
 - Hispanic/Latino
- Rural Communities: Tailored assistance, materials development, leadership training, referral systems

CHC's History in Tobacco Prevention and Cessation Programming

- [Perinatal Tobacco Education and Cessation Program \(1991-1993\)](#) – Created a pilot smoking cessation model for English-speaking pregnant women and was utilized in smoking cessation classes throughout Fresno County.
- [Southeast Asian Tobacco Control Program \(1997-2001\)](#) – Partnered with ethnic-based community organizations to provide environmental tobacco exposure education to Fresno County's Hmong, Cambodian, and Laotian populations.
- [Asian Pacific Islander Tobacco Education Network \(APITEN\) Regional Consortium Partner \(1998 – 2001\)](#) – Functioned as APITEN's (*former Coordinating Center Model*) Central Valley regional consortium partner to provide technical assistance to API-serving CBO's.
- [Tobacco-Free Futures for Southeast Asians \(1999 – 2003\)](#) – Worked with young adults to reduce the impacts of tobacco use among Southeast Asian communities in the Central Valley.
- [Central Valley Regional Community Linkages Project \(1999-2002\)](#) – Provided technical assistance and training to Proposition 99-funded tobacco control programs in an eight-county region of the Central San Joaquin Valley.

CHC's History in Tobacco Prevention and Cessation Programming (Cont.)

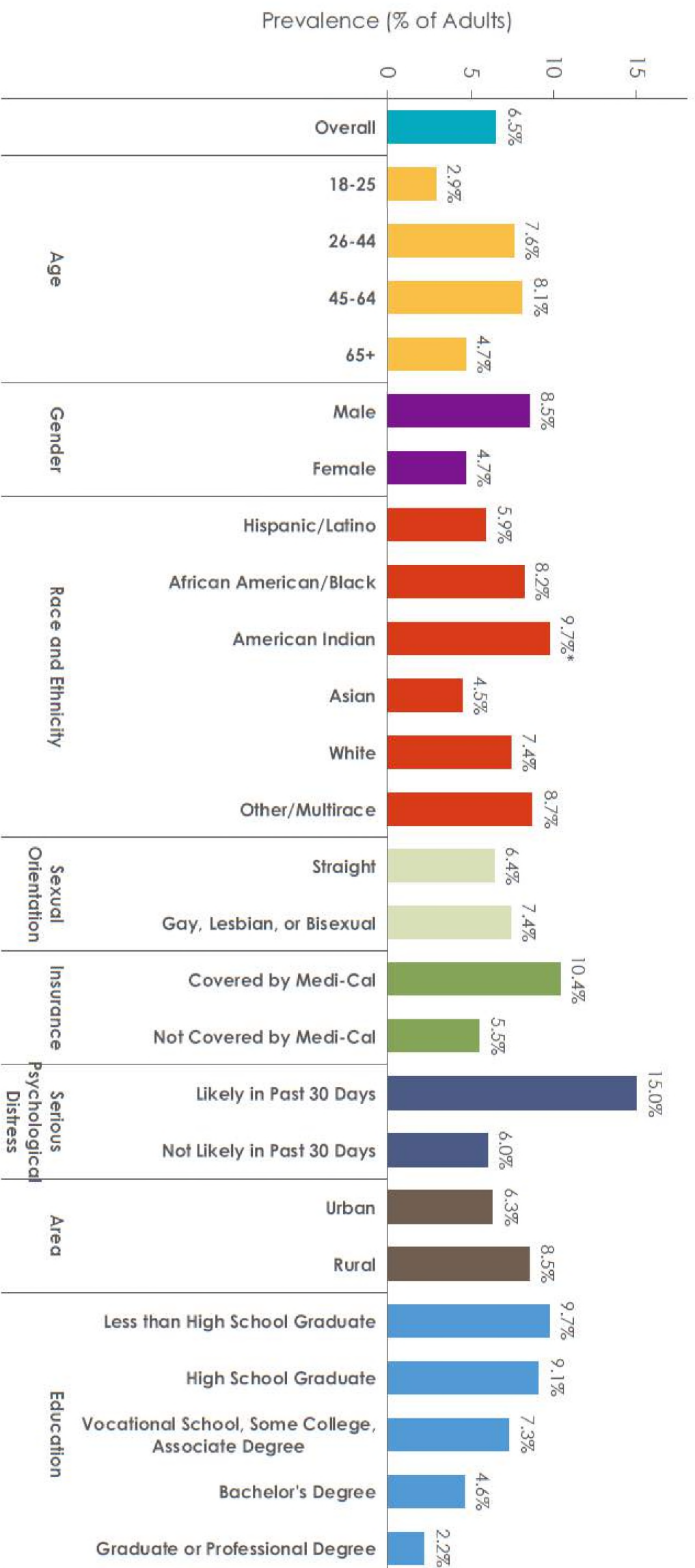
- [Strengthening Tobacco Prevention \(STØP\) Project, Fresno and Tulare Counties \(2001-2006\)](#) – Provided technical assistance First Five funded projects and developed/disseminated “Fresh Air For Little Noses” puppet show and collateral materials in Spanish and English.
- [Central Valley Regional Advocates Countering Tobacco \(CV REACT\) Project \(2005-2008\)](#) – Conducted community norm change regional campaigns that led to reduced exposure to secondhand smoke in vocational/technical/trade school campuses and flea markets in Kern, Kings and Tulare Counties.
- [Fair for All Project \(2007 – 2010\)](#) – A smoke-free rural fair campaign for the counties of Butte, Glenn and Tehama.
- [Community Networks for Tobacco Relief \(CONTROL\) Project \(2009 – 2012\)](#) – Assisted First 5 Merced County funded grantees to adopt/strengthen internal tobacco use policies and developed a four-session culturally/linguistically appropriate tobacco cessation program for cessation facilitators in Merced County.

Importance for Continuing Our Tobacco Prevention and Cessation Work

The job is far from complete!!!

Some Populations Experience Higher Smoking Rates

(Source: California Health Interview Survey, 2020)



California's Tobacco Tax Revenue - Program Structure

Tobacco Education and Research Oversight Committee (TEROC)

- California Dept. of Public Health, California Tobacco Prevention Program (CTPP)
- California Dept. of Education, Office of the Tobacco Use Prevention Education (TUPE) Program
- University of California, Tobacco-Related Disease Research Program (TRDRP)

Prop 99 (1988): 25¢ tax on cigarettes

Proposition 56 (2016): \$2.00 tax (equivalency) on tobacco products

Current CTPP Tobacco Prevention Programs

Leadership in Equity Action and Development (LEAD)
- Butte and Yuba counties

NorCal4Health - Del Norte, Humboldt, Mendocino,
and Lake counties

Si Se Puede project - Butte and Glenn counties

Smoke-Free High Country - Lassen, Plumas, and
Siskiyou counties

Unidos Por Salud - Fresno and Tulare counties

API PACT - Fresno and Merced counties

Smalltown Allies Against Nicotine Dependency
(STAAND) - Sutter County

Families United to End the Rising Tobacco Epidemic
(FUERTE) - Riverside County

Tobacco Control Programs (Cont.)

Regional Advocates Countering Tobacco
(REACT) - Fresno, Kings and Tulare counties

Compromiso Adelante - Stanislaus County

Community Allies for Rural Equity (CARE)
Project - Siskiyou County

Rural Empowerment, Advocacy, and
Leadership (REAL) Project - Merced County

Latino Coordinating Center - Statewide

RISE: Rural Coordinating Center - Statewide

Local Lead Agencies (LLAs) in Kings and San
Bernardino Counties

Other Focus Areas:



Tobacco Research: Partnerships with UC Merced, UCLA, and UCSF



Local school and government agencies: Subcontracts with school districts and public health departments



Tobacco enforcement: Partnerships with local school districts and law enforcement agencies



A collage of various mathematical symbols and icons, including plus signs, minus signs, multiplication signs, division signs, and letters like X, Y, Z, and O, floating in the air. The background shows a blurred library with bookshelves and an open book in the foreground.

| *Questions?*

APPENDIX F

"Engaging the Latino Community"

By
Jose Montoya





LATINO

COORDINATING CENTER

For a Tobacco-Free California

June 6, 2024

Engaging the Latino Community
By Jose Montoya



Before We Begin

Some American Indian, Alaskan Native, and indigenous communities use traditional tobacco for ceremonial, religious, or medicinal purposes.

The strategies and recommendations that the LCC recommends are intended to reduce commercial tobacco, which is manufactured and sold for recreational and habitual use.



We identify in different ways

Latinos as a group go by many names (e.g., Chicano, Chicana, Latino, Latina, Latinx, Latine, Hispanic, etc.). The best term to use in tobacco control is usually the one most embraced by community members in the target audience. The term Latino will be utilized in this webinar.

Introduction

The Latino Coordinating Center for a Tobacco-Free California (LCC) is operated by the California Health Collaborative (CHC) in partnership with the University of Southern California (USC).



LATINO
COORDINATING CENTER

For a Tobacco-Free California

Introduction

Our mission is to improve the overall health of Latinos in California by reducing tobacco-related disparities through the adoption and implementation of policy and system changes.



LATINO
COORDINATING CENTER

For a Tobacco-Free California

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- **Eddy Jara DrPH: Riverside University Health System**
- **Gonzalo Coronado Monterey County Public Health Department**
- **Jose Montoya: California Health Collaborative**
- **Nora Manzanillo: Los Angeles District Attorney's Office**
- **Marcela Gaitan: National Alliance for Hispanic Health**
- **Monica Acevedo-Guerrero: Public Health Advocates**

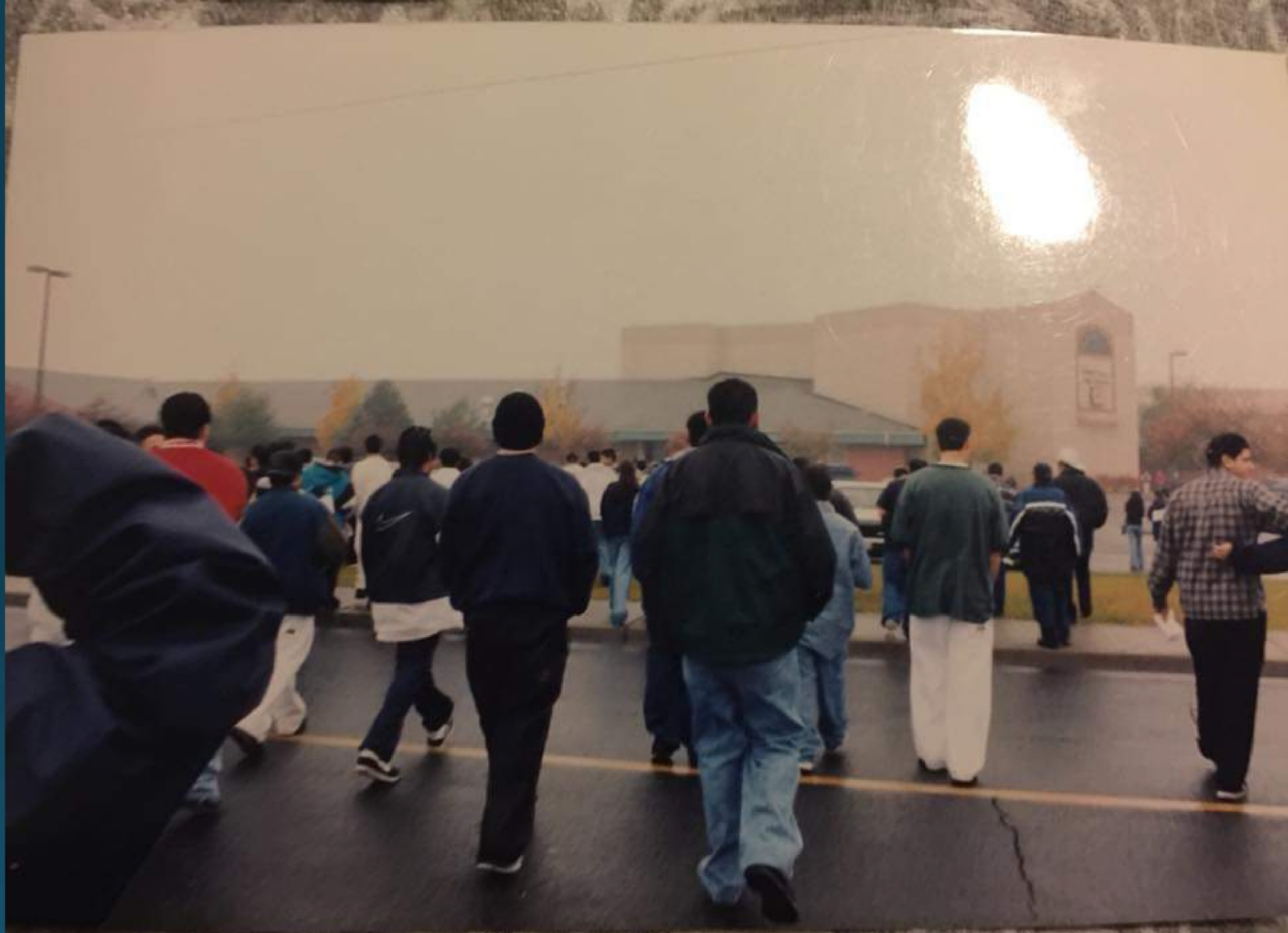


A Little History of Myself and Why I Am Passionate about Advocacy



TOP LEFT: Activities for the MEChA dance are planned by Senior Tony Estudillo. TOP RIGHT: Enjoying a MEChA lunch meeting. ABOVE: MEChA: Back row - Jesus Barcenas, Maria Soto, Iris Villaneda, Daisy Villaneda, Miguel Perez, Vicky Benitez, Tony Estudillo, Melinda Chipres, Graciela Navarro, Jesus Ayala, Lorena Frausto, Yadira Santos, and Victor Valencia. Front row - Daniel Alvarez, Jose Montoya, Liliana Villalvazo, and Ruby Silva. NOT SHOWN: Seniors Marisol Bazaldua and Jason Murillo. RIGHT: MEChA president Vicky Benitez speaks to members.





M.E.Ch.A. protests I-200



Members of M.E.Ch.A. march in protest of I-200 which would do away with Affirmative Action.

Members of M.E.Ch.A. march in protest of I-200 which would do away with Affirmative Action.

Carmen Exorz
Staff Reporter

On October 21st M.V.H.S. M.E.Ch.A. club took a stand against Initiative 200, marching from M.V.H.S. to Skagit Valley College, protesting with no I-200 signs.

"If we don't stand up for ourselves who will?" asks Hortencia Sanchez, M.E.Ch.A. member, who joined the march.

November 3rd voters, voted to join the state of California in abolishing affirmative action with I-200.

I-200 bans Washington's state and local governments from giving preferential treatment to people because of their race, sex, color, or ethnicity. This ban applies specifically to government hiring, promotion practices, the awarding of government contracts, and admissions to public colleges.

In 1995 Republican State Representative Scott Smith introduced a bill, similar to California's, to erase affirmative action. The Legislature rejected it. He tried again in March 1997, with a petition drive to force the legislature to enact his bill or make an alternative bill to send to the voters. Jon Carlson took over the campaign, taking over

280,000 signatures on the petition. The legislature still rejected it but left it for the voters to decide.

NO! I-200 supporters say that it will end the progress minorities and women have made throughout the years and they still have a ways to go before they are equal.

Supporters of I-200 say that the government should never use race, gender, ethnicity or national origin as a factor in decision making.

At press time, I-200 was passed at the polls on November 3 by 60% state wide. In Skagit County it passed by 61% for, and 32% against leaving women and minorities to question how their lives will be affected in the future.

Suspensions Removed from Student Records ACLU Washington

School officials suspended over 160 students on Nov. 4, 1998, after the students left school grounds to take part in a peaceful protest of the passage of Initiative 200.

Last November, parents, students and their representatives met with School District officials to seek reversal of the suspensions and to have them removed from the students' records. The District reduced the suspensions to two days but declined to clear the students' records. Several students and parents then retained legal counsel and were able to obtain an agreement to have the suspensions removed from the records of all of the affected students without filing a lawsuit.



My College Days

Why I am part of Tobacco Prevention



Why is it important to engage the Latino Community in Endgame Initiatives?



LATINO
COORDINATING CENTER

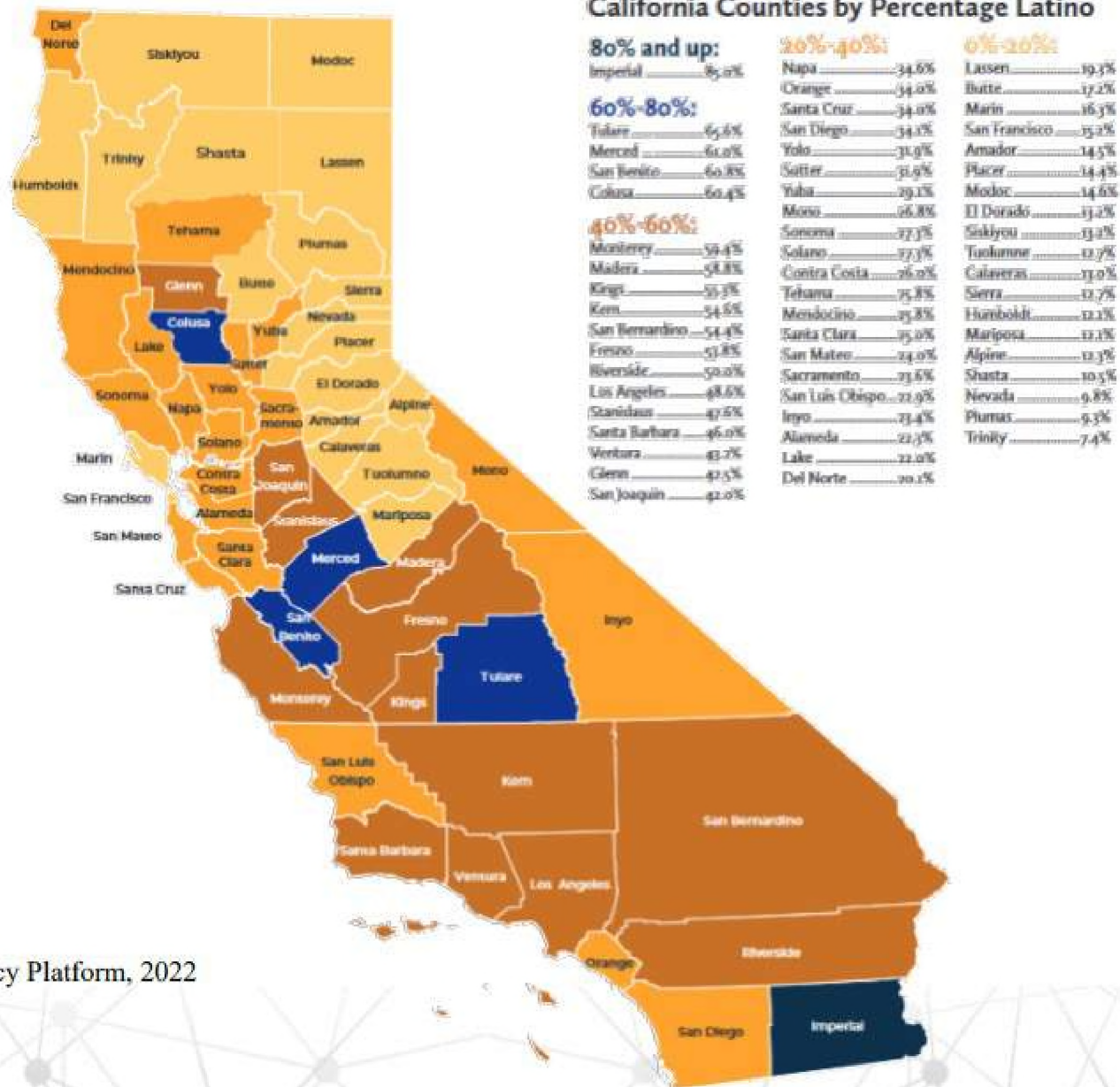
For a Tobacco-Free California

Latinos are the state's largest ethnic group.

Latinos account for nearly 40% of California's population and are projected to reach 43% by 2030.



California Counties by Percentage Latino



Source: Latino Coordinating Center Policy Platform, 2022



Examples of Engagement Activities

Bilingual Communication:

- Provide information in both English and Spanish to ensure accessibility for parents who may feel more comfortable communicating in their native language.
- Translate important documents, newsletters, and announcements to bridge the language gap.

Family Engagement Events:

- Organize family-oriented events, such as multicultural fairs, where parents can actively participate and interact with teachers and school staff.
- Host workshops on topics like navigating the education system, understanding report cards, and supporting homework.

Technology for Communication:

- Use technology to enhance communication, such as sending regular updates through email, text messages, or a dedicated school app.
- Ensure that online communication tools are user-friendly and accessible to parents with varying levels of digital literacy.

Examples of Engagement Activities

Healing Circle, Circulo de Curacion

-What is your experience with tobacco?

-Cual es tu experiencia con el tabaco?

-When did you first see cigarettes?

-Cuando viste cigarillos por primera vez?

-What can we do to stop our loved ones to quit smoking?

-Que Podemos hacer para evitar que nuestras seres queridos dejen de fumar?

Family Activity Nights

•Consider playing loteria with tobacco prevention cards.

•Consider hosting an award ceremony potluck. Always provide main dish.

•Consider developing outdoor activities like a walk at a nature preserve.

Podcasting

•Create a Spanish podcast on Spotify or Anchor and interview parents about tobacco prevention or navigating school and civic engagement.

•Interview school resources to discuss opportunities at school.

•Interview high school counselors about subjects like college readiness or trade school readiness.

•Interview banks about financial literacy.

Take a look at UCSF Tobacco Documents

1994 Congress Hearing and again in 1998



Tobacco Executives Lied
to Congress about
Nicotine being
Addictive!!!

1998 Master Settlement Agreement (MSA)

Under the Master Settlement Agreement, seven tobacco companies agreed to change the way they market tobacco products and to pay the states an estimated \$206 billion. The tobacco companies also agreed to finance a \$1.5 billion anti-smoking campaign, open previously secret industry documents, and disband industry trade groups which Attorneys General maintain conspired to conceal damaging research from the public.

Tobacco Documents under the
Master Settlement Agreement
1998 “what I have found”

UCSF TRUTH TOBACCO INDUSTRY DOCUMENTS

UCSF Truth Tobacco Industry
Documents received under the 1998
Tobacco Master Settlement Agreement

- How many documents are housed at UCSF?
 - 15 million documents
 - 92 million pages
 - 8,000 audio-visual items
 - 45 separate collections



Date: January 21, 1997

To: Crystal and Ken

Topic: Fresno market Issues

From: Thomas

Based on 'our' observations and discussions during our work-with last week, we identified several issues and discussed possible action plans against those issues. I have noted below what I feel are the most important of those issues and summarized the potential action plans that you may initiate. I will also monitor share information through AIM, as well as assignment discounting and profitability for you. If there is any other information you need, please advise.

ISSUES

- 1.) High SOC of savings
- 2.) Full Price Discounting
- 3.) Doral

BACKGROUND: The "Fresno-Visalia" market seems to be predominately 'blue collar' and agriculture worker dominate. Non-white adults represent approximately 53.1% of the population. Hispanic population represents over 40% of the total adults living in this area. The median income is \$27,593 (under index for the US), with 36.5% of the population earning under \$20,000. San Jose adult-population is approximately 2.3

Northern California

(Jan=4.5, Feb=3.7, Mar=9.3, Apr=17.4, May=15.4)

Colorado/AZ/NM

(Jan=5.9, Feb=10.2, Mar=4.9, Apr=11.8, May=7.5)

- * Based on communication with RJR Sales Regions/Divisions, and recent efforts to improve communication and strategy at the retail level, RIP is headed in the right direction.
- * Community and Corporate activity/presence continue to be met with warm reception from all RIP markets.
- * Media attention indicates continued anti-smoking pressures however, recent events in cities with anti-smoking policies indicate an unpredictable political/social trend.
- * Special Events and Nightclub activity continue to generate trial and excitement for CAMEL.
- * The Migrant Farmworker population needs specific program attention.

CONFIRMATION OF AR APPROVAL

DATE: May 16, 1990
TO: G. G. Strauss
FROM: J. E. Lowe
SUBJECT: Low Rider 1990 Crusin' Tour
Approved AR # 90-229 Internal # MK 90-293

The subject AR has been approved in accordance with Company Policy in the following amounts:

Dept. Expense	<u>\$57,300</u>
Total	<u>\$57,300</u>

This approval authorizes you to contact the AR implementors and proceed within the established limits:

<u>Implementors</u>	<u>Dollar Limitations</u>
W. S. Lindquist	\$57,300
G. G. Strauss	\$57,300

The approved AR is attached for your records. If I can be of further assistance, please advise.

Karla E Moore for J E Lowe

Jody E. Lowe
Policies and Procedures, Controllers



MARLBORO MUSIC
PRINT CLIPS

EVENT : Thanksgiving Dance - San Jose, CA
PUBLICATION : El Bohemio News
CIRCULATION : 30,000
DATE : December 13, 1995

Marlboro Sponsors Los Temararios, Banda
Maguey, Los Tucanes de Tijuana



El baile presentado por Marlboro Music, en el Centro de Convenciones de San José, California, fue el espectáculo del año. Más de 15,000 personas acudieron al evento. El "Marlboro Music Thanksgiving Dance" fue co-producida por San José Promotions y Cárdenas/Fernández & Associates, Inc. en conjunto con See Factor, Inc.



La banda Mexicano puso a todos a bailar cuando tocó su pieza: "El Baile del Caballito" de su álbum "Mi Banda El Mexicano". Los Temerarios cerraron el show tocando su "hit" "Te Quiero".



Además de "Los Temerarios", estuvieron: la banda Magucy, (en la gráfica), El Mexicano, Los Tucanes de Tijuana y el Grupo Primavera.

2073063338

- RJRN
- RJRT
- RJRTI
- RJRA
- OTHER

ACCOUNTS PAYABLE VOUCHER

No 219689

SEE INSTRUCTIONS ON BACK

April 10 19 89

I # 9104000

Mail to payee Other _____

Call for check pick-up - Name _____ Ext. _____

Return Name _____ Dept. Name _____

Bldg. _____ Rm. No. _____

Check to be dated Upon contract approval and available _____ Time _____

ISSUE CHECK TO:

Name Chicago Park Steering Committee
c/o Mr. Raman Sanchez

\$		CENTS
	10,000	00

Employee Account No. (if applicable) _____

Address P. O. Box 12524

City San Diego State CA Zip 92112

Explanation: Sponsorship of Chicano Park celebration

C-9142-00

51298 1359

Special Payment Information to appear on check stub: _____

Related AR/AC/CA Number: _____

G/L Account Code	Other Required Code	Amount
04-73 4600 8390 869	900256 041437	\$10,000

Approval Authority Name (Type or Print) _____

Wm Sanchez

Approval Authority Signature

RJRN Form 57 - Rev. 8/86

Requestor Signature _____

Ext: _____

70007053

DOCUMENT CLEARANCE SHEET

90-249
MK #

DATE ROUTED: 3/28/90

Contract # 0139-00-00

CONTRACT SUBJECT: Chicano Park 20th Anniversary Celebration

Company: Chicano Park Steering Committee Brand(s): CAMEL

Total Cost: \$ 10,000 Current Year EFO: (\$10,000)

Brief Description: CAMEL will sponsor the subject event.

Implementor: G. G. Strauss *AA* G/L Code: 04-73-4603-8390-869
000206-041412

Review Routing:

DEPARTMENT	NAME	SIGNATURE	DATE
<u>Fin. Services</u>	<u>MMH</u>	<u>MMH</u>	<u>4/6/90</u>
<u>Promotion</u>	<u>JKA</u>	<u>JKA</u>	<u>4/3</u>
<u>Asset</u>	<u>JEL</u>	<u>JEL</u>	<u>3/30/90</u>
Approved by:	<u>WSL</u>	<u>Wm S Ludwig</u>	<u>3/30/90</u>

RETURN TO: NAME: Jayne Appleyard
DEPARTMENT: Promotion
LOCATION: 5th Floor, Rev. Bldg.

NOTE: The Document Originator must maintain on file a copy of the signed document clearance sheet in accordance with established Company records retention schedules.

3/90

RECEIVED
APR 4 '90
FINANCIAL
SVC.-MKT.

RECEIVED
APR 2 1990
J.K. APPLEYARD

51316 2607

From: Tony Scott on behalf of Tony Scott <ts@drivemotorsportsinternational.co>

To: kate@paxapor.com

Sent: 12/5/2016 4:21:43 PM

Subject: Latino GRC Sponsorship Inquiry

Hi Kate,

We are the marketing agency for champion rally racer Sebastian Guayasamin from Ecuador and we wanted to see if PAX Labs, Inc. would be open to a sponsorship opportunity with him in the Red Bull Global RallyCross Series for 2017.

Sebastian is one of the only Latin drivers within the series and has a powerful and authentic reach to the Hispanic and Latin Millennials.

I attached a pdf proposal for review.

The Red Bull Global RallyCross Series is one of the most popular racing series in the U.S. It is very affordable compared to other areas of racing and is modernized to focus on action, digital and social content and new age story telling.

The racing consists of modern cars racing on a combined dirt and tarmac course that featuring intense side by side battles and huge jumps capturing the attention of the youth and action seeking fans. The Series reaches 460k documented TV viewers per event, and has a millennial based demo.

This opportunity reaches the youth millennial action sport demographic who is socially active. We can efficiently enhance and impact multiple areas of your business through creative marketing activations all while driving new B2B and B2C sales.

Here is the

PDF drivemotorsportsinternational.com/GLBCAL_RALLYCROSS_2017_SEBASTIAN_GUAYASAMIN.pdf

Would you be open to a discussion in the coming days?

Juul Labs Position: Tobacco Product Standard for Menthol in Cigarettes – Remarks As Delivered to OMB

December 5, 2023

Overview

On December 5, 2023, representatives from Juul Labs, Inc. met with representatives from the Office of Management and Budget (OMB) and the Food and Drug Administration (FDA) regarding the proposed product standard to ban menthol as a characterizing flavor in cigarettes.

Attendees from Juul Labs included:

- Dr. Michael Fisher, Senior Director of Regulatory Strategy
- Jason Robinson, Director of Regulatory Engagement
- Kaitlyn Boecker, Head of Federal Affairs

Below is the script, as prepared, which accompanied the slides presented.

Important Disclosures:

This information is intended for members of the scientific and public health communities, regulators, and policymakers. It is not intended for advertising or promotional purposes or intended for a consumer audience.

Any and all sources cited in this presentation, including their authors and publishers, do not, in any way, constitute an endorsement of JLI or any of its products.

From: Kaitlyn Boecker
To: Courtney Snowden
CC: Chaka Burgess (c)
Sent: 4/25/2019 8:39:19 AM
Subject: Re: Invitation: Latino Talks 2019-Latino Victory Foundation (May 8-Washington, D.C.)

Following up on this - sponsorships range from 5k to 75k - think we can we do something on the low end?
Will be a good event and build on our other latinx engagement, plus help cement efforts with BOLD and VIBE

Thanks!
KB

On Tue, Apr 16, 2019 at 12:04 PM Kaitlyn Boecker <kaitlyn.boecker@juul.com> wrote:
Following up on this! Kevin met Latino Victory staff in the Juul suite at the Wizards game and got engaged with them on Soto (they ran his IE last cycle). They had a good convo.

Can we support this event?

Kaitlyn

LCC's: Policy Brief



The image shows the cover of a policy brief document. At the top left is the 'LATINO' logo. At the top right are logos for 'CALIFORNIA HEALTH COLLABORATIVE' and 'Kees School of Medicine of UCSF'. The title 'Policy Brief' is centered in a large, dark blue font. Below the title is the subtitle 'Don't Be Fooled by the Tobacco Industry's Deceptive Harm Reduction Strategies'. The authors' names are listed below the subtitle. The document is divided into three main sections: 'Overview', 'Harm Reduction in Public Health', and 'Effective Tobacco Control Strategies'. The 'Overview' section discusses the decline of cigarette use and the rise of e-cigarettes. The 'Harm Reduction in Public Health' section defines harm reduction and its application. The 'Effective Tobacco Control Strategies' section lists various strategies to reduce tobacco-related harms.

LATINO

CALIFORNIA HEALTH COLLABORATIVE
Kees School of Medicine of UCSF

Policy Brief

Don't Be Fooled by the Tobacco Industry's Deceptive Harm Reduction Strategies

Authors: Eri Hernandez, Ricardo Iniguez MPH, Jane Steinberg Ph.D, MPH, Yaneth L. Rodriguez MPH, Luz Garcia MPH, Kimberly Sanchez, Rosa Barahona, Lourdes Basconada-Garcia Ph.D, MPH

Overview

As cigarette use continues to decline in the U.S., tobacco companies have rebranded themselves by promoting newer "smoke-free", non-combustible nicotine products and devices. For example, Altria's tagline is "From a tobacco company - To a tobacco harm reduction company" while continuing to be the top seller of cigarette, cigar, and moist snuff brands in the U.S. The recent introduction of electronic cigarettes (e-cigarettes) and heat-not-burn tobacco products into the marketplace to allegedly help adult smokers quit tobacco has led to an epidemic of youth vaping in the U.S. Youth and young adults who vape are more likely to smoke cigarettes after one year compared to those who do not vape.

Harm Reduction in Public Health

Harm reduction is an evidence-based public health strategy that seeks to lower health-related harms caused by substance-use (for example clean needle exchange for injection drug users) for those who are unable to quit, by providing less risky alternatives for individuals. Harm reduction is often applied in circumstances that involve high-risk behaviors that could cause urgent, life-threatening outcomes such as overdose, incurable diseases and death. These circumstances are different than tobacco use and its associated disease and mortality.

Unfortunately, the Tobacco Industry is using the term "tobacco harm reduction" defined as minimizing harms and decreasing total mortality and morbidity, without eliminating tobacco and nicotine use. Moreover, they are trying to engage the public by appearing to be a public health ally while continuing to market and sell their products. There are proven, science-based strategies to reduce harms from smoking, vaping, and smokeless tobacco such as regularly approved nicotine replacement treatment, behavioral counseling and implementation of tobacco control policies. These are not harm

reduction strategies, but effective policy strategies. The U.S. Preventive Services Task Force recommends not using e-cigarettes to help smokers of any age quit. Instead, they recommend tobacco cessation interventions with proven effectiveness and established safety, behavioral therapies and FDA-approved medications (Nicotine Replacement Therapy).^{1,2}

Despite the Tobacco Industry's efforts to promote their products under the pretense of harm reduction, there is evidence that links vaping to the following health-related issues:³

- Increased risk of cancer
- Increased risk of heart disease
- Increased risk of stroke at younger age than smoking
- Increased risk of lung damage/disease
- Dual use of e-cigarettes and tobacco with increased harm from both products
- Decreased or muted cessation success
- Vaping transition to smoking
- Exposure to cancer-causing chemicals and particulates due to secondhand vaping that can worsen respiratory illnesses like asthma and lung inflammation.

Effective Tobacco Control Strategies Include:

- Access to tobacco cessation/treatment programs
- Tobacco retailer license ordinances
- Smokefree indoor/outdoor policies
- Smokefree multiunit housing policies
- Policies that restrict sales of flavored tobacco products that appeal to youth
- Evidence-based mass media campaigns
- Restricting storefront advertising and/or enticing product placement





LATINO
COORDINATING CENTER
For a Tobacco-Free California

Contact Us

hlcc@healthcollaborative.org



[@tobaccofreelatinos](https://www.instagram.com/tobaccofreelatinos)

Industry Documents Library,
www.industrydocuments.ucsf.edu/tobacco/docs/#id=szvm0222.

Work Cited

Take our survey



Thank you!!



**CALIFORNIA HEALTH
COLLABORATIVE**
changing lives by improving health and wellness



LATINO
COORDINATING CENTER
For a Tobacco-Free California

APPENDIX G

"Advancing Cannabis Safety: Research Overview & Functional Framework"

**By
Dr. Sara Schneider**



Advancing Cannabis Safety: Research Overview & Functional Framework



Sara Schneider, PhD (she, her, hers)
Postdoctoral Scholar, Nicotine & Cannabis
Policy Center (NCPC)

Hargun Sethi, BA (she, her, hers)
Law Student, University of Illinois Urbana-Champaign
Alumna: NCPC Tobacco Endgame Scholar



Acknowledgements

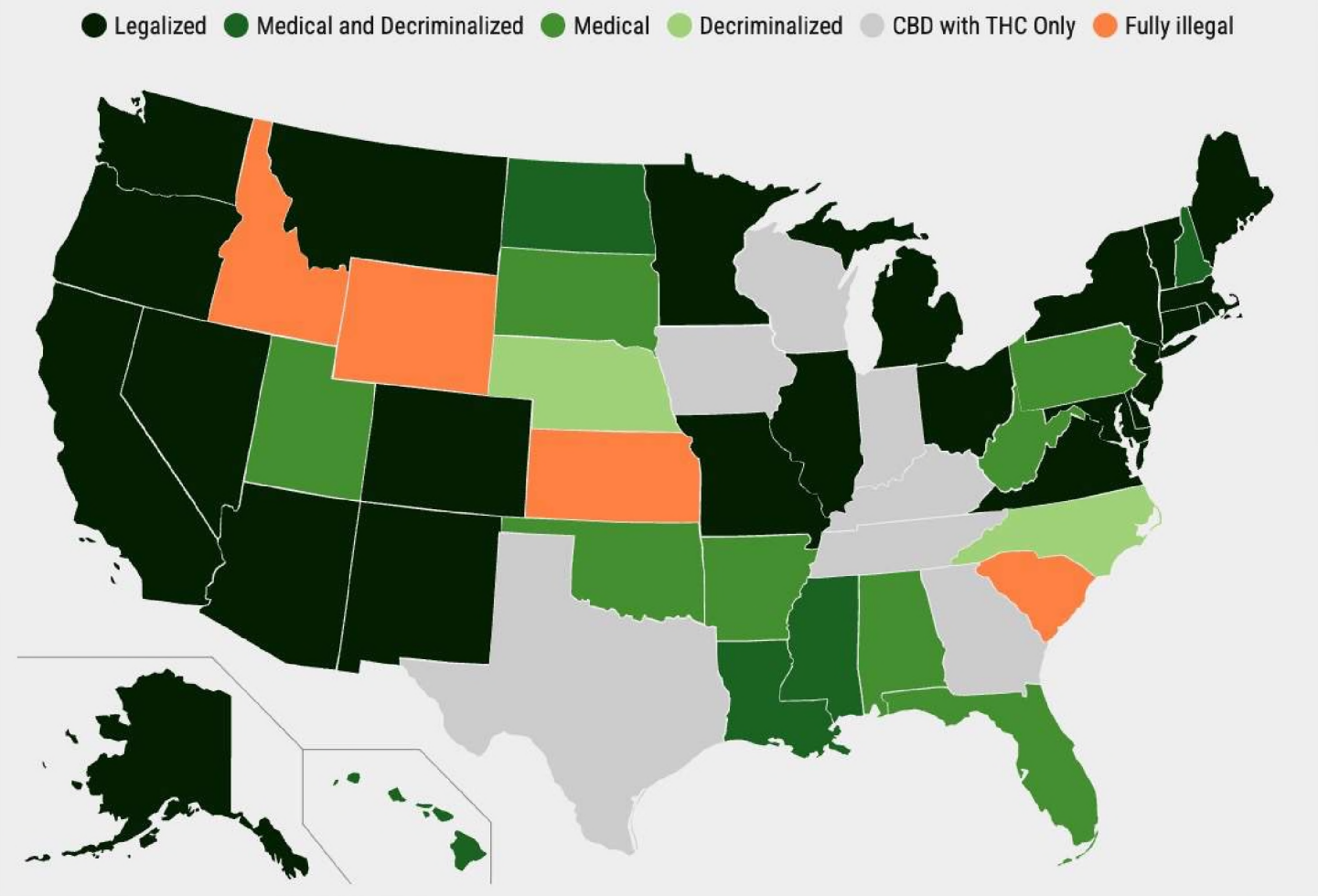


Arturo Durazo, PhD
Director, Nicotine & Cannabis Policy Center
Community-Based Health Scientist, HSRI

Anna V. Song, PhD
Professor, Psychological Sciences
Associate Vice Provost for Academic Personnel



Current State of Marijuana Legalization



Breaking Federal Developments

1. President Biden requested a scientific review of how marijuana is scheduled (10/2022)
2. Health & Human Services recommended rescheduling marijuana from Schedule I → Schedule III (8/2023)
3. Attorney General proposed federal rescheduling change to DEA (5/2024)



Federal Developments

Rescheduling Marijuana:

- **Limitations to Reforms:** While reducing penalties and expanding research, it does not adequately address disparities.
- **Sustained Challenges:**
 - Regulatory burdens (e.g., coverage by health insurance)
 - Limited access (e.g., FDA approval requirements)
 - Penalties affecting marginalized communities



Federal Developments

- DEA is soliciting public comments until July 22nd, 8:59 PM (PT)
- Comments are used to help decide the final rule on the proposal
 - The process is not run like a ballot, where the most votes wins
- Currently ~11k comments
- Comments can be submitted through the Federal eRulemaking Portal




How to Give Public Comment

1. Go to www.regulations.gov

3. Click "comment"

2. Click this box or type the title into the search bar:

🔥 What's Trending

 DRUG ENFORCEMENT ADMINISTRATION

**Schedules of Controlled Substances:
Rescheduling of
Marijuana**

 **Comments Due - July 22, 2024**

Regulations.gov

Make a difference. Submit your comments and let your voice be heard.

Search for docket and documents on agency actions

🔍 Search

Or view all recently added: [Dockets](#) [Documents](#) [Comments](#)

4.
Write a Comment

Commenter's Checklist

Comment*

Start typing comment here...

5000

Attach Files

You can attach up to 20 files, but each file cannot exceed 10MB. Valid file types include: bmp, docx, gif, jpg, jpeg, pdf, png, pptx, rtf, sgml, tif, tiff, txt, wpd, xlsx, xml.

Drop files here or [Browse...](#)

Email Address


Email Address

Give Feedback

 PROPOSED RULE

Schedules of Controlled Substances: Rescheduling of Marijuana

Posted by the **Drug Enforcement Administration** on May 20, 2024

 Comment





Previous Models as Guides

Alcohol Control as a Model

Similarities

- Moderation regulations
- Intoxication
- Potential health benefits
- Youth prevention

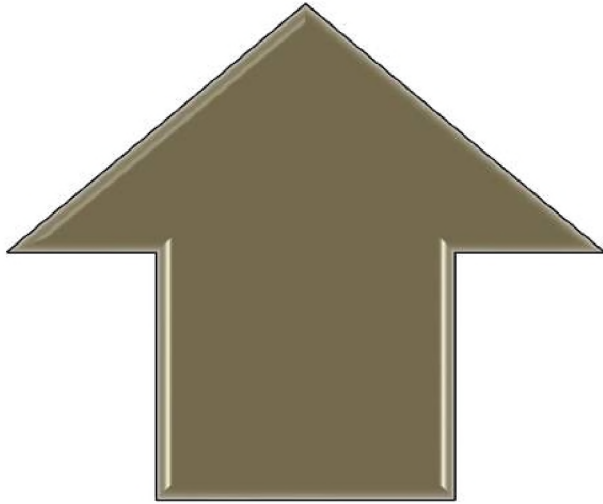


Dissimilarities

- Direct bystander effects
- Regulation of products (unlicensed production)

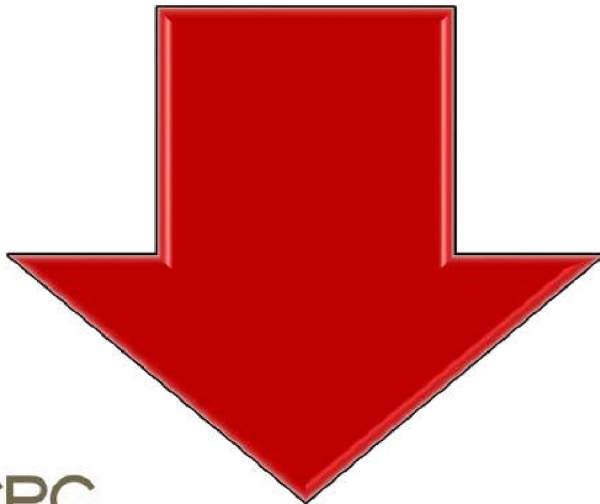


Tobacco Control as a Model



Similarities

- Mode of delivery
- Health consequences to user
- Secondhand and thirdhand smoke risk
- Youth prevention



Dissimilarities

- There is no safe dose of tobacco
- There is no medicinal use of commercial tobacco



Framework for a “functional” marijuana market

Tobacco & Marijuana Control Nexus

- Toxicology Analysis of Combustion and Vapes

- Science Advocacy
- Preventing Youth Access

- SHS and THS Exposure

- Comprehensive Policies

Products are safe for consumption

Public and potential consumers can make a fully-informed decision

Those who choose not to partake are protected

Strong safeguards and policies to prevent youth use

Products are accessible to those who want and need it

- Medicinal Cannabis



1. Products are safe for consumption



Strong licensing and regulation for products

- Department of Cannabis Control oversight of licenses

Public understanding of the role of licenses and regulation

- Identification of licensed products

Strategy to address unregulated market and tobacco co-use or combined use

Example of weaknesses in strategy: EVALI outbreak

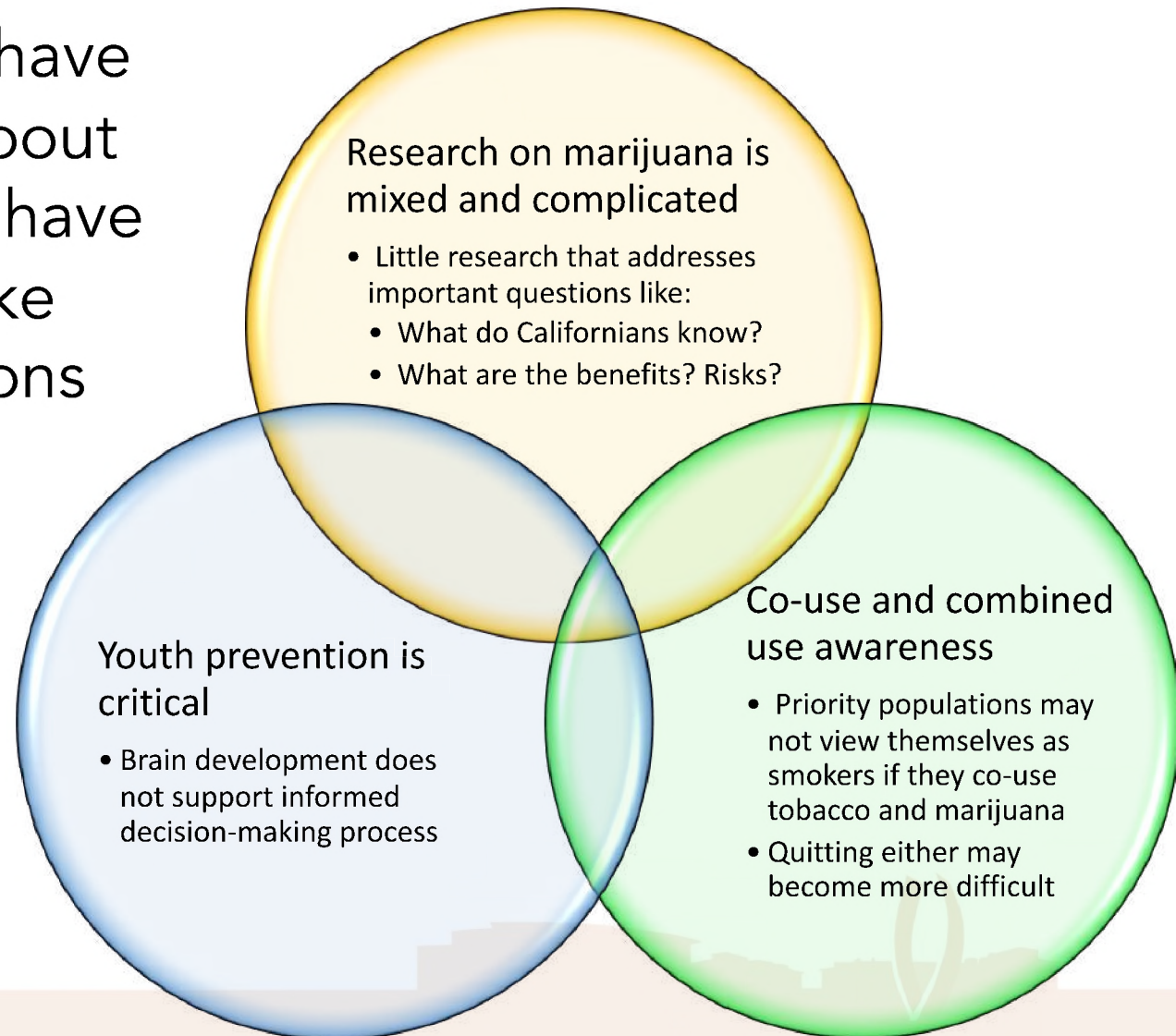


EVALI:

e-cigarette, or vaping, product use associated lung injury

2. Fully-informed decision-making

Consumers must have full knowledge about risks/benefits and have capacity to make informed decisions



3. Protections for non-users

Secondhand and thirdhand
smoke protection

Continued
support for
research on
intoxication

Multiunit
housing

Inclusion of
cannabis in
tobacco control
policies



4. Preventing youth use



Curbing marketing techniques geared towards youth

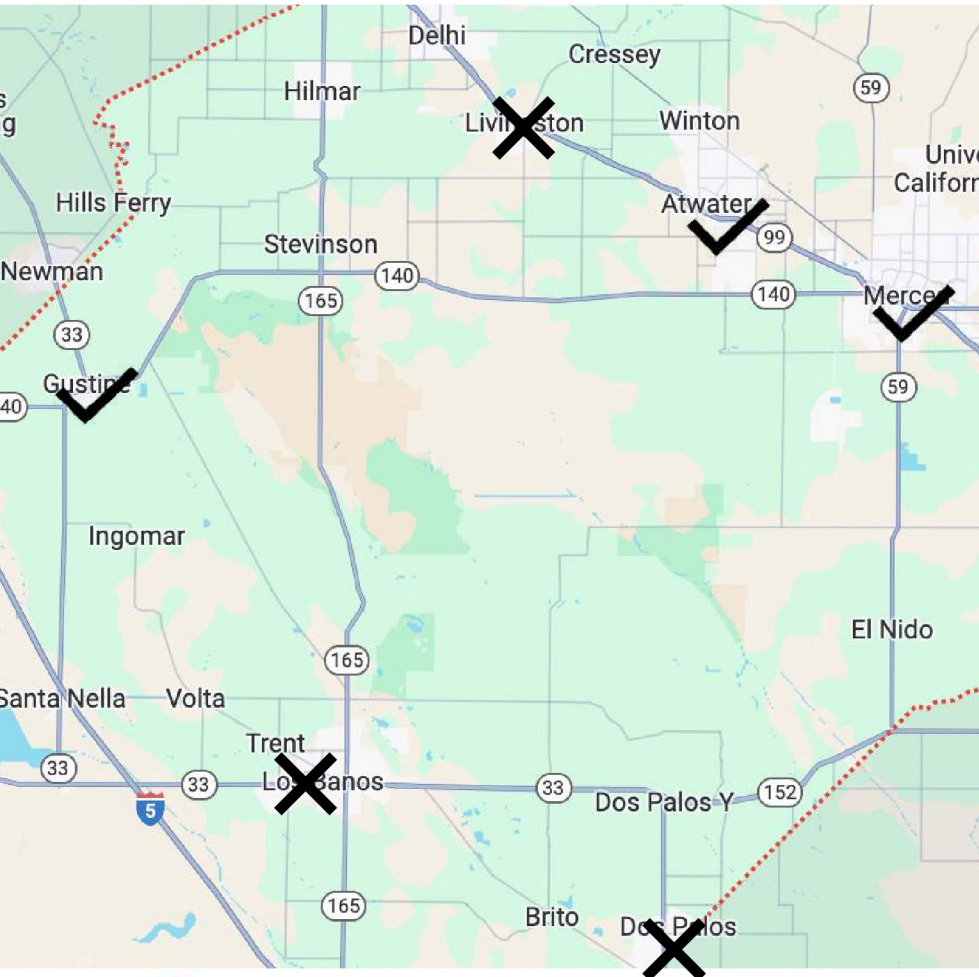
- Flavors
- Packaging

Brain development continues until mid-20's

- Substance use interferes with brain development
- Pre-frontal cortex



5. Product accessibility



City	County	Recreational Retailer (Storefront and/or Delivery)
Atwater	Merced	Allowed
Dos Palos	Merced	Prohibited
Gustine	Merced	Allowed
Livingston	Merced	Prohibited
Los Banos	Merced	Prohibited
Merced	Merced	Allowed



5. Product accessibility

The screenshot displays the Weedmaps interface for Merced, CA. At the top, there is a search bar with the text "Products, retailers, brands, and more" and a location pin for "Merced, CA". Navigation tabs include "Dispensaries", "Deliveries", "Brands", "Products", "Deals", "Learn", and "Strains". A breadcrumb trail shows "Home / United States / California / Merced". The main heading is "Weed listings in Merced, CA", followed by filter buttons: "Open now", "Storefronts", "Delivery", "Order online", "Deals", "Best of Weedmaps", "Medical", "Recreational", and "Curbside pickup". A map shows the area around Merced with several dispensary icons. A sidebar on the left contains a "Delivering to:" address field, "Showing results 1 - 30", and a "Sort by" dropdown. Two listings are visible: "Levels - Merced" (3.3 stars, 14 reviews, "Open now") and "One Plant Delivery - Merced" (4.7 stars, 139 reviews, "Closed", "Order online"). A "Redo search in this area" button is also present on the map.



Role of Research

EVALI
outbreak

SHS/THS in
Multi-Unit
Housing

Addictive
properties

Translation of research into
policy

Consumer
protection

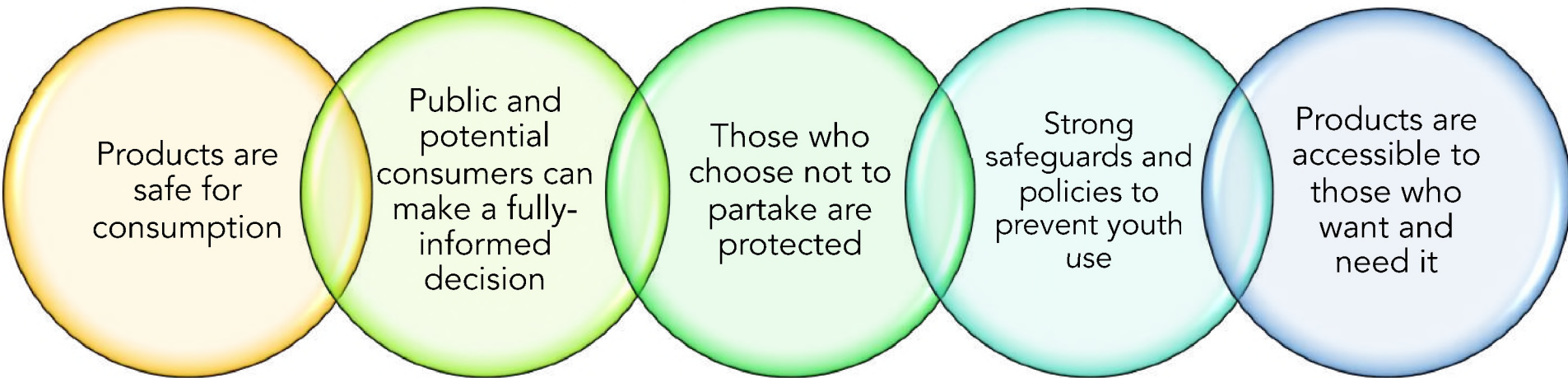
Clean
indoor air
policies

Addiction
support

Current Work

“Defining a Healthy Marijuana Marketplace”

(Schneider¹, Burke^{1,2}, Steinberg³, Durazo^{1,4}, Sethi¹, Avalos¹, Song^{1,5})



¹Nicotine and Cannabis Policy Center, University of California, Merced, Merced CA USA

²Public Health, University of California, Merced, Merced CA USA

³Department of Population and Public Health Sciences, Keck School of Medicine, University of Southern California, Los Angeles CA USA

⁴Health Sciences Research Institute, University of California, Merced, Merced CA USA

⁵Psychological Sciences, University of California, Merced, Merced CA USA

Sara Schneider
sschneider2@ucmerced.edu

Hargun Sethi
hargunsethi18@gmail.com



NCPC Tobacco Summit 2024

APPENDIX H

"Data Dashboard for San Joaquin Valley & Local Foothills"

**By
Dr. Arturo Durazo**



UC MERCED
NICOTINE & CANNABIS POLICY CENTER

Arturo Durazo, PhD
Director, NCPC

NCPC Tobacco Summit:
Summer 2024

Downtown Merced
June 6, 2024

PRESENTATION:

Data Dashboard for San Joaquin Valley & Local
Foothills



Community Survey Results

What goals should the NCPC prioritize over the next 5 years?

- Provide local data
- Disseminate information
- Increase address to cessation resources
- Address cannabis



Community Survey Results

◈ Response to your feedback

- Cannabis/Marijuana & Tobacco Nexus
- Continue with workshops; webinars; and policy briefs
- Homegrown cessation resources
- Harness SJV-based data we have:
 - Data dashboard
 - Brief reports



Acknowledgements



◆ Vanessa Knoppke-Wetzel
◆ Associate Director



◆ Amanda Kochanek
◆ Senior Project Manager



◆ Maria Lamadrid
◆ Design Researcher & UX Designer

DATA DASHBOARD



NICOTINE & CANNABIS POLICY CENTER
EVIDENCE BASED SOLUTIONS FOR CENTRAL CALIFORNIA



UNPACKING OUR UNDERSTANDING

- Let's dive in:
 - What comes to mind when you hear "*Data Dashboard?*"



UNPACKING OUR UNDERSTANDING

- Let's dive in:
 - What comes to mind when you hear "*Data Dashboard?*"
 - Think about:
 - visuals,
 - functionality, and
 - any experience you've had.



COMMON DEFINITION OF A DASHBOARD

- Visuals: A single screen that displays the most critical information.
- Purpose: Helps achieve specific goals by allowing one to monitor key data easily.
- Simple and Effective: Uses charts, graphs, and indicators to make complex data easily accessible at a glance.
- Quick Monitoring: Provides a clear overview instantly, enabling fast and informed decisions.



DATA DASHBOARDS IN ACTION

- Community Water Center (CWC)
- California Tobacco Health Assessment Tool (CTHAT)



COMMUNITY WATER CENTER

Community engagement emphasis with data on drinking water safety & legislative boundary

- *Features:*
 - *Toggle option for district boundaries to help users understand & interact with data*
 - *Focus on data visualization that aids in advocacy & policy making*
- *User interaction:*
 - *Detailed examples of how toggling between different data layers (e.g., Assembly Districts) provides immediate, actionable insights*

CALIFORNIA TOBACCO HEALTH ASSESSEMNT TOOL

Comprehensive tobacco-related data across California

- *Features:*
 - *Immediate display of tabular data & map visualization of Tobacco Retailer Locations (TRLs)*
- *User interaction:*
 - *Example of zooming into specific regions to explore relationships between TRLs & schools*

DATA DASHBOARDS IN ACTION

- Each tool includes a tailored approach to meet the specific user needs:
 - CHW for water safety & regional policy
 - CTHAT for statewide tobacco control efforts
- Dashboard serves non-expert users effectively



MAKING RELEVANT FOR SJV

- How can we apply these principles to enhance the relevance of data in our own dashboards?



EXERCISE

- Think about the last time you interacted with a digital tool or platform
 - What made the interaction effective?
 - What made the interaction challenging?



EXERCISE

- What features would make a SJV-based dashboard more engaging for users who are not data experts?
 - Consider elements like navigation, data visualization, and the ability to customize data views
- How can the design of a data dashboard influence the decisions made by its users?
- Reflect on how the arrangement of information and the ease of finding key data can affect policy enforcement and community advocacy



USER INTERACTION & INTERFACE DESIGN

- What features can be most beneficial for our SJV-based dashboard project?



ENGAGING WIDE AUDIENCES

- What strategies can we keep in mind to make complex data understandable & actionable for the wide audiences?



DATA COLLECTION & PRESENTATION

- What are some of the challenges faced in collecting & presenting data in these dashboards?
- How are issues of data accuracy, privacy, and user trust addressed?

