

# San Francisco Tobacco Free Project Communities of Excellence (CX) Process 2022-2025

## BRIEF EVALUATION REPORT

### San Francisco Department of Public Health Tobacco Free Project

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POPULATION HEALTH DIVISION  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

DISEASE PREVENTION & CONTROL



## Acknowledgments

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## Aim and outcome

To engage stakeholder input on future priorities of the San Francisco Tobacco Free Project (SFTFP), SFTFP set the following objective:

*By June 30, 2021, convene coalition, organization, and community members widely representative of San Francisco to participate in virtual meetings and/or calls, to complete the Communities of Excellence (CX) needs assessment process... At least 80% of participants will rate their participation experience with the CX process and SOW development as good or very good.*

In April 2021 (Year 3 of the funding period) the objective was met. The CX process—which included implementation of a four-meeting prioritization series—took place from February—April 2021 and engaged 25 unique participants. Among the 22 attendees who responded to a CX participant survey (response rate: 63%), 90% rated their experience with the CX process as good or very good.

## Background

As a requirement of California Department of Public Health (CDPH) funding, SFTFP co-leads a Communities of Excellence (CX) progress review and tobacco disparity planning process every 3–4 years with the Tobacco Free Coalition (TFC). The CX process engages community input and sets the framework for local tobacco control efforts. CDPH’s California Tobacco Control Program (CTCP) releases a menu of indicators

and assets that represent evidence-based approaches to address tobacco disparities.

From January–June 2021, amid the ongoing Covid-19 pandemic, SFTFP implemented a virtual CX process to inform the development of its 3-year workplan for 2022-2025. SFTFP hoped to engage diverse stakeholders—including community members, community-based organizations, and people involved in local tobacco control, among others—to ensure that CX outcomes reflected community priorities.

## Evaluation methods & design

SFTFP’s evaluation plan type for this objective was “Other without Measurable Outcome”. Process evaluation data were collected using a **CX participant survey**. The purpose of the survey was to understand who participated, to assess attendee satisfaction, and to inform recommendations for future CX processes.

The CX participant survey (Appendix 1) was adapted from a tool provided by the Tobacco Control Education Center (TCEC). The survey was administered once to all participants at the final CX meeting and later disseminated via email to all participants of previous meetings. Analyses included descriptive statistics, cross-tabulations, and the identification of common themes arising from qualitative data.

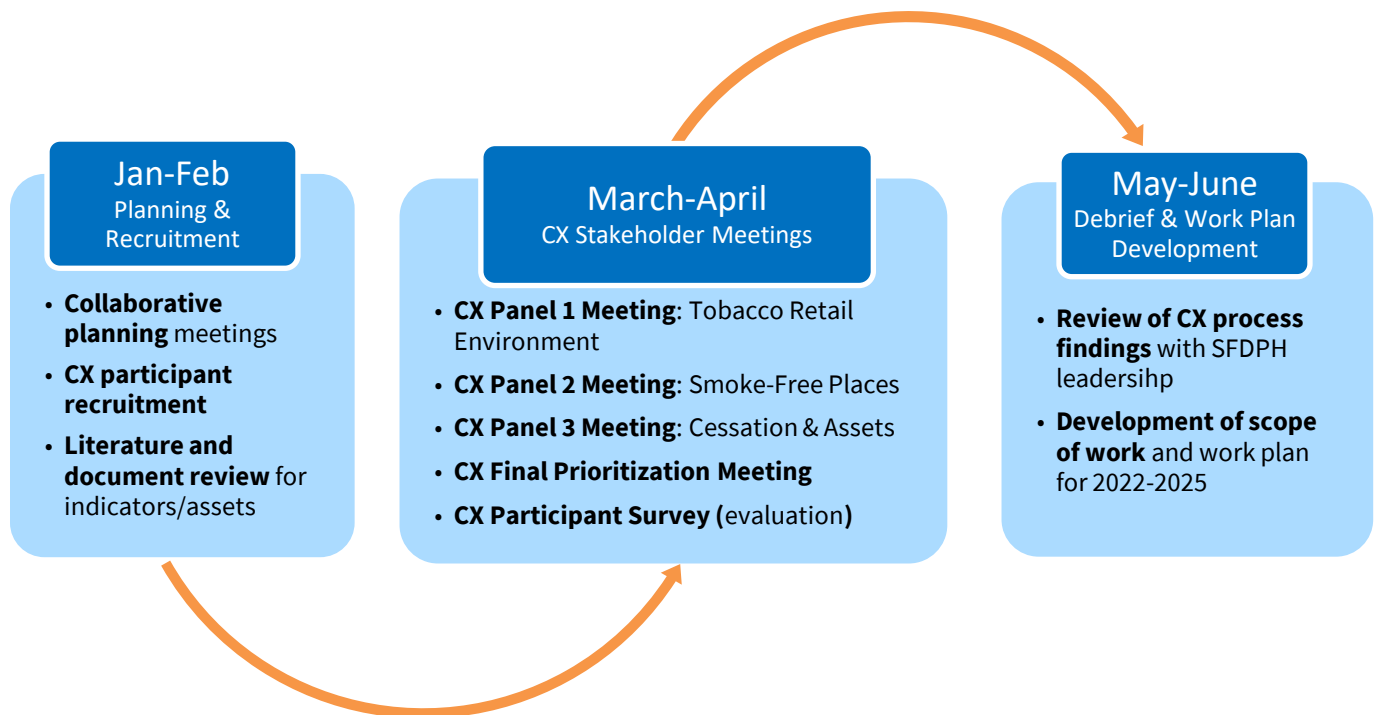
The main limitation of the evaluation design was the potential for a low response rate. Indeed, only 63% of participants (22/35) responded to the survey. This limitation reduces SFTFP’s ability to understand all participants’ experience with the CX process.

## Implementation and results

The CX process took place between January and June 2021 with three distinct phases: (1) Planning & Recruitment, (2) CX Stakeholder Meetings, and (3) Debrief & Work Plan Development. *Planning & Recruitment* (Jan–Feb) focused on collaborative planning of CX engagement sessions, participant recruitment, and background research on a select number of indicators and assets. *CX Stakeholder Meetings* (March–April) included three 2-hour, midday panel sessions to prioritize indicators/assets related to the Retail Environment, Smoke-free Places, and Cessation & Assets, followed by a final 2-hour, midday prioritization session to rank the top seven final indicators and assets (Appendix 2). In addition, a CX participant survey was administered to evaluate the process. Lastly, *Debrief & Work Plan Development* included reflection on CX participant survey findings, approval of selected indicators/assets by SFDPH leadership, and development of the SFTFP 2022-2025 Work Plan.

Key intervention and evaluation activities that supported this objective are summarized in Figure 1.

*Figure 1. Key Intervention and Evaluation Activities in Chronological Order*



Through these activities, SFTFP achieved a number of milestones alongside various challenges. SFTFP’s experience implementing and evaluating the CX process is described in more detail on the following pages.

## Committing to collaborative planning

Given the activation of SFDPH staff to Covid-19 specific roles, SFTFP recognized the need for external planning and facilitation support for the CX process. SFTFP contracted with Facente Consulting (FC) to facilitate all CX stakeholder sessions, and with Bright Research Group (BRG) to conduct and present research on indicators/assets.

Bi-weekly Zoom meetings with the CX planning team (SFDPH, TFC Co-Chairs, and consultants) began two months before the first CX stakeholder meeting. These planning meetings were key to aligning expectations of team members. Examples of decisions made at planning meetings include: deciding the 14 indicators/assets that would be assessed in the CX process, identifying key stakeholders to invite—with an emphasis of representing diverse San Francisco communities, and designing the flow for the virtual CX process.

Once the CX stakeholder meetings were underway, the planning team continued to meet after each session to debrief, document areas for improvement, and plan next steps.

## Adapting to a virtual CX process

Due to the Covid-19 pandemic, the CX process took place by videoconference. Given the engagement challenges posed by a virtual format, the planning team experimented with a new, dynamic meeting structure. For each indicator or asset, there was a brief (5 minute) presentation to introduce the indicator/asset and its data, followed by 5-10 minutes of

facilitated discussion, followed by anonymous live-polling (visible to attendees in real-time) to rate indicators/assets (Figure 2). This iterative structure kept the meetings lively and allowed multiple ways to share input.

*Figure 2. Structure of CX indicator and asset review*

For each indicator/asset:



CX participant survey findings suggest that the virtual meeting structure was effective for participants. As shown in Figure 3, all but two attendees felt that the meetings were well organized; the same number of attendees felt the meetings were engaging (n=20/22, 91%). Participants liked the openness of discussions and the user-friendly voting process.

*Figure 3. Satisfaction with CX meeting structure*

Of CX participant survey respondents (n=22):

91% Felt meetings were well organized

91% Felt that meetings were engaging

However, despite the success in creating engaging virtual sessions, a few people expressed a preference for an in-person CX process in the future.

Having small groups **in person** inspires more engagement.

## Recruitment successes and challenges

Ultimately, 35 unique participants attended CX stakeholder meetings, with an average of 19 people per meeting. Approximately two thirds of attendees reported engaging in the CX process for the first time (n=15/22).

Among people who completed the CX participant survey, most (53%) represented a community-based non-profit organization (n=10/22, Figure 4). Less common affiliations included: academic institutions (n=2), parents (n=2), community members (n=1), researchers (n=1), schools (n=1), alcohol and drug prevention (n=1), faith-based organizations (n=1), health care (n=1), racial/social justice organizations (n=1), health departments (n=1).

**Figure 4. Representation of CBOs at the CX process**

**53%** of CX survey respondents represented community-based organizations

Representation from diverse stakeholders may have been limited by technological barriers to virtual meeting participation, an inability to attend meetings held during work hours, and limited capacity to conduct outreach (due to Covid-19 activation of SFDPH staff).

Despite limited representation, all but two survey respondents (n=20/22, 91%) felt that the outcomes of the CX process reflected the tobacco-related priorities of the community. However, those who disagreed voiced critical feedback on the importance of including more community voices. As one person shared:

*“Community member participation should be prioritized at every level. Non-profit and government staff shouldn’t be making decisions that affect the livelihoods of folks without their direct participation...”*

Furthermore, only 27% of respondents agreed the CX process was sensitive to non-English speaking people, highlighting a need to improve accessibility for these communities.

## Orienting participants to the CX process

To ensure that all invitees understood the purpose of the CX process, invitation e-mails explained the goals of the CX process and listed a point person who could be contacted for more information. In addition, the goals and implications of CX were shared at the start of each stakeholder meeting.

CX participant survey findings suggest that the CX process was well communicated. All but two people (n=20/22, 91%) felt that the purpose of the CX process was clear, and all but one (n=21/22, 96%) understood how the CX process shapes SFTFP priorities (Fig. 5).

**Figure 5. Participant understanding of CX process**

**Of CX participant survey respondents (n=22):**

**91%** Felt the purpose of CX was clear

**96%** Understood how CX shapes SFTFP priorities

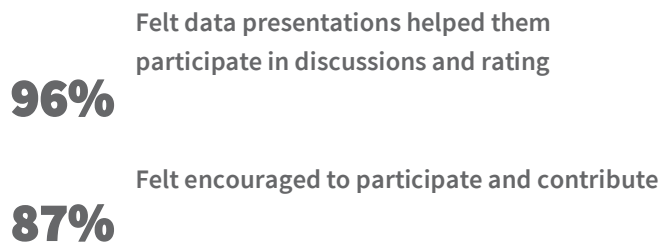
## Fostering meaningful engagement

Given the potentially wide range of backgrounds of CX participants, SFTFP set out to ensure that each person had what they needed to meaningfully engage in the process. SFTFP provided key materials several days before each meeting, such as agendas, slide decks, instructions for live polling, and handouts (see Appendix 3 for example).

Importantly, SFTFP made a key change based on learnings from the previous CX process (conducted in 2016). Instead of asking participants to rate various aspects of indicators and assets based on their own knowledge and research—an activity that participants felt unprepared to complete—an external research group (BRG) presented relevant data about each indicator/asset. This approach was described as helpful and time-saving, with 96% of survey respondents (n=21/22) noting that the presentations helped them to participate in subsequent discussions and rating processes (Fig. 6). In addition, 87% of respondents (n=20/23) felt encouraged to participate and contribute in the CX process (Fig.6).

### Figure 6. Attendee ability to contribute to CX

#### Of CX participant survey respondents (n=22):

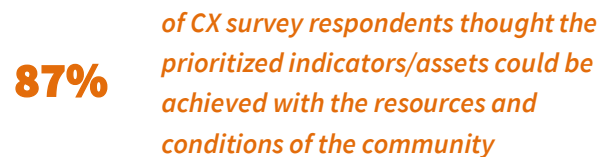


## Integrating CX findings into future work

At the final CX stakeholder meeting, four indicators and one asset rose to the top:

- 1) Minimum price/package size/volume size
- 2) Smoke-free multi-unit housing
- 3) Culturally-appropriate cessation services
- 4) Ending the sale of commercial tobacco
- 5) Youth engagement in tobacco control

### Figure 7. Feasibility of prioritized indicators/assets



This finding is notable given that one indicator—ending the sale of commercial tobacco—has not yet been explored in SF.

In addition, the CX process may jumpstart or maintain participant engagement in local tobacco control: 63% of survey respondents (n=10/22) expressed interest in Coalition membership, 38% (n=6/22) wanted to engage with SFTFP Community Action Models (CAM), and 31% (n=5/22) wished to educate local stakeholders to further tobacco control policy.

Ultimately, the CX process outcomes and survey findings were shared with SF Tobacco Free Coalition members, representing various community stakeholder groups. Results were also reviewed by SFDPH staff and leadership to inform SFTFP's future tobacco control work via the 2022-2025 work plan, and future CAM projects.

## Conclusions/recommendations

SFTFP exceeded its satisfaction goals with the 2021 CX process, with 90% of survey respondents reporting a good or very good experience. From internal team debriefs and the formal CX participant survey results, SFTFP identified several key lessons that can inform continued and improved success with the CX process. These lessons are described below.

### CX process elements to maintain:

1. Engage in early, collaborative planning between SFDPH, TFC, and partnering consultants. This will ensure that the expectations of all parties are aligned and that the process is designed in a way that satisfies everyone.
2. Prior to the final indicator/asset prioritization meeting, hold small group topic area panel discussions to facilitate deeper engagement, discussion and prioritization of a small set of indicators and assets.
3. Have presentations of data based on the CX worksheet criteria rather than asking participants to fill out worksheets. This will reduce the burden on participants to during the meetings and will allow more time to discuss and deliberate.
4. Utilize user-friendly, live-voting/polling for prioritization of indicators and assets. These platforms make the CX process engaging and give everyone a voice.

### CX process elements to improve:

1. Consider ways to directly engage more community members—rather than the organizations that represent them—in the CX process to ensure their voices are heard. Stronger outreach efforts, as well as participation opportunities that take place outside of the typical work day may facilitate this engagement.
2. Use translation and interpretation services so that meetings and discussions are accessible for residents who are non-English speakers, and they are able to meaningfully contribute and participate.
3. If possible, use in-person CX meetings to increase accessibility to people with limited technology access; if CX processes continue to be virtual, move CX meetings to the most common platforms (e.g., Zoom) to maximize accessibility.
4. Identify creative ways to improve response rate for the CX participant survey, particularly for people who do not attend the final session at which the survey is administered. This will help SFTFP more accurately understand the experience of participants, as well as strengths and areas of improvement for the CX process.



# Appendix I: CX Participant Survey Instrument (continued on next page)

## SFTFP Communities of Excellence Participation Survey

On behalf of the San Francisco Tobacco Free Project and Coalition co-chairs, thank you for participating in the Communities of Excellence (CX) Needs Assessment!

We would like to get your feedback about your experience with the CX meeting(s). Please share your thoughts about your participation by answering the following questions. The survey is anonymous and will take only a few minutes of your time.

1. Have you participated in San Francisco Tobacco Free Project's Communities of Excellence Needs Assessment meetings in previous years? And, if so, how many times?

- This was my first time
- I participated 1 time before
- I participated 2 times before
- I do not recall

2. Which meetings did you participate in for this year's Communities of Excellence Needs Assessment for the San Francisco Tobacco Free Project and Coalition? (Check all that apply)

- Panel 1: Tobacco Retail Environment on March 1st
- Panel 2: Exposure to Second-hand Smoke on March 8th
- Panel 3: Cessation and Assets on March 15th
- Indicator Prioritization Coalition Meeting on April 21st

3. Please indicate your level of agreement or disagreement with the following statements about the Communities of Excellence Needs Assessment meeting(s).  
You can also answer "I do not know."

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	I don't know
The purpose of the CX process was clear to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood how the CX process helps establish the San Francisco Tobacco Free Project's future priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the final decision of the group reflected what matters to the community in terms of tobacco prevention and control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe the final decision regarding the selection of priority indicators/assets reflects those that can be achieved with the resources and conditions of our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What could have changed about the Communities of Excellence process so that the final decision better reflects the needs and priorities of the community?

5. Please rate your experience with the Communities of Excellence (CX) meeting(s) in which you participated:

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	I don't know
The meeting(s) in which I participated was/were very organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presentations of data and information on each indicator/asset helped me to participate in the discussion and rating process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CX process was sensitive to non-English speaking persons in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My internet/remote connection was sufficient to participate in the online meeting(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meetings provided an engaging virtual experience (e.g., meeting platform, convenience, meeting length, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was encouraged to participate and contribute.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How would you rate your overall satisfaction with the Communities of Excellence (CX) meeting(s)?

- Very Poor
- Poor
- Acceptable
- Good
- Very Good

7. On a scale from 0-10, how likely are you to recommend participation in the CX process to a colleague? (0 being not at all likely; 10 being extremely likely)

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. What about the Communities of Excellence process could be changed to improve your experience and participation?

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9. What aspects of the meetings and process should we keep for future Communities of Excellence Needs Assessments?

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10. Who else could have been at the meeting(s) whose voice would have helped inform the discussion and decision making? (Check all that apply)

- Community-based nonprofits
  - Schools or office of education
  - Alcohol and Drug Prevention
  - Faith-based organizations
  - Healthcare provider or health care system
  - Mental health providers
  - Oral health
  - Racial/social justice organization
  - Environmental organizations
  - LGBTQ serving organizations
  - Homeless service providers
  - Youth serving organizations
  - Youth and young adults
- 

11. Which of the following organization types do you represent (Check all that apply)?

- Community-based nonprofit
  - School or office of education
  - Law enforcement
  - Alcohol and Drug Prevention
  - Faith-based organization
  - Healthcare provider or health care system
  - Mental health
  - Oral health
  - Schools
  - Racial/social justice organization
  - Youth serving organizations
  - Academic institution
  - Public health department
  - Other - Write In
- 

12. How would you like to be involved in the SF Tobacco Free Project and Coalition? (Check all that apply):

- Become a SF Tobacco Free Coalition member (or renew my SF Tobacco Coalition membership)
- Recruit and engage more community partners and individuals to be part of the SF Tobacco Free Coalition
- Participate in educating and informing San Francisco stakeholders to advance tobacco control policy efforts
- Engage with the Community Action Model Programs through SF Tobacco Free Project
- Learn more about how to provide culturally and linguistically appropriate quit smoking (cessation) programs through the SF Tobacco Free Project
- Other - Write In

9Click here to enter text.

## Appendix 2: Final indicators/assets ranked during the CX process

The first three CX stakeholder “panel” meetings narrowed down indicators and assets to the seven listed below. At the final CX stakeholder “prioritization” meeting, participants were allowed to vote for up to three indicators and one asset, to highlight their top tobacco control priorities.

<b>Indicators (paraphrased for simplicity)</b>	<b>Ranking</b>	<b>Number of votes</b>
Minimum retail price/ package/ volume size	1	21
Smoke-Free Multi-Unit Housing / Incentives	2	18
Culturally, Linguistically, and Age-Appropriate Cessation Services	3	17
End Sale of Commercial Tobacco Products	4	11
Smoke-free Outdoor Non-recreational Public Areas and Public Places	5	4

<b>Asset (paraphrased for simplicity)</b>	<b>Ranking</b>	<b>Number of votes</b>
Youth Engagement in Tobacco Control	1	15
Community Engagement in Tobacco Control	2	3



## Appendix 3: Example handout to prepare participants for engagement

This handout was sent to participants after the first three CX stakeholder “panel meetings”. The purpose of the handout was to summarize the discussions and voting results from the panel meetings—especially for participants who did not attend all meetings—and to prepare them to discuss and vote at the final CX stakeholder “prioritization meeting.”

### San Francisco Communities of Excellence (CX) Process

This page summarizes the indicators and assets prioritized during three prior CX discussions

Indicators	% of votes earned	This indicator has:	Key discussion points
1 Smoke-Free Multi-Unit Housing	75%	High Need, Long-Term Impact, Coalition Enthusiasm	<ul style="list-style-type: none"> <li>90% of complaints about secondhand smoke were housing related (pre-2020)</li> <li>Contentious with policymakers</li> </ul>
2 Minimum Retail Price/Package/Volume Size	64%	High Need, Long-Term Impact, Coalition Enthusiasm	<ul style="list-style-type: none"> <li>Pack size/price target lower-income groups</li> <li>East Bay counties show that policies on price—not just size—are important</li> </ul>
3 Ending sale of tobacco products	61%	High Need, Long-Term Impact, Coalition Enthusiasm, Stretch	<ul style="list-style-type: none"> <li>Residents of SF don't want tobacco retailers in their neighborhoods</li> <li>It's time to stop the selling of addiction</li> </ul>
4 Smoke-Free Public Places	48%	High Need, Long-Term Impact	<ul style="list-style-type: none"> <li>Workers can't avoid smoke exposure (e.g. bars)</li> <li>Banning in <u>all</u> public places could undermine multi-unit housing efforts (need place to smoke)</li> </ul>
5 Culturally Appropriate Cessation Services	44%	High Need	<ul style="list-style-type: none"> <li>SF lacks services that accommodate cultural and linguistic differences</li> <li>Cessation is not a priority for many during Covid</li> </ul>
Assets	% of votes earned	This asset has:	Key discussion points
1 Youth Engagement	50%	High Need, Long-Term Impact	<ul style="list-style-type: none"> <li>Young leaders are at the forefront of movement</li> <li>Youth keep things “fresh” by offering contemporary lens on tobacco industry’s tactics</li> </ul>
2 Community Engagement	44%	High Need, Coalition Enthusiasm	<ul style="list-style-type: none"> <li>This lets us engage adults <u>and</u> youth not funded by existing sources (e.g., CTCP, TUPE)</li> <li>Need staffing to support community engagement</li> </ul>

POPULATION HEALTH DIVISION  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
Staffed by the San Francisco Tobacco-Free Project, SFDPH

### JOIN US ON APRIL 21 FOR THE FINAL CX MEETING!

- We will discuss and rank the indicators
- Results will help SFDPH make choices about future scope of work