

## Letter To the Editor

# California's community-based tobacco control initiatives: a collaborative approach in the United States

Sir,

Smoking damages almost all of the body's organs and causes sickness and impairment.<sup>1</sup> The main contributor to preventable illness, disability, and mortality in the US continues to be cigarette smoking.<sup>2</sup> Each year, the tobacco industry spends billions of dollars on cigarette advertising while each year, smoking costs the US economy hundreds of billions of dollars.<sup>3</sup> The amount of money that states spend on smoking prevention and cessation assistance from tobacco taxes and litigation varies widely. The CDC advises that states devote 12% of their resources to tobacco control.<sup>4</sup> However, 12.5% of American adults (about 30.8 million people) were smokers in 2020: 14.1% of males and 11% of women. Surprisingly, around 1,600 teenagers try cigarettes for the first time every day and many adult smokers of cigarettes desire to stop.<sup>4</sup> More than 440,000 fatalities a year in the United States are attributable to tobacco use, which is still a major cause of avoidable mortality. The exposure of non-smokers to secondhand smoke is responsible for about 10% of these fatalities.<sup>5</sup>

Furthermore, smoking prevalence has significantly decreased for general population because of several coordinated public health initiatives.<sup>6</sup> Healthy people 2020 objective of lowering smoking prevalence to less than 12% has been met/exceeded for several population segments, such as those with higher education and incomes, according to data from numerous surveys. Sadly, populations of low socioeconomic status, which is defined by low incomes, low levels of education, unemployment, blue-collar and service industry workers, have seen considerably slower rate of improvement in reducing smoking prevalence.<sup>6</sup> Due to this, gap between smokers from low and high socioeconomic status has grown. Eliminating tobacco use will be necessary to further reduce prevalence of smoking in country.<sup>6</sup>

Out of the 50 states in the United State, it was reported that 13.1 percent of Californians smoked in 2009, the state's smoking rate at its lowest point ever. Since the California tobacco control program (CTCP) was founded in 1990, the rate has decreased by 42%. California is on course to become one of just two states to reach the 12 percent prevalence rate in the healthy people 2020 target.<sup>7</sup> Men continue to smoke more frequently than women. In California, 15.6% of males and 10.7% of women smoked cigarettes in 2009.<sup>7</sup> Educational level and smoking prevalence are still interrelated, with lower education

levels being linked to higher smoking rates. Low-income levels are more prevalent in 2008, with a prevalence of 5.9 percent for college graduates and 12-15% for individuals with less education.<sup>7</sup> Additionally, a higher smoking prevalence is associated with lower income levels. Smoking prevalence was 7.8% among households earning \$150,000 or more in 2008 compared to 19.8% in those earning less than \$20,000.<sup>7</sup>

Each year in California, 40,000 adults die because of their own smoking, and 441,000 young people under the age of 18 will ultimately also prematurely die from tobacco use. Unfortunately, 68,000 young people under the age of 18 years become new daily smokers, 1.2% of High schoolers in California smoke and a palpable percentage of high schoolers (8.2%) use e-cigarettes.<sup>8</sup> The fraction of cancer deaths annually in California related to smoking is 21.6%. If the trend remains unchanged, an exponential rise in the smoking population is on the horizon as California has a high school cigarette smoking rate that is 15.5% of the national average.<sup>8</sup>

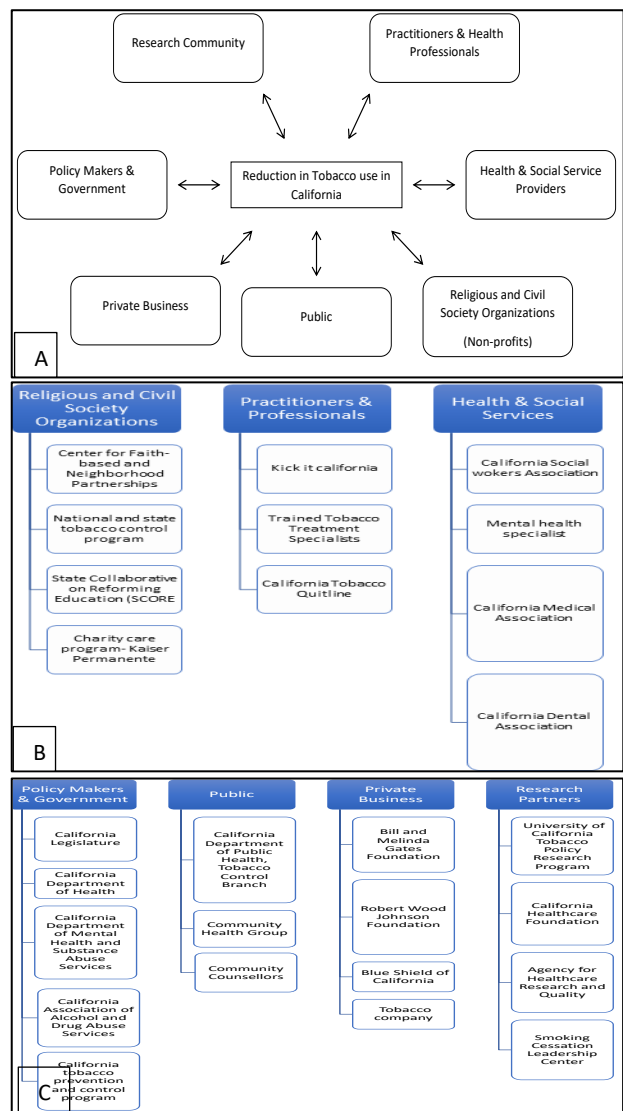
### ***Recommended approaches for collaboration and partnership among organizations focused on public health goals***

According to the published data on tobacco use in California, changing the environment in which habits and other aspects of health occur will be crucial, which will be the goal of this collaborative partnerships. Studies have also shown that partnerships can alter the environment, which will lead to widespread behavioral changes and better population-level health outcomes.<sup>9</sup> A collaborative partnership is an alliance formed between individuals and groups from many industries with a common vision and goal, who cooperate to accomplish same goal. In field of public health, cooperative partnerships work to enhance circumstances and results affecting health and well-being of entire communities.

The California tobacco control coalition has demonstrated what could be accomplished when different sectors work together as a team, to achieve a common goal. Aiming to promote and sustain the federal tobacco age bill as well as its implementation, we will include government, research, public, religious, civil society, health, and social services, commercial, and research groups.<sup>10</sup> In other to form a strong collaboration toward grass root curbing tobacco addiction in California, it will be targeted towards reducing tobacco use among

minorities with the help of enacting policies that do not allow the purchase of tobacco by individuals less than 21 years, community and school education on dangers of tobacco use, use of health communication via infographics on social media like Facebook and twitters. We will form a coalition team that will include members from the following: policy makers and governments which includes California legislature, California department of health, and California tobacco prevention and control program, private businesses such as the bill and Melinda gates foundation and Robert Wood Johnson foundation, public, and civil society organizations (Non-profits) such as community health group, community counselors, health and social service providers such as California social workers association and California medical association, practitioners and health professionals which includes kick it California, trained tobacco treatment specialists and California tobacco Quitline, and research community which the university of California tobacco policy research program, agency for healthcare research and quality, and community health workers in California healthcare foundation. My major partners will be the California department of health and the California tobacco prevention and control program which will be contributing towards the steps of achieving a strong coalition proposal in California by providing steps they have been putting in place to curb the menace, community counselors who will intimate on best ways to implement goals and core values towards achieving a grass root promotion at the community level, Bill and Melinda Gates foundation who will be providing funds and financial help towards achieving a greater outcome, and California medical association will also be of help in educating populace on need to quit smoking by stating effects and dangers of such habits to health. These major collaborators are selected because of their credibility among the population and funding purpose. To establish this coalition team, I will initially send a letter to all the identified partners. These partners are identified based on shared goals and values, which will also be stated in the letters. I will give one month's notice to all the partners to give their feedback. After this, I will draw up a plan for the meeting which will be once a week for first 2 months and subsequently once a month. Notice of the meeting will be sent a week prior to the meetings. Venue for the meeting will a location central to all stakeholders added with zoom component for those that may not make it to physical meeting. I will also set up social media platforms where all our information will be stored and accessed by everyone. These coalition team formed will be in charge of Annual meetings with legislators to inform them of local tobacco control initiatives and burden of tobacco use, presentations to partners and important decision-makers on tobacco use and secondhand smoke, creation of channels of communication and outreach initiatives between coalition and different stakeholders; and recruitment of organizations that work with variously affected populations while upholding a common vision, goals and core values.

However, this coalitions can face some challenges which include vague expectations for participants, failure to find key leaders and stakeholders, difficulty sticking to a plan and maintaining focus, the possibility of some people becoming estranged as a result of policy concentration, inability to speak with one voice but however, the advantages can greatly enhance the vision and goal, by boosting the capability of the program, enhancing tobacco knowledge and awareness of policy issues and solutions, establishing close connections with others through collaboration with supervisors of regional and local programs, raising the issue's profile in the community, finding witnesses from the local community and the problem, and speak in favor of it and developing ties with state and local policies makers.



**Figure 1 (A-C): Hub and spoke for development of a coalition to reduce tobacco use in California. hub and spoke for development of a coalition to reduce tobacco use in California. Hub and spoke for development of a coalition to reduce tobacco use in California.**

### ***The importance of working collaboratively with diverse communities and constituencies***

A powerful coalition will help in many ways which is the importance of working collaboratively through the diversity of community and constituencies, including keeping the issue in the public eye, enlightening policymakers, combating the tobacco industry, offering expertise, fostering community buy-in, enhancing community involvement, amplifying state resources, advocating for policy change, promoting tobacco control programs, and determining the needs of the community.<sup>11</sup>

As a result of collaboration with diverse communities and constituencies in public health, traditional population health outcomes, like fewer health disparities, better access to direct healthcare, and higher health literacy, are achieved as well as process outcomes, like the development of new sources of data and public policies, laws, or regulations.

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