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Tobacco-Free Living: Community Transformation Grant Successes and Lessons Learned

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>> Joanna Hathaway: Hello and welcome to "Tobacco-free Living: Community Transformation Grant Successes and Lessons Learned." My name is Joanna Hathaway, and along with my colleague Star Tiffany we will be running today's Web forum.

Closed captioning will be available throughout today's Web forum. Jennifer with Home Team Captions will be providing realtime captioning. The closed captioning text will be available in the Media Viewer panel. The Media Viewer panel can be accessed by clicking on an icon that looks like a small circle with a film strip running through it. On a PC this can be found on the top right-hand corner of your screen, and on a Mac it could be located on the bottom of the screen.

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Once the Web forum ends today, a survey evaluation will open in a new window. Please take a moment to complete the evaluation as we need your feedback to improve our Web forums. The recording and presentation slides will be posted on our Web site, dialogue4health.org. We would like to invite you to connect with us via Twitter and Facebook. Both of these links are on screen now.

We are encouraging you to ask questions throughout today's presentation. To do so, simply click the question mark icon, type your question in, and hit send. Please send your question to all panelists. We will be addressing questions both throughout and at the end of the presentation.

We will be using the polling feature to get your feedback during the event. The first poll is on screen now. Please select your answer and hit "submit."

Are you attending this Web forum individually, in a group of 2-5 people, in a group of 6-10 people or in a group of more than 10 people? And, again, just click submit to that.

Once you are done answering the poll question, click on the Media Viewer icon to bring back the closed captioning.

It's my pleasure to entry dues Veva Islas who will be moderating our Web forum today. Veva is an incredible force for public health and her career spans over 20 years in both the private and public sectors. She was the first person in her family to attend college and graduate with an advanced degree. She currently wears a number of hats in her various efforts towards creating healthier communities. As well as being the program director of the Central California Regional Obesity Prevention Program and sitting on numerous boards, she is the project coordinator for the Public Health Institute's statewide effort to connect all CDC-funded grantees in California. The project seeks to increase networking and collaboration across sites to support the successful implementation of efforts in the sustaining of work in California, long and short-term.

It is in this role from which she will be presenting to us today. Veva, please go ahead.

>> Genoveva Islas: Thank you, Joanna. And welcome, everybody. I see we have a really good list of participants joining us. I'm very excited to be here with an outstanding panel who represents CTG sites and a variety of locations in California that are doing exciting work. This Webinar is one of a series that we hope to share back with you about the successes and achievements under different strategic directions from our community transformation grantees here in

California.

I would like to first again by sharing with you who will be on our panel. And we are joined by Larry Cohen who is the executive director of Prevention Institute. Irene Linayao-Putman, who is a community health promotion specialist with the county of San Diego health and human services.

We have Selfa Saucedo who is the manager of Ventura County public health. And we have Terese Voge who is a program manager with the County of Sonoma.

Moving on now to talk a little bit about what we hope to establish as our objectives for this session, we really wanted to bring these panelists together to give you an overview of what their CTG work was about and gain insight also in terms of how this work could continue to develop through new funding, of course, that we've recently -- that recently has been announced by CDC. So we want to gain insight to where tobacco prevention movement has come from as well and knowing that history helps us appreciate how far we've come and where we will be headed and we will be looking to Larry to discuss that a bit more.

We want to learn about the different strategies being used and we want to discuss challenges as well as lessons learned to help inform those of you that are continuing work as new grantees. So let's go to our first poll question.

So the first poll question -- I'm sorry, the second poll is how are you involved in CTG grants or in the new funding from CDC? Are you involved as a recipient? A partner? Subgrantee? Are you interested in just partnering? Or can you respond to "I am interested in learning from their experience" or "other." And if you could please type your answer into the Q&A question as well.

We just have a few minutes to allow you to respond to that, and we'll move on. Again, just reminding you of where to go there.

All right. So let's move on to our first speaker, first speaker is Selfa Saucedo. And as I mentioned, she's With Ventura County Healthcare Agency. Selfa is the manager for the Ventura County public health, health education unit which includes tobacco education, prevention and chronic disease. She grew up in Ventura County and has a history of public service. She has worked specifically in health promotion for over 25 years and is passionate about motivating individuals and empowering communities to advocate for positive change.

Selfa, welcome, and you're on.

>> Selfa Saucedo: Thank you very much, Veva. I appreciate the opportunity and always happy to share our experience here in Ventura County. Good morning, everyone.

Let me tell you a little bit about Ventura County before we begin. I will be sharing my time with Allison Barton, a partner in the work that we're doing here, so I want to make sure I leave enough time for her.

Ventura County was a community transformation grant capacity-building awardee, we were one of the 10 CTG awardees in California. With ten cities and a population of almost 840,000, Ventura County is literally nestled between the Los Padres forest and the Pacific Ocean. We consider ourselves very lucky.

Nevertheless, Ventura County has had its own work to be done, to be had in the area of tobacco control. I'm proud to say that in Ventura County we have been working in this area for over 15 years since I've been working here in Ventura County.

Ventura County has been working -- we have -- with local tobacco settlement funding, we have programs that support individuals in their efforts to quit smoking and also education to local sixth graders. We focus on sixth graders as our area of educating students on the consequence of taking up of tobacco. With financial support from the state Tobacco Control Program, we also concentrate much of our work working with community advocates to change the environments in which people

live. However, with state funding being fixed as it is now and the needs continuing to grow, we really have had to focus our efforts in tobacco control in specific areas.

And so for that reason, we -- hold on. I'm trying to -- I'm moving on to my next slide here. Sorry about that. Technical difficulties.

>> Joanna Hathaway: You might have to click in the middle of the slide to activate the right and left arrow keys.

>> Selfa Saucedo: There you go. Thank you very much.

So we recognize the importance of changing the environments in which people live, work and play. And this is one of the lessons that we learned again through CTG but a lesson we have been operating on since we began our work in tobacco control. As suggest we focus much of our work in changing and improving policies that help improve the environment in which people live. We recognize that policy change can cover a lot of ground and leads to many positive outcomes.

In Ventura County, we have had -- I apologize for the quality of this particular slide. But what it is, is a map of Ventura County and so the callout boxes that you see here identify many of the successes that we've had here in Ventura County, including a few comprehensive smoke-free outdoor ordinances in several cities. We have ten cities as I mentioned earlier. The City of Camille, the City of Moorpark, the City of Thousand Oaks and Ojai and Simi valley have outdoor smoking ordinances. We are working hard right now with another community, another city, the City of Ventura to implement a smoke-free ordinance as well. They have a smoke-free parks and beaches resolution but we recognize that a resolution doesn't have a lot of teeth. So the advocates in our community are really pushing for an ordinance, and I'm proud to say that the work involved with the work we're doing in Ventura has a youth group which has become heavily involved in the work that we're doing there as a result of some of the CTG work that we started in the County of Ventura. So we are very proud of the work we have done. All three community colleges are smoke-free as well as several of our -- three of our eight hospitals in Ventura County are also smoke-free.

And the work that's been done to get there has been done in conjunction and collaboration with community advocates, with experts in the field. We've received technical assistance and all that work has been successful but, of course, as most of you who have worked in tobacco control know, it takes a lot of time, a lot of time and a lot of work and a lot of perseverance. And I'm happy to say with a lot of the community advocates that we have engaged over the years, they have not given up in their efforts to work towards -- to work towards a policy.

One of those examples that I'd like to highlight in this presentation here today is our work that we've done with our local city, the local City of Oxnard. This has been a long time in the works. But the City of Oxnard in 2012 was the first city to adapt a retail policy with an annual fee for enforcement. This collaboration involved in order to make this a reality working with community advocates, residents, city council as well as city staff. And this process, believe it or not, took well over a year but is now securely in place and has its own advocates within the City of Oxnard. So we feel comfortable that it is firmly -- that it is secure in the work that they're doing there.

Ventura County has done a lot of good work and engaged a lot of invested community members and advocates, including youth group as I mentioned earlier. Unfortunately, due to limited resources, we prioritize the areas in which we work to two specific areas and that is the tobacco retail licensing and secondhand smoke. And it is actually at this point that I'd like to say that we only -- we could only focus on so many things with the limited resources. So the community transformation grant and the opportunity that it gave us to engage community members in another very important area of tobacco control was enormous for us. And that area, of course, is housing. And at this point, I would like to introduce Allison Barton. She is a community partner that we have contracted and we tired to help us

with our pilot project in CTG. Allison Barton is a registered in your, NPH, BSN and has been working with us hand in hand for as many years as I've been here.

Allison?

>> Allison Barton: Thank you for that. Yeah, it's a passion for all of us. So I wanted to talk a little bit about our smoke-free multi-unit housing project. Fortunately, the Community Transformation Grant gave us the opportunity to engage community members. Our community advisory groups decided that a focus on this project was appropriate because we had already done some groundwork in this area and, frankly, in our county it was a little bit easier to make headway and progress than in the tobacco retail licensing and some of the other initiatives. All very important, just we knew we could get a little more bang for our buck this way.

So just for sake of definition, smoke-free housing is a law or an ordinance or a property policy that restricts smoking. Simple as that. What we found in our county is that there are varying degrees of restriction and also in compliance the state already has a 20-foot rule. The state of California has a 20-foot rule. Some of our managers and owners are great about enforcing that and some are not.

So what we decided to do is since Ventura County itself does not have an ordinance and only one of our cities actually has a smoke-free multi-unit housing in its smoke-free ordinance, we decided to select two cities that have no ordinance in place and do have a lot of multi-unit housing. And what we proceeded to do first was to just interview as many owners and managers as we could to find out what they knew about it, what their needs were and then how to proceed from there.

And the kind of highlight to that was most property owners and managers wanted to implement a smoke-free policy actually. They just didn't know they had the legal authority to do so already.

Many want actually city or county ordinances in place to aid them in enforcement so that they could kind of cite a higher authority and many property managers needed some -- they needed a tool kit to aid them in policy implementation. And they also wanted to have, you know, kind of an idea of best practices.

The other thing that was really, really important for us to find out about in our county was that many property owners and managers owned several properties. So a policy change in one is a policy change in many. And actually what we found out in our work was that one owner actually owned several properties throughout the country and 500 units in just our county alone. And they decided to go 100% smoke-free after our work. So that was really great to hear.

It is just important to know in closing my aspect of this that people, especially in low-income or subsidized housing, don't really have a lot of options and to have them be forced to be trapped in housing at the end of the day, that's where they do their sleeping and a lot of their living. And to be exposed to secondhand smoke is a travesty. So that's the importance of this work. And we'll be here for questions. And thank you very much for your time.

>> Selfa Saucedo: Hello. This is Selfa again. Thank you, Allison.

I would like to note that in the area in Ventura County, we have a lot of -- I'm sure a lot of people on the line are familiar with some of the health disparities that are experienced by those residents that live in apartment dwellings. And I wanted to make a mention following up with what Allison's presentation, is that a lot of the housing authorities in Ventura County already have smoke-free housing -- smoke-free policies. We worked with our CTG funding. H.U.D. encourages housing authorities to implement smoke-free policies.

We worked with privately owned multi-unit housing and provided them with resources on how to implement a smoke-free policy. This is what Allison was referring to. And she very successfully held a conference -- a meeting to provide these resources for individuals -- for interested rental owners, property managers who felt like they didn't have the resources. So these -- these resources were

provided. And they will be continued to be provided to the community in perpetuity because of the work that Allison did in creating the brochures and creating the baseline information and establishing a list of interested managers. We will be following up with them and continuing to do what we can as far as providing them with resources and any technical assistance that we can provide and connecting them to other resources in the state so that the work that was started continues on and is not -- and does not end.

We have other work that is currently being done in Ventura County. One of the highlights, I believe, is our Ventura County Tobacco Education Coalition which is very strong in our county and has been very successful in supporting the work that we do.

We also, of course, have our bus of tobacco horrors. That's the bus we use for educating our sixth graders. We do so very successfully but that's a story for another day.

We know what works, comprehensive policies have the most impact on health. And that is our work, has been our work here in Ventura County and will continue to be the work here in Ventura County. And we know that we couldn't do it without the collaboration and the support and the advocates that we have and the champions we have like Allison, like our coalition, like our residents including the youth who have been so instrumental in making some of these changes happen. So for that I thank you. And we await any questions. Thank you.

Thank you so much, Selfa and Allison, for that orientation of your work.

I want to remind people that we will allow time at the end of our panelists to ask questions, but please continue to submit your questions via Q&A.

Our next speaker is Irene Linayao-Putman. And Irene has had led the tobacco intervention for the county CTG contract. So welcome, Irene.

>> Irene Linayao-Putman: Hi. Welcome. Thanks so much and good afternoon to everyone. I want to thank PHI for inviting San Diego to share our CTG tobacco-free living successes. Before we get started, I want to set the stage how tobacco control without CTG funding happens in California and San Diego in particular.

Californians passed the tobacco initiative in 1988. It added a 25-cent tax to each pack of cigarettes sold. These revenues from these additional tax go to the tobacco-related research health education and healthcare accounts. However, only 20% of those taxes generated are earmarked for health education efforts to prevent and reduce tobacco use. At a total of 87 cents per pack, California ranks 33rd in the nation for the amount of tax in of tobacco products. San Diego County's allocation from the state in fiscal year 11/12 was roughly \$490,000 for the whole couldn't. For fiscal year 12/13 it was reduced. This infusion of CTG grant funds was critical to maintaining progress with (inaudible).

Just an overview, what I wanted to discuss in this presentation are the outcomes of our efforts to increase tobacco-free environments and primarily we did that through the procurement policies. We do a lot of contracting in the county. We saw that as an opportunity and then secondly by implementing smoke-free multi-unit housing policies.

Our speakers -- the other presenters on the panel are doing a really great job in explaining that issue so I'm going to touch lightly on it and concentrate more on our procurement policies and in particular our experience with our behavioral health services.

So as a California tobacco control advocate, I was predisposed to focus on norm change. These interventions in particular just made a lot of sense for me. So I will briefly go over how we assessed our readiness for these objectives because I think it is integral to being able to successfully develop and implement an intervention and make sure the CTG funds were invested wisely in San Diego.

Lastly, I will share some of the lessons learned.

So our outcomes of the first intervention procurement policies affected roughly 200 contracts by the end of year three. And I'm sharing with you on the fly the language that was developed to encourage our contractors not only to provide a smoke-free workplace but an overall healthy working environment. We were able to wrap in two of our strategic directions in the CTG grant which are workplace wellness and the healthy food and beverages, kind of a nutrition piece, including lactation accommodations policy.

It was really nice to get the synergy of all of our efforts into one policy that was going to affect so many different contractors through our procurement.

And with our second intervention, the smoke-free multi-unit housing policy, our goal was to increase the number of market rate properties by 20. And we ended up with 23 market rate properties implementing smoke-free policies. And we also targeted our affordable housing stock and our low-income multi-unit housing properties. We wanted to increase those by five. And at the end of the CTG, we had 12 low-income properties on board. And that really did equate to a total of 947 units in the market rate market that are now smoke-free.

This slide is just a little bit of the background data I wanted to share with you that really helped us to narrow down our focus in the interventions we were looking at. And the CTG does protect some of our most vulnerable populations, children with the data that was coming out about secondhand smoke exposure in the home and looking at how much children are affected by that. This intervention really made a lot of sense to us.

So understanding how we were able to meet or exceed goals was really an exercise in acknowledging that a good part of the success of our CTG interventions were possible because of the existing political climate, those that were established in the FOA and then demonstrated by other federal actions. First of all, the FOA steered us in the right direction, the strategic direction of tobacco control was a mandatory one. So I really appreciated that as a tobacco person.

The other requirements in the FOA were that 50% of funds were to go to local community groups. And there was a big emphasis in demonstrating impact and getting huge reach, measurable reach. And the other great guideline was to focus on health disparities. And for us in tobacco, that really meant low socioeconomic status groups, people with populations with substance abuse and mental illness and military has a very high prevalence rate. And then the LGBTQ groups as well.

So to the degree that we could get an intervention to meet as many of the health disparity groups that we could, that was the direction we were going in.

And then additionally, federal actions, like the community guide and the findings and recommendations there that were referenced consistently throughout the FOA really helped us to determine that these would be a good match along with the Healthy People 2020 goals and the guidance provided by the housing and urban development department at the federal level which encouraged public housing authorities to adopt these smoke-free policies.

And then, lastly, the investment that the substance abuse and mental health services administration, SAMHSA, had put into behavioral health providers integrating tobacco cessation, all of these were pointed for us to go ahead with our interventions.

Moving into the local climate, we really tried to clean how local supportive to making CTG successful. These were the important considerations. First and foremost, was our "Live Well San Diego" long-term initiative by the county. It is key because it involved all five major business groups who were all now committed to the health of San Diegans. This was adopted by our board of supervisors.

So with procurement policies --

>> Joanna Hathaway: Irene, would you mind speaking a little louder or getting a little closer to

your headset. We're having a little trouble hearing you.

>> Irene Linayao-Putman: Yes, sorry about that.

>> Joanna Hathaway: Thank you so much.

>> Irene Linayao-Putman: Thanks for letting me know. With our smoke-free policies and procurements, the "Live Well San Diego" initiative was key since our procurements affected all the major business groups at the county. So we needed everyone to be on board.

Secondly, the California Tobacco Control Program had put some monies into the regions locally to get behavioral health and tobacco cessation trainings into local areas. And when we learned of that, we got all on board so that we could help with the planning and the outreach and get that capacity built here locally.

And then with smoke-free multi-unit housing, we looked at just a couple of factors. One is that the state makes secondhand smoke exposure, elimination and reduction one of their three top priorities. We know there are very good resources that we could tap locally.

And with the recent decrease in the funding to the County of San Diego, now that multi-unit housing was a gap that we could fill, that gap could be filled with existing expertise.

The technical assistance they provide is very valuable. A lot of health promotion folks aren't just automatically up to speed on all the legal issues. So change lab solutions is where we get to fill that knowledge gap, is through the technical assistance.

And then lastly, that state law that Selfa had referenced was our Senate Bill 332 that made it explicit that landlords have the right to make their rental properties smoke-free. It had always been the case, it was just that a lot of private owners were hesitant to go forward without having an established legal precedent to point to.

And just briefly, this is maybe something that you're familiar with. It is the 3-4-50 concept. And our "live well" initiative was really based in this concept that the three behaviors lead to four diseases and over 50% of deaths. In San Diego, that's actually closer to 54%.

But having this concept around really did help to raise the perspective of tobacco use as a problem still. Many people had thought that we kind of took care of that problem, so this was going to raise the status and the visibility of tobacco one more time.

And our community health statistics office actually did a quick estimate for me, and they looked at what are the tobacco-related diseases, what do they account for in that 50% of deaths? They actually accounted for something close to 34% of deaths. So if you took that 3-4-50 and you eliminated tobacco use, you just didn't do that, you would be looking at something closer to 2-4-16, just not as impressive.

So another deep dive into what the local climate is and whether it was a support or interventions, we looked at just our internal departments and our housing and community development department had recently adopted smoke-free housing policy. That was terrific. It was a great statement. However, the reach was just limited because the county at that time owned and operated just four buildings and that would affect 121 units. We knew that we could use it as a starting point, but we had to get a lot farther.

Additionally, the City of San Diego which is the largest municipality in our county had been working with one of our county contractors and they had just adopted a smoke-free housing policy. It wasn't effective until a year later, so we knew there would be a great need for assistance in implementing these policies.

And then we did have some state grantees who were funded so we knew there was some good expertise locally that we could tap.

And, lastly, just tracking the momentum of the California cities adopting smoke-free housing

policies, from October 2010 there were 34 and by November 2011 there were 54. However, none of them are located in San Diego.

So we actually have to do a little bit deeper dive and look at our microclimate. And for people in San Diego, they're kind of used to getting their weather reports as microclimates because a ten-mile distance can mean an accurate forecast or not. So it is necessary to look at, you know, what is the reach that we could attain if we did that procurement intervention.

And looking at our health and human services agency, we actually had over 900 contracts and that equated to close to 500 contractors. And our contracts alone represented 81% of the county contracting budget. We spend way over \$450 million on contracting a year. And so if we could do this intervention, we could have great reach.

We concentrated on three divisions, aging and independent services because of the number of contracts and the vulnerable populations they service, our behavioral health services just because of the disparity of smoking in those populations and public health services because we knew that you do have to start within and model that behavior.

>> Genoveva Islas: Irene, we're reaching time with your presentation. So if you could please -- thank you.

>> Irene Linayao-Putman: I'll wrap that up. So I'm going to skip these slides, just long enough to mention that we do check our interventions against the spectrum of prevention. I think it is the gold standard, so we want to get as close to the highest rung on the ladder there.

And then we also wanted to make sure our interventions were timely. We knew what was happening in the community was a concern about electronic smoking devices. We knew that both of our interventions could really use the boost that electronic cigarettes are bringing back to tobacco.

So our lessons learned is that primarily you've got to take the time to do that deep dive, and you've got to really concentrate some more effort, some more investment of time, build some skills to work with the really -- the highest need group which happens to be behavioral health. And we want to finish on a good note, and that's that through the work we started with our behavioral health services, we realize that to get a smoke-free policy in place there and tobacco cessation well-integrated we needed more supports like nicotine replacement therapies and carbon monoxide monitors.

And so we ended with a partnership with CVS, and they're going to be chipping in some funds to provide those necessary supports to our effort. Thank you.

>> Genoveva Islas: Thank you so much, Irene.

We're going to move on quickly to our next presenter who is Terese Voge. Terese, I hope I pronounced that correctly. Please correct me if I didn't. Terese has over 15 years' experience in project management and is a leader on multiple community coalitions and partnerships that address the health and well-being of children and families. She is currently a manager of health programs for Sonoma County and has been honored by the county as a public health champion.

Welcome, Terese.

>> Terese Voge: Hi, thank you. I really appreciate the opportunity to speak about our community transformation efforts. And here in Sonoma County -- forwarding the wrong one there. Okay. Here we go.

So our community transformation grant was a large grant. We received one of the 40 small community grants. And ours was a two-year grant of \$3.5 million. I think for those of you on the call that are with a county or city government, you know the process of getting more than half of that out the door in two years and actually functioning was quite a challenge. But it allowed us to build some amazing partnerships and really focus on capacity-building rather than service delivery.

And some of the overall goals, and all these goals, while they hit on everything that we did

within our CTG grant, address tobacco prevention as well. And, of course, we are interested in chronic disease rates. We're interested in the secondary complications and conditions that are impacted. We are interested in addressing health disparities and we wanted to build the evidence base of effective prevention programming.

So the five areas that we worked on with our CTG grant were access to healthy foods, physical activity, clinical management, infrastructure and then, of course, what we're discussing today here are smoke-free environments.

And within the arena of smoke-free environments, I'm really breaking it down four ways. So we worked on smoke-free multi-unit housing as others did. Something a little more unique is that we worked on smoke-free treatment facilities, so treatment facilities being both inpatient and outpatient facilities that work with people with substance abuse disorders or mental health needs. So we wanted to work with them to ensure that their smoke-free policies are as extensive as they could be and that they were actually being implemented and enforced.

And the third area that we were focusing on was a youth campaign, a media campaign, around nicotine addiction, anti-smoking. And, lastly, we also went down the track of contract procurement. I kind of couch that in "infrastructure." So we've made some great headway in that area as well and I can speak to that in a minute.

There it goes, okay.

So in the area of health equity, as you know, there was a requirement of the grant but it helped us to hone our interventions. We knew that multi-unit housing was an area that we were already well-versed in. We've got nine cities in our county and three of the cities in the unincorporated areas had adopted multi-unit housing policies. And we really wanted to explore how to make those stick and how to assess whether those were really changing things and whether people were abiding by them and apartment owners were implementing the policies correctly.

And we know that these populations that live in multi-unit housing are young, elderly and low-income families and many of those low-income families have children. So we wanted to really choose those efforts because of the health equity issues implied there.

And then, of course, within treatment facilities and for substance abuse and mental health issues, we know those folks are more likely to be smokers at a rate of three to five times higher than the average adulterate. There's some built-in resistance to having cessation and facilities that are smoke-free sometimes that we ran into. So I can explore that a little bit more later as well.

And, of course, we know youth are particularly vulnerable. They are developmentally vulnerable. There's peer pressure, and then, of course, they are highly targeted by the tobacco industry.

So looking a little deeper into the smoke-free multi-unit housing area, as I noted before, here's Sonoma County. We're up here in California. And we had already three cities that I've noted here that had adopted multi-unit housing ordinances, plus our unincorporated area. And two of those, the unincorporated area and the City of Petaluma had done so very recently. So we were very interested in working on implementation strategies. And what the CTG grant really allowed us to do was to get in there and do some assessments. We had done some pretty thorough assessments before and after TA, technical assistance, intervention and to hone our technical assistance delivery in a way that then resulted in stronger uptake of the policy and implementation of the policy.

That's all I wanted to say there.

So I do want to mention that we did do these observational surveys, and then -- so we have two sets of them. We did them at the beginning of the grant and towards the end of the grant. And we definitely saw an increase in the compliance and the intervention that we did. But CTG allowed us to

do much more technical assistance in sending letters to folks and physically being at the properties and offering our assistance in that way.

And then with the youth media campaign, we went all out here as well. So we adopted -- we hired, excuse me, an organization that specializes in putting these campaigns together. And kind of at the center of this campaign was a 30-second video clip which I would have loved to have shown you here. For you to view it on your own, it is at www.notsoldinpacks.org or it is on YouTube. That 30-second video clip was developed with youth input from local youth. And there were focus groups, and the county was involved in helping set that up with Better World Advertising, was the company that we hired to do this work. It was a really great collaboration.

So the strategy that they chose in implementing to really get it out there to as many places as possible that youth have access to, so there were 6,000 Comcast television spots, 48,000 plays in movie theaters. It was on YouTube, as I mentioned or still is. And there was about 114,000 views on YouTube. There were Facebook ads, a Web site, campaign posters. We worked to get the message out to schools. And Better World Advertising did an evaluation at the end of the campaign and did 70 surveys with youth. And there is a whole evaluation report if anybody is interested in seeing that. It was very effective.

Along with the youth media campaign, we did an Instagram contest. And for those of you who don't know Instagram, it is basically an opportunity to post a picture and language with a picture to support the picture. And so we -- the campaign ran for about six months. As you can see up on the little card on the upper right-hand corner, there was a prize given out each month. And I just picked a few of them to show here on the slide of what people submitted. There were a few more, too. So they were random. I just stuck them up there so the two I didn't post, you can look at those on the Web site as well and what youth wrote, what "independence" means to them. It was an exciting way to engage youth in this contest -- or in this effort.

And, lastly, in the area of smoke-free treatment facilities, again, this is a really -- a tough area. There's always some resistance. As you probably know, there's kind of some thinking that, you know, people who are in substance abuse recovery or maybe who don't have their full faculties available to handle the nicotine addiction that they have, that the idea is we just need to deal with their drug problem now or their alcohol problem. And if they're smoking, that's okay. That gives them -- that calms them down, that sort of thing. We ran into some of that resistance but really have continued to educate and work with our treatment facilities to kind of get over that thinking and to present cessation and to work that into the assessment and into the offerings that people have when they're on the facility and to treat whole health, to look at -- to promote that and we brought also -- I think Irene had mentioned they had access to the University of Colorado and that's Dr. Chad Morris. We had him out to do a full day of trainings. He did several, the one on the slide here is one of the trainings that he did. It was very well attended and staff really took to this training. He is the go-to person. So if you have access to him, I highly recommend you have him out to your facility.

And, lastly, just reflecting on the outcomes because our grant just wrapped up in October, even though it's technically wrapped up, much of the work continues and CTG has been a tremendous boost in the work that we do and has allowed us to build our capacity in terms of looking at our kind of underlying structure of how we get this work done, the flow of the work, who's involved in the work. So this work definitely continues. It's definitely especially in the area of smoke-free treatment facilities has shifted norms towards health and given people the courage to kind of make some hard decisions around whether they are going to enforce smoking rules or not.

Let me move on here. So we've improved our internal systems for providing TA as I mentioned. And we've also -- we were able to do a lot of assessment that I don't think we would have had time or

funding to do in terms of, for example, with the smoke-free treatment facilities, really going out there. We did surveys before and after the interventions and we're able to speak with those folks who work in these facilities and who go to these facilities and really understand what they think about smoking and what they're doing, whether they are abiding by policies or not and what those policies are.

Lastly, what I think is really an important piece of this all is that the county is really now the go-to place for all things smoking related. We have -- the cities are literally just knocking down our back door to get support with all the efforts that they're now interested in doing around smoke-free policies, around multi-unit housing policies, around tobacco retailer licensing.

We've worked out some really amazing relationships between us and law enforcement in the various cities to handle situations that rise beyond what we can do -- intervene as a health department.

So this work here has really helped strengthen a lot of that core work that we do. I'll leave it at that.

>> Genoveva Islas: Thank you so much, Terese.

We're going to move on to try to get back on track with our time to our next speaker. I want to introduce to you all Larry Cohen. Larry, as you know, is the executive director and founder of Prevention Institute. Prevention Institute is a national non-profit dedicated to creating systemic, comprehensive strategies that change the conditions that impact community health. An important focus of Larry's work has been to develop local policies that support health and wellness and spur legislation at the state and federal levels.

Welcome, Larry.

>> Larry Cohen: Great presentations. And I have to say, I learned a great deal.

I wanted to really go backwards and go forwards. I worked in Contra Costa County, and that was probably now several decades ago when we passed the first multicity no smoking law, which was also the first collaboration, cancer, heart, lung and public health and, of course, then many, many other players. And we did it with the Great American Smokeout just today is the Great American Smokeout. And the outcomes of that were really that since that point we've seen tobacco rates drop and norms change which has probably been even more important.

I like the metaphor the snowball for changes. The initial elements were no smoking in restaurants, no smoking in workplaces, airlines, vending machines, taxes. This is a picture of Lilly who was at that point a young child. She now -- I need an updated picture because she is now a mother. And I bet her new child has never seen one of these vending machines, certainly not one where a child would have access to it.

The issue of tobacco has had a huge impact on tobacco and also over the last few weeks, in the City of Berkeley, our neighboring city, we were engaged and they just passed this soda tax with 75% of the vote. In San Francisco, there was 55% pro soda tax. And this all really emerged from tobacco. In fact, a big part of the theme was -- is soda the new tobacco. I just wrote an article in the "Huffington Post" on this tax and it really drew on the lessons from tobacco but also from injury prevention, from disability activism because what becomes clear from tobacco and all these other issues, that then influence, really influence community transformation grant thinking is a couple of different things: One, that useful policy often is developed locally and then the local policy really bubbles up not only to other locales but to statewide and national work.

And we see communities building on one another. They take what goes on in one community as all three presentations talked about housing and they move it to other communities or youth advocacy which we also heard about in the presentations that proceeded us. And unfortunately every one of the -- not all three counties have beaches, so we haven't seen the tobacco-free zones

on all the beaches, but this was the first.

Everyone saying how can we build on the work that others have done and how can we take a next step. Some people want to be first. A lot of people want to be second. And even more people want to follow up once it becomes safe and secure. And that's the work where I feel like on the one hand we heard three separate presentations, but, on the other hand, they're really, really interrelated. And the integration between the three is what's really important.

Another thing which really grew out of the tobacco work which is really important is that it really takes collaboration and it really takes groups working together. I love the metaphor of a jigsaw puzzle because each piece can make sense but when you put them together, they make a lot more sense. And in particular, we've been, looking at notions of intrasectoral to start to be more strategic about how different sectors can benefit, not only all policies but how do we create a win-win solution. I like this quote from Karen Haught in Tulare County: This funding opportunity made the benefits of working together ever clearer. By working across sectors to achieve health impacts in all policies through shared goals, we have built a solid foundation and we've developed opportunities to engage new players in the health issues facing Tulare County, not just tobacco ." And clearly beyond intrasectoral collaboration, I appreciated the shoutout for the spectrum. It developed around the same time as that first Contra Costa multicity no smoking laws because it is important to work on multiple levels and to make sure that the multiple levels are synergistic and support one another.

So at Prevention Institute we provided technical assistance to a variety of community transformation group sites and we saw a lot of effective initiatives, just like the three that we just heard presented here. And I think CTG at its best was both individually effective work but also the notion of a broad community of practice and of the development of leadership skills.

It is also important and was mentioned some in the previous presentations that what we've been doing is really growing the emphasis on equity. And in California in particular, I think we've paid extra attention to the equity issue and increasingly in tobacco control, this is a summit we participated in. The findings were published in February. All groups have benefited from tobacco, but there hasn't been the intensity of focus on reduction inequities. And, therefore, there hasn't been the intensity of reduction in smoking in the communities most heavily hit. They have benefited but not with the level that we really need.

CTG contributed, I think, because it really funded primarily high need local sites like the communities and neighborhoods that were described and reflected here. And we also must understand as this picture of the community Transformation Health Equity Guide developed by CDC that we were engaged in as well and helped to produce, that it's critical to look at the very specific, not just the communities but the very, very specific strategies.

Another thing that really made me happy as I was listening to the three presentations is that there's growing interest -- and this is critical for equity and for all health work. There is growing interest in looking at the underlying community conditions leading to illness, not just looking at one issue at a time.

So Ventura, for example, looking at what's sold and how it's promoted. In San Diego, talking about lactation at the same time they're talking about tobacco. We can consider how communities can address tobacco and also address junk food, soda and alcohol, how communities can look at housing like San Diego and Ventura and Sonoma all did and also then think not only about tobacco and housing but safety or asthma. Because we're not just building a policy. What we're really building in addition are enduring partnerships and coalitions that may start around one campaign but create the synergy and capacity for new campaigns. And I really obviously these three pictures are linked.

And I think they're linked as well in terms of funding. There's a new opportunity which CTG really helped catalyze that I really wanted to draw attention to as we think about what's moving ahead, which is to engage healthcare as an important partner not just in the clinical side of prevention but really in advancing community work. And we call this community-centered health homes. It has to go beyond identifying community services for people already sick and injured and really getting healthcare to understand. And I think we're seeing the beginnings of that, really getting healthcare to understand that community solutions will reduce demand, will save resources, and most importantly will stop people from getting sick and injured who don't need to be sick and injured.

I wanted, as I said, to turn our attention also to the notion of funding. We've produced a lot of funds through tobacco taxes, for example, but there hasn't been enough benefit. It's time to shift funding so that we can really foster prevention. It is needed for community-wide and systemwide efforts, for policy change. This is a complicated slide. I don't have time for the detail right now but we call it closing the loop because we need to close the loop and take a substantial part of the funds that are generated through taxes, a substantial part of the funds that are generated through legal settlements, a substantial of the funds that are generated by saving money, by reducing healthcare demands and reinvest that funding in prevention.

All those CTG is ending abruptly, it has really created a legacy of change. This is just one example that we've all been engaged in, in terms of California tobacco. But what we're really seeing is an investment in community transformation and that's going to be echoed in communities across the country. And we see if we work together that norms change is going to continue to grow.

We've got the ability to go much further and we have a much stronger community than when the work began, and I'm really, really excited to be a partner with so many of us working together across the state and across the nation.

I've concluded.

>> Genoveva Islas: Thank you, Larry. That was fantastic. You covered a lot in a short period. I thank you for raising to that challenge.

I really enjoyed many of the points that you made. But one I thought -- I would like to spend a little time more is thinking a little bit more of those enduring partnerships that you mentioned. My first question would be: How do we foster stronger partnerships with healthcare but not just about quitting and about prevention in the first place? What are your thoughts there?

>> Larry Cohen: That's a big question, of course. I think the key to fostering stronger partnerships is to be intentional about it and to be thoughtful about it. Highly recommend our tool collaboration multiplier because it really helps to think about why is each partner involved.

I remember being involved in some coalitions where people said, hey, if you are going to join this coalition, you need to leave your hat at the door. And, frankly, I never could buy into that. I've worked so hard for Prevention Institute and our particular goals and the particular niche which we hope adds value to the field. Why would I go to a meeting and not bring that thinking and expertise with me?

I think when we look at issues of partnership, it is really important to understand what the pros and the cons are, what the benefits are for the specific partners. How do we not just have health in all policies? How do we create win-win? If we are working with healthcare, what is it that they need to achieve or what is it that they're worried about and they want to avoid. If we're working with transportation, you know, how do we help transportation be more used, be busier, if we're working with housing. We need to understand the housing needs at the same time.

I thought the presentation on looking at mental health needs -- and my background, by the way, before I became involved in prevention was in mental health treatment. How do we do the work in a

way that meets mental health needs and meets tobacco prevention needs at the same time? It is a question of really being thoughtful and strategic and obviously it is not a question we think about alone. We think about it in groups, in partnerships, in frank discussions.

>> Genoveva Islas: Thank you, Larry. And so I would love to pull up our next poll, Joanna, because it's I think very relevant to getting us to think about those strategic partnerships. And so our third poll is what type of partners are you working with to create tobacco-free living environments. Please select all that apply, if it is education, business, health systems/hospitals, faith-based, housing, transportation, community-based, planning, social services or other. And if you have a "other," we would appreciate you typing that into the Q&A feature.

So as we're waiting for that poll to close, I did want to ask the other panelists to go ahead and unmute your lines so we could have a little bit more of a conversation on this and other questions that have come up.

And so I wanted to pose in particular a question about working with leadership. And so, Terese, Selfa, if you can answer how you have been working with your county leadership in moving policies forward whether it is doing direct education with them or involving them in other aspects of your work.

>> Selfa Saucedo: I'd like to address that. This is Selfa with Ventura County. Our leadership team that was created during our community transformation grant has decided to continue the work we've started because they are definitely invested in it. Our leadership team is comprised of county elected officials, county board of supervisors, mayors, administrators, school administrators, superintendents, as well as community-based organizations. On we will be continuing the work that we started in smoke-free multi-unit housing as well as in farm-to-school procurement. Those are the two areas we focused our pilot projects on.

The good note is that we've been discussing this idea with Dr. Rudolph and Dr. Delaney and they have made themselves available to providers with some technical assistance in terms of educating our leadership team on the topic of health in all policies.

The team feels strongly that the best way is to lay down some foundations so that all counties and cities -- because cities do look to the county for guidance on these matters -- will be able to use the county's general plan is what we're hoping to eventually work on but to use that as their guide for their policies and their programs and their projects that they create within the cities and within the counties.

So definitely we are bringing training to our elected officials, county officials on the topic of health in all policies. They are interested. They have a voice, an interest and a desire to learn more and we are thrilled, we couldn't be more because that makes it so much easier for us to get some of this work done.

I definitely am promoting working with others in our county who are interested in moving the county toward the smoke-free countywide smoke-free ordinance, outdoor smoking ordinance. And I think, again, this has been generated because of some city's desire to see what the county's doing. As mentioned earlier, the cities oftentimes will look to the county and that has been our situation here to see what the county is doing. Even though we do have several cities that do have comprehensive outdoor smoking ordinances, there are others and we would like to see the county on board as well just to set the example for others. Our leadership team and our tobacco education and prevention coalition as well as our partnership for a Healthy Ventura County Coalition are all on board in working with health in all policies. We can look forward to much more broader policy work in Ventura County.

>> Genoveva Islas: Great. Thank you, Selfa.

Irene and Terese, I would love for you to chime in as well. How have you been working with your leadership in moving policies forward?

>> Terese Voge: We have been blessed. The CTG grant was instigated one of the members of our board of supervisors and the leadership we have through our director of health services has been instrumental in making sure that we were able to put it on the various organizations that we're asking to adopt and implement and enforce smoke-free policies throughout the county and also into getting it into our procurement contracting language. We could not have done that without strong leadership.

And I think on our side of it, we've been really careful to provide constant updates to make sure that those updates are just exactly the amount of information that somebody would need to be updated and to keep them in the loop.

We have the bigger picture that's always there and present to guide this work so that one of the presenters earlier, I think from Ventura or from San Diego, noted that the 2-3-50 concept, the chronic disease and knowing what a big portion smoking is as a contributor. Keeping that, first and foremost, in our work, in our planning.

And then appreciating as Larry was saying, the interrelationship between all kind of three areas, substances, healthy eating and tobacco and how we can pull those three things together in our policy work and that's something that's really supported. And so I think looking at innovation in that way and having an interest in leadership, those are usually pretty innovative people. So getting them on board with those types of things as well.

>> Veva, three primary ways we keep them involved is our public health officer and additionally, we have in health and human services executive office representatives at most of our meetings or on every CDC call. Our leadership team includes one of our board of supervisors and the HHSA director and our health officer. So they stay pretty close in touch with all of our interventions.

>> Genoveva Islas: Great, great. So, Larry, I wanted to go a second also to ask you, you know, we see a lot of sort of emerging challenges and e-cigarettes is certainly one of those. What do you think needs to happen to reinvigorate our movement and win that battle?

>> Larry Cohen: That's a great question. And I hope everyone can answer it, including all the participants because it is unconscionable what's been happening with these cigarettes. There was that first claim that somehow they were kind of a medical treatment and not a new marketing tool. And obviously we can see really now that we've been duped, once again, by the tobacco industry's cynicism.

And we really need to pull together. We really need to reinvigorate. And I think this can add ideally pressure for other tobacco work we haven't completed yet such as housing, beaches, parks, whatever. But we need to have a statewide summit on this issue, national summit, we need to have hearings to get to the state legislature and the governor and work with the health director and basically say we need to make this a number one health priority because it is.

Clearly there are threats with issues like Ebola that capture the national attention, and I never believe we should pit one issue against another. But I do believe that we need to raise our voices in a coherent, consistent way on this issue and that the time is now.

>> Genoveva Islas: Yes. Others, Selfa, Irene or Terese, how do you see approaches to addressing that?

>> Irene Linayao-Putman: I think it is really important. We thought this was mission critical to tobacco because it really does erode all of the hard-fought progress, the hard-won progress in tobacco control bounce we let electronic smoking devices into our environment again.

So we thought very, first and foremost, we need to update all existing regulations that restrict tobacco use to include electronic smoking devices. And secondly, really to restrict the access by use and put more enforcement and compliance. There is a state law right now that says you cannot sell to minors under 18. But it doesn't have the enforcement piece behind it. And it doesn't say that youth

would be cited if they were in possession of these. So it needs a lot of tightening up.

>> Selfa Saucedo: I agree with what Larry and Irene have both said. This is very true in Ventura County here as well. I would just add as an experience we've had here in Ventura County is once you have comprehensive smoke-free ordinances in place that it actually proved in our case easy to incorporate the clause that was provided to us by ChangeLab solutions. And the local city came to us with the need to incorporate e-cigarettes information into their already existing comprehensive ordinance. And we provided them and within a matter of less than a month, they took it to city council and they added it.

They not only added the e-cigarettes clause to their ordinance but they also put a moratorium on vaping shops which are growing exponentially throughout our county with no reprieve in sight. With some technical assistance and communication with the lawyer for the city, we were able to inform and educate the city council to the point where within a matter of one meeting to the next they were able to make a decision and implement it into their existing ordinance.

So leveraging your resources and your relationships with existing cities and city councils is certainly labor intensive, but another way of getting ahead of this because, you're right, it is growing and it is a danger, it is a hazard. My concern is that it is normalizing tobacco use once more. And that's the key here. We're working with our behavioral health department and they just recently launched a marijuana campaign for providing information to parents to talk to their kids. And being able to use e-cigarettes with marijuana oil as a way of using marijuana is scary to think that that's possible. And there is no age limit on it.

So, Larry, what do we do?

>> Larry Cohen: Well, one thing I'm thinking as everyone is speaking because everything that's been said is important. We need money. And one source of money that's kind of obvious -- and I actually had a conversation with someone in the governor's office in another big state recently about this, one source of money when I was discussing this close the loop idea is tax on e-cigarettes and not just on the liquids themselves but on the paraphernalia and on all the materials.

He estimated in a smaller state a significant amount of money that could come in. We need to translate that money right now to policy campaigns. And we need to look at money that's currently coming in from tobacco taxes and say it's time to set some money aside. The economy in California is better than it has been in a while and a good deal of that money goes into the general fund. It is time to start to move money. It is time to start identifying some of the savings that we've created through all our success in tobacco and we need to work on this issue really intensively. I think there needs to be a statewide strategy. I think we need to have local strategies. We have many, many, many people equipped to do the work.

Even in counties where there is less direct work on tobacco right now, there are CTG groups working on food or soda or physical activity. And that capacity is not any different. We work on all these issues at the same time.

>> Selfa Saucedo: Yes, I agree.

>> Larry Cohen: I just want to say I'm in on that. I haven't really -- this Webcast is catalyzing my thinking as well and I'd really like to see Prevention Institute play an ever stronger role on this work. We haven't been nearly as involved in tobacco prevention as we used to be and I would sure like to do more to put a stop to this craziness.

>> Genoveva Islas: We appreciate your words on the need for more funding and how we close the loop here.

I know that Prevention Institute has done fantastic work and many issues and certainly having a lens on equity has been very important.

So I want to turn to that for a minute and start thinking a little bit more of the vulnerable populations that we need to protect. And youth have come up in several key points from our speakers.

So one of the questions that came in from our audience is intriguing so I want to put it out there and let you all respond.

And the question is: Do you think there is a conflict that it is illegal to sell to minors but it is not illegal for minors to possess or use which is different than alcohol? Any reactions to that?

>> Allison Barton: Is the person in California?

>> Genoveva Islas: Well, I'm not sure where they're from. We don't get that.

>> Allison Barton: Because in California, it is illegal -- all of those things are illegal.

>> Genoveva Islas: Oh, North Carolina, there you go.

>> Allison Barton: That's your advocacy project.

>> Genoveva Islas: All right. Let's move on to another question from the audience.

And the question is what experiences have you had advocating for temporal or partial voluntary smoke-free policies, for example, smoke-free nights at bars or a smoke-free building within housing community? Has this been useful in moving decision makers closer to policy change?

>> Larry Cohen: I mean, I'll just say that one of the speakers said earlier that I believe it was in housing that they said it is really helpful to have rules and to have the rules set externally by government or by the community, by laws in effect. And that many times some of this temporal stuff becomes a distraction or an excuse and won't typically be effective.

I can imagine there are some exceptions, but all in all, I would really lean very, very far from that in my opinion.

>> Selfa Saucedo: We have not tried that here in Ventura County because we, again, too, feel you need to be all in. Otherwise, you are confusing the issue.

>> Terese Voge: I think we're -- from Sonoma County, and we're now at a day and age where you can go all in. One of the first cities to pass a MUH in our area was many years ago and they have a 80/20 thing and it is confusing.

At the time it was super progressive and everybody was, you know, "this is great." But this day and age, I think you got to go all in. We've tipped the curve on the early adopters and all that. So we're -- if you're thinking about it, I think it's good to go all in. That said if you have -- it does take a city ordinance to adopt one of these.

And I know locally we have our largest city. It is on the cusp of adopting a MUH, we hope. And we did have one of their largest low-income senior housing properties go smoke-free. And that was quite a bit statement. So, of course, we support that and when you're on the track to making some policy change, that can be a good thing, too.

But as Larry mentioned and other speakers, that the power behind it is people want to say, you know, they're making us do this and that helps their cry when people don't want to abide by the rules.

>> Genoveva Islas: I'm going to continue posing questions from the audience for you. And the next one is: Was medical marijuana an issue in going smoke-free in multi-unit housing?

>> Allison Barton: This is Allison.

>> Go ahead, Allison.

>> Allison Barton: Allison Barton, Ventura County, California. I answered that in writing. But I have to say many of our managers that say very few of their residents smoke cigarettes but a lot of them are starting to smoke medical marijuana. And it has become a really big deal for them to cope with because the residents have prescriptions.

And interestingly in the presentation that I gave to the managers in our area, there was also an

attorney there who was going to be talking about other stuff, just ended up being an accidental advocate for smoke-free multi-unit housing. And he was like, you know what? There are all kinds of forms of medical marijuana and you can prohibit smoking marijuana on your premises. They can use a different form or use it somewhere elsewhere it is acceptable and legal. That was his response.

And it was very helpful to have him there actually for that reason.

>> Irene Linayao-Putman: I concur. That actually brought a lot of landlords to our program because they were having a problem with the marijuana smoking and we let them know that a smoke-free policy takes care of all that because you are not prohibiting them from using marijuana in any medical sense. It is just prohibiting where they can use it indoors and as a smoking product in their units.

>> Terese Voge: I'll add that ChangeLab has some great resources on that topic and it is an issue here as well and really delving into it, learning, well, it is not a prescription. They are not a protected medical class. Like I said, there are other ways to intake marijuana. Definitely treating that as smoke.

>> Genoveva Islas: Here is another question posed to Allison. Others feel free to chime in as well. It is asking: Has anyone addressed fragrance pollution? It creates the same breathing problems as second and thirdhand smoke does.

>> Allison Barton: Actually, in the same presentation, this sort of thing came up, too. I don't know if we want to really necessarily as tobacco coalitions get into this as our banner issue or anything, but do have to say that there's a law that protects landlords when they make rules about these -- they're called nuisances. And a lot of the tobacco policy in multi-unit housing is about nuisances. That's definitely a nuisance, can definitely have residents who have a problem, you know, with overuse of perfumes and colognes be able to bring that up to their landlords. And there's definitely recourse.

>> In California, though,, right?

>> Allison Barton: You know, in California. But, you know, I don't know if -- I would imagine every state has nuisance laws for multi-unit housing. It is not -- that's not unique to California, I don't think. I'm not an expert, but I do have to say that nuisances are nuisances, right? It's not...

>> Genoveva Islas: So there was a last related question to this. Can anyone say how much attention is being paid to second and third -- oops, it went off of my screen -- okay, here we go. I'll repeat it. Can anyone say how much attention is being paid to second and thirdhand IAQ issues from fragrance chemical trespass? It is very specific.

>> Selfa Saucedo: I'm unfamiliar with that. So perhaps somebody else as experience?

>> Terese Voge: We haven't taken up thirdhand spoke as a tobacco control issue. I do know over in public health, for example, their home visitors, they are addressing it and they are advising people who smoke and have children, for example, smoke outside, where a smoking jacket, wash your hands, where a hat. And just being aware of education on this. So in terms of a policy around it, I would be interested to hear what others have done.

>> Allison Barton: So when Camarillo, the city where I live, passed the original pretty broad citywide smoke-free ordinance, the original ordinance had a provision for people who provide child care in their homes. And originally it was that while children are in their home, they weren't allowed to smoke and you one of our smoke-free multi-unit housing advocates said, hey, what about the gassing off and the thirdhand smoke and the smoke that clings to walls and furniture. That's very dangerous and blah, blah, blah. So right on the spot they changed it to if you provide child care in your home, you're not allowed to smoke in your home. That is an example of how we've implemented policy based on the signs of thirdhand smoke, too.

>> Genoveva Islas: I want to say that we've run out of time unfortunately for continuing questions. Those questions that were posed on Q&A, we'll try to get some response to you and post them once the video recording is up on our Web site.

I want to thank, again, our speakers, Larry Cohen, Irene Linayao-Putman, Selfa Saucedo, and Terese Voge as well as Allison who joined us from Ventura.

And, you know, I really think there was a lot of tremendous learning and resources to share from them. So I encourage you to contact. I also want to thank our staff who is behind the scenes, Star Tiffany and Joanna Hathaway who helped us put on this great Webinar. Thank you all so much for being with us.

>> Thank you.

>> Genoveva Islas: And, lastly, a quick thanks to our sponsor, The California Endowment.

>> Larry Cohen: And that's to you, Veva.

>> Genoveva Islas: Thank you, Larry. Thank you, everyone. We conclude the Webinar.

(Web forum concluded at 4:30 p.m. EST)