



Questions and Answers from Hospital and Community Partnerships Webinar (7/18/2017)

Below we answer some important questions from our webinar audience that we were not able to get to during event.

Question 1: What role does racial equity play in the work of the presenters, particularly that communities of color often face targeted marketing campaigns from the tobacco industry and experience poor housing conditions?

Answer 1: Racial equity plays a central role in this work as low-income communities and communities of color are disproportionately affected by the disease drivers discussed in this webinar, including substandard housing conditions, higher tobacco use rates, and targeted tobacco marketing. As advocates pursue the policy strategies discussed in this webinar, they must involve affected communities in the policy prioritization, development, and enforcement process. Advocates themselves must also work to enhance the power of affected community members to engage in the policymaking process. Additionally, a broad understanding of community data that includes both quantitative and qualitative sources should be used to ensure that community experiences inform the policymaking process.

Question 2: Some public health partners do not support Tobacco 21 because of concerns that enforcement officers will target youth from communities of color. How do you address these concerns?

Answer 2: Thank you for highlighting this important issue and the need for the public health community to address these concerns in an open, thoughtful, and inclusive manner. Robust community engagement is essential, particularly with the communities most likely to be affected by the policy. Additionally, many Tobacco 21 laws only penalize the sale of tobacco products—they do not penalize the purchase, use, or possession of tobacco products by youth. Research shows that policies focused on enforcement against retailers who sell tobacco products are significantly more effective than those criminalizing youth possession. Indeed, in some states and local communities, Tobacco 21 legislation has been used to *repeal* existing youth-focused penalties. Thus, in states adopting these “best practice” approaches, Tobacco 21 likely will not increase the targeting of youth from communities of color, and in many cases may help to reduce such targeting by repealing existing penalties on youth possession and use.

Question 3: Why have Tobacco 21 campaigns focused on state and local policy rather than on implementing Tobacco 21 nationwide?

Answer 3: Enacting policies at the federal level often requires the successful implementation of policies at the state and local level. As more states and local communities enact Tobacco 21 laws and demonstrate their effectiveness, calls for a national Tobacco 21 policy will increase until the country reaches a “tipping point” wherein federal action not only seems likely, but inevitable.

This is particularly true in the case of Tobacco 21 because federal law prohibits the Food and Drug Administration (FDA) from increasing the minimum legal sales age for tobacco products. In other words, only Congress has the authority to enact Tobacco 21 at the national level (Congress considered Tobacco 21 legislation in 2015, but the proposal did not pass). For more information on Tobacco 21 laws, including how state and local laws may spur action at the federal level, please see a 2016 New England Journal of Medicine article [“Have Tobacco 21 Laws Come of Age.”](#)

Question 4: How can Medical-Legal Partnerships use the information in this webinar to support their programs, especially since they’re designed to target and address social determinants of health?

Answer 4: The hospital initiatives described in this webinar are driven by innovative approaches to hospital community benefits, and a number of hospital community benefits departments have started to fund Medical-Legal Partnerships (MLPs). A 2014 Health Affairs [blog post](#) highlighted Seattle Children’s Hospital, Boston Children’s Hospital, and South Illinois Healthcare (SIH) System’s use of community benefits to support MLPs. The blog post states that, “[b]eyond improving community health, SIH in particular has demonstrated significant return on investment (ROI) through its [MLP]. MLP activities fall squarely within the definition of community activities that have the potential to improve community health while addressing key cost drivers.”