**Bridging Sectors: Transforming Tobacco Prevention in Low SES Communities**

**SelfMade Health Network Community of Practice Frequently Asked Questions**

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Frequently Asked Questions

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# **What is a Community of Practice?**

A community of practice (CoP) refers to a group of people and/or organizations engaged in collective learning and problem-solving in a particular area of interest or work.

# **What is *Bridging Sectors, Transforming Tobacco Prevention in Low SES Communities*?**

*Bridging Sectors: Transformative Tobacco Prevention in Low SES Communities (Bridging Sectors),* a SelfMade Health Network (SMHN) CoP, is more than a virtual collaborative learning space—it's an initiative dedicated to addressing the complex and interconnected challenges faced by communities with low socioeconomic status (SES) characteristics that exacerbate the impact of commercial tobacco use. *Bridging Sectors* unites traditional partners, like National and State Tobacco Control Programs (NTCP), tobacco prevention coalitions, and community-based organizations, while uniquely engaging non-public health sectors, such as social services and housing organizations. Together, we aim to create sustainable tobacco control efforts that promote healthier and safer conditions for communities with low SES characteristics by integrating perspectives from sectors outside traditional public health agencies, developing a richer approach to tackling commercial tobacco use in these communities.

At the core of this initiative is a deep commitment to understanding and safeguarding the quality of life for individuals with low SES characteristics who use tobacco or are exposed to the harmful effects of second/thirdhand smoke. We recognize that housing environments, access to quality healthcare, and insurance status are intricately connected to commercial tobacco use. Where people live, work, and play profoundly influences their health outcomes, particularly in low socioeconomic communities.

# **What are the focus areas for the CoP?**

*Bridging Sectors* will run over three years, with each year focusing on a different theme:

1. **Housing:** Addressing housing as a crucial social determinant of health
2. **Healthcare:** Partnering with rural healthcare systems to tackle tobacco use and prevention with limited healthcare access
3. **Payers:** Focus on expanding access to affordable, evidence-based cessation treatments and services, addressing coverage gaps

# **What are the goals/outcomes of *Bridging Sectors*?**

The **goals** of the *Bridging Sectors* CoP are to

1. Strengthen the capacity of community-based organizations, NTCPs, coalitions, and nonprofit organizations to collaborate across programs, agencies, and stakeholder groups to advance health equity by addressing upstream social determinants of health that impact tobacco usage, and
2. Implement evidence-based, culturally appropriate state/community interventions to prevent tobacco use, reduce secondhand and thirdhand smoke exposure, promote quitting, and reduce tobacco-related disparities.

The intended **outcomes** of the *Bridging Sectors* CoP are to

1. Advance health equity by assisting programs/partners/coalitions in the increased implementation of evidence-based/promising practice policy, system, and environmental change interventions addressing upstream social determinants of health,
2. Increase participant confidence in implementing at least one culturally appropriate, evidence-based intervention that addresses tobacco prevention, reduces secondhand and thirdhand smoke exposure, and promotes cessation, and
3. Increase participation in CoPs among community leaders, partners from critical sectors, coalitions, subject matter experts, CoP members, and National Network members.

# **What are details about the first cohort?**

The first cohort, *"Housing for Health: An Evidence-Informed Approach to Addressing Housing and Commercial Tobacco Use: What Can Be Done?"*, will run from March 12, 2025 to August 6, 2025. The CoPis designed to equip participants with evidence-informed strategies that tackle the interconnectedness between housing and commercial tobacco use. Whether you’re a representative from a public housing authority, work in social services, a homeless shelter, or a tobacco control program, the CoP will provide you with the knowledge and tools to mitigate the health risks associated with secondhand and thirdhand smoke exposure in housing environments. Through group learning sessions, expert-led webinars, and tailored technical assistance, you’ll gain insights that can immediately be applied to improve housing conditions and promote healthier, tobacco-free communities.

By participating in this cohort, you and your organization will also strengthen your capacity to forge impactful partnerships across sectors. Engaging with housing organizations, social services agencies, and tobacco prevention coalitions will open the door to collaborative, cross-sector solutions that go beyond traditional public health approaches. As a result of being a part of this CoP, you’ll not only refine strategies and enhance your coalitions but also contribute to broader efforts that promote health equity. This cohort is an opportunity to become a trusted messenger in your community, empowering you to advocate for and implement sustainable, long-term improvements in housing and health for individuals with low SES characteristics.

SMHN will release applications for this cohort on January 6, 2025 through its social media sites [(@SelfMadeHealth](https://x.com/SelfMadeHealth) on X and [@SelfMadeHealthNetwork](https://www.facebook.com/SelfMadeHealthNetwork) on Facebook) and through the SMHN website (<https://selfmadehealth.org/>). For additional information on the CoP, please contact a.daniels@selfmadehealth.org.

# **How will the CoP sessions be structured?**

Participants will engage in virtual sessions, including four 1.5-hour webinars, four interactive group learning sessions, and personal technical assistance sessions. These will feature discussions, Q&A, and practical exercises to ensure participants gain actionable strategies and knowledge for addressing tobacco use in low SES communities. Applicants must commit to participate in all sessions to be accepted into the cohort.

# **Why does *Bridging Sectors* focus on communities with low SES characteristics?**

Communities with low SES characteristics are disproportionately affected by tobacco use and related health consequences. Factors like housing, limited access to healthcare, and insurance coverage play a crucial role in influencing tobacco use behaviors. *Bridging Sectors* aims to create equitable solutions to these interconnected challenges.

# **Who is the *Bridging Sectors* Community of Practice for?**

This CoP is open to National State Tobacco Control Programs, tobacco prevention and control coalitions, community-based organizations, non-profits, and, most importantly, non-public health practitioners, particularly those involved in sectors like social services and housing that intersect with tobacco use (e.g., shelters for unhoused people, transitional housing, chronic disease coalitions and landlords).

# **How Does SMHN Define Low SES Characteristics?**

Low SES characteristics describe populations that face significant economic, educational, and healthcare challenges. Key low SES populations include:

* **Low-Income Workers**: Individuals earning at or near the federal poverty level, including full-time, part-time, contractual, self-employed, or seasonal workers
* **Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs) Populations**: Communities that lack adequate healthcare services, experience high levels of poverty, or have significant elderly populations
* **People with Low Educational Attainment**: Individuals with lower levels of formal education, including those who have completed a GED or have lower general and health literacy, individuals within these populations who lack access to broadband internet
* **Uninsured and Underinsured Populations**: Populations without adequate health insurance, including the completely uninsured or those with limited coverage
* **Unemployed People**: Individuals without employment who face additional barriers to accessing health and social services
* **Recipients of Government Programs**: Populations enrolled in government assistance programs such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), low-income housing, or those who are dual-eligible for both Medicare and Medicaid

# **What makes this CoP different from other CoPs or public health initiatives?**

The unique aspect of *Bridging Sectors* is its emphasis on partnering with organizations outside of traditional public health, such as those working in housing and social services. This integration strives to foster a more comprehensive approach to addressing tobacco use by tackling upstream factors that influence health outcomes in communities with low SES characteristics.

# **Who do I contact for additional information?**

For more information on this CoP, please contact Asyria Daniels at a.daniels@selfmadehealth.org or at (757)-232-8302.