NYS Tobacco Control Program Local Data Collection: Conducting Equity-Based Community Health Assessments and Community Conversations

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Dec 5, 2022

Evaluators Network Meeting

Community Outreach / Engaging Populations Who Historically Have Been Underrepresented In Tobacco Control Surveillance And Evaluation Data

NEW YORK STATE | Department of Health

Background

- The NYS Tobacco Control Program uses an evidence-based, policy-driven, and population-level approach to tobacco control and prevention with a commitment to promote health equity among populations disproportionately impacted by tobacco marketing and use
- NY uses a multi-tiered approach to evaluate the program, comprised of Surveillance, Evaluation, Performance Monitoring, and Local Data Collection
- NY funds local-level grantees to carry out community program activities
  - Health Systems for a Tobacco-Free NY (HS TFNY)
  - Advancing Tobacco-Free Communities (ATFC)

Advancing Tobacco-Free Communities

- ATFC grantees educate and mobilize community members and decision makers to create environments that are open to commercial tobacco policy change
- There are 21 ATFC grantees in NY covering all counties in the state
- ATFC grantees conduct annual local data collection projects

Background

- During the 2019-2024 grant cycle, ATFC grantees are required to increase their focus on advancing health equity
- Local level data collection projects in Y1 were also required to be health equity driven
- Environmental scan
  - Neighborhood Conversations project conducted by Capital District Tobacco Free Communities
  - NYSDOH Center for Community Health Racial Justice Framework
  - Office of Health Equity Colorado Department of Public Health & Environment
  - Community-Based Participatory Research
  - Broader Social Justice Movement

Capital District Tobacco Free Communities

Addressing Tobacco Use Health Inequities in the City of Albany

Appendix A

JOIN US FOR A NEIGHBORHOOD CONVERSATION

…about how tobacco impacts lives and communities.

Tobacco may have taken a toll on you personally, or on someone you love. Tobacco marketing may be tempting your child to start smoking or making it hard for someone you know to quit.

SHARE YOUR VOICE AND OPINION.

Be a part of the conversation. Be a part of the solution.

Some communities are harder hit by the impact of tobacco use and tobacco marketing than others. In Albany, this is especially true for people living in the West Hill, Arbor Hill, South End and Downtown neighborhoods. If you live in one of these neighborhoods, we invite you to help us understand the impact of tobacco on you, your family and your community.

YOU HAVE 4 OPPORTUNITIES TO JOIN US

- WEDNESDAY, NOVEMBER 9, 6:00-7:30 PM
  Washington Avenue Branch Library, 161 Washington Ave.
- THURSDAY, NOVEMBER 10, 6:00-7:30 PM
  Howe Branch Library, 105 Schuyler St.
- TUESDAY, NOVEMBER 15, 6:00-7:30 PM
  Arbor Hill Center, 47 North Lark St.
- WEDNESDAY, NOVEMBER 16, 6:00-7:30 PM
  Ezra Prentice Homes, 625 South Pearl St.

TO THANK YOU FOR YOUR PARTICIPATION, WE WILL PROVIDE:

- $25 GIFT CARD to Price Chopper/Market 32
- Complimentary Child Care
- Transportation Reimbursement
- Dinner on us!

SEATS ARE LIMITED

CALL THERESA TO RESERVE YOUR SEAT AT THE TABLE TODAY 518-459-2388

SPONSORED BY Capital District Tobacco-Free Communities

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ADDRESSING TOBACCO USE HEALTH INEQUITIES IN THE CITY OF ALBANY

Abstract

In New York State, people with low-socioeconomic status (low-SES) are 43% more likely to smoke than their more affluent or educated counterparts. As a result, people with low-SES suffer disproportionate health effects from diseases caused by smoking as compared to people with higher-SES. This report explores the reasons for this health inequity, the evidence-based solutions, and the impact of those solutions on the affected communities.

Capital District Tobacco-Free Communities

February, 2017

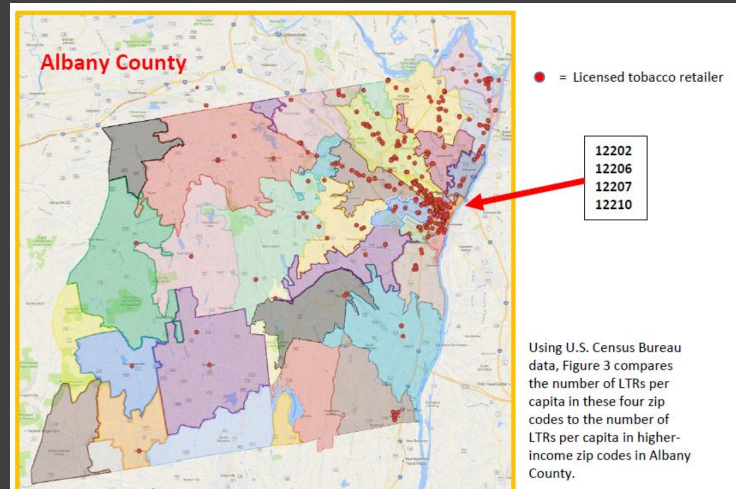


Figure 2

Using U.S. Census Bureau data, Figure 3 compares the number of LTRs per capita in these four zip codes to the number of LTRs per capita in higher-income zip codes in Albany County.

As seen in Figure 3, communities with the highest poverty rates (Downtown, West Hill, South End and Arbor Hill) have more LTRs per capita as compared to low-poverty communities such as Delmar, Loudonville and Guilderland. Arbor Hill has more than four times the number of LTRs per capita than Delmar, nearly three times as many as Guilderland; Downtown Albany nearly ten times more than Delmar, more than eight times those in Loudonville and more than six times those in Guilderland.

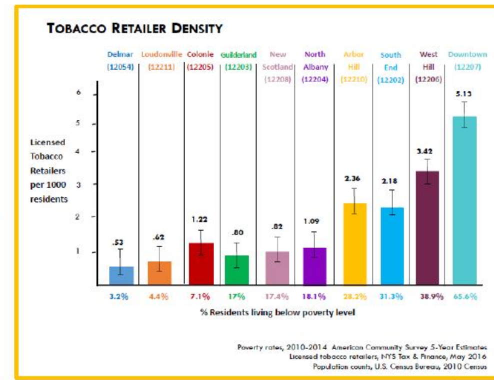


Figure 3

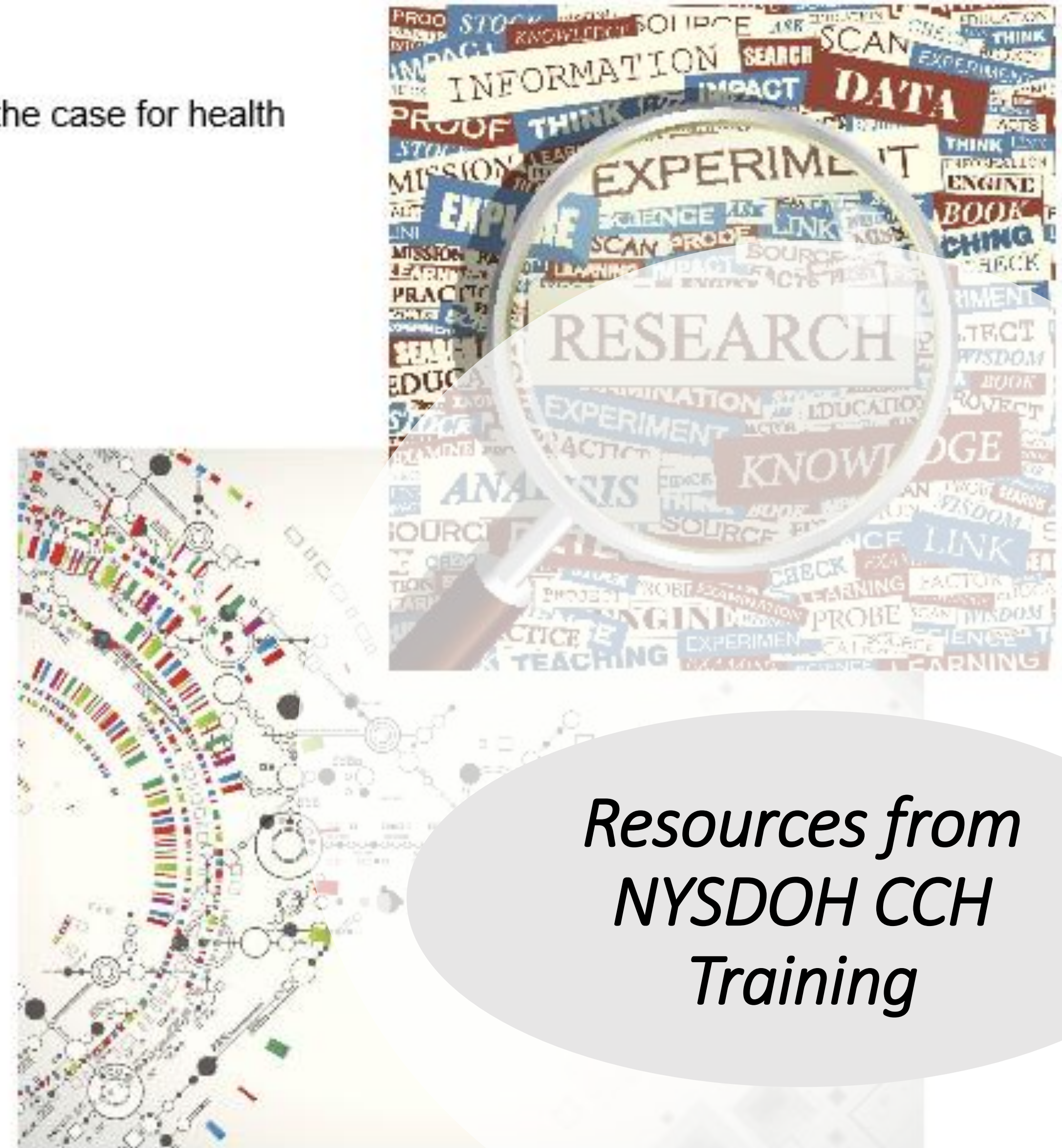
https://smokefreecapital.org/resources/

Specific Strategy: Data and Storytelling

It is important to tell stories of impact, success, and challenges to make the case for health equity.

In addition, telling stories is a powerful and compelling tool that can help policymakers and funders better understand complex community problems. However, it must be told from the perspective and voice of those most impacted. It can also serve to highlight community assets.

- Storytelling / telling of narratives is a form of consciousness raising that can be used to bring awareness to the issue of health equity.
- Consciousness raising is a process through which people come together to discuss the relationship between individual or group experiences or concerns and the social or structural factors that influence them.
- This approach is useful for ensuring that both "insiders" and "outsiders" develop a common understanding of issues and concerns, stimulating discussion and motivating partners to address the issues and concerns.
- Some other methods used to raise consciousness include generating discussion by asking individuals to share their experiences, presenting hypothetical vignettes, having the group discuss responses to a picture or photograph, or reading a story or poem.



Resources from NYSDOH CCH Training

Framing Data to Advance Equity: The Colorado Department of Public Health and Environment is working to change the narrative and framing of population health data to emphasize the importance of structural inequities and social determinants of health.

Key Tips:

- Include demographic context. Frame health outcome data in the context of neighborhood, structural, environmental and social conditions
- Include data on other systemic determinants to frame the context and help people understand a more complete picture
- Incorporate the voice of people facing inequities, including when determining what data to collect, interpreting the data, and communicating findings for action
- Make data understandable and know your audience. “Presenting data in an effective manner changes the conversation.” Make every word count on graphs, charts, and infographics

Equity-driven Local Level Data Collection:

Community Health Assessment and Community Conversations

Gather and frame existing local data using a health equity perspective

Share tailored information with community members most impacted by tobacco

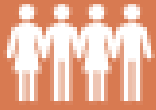
Gather feedback from the community to understand their perspective and contextualize the data

Synthesize quantitative local data and qualitative community feedback

Use the overall findings to inform program decision-making and product development for stakeholder education

Gather and frame existing local data using a health equity perspective

- Data inventory or Community Health Assessment (CHA) including social and historical context to frame data
  - Local data collection conducted in prior years
  - County or municipal-level data from various sources (e.g., Expanded BRFSS, CDC 500 Cities project, RWJF County Health Rankings; County health assessments, Local youth risk behavior data, Census)
- Policy, partnerships, and community assets scan
- Involve community partners in the inventory phase: this is especially important to understand community context

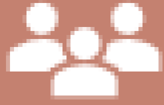


Share tailored information with community members most impacted by tobacco

- Choose the community, based on the results of the data inventory/CHA, for a Community Conversation
- Curate the information you plan to share
  - What will resonate with the community? What would you like feedback on? Are you using a health equity frame when presenting the data?
- Work with and compensate community partners
  - Review info to be shared with community members together
  - Collaboratively plan/host/recruit for the event, facilitate, notetaking
  - MOU, incentive, consulting fee

Gather feedback from the community to understand their perspective and contextualize the data

- Community conversations are built on the “Nothing for Us Without Us” philosophy made popular by disability advocates who argue that policy development, education, and formation should include the input of communities impacted by policies
- Allows grantees to bring authentic community voices to decision makers when educating them
- In policy work, the constituency is “the community” which can be abstract to decision makers
  - Including community voices helps counter potential ambiguity



Gather feedback from the community to understand their perspective and contextualize the data

- Community feedback is primarily intended to
  - Uplift community voices for program planning and educational efforts that may not have included this perspective in the past
  - Help us understand community priorities as they relate to tobacco, and how the community responds to our programmatic approach to tobacco control
- Gathering feedback requires planning and structure
  - Safe and accessible time and space to hold the event, recruitment, advertising, facilitator, notetaker, moderator guide, incentives, sign-in sheets with indicators to assess demographics, food, childcare
  - Info exchange cannot be forced, important feedback may not be easily recognizable, and feedback may be emotional, challenging to hear

Synthesize quantitative local data and qualitative community feedback

Use the overall findings to inform program decision-making and product development for stakeholder education

- To analyze and summarize qualitative feedback
  - Independent review of the data to record themes that emerged from discussions - themes can be pre-selected or can emerge organically in review
  - Reviewers meet to discuss/confirm themes, triangulate the data
  - Include community partners in data review process and/or share results to ensure they reflect their experiences or perspectives.
- Combine qualitative findings with quantitative findings collected in the CHA phase, leading with equity framing, cultural humility
- Use combined findings to provide a comprehensive story about local tobacco and community issues for stakeholder education

Discussion

2019-2020 grant year, all 21 ATFC grantees were prepared to conducted Community Health Assessment and Community Conversations via training and tailored TA

Due to the pandemic, six grantees conducted actual Community Conversations, almost all were able to conduct equity-based CHAs

In 2022, local data collection project guidance was refreshed including guidance on conducting Community Health Assessment and Community Conversation projects

Lessons learned: these projects take more time than one year! Build in time to do it right, ensure contracting allows compensation for community members, training grantees on health equity is essential

Discussion

ChangeLab Solutions partnered with CDC and FrameWorks Institute to create a series of equity-centered messaging guides

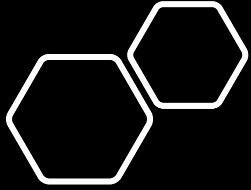
Framing research further confirms that comprehensive storytelling, using social and historical context is more powerful in advancing health equity related work and a new best practice

☑Include demographic context

☑ Frame health outcome data re: neighborhood, structural, environmental and social conditions, and include data on other systemic determinants

☑ Incorporate the voice of people facing inequities

This helps avoid inadvertently reinforcing biases about disparately impacted communities, which can lead to victim blaming and shift the narrative away from the industry and onto individuals



Contact and Resources

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- Resources
  - Framing Data to Advance Equity
  - Framing Tobacco Disparities
  - Local Level Data Collection Project Guidance
  - Capital District Tobacco Free Communities: Addressing Tobacco Use Health Inequities in the City of Albany

Office of Health Equity Colorado Department of Public Health & Environment

Framing Data to Advance Equity

FRAMING DATA TO ADVANCE EQUITY

OFFICE OF HEALTH EQUITY
COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

WHO?
The Office of Health Equity developed these tips for professionals who work with population data, to spark ideas about how to frame data to tell the full story.

WHAT?
This handout should provide basic steps for data staff to consider, as well as inspire topics for further discussion and strategy. It is not intended to provide an exhaustive list of tips to use when disseminating data.

WHY?
Data are critical for decision-making, but data don't always tell the whole story and can sometimes perpetuate negative stereotypes. We all have values, beliefs and assumptions that shape how we perceive the world. Any new information we receive filters through the beliefs we already have. For example, individuals may believe high rates of obesity exist in certain populations because "those" people drink too much soda and eat too much junk food without acknowledging the context in which the individuals live. For example, they may not have safe places for physical activity or a nearby grocery store with fruits or vegetables. That filter might reinforce a person's belief that individuals are solely responsible for their health outcomes, rather than recognizing that 40 percent of our health is determined by socioeconomic factors such as social support, access to quality housing, education and transportation[1]. When we present data, it's our job to provide the relevant context and background to shape the story. A "frame" helps us integrate information, including root causes and solutions. Learning about framing is important because frames can unintentionally trigger emotions, values, judgments, and causal explanations.[2]

[1]Robert Wood Johnson Foundation, County Health Rankings & Roadmaps
[2]Berkeley Media Studies Group. Framing 101.

Here are some tips:

#1: Demographic context. Frame health outcome data in the context of neighborhood structural, environmental and social conditions. For example, research shows low levels of educational attainment and poverty can lead to a higher prevalence of chronic disease. If you're displaying diabetes rates by race, include high school dropout rates and poverty data by race as well. You may be able to strengthen your case through inferential statistics. For example, using U.S. Census data, the Joint Center modeled the predicted rate of Black, Hispanic, and White-infant mortality for differing levels of segregation. Infant mortality rates are higher among groups experiencing a higher level of racial segregation (see Figure 1 below). It is also important to calculate data with various geographic resolutions (zip code or census tracts). This is because neighborhood-level disparities can often be masked in a county or city average. In high-density counties or cities with diverse populations, it is common to find great disparities between neighborhoods. If two adjacent neighborhoods have substantially different health outcomes, a city-level average can be misleading.

Table 4. Segregation and Predicted Black-White and Hispanic-White Infant Mortality Rate Difference, 2010

Level of Segregation	Level of Black-White IMR Disparity	Level of Hispanic-White IMR Difference
0	4.68	-0.32
25%	5.90	0.36
34%	6.34	0.60
50%	7.12	1.04
67%	7.96	1.50
75%	8.35	1.72
100%	9.57	2.40

Source: Census data, 2000 and 2010 for Segregation; National Vital Statisics System, 2000 and 2007 for IMR Cities pop > 100,000

Figure 1: Table by the Joint Center, *Segregated Spaces, Risky Places: The Effects of Racial Segregation on health Inequalities*

#2: Whenever possible, include data on other systemic determinants. Providing additional data frames the context and helps people understand a more complete picture. If presenting data in Figure 1 for example, consider adding additional root cause context such as historic housing policy and its role in residential segregation. Glynis Shea, Communications Director at the Konopka Institute for Best Practices in Adolescent Health, gives the following example. Instead of only using a data point such as "One out of every four young girls has a sexually transmitted infection," paint a more comprehensive picture and frame the data with an additional data point such as "80% of physicians do NOT offer STI screening to patients under 18."[3] That accompanying data explains a root cause that may need to be addressed to prevent the disparity from widening. In some cases, it might create an avenue to start conversations with other groups outside of traditional health, such as in transportation or housing, or with community organizations who are already working on similar issues. This is an important step to advance health in all policies, as the cross-sector data can help inform decisions about which populations and neighborhoods should be prioritized for public health services. The Bay Area Regional Health Inequities Initiative identifies 15 social determinant of health indicators to include with morbidity and mortality data.[4] The indicators reach across economic, service, social, and physical domains. Consider including these data using the same stratification for health outcome data.

[3]Glynis Shea, University of Minnesota. Konopka Institute for Best Practices in Adolescent Health. Health Disparities & Pediatrics.
[4]Bay Area Regional Health Inequities Initiative. (2015). *Applying Social Determinants of Health Indicator Data for Advancing Health Equity. A guide for Local Health Department Epidemiologists and Public Health Professionals. Oakland, CA.*

COLORADO
Office of Health Equity
Department of Public Health & Environment

15 Social Determinant of Health Indicators

ECONOMIC DOMAIN
1. Income Distribution
2. Unemployment
3. Housing Cost Burden
4. Living Wage
5. Food Insecurity
6. Foregoing Health Care

SERVICE DOMAIN
7. Violent Crime

SOCIAL DOMAIN
8. Educational Attainment
9. Voter Participation
10. Social Capital/Social Support
11. English language Learners

PHYSICAL DOMAIN
12. Air Contamination
13. Access to Public Transportation
14. Alcohol Access
15. Food Access

#3: Incorporate the voice of people facing inequities. Make it routine practice to include community voices in determining what data to collect, interpreting the data, and communicating the data findings for action. Keep in mind that in some cases, communities have been treated as research subjects; they never heard back from the entity who collected the data. It is important to share the data with residents in an accessible manner, honor community wisdom, and be willing to collaborate on solutions. Be sure to be sensitive; many times communities are already aware of the disparities. Since these inequities can cause painful life circumstances, approaching the community with thoughtful conversations and a willingness to collaborate on solutions can help build trust. Epidemiologists at the Ledge Light Health District found that relying on their own data was inadequate, but incorporating qualitative data gathered from community members' lived experience increased their capacity to analyze population health and identify root causes.[5] Focus on community strengths using an Asset-Based Community Development[6] approach. For additional guidance on respectfully working with community partners, including steps to take before reaching out, refer to Authentic Community Engagement to Advance Equity.

#4: Make Data Understandable and Know Your Audience. In the words of data visual expert Stephanie Evergreen, "Presenting data effectively changes the conversation."[7] Make every word count on graphs, charts, and infographics. For example, in a California plan to promote health and mental health equity, the following headlines give a clear message: "Latino or Non-White Populations Are More Likely to Live in Areas with a High Burden of Pollution"; "Rates of Suicidal Thoughts are Higher Among Bisexual, Gay, and Lesbian Adults,".[8] Try to tell a story through the data to make it more compelling and tailored to your audience so they walk away with action steps.

Remember, as public health professionals, we have a responsibility to present data clearly and completely. That means framing the problem within the appropriate context. In the words of Glynis Shea, "The frame always trumps the facts." This handout is intended to generate thought and discussion. For further information and resources, please refer to the list of free resources below.

[5] Connecticut Association of Directors of Health. (2012). *Advancing Community Health: Health Equity Alliance Project Report.*
[6] http://www.abcdinstitute.org/
[7] *Evergreen, S, Emery, A. (2016).* Data Visualization Checklist.
[8] *California Department of Public Health. (2015). Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity.*

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ChangeLab Solutions: Framing Tobacco Disparities

How to talk about tobacco impacts from a health equity perspective

Overview Tobacco Disparities Framing Project

Project Overview

Americans understand that commercial tobacco use and exposure are harmful to health. However, few realize that commercial tobacco contributes substantially to health disparities or that tobacco prevention and control can advance justice and fairness in health. Recognizing this, the CDC's Office of Smoking and Health (OSH) partnered with ChangeLab Solutions and the FrameWorks Institute to develop and share evidence-based framing strategies for elevating the issue of tobacco-related health disparities. The project also received support from the California Tobacco Control Program.

Project Partners

A Working Group helped to guide the framing research and how to apply it to outreach, education, and advocacy materials. Below are some of the Working Group organizations that represented social groups that are disproportionately affected by the harms of commercial tobacco:

- Americans for Nonsmokers' Rights
- CADCA
- California LGBT Tobacco Education Partnership
- Campaign for Tobacco Free Kids
- National African American Tobacco Control Leadership Council
- National African American Tobacco Prevention Network
- National Behavioral Health Council
- North Carolina Tobacco Prevention and Control Branch
- *Nuestras Voces*
- Self-Made Health Network
- Truth® Initiative
- Walsh Center for Rural Analysis

Why Framing Matters

Few Americans are aware that health problems stemming from commercial tobacco are concentrated among groups who face multiple forms of structural injustices: people of color, people living in rural communities, people with behavioral health conditions, people who identify as LGBT+, young people, and people experiencing financial insecurity.

To advance health equity, we need to talk about these health disparities. However, if not carefully worded, our outreach and education could inadvertently reinforce biases about the communities who are most harmed by tobacco-related diseases.

On the other hand, with the right framing, outreach and advocacy can more effectively mobilize affected communities, generate support among "bystander publics," and persuade policymakers to act.

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Communications Research: Sample and Methods

FrameWorks Institute conducted a multi-method research project in 2018-2019 to identify effective ways to talk about tobacco disparities. A total of 10,688 people from across the US were included in the research through the following methods:

- ***Interviews with Tobacco Control Professionals:*** Interviews with nine tobacco control professionals (researchers, practitioners, and advocates) and feedback from the Working Group allowed FrameWorks to distill key ideas that the field wants to communicate about tobacco-related health disparities.
- ***In-Depth and On-the-Street Interviews:*** FrameWorks conducted 18 in-depth individual interviews and 59 on-the-street interviews in Mobile, AL, and Chicago, IL, to identify common ways of thinking that shape how Americans reason about tobacco-related health disparities.
- ***Rapid Interview Testing:*** As a preliminary test of the effects of different possible framing strategies, FrameWorks conducted 59 video-recorded, on-the-street interviews in Oklahoma City, OK; Los Angeles, CA; and Billings, MT.
- ***Controlled Survey Experiments:*** To test how different framing strategies affected people's knowledge, attitudes, and policy preferences, FrameWorks conducted two survey experiments: one with a nationally representative sample of 7,281 participants, and one with an additional 3,321 participants in California.

Key Findings and Recommendations

Frames that Work:

- A **justice frame** that explicitly names an aspirational goal—like fairness, justice, or health equity—boosts support for policies and strategies that address health disparities related to commercial tobacco.
- A **social context frame** emphasizes the reasons *why* some groups experience heavier health burdens than others. By explaining the causes of tobacco-related inequities, this frame makes the story about much more than disproportionate rates of use, exposure, or health problems.

Frames that Do Not Work:

- **Economic toll.** An economic impact frame led the public to blame people who smoke for incurring preventable costs. When highlighting disparities for the public, avoid focusing on the economic toll of tobacco-related disease (health care costs, costs associated with missed work, loss of economic productivity). This information may be important for policymakers, but shouldn't be the main story.

- **Historical progress.** Highlighting "past wins" in tobacco control may resonate with public health audiences, but doesn't move the public. A "last mile" message led the public to conclude that tobacco control is not effective and undermined a sense of urgency, as people reasoned that most of the problem was solved long ago.
- **Vaping crisis.** People are concerned about youth smoking and vaping, but talking about vaping-related disease as a "crisis" or "epidemic" leads the public to wonder who is responsible—and they end up blaming parents. Compared to a crisis/fear frame, an efficacious, can-do tone is more effective in building support for change.

Other Recommendations:

- **Explain why tobacco inequities exist and persist.** Build causal pathways that contribute to disproportionate use, exposure, and health harms—rather than relying on lists of subgroups or unframed data to highlight inequities. Recommended explanations include:
  - The tobacco industry saturates some communities with tailored marketing.
  - Some Americans are protected from secondhand smoke—others aren't.
  - Tobacco companies push flavored products to entice certain social groups.
  - Some social groups encounter barriers to treatments for nicotine dependence.
  - Stress increases commercial tobacco use, and can make health problems worse.
- **Use specific, contemporary examples of industry tactics.** Offering examples of different targeted marketing strategies—like tailored advertisements, retailer location and point-of-sale tactics, or flavored products—is more effective than mentioning industry influence in general terms.
- **Focus on youth.** Examples focusing on youth from diverse backgrounds help people grasp concepts like health equity and prevention. The most effective messages include information on industry influence and remind the public that "because adolescents' brains are still developing, behaviors at this age can be wired in for the long term."
- **Use the metaphor of "pressure" to talk about social and environmental stressors,** like unemployment, low wages, or discrimination, that "push" people toward tobacco use and "build up" over time to compound related health problems.

Resources for the Field

The Tobacco Disparities Framing Project has created a number of resources to support tobacco prevention and control agencies, advocates, and researchers in using the recommended framing strategies. These resources are available at https://www.changelabsolutions.org/product/framing-tobacco-disparities

Acknowledgments

This guidance comes from the FrameWorks Institute, an action-oriented think tank for social change communication.

This project was supported by cooperative agreement number NU38OT000141, which was awarded to ChangeLab Solutions and funded by the Centers for Disease Control and Prevention. Contents and conclusions are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the US Department of Health and Human Services.

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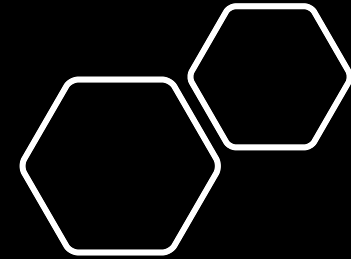
For more information about framing tobacco as a health equity issue, visit https://www.changelabsolutions.org/product/framing-tobacco-disparities



NYSDOH TCP ATFC Local Level Data Collection Project Guidance

Baseline Community Assessment /Community Health Assessment and Community Conversations • The primary goal is to perform a community health assessment (CHA) for the catchment area or a community within the area focused on needs and assets using traditional and non-traditional data (e.g., qualitative data from community members and partners) to further target program education and policy efforts • A secondary goal is to share the findings of the CHA with the impacted community, gain their feedback and perspectives, and uplift authentic community voices for program planning and educational efforts that may not have included this perspective in the past Outline of process • Perform a community health assessment (CHA) of the catchment area or a particular community in the area • Summarize CHA findings from the assessment along with relevant community level or other local/state/national data • Present CHA findings to the impacted community via community conversations, and gather data, feedback, and reactions to findings • Use CHA findings and community voices to provide a comprehensive story about local tobacco and community issues	• This can be conducted as a two-step project with the health assessment done first and the community conversations done second – potentially over the span of two years • Grantees are encouraged to use the separate CHA planning tool to map out key steps for this project, available on CAT • We recommend that grantees work or subcontract with community members to conduct the CHA, and promote and facilitate community conversations and interpret findings – others with experience in areas such as community-based participatory research should be considered for partnerships as well • Community conversations are built on the "Nothing for Us Without Us" philosophy made popular by disability advocates who argue that policy development, education, and formation should include the input of communities impacted by policies • ATFC grantee Capital District Tobacco-Free Communities performed projects using this approach during the previous funding cycle highlighting Tobacco-Related Disparities in their catchment area – the reports are valuable resources and are linked here: https://smokefreecapital.org/resources/ • Grantees performed these projects in the 2019-2020 program year (to varying degrees of completeness, due to the onset of the pandemic) – these projects can be conducted any time during the grant cycle