ADDRESSING TOBACCO-RELATED HEALTH INEQUITIES

Resources to Inform Point-of-Sale Policies

ChangeLab Solutions

CONTENTS

Note on Terminology

We recognize the important role of ceremonial and traditional uses of tobacco in many Indigenous communities. This resource is intended to address commercial tobacco, not tobacco products used as part of an Indigenous practice or other recognized religious or spiritual ceremonies or practices. All references to tobacco and tobacco products in this resource refer to commercial tobacco.

Acknowledgments

Policies that limit exposure to tobacco provide critical protections from tobacco-related harms. These policies can also be used to address the fundamental drivers of health inequity. No person — regardless of their race, their ethnicity, who they are, or where they live — should be exposed again and again to experiences that are known to be harmful. Yet tobacco companies use the point of sale — where retailers are located and how tobacco products are priced, sold, and marketed — to target and pressure consumers based on characteristics such as their race, ethnicity, income, mental health status, gender, and sexual orientation, leading to inequitable health outcomes.[1,2]

POINT-OF-SALE STRATEGIES

PLACE refers to where tobacco products are sold and their availability to consumers.

PRICE includes retail pricing and discount strategies.

PRODUCT includes the physical characteristics of the item being sold, such as flavors, including menthol.

PROMOTION refers to advertising, displays, direct marketing, and other related strategies.

CAUSES OF TOBACCO-RELATED HEALTH DISPARITIES: INEQUITABLE PRACTICES

Targeted marketing and variation in policies regulating retailers contribute to inequities in the retail environment.

Targeted marketing and variation in policies regulating retailers contribute to inequities in the retail environment.[1,3-7] For example, tobacco companies channel more advertising and discounts into neighborhoods with high proportions of residents who are Black or have low socioeconomic status.[1,4,5,8] To compound matters, the density of tobacco retailers tends to be higher in these neighborhoods, making it easier and cheaper for residents to start and continue using addictive tobacco products like cigarettes, cigars, e-cigarettes (vape), and chew.[1] These practices help to explain why tobacco-related disease disproportionately affects underserved communities.[1]

People who live in underserved communities also may be more likely to use tobacco due to inequitable policies and social, structural, and environmental factors such as income inequality and poverty, structural discrimination and racism, intergenerational trauma, toxic stress, housing instability, and lack of access to quality education.[9-16] Individuals and communities facing these conditions experience significant structural barriers and high levels of pressure related to finding good jobs, taking care of their families, and securing a roof over their head and food on the table. The combination of chronic stress and higher rates of tobacco exposure contribute to greater tobacco use and subsequent health harms.[17-19]

TOOLS TO COUNTER INEQUITIES: RETAIL, COMMUNITY & EQUITY ASSESSMENTS

Retail assessments, community assessments, or data dashboards can help jurisdictions identify inequities in how tobacco is sold and marketed.

As part of a comprehensive approach to address the underlying policies and practices that exacerbate inequities and affect the equitable distribution of healthy retail environments, communities can use many evidence-based point-of-sale strategies (such as limiting the number of tobacco retailers in an area, setting minimum prices for tobacco products, or prohibiting the sale of flavored tobacco products) to counter the tobacco industry's use of place, price, product, and promotion to target specific populations. Jurisdictions can also use strategies to improve equity throughout the **policy development process** – for example, by engaging diverse partners and community members in identifying which policies to prioritize. Considering equity at each step in the process will help ensure that any policy change is grounded in a deep understanding of the health priorities, community goals, and lived experiences of residents. Foregrounding equity can also help draw attention to broader structural solutions aimed at fixing the unjust environments that push people to use tobacco in the first place.

Conducting a retail assessment, employing other types of community assessments or studies, or using community data dashboards can help jurisdictions identify different types of inequities in how tobacco is sold and marketed. Further, specialized policy design tools can emphasize equity in the process of creating change. These tools can also be used to evaluate existing policies that may have outdated rationales or that promote entrenched inequitable systems, such as policies that prioritize penalties for youth or other forms of criminal justice involvement. By using such assessment and data tools, jurisdictions can identify and address unintended consequences throughout the policymaking and implementation process, from policy conception to enactment and enforcement. Such a process could result in, for example, avoiding traditional enforcement measures that community members have identified as likely to result in inequitable impacts as well as including measures to actively mitigate any such inequitable effects.

ASSESSING INEQUITIES: WHERE TO START?

Communities can employ a variety of methods to identify needs for change – such as retail and community assessments, data dashboards, and equity assessments – when examining how to most effectively address health inequities.
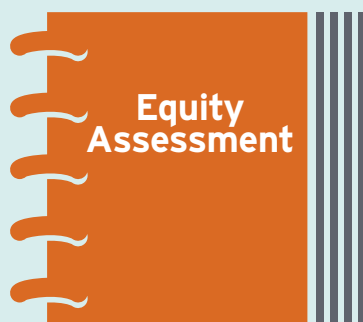
Retail & Community Assessments

Retail and community assessments and studies can collect data on specific topics such as location of tobacco retailers, availability and price of tobacco products, and the social demographics of communities and individuals.

Data Dashboards

Data dashboards present collected data in easily digestible and accessible ways, to help communities identify inequities and track progress in improving the health of the community.

Equity Assessments

Equity assessments collect and present data that analyze how policies affect various populations and communities.

# EXAMPLES: HOW ASSESSMENTS CAN HELP COMMUNITIES IDENTIFY INEQUITIES
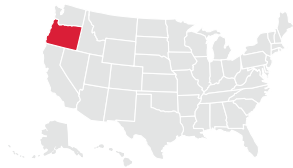
Multnomah County, **Oregon**, engaged in an extensive health equity impact assessment prior to adopting an ordinance that requires licensing for tobacco retailers. The county's assessment not only highlighted local tobacco-related health disparities and how a licensing program for tobacco retailers could help address those disparities but also identified community concerns about potential unintended consequences. For example, the assessment identified concerns about the following topics:

- Financial strains on small retail stores, many of which were owned and operated by people of color
- Potential inequitable enforcement
- Effect of licensing on tobacco retail stores that serve as community hubs

Integrating community priorities and concerns resulted in recommendations such as ensuring access to free, culturally responsive training for agencies, enforcement bodies, retailers, and others; supporting small businesses that decide to stop selling tobacco through technical assistance and other financial and healthy retail programs; using data to track unintended consequences such as inequitable enforcement; and prioritizing continued community engagement on the effects of potential policies and priorities. Assessments like the one used by Multnomah County can provide valuable input to a community-driven process that effectively addresses social injustice and the structural drivers of inequity.

More information about this effort is linked in the Resources list, along with links to the following additional examples of retail, community, and equity assessments and tools:
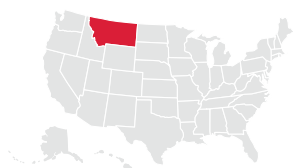
- **Montana** maintains a tobacco retailer database online that also assesses commercial tobacco retailers on Tribal lands through retailer and mapping data that facilitate the examination of disparities in a population with high rates of tobacco use. These data show that some tribes have more retailers near schools. For example, in 2018, Blackfeet Indian Reservation data showed that 21% of retailers were within 500 feet of a school, compared with 2% of retailers throughout the state.
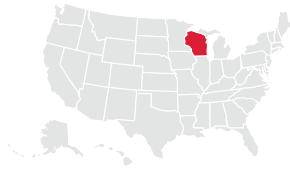
- The **Wisconsin** Retail Assessment Project has conducted retail assessments that look at tobacco retailers and presence of nutritious food as well as advertising of tobacco and other products, in order to inform policy approaches, community education efforts, and cross-sector partnership and collaboration.
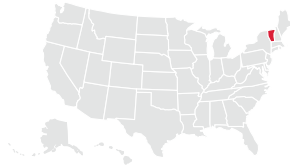
- **Vermont**'s Store Audit Report revealed that low-income neighborhoods had nearly twice as many tobacco retailers per 1,000 residents as higher-income neighborhoods. The audit also found that in the state's lowest-income neighborhoods (in comparison with its highest-income neighborhoods), twice as many tobacco retailers were located near a school or park.
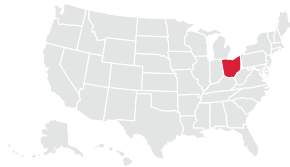
- A recent pricing study in rural Appalachian **Ohio** examined the cost of cigarettes in different census tracts mapped by socioeconomic status and found that the tracts with higher percentages of people living in poverty had significantly cheaper cigarette prices.

- **California**'s Healthy Stores for a Healthy Community campaign audited more than 7,300 tobacco retailers in California, and the findings revealed that a disproportionate number were located in low-income areas. This campaign also collects demographic data and tracks ongoing outcome data such as youth use and initiation, to further illustrate connections between tobacco point-of-sale policies, health inequities, and disparate outcomes.

Jurisdictions can use retail and equity assessments, as well as other types of community data, to inform effective policy solutions focused on point-of-sale strategies.

NO TOBACCO SALES NEAR SCHOOLS

Including E-Cigarettes

Using data on inequities from sources such as retail assessments and equity data dashboards that break down data by demographics (as in the California and Montana examples), communities can prioritize and pursue point-of-sale policy solutions that have proven successful in reducing tobacco use – such as tobacco retailer licensing and limiting the location and density of tobacco retailers in all neighborhoods and in areas frequented by children. For example, after conducting a health equity assessment, Multnomah County, Oregon, passed tobacco retailer licensing and could then implement data-driven and equity-promoting strategies.[20,21] Similarly, California communities continue to use the retailer audit and updated demographic and neighborhood data from the Healthy Stores for a Healthy Community campaign to support policies that reduce the number of tobacco retailers by location or population density or that restrict sales near areas frequented by youth.[22,23]

TOBACCO-RELATED INEQUITIES AS A SOCIAL JUSTICE ISSUE

Communities are beginning to address tobacco-related health inequities as a social justice issue, and local data on inequities at the point of sale can be valuable in garnering support for policies to change the retail environment.

Before prohibiting sales of all flavored tobacco products near schools, the City of Chicago released a report citing disproportionate use of menthol-flavored cigarettes by young people, women, people of color, the LGBT community, and people with low socioeconomic status (see Resources section). The report noted that regulation of these products would address not only a critical public health problem but also a social justice issue. For example, the report highlighted that while other flavored cigarettes were regulated, menthol cigarettes were not. Because menthol products are aggressively targeted at children of color, a population already susceptible to health inequities like lack of access to health insurance, it would be socially unjust to continue to exempt mentholated products from regulation, leaving vulnerable children and communities open to predatory targeting by the tobacco industry.

The statistics in the report mirror the reality in many other communities. Identifying inequities that also represent social justice issues can help communities select appropriate strategies to address those inequities. With equity-focused tools and approaches, we can all work to pursue effective point-of-sale strategies that both address tobacco-related harms and advance social justice priorities.

PEACH
CIGARILLOS

LONG CUT
CHERRY

CIGARS

MANGO
APPLE

Menthol

RESOURCES

Tobacco Prevention Policies & Strategies to Promote Health Equity

- **Point of Sale Playbook**
- **How to Reduce Tobacco Retailer Density and Why**
- **Tobacco Retailer Density: Place-based strategies to advance health & equity**
- **Point-of-Sale Tobacco Pricing Policies**
- **PUP in Smoke: Why youth tobacco possession & use penalties are ineffective & inequitable**
- **A Blueprint for Changemakers: Achieving health equity through law & policy**
- **Equitable Enforcement to Achieve Health Equity**
- **Decriminalizing Commercial Tobacco: Addressing systemic racism in the enforcement of commercial tobacco control**

Community Data, Studies & Retail Assessments

- **Multnomah County retail assessment**
- **Multnomah County health equity impact assessment**
- **Montana Tobacco Retailer Mapper, including Tribal lands**
- **Wisconsin Retail Assessment Project findings**
- **Vermont Store Audit Report**
- **Retail Store Assessments for Flavored Tobacco Products: A pilot in two Tobacco Nation cities (Cleveland and Dayton, Ohio)**
- **Ohio pricing study**
- **California Healthy Stores for a Healthy Community campaign**
- **City of Chicago report on curbing the use of menthol and other flavored tobacco products**

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