
NICOTINE & CANNABIS POLICY CENTER

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

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NCPC Tobacco Summit

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Acknowledgements



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American Heart Association



Funding



Outline

- ◆ Brief background of UC Merced's NCPC
- ◆ NCPC's Catchment Area in Central California
- ◆ Overview of NCPC's Community Core
- ◆ Study Introduction
- ◆ Methods
- ◆ Results
- ◆ Discussion



Rationale Behind the NCPC

◆ CALIFORNIA IS A LEADER IN TOBACCO CONTROL

- CA led the charge for smoke-free laws and taxation
- Lowest state-level prevalence in the US

◆ DESPITE BEING IN CA AND EFFORTS OF ADVOCATES IN THE REGION, THE SAN JOAQUIN VALLY (SJV) AND SIERRA FOOTHILLS LAG BEHIND

- In 2020, the state prevalence for adult smoking was 9%
- To date, SJV-Foothills rates are 16%-25%
 - On par with high smoking-states of Alabama and Georgia
- 60% of rural adolescent men smoked in the past 30 days



Which CA Counties are Included?

THE NCPC CATCHMENT AREA

- The NCPC is based in Merced ★, but the research is carried out in **11 counties** across the San Joaquin Valley and the Sierra Nevada Foothills.
- Over 4 million people live in the region
- The largest racial/ethnic group is Hispanic/Latinx
- The region is known for its rural and active farmlands.



Calaveras
San Joaquin
Stanislaus
Tuolumne

Fresno
Madera
Mariposa
Merced

Kern
Kings
Tulare

Community Core



COMMUNITY ENGAGEMENT AND COMMUNICATION IS ESSENTIAL TO THE NCPC MISSION

- ⬡ Partner with community-based and local leading agencies (CBOs)

THE MAIN AIMS

- ⬡ Support a network of CBOs seasoned in tobacco policy advocacy
- ⬡ Offer structured mentorship opportunities to build local CBO policy expertise
- ⬡ Organize local CBO expertise in working together with San Joaquin Valley citizen scientists to effect policy change



Community Core



COMMUNITY ENGAGEMENT AND COMMUNICATION IS ESSENTIAL TO THE NCPC MISSION

Since 2019, the community core built on collaborations with local CBOs and with state- and national-level CBOs (e.g. American Heart Association [AHA] and California Youth Advocacy Network).

Main Activities

- Conduct workshops with AHA, Healthy House, and California Health Collaborative
- Identify Capacity Needs: Scientific Symposium, Network Forum, Community Assessments
- Organize policy-focused workshops



Community Engagement and Communication

- This secondary analysis is based on Community Core's collaboration with the American Heart Association (AHA)
- AHA contracted a third-party vendor, *verynice*, to conduct an assessment:
 - Surveys, focus groups, interviews
- *verynice* collected individual experiences regarding their work to reduce access to tobacco products and tobacco use
- Key Collaborations:
 - Participant selection
 - Development of semi-structured interview guide

METHODS



Participant Selection

- AHA and *verynice* selected participants based on their significant involvement in tobacco control initiatives, particularly:
 - Tobacco retail licensing (TRL)
 - Promotion of smoke-free outdoor spaces
 - E-cigarette flavor bans
 - Cessation support services
- Focus on Priority Populations:
 - Racially/ethnically underrepresented groups
 - Immigrants with limited English proficiency
 - LGBTQ+ people
 - Adolescent youth



Development of Semi-structured Interview and Focus Group Guide

- Objective was to explore tobacco control and prevention efforts in rural California with key informants, through:
 - One-on-one interviews
 - Focus groups
- In consultation with NCPC Community Core team, AHA crafted questions.



Interview Topics

- *verynice* identified insights regarding the following:
 - **Barriers:** Biggest challenges SJV-based stakeholders face, including resources that they draw upon to solve such challenges
 - **Priorities:** What these programs are currently prioritizing in terms of tobacco control related policy, and what resources are needed to further accomplish these priorities
 - **Recommendations:** Possible goals that NCPC's Community Core could pursue



Sample Questions

- *What are your top priorities for local tobacco control policies?*
- *What are your experiences with tobacco policy advocacy and any collaborative efforts?*
- *What local strengths and gaps exist that could address tobacco use?*
- *What opportunities for local tobacco policies do you see in your area?*
- *What obstacles are present in implementing more restrictive local tobacco policies?*



Data Collection

- Interviews ($n = 13$) were conducted over the online communication platform Zoom.
- The average duration of each interview was 34 minutes.
- All interviews were audio-recorded and later transcribed verbatim using Otter.ai, an automated transcription service.
- To protect the confidentiality of participants, any identifying information was replaced with pseudonyms or anonymized during the transcription process.



Data Analysis

- Thematic Analysis Approach (Braune and Clarke, 2013)

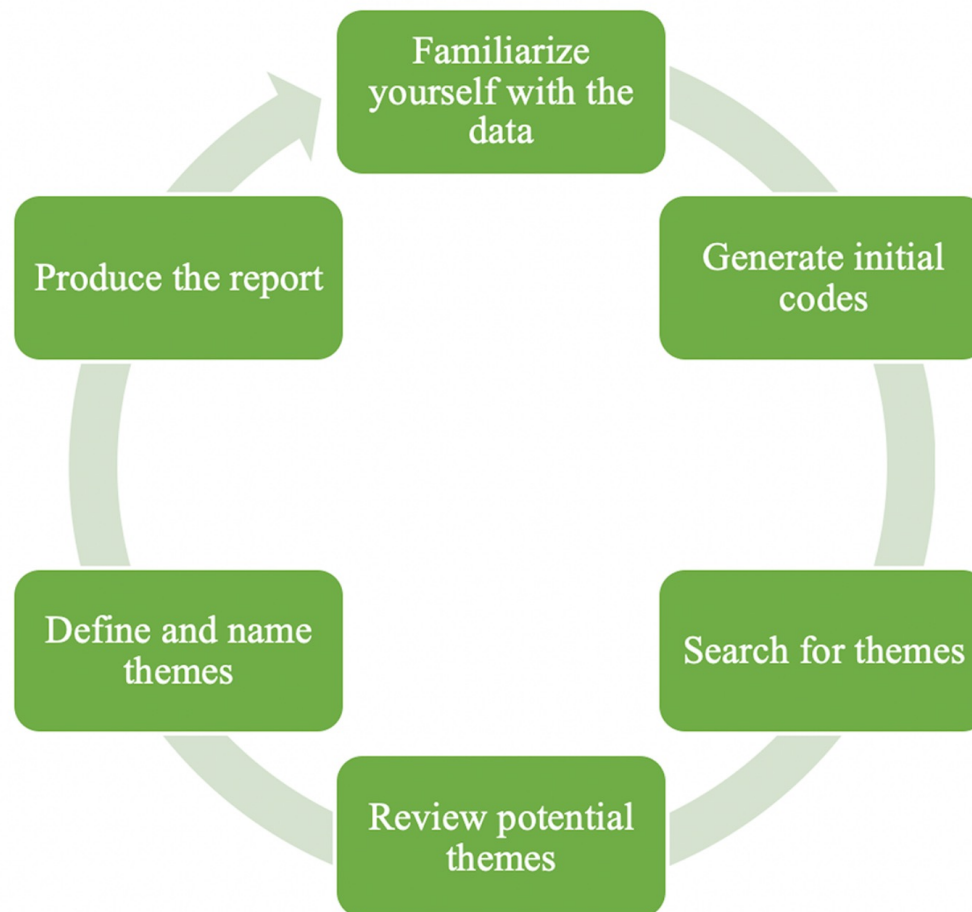


Figure 7: The continuous cycle of Thematic Analysis (adapted from Braun & Clarke, 2006, 2012)



Theme Development Process

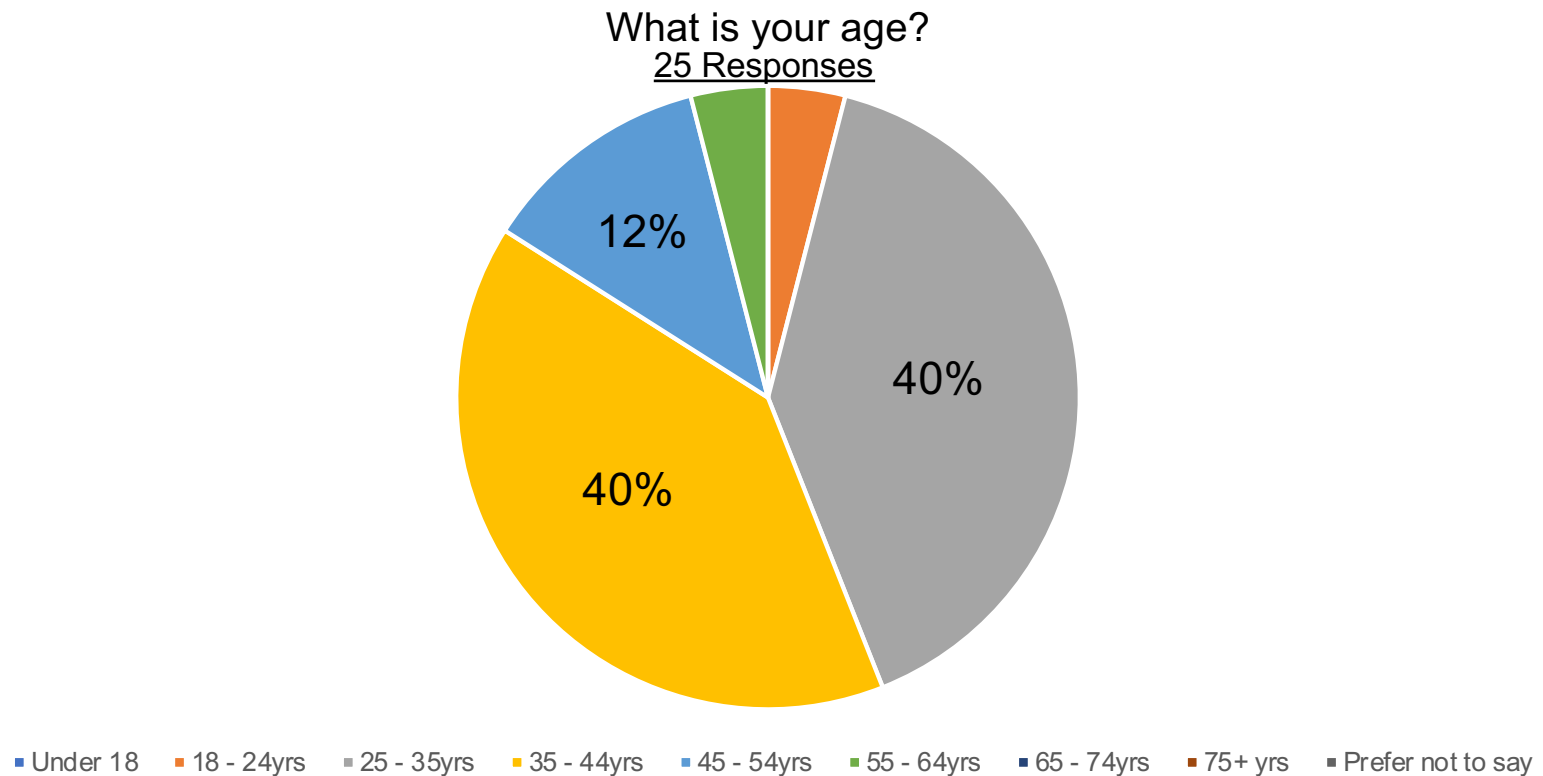
- Further refinement and revision of the themes took place through an iterative process of discussion ensuring accuracy and consistency.
- Themes that did not adequately represent the data or overlapped with others were modified or eliminated.
 1. Specifying and classifying the tobacco control and prevention priorities
 2. Stratifying the barriers/challenges into various themes
 3. Identifying the key predictors of successes



RESULTS

Key Informant Demographics

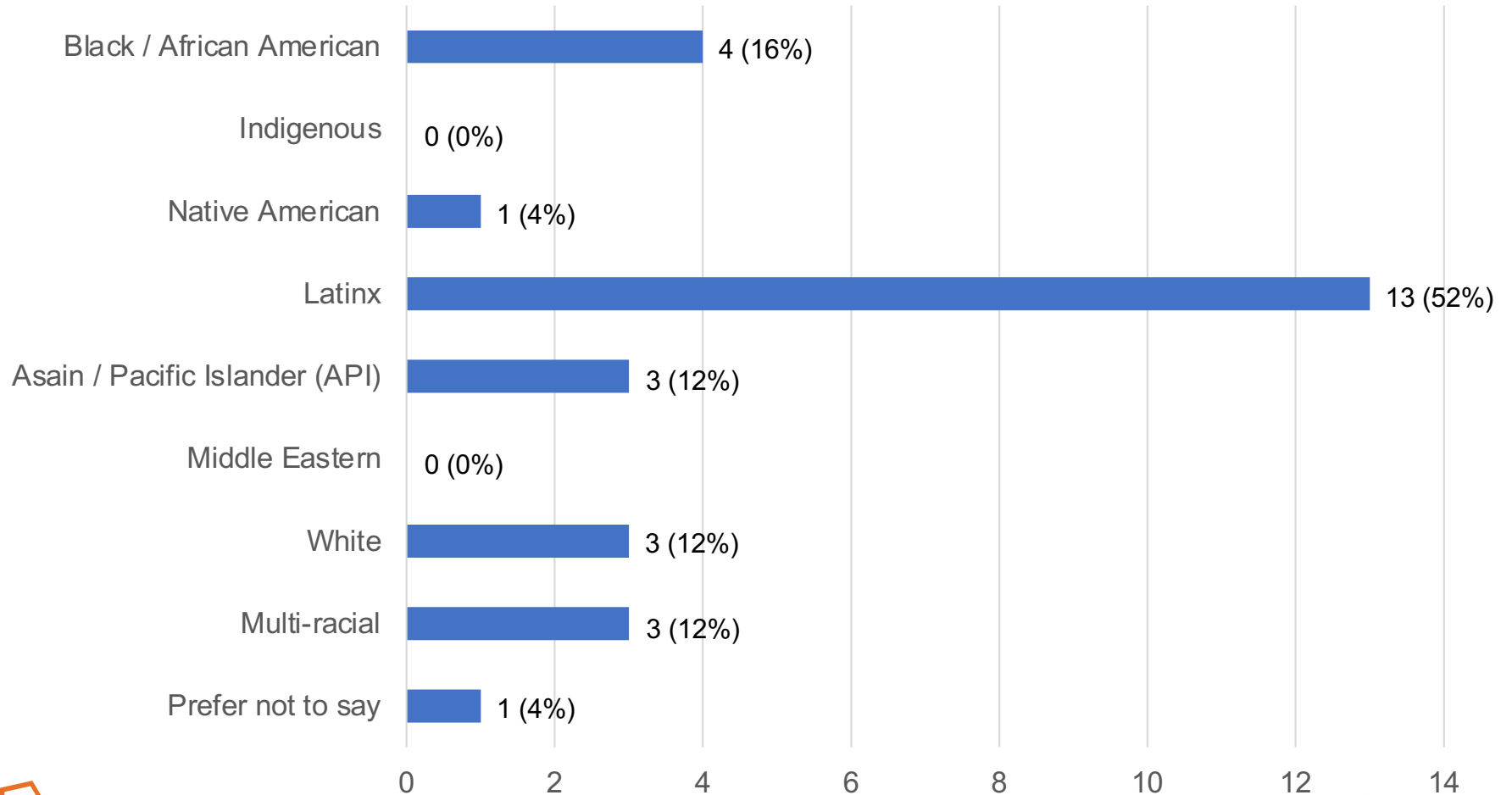
Age



Key Informant Demographics

Racial Identity

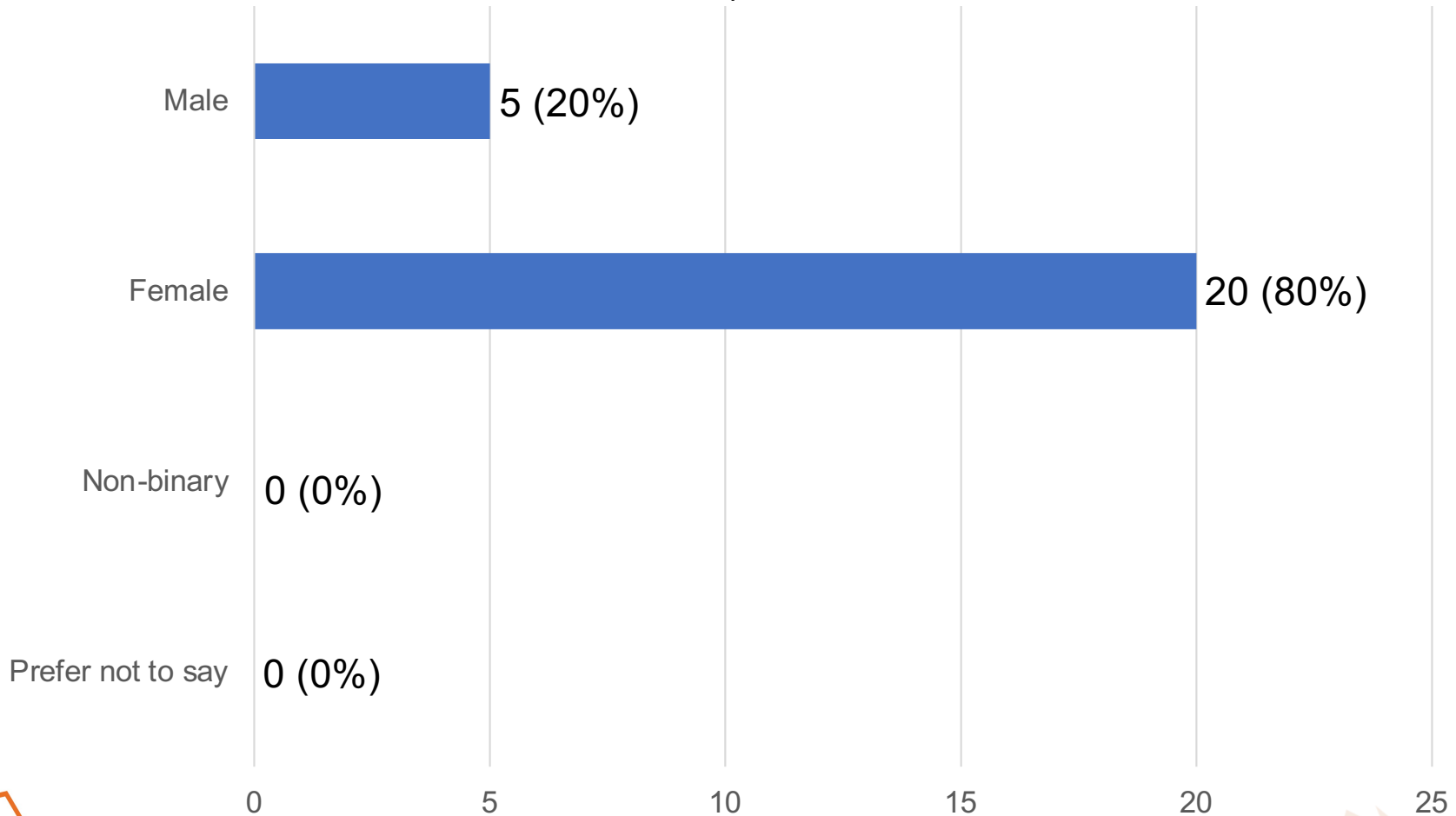
25 Responses



Key Informant Demographics

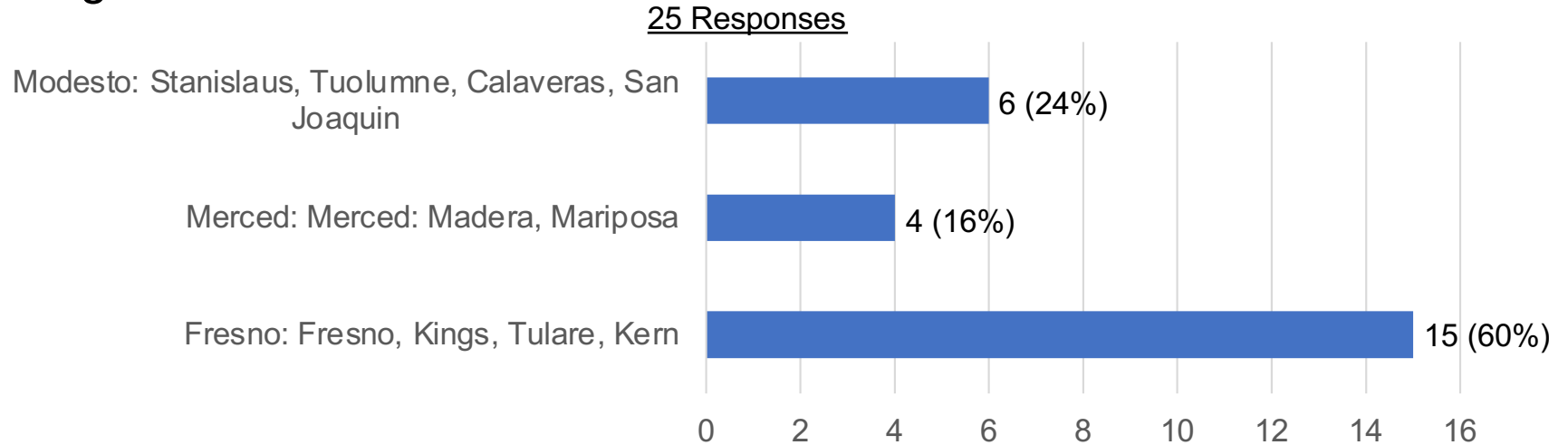
Gender Identity

25 Responses

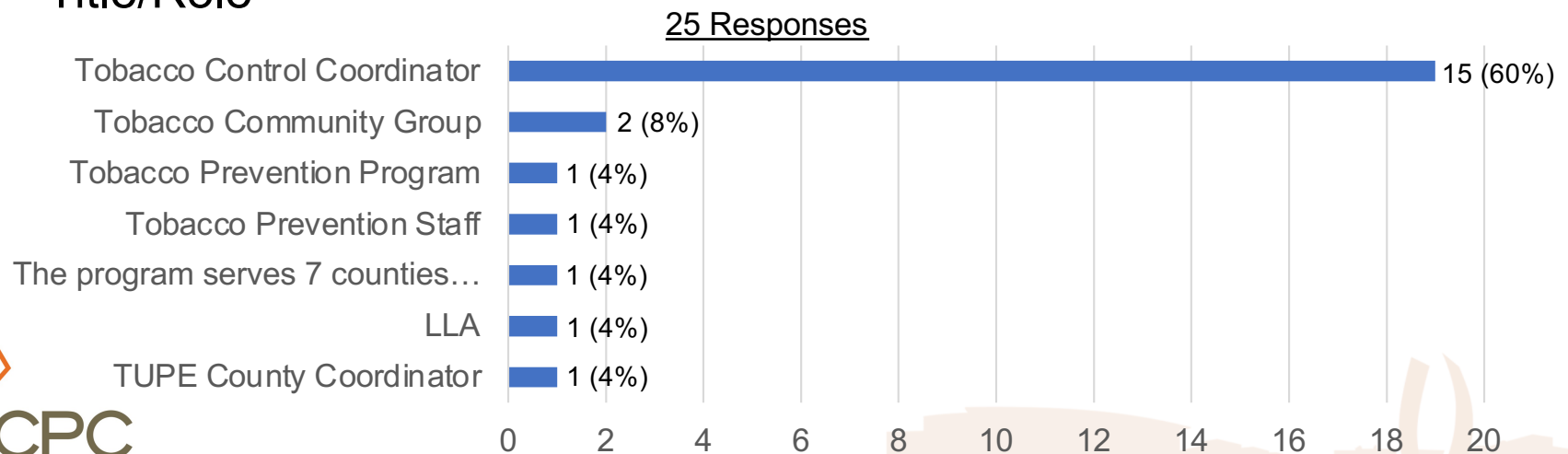


Key Informant Demographics

Region Association



Title/Role



Theme One

Tobacco Control Policies, Youth Prevention, and Cessation Efforts were Top Priorities

Tobacco Retail Licensing (TRL)

- businesses must acquire a license for the sale of tobacco products

Smoke-free Policies

- Outdoor spaces
- Multi-unit houses
- Schools

Flavor bans

- E-cigarettes

Cessation resources and services

- Collaboration with healthcare facilities and providers

Staying on par with other regions in California

- Less policy adoption and implementation compared to urban and progressive regions



Theme Two

Barriers in Rural Local Level Politics Created Policy Stalemates

Limited government

- Less open to increase regulatory policies

Individual decision-making

- Belief in people's own decisions to use tobacco

Economic priorities

- Support for local tobacco retailers

Engaging with local policymakers

- Difficult to access government officials

Overburdened government

- Small governments do not have the time or resources and have other priorities

Tobacco industry

- Lobbying from tobacco industry



Theme Three

Importance of Health Education and Communication Strategies in Promoting Community Support

Enhance local community engagement

- Attracting passionate community members who can provide grassroots input is crucial for driving progress in tobacco control initiatives.

Sensitive and tailored communication framing

- Careful consideration of community values and effective ways to communicate the benefits of tobacco control policies.

Tobacco and policy education

- Community education regarding tobacco-related matters and potential policies, especially in relation to obtaining a TRL as well as addressing flavored tobacco and vaping prevention.



Theme Four

Challenges Local Tobacco Stakeholders Experience in Rural Areas

Limited workforce

- Scarcity of qualified and interested candidates.

Lack of financial support

- Restricts their operational capabilities.

Difficult to stay up-to-date on various programs and initiatives

- Need for centralized, accessible data & information.

Diverse and rural environment

- Language differences require resources and services to be translatable and digestible.
- Community of immigrants engaged in farm work who may not be insured and require supplementary support in accessing tobacco-related healthcare services.



Theme Five

Community-based Collaboration and Mobilization were Predictors of Success

Youth

- Student organizations
- Workshops and collaborative initiatives

Community groups

- LGBTQ+ centers
- NAACP
- Cambodian and Hmong communities
- Tribal agencies

Law enforcement

- Local police departments
- Department of Justice

Healthcare facilities

- Medical centers

Educational institutions

- Junior colleges
- Universities



Theme Six

Impact of COVID-19 Pandemic on Local Tobacco Control and Prevention Efforts

Emphasis on individual rights

- Perspective shift prompted opposition to the adoption of restrictive policies, resulting in tobacco control community partners adopting a more cautious approach in advocating for their initiatives.

Focus on tobacco control and prevention diminished

- COVID-19 pandemic emerged as the foremost public health concern.

Introduction of novel approaches

- Virtual settings as a strategy to work around the challenges experienced during the pandemic.



Conclusions and Next Steps



Key Findings

- **Goals:** Facilitation of effective policy adoption and sustainable public health improvements.
- **Barriers:** Challenges in policy adoption and implementation contribute to substantial disparities.
- **Local Engagement:** Involve community members and local partners to develop policies that reflect unique socio-economic and cultural contexts.
- **Collaboration:** Uniting academic researchers with local communities to ensure scientifically grounded and culturally appropriate interventions.



NCPC's Next Steps

- **Partnerships:** Enhance collaboration with local health departments and community groups.
- **Interventions:** Design and test rural-specific solutions.
- **Engagement:** Deepen community involvement in development processes.
- **Advocacy:** Support policies informed by research and local dynamics.
- **Sustainability:** Plan for long-term effectiveness and assessment.



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Thank you! Questions?

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EVIDENCE BASED SOLUTIONS FOR CENTRAL CALIFORNIA

