

Tobacco Policy Change: A Collaborative for Healthier Communities and States

A Proposal Narrative by Mission City Community Network

Assessment of the Cultural, Socio-Economic, and Political Context and Opportunities

Mission City Community Network (MCCN) provides comprehensive healthcare services to underserved individuals and families throughout Los Angeles' northeast San Fernando Valley, a densely populated and growing region with a population of greater than 700,000 residents according to the 2000 Census. This service area will be the target of the project proposed herein.

Fully 95 percent of MCCN's patients, who principally reside in the communities of North Hills, Pacoima, Van Nuys, Panorama City, and San Fernando, are living at or below 200 percent of the federal poverty level. Virtually all are without any form of private health insurance – even though many of them work – and, consequently, they are not routinely exposed to tobacco and other health education messages that are often health provider-based. The median age throughout the service area is a young 31.2 years; approximately 58 percent of the population is under 34 years of age.

Minority households throughout the region range from a high of approximately 68 percent to 50 percent, according to the 2000 U.S. Census. Nearly 80 percent of MCCN's patients are Latino. Many are immigrants with limited or no English-language skills. An estimated 60 percent of immigrants lack a high school diploma, explaining why rates of unemployment and poverty are almost twice the national average.

MCCN's multicultural and bilingual staff is experienced in overcoming the challenges and exploiting the great opportunities that come with serving this largely

immigrant Latino population, particularly in the areas of health education and outreach and health policy change. Poverty, distrust of “foreign” programs, wariness of institutions, conflicting cultural norms, and ingrained cultural practices can countervail against the delivery of new messages. However, residents also display remarkable resiliency and a sincere desire to improve life for themselves and for their families. There is a rich social life and sense of community among residents, with more than 1,000 restaurants, theaters, and concert halls in the area. Residents also share a strong family focus, and not surprisingly household budgets include heavy expenditures on groceries and baby products. MCCN takes great pride in the fact that the residents of our service area have come to view the agency as a trusted community institution, due largely to the cultural congruency of our programs, the cultural sensitivity of our staff, and the agency’s well-developed collaborative ties with community-based organizations and stakeholders throughout the area.

Despite progress, tobacco use remains the number one preventable cause of disease and disability in Los Angeles County, as it does in the United States. According to the Los Angeles County Department of Health Services (LACDHS), it is associated with the top five causes of death in LA County and is responsible for nearly half of all deaths. Tobacco-related illnesses exact a stiff economic toll in the County, with costs estimated at \$4.3 billion per year, of which \$2.3 billion is for direct medical costs.

Environmental Tobacco Smoke (ETS) or secondhand smoke is a well-documented health risk. Although there is no safe level of exposure to ETS for anyone, children, the elderly, and the chronically ill are particularly at risk. According to the Environmental Protection Agency, ETS is a primary cause of asthma, bronchitis, middle

ear infections, and pneumonia in children each year in the U.S. While adults may have some control over exposure to second-hand smoke, children rarely do. LACDHS estimates that approximately 250,000 children in the County are regularly exposed to secondhand smoke in their homes. Furthermore, Latino youths in Los Angeles County under the age of 18 years have the highest proportion of exposures to ETS in the home (55.3%) compared to Whites (23.1%), African Americans (13.4%), and Asians (7.1%).

Based on data compiled by MCCN in August 2004, a total of 333,812 service area residents are renters. Of this number, 55,007 individuals reside in 20,555 rental units in the area's many large apartment complexes, which are defined as buildings comprising 50 or more units. The majority of these apartment dwellers are exposed to secondhand smoke, which easily drifts from neighboring units and fills common areas such as lobbies, laundry rooms, and playgrounds.

MCCN recently completed a survey of 1,500 residents of apartment buildings in North Hills, Panorama City, Pacoima, Van Nuys, and Northridge. An overwhelming 78 percent of residents surveyed reported that they would prefer to live in apartment buildings that are totally tobacco-free, a grassroots desire that unfortunately meets opposition by apartment owners who think they have little stake in such a change.

MCCN has had great success in accomplishing such policy change throughout the area by organizing and mobilizing tenants, key opinion leaders, stakeholders, and community groups to educate and positively persuade apartment owners about the benefits and long-term efficacy of tobacco policy change, yet much work remains to be done. Strong collaborative partnerships and tried and true strategies will form a strong foundation for future policy change initiatives to address this critical community need.

Track Record and History in Community Organizing and Policy Advocacy

Our very name – Mission City Community Network – denotes our commitment to community and collaborative services. To serve our patients, MCCN has forged strong ties with a vast network of health and human service providers, as well as community-based agencies and institutions throughout the region. Guided by our mission – *the eradication of the chronic disease of inadequate access to healthcare in poor and disenfranchised communities* – MCCN has since its inception in 1989 understood that education and advocacy are part and parcel of community change, and that lasting change, while beginning at the grassroots level, also requires the endorsement of stakeholders and powerbrokers. Thus, while it is essential to work with families within the target area we serve, it is equally important that their collective will be felt by those that rely upon them as constituents, congregants, customers, electors, vendors, and other interdependent resources. This is especially true of landlords, local merchants, elected officials, administrators, and defacto community leaders.

Since 1994, MCCN has worked collaboratively with a broad range of community groups, health and religious organizations, civic leaders, and government representatives to provide community-based tobacco control and prevention programs. Between 1994 and December 2001 and again from January 2004 until June 2004, MCCN actively advocated for and achieved policy changes promoting tobacco-free environments as a participant in the LACDHS Tobacco Control and Prevention Program. Among MCCN's many tobacco program accomplishments are the implementation in 2004 of smoke-free policies in 19 apartment complexes and, in 2002,

in LA County parks and recreational facilities. MCCN's program manager was named Los Angeles County Tobacco Health Educator of the Year in 2001.

MCCN's strong involvement in tobacco policy advocacy is interwoven with its community-based activities, and is most aptly demonstrated by its leadership in the late 1990s of the Tobacco Education Action and Mobilization (TEAM) Collaborative, funded by the LACDHS. MCCN was the lead agency for TEAM; partners included Sunrise Medical Clinic, El Mesias Methodist Church, Northeast Valley Health Corporation, Pueblo Y Salud, and Valley Community Clinic. TEAM members worked to create an environment in which tobacco use among residents was socially unacceptable. Efforts focused on tobacco advertising reform in Los Angeles, specifically policy creation and reformation, including billboard and storefront ordinances. In September 1998, TEAM efforts made headlines in the *Los Angeles Times* that read: "BAN: Most Tobacco, Alcohol Billboards in LA Targeted by City Council."

In supporting policy change, MCCN has worked with partners and patients to support letter writing campaigns, petitions, youth poster contests, attendance at city council and committee meetings, distribution of press releases, one-on-one education of decision makers, leadership training about tobacco, and ordinance promotion and compliance activities. Praise for its efforts has come from many quarters, including from Ingrid Lamirault, former director of policy and planning development for the LACDHS. In a letter of support for a previous submission, she wrote that MCCN "has proven instrumental in accessing and working with their targeted populations . . . (extracting) information on their target group's knowledge, attitude, and behavior to better approach the tobacco issue as a fit with the community's values and belief system."

Project Description

MCCN will address the pressing need and demonstrated community desire for changes in *comprehensive clean indoor air policies* in apartment buildings throughout our San Fernando Valley service area. MCCN is proposing to advocate for the enactment of tobacco-free policies to reduce residents' daily exposure to secondhand smoke. We will increase the number of smoke-free apartments and common areas in large apartment buildings containing 50 units or more. The approach will include grassroots outreach with intensive education of key decision-makers on the issues.

MCCN anticipates accomplishing the following objectives within a 12-month period: 1) to conduct surveys of 2,500 apartment residents in 50 buildings to assess opinions on smoke-free policies, implementation strategies, and preferences for areas within apartment buildings to designate as smoke free; 2) to hold 6 community meetings in 20 apartment buildings to educate and organize tenants, for a total of 120 meetings held; 3) to establish a 20-member community coalition to advocate for tobacco-free policies in apartment buildings; 4) to establish tobacco policies in at least 50 apartments in 20 buildings, for a total 1,000 household units designated as smoke-free; and 5) to establish tobacco policies in 10 common areas, such as lobbies, playgrounds, and laundry rooms, in 5 buildings, for a total of 50 common areas designated as smoke-free.

To accomplish these objectives, MCCN will work with its strong existing network of partners, including community-based organizations, government representatives, tobacco and health advocacy groups, healthcare centers, civic leaders, and religious organizations, while developing additional collaborative relationships. Current partners include Sunrise Medical Clinic, El Mesias Methodist Church, Northeast Valley Health

Corporation, Pueblo Y Salud, Valley Community Clinic, American Cancer Society, American Heart Association, American Lung Association FAME Health Corporation, Hispanic-Latino Tobacco Education Network, LACDHS, Project TAAR, Center for Tobacco Policy and Organizing, and Smoke-free Air for Everyone.

Key project activities will include the following: identifying 20 apartment buildings that contain 50 units or more for tobacco policy advocacy activities; conducting surveys of apartment residents to ascertain their opinions and health concerns about ETS exposure; holding meetings in apartment buildings to educate residents and about the dangers of ETS and effective advocacy techniques; recruiting members for and organizing a Taskforce for Tobacco Free Housing composed of residents, stakeholders, and others; working with the Taskforce to develop and implement tobacco advocacy strategies, such as letter writing campaigns, petitions, attendance at city council meetings; providing one-on-one education to decision makers; distributing press releases; working with apartment owners to facilitate adoption of tobacco policies, by providing education on the benefits of smoke-free housing and assistance in the development and implementation of smoke-free policies in 20 buildings, including examples of lease agreements and solutions for compliance issues.

For each quantifiable objective, benchmarks will enable us to monitor our progress. For example, to conduct surveys of apartment residents, we will obtain permission, develop a survey dissemination strategy, distribute surveys, and compile results. Similarly, holding community meetings will require meeting promotion and arrangements for childcare, food, and facilitation in English and Spanish. The 20-member community coalition will be another benchmark, preceded by the development

of a balanced list of representatives, a decision on the order in which order to invite participants, and the development and mailing of letters inviting participation. Finally, tobacco policy development will require meetings to obtain buy-in for the changes and drafts of written policies. Obtaining consumer input will be a key benchmark, thus policies will include a review by residents so that they feel empowered by the process.

MCCN anticipates opposition to tobacco policy change in apartments from some owners who feel that there is no benefit to them. MCCN will use strategies proven successful in the past to overcome their resistance, such as rallying the collective will of residents and other community members and providing one-on-one supportive assistance to owners in the development of tobacco policies.

Reducing ETS exposure is a leading strategy in reducing tobacco-related disease and death, and thus this project fits squarely within MCCN's long-term commitment to improving the health of underserved area residents. It also fits within our two to five-year plan to increase the demand for and availability of smoke-free environments in the community and will contribute to creating a sustainable base for planned future tobacco control advocacy efforts, by expanding our collaborative network and helping shift social norms. The presence of smoke-free environments can lead to tobacco use being viewed as socially unacceptable, with the result that fewer youths begin smoking and more quit attempts are made, and can increase the number of people who successfully quit smoking, by limiting cues for relapse. As smoke-free apartments become more available, residents will learn that they can expect this option, affect its adoption, and also seek new smoke-free residences, creating economic pressure on apartment owners to accommodate residents' preferences.

Strength of Organization

MCCN was established in 1989 as a nonprofit, tax-exempt organization dedicated to the mission of providing primary medical care for low-income medically uninsured individuals and families in Los Angeles' northeast San Fernando Valley. Subsequently, it became certified as a community clinic and a Federally Qualified Health Center (FQHC) in order to better serve the needs of its target population. MCCN is a member of the Community Clinic Association of Los Angeles County, the California Primary Care Association, and the National Association of Community Health Centers.

MCCN offers an expansive scope of healthcare services including the following pediatric and adult services, gynecological and family planning services, perinatal services, health education, case management, immunizations, nutritional counseling, mental health services, and pharmacy and laboratory services. In 2003, MCCN logged a total of 63,863 patient encounters.

MCCN's organizational strength is a reflection of the dedication of its leadership, staff, and board of directors and their commitment to ensuring the quality and success of the agency's many programs. As MCCN's Executive Director/Chief Financial Officer, Nik Gupta, oversees the clinic's overall performance and its financial affairs and directly supervises the work of the Medical Director, Dr. Jacqueline Guinn, and the Clinic Operations Manager, Laura Valenzuela, who is responsible the clinic's daily operational activities. The Case Manager, Juanita Arvizu, is a registered nurse with the responsibility for triage and patient flow; she reports to the Medical Director for clinical issues and the Operations Manager for operational issues. Evidence for MCCN's strong capacity for fiscal management is as follows: MCCN's Executive Director/Chief

Financial Officer, Mr. Gupta, is a CPA well-qualified to oversee all financial operations; the agency conducts a financial audit each year and has never had other than a clean report; and throughout its history of managing multi-million dollar programs, MCCN has never had to repay granted funds for any reason.

MCCN's has a multicultural, mostly bilingual staff including 10 physicians; three nurse practitioners/physicians' assistants; and 52 other professionals and support staff, including five full-time health educators. The nine-member Board of Directors is composed of healthcare professionals, community leaders, clinic patients, and others committed to the delivery of services to the medically underserved. More than one-half of Board members are service consumers.

To eradicate the barriers that impede patients' timely access to healthcare, MCCN networks with a diverse array of public and private agencies and community-based social service organizations that share its commitment to community inclusiveness, increased access to care, and minimal duplication of services. Since its inception, it has achieved a distinguished record of leadership in serving low-income Latino residents of high-density Los Angeles area communities. This capacity and willingness to work with a broad network of community partners will serve MCCN well in achieving project goals. Finally, this project is consistent with MCCN's long-term vision, which is prevention. By having a healthier community, it is hoped that fewer patients will require remedial responses, especially for respiratory and cancer-related issues. Since smoking can be inter-generational, we also hope to break the cycle of tobacco use, just like we intervene in other clinical and psychosocial domains, which range from preventive healthcare to domestic violence.