



# Tobacco-Free Faith-Based Campuses in San Francisco

BRIEF EVALUATION REPORT: 2017–2021

## San Francisco County Department of Public Health Tobacco Control Program

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## AIM AND OUTCOME

To engage and address priority populations with the highest smoking rates and exposure to secondhand smoke, the San Francisco Tobacco-Free Project (TFP) aimed to partner with and educate faith-based organizations (FBOs) in San Francisco to adopt voluntary wellness policies, including 100% tobacco-free campuses.

*By June 30, 2021, the City and County of San Francisco will engage at least four faith community campuses to adopt a voluntary wellness policy, which includes designating all outdoor areas as 100% tobacco-free, except when tobacco is used for ceremonial or religious purposes.*

By the end of the 2017–2021 period, the TFP did not meet its objective. The TFP granted funding and technical support to two community-based organizations (CBOs) to engage at least four faith community campuses in efforts to adopt a voluntary wellness policy. One of the two CAM organizations successfully implemented their smoke-free campus policy during the CAM Cycle. Collective Impact partnered with Third Baptist Church (San Francisco) for implementation efforts and are planning to assist ongoing efforts to ensure the policy is maintained/enforced and revisited annually. The Horizons Unlimited smoke-free campus policy did not move forward this CAM cycle, but their CAM Team is determined to continue community engagement efforts with the faith community in hopes of implementing the policy in the future. Due to the impact of the COVID-19 pandemic and shelter-in-place orders, the two CBOs funded to work on this objective had to drastically modify and delay their activities. This brief evaluation report captures evaluation activities and the challenges CBOs faced during these unprecedented times.

## BACKGROUND

Faith-based communities are effective partners in health promotion because they reach a diverse population, especially immigrants and ethnic minorities. For instance, approximately two-thirds of the San Francisco metro area is affiliated with a religion (Pew Research Center, 2014). Communities of color and immigrant communities tend to have faith or religious affiliations. The Protestant church plays an important role in Black / African American communities as a source of social cohesion, community development, and civil rights activism. Eight in 10 Muslims are either immigrants or children of immigrants, coming from Asia-Pacific, the Middle East, and sub-Saharan Africa. Latinos make up a large percentage of US Catholics, and four in 10 Latinos are first-generation immigrants (Pew Research, 2015). Partnering with FBOs to promote healthy eating, active living, and smoke-free campuses is an effective strategy in aligning communities' religious values and health (Mazzuca et al. 2021). This strategy can be crucial in supporting cessation efforts, considering that in San Francisco, 12.3% of Latinos and 17.3% of African American adults are smokers (California Health Interview Survey, 2019). For these reasons, the Tobacco-Free Coalition (TFC) decided during the 2016 Communities of Excellence process to pursue partnering with FBOs as a strategy to better understand needs, priorities, and strategies to improve health for the following priority populations: Black / African Americans, Latino men, Chinese American men, Arab Americans, Pacific Islanders, LGBTQ people, and populations with behavioral health issues.

## EVALUATION METHODS AND DESIGN

The evaluation design was non-experimental and included both process and outcome

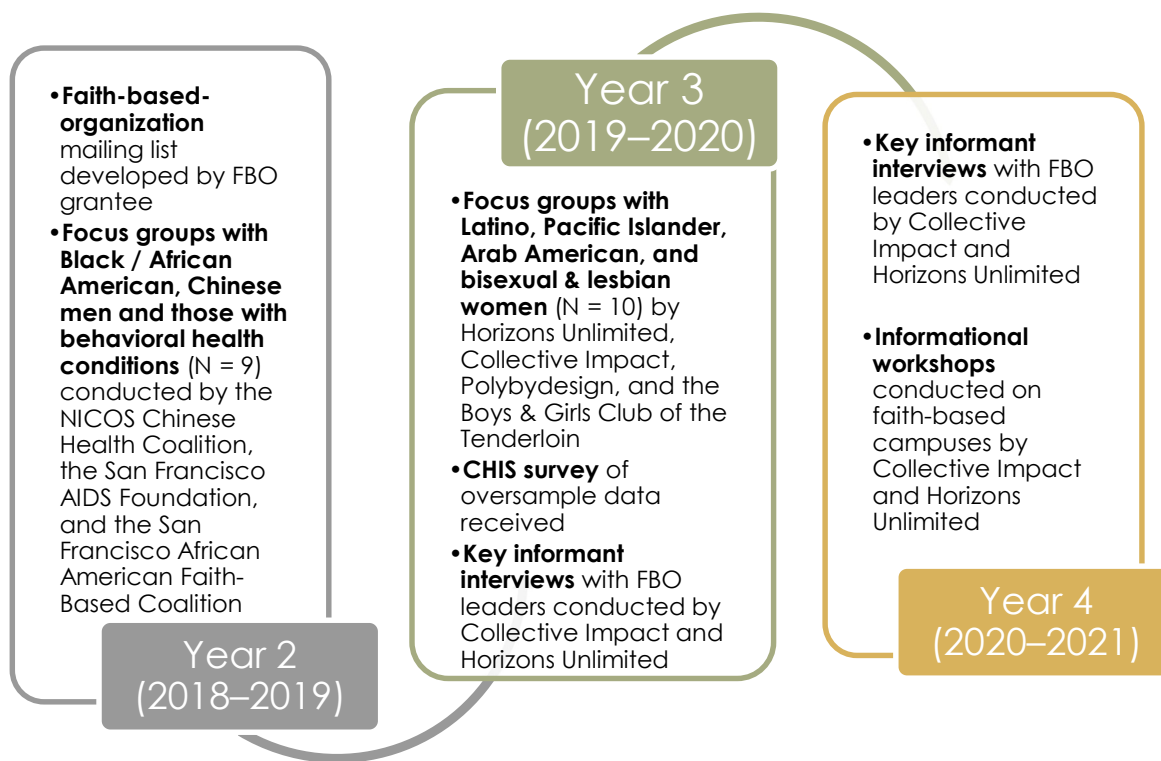
evaluations. An outside evaluation provided training and technical assistance to the seven funded CBOs conducting focus groups with the identified priority populations, as well as training and development of protocols for key informant interviews for the two CBOs funded to engage faith communities. On September 20<sup>th</sup>, 2021, TFP Health Educator hosted a second Key Informant Interview training, aligned with the previous KII training. This training served as a refresher for returning PCs/ECLs as well as an introduction to the key informant interview process for newly onboarded PCs/ECLs. A Zoom recording of the training was also sent to all CAM Project Coordinators to support their teaching efforts post-training. During the training TFP staff revisited key KII topics developed in partnership with contractor Bright Research Group (rationale for KIIs, protocol examples, planning logistics, timelines), and required CAM teams to submit their KII Protocols with their KII Plan deliverables.

**Table 1. Key Outcome and Process Evaluation Activities**

Evaluation Activity	Purpose	Sample	Instrument Source	Analysis Method	Timing/Waves
<b>Process Evaluation</b>					
<b>Focus Groups<sup>1</sup></b>	To understand tobacco use; knowledge, attitudes, and beliefs about current tobacco issues or initiatives; and the role of wellness policies and programs in faith community and other community spaces	FY 2018–2019 <ul style="list-style-type: none"> <li>N = 9 (86 participants)</li> </ul> FY 2019–2020 <ul style="list-style-type: none"> <li>Focus groups: 10; KIs: 7 (111 participants)</li> </ul>	CBO partners and the TFP	Content analysis	Years 1–4 1 wave
<b>Key Informant Interviews</b>	To understand the attitudes and perceptions of religious leaders in San Francisco who may be interested in adopting wellness policies on their campuses	N = 3	Collective Impact, Horizons Unlimited	Content analysis	Year 3 1 wave
<b>Policy Record</b>	To document faith-based decision-maker support for and opposition to adopting voluntary wellness policies	N = 2	Collective Impact, Horizons Unlimited		Years 3–4 2 waves
<b>CHIS Survey</b>	To analyze data sets on smoking rates, attempts at quitting, and other key smoking behaviors and attitudes of target populations		California Health Interview Survey	Descriptive analysis	Years 1–2 1 wave
<b>Process and Outcome Evaluation</b>					
<b>Key Informant Interviews</b>	To evaluate the adoption and implementation process of wellness policies at faith community campuses	N=7	Evaluator, Collective Impact, and Horizons Unlimited	Content analysis	Year 4 1 wave

<sup>1</sup> The OTIS report for Activity 4-E-2 under 1/19–6/19 listed 14 focus group and 84 participants. The correct number of focus groups in the 2019–2020 wave was 10, with a revised number of 86 participants. Please refer to document CTCP-17-38-2019JAN-017.

**Table 2. Key Intervention and Evaluation Activities in Chronological Order**



**IMPLEMENTATION AND RESULTS**

***From July 2017 to June 2021, the TFC held a total of 17 coalition meetings and engaged an average of 27 coalition members per meeting.***

As part of the efforts to engage more faith-based organizations and people of color in the TFC, the TFP created a mailing list 60 FBOs throughout the City of San Francisco. The list covered diverse faith communities (e.g., temples, synagogues, churches, cathedrals, mosques, etc.) as well as priority populations (e.g., African American, Asian, Pacific Islander, Arab American, and Latino). Information about the coalition and grant opportunities was disseminated to invite local faith communities and community-based organizations interested in developing innovative and culturally responsive workaround chronic-disease prevention and to increase their involvement in

TFC efforts. As a result, three new partner organizations—SFAAFBC, Horizons Unlimited, and Collective Impact—were involved in the coalition, representing the African American / Black, Latino, and Pacific Islander communities in San Francisco.

The TFC meetings supported coalition members in developing their skills in media analysis; awareness of local tobacco policies (minimum pricing and smoke-free housing); and skills in strategic engagement with policymakers so that they are better equipped to engage in the coalition’s and one another’s tobacco-related policy-system-and-environmental change initiatives. A total of eight trainings and six hours of training material were provided, reaching—on average—24 members per training. Key trainings included presentations by CAM Emerging Community Leaders (ECLs) and project coordinators (PCs) as well as the

California Tobacco Endgame Center for Organizing and Engagement.

Coalition satisfaction surveys were collected annually in the spring to inquire about membership activities, satisfaction, and interests, and as an opportunity for overall feedback. On average, about 20 surveys were collected each time, with a total of 82 respondents between 2018 and 2021. The key findings of the coalition satisfaction survey concluded the following:

- The coalition membership often came from agencies for which tobacco control is one of their priorities.
- The membership is diverse and represents a range of ethnicities, sexualities, and self-identified genders.
- Overall, the respondents were satisfied with their experiences in the coalition meetings.

***The TFP funded and built the capacity of seven culturally competent CBOs to conduct 19 focus groups with priority populations to understand their experiences, assets, and needs regarding tobacco use and interventions in their community.***

Between 2018 and 2020, the TFP engaged and funded seven local community-based organizations to conduct focus groups with seven priority populations highly targeted by the tobacco industry with the highest rates of tobacco use in San Francisco. The goal of these focus groups was to understand tobacco use within preidentified priority populations that are disproportionately targeted and impacted by the tobacco industry and to inform culturally responsive strategies to prevent and reduce smoking and other forms of tobacco usage in these communities. The TFP granted two one-year rounds of funding and capacity-building

support to three to four CBOs each year (see table 3).

The TFP funded and built the capacity of CBOs to lead and generate insights from focus group discussions (FGDs) because they are trusted institutions in the community and have personal lived experiences and insight in the community context. The CBOs recruited and engaged community members from San Francisco neighborhoods that the priority populations consider as places of cultural value and where they form their identity and community.

**Table 3. Priority FGD Partners and Priority Populations**

Organization	Priority Population	Neighborhood	Total Focus Group Participants
<b>Fiscal Year 2018–2019</b>			
NICOS Chinese Health Coalition	Chinese / Chinese American	Chinatown	25
SF AIDS Foundation	Populations with behavioral health issues	SOMA	29
SF African American Faith-Based Coalition	African American / Black	Bayview / Hunters Point, Tenderloin	33
<b>Fiscal Year 2019–2021</b>			
Collective Impact / Tonya Williams	Lesbian and bisexual women	Western Addition	22
Polybydesign	Asian Pacific Islander	Bayview / Hunters Point, Tenderloin	30
Horizons Unlimited	Latino men	Mission	36
Boys & Girls Club of the Tenderloin	Arab Americans	Tenderloin	23

The TFP engaged an outside evaluator, Bright Research Group (BRG), to provide technical assistance and training to the CBO partners on community research, facilitation, and analysis. The TFP provided a template focus group guide that touched on the following:

- Current and past tobacco use
- Knowledge, attitudes, and beliefs about current tobacco issues or initiatives in San Francisco
- Perceptions of tobacco usage within their community
- Barriers to tobacco-use reduction or cessation
- Input on tobacco-use prevention and reduction in their communities
- Knowledge, attitudes, and beliefs about the role of wellness policies and programs in faith community campuses and other community spaces
- How participants see the intersection of their own wellness with their faith/spirituality

The CBOs were invited to tailor and translate the FGD guide on the basis of their understanding of the community; therefore, not all areas were explored. All the CBOs conducted community presentations to discuss and validate key findings from the focus groups and to gather further feedback. Though the COVID-19 pandemic and shelter-in-place posed challenges for the CBOs with regard to holding focus groups, the grantees were able to shift their focus groups online or conduct interviews instead.

***The findings of the FGDs informed community-based cessation programs for priority populations.***

Though these FGDs were intended to help inform strategies to engage faith communities in implementing wellness policies, the CBOs found that most participants did not speak to this topic, which indicates that it may not be a community priority. However, key findings from each priority group’s FGDs informed development and planning for TFP community



cessation programs funded by the Master Settlement Agreement. In fact, two of the CBOs, PolybyDesign and NICOS Chinese Health Coalition, who conducted the focus groups, were also funded to implement cessation programs that were informed by their focus groups in the Pacific Islander and monolingual Chinese community. The following is a summary of key findings across the focus groups:

<b>Community Use and Practices</b>
<p><i>“People who don’t know anything about homelessness can be really mean and judgmental. Smoking was a stress-management tool for me when I was homeless. It’s a distraction from the everyday trauma you’re dealing with all the time.”</i></p> <p style="text-align: right;"><i>—Male, SFAF Focus Group</i></p>
<ul style="list-style-type: none"> <li>• Early observations of smoking within one’s community, particularly of family members, normalized smoking for participants.</li> <li>• Stress relief and environmental factors (i.e., socializing and bonding) were the primary reasons why participants use tobacco products.</li> <li>• Knowledge of the negative health consequences of tobacco usage is not enough to move smokers from these priority populations from a precontemplative to an action-oriented stage of change.</li> <li>• There was a generational divide among smoking preferences. Older individuals were often associated with traditional combustible cigarettes, while younger individuals were associated with electronic smoking devices.</li> </ul>

<b>Cessation Attempts</b>
<p><i>“It’s always better when there is someone to keep tabs on you and vice versa.”</i></p> <p style="text-align: right;"><i>—Male, NICOS Chinese Health Coalition Focus Group</i></p>
<ul style="list-style-type: none"> <li>• Smoking cessation and/or smoking reduction is a low priority compared to other needs that would improve their quality of life (e.g., housing, food, money).</li> <li>• Smoking cessation is low priority compared to other needs that would improve their quality of life (e.g., housing, food, money).</li> <li>• Environments and social settings are key barriers to quitting for people.</li> <li>• Support and encouragement from family and friends is important and helpful during smoking-reduction and smoking-cessation attempts.</li> </ul>

<b>Community Input on Tobacco Cessation/Reduction</b>
<p><i>“It needs to start in the home. Need to educate parents to prevent kids [from smoking].”</i></p> <p style="text-align: right;"><i>—Male, AAFBC Focus Group</i></p>
<ul style="list-style-type: none"> <li>• Participants were in favor of improved health education that prevented young people from smoking and supported family members in identifying smoking behaviors among their children.</li> <li>• Cessation models with peer-to-peer and social components were highly preferred.</li> <li>• Incentives should cater to the needs of the target audience.</li> <li>• Health and wellness policies are not well-known/advertised in the spaces where the priority populations spend time.</li> </ul>

In 2019, the TFP also purchased an oversample of San Francisco Black, Latino, and Asian CHIS survey data to gain more accurate data on their smoking rates. The 2019 CHIS data shows that



smoking rates remained relatively the same between 2017 and 2019. The oversample also did not yield a large-enough sample size to allow for statistically stable data for all racial ethnic groups. Therefore, the findings of the focus group discussions provided more contextual understanding of tobacco use, practices, and community-driven solutions to prevent and end tobacco use in each priority community.

***The TFP funded and supported two CBOs to engage FBOs in adopting voluntary wellness policies, but due to shelter-in-place orders, the FBOs' immediate priorities complicated community engagement with FBO leaders and congregations.***

Though the TFP intended to fund and engage FBOs to recruit congregant leaders to advance a wellness policy in their FBO, very few applied to the funding opportunity through the Community Action Model (CAM) program. Ultimately, the TFP funded Collective Impact and Horizons Unlimited, two CBOs, to recruit and build the capacity of Black and Latino youth and young-adult ECLs team to implement all five steps of CAM toward engaging at least four FBOs in their community to adopt wellness policies, including a tobacco-free campus. Through weekly workshops and trainings provided by the TFP, they learned and gained skills to conduct a community assessment on understanding tobacco use and support for wellness policies in their local FBOs. ECL teams designed interview protocols and successfully conducted three interviews with a reverend from Third Avenue Baptist Church in the Western Addition, a pastor from a Korean Christian church in the Western Addition, and an imam from the Muslim Community Center in the Mission. The interviews were conducted over the phone and explored faith leaders' attitudes toward and perceptions of voluntary wellness

policies for their congregations, including their attitudes and perspectives on making their faith campuses smoke-free institutions and requiring healthy food at events. They also conducted a community survey of congregants and community members.

Due to COVID-19, the ECLs faced difficulty connecting with faith-based leaders to conduct educational meetings and workshops with congregants on wellness policies because many faith-based organizations across San Francisco chose to close indefinitely or for extended periods of time. Faith-based leaders were also engaged in mobilizing and supporting ground efforts to redistribute resources (e.g., food security) to those heavily affected by the pandemic in the congregation and the community. Promoting a tobacco-free faith campus and a wellness policy was irrelevant to FBO leaders, since congregants were not meeting in person and the focus of FBOs was to address the immediate needs of their congregation. Due to persistency and leveraging connections, Collective Impact completed 3 meetings with youth serving agencies and 4 meetings with key stakeholders and FBO leadership between July 2021-September 2021. Collective Impact obtained a signed smoke free campus policy at Third Baptist Church on September 19, 2021. Horizons Unlimited's PSE did not move forward with the San Francisco Muslim Community Center; additional information is provided in Objective 4. Faith Policy Record.

Collective Impact and Horizons completed 7 KIs in the Fall of 2021 with decision makers and stakeholders. Key findings included were as follows:

- There were concerns that visitors wouldn't comply with the policy; Third Baptist Church is the host site for a

Narcotics Anonymous group. Feedback gathered through the KIIs informed the CAM Team that a designated section of the campus may be needed for smokers who are a part of the group.

- Another finding was that stakeholders at the church did not want to make visitors or members of the Narcotics Anonymous group feel “unwelcomed” if approached by someone enforcing the policy. Instead, no-smoking signs provided by Collective Impact would serve as a reminder of the policy.
- Although smoking (in general) doesn’t take place on site at most FBOs, the issue of tobacco smoke impacts faith stakeholders, as those who were interviewed for KIIs discussed family networks being impacted by tobacco.
- Smokers, who previously smoked in parking lots on site, now go across the street in alignment with the smoke-free campus policy.
- Stakeholders want the youth to continue speaking out against tobacco, alignment with vaping prevention
- 66% of those interviewed by Collective Impact stated they would consider educating others about the dangers of smoking.
- 67% of those interviewed by Horizons Unlimited felt that the parish is responsible for the community, elevating the importance of wellness policies at FBOs.

## CONCLUSION AND RECOMMENDATIONS

The TFP’s goal of supporting at least four FBOs in adopting a voluntary wellness policy that includes a tobacco-free campus was not met. One of the two CAM organizations successfully implemented their smoke-free campus policy during the CAM Cycle. Collective Impact

partnered with Third Baptist Church (San Francisco) for implementation efforts and are planning to assist ongoing efforts to ensure the policy is maintained/enforced and revisited annually. The Horizons Unlimited smoke-free campus policy did not move forward this CAM cycle, but their CAM Team is determined to continue community engagement efforts with the faith community in hopes of implementing the policy in the future. However, through this work, the TFP increased engagement and partnership with FBOs and CBOs that serve priority populations that are most impacted by tobacco in San Francisco. Through the Priority Population Focus Groups, 204 community members were engaged, and their insights and experiences demonstrated that stress relief and environmental factors (i.e., socializing and bonding) were the primary reasons why participants use tobacco products; smoking cessation and/or smoking reduction is a low priority compared to other needs that would improve their quality of life (e.g., housing, food, money); and cessation models with peer-to-peer and social components were highly preferred. Findings from the Priority Population Focus Groups helped inform culturally competent cessation programs. The TFP also built the capacity of CBOs funded through Priority Focus Groups and CAM on their understanding on tobacco, research, and community engagement.

Though at first the interviews and surveys showed opportunity and support to engage FBOs in adopting wellness policies, the COVID-19 pandemic quickly shifted the priorities of CBOs and FBOs toward responding to the immediate needs of those affected in their communities. Due to faith-based campuses being closed and pressing community needs, the objective to adopt wellness policies and a

tobacco-free project was not aligned with the priorities of local faith leaders.

Future considerations in engaging FBOs toward adopting wellness policies should consider establishing long-term capacity-building relationships with faith-based coalitions rather than funding external community-based organizations to compel an FBO toward policy change. The TFP will also consider providing funding opportunities and capacity building that are tailored to the specific organizational capacity of FBOs. Unlike CBOs, FBOs may not have the organizational infrastructure and staffing that can facilitate implementing community research and education activities.

In terms of coalition development, the TFC increased diversity within the membership by providing different types of funding opportunities and spreading the word to a larger breadth of community and faith-based organizations in San Francisco.

The CBOs conducted focus groups and interviews for this objective and have presented their findings back to the TFC. Coalition satisfaction-survey results also aid discussion on how best to improve the coalition's infrastructure, community engagement, and capacity-building efforts. The TFP will also share this final report to funded CBOs and the TFC.

## REFERENCES

California Health Interview Survey. CHIS 2018 Adult Public Use Files. Los Angeles, CA: UCLA Center for Health Policy Research, Los Angeles, CA. 2019.

Lipka, M. (2015). A closer look at Catholic America. *Pew Research Center*.

Mazzucca, S., Arredondo, E. M., Hoelscher, D. M., Haire-Joshu, D., Tabak, R. G., Kumanyika, S. K., & Brownson, R. C. (2021). Expanding implementation research to prevent chronic diseases in community settings. *Annual review of public health, 42*, 135-158.

Pew. (2014). Religious Landscape Study. *Pew Research Center*.

**APPENDIXES**

1. Community Perceptions of Tobacco Use and Recommendations for Prevention and Quitting Support
2. Key Informant Interviews Summary Report by Collective Impact and Horizons Unlimited