

# Tobacco 21 Policy Evaluation Report Summary

Reducing youth tobacco use through  
policy change in Greater Cincinnati



Center for Public Health  
Systems Science

Brown School

INTERACT  
FOR HEALTH

2019-2022

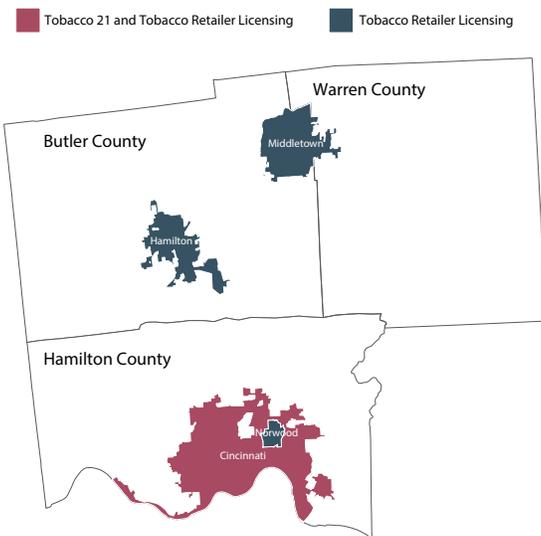
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## Overview

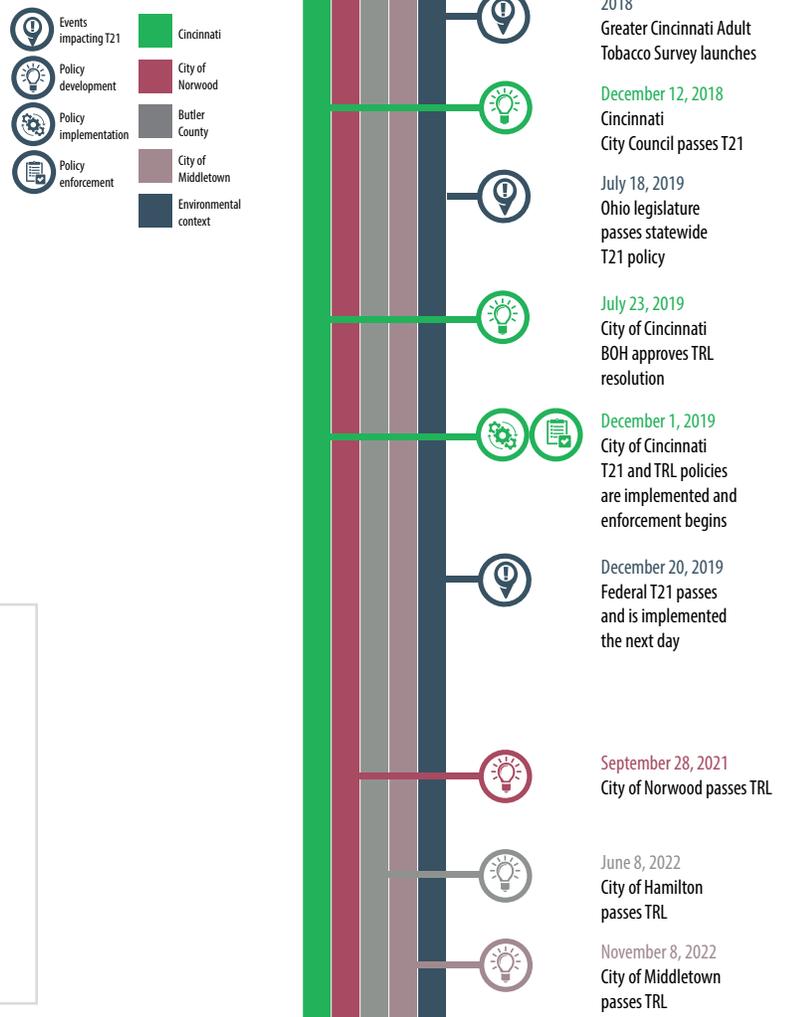
In 2018, Interact for Health launched their Tobacco 21 Initiative which focused on increasing the minimum legal sales age of tobacco products from 18 to 21, commonly referred to as Tobacco 21 and T21, and Tobacco 21's related enforcement strategies (e.g., local Tobacco Retailer Licensing). Interact for Health funded four organizations to address Tobacco 21 and Tobacco Retailer Licensing (TRL). The grantees were located within the cities of Cincinnati and Norwood, along with Butler and Warren Counties who identified local jurisdictions within their counties through which to address policy change.

Over the course of the Initiative, four communities passed a total of five policies: City of Cincinnati (Tobacco 21 and TRL), City of Norwood (TRL), City of Hamilton (TRL), and City of Middletown (TRL). The City of Cincinnati began implementation and enforcement in December 2019. The City of Norwood anticipated moving into implementation and enforcement in the near future, while the City of Hamilton anticipated these occurring in March 2023. The City of Middletown expected to begin implementation and enforcement in 2024.

**Map of Tobacco 21 and TRL policies passed in Southwest Ohio from 2018-2022**



**Tobacco 21 Initiative timeline**



**!**

Prior to Cincinnati passing the Tobacco 21 policy, the 2018 Interact for Health Greater Cincinnati Adult Tobacco Survey found that 62% of surveyed adults favored Tobacco 21 policy, with the strongest support coming from current and former smokers who started using tobacco between age 18 and 20 (74%).

# Facilitators to policy activity across phases

All grantees discussed the facilitators to developing the Tobacco 21 and Tobacco Retailer Licensing policies. Cincinnati also shared their facilitators in implementing and enforcing the policies. These findings are summarized below.

## Summary of key facilitators to policy activity across policy phases

	 Development	 Implementation	 Enforcement
Data tracking		✓	
Education and community engagement	✓	✓	✓
Funding	✓		
Partnerships	✓		✓
Retailer support for Tobacco 21		✓	

**Data tracking:** Cincinnati Health Department (CHD) Tobacco 21 staff collaborated with the City’s data management system developers CAGIS (Cincinnati Area Geographic Information Systems) to improve data tracking. This resulted in **simplified retailer identification and license tracking** along with accepting **multiple payment methods** for the local Tobacco Retailer Licensing fee.

**Education and community engagement:** **Effective engagement** of community leaders and members propelled policies forward. CHD-provided signage and informational materials were key to retailer success; **these materials assisted retailers in complying** with the policies and communicating with staff and customers about the policies. One-on-one education visits from the Tobacco 21 Environmental Health Specialist promoted **trust and positive regard with retailers**.

**Funding:** **Financial resources were crucial** for policy development.

**Partnerships:** **Partnerships with government agencies, coalitions, and other groups** concerned with tobacco control played an essential role in advancing policy development. **Partnerships across the City of Cincinnati government played a vital role** in the development of the systems needed to support enforcement activities.

**Retailer support for Tobacco 21:** **Retailers were identified as playing an important role in limiting youth access to tobacco**. They were committed to Tobacco 21 success and developed their own strategies to support implementation (e.g., staff training, higher pay for skilled and experienced staff).

“ *The challenge, I think, with enforcing any policy, particularly if it's new, is the communication. **The more communication, the more people understand what the policy is.** (Grantee)* ”

## Barriers to policy activity across phases

All of the grantees reported on their communities' Tobacco 21 and Tobacco Retailer Licensing policy work during key informant interviews. Cincinnati was the only community to move a Tobacco 21 and Tobacco Retailer Licensing policy into the implementation and enforcement phases during the Tobacco 21 Initiative evaluation. Below is a summary of the barriers grantees experienced across policy phases.

### Summary of key barriers to policy activity across policy phases

	 Development	 Implementation	 Enforcement
Collaboration			✓
COVID-19	✓	✓	
Data and technology	✓	✓	✓
Education and community engagement		✓	
Pushback	✓		
Staffing	✓	✓	✓

**Collaboration:** While collaboration across Environmental Health Specialists was challenging at the start of policy implementation, **the communication and working relationship improved significantly over time.**

**COVID-19:** **COVID-19 interrupted** in-person meetings and diverted resources during policy development and continued to redirect efforts and staff during policy implementation. The economic effect of COVID-19 on retailers affected their ability to comply with policies.

**Data and technology:** **Lack of available data and relevant examples** presented barriers during development. Data collection and tracking systems - including retailer lists - needed improvement during implementation. Technology became a barrier during enforcement for both Environmental Health Specialists and retailers due to under-developed **data collection technology** and limited technology access.

**Education and community engagement:** **Additional education and community engagement efforts were needed** across audiences to create buy-in and address policy opposition.

**Pushback:** **Local policy development was met with opposition** from various groups in the community including some decision-makers, retailers, and community members.

**Staffing:** **Staffing and staff turnover were persistent problems** across policy phases including turnover in the health departments and coalitions, and challenges with hiring short-term staff for underage compliance checks.

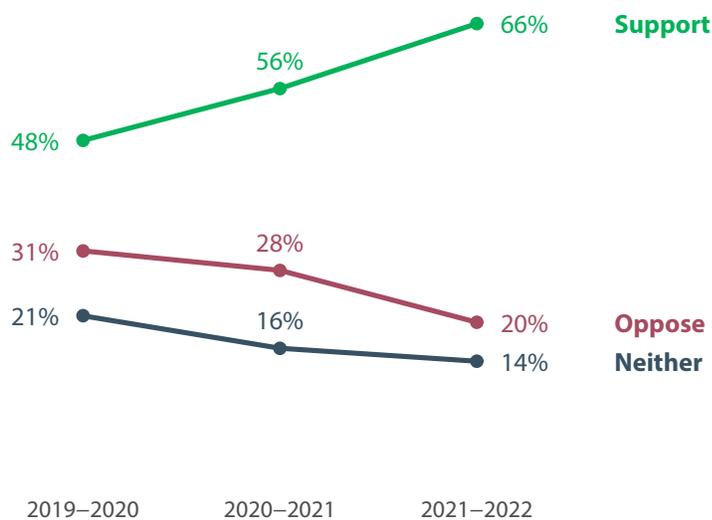
“ There's still that feeling of [needing to] protect businesses, so helping to communicate that having this **TRL is doing more good than harm.**  
(Grantee)

## Retailer support for Tobacco 21 spotlight

The Cincinnati Health Department (CHD) focused on education and one-on-one support as they strove to engage retailers as implementation partners. Over the course of the evaluation, retailer support for Cincinnati Tobacco 21 steadily increased.

During key informant interviews, retailers shared the key resources that helped them comply with the policy. Retailers emphasized the value of one-on-one support from the Tobacco 21 Environmental Health Specialist at the Cincinnati Health Department. This collaborative and personalized approach built trust between retailers and the Cincinnati Health Department. Retailers also appreciated the signage and informational materials provided by the health department that supported communication with employees and customers.

### Retailer views on Tobacco 21 policy



Retailer support for the Cincinnati Tobacco 21 policy increased over the evaluation.

Nearly every interviewed retailer identified one-on-one visits from and their relationship with the Tobacco 21 Environmental Health Specialist as important sources of support when adjusting to the policies.

“ I got **signage** from the City of Cincinnati or from the Department of Health. We're using that. So, **that's helpful**. (Retailer)

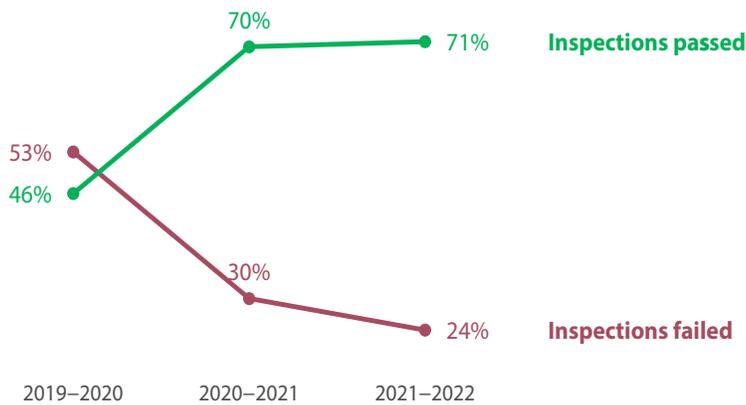
“ The website...I had a little issue with that, but I called [the Tobacco 21 Environmental Health Specialist] and he helped me through it. For me, I'm an older guy so I don't do that well with some technology, but he was able to get me through it pretty easily. (Retailer)

## Enforcement spotlight

Cincinnati moved their Tobacco 21 and Tobacco Retailer Licensing policies into the enforcement phase during years two and three of the Tobacco 21 Initiative evaluation. The evaluation assessed Cincinnati's enforcement with grantee interviews, retailer interviews, the retailer survey, and Cincinnati Health Department enforcement data (e.g., license and signage inspections, underage buy attempts).

Cincinnati Health Department staff tracked two key enforcement outcomes: license and signage inspections and underage buy attempts.

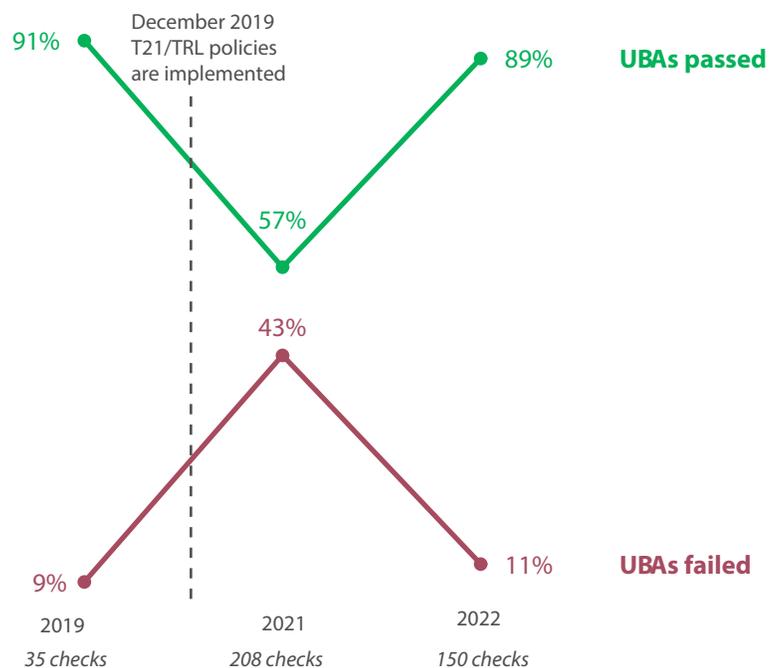
### Cincinnati Health Department license and signage inspection results



Passed license and signage inspections increased by 52% between 2019-2020 and 2020-2021.

Note. No access to 0% of retail locations in 2019-2020; No access to 0% of retail locations in 2020-2021; Less than 5% of retail locations in 2021-2022 could not be accessed, did not sell tobacco products, or no longer existed.

### Cincinnati Health Department underage buy attempt results



The number of tobacco retailers who sold products during underage buy attempts decreased by 74% between 2021 and 2022.

## Differences in communities' experiences

Although the communities shared a number of experiences in policy development, grantees also had unique experiences and challenges.

**Equity:** Cincinnati, in general, had an **established commitment** to promoting racial equity in the Tobacco 21 and TRL policies. **Community champions** and committed decision-makers strove to center equity considerations. While grantees working in smaller jurisdictions recognized the importance of equity, they reported being **less equipped** to address these concerns in their policy work.

**Partnerships and relationships:** Cincinnati emphasized the value of a **large network of partners** whereas smaller jurisdictions working on TRL policies focused on the **value of key relationships**.

**Policy experience:** Interviewees in smaller jurisdictions felt that they needed **stronger policy skills**. They noted the value added to their work from having access to technical assistance and example policies.

**Unincorporated communities:** Grantees working in smaller jurisdictions mentioned the challenge of neighboring unincorporated communities in local tobacco control as they **cannot pass municipal-level Tobacco 21** and Tobacco Retailer Licensing policies.

### Butler County, Warren County, and City of Norwood

While Cincinnati's Tobacco 21 and Tobacco Retailer Licensing policies were the only policies to be implemented during the evaluation, three other communities passed policies during the Initiative. Representatives from these communities spoke about their anticipated barriers and facilitators to implementation.

Their anticipated barriers and facilitators were similar to what Cincinnati experienced.

- **Education and community engagement:** Gaining community buy-in and engagement through effective education will be challenging but important. Interviewees highlighted the need to frame information for each stakeholder group.
- **Equity:** Culturally relevant outreach to retailers will be important in increasing the number of retailers who successfully secure a license.
- **Staff turnover:** In smaller jurisdictions, on-the-ground work is likely to be accomplished by a small team or even one person; therefore, turnover in staff/government positions could result in significant disruption to implementation activities.

# Equity considerations

Across grantees, equity was a high priority in tobacco control policy work and interviewees discussed the challenges and successes they experienced. The key facilitators and barriers to equity in development, implementation, and enforcement of Tobacco 21 and Tobacco Retailer Licensing are listed below.

## Summary of key facilitators to equity in policy work across phases

	 Development	 Implementation	 Enforcement
Capacity	✓		✓
Data	✓		✓
Education and community engagement	✓	✓	✓
Equity awareness	✓		
Motivation to address equity concerns	✓		
Partnerships	✓		

**Capacity:** Interviewees described **planning and preparing for enforcement** with equity and public health lenses.

**Data:** **Local data demonstrated the need** for an equity-focused approach to tobacco control.

**Education and community engagement:** **Community champions and equity-focused education** were essential.

**Equity awareness:** **The COVID-19 pandemic highlighted the need** to address racial equity in health.

**Motivation to address equity:** Some jurisdictions were motivated to advance tobacco control policies in order to **positively impact youth and communities** disproportionately affected by tobacco use.

**Partnerships:** **Policy makers and advocates engaged with key partners** to address equity across policy phases.

## Summary of key barriers to equity in policy work across phases

	 Development	 Implementation	 Enforcement
Education and community engagement	✓	✓	
Prioritization of equity	✓		✓
Technology	✓	✓	✓

**Education and community engagement:** **Educational materials** needed to be culturally relevant and developed in multiple languages. Retailers needed more education on the lack of clerk penalties in the policies.

**Prioritization of equity:** Interviewees reported that equity was **not a priority in all jurisdictions**.

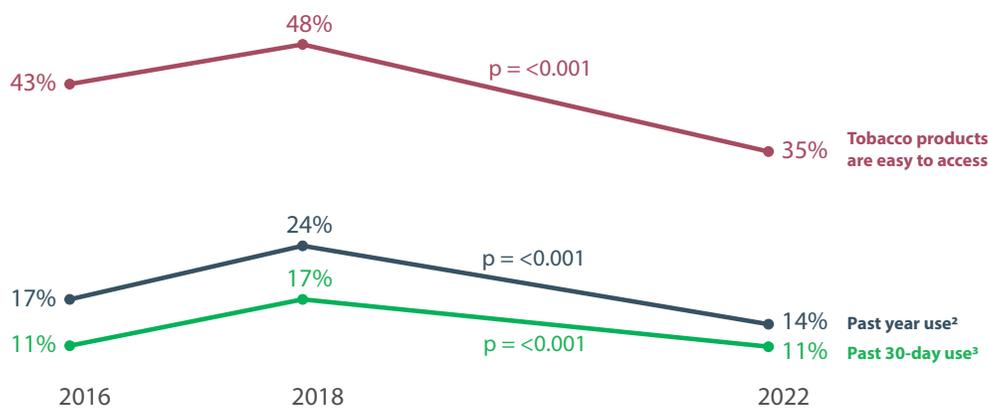
**Technology:** Retailers had varying **access to technology** including email, websites, credit cards, and printers. Retailers benefited from one-on-one technology support and would further benefit by being issued printed licenses.

# Impact

Because Cincinnati was the only community to move a Tobacco 21 policy and Tobacco Retailer Licensing policy into the implementation and enforcement phases during the Tobacco 21 Initiative evaluation, the impact assessment focused on the Cincinnati community. The evaluation team utilized the Student Drug Use Survey (SDUS) by PreventionFIRST! to examine tobacco-related indicators for youth over time and the retailer survey and interviews to assess retailers' experiences. Youth reported tobacco access and use dropped significantly from 2018 to 2022. Similar changes in youth use and access were observed among surveyed students living outside of Cincinnati.

## Cincinnati youth

*Tobacco product access and use among Cincinnati resident youth respondents to the Student Drug Use Survey conducted by PreventionFIRST! from 2016-2022*



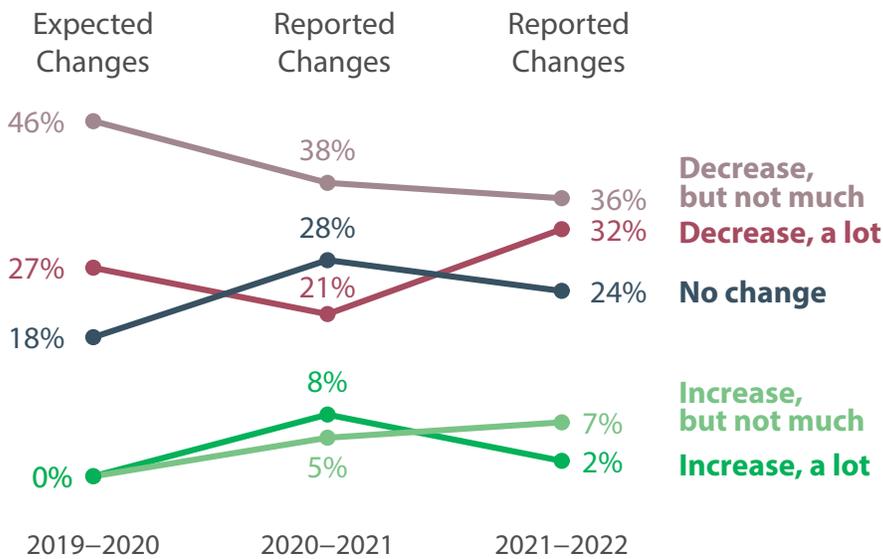
**Youth ease-of-access dropped by 27% from 2018 to 2022.**

Note. SDUS asked about products via multiple questions and included the following tobacco products: 1 - cigarettes, smokeless tobacco, cigars, cigarillos, little cigars, electronic vapor products, etc.; 2 - cigarettes, smokeless tobacco, cigars, electronic vapor products; and 3 - cigarettes and electronic vapor products.



## Cincinnati retailers

Retailers' expected changes and reported changes in their business's sales and profits



Although most retailers surveyed in 2019-2020 expected sales and profits to decrease, fewer retailers reported experiencing a decrease in the years that followed.

This suggests the tobacco control policies did not harm business as much as retailers anticipated.

“ [The Tobacco 21 policy] **hasn't hurt our business**, and [customers] who were upset quickly got over it. I don't necessarily think it's a bad... I think it's a good thing to have. (Retailer)

## COVID-19

COVID-19 had an **immediate and intense impact** on grantees' Tobacco 21 and Tobacco Retailer Licensing policy efforts. COVID-19 redirected staff and community resources from tobacco control to COVID-19 and placed restrictions on in-person contact. This resulted in **lost momentum** during all policy phase activities. However, by year three of the evaluation COVID-19's impact began to lessen.

## Sustainability

Grantees were consistent in their concerns and opportunities for sustaining their Tobacco 21 and Tobacco Retailer Licensing policy efforts. They identified four areas of importance: **education and community engagement, laying the policy foundation, staff turnover, and technology.**

# Lessons learned and looking forward

**Several lessons learned emerged** from the Tobacco 21 Initiative and corresponding evaluation that can be leveraged by communities with existing Tobacco 21 and Tobacco Retailer Licensing policies, communities considering local Tobacco 21 and TRL policies, and funders' future funding portfolios:

- **Communities are unique** and require tailored approaches
- **COVID-19's impact** was immediate and long-lasting
- **Education and communication** efforts are critical to moving policy work forward
- **Equity needs to be centered** at all policy phases
- **Sustainability is a priority** regardless of policy phase
- **Turnover needs to be planned for** ahead of time to lessen its impact

“ *Raising the [minimum legal sales] age to 21 helps young adults to **make wiser decisions** on [whether] or not they want to start smoking. (Retailer)* ”

Grantees were asked to reflect on what they saw as the **next steps to address tobacco control** in their communities. Overall, interviewees were consistent in their responses across communities regardless of jurisdiction size and over the three year evaluation:

- **Continued Tobacco Retailer Licensing policy development, implementation, and enforcement efforts**
- **Cessation and treatment**
- **Education and community engagement**
- **Policy, systems, and environmental changes**

**Future education and community engagement opportunities around Tobacco 21 and Tobacco Retailer Licensing can benefit from a better understanding of retailer opposition and community challenges.**

## Notes

The Center for Public Health Systems Science (CPHSS) at the Brown School at Washington University in St. Louis serves as the external evaluator for Interact for Health's Tobacco 21 Initiative. This summary provides an overview of the evaluation findings from the three-year evaluation with lessons learned. More information can be accessed via the full report.

CPHSS utilized a participatory, logic model-driven approach to planning and implementing the evaluation. CPHSS staff worked with Interact for Health and key stakeholders to develop and revise the logic model along with a set of evaluation questions. CPHSS employed a mixed methods design to answer the evaluation questions. The data sources included academic and grey literature reviews, key informant interviews, surveys, and secondary data (e.g., Student Drug Use Survey).

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