Abstract:

For over 20 years most tobacco industry expenditures for advertising and promotions have been focused on the retail environment (FTC 2012 a, b.). This has been especially true in vulnerable communities heavily targeted by the tobacco industry. To correct this disparity, we need to understand the retail environment among vulnerable populations; since the enactment in 2009 of the Family Smoking Prevention and Tobacco Control Act (The Act) giving the Food and Drug Administration’s (FDA) regulatory authority. For this reason, the specific aims of Project 2 are: 1) to examine knowledge, attitudes, beliefs and behaviors of small independent retailers in vulnerable communities regarding compliance with FDA; 2) to examine optimal non-traditional ways (social media sites, online videos, text messaging, blogs, smartphone applications, wireless communication, Facebook, Twitter, use of cell phones (iPhones, Blackberry), and other mobile channels; and the confluence of traditional broadcast media, with voice and written communication and the Internet) that FDA can use to communicate with retailers and the public in vulnerable communities of predominantly African Americans (AA), Hispanic/Latinos (H/L), Koreans (K); and American Indians (AI); and 3) to examine factors that influence key community informant’s public perception of the FDA as a credible source of tobacco product information in these communities. Using the Socio-ecological Model (SEM) as a backdrop, community based participatory principles, and engaging community lay health care workers and a cadre of promotores de salud (health promoters) in the conduct of the research, we will focus on the retail environment and on opinions from key community leaders in vulnerable minority communities engaged in this study. We will randomly select our sample from listings of the Board of Equalization, which contains 38,000 retailers in California with a license to sell tobacco, and based on Census tracts in vulnerable neighborhoods in the Greater Los Angeles area and beyond. Our key opinion leaders sample will be drawn from listings of community stakeholders that form part of tobacco control coalitions and organizations working with these vulnerable populations in California. We will conduct 16 focus groups (N=192), a retailer survey (N=600) (200 H/L, 200 AA, 100 K, 100 AI), store observations (200), and GIS/Environmental scans to respond to aims and determine retail density in vulnerable communities. We will analyze data, write periodic reports, manuscripts for scientific publications and share data with FDA, other TCORSs, and stakeholders.