COUNTER TOBACCO PODCAST

Episode Details:

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Title:	Episode 22: Equity in Point-of-Sale Tobacco Control
Description:	This episode is all about working towards health equity with point-of-sale tobacco control. We'll discuss some of the drivers behind inequities in tobacco use and related morbidities and mortality, and how we can use a pro-equity approach to plan, implement, and enforce policies that allow all individuals and communities a fair and just opportunity to achieve their greatest level of health.

Transcription:

I'm Allie Rothschild and you're listening to the Counter Tobacco Podcast.

This episode is all about working towards health equity with point-of-sale tobacco control. We'll discuss some of the drivers behind inequities in tobacco use and related morbidities and mortality, and how we can use a pro-equity approach to plan, implement, and enforce policies that allow all individuals and all communities a fair and just opportunity to achieve their greatest level of health.

When we refer to *'health* equity', we mean that everyone has the opportunity to achieve or *access* the greatest level of health and health outcomes and no one is disadvantaged from reaching this due to any social, economic, demographic, or environmental factor or circumstance.

In the context of tobacco control, significant legislative and public health progress has been made over the past few decades that has, fortunately, resulted in less smoke in the air and fewer advertisements for deadly products. In turn, rates of smoking have significantly declined on a national level. But – as the prevalence of smoking has declined overall, not all communities have been equally protected by or seen the benefits of this progress. It has been well documented that the tobacco industry has knowingly, purposefully, and disproportionately targeted low-income, less educated, under-resourced and historically marginalized communities heavily and strategically at the point of sale. As a result, certain racial and ethnic, low income, and LGBTQ+ communities have and continue to be exposed to more point-of-sale advertising, higher densities of tobacco retailers, and cheaper tobacco products. Consequently, these historically marginalized populations, which are already at the intersection of multiple social inequities and injustices, have a higher prevalence of tobacco use and bear a greater burden of tobacco-related disease and death. These disparities and inequities are further compounded by differential protection and coverage by tobacco control legislation.

Public health laws have the power to protect and improve everyone's health, but they can also contribute to inequities. For all of us who work in tobacco control, it is critical that we examine and understand the root of these inequities in health outcomes, and fully consider how current and future tobacco control policies may improve equity, maintain current disparities, or exacerbate these pervasive health inequities. Transitioning to more of a health equity approach in policy making can provide dedicated space and resources to critically assess the equal or unequal distribution of a policy's impact across groups. There are many wonderful resources, which will be linked, on best practices for making this transition. Here,

I want to provide you with a few suggestions and some jumping off points on how to use a health equity lens to support pro-equity point-of-sale tobacco control policy solutions:

One - *Utilize health equity impacts assessments to formally and systematically analyze the effects of various point-of-sale policies on historically marginalized communities and those otherwise targeted and adversely impacted by the tobacco industry*. Health equity impact assessments use evidenced-backed research, community data, and local stakeholder input to examine the racial, social, environmental, and economic health equity implications of potential point-of-sale policies. They can also be used to proactively explore any potentially overlooked benefits or unintended consequences of one or more policies. Findings from health equity impact assessments can ultimately inform the policy decision-making process and the final piece of legislation in a way that ensures that the ordinance or bill is written in a way that takes into consideration community context and health equity outcomes. Multnomah County in Oregon is an example of one jurisdiction that has conducted an extensive health equity impact assessment; they did so to consider how a tobacco retail licensing (or TRL) policy, which included provisions such as prohibiting retailers within 1,000 ft of schools and limiting price promotions and coupons, would contribute to health equity in the county. Their assessment determined that the TRL policy could reduce sales to youth and youth of color and included recommendations for planning and funding for equitable enforcement, culturally and linguistically accessible trainings for retailers, and dedicated resources to culturally responsive smoking cessation programs. Ultimately, as a result of the findings from their assessment, which included input from various stakeholders including local youth and retailers, Multnomah County adapted their policy to make it more equitable, leading to the license being unanimously adopted in 2015.

It is important to consider all potential implications of POS policy options, including the unintended consequences, to determine if a policy will reduce, maintain, or exacerbate health disparities once implemented. Mapping tools can also help model a potential policy's impact (for example, how much it will decrease retailer density and where). Alongside demographic data across and within communities mapping can help reveal the impacts of a given policy on current disparities.

Two - *Recognize that the implementation of certain point-of-sale policies may more effectively address disparities in tobacco use and improve health equity across populations and communities*. Restrictions or bans on flavored tobacco products, including menthol cigarettes, are one type of point-of-sale policy solution that can have a pro-equity effect on tobacco use and tobacco-related deaths and disease. As a little background, the 2009 Family Smoking Prevention and Tobacco Control Act banned all characterizing flavors, other than menthol, in cigarettes; as such, menthol cigarettes and other dangerous non-cigarette flavored tobacco products were allowed to remain on the market and to continue to be heavily marketed by Big Tobacco to youth, Black individuals, and other historically marginalized groups. As a result of this, distinct patterns and high prevalence of flavored tobacco product use have emerged, particularly among Black individuals and communities. While states and localities have begun to enact policies that prohibit the sale of a wider range of flavored tobacco products, including menthol cigarettes, as of June 2020, only 2 states, Massachusetts and California, have passed bans on flavored tobacco products that include menthol cigarettes Banning or restricting the sale of flavored tobacco products, including menthol cigarettes, has a significant potential to improve health equity. A 2011 report from the Tobacco Products Scientific Advisory Committee demonstrated that if menthol cigarettes were banned, 39% of all people who smoke menthol cigarettes and 47% of Black individuals who smoke menthol cigarettes would quit.

Other point-of-sale policies like increasing the prices of tobacco products through minimum floor prices and instituting retailer density caps and tobacco retailer proximity restrictions may also be particularly effective in improving health equity. As price-sensitive, low-income individuals and communities often purchase low-price tier tobacco products and discounted brands, raising the price of tobacco products could help to reduce socioeconomic disparities in smoking across income level and substantially reduce tobacco use among low-income populations. Strong pricing policies may also reduce promotional

and geographic targeting of certain populations, such as racial and ethnic populations and youth, who may be incentivized to start or continue to use tobacco products if prices are kept low. Historically marginalized and low-income communities also experience a greater density of tobacco retail outlets, which fuels disparities in tobacco use. Policies that institute retailer density caps and proximity restrictions can help advance health equity by limiting disproportionate availability of and access and exposure to harmful tobacco products. One study conducted in Missouri and New York even found that if tobacco sales were prohibited within 1,000 feet of schools, not only would tobacco retailer density be reduced across the board, but existing race- and income-based disparities in density between neighborhoods would be nearly eliminated. Further information on these policy solutions can be found on our site. Licensing is an effective and lasting strategy to address multiple pro-equity solutions and can also help sustainably fund equitable enforcement efforts.

Which brings me to three - *Critically consider the manner in which enforcement has and may affect marginalized communities, and the ways in which equitable enforcement can be conducted*. A newly released joint statement from more than 30 public health organizations on tobacco control enforcement for racial equity details values and aspirational principals to help those in tobacco control advance equitable enforcement practices related to purchase, possession, sale, and distribution of all tobacco. The statement, titled "Decriminalizing Commercial Tobacco: Addressing Systemic Racism in the Enforcement of Commercial Tobacco Control" will be linked for you to review in further detail and a future episode will take a much deeper diver on this statement and equitable enforcement. Since this will be explored further later, I just want to drive home the point here that, in all stages of policy planning and development, it's important to consider not just how the policy itself with impact equity, but how enforcement may impact equity as well.

And four - *Build capacity and plan from the beginning for sustained equity-focused monitoring and evaluation of tobacco control policy implementation and enforcement in order to assess progress in reaching equity goals and outcomes.* Monitoring should be conducted from baseline through post-implementation. It's important to continually monitor for disparities in the number, location, density, and type of retailers between populations and communities, as well as the availability of and access to tobacco products and the exposure to advertising and promotions at the point of sale; these data points can then be assessed in relation to tobacco use and initiation rates, and tobacco-related death and disease across sub-populations and communities. Ultimately through evaluation of changes from pre to post-policy implementation, local tobacco control practitioners can determine whether these behavioral and health outcomes are narrowing as a result of the pro-equity policy put in place. The evidence base for the health equity impact of point-of-sale policies is growing but continued demonstration of the effectiveness of pro-equity solutions are needed. And while many point-of-sale policies hold great promise to reduce current inequities in tobacco retailer density, point-of-sale tobacco marketing, and ultimately tobacco-related death and disease, evaluation of the impacts of these policies post-implementation will be critical to ensuring their more widespread adoption.

Public health is inextricably linked to social justice and point-of-sale tobacco policies have the potential to improve health equity but to do so requires addressing the root causes of existing inequities and being intentional in prioritizing equity in policy planning, implementation, and enforcement. And it's up to all of us to continue to show up and do the work.

That's a wrap on this month's episode on equity in point-of-sale tobacco control. A bunch of great resources, including our "Health Equity and Point of Sale Tobacco Control Policy" evidence summary, which formed the basis of this episode, will be included in the show notes. Thanks so much for listening to the Counter Tobacco Podcast! I look forward to you joining us again next time!

Sources & Additional Resources:

Health Equity and Point of Sale Tobacco Control Policy, *CounterTobacco.org*

30+ Public Health Organizations Release Statement on Addressing Systemic Racism in Commercial Tobacco Control Enforcement, *CounterTobacco.org*

Decriminalizing Commercial Tobacco: Addressing Systemic Racism in the Enforcement of Commercial Tobacco Control

Best Practices User Guides: Health Equity in Tobacco Prevention and Control, *Centers for Disease Control and Prevention*

Equitable Enforcement to Achieve Health Equity: An Introductory Guide for Policymakers and Practitioners, *ChangeLab Solutions*

Health Equity Policy Framework, *Massachusetts Public Health Association*

Communities in Action: Pathways to Health Equity, *National Academies of Sciences, Engineering and Medicine*

What is Health Equity?, *Robert Wood Johnson Foundation*

Tobacco Retail Licensing Policy: A Health Equity Impact Assessment, *Upstream Public Health*

Licensing, Zoning, and Retailer Density, *CounterTobacco.org*

Tobacco Retailer Density: Place-Based Strategies to Advance Health and Equity, *ChangeLab Solutions*

Tobacco Retail Licensing: An Essential Tool to Reduce Youth Usage and Foster Health Equity, *Tobacco 21*

Increasing Tobacco Prices Through Non-Tax Approaches, *CounterTobacco.org*

Restricting Product Availability, *CounterTobacco.org*

Menthol, *CounterTobacco.org*

Flavored Tobacco Products, *CounterTobacco.org*

Local Flavored Tobacco Policies (as of June 30, 2020), *Truth Initiative*