



**LATINO**  
COORDINATING CENTER  
For a Tobacco-Free California

# Reducing Tobacco's Toll on California's Latino Community:

A Policy Platform | 2022



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## INTRODUCTION

Since 1988, when California voters passed a referendum establishing the nation's first comprehensive tobacco control program, the adult cigarette smoking rate in California has fallen by more than half, to 10.7 percent in 2017<sup>1</sup> and as low as 6.9 percent in 2020.<sup>2</sup> California has the second lowest adult smoking rate in the United States, behind only Utah.<sup>3</sup> However, because it has the largest population of any state, California also has the largest number of adult smokers, an estimated 2.8 million.<sup>4</sup> Approximately 1.1 million of these are Latinos.<sup>5</sup> Therefore, efforts to end the epidemic of tobacco-related death and disease in California can only succeed if the Latino community is at the very heart of those efforts.

This Policy Platform is intended to help advocates, policy makers, and other stakeholders advance the tobacco control priorities that will have the greatest positive impact in the Latino community. Developed by the Latino Coordinating Center for a Tobacco-Free California (LCC), the platform focuses on reducing the burden of tobacco use and exposure among Latinos, taking into consideration the diversity within the community and centering its recommendations in health equity. It describes the policy, system, and environmental changes considered most conducive to reducing tobacco use in this population and special considerations that need to be addressed to ensure that changes are equitable, inclusive of the Latino voice, and help to build capacity in the community.

Commercial tobacco includes cigarettes, e-cigarettes, smokeless tobacco, pipe tobacco, cigars, hookah, and any other tobacco products intended for sale. LCC recognizes that some American Indian and Alaskan Native communities use *traditional* tobacco for

ceremonial, religious, or medicinal purposes. The strategies and recommendations in this Policy Platform are intended to reduce *commercial* tobacco, which is manufactured and sold for recreational and habitual use.

## ABOUT THE LATINO COORDINATING CENTER FOR A TOBACCO-FREE CALIFORNIA

The LCC is operated by the California Health Collaborative in partnership with the University of Southern California. It is one of six priority population coordinating centers funded by the California Department of Public Health, California Tobacco Control Program through its Priority Population Initiative.<sup>6</sup> The mission of LCC is to improve the overall health of Latinos in California by reducing tobacco-related disparities through the adoption and implementation of policy and system changes via statewide collaboration and community empowerment.

### **LCC provides tailored assistance to help programs engage the Latino community in tobacco control efforts, including the following services:**

- Foster collaboration and effective communication among regional tobacco control projects focusing on Latinos.
- Develop and disseminate this Policy Platform to facilitate the adoption and implementation of tobacco control strategies for Latino communities.
- Build the capacity of Latino tobacco control advocates to accelerate the adoption and implementation of policy and system change campaigns.
- Reach out to elected officials on tobacco control issues affecting Latinos.
- Develop and tailor educational materials and resources.

## WHY FOCUS ON LATINOS?

Focusing on reducing tobacco use in the Latino community is critical for a number of reasons:

- ***Latinos are the state's largest ethnic group.***

Approximately 15.6 million Latinos lived in California in 2019, accounting for nearly 40 percent of the state's 39.5 million residents.<sup>7</sup> Latinos are projected to reach 43 percent of the state's population by 2030.<sup>8</sup> It is critical that messaging and norms in the Latino community support tobacco-free living.

- ***Latinos represent the second largest group of smokers in California.*** Adult smoking prevalence rates are somewhat lower among Latinos than among non-Hispanic Whites in California, 6.2 percent vs. 7.9 percent in 2020.<sup>2</sup> Even so, the estimated 1.1 million Latinos who smoke in California<sup>5</sup> represent the second largest group of adult smokers in the state after non-Hispanic Whites.<sup>1</sup> As such, Latinos are critical to the success of California's End Commercial Tobacco Campaign, which envisions eradicating the commercial tobacco industry's influence and reducing the harm caused by tobacco products in California.<sup>9</sup>

- ***The tobacco industry has a history of targeting Latinos.*** Latinos have been targeted with tobacco advertising since at least the 1980s.<sup>10</sup> The cigarette brands Dorado and Rio were aimed specifically at Latinos.<sup>11-12</sup> The *Nuestra Gente* ("Our People") campaign used print ads exploiting traditional Latino cultural values to promote Winston cigarettes.<sup>13</sup> The *Un Tipo Suave* ("Smooth Moves") campaign for Camel cigarettes focused on areas with large Latino populations and highlighted events with Latino entertainers.<sup>13</sup> The "Kool Be True" campaign promoted Kool menthol cigarettes in magazines popular with Latino and Black youth.<sup>10</sup> Tobacco companies blanketed Latino neighborhoods with signage and convenience stores with product displays.<sup>11-12</sup> E-cigarettes have been marketed with flavors specifically designed to appeal to Latinos.<sup>14</sup>

- ***The tobacco industry tries to buy the community's support.*** The industry has sponsored a wide range of community activities, for example Mexican rodeos, Cinco de Mayo events,<sup>12</sup> large soccer tournaments, the *Copa Nacional* soccer tournament, a traveling exhibit of Latino artists,<sup>11</sup> and a short story contest in a Latino magazine for Hispanic Heritage Month.<sup>11</sup> The industry has sponsored primary and secondary

education programs, funded universities and colleges, and supported the National Hispanic Scholarship Fund.<sup>11</sup> It made large donations to the U.S. Hispanic Chamber of Commerce, which then actively opposed a federal tobacco tax increase<sup>15</sup>; it also donated to many local Hispanic Chambers of Commerce.<sup>16</sup> The industry has contributed to Latino political campaigns and to the political action committee for the Congressional Hispanic Caucus.<sup>13</sup> In these ways, the industry seeks to buy Latino support and influence business and political leaders in the community.

- ***Latinos are less protected by smoke-free workplace laws.*** California's smoke-free workplace law<sup>17</sup> does not apply to outdoor work such as painting, construction, maintenance, and agriculture, and Latinos are overrepresented in these jobs. It does not ban smoking in outdoor areas of restaurants or bars, nor does it completely ban smoking in hotels and motels. Latinos are overrepresented in hospitality and housekeeping jobs,<sup>18</sup> where they are often exposed to secondhand and thirdhand smoke.<sup>19-20</sup>
- ***Latinos are less protected in multi-unit housing.*** Latinos are more susceptible to secondhand smoke where they live, because they are more likely to live in multi-unit housing.<sup>21-22</sup> When smoking is permitted anywhere in a multi-unit housing complex, secondhand smoke can easily infiltrate the units of nonsmokers.<sup>23</sup>
- ***Latino neighborhoods have more tobacco retailers.*** Latino communities are burdened with a higher density of retailers selling tobacco, at 103.3 per 100,000 residents compared to 78.0 for the general population.<sup>24</sup>
- ***Some tobacco products are disproportionately marketed to Latinos.*** The marketing of little cigars (cigarillos) disproportionately targets Black and Latino consumers. In a recent study in Los Angeles, stores in Latino neighborhoods were three times more likely to sell little cigars and flavored little cigars than stores in non-Hispanic white neighborhoods.<sup>25</sup>
- ***Tobacco is a major driver of death among Latinos.*** Three of the leading causes of death among Latinos—cancer, heart disease, and stroke—are caused by cigarette smoke, which is also a risk factor for diabetes, a fourth major cause of death among Latinos.<sup>26</sup>



## DIVERSITY WITHIN THE LATINO COMMUNITY

While Latinos make up the largest ethnic group in California, they are by no means a monolith. Policy makers and advocates addressing the tobacco control needs of the Latino community must take into consideration the great diversity that exists within that community. For example:

- **Latinos are linguistically diverse.** Most Latinos in California speak Spanish, English, or both, while many speak indigenous languages such as Zapoteco, Chinanteco, or K'iche'.<sup>28</sup> The ability to speak, understand, read, and write in any of these languages can vary greatly from person to person. Outreach efforts should address these differences by providing messaging in different languages and modalities, to the extent possible.
- **Latinos are racially and ethnically diverse.** Latinos may be White, Black, Asian, Indigenous, or of mixed race. Being Hispanic or Latino is an ethnic designation rather than a racial one, which is why the U.S. Census measures race and Hispanic origin separately. But while “Hispanic/Latino” is an ethnic category, it is a very broad one. Many Latinos identify more with their family’s country of origin, or even a region within that country, than with being Latino. In efforts to engage Latinos in tobacco control, it is important that program materials and information be culturally adapted and reflect the racial and ethnic diversity that exists within the Latino community.
- **Latinos have diverse immigration status.** The Latino community includes many whose families have lived in the U.S. for generations, as well as recent immigrants and everyone in between. Members range from fully acculturated to not at all acculturated. Most are U.S. citizens or permanent residents, but many are undocumented, and it is not uncommon for members of the same household to have different immigration status. It is important to be attentive to sensitivities around this issue and to create a safe environment that promotes trust and engagement.
- **Latinos are socioeconomically diverse.** In California, Latinos tend to earn less than non-Latinos and are underrepresented among higher income brackets, overrepresented among lower income brackets, and more likely to live in poverty.<sup>29</sup> Undocumented Latino immigrants may face additional challenges such

**latinismo** *m* Latinism  
**latinista** *mf* Latinist  
**latinización** *f* latinization  
**latinizar** [A4] *vt* to latinize  
**latino**<sup>1</sup> **-na** *adj* ① <literatura/gramática> Latin; **se nota que tiene** ② <país/pueblo> Latin; **se nota que tiene** in her ③ (Esp period) (latinoamericano) Latin American  
**latino**<sup>2</sup> **-na** *m,f* ① (español, italiano, etc) Latin; **los ~s** Latin people ② (Esp period) (latinoamericano) Latin American  
**Latinoamérica** *f* Latin America  
**latinoamericano** **-na** *adj/mf* Latin American

## WHAT'S IN A NAME?

Latinos as a group go by many names.<sup>27</sup> Historically, many in the community have used terms indicating the national origin of their families, such as Mexican, Puerto Rican, or Cuban. Until recent decades, the U.S. Census categorized most Latinos as white, leading to inequities in resource allocation. After years of lobbying by Latino advocates, the Census Bureau began using the term “Hispanic” to encompass all individuals living in the U.S. whose families came from Spain or Spanish-speaking countries. Over time, “Latino” emerged as an alternate term that excludes those from Spain but encompasses all those from Latin American countries, including non-Spanish-speaking countries such as Brazil. Other common terms include “Chicano,” a term that came out of the Chicano movement of the 1960s to express a political stance based on pride in a shared cultural, ethnic, and community identity. The terms “Latinx” and “Latine” are nongendered terms that are gaining popularity especially among younger, English-speaking Latinos. The best term to use in tobacco control is usually the one most embraced by community members in the target audience. LCC generally uses “Latino,” as being the term most widely accepted by community members in California.

as limited work opportunities, creating economic hardship and uncertainty for them and their families. It is important to be sensitive to the wide range of socioeconomic circumstances and stressors that Latino community members experience.

- **Many Latinos have intersecting identities.** Latinos may have additional ways of describing themselves with respect to their race or other aspects that are important to them, such as sexual orientation and gender identity. In some cases, these intersecting identities are associated with additional tobacco-related disparities. For example, those who are Indigenous, Afro-Latino, multiracial, or LGBTQ (lesbian, gay, bisexual, transgender, or queer) may experience greater exposure to tobacco use in their environment, reduced exposure to anti-tobacco messaging, and greater barriers to cessation assistance. It is important to account for these additional disparities in policy and program work.

## OTHER DEMOGRAPHIC CONSIDERATIONS

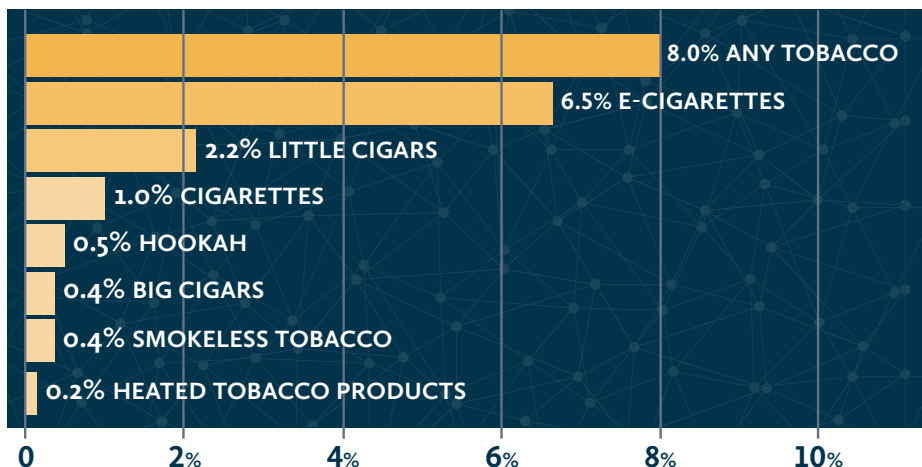
Some important demographic considerations should be kept in mind when planning policy and other interventions to reduce tobacco use in the Latino community:

- **Latino men use tobacco at higher rates than Latina women.** For example, in 2015–2016, smoking prevalence rates in California were 16.9 percent for Latino men vs. 6.2 percent for Latinas.<sup>5</sup> Latino men also tend to start smoking earlier in life, smoke more heavily, and smoke longer in life than Latina women.<sup>30</sup>
- **Latina women face unique challenges concerning tobacco.** Latinas who smoke are more likely than Latino

men to use menthol cigarettes, and smoke for different reasons, such as anxiety or a desire to be thin.<sup>30</sup> Whereas acculturation tends to reduce smoking rates among Latino men, it has the opposite effect on Latina women, increasing their likelihood of smoking.<sup>31</sup>

- **Latino youth are more likely to vape than to smoke.** According to the California School Tobacco Survey (CSTS), 8.0 percent of Latino youth used tobacco in 2019–2020.<sup>32</sup> The most popular tobacco products, e-cigarettes, were used by 6.5 percent of Latino youth, while smaller percentages used little cigars (2.2 percent), cigarettes (1.0 percent), hookah (0.5 percent), big cigars (0.4 percent), smokeless tobacco (0.4 percent), and heated tobacco products (0.2 percent).<sup>32</sup> The great majority (90.5 percent) of Latino youth who used tobacco used flavored products. New products continually appear on the market and weigh heavily on national and state progress in tobacco control.<sup>33</sup>
- **Latino youth are more likely to use cannabis than tobacco.** In CSTS, about a third (33.1 percent) of Latino students said they had ever used cannabis, and 14.9 percent were currently using it.<sup>32</sup> The high rate of cannabis use is due in part to e-cigarettes, which make it easy to use other substances besides tobacco. The Tobacco Education and Research Oversight Committee (TEROC) has noted that adapting to the new landscape in which youth are more likely to vape than to smoke, and more likely to use cannabis than tobacco, “is critical to prevent a new generation of Californians falling prey to the tobacco and cannabis industries.”<sup>34</sup> Under state law, all vaping devices are considered tobacco products and cannabis emissions are subject to the same restrictions as tobacco smoke.<sup>34</sup>

## TOBACCO PRODUCT USE AMONG LATINO YOUTH



Among Latino youth who use tobacco, 90.5% use flavored tobacco products.

Source: Zhu SH, Zhuang YL, Braden K, et al. *Results of the Statewide 2019–20 California Student Tobacco Survey*. Center for Research and Intervention in Tobacco Control (CRITC), University of California, San Diego; 2021.

## **POLICY, SYSTEM, AND ENVIRONMENTAL PRIORITIES**

LCC has identified four policy, system, and environmental changes that should be prioritized by policy makers, advocates, and tobacco control stakeholders working to reduce the burden of tobacco use and exposure among Latinos in California. If broadly implemented across the state, these four priorities have the potential to reduce disparities experienced in the Latino community and to help end the epidemic of tobacco-related death and disease in California.

**1**

**PREVENT YOUTH INITIATION OF TOBACCO USE**

**2**

**PREVENT EXPOSURE TO SECONDHAND SMOKE AND AEROSOLS**

**3**

**PROMOTE TOBACCO CESSATION**

**4**

**BUILD COMMUNITY CAPACITY AND LEADERSHIP**





## **PRIORITY 1: PREVENT YOUTH INITIATION OF TOBACCO USE**

Preventing young people from initiating tobacco use is a perennial challenge in public health, particularly in communities experiencing the most tobacco marketing and exposure. With a continually evolving line-up of novel tobacco products, it is now easier than ever for young people to become addicted. Tobacco companies have long sought to recruit new customers, but minority youth are particularly vulnerable to their predatory marketing tactics.<sup>35</sup> The industry spends more than a million dollars an hour to market its products in the U.S., and reduced-price promotions have led to higher rates of tobacco use among young people than would have occurred without such tactics.<sup>35</sup> Youth are surrounded by social and environmental influences that make tobacco use seem appealing. Many tobacco products are in fact designed to appeal to youth, such as little cigars and e-cigarettes with candy and fruit flavorings.<sup>35</sup>

Some local jurisdictions have passed policies penalizing youth for the possession, use, or purchase of tobacco. So-called PUP laws shift responsibility for the problem of underage tobacco use away from the tobacco industry where it belongs and onto young people themselves. Unfortunately, PUP laws are ineffective deterrents and can exacerbate disparities, as enforcement tends to target minority youth and low-income neighborhoods.<sup>36</sup> For these reasons, LCC recommends that jurisdictions eliminate PUP laws and any similar enforcement mechanisms for cannabis.<sup>34</sup> Better alternatives to PUP laws include retailer-focused enforcement and the other policies listed in this section.

### **1a. Enact Strong Tobacco Retail License (TRL) Laws**

California state law requires tobacco retailers to be licensed.<sup>37</sup> In addition, local jurisdictions can enact their own tobacco retail licensing (TRL) laws. This allows local jurisdictions to close gaps in state and federal tobacco laws and provides a locally controlled source of funding for enforcement.<sup>38</sup> In jurisdictions with large Latino populations, TRL laws can help address disparities by reducing access to tobacco and exposure to tobacco marketing.<sup>38</sup> TRL laws also reduce illegal sales to young people<sup>39</sup> and may lower the rates of tobacco use among youth and young adults.<sup>40</sup> They are therefore a powerful tool to reduce youth initiation of tobacco use.



**A strong TRL ordinance includes at least the following provisions<sup>39</sup>:**

- Require tobacco sellers to obtain a local license and renew it annually.
- Impose an annual fee that is high enough to cover the cost of administration and regular compliance checks.
- Specify that any violation of tobacco law, including federal, state, and local laws, violates the license.
- Include progressively serious deterrents for repeated violations, up to and including suspension and revocation of the license.

**To further strengthen a TRL law’s ability to prevent youth initiation, and make the ordinance more comprehensive, additional requirements can be added. Here are some examples of TRL policy “plug-ins”<sup>38</sup>:**

- Restrict where licensed retailers can operate, such as within a certain distance from schools or other areas where youth congregate.
- Require retailers to check customers’ ID if they look younger than 27 year old.
- Restrict industry pricing tactics, such as discounts and promotions.
- Prohibit the sale of flavored tobacco products, including menthol cigarettes and hookah.

Some of these are described in more detail in the following sections. TRL requirements such as these can make tobacco less appealing and accessible to young people.

## SUCCESS STORY: CITY OF COLTON ADOPTS A TRL ORDINANCE

In November 2019, the Colton City Council adopted a comprehensive tobacco retail license ordinance. Colton is a suburb just south of San Bernardino, with a population that is over 70 percent Latino. The ordinance took effect 30 days following passage and retailers were given 60 days to apply for and obtain a license.



Colton Community Coalition for Change (Coalition), a community outreach program of Mental Health Systems Central Valley Prevention Program (MHS), played a key role in securing passage of the ordinance. Many Latino youth and adults actively participate in this organization. With its community partners and the local lead agency for San Bernardino County, the Coalition worked for over two years to build support for the policy by collecting data and conducting decoy operations, presentations, interviews, and trainings.<sup>41</sup> The Coalition connected with councilmembers, business owners, parent groups, law enforcement, churches, soccer leagues, and school officials, and also engaged many non-English speaking residents through community conversation events. Highlighting youth voices was key to building support for the ordinance. Following adoption, the Coalition continued to spread awareness of the policy by providing community presentations on Facebook and YouTube.



Short of enacting a complete flavor restriction, there are several measures that cities and counties can take to limit the harmful effects of flavored tobacco<sup>42</sup>:

- Restrict the sale of products that disproportionately impact youth, such as flavored e-cigarettes and little cigars.
- Require that flavored tobacco be sold face-to-face and restrict online sales.<sup>47</sup>
- Prohibit the sale of flavored tobacco within a certain distance from schools and other areas where youth congregate.

The most straightforward way to achieve flavored tobacco restrictions is by adding them as provisions to a TRL ordinance, but they can also be enacted as standalone policy.

### 1b. Restrict the Sale of Flavored Tobacco Products

For many years, the tobacco industry has used flavored tobacco to addict young people.<sup>42</sup> The industry has aggressively promoted menthol products to Latinos and other minority groups,<sup>43</sup> and Latinos use menthol cigarettes at higher rates than white smokers.<sup>44</sup> The industry has also marketed other flavored products designed to appeal to Latinos, such as horchata and churros.<sup>14</sup> Most tobacco users start as teenagers, and flavored products make it easier for them to start.<sup>42</sup>

**A comprehensive flavor ordinance provides the strongest protections against the use of flavored tobacco to hook young people.<sup>45</sup> Such a ban would<sup>42</sup>:**

- Restrict the sale of all flavored tobacco products, with no exceptions either for flavors or for types of businesses. Exempting menthol products or hookah products could have a disparate effect on groups that are more likely to use them, including Latinos.<sup>44,46</sup>
- Define tobacco products broadly to encompass menthol cigarettes as well as flavored cigars, little cigars (cigarillos), e-cigarettes, chewing tobacco, dissolvable tobacco products, tobacco lozenges, and other emerging tobacco products.
- Define flavors broadly to include products marketed as having a distinctive or characterizing flavor or smell.

### 1c. Regulate Tobacco Pricing

The tobacco industry has long used discounts and other pricing strategies to encourage tobacco use, especially among young people who may not yet be dependent on nicotine but are open to experimenting with it.<sup>48</sup> As the age group with the least disposable income, youth tend to be the most price-sensitive. Because of that, policies that regulate tobacco pricing can help to prevent youth initiation.<sup>48</sup>

**There are several effective ways to regulate tobacco pricing:**

- Set minimum pack size requirements for tobacco products other than cigarettes.<sup>49-50</sup> For example, require little cigars to be sold in packs of at least five.
- Set minimum price floors for tobacco products. This increases the price of cheaper products, making them less appealing to price-sensitive youth.<sup>48,50</sup> For example, set a minimum price floor of \$7 for a pack of five little cigars. Include a provision to adjust the price floors for inflation.
- Prohibit price discounting. Discounting schemes include dollars-off deals, coupon redemption, buy-one-get-one-free promotions, and multi-pack discounts. The tobacco industry often uses discounting to undercut the effect of tobacco tax increases.<sup>48,50</sup>

As with flavor restrictions, the most straightforward way to enact pricing restrictions is to add them to a TRL policy, so that retailers must comply or risk losing their licenses.



## 1d. Restrict Tobacco Advertising

The tobacco industry spends about \$1 million per hour on marketing in the U.S., with most of that amount going toward advertising at the point of sale.<sup>51</sup> The industry has long used the point of sale to target consumers based on race and ethnicity,<sup>52</sup> and in California, tobacco retailer density is significantly higher in Latino neighborhoods.<sup>24</sup> A study of retail tobacco marketing in California showed that exposure to such advertising is associated with increased tobacco use by youth.<sup>53</sup>

**There are two main ways local jurisdictions can restrict tobacco advertising:**

- Expand content-neutral advertising restrictions.<sup>54</sup> These are advertising restrictions that apply equally to all products, not just tobacco. Under California’s Lee Law, only 33 percent of window space in stores that sell alcohol can be covered with ads.<sup>55</sup> Windows and glass doors are where retailers commonly display tobacco advertising, particularly in Latino and other minority neighborhoods. Cities and counties can set a lower cap and extend the rule to retailers selling tobacco.<sup>34</sup>
- Extend federal restrictions on cigarette advertising to all tobacco products. Federal law prohibits the use of unproven health claims, terms that imply reduced health risks such as “light” and “mild,” outdoor advertising within 1,000 feet of schools and playgrounds, event sponsorship, sampling, and giveaways of non-tobacco merchandise.<sup>56</sup> Local jurisdictions can extend these restrictions so they apply to all tobacco products, not just cigarettes.<sup>34</sup>





## **PRIORITY 2: PREVENT EXPOSURE TO SECONDHAND SMOKE AND AEROSOLS**

Secondhand smoke (SHS) contains hundreds of toxic chemicals and about 70 that cause cancer.<sup>57</sup> The health consequences of SHS exposure in adults include heart disease, lung cancer, and stroke.<sup>57</sup> In children, SHS exposure can cause ear infections, frequent and severe asthma attacks, respiratory symptoms such as coughing, sneezing, and shortness of breath, respiratory infections such as bronchitis and pneumonia, and greater risk of sudden infant death syndrome (SIDS).<sup>57</sup> An additional health concern is thirdhand smoke, which refers to the chemical residue from secondhand smoke that lingers on surfaces long after smoking has stopped and which can later come into contact with children, adults, and pets in home environments.

### **2a. Support Tobacco-Free Multi-Unit Housing**

Individuals who live in multi-unit housing (MUH) are particularly susceptible to secondhand smoke exposure.<sup>22</sup> California's smoke-free workplace law prohibits smoking and vaping in enclosed common areas of MUH facilities, but not in outdoor common areas or inside units.<sup>17,21</sup> In California's mild climate, windows and doors are often left open, allowing smoke and aerosols to drift into nonsmokers' units from neighboring units, balconies, patios, and common areas.<sup>21</sup> They can also enter units through cracks in the walls, electrical outlets, plumbing, and ventilation systems.<sup>58</sup> It is very difficult for MUH residents to avoid SHS exposure altogether when smoking and vaping are allowed on the property, and residents may be exposed to both tobacco and cannabis.

Because of their lower average socioeconomic status, Latinos are more likely than non-Latinos to live in MUH.<sup>21</sup> This is particularly true for undocumented Latinos, who often have limited employment opportunities. The median household income of undocumented immigrants is almost \$20,000 lower than that of the U.S. population as a whole.<sup>59</sup> Moreover, without a social security number it is more difficult to build credit for a home loan. Undocumented immigrants can build credit by applying for credit cards from companies that accept an individual taxpayer identification number, but not all credit card companies do. Because of these and other socioeconomic barriers to home ownership, Latinos are more likely to live in MUH.<sup>21</sup>

Latinos living in MUH are at increased risk for SHS exposure, even when they keep their own units smoke-free.<sup>21</sup> A survey of Latino MUH residents in East Los Angeles found that while 97 percent did not allow smoking in their homes, 80 percent said SHS had infiltrated their units in the past year.<sup>23</sup> This is especially concerning given that Latino households are more likely to include children than non-Latino households (49 percent vs. 26 percent).<sup>29</sup> Children are also at increased risk from thirdhand smoke, which can linger in carpets, furniture, and other surfaces where they crawl or play.

### **Fortunately, there are effective strategies to reduce these exposures:**

- Encourage voluntary tobacco-free MUH policies. California law gives landlords authority to ban smoking and vaping anywhere on their properties, including outdoor common areas and inside units.<sup>60</sup> Therefore, one approach is to encourage landlords to voluntarily adopt tobacco-free policies for their properties. This may involve meeting repeatedly with landlords, associations representing property owners, and tenant organizations.
- Pass an ordinance prohibiting smoking and vaping in all or some portion of units in the area. Ordinances like these are the most effective way to prevent SHS exposure in multi-unit housing, because they apply to all or most complexes in the jurisdiction. As of October 2021, 67 municipalities in California had enacted an ordinance prohibiting smoking in 100 percent of units in properties with at least two units.<sup>61</sup>

With policies prohibiting or restricting tobacco use in MUH, it is important to ensure that enforcement activities do not exacerbate social injustice or cause further disparities by excessively punishing individuals who violate the policy, such as by evicting low income tenants who have nowhere else to live. Enforcement should prioritize education and norm change strategies, such as communicating with affected residents about the health benefits of tobacco-free MUH, building social support for the policy, and offering cessation resources to help tobacco users quit. Community members and affected residents should help determine the most equitable enforcement mechanisms and these should be built into the policy itself.



#### **Additional MUH recommendations:**

- Specify in the policy that all products that emit smoke or aerosols are prohibited, including cigarettes, cigars, e-cigarettes and other vaping devices, as well as cannabis products that are smoked or vaped, because they also emit harmful smoke and aerosols.
- Specify that outdoor smoking areas, if any, should be at least 30 feet away from all entrances and exits to avoid smoke and aerosols drifting into the building.
- If prohibiting smoking and vaping in all MUH units is too big a step, consider an initial step of prohibiting them in all new units that come on the market, or requiring property owners to reserve a certain percentage of units for non-users in an area away from tobacco users' units.

#### **2b. Enact Tobacco-Free Outdoor Venues**

Research has found that the air quality in outdoor venues where smoking is allowed can be bad enough to harm nonsmokers in those settings. In one study, outdoor air pollution levels within a few feet of someone smoking were comparable to indoor levels in smoking homes and bars.<sup>62</sup> Another found that ambient particulate matter from a single lit cigarette outdoors was detectable as far as 30 feet from the source.<sup>63</sup> Other studies have found elevated SHS levels both in outdoor smoking areas of hospitality venues and in indoor areas adjacent to outdoor smoking areas.<sup>64-65</sup>

Many outdoor venues can expose Latinos to SHS. Outdoor markets, traditional in Mexico and Central America and often called *remates*, *pulgas*, or *tianguis*, are popular with many Latinos in California, especially in rural areas where there are few grocery stores or malls.<sup>66</sup> Latinos may encounter SHS at fairgrounds and other outdoor venues for music shows, cultural festivals, parades, fairs, rodeos, and car races—all events that the tobacco industry has historically supported as a way to target Latinos.<sup>24</sup> Besides protecting the community from SHS, banning smoking and vaping in these outdoor venues helps to denormalize tobacco use<sup>67</sup> and support those who want to quit.<sup>68</sup>

#### **Options for making outdoor venues tobacco-free:**

- Persuade event organizers to adopt a voluntary tobacco-free policy. This may be the most practical approach for gated outdoor events such as music shows, festivals, rodeos, and car races.
- Work with city councils or county boards of supervisors to enact an ordinance declaring venues tobacco-free. This may be the only option for outdoor venues that are generally open to the public, such as city or county parks and outdoor markets.

**Tobacco-free policies that are clear about their reach and how they will be executed have the best chance of success. Consider including the following:**

- Clearly define in the policy the outdoor areas that are tobacco-free. Some policies prohibit outdoor smoking and vaping within 30 feet of an entrance or exit. Others prohibit them on the entire property.
- Specify in the policy that all products that emit smoke or aerosols are prohibited, including cigarettes, cigars, e-cigarettes and other vaping devices, as well as cannabis products that are smoked or vaped, because they also emit harmful smoke and aerosols.
- Develop a solid plan for implementation, including clear and timely communication. Educating the public about a tobacco-free policy before it is actually implemented will help those affected adjust to the new policy.
- Include enforcement language in the policy. Punitive measures such as fining individual violators should be

avoided, because they can exacerbate disparities when applied in a biased manner. It is better to use education and norm change strategies to increase support for the policy, such as communicating with those who use the affected venues about the health benefits of tobacco-free outdoor areas and offering cessation resources for those who need help to quit. Many outdoor tobacco-free policies become self-enforcing once they achieve buy-in from the public.

- Allocate funds for bilingual tobacco-free signage and post around the property to educate the public on the new policy. Remove ash cans and ash trays in the tobacco-free areas.
- Anticipate and plan for problems that can arise from the implementation of tobacco-free outdoor policies. For example, people who can no longer smoke or vape on site may start to gather around a nearby private property or on public sidewalks, creating a public nuisance.

## SUCCESS STORY

### RANCHO CORDOVA PASSES A MUH ORDINANCE

In October 2020, the Rancho Cordova city council voted unanimously to adopt a policy prohibiting smoking in multi-unit housing, the first of its kind in Sacramento County. It was also a first in the 14-county “Gold Country” region of Northern California, where Latinos Unidos Contra el Hábito y Adicción al Tabaco (LUCHA Tabaco) works to reduce tobacco-related disparities in the Latino community.

LUCHA joined with Breathe California Sacramento Region to advocate for this policy, helping to lay the groundwork for its adoption. Throughout the process, Breathe and LUCHA coordinated their advocacy efforts and stayed in close contact with the Sacramento County Tobacco Control Coalition, Policy Taskforce, which includes community members, stakeholders, advocates, and tobacco control organizations.

LUCHA made sure the “Latino voice” was heard on the issue of smoke-free multi-unit housing through public opinion polls conducted in Spanish and key informant interviews with local Latino leaders. Following adoption of the ordinance, LUCHA stayed involved, offering bilingual cessation resources to interested property owners, managers, and tenants. Efforts like these demonstrate a spirit of continuous collaboration to protect all residents, including Latinos, from the harms associated with secondhand smoke.





## 2c. Establish Tobacco-Free College and Vocational School Campuses

Many colleges and universities in California have made progress in reducing SHS exposure. As of May 2021, 62 percent of California's 148 public colleges and universities had adopted comprehensive policies prohibiting the use of all tobacco products on campus, including the entire University of California and California State University systems.<sup>69</sup> However, only 51 percent of California's 115 community colleges had done so. Many colleges without a policy are Hispanic Serving Institutions (HSI), or institutions with at least 25 percent Hispanic enrollment.<sup>70</sup> In 2018-2019, almost half of students (46 percent) enrolled at HSIs were Latinos, suggesting that young Latino adults attending community colleges in California may be at increased risk of SHS exposure.

In addition to traditional colleges and universities, vocational (or trade/technical) schools are a popular option for many Latinos because they provide affordable, tailored, and accessible training for a wide range of jobs. This is important because about 50 percent of jobs in the state require formal college-level training but not a bachelor's degree.<sup>71</sup> Little information has been published concerning the tobacco-related policies of vocational schools in California, but it seems likely that many young Latinos are exposed to SHS while pursuing their education in these institutions.

Prohibiting all tobacco use on campus protects students and others from SHS exposure, while denormalizing tobacco use and supporting those who want to quit.

### **Two main strategies are recommended to protect Latino students from SHS exposure on post-secondary school campuses:**

- Identify which institutions in the area have significant Latino enrollment and assess whether they have a comprehensive policy prohibiting all tobacco use everywhere on campus.
- Work with each institution that does not have a comprehensive policy to establish a taskforce to develop one. The taskforce should ideally be appointed by the president and include representation from each decision-making group on campus.<sup>69</sup> Latino student groups such as *MEChA (Movimiento Estudiantil Chicana/ChicanoX de Aztlán)* can be engaged to serve as advocates for the policy.



### **Additional recommendations on tobacco-free campus policies:**

- Specify in the policy that the use of all tobacco on campus is prohibited, as well as cannabis, which when smoked or vaped also emits harmful smoke or aerosols.
- Clearly state that the prohibition applies to the entire campus and to any satellite properties.
- Include enforcement language in the policy that emphasizes education and norm change strategies, such as communicating with students and other affected stakeholders about the health benefits of tobacco-free campuses and offering cessation services or referrals to tobacco users who want to quit.
- Alert students, staff, and faculty to the new policy in the months leading to its implementation. Reasonably timed communication will help everyone affected by the policy to adapt.
- Post tobacco-free signage at all campus entry points and in gathering areas. Remove all ash cans from the school campus.

## 2d. Enact Tobacco-Free Workplaces

California's smoke-free workplace law prohibits smoking and vaping in most indoor workplaces.<sup>17</sup> However, Latino workers are not fully protected by state law for several reasons:

- The law does not apply to outdoor jobsites, and Latinos are overrepresented in painting, construction, maintenance, and agricultural jobs.<sup>18</sup> In some of these jobs, the problem of SHS exposure is made worse by high smoking prevalence rates.<sup>72</sup>
- The law does not ban smoking in outdoor service areas of bars and restaurants, and Latinos are overrepresented in food service jobs.<sup>18</sup> A study of nonsmoking servers working on outdoor patios where smoking is allowed found biometric evidence of SHS exposure.<sup>19</sup>
- The law also does not ban smoking in all hotel and motel rooms. Latinos are overrepresented in housekeeping jobs,<sup>18</sup> where they are often exposed to secondhand and thirdhand smoke.<sup>20</sup>

**Two main strategies are recommended to protect Latinos in their workplaces:**

- Work with businesses to voluntarily ban smoking and other tobacco use in all areas of their worksites.
- Work with city councils and county boards of supervisors to ban smoking and other tobacco use in all outdoor workplaces and in all areas of hotels and motels.







### **PRIORITY 3: PROMOTE TOBACCO CESSATION**

LCC recommends that tobacco users be encouraged to quit early and often and that they be offered evidence-based, culturally appropriate cessation services.<sup>34</sup> This is especially important for Latinos and others who are disproportionately targeted by pro-tobacco marketing or who face barriers accessing effective cessation treatment. The U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, identifies numerous treatments that have been proven to help tobacco users quit.<sup>73</sup> Effective medications include varenicline, bupropion, and five forms of nicotine replacement therapy (NRT). Effective behavioral interventions include individual, group, and telephone counseling. The guideline notes that these treatments are effective across a broad range of populations. However, Latinos face unique challenges accessing health care and behavioral health services, making them less likely to use these treatments. For example, Latinos are the ethnic group least likely to be advised by a health care professional to quit.<sup>74</sup>

#### **3a. Increase tobacco screening and treatment in existing care systems**

**Health insurers, health care systems, and behavioral health care systems all have vital roles to play in supporting tobacco cessation among Latinos. The California Tobacco Control Program (CTCP) has identified the following key strategies for increasing tobacco screening and treatment in existing care systems<sup>74</sup>:**

- Motivate Medi-Cal managed care plans to promote cessation. In 2016, Medi-Cal insured 41.5 percent of the adults who smoke in California, and over half (51.2 percent) of the adults insured by Medi-Cal were Latinos.<sup>75</sup> Tobacco control advocates who want to improve access to tobacco treatments for Latinos should coordinate with their local Medi-Cal plans to learn what treatments the plans cover and how they promote their use among members, including those who speak Spanish or other languages besides English. By publicizing their findings, advocates can increase public awareness and use of available treatments while also motivating the plans to do more to promote quitting.
- Work with health care systems to make tobacco treatment a standard of care. Health care systems and providers should systematically screen all patients for tobacco use and treat those who use tobacco, much as they screen all patients for diabetes and treat those who have that condition.<sup>76</sup> In 2015, 54.7 percent of non-Hispanic white adults visited a health professional and received advice to quit, compared to 32.2 percent of Latino smokers.<sup>77</sup> Latinos were equally likely to try to quit, but less likely to use evidence-based cessation treatments. Tobacco control advocates can draw attention to these disparities and work with their local health care systems to make tobacco screening and treatment a standard of care across all segments of the patient population. This is needed especially in Federally Qualified Health Centers and Community Health Centers, which serve large numbers of Medicaid and uninsured patients. Both of these groups use tobacco at higher rates than the general population.<sup>75</sup>



- Work with behavioral health systems to normalize tobacco recovery. Latinos are less likely than non-Hispanic whites to utilize substance use and mental health treatment services,<sup>78-79</sup> but for those who do, tobacco dependence treatment can be an important part of their overall recovery. State law requires substance use treatment facilities to screen incoming clients for tobacco use and offer tobacco dependence

treatment or referral.<sup>80</sup> In addition, all behavioral health systems can help create a norm of tobacco recovery in their facilities by adopting a tobacco-free grounds policy, prohibiting staff from using tobacco during work hours or with clients, integrating tobacco cessation into clients' treatment plans, and providing additional help at discharge to prevent clients from relapsing.

## A CULTURALLY APPROPRIATE APPROACH TO HELPING LATINOS QUIT TOBACCO

Care providers and others who want to help Latinos quit tobacco should bear certain cultural considerations in mind:

- Family, and in particular children, are often the reason tobacco users want to quit. Talking about how their children's health and wellbeing will be enhanced when they quit may help strengthen their motivation.
- The behaviors and decisions of individuals are often geared toward pleasing the family. Important decisions are generally not made without consulting others in the family, so it may help to engage them as well.
- The female head of the family commonly makes health decisions for others, so it may be especially helpful to engage her in supporting family members who are quitting.
- Many Latinos believe that uncertainty is inherent in life, and therefore take each day as it comes. It may help to provide words of encouragement to help them understand that they have the power to influence their health and community.
- Latinos as a group, and especially Latino immigrants, are more religiously observant than the general public, so it may help to encourage them to turn to their faith tradition for strength as they quit.
- Health care providers, in particular doctors, are viewed as authority figures. Latino patients may be hesitant to ask questions or raise concerns about a doctor's recommendations, fearing that doing so would be perceived as disrespectful. If they nod, it may simply convey careful listening, not agreement. Encouraging patients to engage and leaving space for them to share their questions or concerns may help to bridge the perceived power differential.
- The western medical model, with its focus on data gathering and tracking and its insistence on adhering to specific appointment procedures, may seem unduly regimented to less acculturated Latinos, especially recent immigrants. It is important to be cognizant of this difference and take time to explain what is being done and what is expected and how it will help the patient.
- Latinos expect health care providers to demonstrate *personalismo*, or formal friendliness. If the physician seems hurried, detached, and aloof, Latinos may experience resentment and be dissatisfied with care, which could reduce the likelihood of compliance with the doctor's recommendations.

### 3b. Increase referrals to Kick It California

Kick It California (formerly known as the California Smokers' Helpline) provides individualized telephone coaching for tobacco cessation, which has been proven to double long-term quit rates.<sup>81</sup> Coaches provide help in English, Spanish, and other languages, as well as via chat and text.

Tobacco users or their friends and family can access the service by calling 1-800-300-8086 (English) or 1-800-600-8191 (Spanish), or by registering online at [www.kickitca.org](http://www.kickitca.org).

LCC recommends that tobacco control programs work with care systems to adopt a systematic approach to referring tobacco users to Kick It California, such as with the Ask-Advise-Refer protocol. In this approach, providers *ask* every person if they smoke or use other tobacco, *advise* those who do to quit, and *refer* them to Kick It California for coaching. ("Refer" is sometimes rendered as "assist" because it generally includes a discussion of treatment options and a prescription for nicotine patches or other cessation medication.) Health care providers who refer patients electronically receive automated updates on their patients' progress so they can better support them in quitting.

### 3c. Expand local access to cessation support

Where it is feasible to provide local cessation services, LCC recommends the following to ensure that services are culturally appropriate for Latinos:

- Train promotoras as Tobacco Treatment Specialists (TTS). Community health workers, known in Spanish as *promotoras de salud* (or *promotores* if male), are trusted sources of information in the community. Promotoras with TTS training can help tobacco users quit while educating the community about tobacco dependence and cessation. To increase the availability of in-language cessation support, TTS training could also be offered to other qualified bilingual individuals in the community.







- Adapt services to Latino cultural values. Counseling services for Latinos should reflect Latino values, such as *respeto* (respect), *personalismo* (formal friendliness), and *familismo* (family values), and should take into account cultural values such as *machismo* and *fuerza de voluntad* (willpower) which lead many Latinos to favor a “cold turkey” approach to quitting.<sup>82</sup>
- Provide services in safe places. Services should be offered in places where Latinos feel most safe, such as in their own homes, local churches, schools, parks, community recreation rooms, community clinics, or other venues that are commonly accessed by the Latino community.
- Offer flexibility and childcare. For various reasons, including childcare obligations, many Latinos have limited time. Cessation services should be provided at convenient times, such as during evening hours, and childcare should be offered.
- Where feasible, offer incentives to participate in tobacco cessation counseling. The Medicaid Incentives to Quit Smoking (MIQS) project, a large study that enrolled many low-income Latinos, showed that offering free NRT and modest financial incentives increased participation and improved quit outcomes.<sup>83-84</sup>



## **PRIORITY 4: BUILD COMMUNITY CAPACITY AND LEADERSHIP**

As mentioned in the introduction to this Policy Platform, Latinos are the largest ethnic group in California,<sup>7</sup> and there are approximately 1.1 million Latino adults who smoke in the state.<sup>5</sup> Therefore, the goal of ending the epidemic of tobacco-related death and disease in California can only be achieved if the Latino community is engaged and included in tobacco control efforts. Efforts to achieve the policy and system priorities outlined in this Policy Platform must include Latino voices, help to build capacity, and empower the community. This section describes some of the environmental changes that can help to make that happen.

### **4a. Build Diverse Community Coalitions**

**A community coalition that is diverse and engaged can be a tremendous asset in driving policy and system changes in tobacco control. It is very important that the Latino community be represented and have a voice in coalitions. Successful coalitions<sup>85</sup>:**

- Recruit and engage members from many sectors of the community, including individuals of diverse backgrounds and organizations.
- Share resources. Each individual in a coalition has access to different resources. Participating in a coalition allows them to share their resources with other members, making the coalition stronger.
- Provide training so that all members have the skills and knowledge to participate meaningfully in the coalition's work, including work that involves policy and system changes.
- Facilitate capacity building for policy and system change by building relationships between community members and policy makers.
- Take advantage of the coalition's size and diversity to speak with a louder voice. A coalition has broader reach and stronger influence when more members are involved and more points of view are represented. This is especially valuable when speaking with elected officials, who are more likely to listen to a diverse group of concerned citizens as opposed to a single individual.



Additionally, it can be very helpful to provide meeting materials, such as meeting agendas, presentation slides, and educational materials, in both English and Spanish. Providing interpretation as needed also helps to ensure that Spanish speakers can fully participate in coalition activities.

Latino culture is collectivist, and many Latinos do well in community-based activities.<sup>86</sup> Community coalitions represent an excellent opportunity to engage Latinos in driving policy and system changes that can benefit their community and the general population by reducing tobacco use.

#### **Recommendations for building a stronger, more diverse coalition:**

- Consider how the work of the coalition may be enhanced by including both traditional and nontraditional partners. Traditional partners include organizations that have historically received tobacco control funding, such as health care organizations, social service and voluntary organizations, schools and universities, law enforcement, and early childhood development programs. Nontraditional partners typically have never received such funding and can include economic development organizations, employers and business groups, labor unions, faith-based communities, social justice groups, environmental justice organizations, and community planners.<sup>34</sup>
- Identify gaps in the coalition’s membership, such as representatives of the sectors listed above, representatives of key Latino-serving organizations, and members of the Latino community itself. Identify and recruit suitable and diverse candidates to fill those gaps. Provide interpretation at meetings so Spanish speakers can fully engage.
- Provide new members with training on the work of the coalition, and arrange for new or existing Latino members to train other coalition members on information that may be needed to work effectively with the Latino community.
- Engage new members in planning, implementing, and evaluating coalition activities. Engage Latino members in particular in activities affecting the Latino community, such as educating policy makers on why a MUH ordinance is needed or persuading a health system to improve its tobacco cessation services.

- Ensure cultural and linguistic competence in materials for Latinos by engaging Latino coalition members in developing and translating them.

#### **4b. Engage *promotoras de salud* in Tobacco Control**

*Promotoras de salud* are community health workers (CHW) are lay health advisors who work in association with the local health care programs and/or are members of the communities where they work. They may be members of social networks such as church groups or senior groups. They have attributes of leadership, compassion, and familiarity with the community and are caregivers whom others naturally turn to for advice, emotional support, and tangible aid. *Promotoras de salud* (or *promotores*, if male), are trained leaders in the Latino community who provide health information and facilitate access to local health resources. Acting as cultural, linguistic, and socioeconomic allies to community members, *promotoras* have first-hand knowledge about community needs and resources.<sup>87</sup>

#### **Recommendations for engaging *promotoras* in policy and system change:**

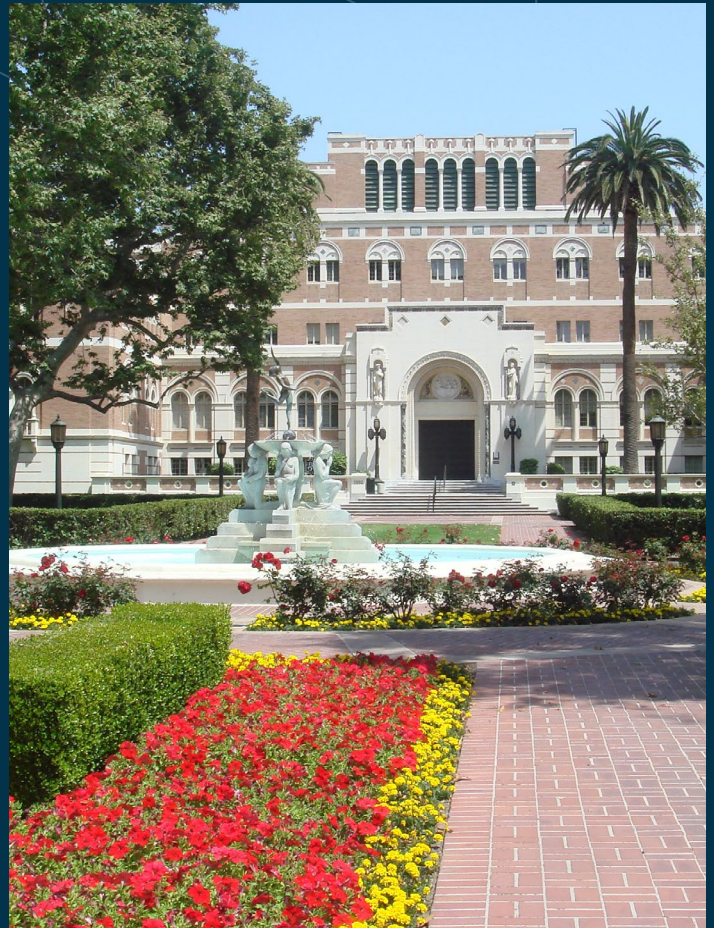
- Recruit, engage, and mobilize *promotoras* to help change tobacco control policies by training them to take part in activities such as community meetings and educational presentations. *Promotoras* are often very effective communicators with others in their community.
- Train *promotoras* to participate in data collection efforts such as conducting community surveys and focus groups.
- Engage *promotoras* to participate in educational visits with policy makers to share “voice of the community” information, such as information about underage sales of tobacco products.
- Whenever possible, budget adequate funds to pay stipends or hourly wages, because *promotoras* experience a scarcity of full-time jobs, meager compensation, few benefits, and limited long-term job security.<sup>87</sup>



# SUCCESS STORY

## COMMUNITY HEALTH WORKERS SUCCESSFULLY ENGAGED IN COMMUNITY BASED PARTICIPATORY RESEARCH

University of Southern California researchers conducting a study on Los Angeles retailers' compliance with tobacco control policies engaged community health workers to play key roles in the study.<sup>88</sup> CHWs who were hired and trained for this study were of various racial/ethnic backgrounds and included bilingual Spanish/English promotoras. As trusted community leaders who know the culture and speak their community's language(s), promotoras hold great promise as tobacco control "ambassadors." The promotoras and other CHWs in the study helped to shape the messages and survey instruments to be culturally appropriate for the communities they represented. They liaised with retailers in their respective communities and helped to establish strong relationships between the academic team and communities. They collected surveillance data and provided cultural context for the data findings. CHWs were instrumental from the beginning of the process to the end, and allowed the researchers to connect with communities in culturally and linguistically appropriate ways.







#### 4c. Engage Latino Youth in Tobacco Policy

Time and again, youth engagement has helped to advance tobacco control policies throughout California. Young people have proven to be effective advocates, whether they are countering the industry's predatory marketing practices or educating state and local legislators about important issues in tobacco control.<sup>34</sup> It is critical to continue these engagement efforts, particularly with Latino youth. Latinos are the youngest major racial or ethnic group in the U.S.<sup>89</sup> With a rapidly growing population, Latino youth have an increasing stake in preventing initiation and reducing tobacco use in their community.

##### Recommendations for engaging youth in tobacco control work:

- Recruit and train primary school students and college-age youth to participate in tobacco control policy advocacy.
- Recruit and train college-age youth to support tobacco-free policies on college and vocational school campuses, including educating policy makers, participating in peer-to-peer training, encouraging compliance, and helping tobacco users access cessation resources.

##### Additional recommendations for engaging Latino youth<sup>85</sup>:

- Build connections with family. Try to meet with parents over coffee to discuss their children's involvement in tobacco control advocacy efforts. Make meetings engaging for both youth and parents.
- Create a safe space. Hold meetings and events in safe and family-friendly locations, such as schools, community centers, and faith centers. Choose an accessible location for those with limited transportation.
- Be culturally sensitive. Embrace differences and consider how they can strengthen the coalition advocating change. Be authentic and create an inclusive and nonjudgmental environment.
- Use culturally appropriate language. Bridge language barriers by providing an interpreter when needed. Field-test materials with the appropriate age and language group.
- Use technology. Latinos are the group most likely to own smartphones. When developing youth engagement policies, take advantage of technologies that can help to engage more Latino youth and their families, such as Zoom and Skype.

## OVERARCHING RECOMMENDATIONS

Health equity is the main framework for all of the policy, system, and environmental changes recommended in this Policy Platform. These changes will help Latinos overcome the barriers to health equity that they face, such as targeting by the tobacco industry and laws that often fail to protect them from secondhand smoke exposure where they live and work. Achieving health equity also involves empowering Latinos and giving the community a bigger voice in tobacco control. If adopted and implemented as recommended, the changes in this Policy Platform will help to give Latinos an equal opportunity to be as healthy as possible.

Consistent with the focus on health equity, it is vitally important that tobacco policy changes be implemented in ways that avoid exacerbating disparities. For example, as discussed in the section on preventing youth initiation of tobacco use, jurisdictions should avoid “downstream” policies that punish youth for possessing, using, or purchasing tobacco or cannabis products (so-called PUP laws). Policies with a more “upstream” focus on retailers are more equitable and effective. Another example is smoke-free multi-unit housing policies that include eviction as a penalty for repeated violations. Eviction can worsen health outcomes and exacerbate economic and health disparities, and knowing that eviction is a possibility could discourage neighbors from reporting policy violations when they occur. Better enforcement mechanisms include education, achieving community buy-in, and providing cessation support. The most appropriate enforcement strategies may vary from place to place. Therefore, policy advocates should engage community members and key stakeholders to determine which strategies are most equitable and effective for their community.

LCC has identified several general recommendations that cut across the priorities in this Policy Platform:

- Prioritize engaging the Latino community, which is the largest ethnic group in California and accounts for the second largest group of adult smokers in the state.
- Work to end tobacco-related disparities experienced by Latinos, such as disproportionate targeting by the tobacco industry and weaker protection from secondhand exposure where they work and live.
- Account for diversity within the Latino community, including linguistic, racial, ethnic, sexual and gender orientation, socioeconomic differences, as well as differences in immigration status.
- Account for significant differences in male and female patterns of tobacco use behavior and attitudes in the Latino community.
- Bear in mind the high rates of Latino youth vaping and cannabis use.
- Aim for comprehensive tobacco restrictions, while remaining open to passing partial restrictions as a step toward more comprehensive policies.
- Wherever smoking and use of other combustible tobacco products is restricted, restrict the use of vaping products as well, and where secondhand smoke or aerosols from tobacco are restricted, restrict those from cannabis as well.
- Support effective and equitable enforcement that emphasizes education and promotes social norm change as opposed to penalizing individual policy violators.
- Embed offers of tobacco cessation resources in all tobacco control policy communications and enforcement activities.
- Include Latino voices and nontraditional partners in all tobacco control policy efforts.

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In loving memory of Marlene Gomez, a fearless advocate for the Latino community.



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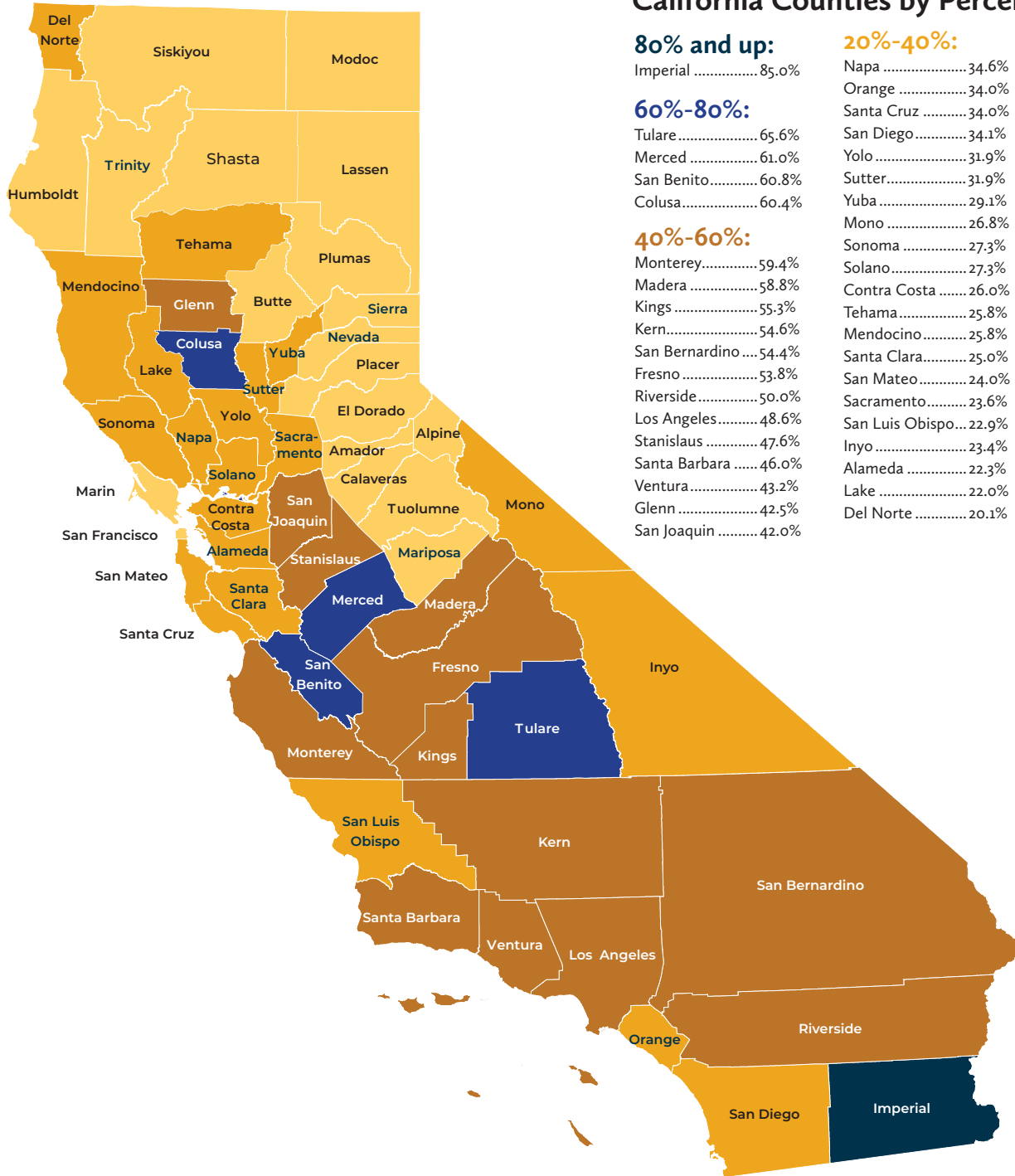
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# APPENDIX

## California Counties by Percentage Latino



### 80% and up:

Imperial ..... 85.0%

### 60%-80%:

Tulare ..... 65.6%

Merced ..... 61.0%

San Benito ..... 60.8%

Colusa ..... 60.4%

### 40%-60%:

Monterey ..... 59.4%

Madera ..... 58.8%

Kings ..... 55.3%

Kern ..... 54.6%

San Bernardino ..... 54.4%

Fresno ..... 53.8%

Riverside ..... 50.0%

Los Angeles ..... 48.6%

Stanislaus ..... 47.6%

Santa Barbara ..... 46.0%

Ventura ..... 43.2%

Glenn ..... 42.5%

San Joaquin ..... 42.0%

### 20%-40%:

Napa ..... 34.6%

Orange ..... 34.0%

Santa Cruz ..... 34.0%

San Diego ..... 34.1%

Yolo ..... 31.9%

Sutter ..... 31.9%

Yuba ..... 29.1%

Mono ..... 26.8%

Sonoma ..... 27.3%

Solano ..... 27.3%

Contra Costa ..... 26.0%

Tehama ..... 25.8%

Mendocino ..... 25.8%

Santa Clara ..... 25.0%

San Mateo ..... 24.0%

Sacramento ..... 23.6%

San Luis Obispo ..... 22.9%

Inyo ..... 23.4%

Alameda ..... 22.3%

Lake ..... 22.0%

Del Norte ..... 20.1%

### 0%-20%:

Lassen ..... 19.3%

Butte ..... 17.2%

Marin ..... 16.3%

San Francisco ..... 15.2%

Amador ..... 14.5%

Placer ..... 14.4%

Modoc ..... 14.6%

El Dorado ..... 13.2%

Siskiyou ..... 13.2%

Tuolumne ..... 12.7%

Calaveras ..... 13.0%

Sierra ..... 12.7%

Humboldt ..... 12.1%

Mariposa ..... 12.1%

Alpine ..... 12.3%

Shasta ..... 10.5%

Nevada ..... 9.8%

Plumas ..... 9.3%

Trinity ..... 7.4%

Source: US Census Bureau, Quick Facts 2021.