1. BACKGROUND/LEGISLATION

In November 1988, California voters mandated that a surtax be placed on tobacco products effective on January 1, 1989. An estimated $1.46 billion will be generated by June 30, 1991.

Assembly Bill 75 (AB-75), signed into law by Governor Deukmejian on October 2, 1989 spells out how these revenues will be spent through June 30, 1991. A total of $294 million is specifically designated for a massive state-wide campaign to reduce the consumption of tobacco in California by 75% by 1999. Some of this funding will be utilized for state-wide activities. The remaining $71 million is allocated to local health departments for the development and implementation of local tobacco use prevention programs. San Francisco City and County has been allocated $1,603,395 for tobacco use education.

The California State Department of Health Services establishes guidelines for the local tobacco use prevention programs. Following is a summary of the local lead agencies' responsibilities and guidelines for a program plan.

2. LOCAL LEAD AGENCY RESPONSIBILITIES AND GUIDELINES FOR THEIR COMPLETION

A. Local health departments will serve as local lead agencies and have overall responsibility for the success of programs funded by AB75.

B. Local lead agencies must obtain the involvement and participation of local community organizations with special expertise in tobacco control and representatives of high risk populations.

C. Local lead agencies must provide for or contract for preventive health education against tobacco use.

D. Establish a coordinated information, referral, outreach, and intake system for preventive health education against tobacco.

E. Coordinate services between county service providers, government agencies, and the county office of education.

F. Provide technical assistance to service providers.

G. Review county school district anti-tobacco plans and provide written comment within the time-frame elaborated by the Department of Education.

H. Establish a uniform data collection system in compliance with California Department of Health Services requirements.

I. Local lead agency will ensure systematic compatibility and the capacity to expand local lead agency computer software and hardware systems.
3. **STATE GUIDELINES FOR LOCAL PLAN**

A. **Preliminary Plan** - Phase I (start-up activities) - due March 31, 1990

*Phase I* plan must address the following elements:

- Formation of functioning cohesive tobacco control coalition;
- Conduct a community inventory of pre-existing tobacco control related services and activities;
- Assessment of targeted populations - school aged youth and their families, out-of-school youth less than 19 years of age, pregnant women, women with young children, youth not served by Department of Education funded programs, current smokers, Blacks, Hispanics, Asians, Pacific Islanders, and Native Americans.
- Assessment of data on smoking and tobacco use among targeted populations.
- Assessment of tobacco prevention, cessation, and policies and regulations present in the local health jurisdiction (San Francisco).
- Establishment of targeted priorities and development of intervention and evaluation strategies;
- Organizational establishment and staffing of the tobacco control project within the lead agency.
- Coordination of information, referral, outreach, and intake.

B. **Phase II (Tobacco Control Interventions)** - due June 30, 1990

*Phase II* plan must address the following elements:

- Delivery of tobacco use prevention education;
- Delivery of tobacco cessation education;
- Participation in the development of tobacco control related policies;
- Implementation of evaluation strategies;
- Surveillance and community assessment activities beyond that required by CDHS (optional);
- Development of a technical assistance plan and provision of technical assistance to service providers and other appropriate agencies or organizations involved in tobacco control; and
- Continuation of coordination, referral, and outreach activities.
4. STATE GUIDELINES FOR TOBACCO CONTROL COALITION

A. Local lead agencies or their designees shall appoint a Tobacco Control Coalition to assist in the development of a tobacco control plan and program implementation.

B. The formation of regional tobacco control coalitions as well as a multiple coalition concept are permitted. A regional coalition is considered to be a single Tobacco Control Coalition serving more than one health jurisdiction and meeting the requirements described below. The multiple coalition concept allows a large county to establish more than one Tobacco Control Coalition in the county.

C. At a minimum, Tobacco Control Coalitions shall include agencies, organizations and individuals with special experience and expertise in tobacco control and who are representative of the major racial/ethnic groups within the local health jurisdiction as well as ensure appropriate geographical representation. Specifically, Tobacco Control Coalitions are to be include representatives from each of the following:

- Public health department.
- Voluntary agencies, e.g., American Heart Association, American Lung Association, and the American Cancer Society.
- Dental health professional.
- Physician representative of the local medical society (where a medical society exists).
- Health care institution, e.g., primary care clinics and hospitals.
- County Office of Education or local school district or local school tobacco control coalition member.
- Employer.
- Media expertise.
- Targeted populations.

The Tobacco Control Coalition may also include:

- Other health care professionals, e.g., nurse, pharmacist, health educator, respiratory therapist, mental health professional.
- Organizations, institutions or groups where smokers are significantly represented among their constituency or membership.
- Parents.
- Teachers.
• Student groups.
• University researchers and behavioral scientists.
• Alcohol and drug personnel.
• Community service clubs.
• Vocational schools.
• Recreation department or youth workers.
• Sociologist or anthropologist.
• Law enforcement or probation department.
• Anti-tobacco activist organizations.
• Other appropriate individuals.

E. Local lead agencies shall provide staff, assistance, budget support, and other assistance as needed by the coalition.