

Opportunities for Point of Sale Policy in Tobacco Control

Erin Boles-Welsh

Hello everyone, and thank you for tuning in to the third podcast of the 2016 through 2017 TCN Podcast Series. This is Erin Boles-Welsh, tobacco control program manager for the Rhode Island Department of Health, and also the current Tobacco Control Network chair-elect. Today I'm joined by Allison Myers from Counter Tools, Cassandra Stepan from the Minnesota Department of Health, and Derek Smith from the San Francisco Department of Public Health. We're excited to bring you to this third podcast, "Opportunities for Point of Sale Policy in Tobacco Control." I'd like to introduce Dr. Allison Myers, who will provide us with a national perspective on point of sale policy.

Allison serves as the executive director at Counter Tools, Inc., a nonprofit organization that provides data collection and visualization technology, training and technical assistance to retail-focused tobacco prevention policy enactment in 18 U.S. states. Counter Tools continues to develop and pilot program offerings in place-based health promotion with regard to food, physical activity, alcohol, marijuana, and public safety. Dr. Myers leads research in practice activities in local public health policy implementation, tobacco and food environment measurement, and policy-related news media content analysis. Allison, thanks for joining us here on the TCN podcast.

Allison Myers

Hi, thanks so much for having me, Erin. I'm glad to be a part of it. Thanks for TCN for organizing. I am excited for us to be together in the podcast to talk about opportunities for point of sale policy in tobacco control, and there are just a couple of points that I would want to make for the listeners. One is that we are certainly stronger together.

That what we're learning across states with lots of different settings – whether they have different legal landscapes or varying degrees of political will, and even as we are pursuing lots of different point of sale policies – there's a lot for us to learn from each other. And I know one of the best things that I do, that I get to do, I should say, at Counter Tools is to hear from lots of states, not just the ones with which we work more intensely, but really from folks across the U.S. about how they're thinking about point of sale and how they're doing point of sale. So that's the first point, is for us to keep talking with one another and learning from each other. Another, second, important point is that point of sale tobacco control policy – I really see it as a frontier in tobacco control.

There's been a lot more energy around it in recent years, and I don't think point of sale is just for states that already, for example, have a very high tax, or a very strong clean indoor air law. So let me be really clear. There are evidence-based solutions that we know work in tobacco

control. We like to raise the price of tobacco products. We pass strong smoke-free laws.

We secure our program funding. We offer hard-hitting media campaigns. And we make cessation services available at the population level. All of those things are very, very important, and we should never lose sight of those. However, what I'm finding and what I see is that point of sale can be used as a way to reenergize those core components of a comprehensive tobacco control program.

So we'll hear from – On the podcast today we'll hear from Cassandra in Minnesota and from Derrick in San Francisco about their groundbreaking work in point of sale. And that also, though, there are other states who'll say, "I'm preempted. I don't know if I can do point of sale." Or, "Gosh, my tax is really low." Or, "I really do need to strengthen my smoke-free law."

And I would say gathering up community members to have them see exactly what the tobacco industry is doing in the retail environment. In terms of product availability, product pricing and price promotions; flavorings, candy and fruit flavors including menthol; the strategic, very high density of tobacco retail outlet locations in low-income and minority communities; all of these are things that the tobacco industry is doing to perpetuate the problem. And bringing community members and decision makers together to do environmental scans and understand what's happening in the retail setting can be a really good way to reenergize the whole movement. I like to use an example out of Alabama, where we did some point of sale training recently for local public health grantees. And after a round of community assessment of the retail environment, they were motivated to strengthen the smoke-free law as an immediate step in beginning to protect the citizens from the tobacco industry, and from the social norms that promote tobacco use.

So I'll stop there. Thanks for having me. I'm glad we can learn from each other, and I really hope point of sale continues to be an energizing part of comprehensive tobacco control.

Erin Boles-Welsh

Thank you, Allison, I know in Rhode Island we have used your resources as well as the resources of your sister organization, Counter Tobacco. We have implemented your community surveys. So thank you for your comments that it's a valuable opportunity to engage your community members in this work. Next I would like to introduce Cassandra Stepan. Cassandra is the local tobacco policy planner for the Minnesota Department of Health tobacco prevention and control program. She leads the development and administration of local tobacco policy initiatives, including the technical assistance and training program. Cassandra, welcome, and thank you for briefing us on your work in Minnesota.

Cassandra Stepan

Hi. Thank you so much. As you said, this is Cassandra Stepan from the Minnesota Department of Health. I have the honor of working with a lot of local coalitions and local public health on their tobacco policies across the board. But one thing that is unique here in Minnesota is that we are

one of three entities that fund local initiatives, but also MDH, the Minnesota Department of Health, does also implement a state-wide tobacco technical assistance and training program.

Minnesota is unique in that it had a pretty early start working on point of sale or other point of sale-type initiatives dating back to the mid-1990s. These projects were a little different from what we consider point of sale now, and they really focused on counter-marketing. You may have heard of the program Target Market. We had local program as well that were engaging youth and working with organizations to adapt tobacco-free funding policies. But – However, after the 2009 Family Smoking Prevention Act, Minnesota began to explore this new frontier of point of sale strategies that focused on different ways that the tobacco industry markets their products in the store, through promotions, enticing flavors, and pricing strategies, just to name a few.

As Allison started talking about, states have a pretty clear playbook when it comes to tobacco control, especially the evidence about what works. So Allison mentioned smoke-free air, high tobacco prices, media, cessation, things like that. But that necessarily isn't the case for point of sale, especially since 2009, when we had this new authority. So I guess I would also say that the number of point of sale policy options can be extremely overwhelming and very complicated, and very unique depending on where you live. So folks like those in Minnesota at the community level really had to build our own playbook and prioritize our policy initiatives that really fit with the situations that we were dealing with.

In 2011, MDH leveraged CDC funds to launch a new project, and that project really focused on collecting data about the retail environment and mapping retailer locations using the Counter Tools software. We've had a long partnership with Counter Tools, and very proud of that. And also a part of this long assessment phase that the grantees at the local level went through is assessing their legal landscape, and also identifying opportunities for improvement, or local momentum for health initiative work. This model that we worked with in 2011 and a few years after really relied heavily on a robust team of experienced TA providers. We had folks not only from the legal standpoint, the software standpoint for collecting data at Counter Tools, but we also had a lot of involvement from MDH staff, as well as from experienced advocates that had been working in tobacco control for many, many years, helping the local public health agencies in this grant program succeed.

So it was a successful project, even though CDC funding did end for this project. We continued on, and we actually took the opportunity to go through a nine-month process with Counter Tools to help us figure out what exactly we learned and how we can apply it to future grant programs. Some of the activities that I would encourage other state health programs to go through when they're developing their point of sale initiative is really collect the lessons from the field. Know where folks have been and where they want to go. Do a lot of interviews with stakeholders that may have an interest in this area and may be effective by point of sale initiatives.

And also rely on the experts like Dr. Myers to review the empirical evidence and the case studies and help advise what strategy direction that you want to go in and is applicable for your state. So we had six overarching changes to our model or our process, if you will, that essentially

guided us to streamline our policy focus and also build an even more robust TA and training program here in the state for our locals. Strengthening these things ultimately has led to success, because we do have a laser focus on building the communities' capacity of local public health and also their partners and strengthening our collective impact as a state and as individual communities to protect youth and other disparately impacted populations from the harms of tobacco. I am very proud to say that our community partners have passed some really innovative policy initiatives that have really led the nation.

One of the few states that have had the opportunity to work on innovative point of sale policies, such as limiting where flavored products can be sold; regulating the minimum size and pack – price and pack size, excuse me, of little cigars; and also working intensely on where retailers can be located, and the density in a certain community. We also had communities, for the very first time in the nation, regulate e-cigarettes, where they can be used and how they can be sold. So in summary I would recommend to other states that the key factors that are really contributing to a lot of communities' success here is having a strong state-level TA system; having tools where they can intensively dive into the data, collect data and analyze it; and then also having the strong vision from the funder. MDH, as I said, is one of three. But we have a vision for our grantees and our grant programs, and that really helps guide the local communities in determining what areas to focus in on.

Erin Boles-Welsh

Great. Thank you, Cassandra. I think that you're giving great advice. Like Allison, you emphasize the importance of engaging local stakeholders and providing them with technical assistance and training for capacity building, and then engaging experts for tools and strategy. I think that provides a great roadmap for other states who want to work on this, either starting or advancing local policy work. So thank you.

I would now like to introduce the podcast's final speaker, Derek Smith. Derek is director of the Tobacco-Free Project at the San Francisco Department of Public Health, where he focuses on community-based public health interventions that build and support coalitions and engage local partners in public health-focused norm change. He has recently focused on policy and education related to Tobacco 21, smoke-free housing, electronic cigarettes, retail tobacco sales density limitations to support health equity, and expanding cessation services. Thank you so much, Derek, for joining today's podcast.

Derek Smith

Oh, thank you for having me. Greetings from San Francisco. I am going to talk a little bit about not just the work that we've been doing at the point of sale in San Francisco, but sort of how we do that, and the package that we use to engage community, kind of building on what Cassandra said about capacity building in the community and engaging the right partners to make sure that we're countering the targeting of the industry that happens at the point of sale. First I'll talk a little bit, just give a plug for our community action model. It's a San Francisco-based model that really engages community.

It's a bit like community-based participatory research, but the purpose of it is to create lasting change, not to do research but to create some change in the community. And more information about the community action model can be found on our website SFTobaccoFree.org. I'm going to talk about a couple policies that we've engaged and actually adopted in San Francisco with the partnership of community-based organizations. The first being in 2004, when San Francisco engaged in the adoption of a tobacco retail license. So we've now had that on the books for 13 years, and we've found that engaging in adopting a tobacco retail license really has driven down illegal sales to minors.

It's required all tobacco retailers to obtain a license and abide by local laws, as well as state and federal laws. And we've found it to be a success. It was also a success in engaging a community-based organization to collect data and establish the problem, and then engage their local policy makers to the solution, which was a tobacco retail license. Building on that, several years ago in 2010, we engaged some community-based organizations, particularly in minority communities, African American and low-income communities, where we did some data collection. And we found that at the retail level the stores available to folks were selling plenty of tobacco and alcohol and unhealthy food products.

But there was really minimal access to fresh produce and healthier, like whole grain breads and tortillas. And so we worked with these community partners to kind of start doing some data collection and come to some conclusions about how we can make the retail environment and the point of sale for tobacco, as well as other items, more appropriate and more health supporting for the community. From there in 2010, the Healthy Retail Ordinance in San Francisco was adopted. The Healthy Retail Ordinance in San Francisco works with existing stores that previously were selling only products that would discourage health, like alcohol, tobacco, and unhealthy food products. And it adds them to our set of health-promoting partners by offering produce and other products.

The stores through the ordinance can receive small business development assistance, like loans, and move themselves toward healthy retail, as well as creating an economic benefit by expanding the offerings that they have. And then finally, in 2015, we partnered with the community organization of youth that looked at a major social justice issue related to tobacco at the point of sale. These organizations found that communities of color and low-income neighborhoods had a considerable amount more stores in their neighborhoods. Sometimes communities of the same size had four times as many retailers of tobacco compared to other communities. Because of this social justice concern, the youth did data collection and created a framing that established the concept of putting a cap on the number of tobacco retailers in the community.

Since then, it's been more than 18 months since we've adopted this ordinance. We've seen an overall nine percent attrition in the total number of stores that are selling tobacco products, and that's actually most prominent in the communities that were the most over-represented with point of sale tobacco products. That includes our Chinatown neighborhood as well as our Tenderloin, which is a lower-income area of San Francisco. As you can see, we've had some success in engaging community partners and really tackling hard issues that have a social justice frame, but really work at the point of sale of tobacco. And we see a considerable number of opportunities moving forward.

Some of those include menthol and e-cigarette flavors; working toward a minimum pack size to avoid the sale of cheap cigarillos and blunts; as well as minimum pricing. And really trying to expand the successes that have existed with the healthy retail program, where we can partner with store owners and managers to create these places of health that are kind of oases in the middle of what were previously food deserts. I think that's it for me.

Erin Boles-Welsh

Okay, thank you, Derek. Your comments were really valuable. And the common theme among all three speakers seems to be engaging your community partners. Derek, the impact of the tobacco retail license in lowering youth's buy rates I think is really great for people to hear, as well as the coordination that you had with healthy retail ordinances and engaging youth in social justice work that led to policy development. All three of you have provided really great inspiration for our tobacco control members.

So I appreciate that you have been part of this podcast. So that concludes this podcast, and I'd like to again just take the opportunity to thank Allison Myers, Cassandra Stepan, and Derek Smith for joining me today. As a reminder, you'll be able to find all of the podcasts in the 2016-2017 series, and a host of other Tobacco Control Network resources, by visiting the TCN website, www.tobaccocontrolnetwork.org and clicking on the Resources tab. Questions about the podcast series, or any other features of the TCN website, can be directed to the TCN In-box at tcn@astho.org. Thank you so much for listening, and be well.