California Department of Public Health
California Tobacco Control Program

CDC-RFA DP 15-1509
National State-Based Tobacco Control Program

Evaluation Plan
03/29/2015-03-28/2020

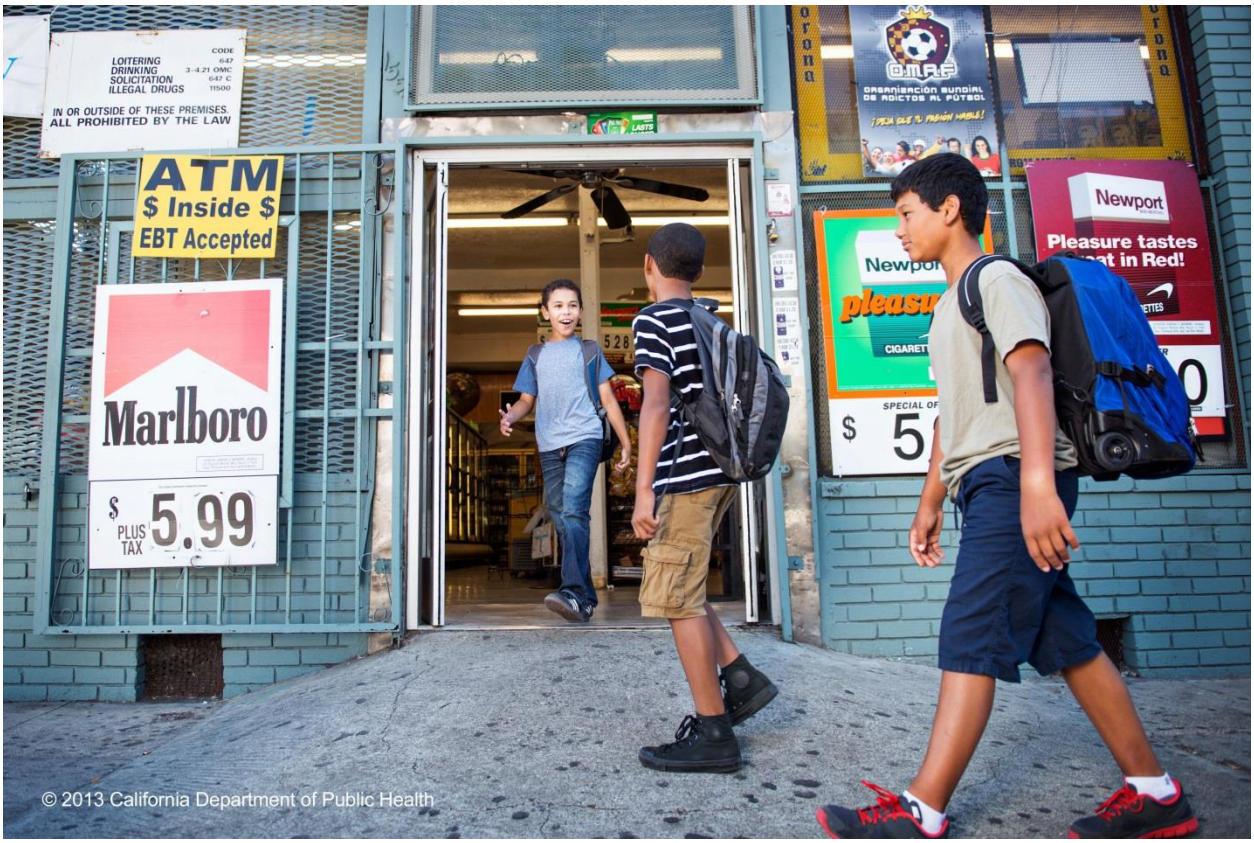

Table of Contents

Intended Use and Users

This evaluation plan describes process and outcome evaluation activities to inform efforts to prevent and reduce tobacco use by the California Department of Public Health Tobacco Control Program (CDPH/CTCP), including efforts funded by *DP 15-1509, National State-Based Tobacco Control Program*. It focuses on CDPH/CTCP's overall program and two specific interventions: Healthy Stores for a Healthy Community and Smoke-Free Multiunit Housing. An evaluation plan focused on increasing tobacco use cessation was submitted to the Centers for Disease Control Office on Smoking and Health (CDC/OSH) in July 2015.

This evaluation plan was developed by an internal workgroup comprised of representation from the CTCP's Evaluation Unit, Strategic Planning and Policy Unit, Media Unit, and the Community and Statewide Interventions Section along with input from the Evaluation Task Force (ETF). Established in 2000, the ETF is a stakeholder group that is convened annually to provide feedback on CDPH/CTCP surveillance and evaluation systems. Its members are: *Carsten Baumann*, MA, Director of External Evaluation, Colorado Department of Public Health & Environment; *Lois Biener*, PhD, Senior Research Fellow, Center for Survey Research, University of Massachusetts, Boston; *David M. Burns*, MD; *Frank Chaloupka*, PhD, Department of Economics, University of Illinois at Chicago; *Joanna Cohen* PhD, MHSc, Director Institute for Global Tobacco Control, Bloomberg Associate Professor of Disease Prevention, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health; *David Cowling*, PhD, Chief, Center for Innovation, California Public Employees' Retirement System; *K. Michael Cummings*, PhD, MPH, Professor of Psychiatry and Behavioral Sciences, College of Medicine Medical University of South Carolina; *Gary A. Giovino*, PhD, MS, Professor and Acting Chair, Director of Graduate Studies, Department of Health Behavior, School of Public Health and Health Professions, University at Buffalo, State University of New York; *David Hopkins*, MD, MPH, Coordinating Scientist and Chief Medical Officer, Community Guide Branch, Centers for Disease Control; *Matthew Myers*, Esq., Campaign for Tobacco Free Kids; *Michael Ong,* MD, PhD, Associate Professor in Residence, Division of General Internal Medicine and Health Services, Department of Medicine, University of California, Los Angeles and Chair of the

California Tobacco Education Research Oversight Committee (TEROC); *Kurt Ribisl*, PhD, Professor, Department of Health Behavior and Health Education, School of Public Health at Chapel Hill; and *Todd Rogers*, PhD, Senior Scientist, Public Health Policy Research Program, RTI International.

ETF members reviewed elements of the evaluation plan at their May 2015 meeting. Written feedback on final drafts of the logic models, evaluation questions, and methodology occurred in February 2016. Twelve of the 13 members commented on the draft plan and their feedback was incorporated into the final evaluation plan. The ETF will continue to be engaged in the evaluation process through annual meetings and on an ad hoc basis.

The purpose of the evaluation plan is to depict the linkages between CDPH/CTCP program planning and activities to short, intermediate and long-term tobacco use prevention and reduction outcomes. Evaluation results will be shared with stakeholders including the ETF, Centers for Disease Control and Prevention, Office on Smoking and Health (CDC/OSH); TEROC; CDPH/CTCP-funded agencies, other chronic disease programs, and the general public. Evaluation findings will be disseminated through trainings, professional conferences, factsheets, educational materials, press events, social and paid media, reports, and peer-reviewed journals. Results will be used to inform current and future program activities, document lessons learned, provide recommendations, and provide a feedback loop to researchers.

Program Description

Program Overview

CTCP was established in 1989 as a result of a voter-approved initiative that increased the excise tax on cigarettes and other tobacco products and designated a portion of the tax for a comprehensive tobacco control program.[1] Organizationally, CTCP is a Branch within CDPH. The fiscal year 2015/16 budget for CDPH/CTCP, from various state sources, was approximately $47.5 million and from federal sources it was approximately $4.0 million.

CDPH/CTCP's tobacco use prevention and reduction effort uses a denormalization strategy as its theory of change. Rather than focusing on individual behavior change, the Program seeks to change tobacco use norms in the larger physical and social environment and to create an environment in which tobacco use becomes less desirable, less acceptable, and less accessible.[1] The denormalization strategy strives to impact the diverse and complex social, cultural, economic, and political factors which foster and support continued tobacco use. Community interventions, statewide training and technical assistance, a mass media campaign, and a statewide quitline are used to promote policy, system and environmental changes which culminate in significant reductions in the uptake and use of tobacco at the population level.[2] The overall goals of CTCP are to: 1) limit tobacco promoting influences; 2) reduce exposure to secondhand smoke, tobacco smoke residue, tobacco waste, and other tobacco products; 3) reduce the availability of tobacco; and 4) promote tobacco cessation.

CDPH/CTCP is advised by TEROC, a legislatively mandated oversight committee, which produces a Master Plan every three years. The TEROC Master Plan guides the work of CDPH/CTCP and serves as the Program's comprehensive and strategic plans. The *2015-17 TEROC Master Plan: Changing Landscape-Countering New Threats* includes seven objectives that seek to: 1) raise the tobacco tax, 2) protect and enhance tobacco control capacity in California, 3) achieve tobacco-related health equity, 4) minimize the health impact of tobacco use on people and the environment, 5) prevent youth and young adults from beginning to use tobacco, 6) increase tobacco cessation, and 7) minimize tobacco industry influence and activities.[3]

Guidance from the TEROC Master Plan is complimented by a Health Equity Plan that resulted from a June 2013 Summit and a follow-up report that is based on three Health Equity Roundtables held in June 2014.[4,5] These two documents describe 11 priority strategies for reducing tobacco-related health disparities and to promote health equity.

At $0.87 per pack of cigarettes, California's tobacco tax rate is a little over half of the national mean excise tax of $1.61 per pack and ranks 35th compared to other states.[6] California has not raised its cigarette excise tax since 1998. California is only

one of three states without a tax increase since 1999. Since 2007, there were approximately nine legislative attempts to raise the tobacco tax by amounts ranging from $1.48 to $2.10 per pack of cigarettes. This includes two legislative attempts in the 2015-2016 period. Two ballot measures sought to increase the tax on cigarettes: Proposition 86 (2006) sought to raise the tax by $2.60 per pack of cigarettes, and was defeated 51.7% to 48.3%; and Proposition 29 (2012) sought to raise the tax by $1.00, and was defeated 50.3% to 49.7%.

On March 10, 2016, six progressive tobacco control bills were approved by the Legislature in a special session focused on health. These bills close exemptions in California's clean indoor workplace law, designate all K-12 public schools as tobacco-free, authorize local cigarette and tobacco taxes, define electronic smoking devices as tobacco products, raise the minimum legal age of tobacco sales to 21, and raise the state tobacco retail license fee to $265 annually. These bills are pending action by the Governor.

Statement of Need

Overview of the Smoking Problem: Smoking is the leading cause of preventable death in California, resulting in 40,000 deaths annually.[7] Seventy-five percent of California smokers say they would like to stop smoking.[8] The cost of smoking totals $18.1 billion each year, including direct health care costs and lost productivity costs from illness or premature death.[9] Smoking is a risk factor for the development of heart disease, lung disease, cancer, type 2 diabetes, low-birth weight, premature delivery and a variety of other diseases.[10]

Since CTCP began in 1989, California has made remarkable progress in decreasing smoking rates among adults and teens. Adult smoking rates declined from 23.7% in 1988 to 11.7% in 2014, reflecting a 51% decline.[11] While California's statewide adult smoking rate of 11.7% and high school smoking rate of 10.5% are among the lowest smoking rates in the nation, the magnitude of the tobacco use problem in California remains sizable: there are 3.8 million adult and 297,000 youth smokers in California.[11] The number of smokers in California exceeds the individual population of more than 20 states.

Smoking rates in California vary considerably by gender, race, sexual orientation, income, educational attainment, geographic region, and behavioral health status.[11] Smoking rates among men and women were comparable in the early 1980s but began diverging in the late 1980s. However, by 1995, smoking rates were 5 to 6 percentage points lower in women than men. Since then, this difference has widened: in 2013, the smoking rate for men was 15.1% whereas for women it was 8.5%.[11]

Over the last 15 years, smoking rates declined steadily across all racial/ethnic groups for both men and women. However, smoking rates declined faster among White and Asian/Pacific Islander men compared to African American and Hispanic men and faster among Hispanic and Asian/Pacific Islander women than among White and African American women. Smoking rates among Asian men in California vary considerably by sub-population: 17.0% of men who identified as Chinese smoke, while 26.2% of Korean men, and 21.0% of Vietnamese men smoke.[39] Awareness of the dangers of secondhand smoke exposure follows a similar pattern with 96% of Chinese, 55% of Koreans and only 28% of Vietnamese agreeing with the following statement, "You should protect your family from secondhand smoke."[12] The lesbian/gay/bisexual population is another group with a particularly high smoking rate: the rate at which the lesbian/gay/bisexual population smokes is nearly twice that of the general California population, at 21.6%.[11]

Smoking rates decrease with higher levels of income and the highest rates of smoking are observed in the poorest individuals. Smoking rates also decline with educational attainment. Those who have a high school or lower educational level smoke at a rate three times higher than those with some graduate school or beyond, while those with a vocational school education smoke at more than five times the rate of those with some graduate school or beyond[11]

Smoking rates are highest in rural counties, and lowest in urban counties. The smoking rate in Santa Clara County is 8.9% compared to 16.9% in the Central/Imperial Valley region of Fresno, Imperial, Kern, Kings, Madera, Merced, and Tulare counties.[11]

Overview of Tobacco Retail Environment: Increasingly, studies demonstrate the influence of retail outlets on the uptake of tobacco products, maintenance of use, and their role in fostering tobacco-related health disparities.[13-23] Retail outlets exert their

influence through mechanisms such as segmented advertising, price promotions, and density and proximity of tobacco retail outlets to schools and residential areas. Price discounts such as multi-pack discounts, coupons, buy downs, and low-priced brands are tobacco industry strategies used to counteract declines in smoking resulting from excise tax and other price increases.[13] Minority communities, particularly African American, youth, and low income communities, are preferentially exposed to tobacco marketing as a function of higher density of tobacco outlets, greater marketing, and price promotions.[15,20,22,24] These studies support the growing recognition that social environments and social conditions in which people live, such as distressed homes and neighborhoods; urban blight; poverty; crime; and the lack of jobs, grocery stores, recreational facilities, and transportation, all contribute to health disparities.[25,26] General plans, zoning, and licensing are strategies proposed as a means to regulate the retail environment to ameliorate unhealthy social environments contributing to tobacco-related disparities.[26-30]

Overview of Secondhand smoke in Multi-unit Housing: There is considerable evidence that secondhand smoke exposure is associated with cardiovascular disease,[31] lung cancer,[32] chronic obstructive pulmonary disease,[33] breast cancer in younger women,[34] still births and congenital malformations among pregnant women, and is linked to numerous harmful outcomes in infants and children, including sudden infant death syndrome and more frequent and severe asthma attacks, respiratory infections, and ear infections.[35] Residents of multi-unit housing are susceptible to secondhand smoke exposure which can drift between neighboring units through ventilation systems, electrical outlets, and plumbing, as well as from balconies and outdoor areas into living units.[36] More than 11 million Californians (32%) live in multi-unit housing. It is estimated that about one-third of these residents live in units with secondhand smoke infiltration. Approximately 42% of Hispanics, 33% of Whites, and 14% of Asians live in MUH. More than 25% of California's MUH residents are under the age of 18 and more than 22% live below the poverty level.[37]

Inputs & Program Resources

CDPH/CTCP's tobacco control intervention is comprised of two major components: a media campaign and community and statewide interventions. The media

campaign frames the message while community interventions implement advocacy campaigns, and state interventions build the capacity of community projects or provide direct services such as the cessation quitline.[2] Table 1 provides a Logic Model for the overall CDPH/CTCP program (Appendix A).

Mass Media Campaign: This component consists of paid advertising, social media, and earned media/public relations activities. Goals of the media campaign are to: 1) broadly educate the public and decision makers on tobacco issues; 2) lay the foundation for local policy efforts; 3) create demand for policies to protect vulnerable populations; and 4) motivate cessation and use of cessation assistance. The mass media campaign focuses on: secondhand smoke, countering pro-tobacco influences, and cessation. Paid media placements consist of television for broad reach as well as focused digital advertising on targeted websites and ongoing social media efforts (e.g., paid search, promoted Facebook posts). Radio, print, and/or out-of-home advertising are used to reach specific populations when feasible. The multi-cultural English language campaign is supplemented with Spanish and Asian in-language campaigns. Specialty campaigns targeting diverse groups are periodically developed in tandem with local partners (e.g., LGBT, military, and health care providers). Earned media opportunities that yield news coverage are strategically sought to either enhance advertising efforts, or as a primary mechanism to advance a key topic area. All advertising and counter-marketing efforts are linked to website and Facebook components.

Community and Statewide Interventions: Community-focused tobacco control efforts are carried out by 61 local lead agencies, primarily local health departments, and 35 competitive grant projects, primarily non-profit agencies. The local lead agencies manage local coalitions and conduct education and policy activities within their health jurisdiction. The 35 competitive grant projects focus tobacco control efforts within priority population communities that experience higher rates of tobacco use or exposure to secondhand smoke.

CDPH/CTCP recognizes that public health efforts are more likely to be successful if scientific evidence is incorporated into making management decisions, developing policies, and implementing programs[38] and that the successful

implementation of a social-norm change intervention relies on strong community competencies in the areas of community organizing, building strategic and diverse partnerships, policy implementation, and subject matter expertise across a range of health, cultural, legal, and technical areas such as program planning, marketing, and evaluation.[39,40] As such, CDPH/CTCP supports a robust technical assistance and training system which includes: an educational materials clearinghouse, specialized library and research services; youth and young adult advocacy, training and technical assistance; legal training and technical assistance; community organizing and policy training and technical assistance; priority population/capacity building training and technical assistance; and cessation-related training and technical assistance.

CDPH/CTCP also administers a statewide quitline. Established in 1992, the California Smokers' Helpline (CSH) is a statewide telephone-based tobacco cessation program funded through tobacco taxes administered by CDPH (Proposition 99) and First 5 California (Proposition 10), CDC/OSH, Medi-Cal reimbursement, and research funding (e.g., Tobacco-Related Disease Research Program, Centers for Medicare and Medicaid Services, National Institutes of Health). Historically, CSH provided free evidence-based support in English, Spanish, and Asian languages (Mandarin, Cantonese, Korean and Vietnamese). Asian language services were transferred to the National Asian Quitline beginning in August 2015. Tailored cessation support is also provided to teens, pregnant smokers and smokeless tobacco users. CSH operates Monday through Friday, 7:00 a.m. to 9:00 p.m., and Saturday and Sunday, 9:00 a.m. to 5:00 p.m., along with reduced holiday closures. In fiscal year 2015, CSH received 10,096 calls through the national 1-800-QUIT-NOW line and 93,543 through 1-800-NO-BUTTS.

Smoke-Free Multi-Unit Housing Campaign: The goal of California's smoke-free MUH campaign is to reduce tenant exposure to secondhand smoke and in particular to protect those in low-income housing. California's smoke-free multi-unit housing efforts were launched in 2000. The campaign initially focused on a voluntary approach; however, following a 2006 statewide conference, *Smoke-Free California: Where We Live, Work & Play*, the campaign shifted towards local legislated policies.

Several state laws support California's local smoke-free MUH efforts. The state clean indoor air law, Labor Code 6404.5, prohibits smoking in the indoor common areas of apartment and condominium complexes, including hallways, stairwells, laundry rooms and recreation rooms if these areas are places of employment (e.g., property manager, security guard or maintenance worker has access). California Civil Code Section 1947.5 provides explicit authority for a landlord to prohibit smoking of cigarettes and tobacco products on any portion of the property and since 2006, California has offered a tax credit incentive to developers of low-income housing for new projects in which at least 50 percent of rental units are designated as smoke-free (California Code of Regulations, Title 4, Division 17, Chapter 1).

CDPH/CTCP uses state resources to fund 45 projects to reduce secondhand smoke exposure in multi-unit housing. These projects work on the following types of smoke-free policies: voluntary, legislated, Housing Authority, disclosure, and nuisance. Local efforts are supplemented with coordination and collaboration with healthy housing groups. Local smoke-free MUH efforts are supported by the statewide media campaign.

Since 2006, multi-cultural English language, Spanish language, and Asian language secondhand smoke ads have focused on two main themes: 1) toxic secondhand smoke permeates throughout a multiunit apartment complex and harms nonsmokers, and 2) infants and children are being exposed to toxic secondhand smoke or e-cigarette aerosol in the home when family members smoke or vape inside the home. These messages are produced in television, radio, print and digital ad formats. An analysis of the smoke-free multiunit housing campaign found that it had good awareness across multicultural, Hispanic/Latino and Black populations, was cost-effective, and that attitudes favoring smoke-free MUH units increased during the period of the campaign among African Americans.[41] Paid secondhand smoke advertisements are augmented by social media messaging. Table 2 provides a Logic Model for the Smoke-Free Multi-Unit Housing Campaign (Appendix A).

Healthy Stores for a Healthy Community Campaign: In 2012, CDPH/CTCP launched its Healthy Stores for a Healthy Retail campaign. This campaign reflects a partnership among several CDPH programs -- Nutrition Education and Obesity

Prevention Branch, Safe and Active Communities Branch, Chronic Disease Control Branch, and the Sexually Transmitted Diseases Control Branch and the Department of Alcohol and Drug Programs.

The Healthy Stores for a Healthy Community campaign works off the premise that it is critical to address the store environment in order to make our communities healthier and safer places to live. At the heart of campaign is the concept that retailers play a vital role in promoting and protecting the health of our communities. The store environment is a major venue in which unhealthy products such as tobacco, processed foods, alcohol, sodas and other sugary beverages are marketed and sold. It is also increasingly an important vehicle for marketing these products through targeted advertising, strategic product placement, price promotions, brand loyalty programs, and other strategies to attract new customers. Additionally, there are links between alcohol use, unprotected sex, and sexually transmitted disease transmission. Availability and access to condoms is an important factor to avoiding risky sexual behavior.

The overarching goals of the Healthy Stores for a Healthy Community campaign are to: 1) reduce availability, accessibility and visibility of products that risk harm to health, particularly for young people; 2) address socioeconomic and other inequities in access to harmful and healthful products; 3) persuade retailers of their instrumental role in creating healthier communities; 4) counter industry activities designed to evade regulations that protect the public's health; and 5) increase the availability of healthy products such as fresh fruits and vegetables and condoms.

In terms of the tobacco-related focus of this campaign, the state's 61 local health department tobacco control plans have objectives that are focused as follows (number of local health departments working on each in parentheses): Promoting Tobacco Retail Licensing (21), Regulating Content-Neutral Advertising on Storefronts (13), Regulating Menthol Cigarettes and Other Flavored Tobacco Products (9), Regulating Tobacco Retailer Density/Zoning (8), Promoting Tobacco-free Pharmacies and Health Care Providers (4), Regulating Exterior Tobacco Product Marketing (2), Promoting Healthy Retailer Licensing (2), and Promoting Healthy Community Retailer Incentives (1). Table 3 provides a Logic Model for the CTCP Healthy Stores for a Healthy Community Campaign (Appendix A).

Stage of Development

CTCP is a mature comprehensive tobacco control program in operation since 1989. The media campaign and CSH are well-established interventions that have supported tobacco use prevention and cessation for more than twenty years. CTCP has been at the forefront in promoting local-level evidence-based strategies since its inception, and the program's policy and systems change approach has become a model for other statewide public health programs. The smoke-free multi-unit housing campaign highlighted in this evaluation plan has been in existence since 2000 and the Healthy Stores for a Healthy Communities campaign was launched in 2012. However, this campaign builds upon two earlier retail campaigns: Operation Storefront: Youth Against Tobacco Advertising and Marketing which was conducted from 1994-1997 and the Strategic Tobacco Retail Effort which was launched in 2004.

Evaluation Plan

Evaluation Focus

This evaluation plan will primarily focus on two major CTCP interventions: The Healthy Stores for a Healthy Community Campaign and Smoke-Free Multiunit Housing. These interventions were selected as the focus because of they involve strategies that were identified in the TEROC master plan as key to addressing health equity, which is a high program priority. With a few exceptions, the methods rely on data sources readily available and collected through ongoing surveillance and evaluation survey mechanisms conducted by the CDPH, CTCP, and CTCP contractors and grantees (see Appendix B: Evaluation Methods Grid).

Evaluation Methods

CTCP utilizes data from a variety of sources, including CTCP-funded researchers (e.g., the California Student Tobacco Survey, conducted by University of California, San Diego and the Online California Adult Tobacco Survey, data collected by GFK Custom Research, LLC), data collected by Local Lead Agencies (e.g., the Healthy Stores for a Healthy Community Survey), a collaboration of the CDC and the California Department of Public Health (e.g., the Behavioral Risk Factor Surveillance System), as well as CTCP records (e.g., local lead agency plans accessed through the Online Tobacco

Information System). As outlined in Appendix B: Evaluation Methods Grid, a combination of process and outcome data will be collected to evaluate the CTCP overall program and the Healthy Stores for a Healthy Community and Smoke-Free Multi-Unit Housing interventions.

The methods selected for the process measures include both qualitative data (e.g., key informant interviews, conducting a case study of a successful smoke-free multi-unit policy) and quantitative data (e.g., tracking the number of policymakers educated and number of social media posts). Utilizing mixed methods to measure progress on process measures is appropriate to allow for a more complete picture of the activities that are undertaken to achieve the program goals. Tracking both the types of activities and their reach will enable CTCP and those advising the program to better recognize whether activities are successfully furthering program objectives, and how activities might be changed in the future to improve program effectiveness.

The methods selected for short-term, intermediate-term, and long-term outcomes include quantitative data primarily from large datasets with randomly sampled populations. Utilizing these datasets for outcome evaluation is very powerful, as they allow for generalizing to represent the entire population in California. In addition, the sample sizes of these datasets are large enough to break down the data analyses by population demographics or other characteristics of interest. This allows for an in-depth view of how well CTCP programs are reaching a variety of populations of need, and also enables the program to identify where current interventions may need to be expanded or new interventions may need to be developed.

Analysis and Interpretation Plan

Appendix C: Analysis Plan Grid provides an overview of how the data will be analyzed. CTCP will work with TEROC and its external ETF to review and interpret evaluation results, and to consider programmatic changes needed in response to evaluation findings. The 13 member ETF is co-chaired by David Burns, M.D., and Michael Cummings, Ph.D., and is comprised of representatives from throughout the U.S. including state health departments, academia, private research firms, and TEROC.

The group meets annually to review CTCP intervention, evaluation, and surveillance efforts.

Use, Dissemination and Sharing Plan

Evaluation results will be used to adjust intervention activities as needed, develop and promote new intervention activities as required, as well as to assess the overall program impact on both the California general population and priority populations. Findings will be disseminated through TEROC meetings, the TEROC Master Plan, reports such as the annual Tobacco Facts & Figures, infographics, social media, and other vehicles. CTCP will work with its staff and partners to translate evaluation findings into action, which may include bill analyses and high-level administrative policy meetings with internal and external policy makers.

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Appendix A – Logic Models

Table 1. CTCP Overall Logic Model

California Tobacco Control Program Overall Logic Model				
Inputs: Focus Groups, Statewide Local Lead Agency (LLA) Trainings, Key Informant Interviews and Public Intercept Survey, Surveillance of Tobacco-Related Attitudes and Behaviors, Local Health Department Needs Assessments, Health Equity Report Card, Statewide Tobacco Cessation Quitline				
Key Program Strategies: Healthy Stores for a Healthy Community Campaign, Smoke-Free Indoor and Outdoor Air Policies, Maintaining State Quitline, No Mas Butts Campaign, Diverse Partnerships, and Building Local Capacity.				
Activities	**Outputs**	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
• Educate key opinion leaders, policy makers and the public about tobacco control issues and effective interventions • Develop paid and earned media and counter-marketing campaigns • Administer and promote a statewide tobacco use quitline • Mobilize diverse communities across California • Engage diverse partners and develop diverse tobacco-control coalitions	• Community and policy-maker educational campaigns around tobacco control issues and effective interventions, highlighting health equity issues • Media placements reaching diverse communities • Operational quitline promoted to diverse populations • Training and technical assistance for tobacco control educators in diverse communities • High-quality partnerships with diverse stakeholders	• Increased awareness of tobacco control issues/effective interventions by key opinion leaders, policy makers and the public • Increased anti-tobacco attitudes • Increased support for tobacco-control policies • Increased proportion of CA population covered by tobacco-control policies • Increased proportion of CA population covered by tobacco-control policies addressing health equity* • Increased proportion of priority populations in CA covered by tobacco-control policies • Increased number of tobacco waste policies • Increased call volume to quitline from diverse callers	• Sustained enforcement of tobacco-control laws • Increased compliance with tobacco-control laws • Reduced availability of tobacco products • Decreased exposure to tobacco product advertising and pro-tobacco messages • Decreased sales of tobacco products • Decreased susceptibility to experimentation with tobacco products • Decreased indoor smoking • Reduced behaviors contributing to tobacco waste • Increased quit attempts among tobacco users	• Decreased tobacco use initiation • Decreased tobacco consumption • Decreased tobacco use prevalence among adults and youth • Decreased exposure to secondhand and thirdhand smoke • Decreased tobacco waste in the environment • Decreased tobacco-related disparities as described in CTCP Health Equity Report Card • Decreased tobacco-related morbidity and mortality
Environmental Context: State excise tax rates, rates of tobacco use, national media campaigns, state tobacco control funding, utilization of statewide quitline, tobacco cessation insurance coverage, tobacco and e-cigarette industry spending.				

*Tobacco-control policies addressing health equity were identified in the TEROC Master Plan.

Note: "Tobacco products" include electronic smoking devices; "smoking" includes smoking tobacco and vaping electronic smoking devices; "smoke-free" and "secondhand smoke" include tobacco smoke and toxic aerosol emitted from electronic smoking devices; and "thirdhand smoke" includes residue from tobacco smoke and toxic aerosol.

Table 2. Smoke-free Multiunit Housing (MUH) Logic Model

California Tobacco Control Program Smoke-free* Multiunit Housing (MUH)) Logic Model				
Inputs: Focus Groups, Statewide Local Lead Agency (LLA) Trainings, Key Informant Interviews and Public Intercept Survey, Local Health Department Needs Assessments, Health Equity Report Card				
Key Program Strategies: Local Jurisdiction Smoke-Free MUH Policies and Implementation of Smoke-Free Public Housing Policies (HUD).				
Activities	**Outputs**	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
• Educate key opinion leaders, policy makers and the public about harms of secondhand smoke and smoke-free MUH policies • Develop paid and earned media and counter-marketing campaigns about the harms of secondhand smoke and smoke-free MUH policies • Administer and promote a statewide tobacco use quitline • Mobilize diverse communities across California • Engage diverse partners and develop diverse tobacco-control coalitions	• Community and policy-maker educational campaigns around the harms of secondhand smoke and smoke-free MUH policies, highlighting health equity issues • Smoke-free MUH and secondhand smoke media placements reaching diverse communities • Operational quitline promoted to MUH residents • Training and technical assistance around Smoke-free MUH for tobacco control educators in diverse communities • High-quality partnerships with diverse stakeholders working on smoke-free MUH	• Increased awareness of secondhand smoke harms and smoke-free MUH interventions by key opinion leaders, policy makers and the public • Increased support for smoke-free MUH policies • Increased proportion of CA population covered by smoke-free MUH policies • Increased proportion of priority populations in CA covered by smoke-free MUH policies • Increased call volume to quitline from MUH residents	• Sustained compliance of smoke-free MUH laws / HUD policy • Decreased smoking in MUH/HUD complexes • Increased quit attempts among tobacco users	• Decreased exposure to secondhand and thirdhand smoke • Decreased tobacco consumption • Decreased tobacco use initiation • Decrease tobacco use prevalence among adults and youth • Decreased tobacco-related disparities as described in CTCP Health Equity Report Card • Decreased tobacco-related morbidity and mortality
Environmental Context: State excise tax rates, rates of tobacco smoking and vaping, national media campaigns, state tobacco control funding, utilization of statewide quitline, tobacco cessation insurance coverage, tobacco and e-cigarette industry spending.				

Note: "Tobacco products" include electronic smoking devices; "smoking" includes smoking tobacco and vaping electronic smoking devices; "smoke-free" and "secondhand smoke" include tobacco smoke and toxic aerosol from electronic smoking devices; and "thirdhand smoke" includes residue from tobacco smoke and toxic aerosol.

Table 3. Healthy Stores for a Healthy Community (HSHC) Campaign Tobacco Control Logic Model

California Tobacco Control Program Healthy Stores for a Healthy Community (HSHC) Campaign Logic Model				
Inputs: Focus Groups, Statewide Local Lead Agency (LLA) Trainings, Key Informant Interviews and Public Intercept Survey, HSHC Store Observation Survey Data, Local Health Department Needs Assessments, Health Equity Report Card				
Key HSHC Campaign Strategies: 1) Enact tobacco retail licensing with fees earmarked for enforcement; 2) Establish a minimum pack/volume size for cigarillos, little cigars, and/or other tobacco products; 3) Eliminate the sale/distribution of menthol cigarettes and or other flavored tobacco products; 4) Restrict tobacco retailer density/zoning; 5) Eliminate tobacco sales by pharmacies and other retail places where health care services are provided; and 6) Restrict the amount of any content-neutral advertising on storefront windows.				
Activities	**Outputs**	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
• Educate key opinion leaders, policy makers and the public about tobacco retail environment issues and HSHC campaign strategies • Develop paid and earned media and counter-marketing campaigns • Conduct HSHC store observation surveys statewide • Mobilize diverse communities across California • Engage diverse cross-sector partners in nutrition, alcohol, sexually transmitted diseases and other programs • Develop diverse tobacco control coalitions	• Community and policy-maker educational campaigns around tobacco retail environment issues and HSHC campaign strategies, highlighting health equity issues • HSHC media placements reaching diverse communities • Training and technical assistance for tobacco control educators in diverse communities • High quality cross-sector partnerships • High quality partnerships with diverse stakeholders	• Increased awareness of tobacco retail environment issues and HSHC campaign strategies by key opinion leaders, policy makers and the public • Increased anti-tobacco attitudes • Increased support for HSHC campaign strategies • Increased proportion of CA population covered by HSHC-related policies • Increased proportion of priority populations in CA covered by HSHC-related policies	• Increased enforcement of tobacco retailer licensing laws • Increased compliance with tobacco control laws in retail environment • Increased price of tobacco products • Decreased sale of menthol cigarettes and other flavored tobacco products • Decreased accessibility of tobacco products • Decreased exposure to tobacco product advertising and pro-tobacco messages • Decreased susceptibility to experimentation with tobacco products	• Decreased tobacco use initiation • Decreased tobacco consumption • Decreased tobacco use prevalence among adults and youth • Decreased tobacco-related disparities as described in CTCP Health Equity Report Card • Decreased tobacco-related morbidity and mortality
Environmental Context: State excise tax rates, rates of tobacco use, national media campaigns, state tobacco control funding, tobacco cessation insurance coverage, tobacco and e-cigarette industry spending.				

Note: "Tobacco products" include electronic smoking devices.

Appendix B – Evaluation Methods Grid

Evaluation Question	Indicator / Performance Measure	Data Source	Frequency
OVERALL LOGIC MODEL **Process Evaluation Questions**			
• How many policymakers are educated on tobacco control issues? • How is this changing over time?	• Number of state policymakers educated through meetings or drop-by visits during Capitol Information & Education (I & E) Days.	• American Lung Association I & E Days report	Annual
• What CTCP tobacco-control media activities take place, and what is their reach? • How is this changing over time?	• Types of activities undertaken by CTCP media unit, and estimated reach.	• Google Analytics for TobaccoFreeCA.com, StillBlowingSmoke.org and NoButts.org • Facebook statistics • Direct response television and other media placement data including cost, weekly gross ratings, airings, impressions, and media markets • Media tracking study	Annual
• How is CTCP effectively identifying and meeting training and technical assistance needs in local communities to reduce health disparities? • How is this changing over time?	• Number and type of health equity trainings provided and new support materials developed. • Number of people who attended health equity trainings.	• CTCP Website / Partners • Webinar Attendance Logs	Annual
• How many high-quality partnerships were formed with diverse stakeholders in other sectors? • How is this changing over time?	• Number of Local Lead Agency (LLA) partnerships with other sectors rated “good” or “excellent.”	• Online Tobacco Information System (OTIS)	Annual

Evaluation Question	Indicator / Performance Measure	Data Source	Frequency
OVERALL LOGIC MODEL **Outcome Evaluation Questions (Short-Term, Intermediate Term, and Long Term Outcomes)**			
• How aware is the general public of the tobacco industry's marketing tactics? • How is this changing over time?	• Proportion of Californians who agree that tobacco advertising encourages young people to start smoking. • Proportion of Californians who agree that tobacco advertising targets certain groups such as young adults, low-income groups and specific ethnic groups.	Behavioral Risk Factor Surveillance System (BRFSS) or Online California Adult Tobacco Survey (CATS)	Annual
• How aware is the California general public about the health harms associated with secondhand smoke? • What proportion of California youth believes that e-cigarettes are just as addictive as cigarettes? • How are these changing over time?	• Proportion of Californians who agree that inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker. • Proportion of California youth who agree that e-cigarettes are just as addictive as cigarettes.	• BRFSS/Online CATS • California Student Tobacco Survey (CSTS)	Annual
• What disparities in secondhand smoke exposure exist in California? • What disparities in thirdhand smoke (THS) exposure exist in California? • How are these disparities changing over time?	• Proportion of Californians by race/ethnicity exposed to secondhand smoke within the last 2 weeks. • Proportion of Californians by race/ethnicity exposed to thirdhand smoke within the last 2 weeks.	• BRFSS/Online CATS	Annual
• How many cigarette packs are sold in California? • How is this changing over time?	• Number of packs of cigarettes sold in California.	• Federal Trade Commission Tax Burden Report	Annual

Evaluation Question	Indicator / Performance Measure	Data Source	Frequency
• How many Californians are exposed to secondhand smoke or toxic aerosol? • How is this changing over time?	• Proportion of Californians exposed to secondhand smoke in the past week. • Proportion of Californians exposed to toxic aerosol in the past week.	• BRFSS or Online CATS	Annual
• What proportion of California adults and youth currently smoke cigarettes? • What proportion of California adults and youth currently use any tobacco products? • What proportion of California adults and youth currently use e-cigarettes? • What proportion of California adults and youth are currently "dual tobacco users"? • How are these changing over time?	• Proportion of California adults who have smoked at least 100 cigarettes in their lifetime and who currently smoke every day or some days. • Proportion of California youth who have smoked cigarettes in the last 30 days. • Proportion of California adults who have used any tobacco products in the last 30 days. • Proportion of California youth who have used any tobacco products in the last 30 days. • Proportion of California adults and proportion of California youth who use e-cigarettes in the last 30 days. • Proportion of California youth who have used e-cigarettes in the last 30 days. • Proportion of California adults who have smoked at least 100 cigarettes in their lifetime and who currently smoke every day or some days AND who have also used at least one other tobacco product in the last 30 days. • Proportion of California youth who have smoked cigarettes in the last 30 days AND who have also used at least one other tobacco product in the last 30 days.	• BRFSS • California Student Tobacco Survey (CSTS)	Annual

Evaluation Question	Indicator / Performance Measure	Data Source	Frequency
• How many Californians are sick with or have died from smoking-attributable diseases? • How is this changing over time?	Incidence of lung cancer, bronchial cancer, ischemic heart disease, and emphysema among California adults 35 and older, and broken down by 10-year age group. • Smoking-attributable morality among Californians age 35 and older.	• California cancer registry • Centers for Disease Control and Prevention (CDC) WONDER • CDC Smoking-Attributable Mortality, Morbidity and Economic Cost (SAMMEC) data	Annual (Cancer, heart disease, and emphysema rates) Every 5 years (SAMMEC data)
<u>SMOKE-FREE MUH LOGIC MODEL</u> **Process Evaluation Questions**			
• What types of media activities are undertaken by CTCP to support smoke-free multiunit housing (MUH) in California? • How is this changing over time?	• Description of variety of media activities.	• CTCP Media Unit Tracking Records	Annual
• What proportion of CTCP-funded tobacco control projects worked on promoting smoke-free MUH? • How is this changing over time?	• Proportion of objectives in local project work plans around smoke-free MUH.	• OTIS	Annual
• What challenges were faced by CTCP-funded tobacco control projects working on smoke-free MUH and how were they overcome? • What strategies did CTCP-funded projects employ to successfully pass smoke-free MUH policies?	• Description of challenges and strategies utilized by CTCP-funded project	• OTIS Progress Reports	Every 3 years

SMOKE-FREE MUH LOGIC MODEL **Outcome Evaluation Questions (Short-Term, Intermediate Term, and Long Term Outcomes)**			
• What proportion of Californians support smoke-free MUH policies? • How is this changing over time?	• Proportion of Californians who agree that apartment complexes should require all units to be smoke-free.	• BRFSS/Online CATS	Annual
• How many California jurisdictions passed a smoke-free MUH Policy? • What proportion of Californians is currently protected by local smoke-free MUH policies? • What proportion of priority populations in California is currently protected by local smoke-free MUH policies? • How is this changing over time?	• Number of California jurisdictions that passed a smoke-free MUH policy. • Proportion of the California population covered by a smoke-free MUH policy.	• Policy Evaluation Tracking System (PETS) • Department of Finance Population Data (DOF)	Annual
• Are jurisdictions where a CTCP-funded smoke-free MUH effort occurred more likely to have adopted a smoke-free MUH policy than jurisdictions where no such funded effort occurred?	• Proportion of jurisdictions where a CTCP-funded smoke-free MUH effort occurred that passed a smoke-free MUH policy.	• Policy Evaluation Tracking System (PETS) • OTIS	Every 3 years
HEALTHY STORES FOR A HEALTHY COMMUNITY (HSHC) CAMPAIGN LOGIC MODEL **Process Evaluation Questions**			
• How many community members (adults and youth) participated in the Healthy Stores for a Healthy Community (HSHC) store observation data collection?	• Number of adult and youth data collectors with unique IDs entered in HSHC store surveys.	• HSHC	Every 3 years
• In how many communities was the HSHC store observation survey conducted?	• Number of zip codes surveyed during HSHC data collection.	• HSHC	Every 3 years

• How many news stories were generated as a result of publicizing HSHC survey findings? • How is this changing over time?	• Number of news stories resulting from HSHC coordinated press release.	• Media Unit Tracking	Every 3 Years
• How many local tobacco control projects involved partners in alcohol, nutrition, chronic disease, sexually transmitted diseases or other programs in training local data collectors? • How is this changing over time?	• Number of LLAs including at least one individual from other partner programs in their invitee list for the Train the Trainers Event.	• Training Invitee List	Every 3 Years
• What are the opinions of the public and key informants about legislation regarding HSHC policies? • Does public opinion coincide with the opinion of key informants, especially policy makers? • What factors, according to key informants, constitute barriers and what would facilitate the adoption of HSHC policies?	• Proportion of public and key informants supporting or opposing each HSHC policy. • Reasons for support/opposition and perceived barriers and facilitators.	• HSHC LLA Key Informant Interviews (KII) • HSHC LLA Public Intercept Surveys (PIS)	Every 3 Years
HEALTHY STORES FOR A HEALTHY COMMUNITY (HSHC) CAMPAIGN LOGIC MODEL **Outcome Evaluation Questions (Short-Term, Intermediate Term, and Long Term Outcomes)**			
• What proportion of the Californians support tobacco retailer licensing? • What proportion of Californians believes that tobacco advertising should not be allowed outside a store? • What Proportion of Californians believes that coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarette purchases should be banned? • What proportion of Californians believes that the	• Proportion of Californians agreeing that store owners should need a license to sell cigarettes. • Proportion of Californians agreeing that tobacco advertising on the outside of a store should not be allowed. • Proportion of Californians who agree that coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarette purchases should be banned.	• BRFSS/Online CATS	Annual

number of tobacco stores should be reduced? • What proportion of Californians believes that flavored tobacco products should not be allowed to be sold? • What proportion of Californians believes there should be a minimum pack size for tobacco? • What proportion of Californians believes that pharmacies/drug stores should not sell tobacco products? • How are these changing over time?	• Proportion of Californians who agree that the number of tobacco stores should be reduced. • Proportion of Californians who agree that flavored tobacco products should not be allowed to be sold. Proportion of Californians who agree that the sale of menthol cigarettes should not be allowed. • Proportion of Californians who agree that tobacco products should be sold in packages of 10 instead of individually. • Proportion of Californians who agree that pharmacies should not sell tobacco products.		
• What proportion of the California population is covered by tobacco retailer licensing (TRL) policies with sufficient funds earmarked for enforcement? • How is this changing over time?	• Number of Californians living in a jurisdiction with a local tobacco retailer licensing policy with sufficient funds earmarked for enforcement, divided by the total California population.	• PETS	Annual
• What proportion of California pharmacies sells tobacco? • How is this changing over time?	• Proportion of licensed pharmacies in California that are also licensed to sell tobacco.	• List of licensed pharmacies • List of licensed tobacco retailers	Annual
• What proportion of tobacco retail stores in California have less than 10% of the storefront covered with signs? • What proportion of California tobacco retail stores sells flavored non-cigarette tobacco products? • What proportion of California tobacco retail stores sells menthol cigarettes? • What proportion of California tobacco retail stores sells single little cigars/cigarillos?	• Proportion of randomly surveyed California tobacco retailers with less than 10% of windows or glass doors covered by signs. • Proportion of randomly surveyed California tobacco retailers that sell at least one type of flavored non-cigarette tobacco products. • Proportion of randomly surveyed California tobacco retail stores that sell menthol cigarettes. • Proportion of randomly surveyed California	HSHC Store Observation Survey	Every 3 years

• Is the proportion different in jurisdictions that have passed a policy related to these issues, as compared to those who have not? • How are these changing over time?	tobacco retail stores that sell single little cigars/cigarillos.		
• How has California tobacco retailer density changed, in terms of number of stores per California population, and retailers located within 1,000 feet of schools? • How is this changing over time?	• Number of licensed tobacco retailers in California per California population. • Proportion of tobacco retailers located within 1,000 feet of a school. • Number of licensed tobacco retailers per capita in priority population communities (e.g., Hispanic, African American).	• Board of Equalization list of California licensed tobacco retailers • Department of Finance Population Data • Stanford/Green Info online mapping tool for California tobacco retailers and schools	Annual
• Are priority populations covered by HSHC policies? • How is this changing over time?	• Demographic characteristics of jurisdictions with HSHC policies, including the proportions of the population that are priority populations.	• PETS	Annual
• What proportion of California stores sell tobacco products to minors? • What proportion of California youth believe that most stores would sell cigarettes to someone their age? • What proportion of California youth usually buys cigarettes at a tobacco retail store? • How are these changing over time?	• Proportion of randomly selected stores in California that sold tobacco to a minor. • Proportion of California youth who think that most stores would sell cigarettes to someone their age. • Proportion of California youth who usually buy cigarettes at a gas station or convenience store; grocery store; drugstore or pharmacy; liquor store; restaurant, deli or donut shop; or a tobacco or vape shop.	• California Youth Tobacco Purchase Survey • CSTS	Annual

Appendix C – Analysis Plan Grid

Evaluation Question	Data Source	Survey Question	Analysis Plan
• How many policymakers are educated on tobacco control issues? • How is this changing over time?	• American Lung Association I & E Days report	N/A	Metric: • Number of state policymakers educated during I & E Days. Analysis over time: • Number increased/decreased over time.
• What CTCP tobacco-control media activities take place, and what is their reach? • How is this changing over time?	• Google Analytics for TobaccoFreeCA.com, StillBlowingSmoke.org and NoButts.org • Facebook statistics • Direct response television and other media placement data including cost, weekly gross ratings, airings, impressions, and media markets • Media tracking study	N/A	Metrics: • Narrative description of types of media activities undertaken. • Number of webpage views; number of Facebook posts and "likes"; gross ratings, airings, impressions and media markets; media tracking study participants who have seen CTCP TV ads. Analysis over time: • Number increased/decreased over time for each metric.
• How is CTCP effectively identifying and meeting training and technical assistance needs in local communities to reduce health disparities? • How is this changing over time?	• CTCP Website / Partners • Webinar Attendance Logs	N/A	Metrics: • Narrative description of types of trainings provided and new materials developed. • Number of trainings and new materials. • Number of people who attend trainings. Analysis over time: • Number increased/decreased over

Evaluation Question	Data Source	Survey Question	Analysis Plan
			time for each metric.
• How many high-quality partnerships were formed with diverse stakeholders in other sectors? • How is this changing over time?	• Online Tobacco Information System (OTIS)		Metric: • Number of LLA partnerships with other sectors rated "good" or "excellent". Analysis over time: • Number increased/decreased over time.
• How aware is the general public of the tobacco industry's marketing tactics? • How is this changing over time?	Behavioral Risk Factor Surveillance System (BRFSS) or Online California Adult Tobacco Survey (CATS)	• Agree/Disagree: Tobacco advertising encourages young people to start smoking. • Agree/Disagree: Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups.	Metrics: • Percent of participants who agree that tobacco advertising encourages young people to start smoking. • Percent of participants who agree that tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups. Analysis over time: • Chi-square analysis to detect statistically significant change annually. Break down by gender and age.
• How aware is the California general public about the health harms associated with secondhand smoke? • What proportion of California youth believes that e-cigarettes are just as addictive as cigarettes? • How are these changing over time?	• BRFSS/Online CATS • California Student Tobacco Survey (CSTS)	• BRFSS/Online CATS: Agree/disagree: Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker. • California Student Tobacco Survey (CSTS) question: Agree/disagree: E-cigarettes are just as	Metrics: • Percent of participants who agree that inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker. • Percent of participants who agree that e-cigarettes are just as addictive as cigarettes.

Evaluation Question	Data Source	Survey Question	Analysis Plan
		addictive as regular cigarettes.	Analysis over time: • Chi-square analysis to detect statistically significant change annually.
• What disparities in secondhand smoke exposure exist in California? • What disparities in thirdhand smoke (THS) exposure exist in California? • How are these disparities changing over time?	• BRFSS/Online CATS	• BRFSS/Online CATS: In the last two weeks, have you ever been exposed to tobacco secondhand smoke in California? Yes/No • BRFSS/Online CATS question on thirdhand smoke exposure (to be developed for 2017)	Metric: • Percent of participants who have been exposed to tobacco secondhand smoke in California. Analysis over time: • Chi-square analysis to detect statistically significant change annually and break down for age, gender and race/ethnicity.
• How many cigarette packs are sold in California? • How is this changing over time?	• Federal Trade Commission Tax Burden Report	N/A	Metrics: • Number of cigarette packs sold in California over time.
• How many Californians are exposed to secondhand smoke or toxic aerosol? • How is this changing over time?	• BRFSS/Online CATS	BRFSS/Online CATS: • In the past week, about how many minutes or hours were you exposed to other people's secondhand smoke in all environments? • In the past week, about how many minutes or hours were you exposed to other people's e-cigarette vapor in all environments?	Metrics: • Percent of participants who have been exposed to tobacco secondhand smoke in California. • Percent of participants who have been exposed to other people's e-cigarette vapor in all environments. Analysis over time: • Chi-square analysis to detect statistically significant percentage change annually and break down for age, gender and race/ethnicity. • T-test analysis for reduction of exposure time to other people's secondhand smoke or e-cigarette vapor over time.

Evaluation Question	Data Source	Survey Question	Analysis Plan
• What proportion of California adults and youth currently smoke cigarettes? • What proportion of California adults and youth currently use any tobacco products? • What proportion of California adults and youth currently use e-cigarettes? • What proportion of California adults and youth are currently "dual tobacco users"? • How are these changing over time?	• BRFSS • CSTS	<u>BRFSS:</u> • Have you smoked at least 100 cigarettes in your entire life? Yes/No • Do you now smoke cigarettes every day, some days, or not at all? • During the past 30 days, how many days did you use chewing tobacco, snuff, or snus? • During the past 30 days, how many days did you smoke big cigars? • During the past 30 days, how many days did you smoke cigarillos, or little cigars? • During the past 30 days, how many days did you smoke a tobacco pipe? • During the past 30 days, how many days did you use a hookah water pipe? • During the past 30 days, on how many days did you use any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?	<u>Metrics:</u> • Percent of California adults who are current cigarette smokers. • Percent of California youth who have smoked cigarettes in the last 30 days. • Percent of California adults who have used any tobacco products in the last 30 days. • Percent of California youth who have used any tobacco products in the last 30 days. • Percent of California adults and proportion of California youth who use e-cigarettes in the last 30 days. <u>Analysis over time:</u> • Chi-square analysis to detect statistically significant percentage change annually and break down for age, gender and race/ethnicity.

Evaluation Question	Data Source	Survey Question	Analysis Plan
		CSTS: • Have you used any of the following products in last 30 days? Cigarettes Yes/No; Little Cigars/Cigarillos Yes/No; Kreteks (Clove Cigars) Yes/No; Big Cigars Yes/No; Hookah Yes/No; E-cigarettes Yes/No; Smokeless Tobacco Yes/No.	
• How many Californians are sick with or have died from smoking-attributable diseases? • How is this changing over time?	• California cancer registry • Centers for Disease Control and Prevention (CDC) WONDER • CDC Smoking-Attributable Mortality, Morbidity and Economic Cost (SAMMEC) data	N/A	Metrics: • Incidence of lung cancer, bronchial cancer, ischemic heart disease, and emphysema among California adults 35 and older, and broken down by 10-year age group. • Smoking-attributable morality among Californians age 35 and older. Analysis over time: • Annual percentage change for California compared to the rest of US.
• What types of media activities are undertaken by CTCP to support smoke-free multiunit housing (MUH) in California? • How is this changing over time?	• CTCP Media Unit Tracking Records	N/A	Metric: • Description of variety of media activities. Analysis over time: • Description of new activities, activities ended and rationale for change.

Evaluation Question	Data Source	Survey Question	Analysis Plan
• What proportion of CTCP-funded tobacco control projects worked on promoting smoke-free MUH? • How is this changing over time?	• OTIS	N/A	Metric: • Proportion of CTCP-funded tobacco control projects that worked on promoting smoke-free MUH. Analysis over time: • Change in proportion over time.
• What challenges were faced by CTCP-funded tobacco control projects working on smoke-free MUH and how were they overcome? • What strategies did CTCP-funded projects employ to successfully pass smoke-free MUH policies?	• OTIS Progress Reports	N/A	• Case study of CTCP-funded project that successfully passed a smoke-free MUH policy.
• What proportion of Californians support smoke-free MUH policies? • How is this changing over time?	BRFSS or Online CATS	• Agree/disagree: Apartment complexes should require all the rental units to be smoke-free.	Metrics: • Percent of participants who agree that apartment complexes should require all the rental units to be smoke-free. Analysis over time: • Chi-square analysis to detect statistically significant percentage change annually and break down for race/ethnicity.

Evaluation Question	Data Source	Survey Question	Analysis Plan
• How many California jurisdictions passed a smoke-free MUH Policy? • What proportion of Californians is currently protected by local smoke-free MUH policies? • What proportion of priority populations in California is currently protected by local smoke-free MUH policies? • How are these changing over time?	• Policy Evaluation Tracking System (PETS) • Department of Finance (DOF) Population Data	N/A	<u>Metrics:</u> • Number of California jurisdictions that passed a smoke-free MUH Policy. • Percent of Californians currently protected by local smoke-free MUH policies. • Percent of priority populations (e.g., Hispanic, African American, youth) in California currently protected by local smoke-free MUH policies. <u>Analysis over time:</u> • Increase/decrease in percentages over time (DOF data is a census).
• Are jurisdictions where a CTCP-funded smoke-free MUH effort occurred more likely to have adopted a smoke-free MUH policy than jurisdictions where no such funded effort occurred?	• Policy Evaluation Tracking System (PETS) • OTIS	N/A	<u>Metric:</u> • Percent of jurisdictions where a CTCP-funded smoke-free MUH effort occurred that passed a smoke-free MUH policy. <u>Multivariate analysis:</u> • Multivariate analysis will be used to analyze the association between the CTCP-funded smoke-free MUH effort and adopting a smoke-free MUH policy after adjusting for readiness to pass an MUH policy in LLAs before the effort.
• How many community members (adults and youth) participated in the Healthy Stores for a Healthy Community (HSHC) store observation data collection?	• HSHC	N/A	<u>Metric:</u> • Number of adult and youth data collectors with unique IDs entered in HSHC store surveys.

Evaluation Question	Data Source	Survey Question	Analysis Plan
• In how many communities was the HSHC store observation survey conducted?	• HSHC	N/A	Metric: • Number of zip codes surveyed during HSHC data collection.
• How many news stories were generated as a result of publicizing HSHC survey findings? • How is this changing over time?	• Media Unit Tracking	N/A	Metric: • Number of news stories resulting from HSHC coordinated press release. Analysis over time: • Increase/decrease in number of news stories.
• How many local tobacco control projects involved partners in alcohol, nutrition, chronic disease, sexually transmitted diseases or other programs in training local data collectors? • How is this changing over time?	• Training Invitee List	N/A	Metric: • Number of LLAs including at least one individual from other partner programs in their invitee list for the Train the Trainers Event. Analysis over time: • Increase/decrease in comparison to previous data collection Train the Trainers Event.
• What are the opinions of the public and key informants about legislation regarding HSHC policies? • Does public opinion coincide with the opinion of key informants, especially policy makers? • What factors, according to key informants, constitute barriers and what would facilitate the adoption of HSHC policies?	• HSHC LLA Key Informant Interviews (KII) • HSHC LLA Public Intercept Surveys (PIS)	KII and PIS: • Would you support the HSHC (flavors ban, tobacco retail density, pharmacy ban, content neutral storefront advertising, minimum pack size) policy? KII: • Why do you support or oppose the policy? • What barriers and facilitators do you perceive regarding adoption of the policy?	Metrics: • Percent of public and key informants supporting or opposing each HSHC policy. • Qualitative analysis of key themes around support/opposition of each policy type and perceived barriers and facilitators using NVIVO. Analysis over time: • Chi-square analysis to detect statistically significant change. • Comparison of key themes emerging from qualitative analyses.

Evaluation Question	Data Source	Survey Question	Analysis Plan
• What proportion of the Californians support tobacco retailer licensing? • What proportion of Californians believes that tobacco advertising should not be allowed outside a store? • What Proportion of Californians believes that coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarette purchases should be banned? • What proportion of Californians believes that the number of tobacco stores should be reduced? • What proportion of Californians believes that flavored tobacco products should not be allowed to be sold? • What proportion of Californians believes there should be a minimum pack size for tobacco? • What proportion of Californians believes that pharmacies/drug stores should not sell tobacco products? • How are these changing over time?	BRFSS/Online CATS	• Agree/disagree: Store owners should need a license to sell cigarettes (just like alcoholic beverages). • Agree/disagree: Tobacco advertising on the outside of a store should not be allowed. • Agree/disagree: Coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarette purchases should be banned. • Agree/disagree: The number of tobacco stores should be reduced. • Agree/disagree: Flavored tobacco products like candy-flavored little cigars should not be allowed to be sold. • Agree/disagree: The sale of menthol cigarettes should not be allowed. • Agree/disagree: Tobacco products like cigarillos or little cigars should be sold in packages of 10 instead of individually. • Agree/disagree: Pharmacies/drug stores	Metrics: • Percent of participants who agree that owners should need a license to sell cigarettes (just like alcoholic beverages). • Percent of participants who agree that tobacco advertising on the outside of a store should not be allowed. • Percent of participants who agree that coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarette purchases should be banned. • Percent of participants who agree that the number of tobacco stores should be reduced. • Percent of participants who agree that flavored tobacco products like candy-flavored little cigars should not be allowed to be sold. • Percent of participants who agree that the sale of menthol cigarettes should not be allowed. • Percent of participants who agree that tobacco products like cigarillos or little cigars should be sold in packages of 10 instead of individually. • Percent of participants who agree that pharmacies/drug stores should not sell tobacco products.

Evaluation Question	Data Source	Survey Question	Analysis Plan
		should not sell tobacco products.	<u>Analysis over time:</u> • Chi-square analysis to detect statistically significant change annually and break down by age, gender and race/ethnicity.
• What proportion of the California population is covered by tobacco retailer licensing (TRL) policies with sufficient funds earmarked for enforcement? • How is this changing over time?	• PETS	N/A	<u>Metric:</u> • Percent of the California population living in jurisdictions with TRL policies with sufficient funds earmarked for enforcement. <u>Analysis over time:</u> • Change in the percent of the population covered by TRL policies.
• What proportion of California pharmacies sells tobacco? • How is this changing over time?	• List of licensed pharmacies • List of licensed tobacco retailers	N/A	<u>Metric:</u> • Percent of licensed California pharmacies that are also licensed to sell tobacco. <u>Analysis over time:</u> • Change in the percent of licensed pharmacies that are licensed to sell tobacco.
• What proportion of tobacco retail stores in California have less than 10% of the storefront covered with signs? • What proportion of California tobacco retail stores sells flavored non-cigarette tobacco products? • What proportion of California tobacco retail stores sells menthol cigarettes? • What proportion of California tobacco retail stores sells single little cigars/cigarillos? • Is the proportion different in jurisdictions that have	• HSHC Store Observation Survey	• What percent of the windows and glass doors are covered by signs? Less than 10%, Between 10% and 33%, More than 33%, No windows or glass doors. • Choose all flavor types of non-cigarette tobacco products sold here: Fruit or Sweet , Liquor, Mint, None of the above. • Choose all that are sold	<u>Metrics:</u> • Percent of tobacco retail stores in California that have less than 10% of the storefront covered with signs. • Percent of California tobacco retail stores sells flavored non-cigarette tobacco products. • Percent of California tobacco retail stores sells menthol cigarettes. • Percent of California tobacco retail stores sells single little

Evaluation Question	Data Source	Survey Question	Analysis Plan
passed a policy related to these issues, as compared to those who have not? • How are these changing over time?		here: Cigarettes, unflavored; Cigarettes, menthol; Chewing tobacco; Little cigars/cigarillos; Blunt wraps; Snus; Large cigars; Hookah; None of the above. • What is the SMALLEST pack of little cigars/cigarillos in the store? One (sold as singles), Packs of 2 to 5, Packs of 6 to 19, Packs of 20 or more.	cigars/cigarillos. <u>Cross-sectional analysis:</u> • Chi-square test for each metric comparing the difference between jurisdictions that have passed a related policy and those that have not passed a related policy. <u>Analysis over time:</u> • Longitudinal analysis to detect statistically significant difference in jurisdictions that have passed a policy related to these issues, as compared to those who have not and changes over time. • Longitudinal analysis of the impact of local tobacco retailer licensing policies on these indicators.
• How has California tobacco retailer density changed, in terms of number of stores per California population, and retailers located within 1,000 feet of schools? • How is this changing over time?	• Board of Equalization list of California licensed tobacco retailers • DOF Population Data • Stanford/Green Info online mapping tool for California tobacco retailers and schools	N/A	<u>Metrics:</u> • Number of stores per California population. • Proportion of stores located within 1,000 feet of schools. • Number of stores per capita in priority population communities (e.g., Hispanic, African American). <u>Analysis over time:</u> • Increase/decrease in number of stores per population, proportion within 1,000 feet of schools and number per capita in priority population communities.

Evaluation Question	Data Source	Survey Question	Analysis Plan
• Are priority populations covered by HSHC policies? • How is this changing over time?	• PETS • DOF Population Data	N/A	Metrics: • Percentages of the population that are priority populations (e.g., Hispanic, African American, youth) for jurisdictions that have passed HSHC policies. Analysis over time: • Increase/decrease in percentages of population that are priority populations over time.
• What proportion of California stores sell tobacco products to minors? • What proportion of California youth believe that most stores would sell cigarettes to someone their age? • What proportion of California youth usually buys cigarettes at a tobacco retail store? • How are these changing over time?	• California Youth Tobacco Purchase Survey • CSTS	CSTS: • Do you think most stores would sell cigarettes to someone your age? Yes/No. • Where do you usually buy your cigarettes? I have never bought a pack of cigarettes; gas station or convenience store; grocery store; drugstore or pharmacy; internet; liquor store; restaurant, deli or donut shop; tobacco or vape shop; other.	Metrics: • Percent of California stores that sell tobacco products to minors. • Percent of California youth who believe that most stores would sell cigarettes to someone their age. • Percent of California youth who usually buys cigarettes at a tobacco retail store. Analysis over time: • Chi-square analysis to detect statistically significant change annually and break down by age, gender and race/ethnicity.