

Tobacco 21 Policy Evaluation Report

Reducing youth tobacco use through
policy change in Greater Cincinnati



Center for Public Health
Systems Science

Brown School

INTERACT
FOR HEALTH

2019-2022

Acknowledgments

Interact for Health contracted with the Center for Public Health Systems Science to carry out this evaluation. Representatives from the two organizations worked collaboratively to plan, execute, and report on all activities. In year three CPHSS provided technical assistance to the Cincinnati Health Department.

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Suggested citation

Interact for Health and Center for Public Health Systems Science. (2023). Tobacco 21 Policy Evaluation Report 2019-2022. Cincinnati, OH and St. Louis, MO: Author.

First published February 23, 2023. Revised on March 28, 2023.

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Executive Summary

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.

Facilitators to policy activity across policy 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 in the Table 1.

Table 1: 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 (Figure 4) and developed their own strategies to support implementation (e.g., staff training, higher pay for skilled and experienced staff).

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 (Table 2).

Table 2: 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.

Retailer support for Tobacco 21 increased over time

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 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.

Retailer compliance with Tobacco 21 and Tobacco Retailer Licensing policies increased over time

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. Passed license and signage inspections increased by 52% between 2019-2020 and 2020-2021. **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 were working toward implementation

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 in Table 3 and Table 4.

Table 3: 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.

Table 4: 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 (Figure 10) and the retailer survey (Figure 7) and interviews to assess retailers' experiences.

Youth

Cincinnati youth reported tobacco access dropped by 27% from 2018 to 2022. Similar changes in youth use and access were observed among surveyed students living outside of Cincinnati.

Retailers

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 anticipated.

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

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.



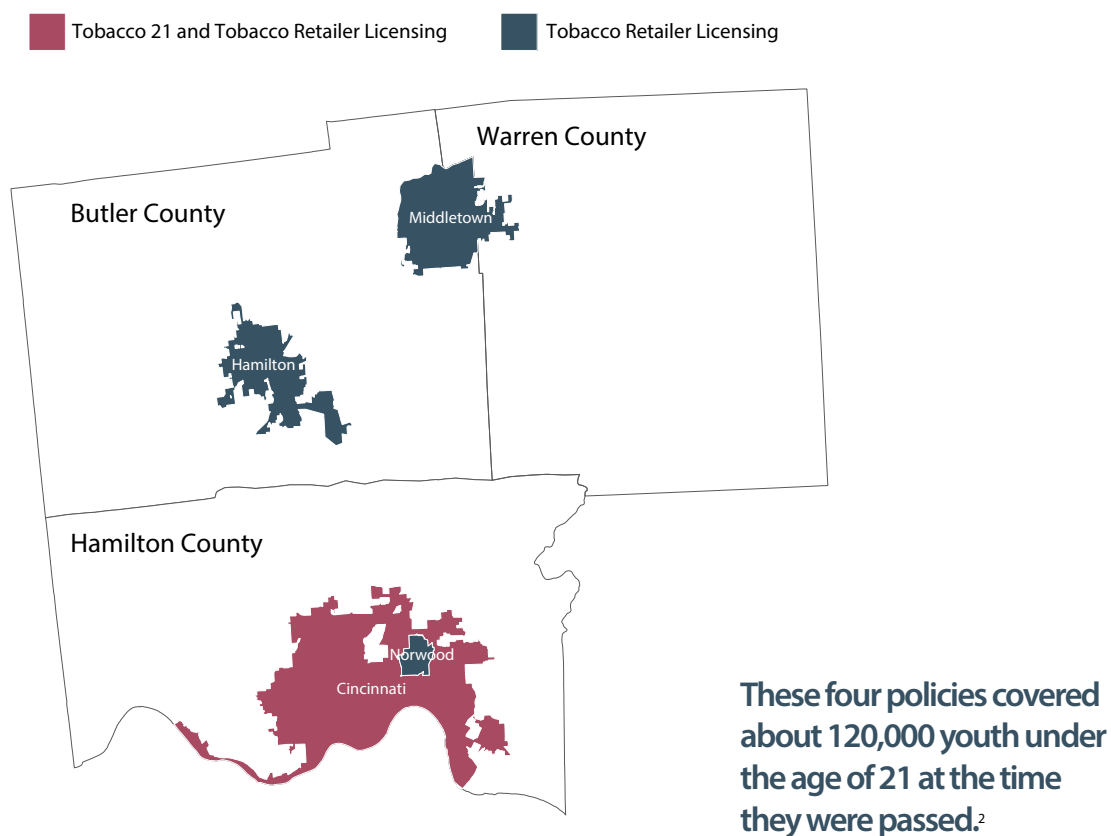
Background

In 2018, Interact for Health – a health foundation that serves 20 counties in Ohio, Kentucky, and Indiana – identified policy change as a key strategy for their tobacco strategic plan. With the overall goal of increasing the number of people in their region covered by model tobacco control policies, Interact for Health's Ohio counties are focused on enforcing the increase of the minimum legal sales age of tobacco products from 18 to 21, commonly referred to as Tobacco 21, 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 are located within the cities of Cincinnati and Norwood, along with Butler and Warren Counties who identified local jurisdictions within their counties to address policy change through.

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 report presents the evaluation findings from the three-year evaluation (2019-2022) with lessons learned.** The evaluation findings presented in this report primarily focus on the impact of the Tobacco 21 and the Tobacco Retailer Licensing policies in the City of Cincinnati and also includes findings from Butler County, Warren County, and the City of Norwood.

In 2018, Interact for Health launched the Greater Cincinnati Adult Tobacco Survey and found that most surveyed adults favored Tobacco 21 policy (62% supported), with the strongest support coming from current and former smokers who started using tobacco between age 18 and 20 (74% supported).¹ The Tobacco 21 Initiative also launched in 2018.

Figure 1: Map of Tobacco 21 and TRL policies passed in Southwest Ohio from 2018-2022



In addition to funding grantees in Southwest Ohio, Interact for Health supported coalition capacity and advocacy skill building among these grantees by offering a multi-day Advocacy Bootcamp in 2019.

Over the course of the Tobacco 21 Initiative, **four communities passed a Tobacco 21 or Tobacco Retailer Licensing policy**: City of Cincinnati (Tobacco 21 in 2018, and TRL in 2019), City of Norwood (TRL in 2021), City of Hamilton (TRL in 2022), and City of Middletown (TRL in 2022). Figure 1 includes a map of the passed policies. During the three year evaluation, the City of Cincinnati was the only community to move into the implementation and enforcement policy phases. The City of Norwood anticipates moving into implementation and enforcement in the near future, while the City of Hamilton anticipates these occurring in March 2023. The City of Middletown expects to begin implementation and enforcement in 2024. It is important to note that during the course of Interact for Health's Tobacco 21 Initiative, the Ohio Legislature passed a state-level Tobacco 21 law on July 18, 2019 taking effect on October 17, 2019 and federal Tobacco 21 legislation passed on December 20, 2019, and was effective immediately.

With the passage of the Ohio and Federal Tobacco 21 policies, grantees' efforts went from focusing on passing Tobacco 21 policies at the local level to mainly focusing on passing local Tobacco Retailer Licensing policies to aid in the enforcement of the Ohio and federal Tobacco

21 policies. See Figure 2 for a timeline illustrating key Tobacco 21 Initiative, grantee, and evaluation activities along with significant environmental events.

While there are now Tobacco 21 policies at the local, state, and federal levels, they vary in how they were implemented and are currently enforced. For example, the federal policy does not include signage requirements, while Ohio and Cincinnati do. Moreover, the state-level Tobacco 21 law includes a purchase, use, or possession restriction (i.e., PUP law) which gives judges' discretion to punish underage purchasers of tobacco. Cincinnati's policy has no such stipulation. Public health advocates widely view PUP laws as discriminatory and disparity-exacerbating. The Public Health Law Center has long criticized PUP laws for directing attention away from irresponsible retailers and the tobacco industry and for other reasons surrounding enforcement.³

The Cincinnati policy also does not include criminal or civil clerk penalties for selling tobacco products to people under 21. Instead, civil financial penalties for non-compliance are directed toward retailers. This penalty system was established with the intention of advancing equity in policy enforcement. Policies with and without clerk penalties can be rated as model policies in assessments.^{4,5} Preventing Tobacco Addiction Foundation recommends against financial penalties for clerks.⁶

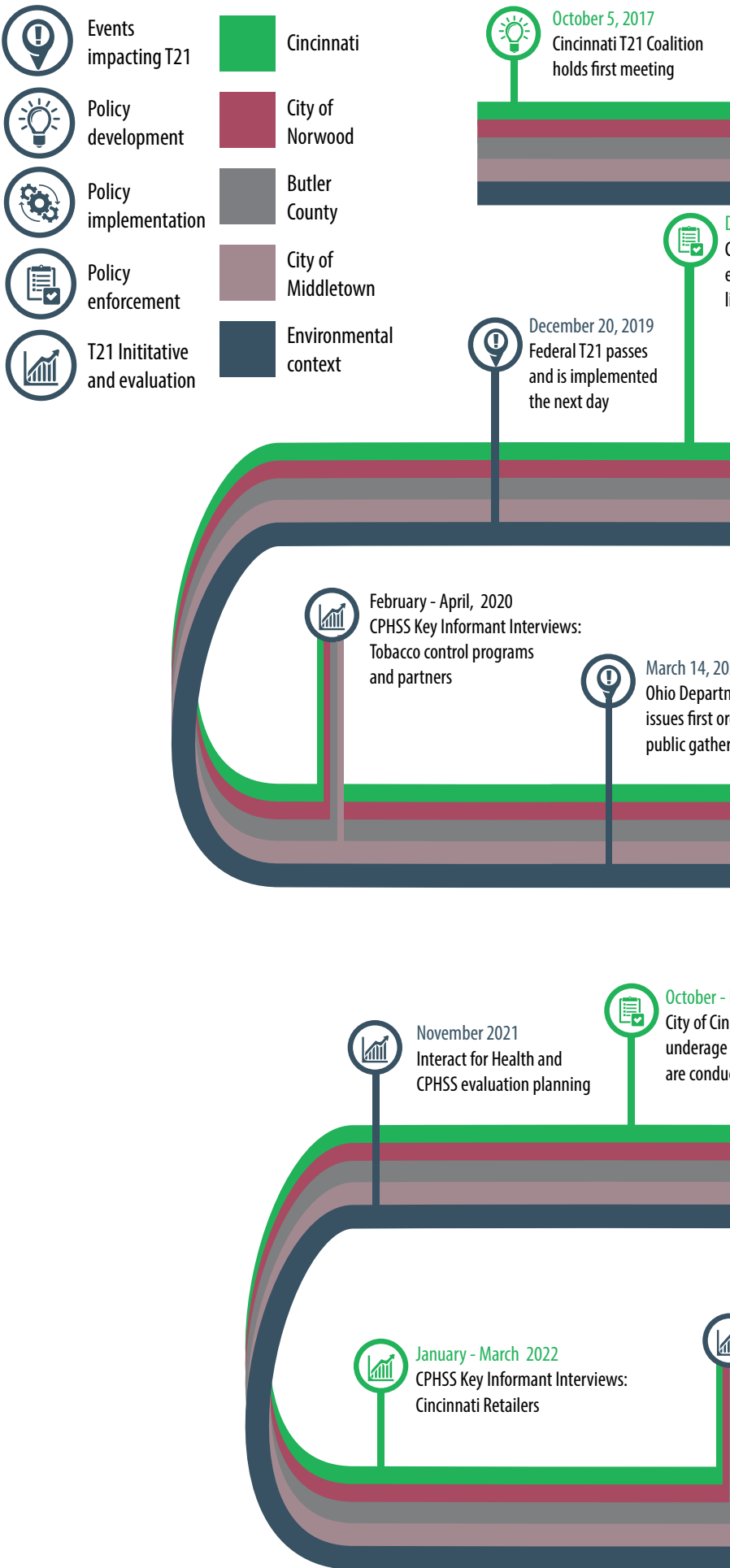
Report Notes

- Additional information on methods and analyses are compiled in a supplemental document available upon request from the report authors.
- Key takeaways are included for each section of the evaluation findings.
- Quotes from key informant interviews are included throughout the report and were chosen to be representative examples of findings and provide the reader with additional detail. Quotes are offset in italics with quotation marks. Interviewee groups are indicated as: Cincinnati, Grantee (to represent the smaller jurisdiction grantees), Partners, and Retailers.
- Equity considerations are integrated throughout the report. Equity-focused sections are indicated with the following icon:



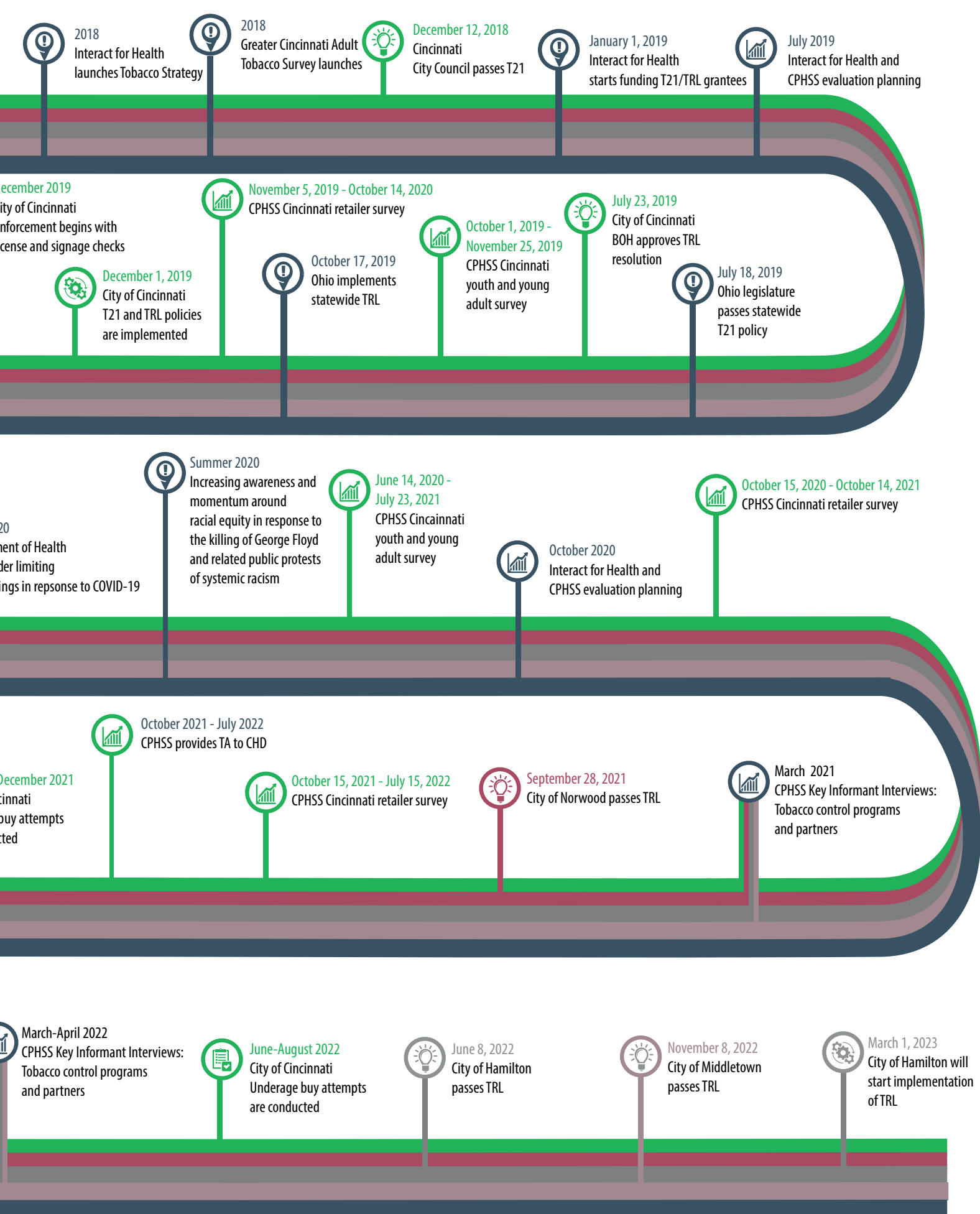
Figure 2: Interact for Health Tobacco 21 and Tobacco Retailer Licensing Initiative (T21 and TRL) timeline

- BOH Board of Health
- CHD Cincinnati Health Department
- CPHSS Center for Public Health Systems Science
- T21 Tobacco 21
- TA Technical assistance
- TRL Tobacco Retailer Licensing



“ You get one place that is going to be the way you want it... [and you] take that model and you transplant it to wherever else.

It's the model that works. I think Interact has been so thoughtful about going about this and letting us as experts give (grantees) strategy hints, and they've been receptive to it. We've been able to supply them with some materials that frankly, we'll take to the rest of the country. (Partner)



Tobacco Policies that Protect Youth

The first jurisdiction in the United States to pass a policy to increase the minimum age for tobacco sales to 21 was Needham, Massachusetts in 2003.⁷ To date (December 22, 2022), more than 570 localities – including Cincinnati – in 45 states, and the federal government have enacted Tobacco 21 laws⁸. With tobacco control success around the country including excise tax and smoke-free policies, as well as the passage of the Family Smoking and Prevention Tobacco Control Act in 2009 that reiterated state and local authority to regulate the time, place, and manner of tobacco advertising and promotion, many states and communities are now focused on the retail environment for tobacco.^{9,10} Tobacco companies spend billions of dollars to advertise their products and reduce the prices in stores.¹¹ Policies focused on the tobacco retail environment can reduce retailer density, increase prices (e.g., by establishing minimum price laws), supplement laws focused only on cigarettes by including other forms of tobacco products, and strengthen youth access restrictions.¹² It is important to **implement policies to protect youth, including increasing the minimum legal sales age for tobacco, to combat influences on youth to initiate tobacco use and become regular users.**

Almost nine in 10 smokers start smoking in their teens, and eight in 10 transition to regular use before the age of 21.¹³ Tobacco use among youth in the US has declined¹⁴ since 2011 yet about four in 100 middle school students and one in six high school students currently use tobacco products.¹⁵ The landscape is ever-evolving with smoked, smokeless and electronic products. Despite general declines in other tobacco products, electronic cigarette use has increased exponentially over the last decade for middle and high school-aged youth.¹⁴ This makes future progress in tobacco control uncertain. To help address youth tobacco use, many localities and states have raised the minimum legal sales age (MLSA) of tobacco products to 21. Since 2003, the federal government along with 41 states have implemented Tobacco 21 policies.¹⁶ Although federal law states that the MLSA is 21, enforcement

mechanisms are unclear and tobacco control legal experts still strongly encourage states and localities to pass and enforce Tobacco 21 and TRL policies in their jurisdictions.^{17,18} For Tobacco 21 to have its intended impact of reducing youth tobacco use by preventing or delaying initiation,¹⁹ the policy must be strong with clear and effective enforcement measures in place.²⁰

Racial, ethnic, and socioeconomic disparities in tobacco use and related health outcomes persist in the US.²¹ The differences among subgroups may come from concentrated point-of-sale advertising and purposeful industry focus on communities that predominantly include Black residents, households with low-income, and people who identify as LGBTQ+. ^{22,23} Research shows higher tobacco retailer density in communities with higher proportions of people of color and residents with low income, which leads to higher likelihood of initiation among youth.²⁴ In addition, people with lower education and people of color are less likely than more affluent white people to be covered by comprehensive smoke-free policies.²⁵ Furthermore, before the passage of national Tobacco 21 legislation, US counties covered by local Tobacco 21 policies had lower proportions of Black residents and higher proportions of Hispanic residents than those with no local ordinances.²⁶ The disproportionate distribution and concentration of retailers and advertising contributes to higher rates of tobacco use and related health problems among certain groups compared with generally declining rates in the US.^{27,28} These widely existing disparities require policymakers to customize the implementation and enforcement of tobacco control policies.

The following section outlines the methodology used to evaluate the City of Cincinnati's local Tobacco 21 policy, and other local tobacco control efforts in Southwestern Ohio including Butler County, Warren County, and the City of Norwood.

Almost nine in 10 smokers start smoking in their teens, and eight in 10 transition to regular use before the age of 21.¹²

Evaluation Methods

CPHSS became involved in Interact for Health's Tobacco 21 Initiative in July 2019 after responding to their request for proposal to evaluate the impact of Tobacco 21 in their region. Once selected, CPHSS collaborated with Interact for Health to develop an evaluation plan through a series of facilitated activities and discussions with staff and stakeholders. The core evaluation team completed the evaluation planning process in fall 2019, prior to implementation and enforcement of Cincinnati's Tobacco 21 policy. The evaluation plan includes four key components: a logic model, evaluation questions, evaluation matrix, and data sources table. The team revisited these documents on an annual basis and revised them as needed to reflect changes in the approach or environment.

The purpose of the evaluation was to systematically assess the policy process of Cincinnati's Tobacco 21 policy from the development phase through implementation, enforcement, and impact, along with reviewing the grantee efforts in Butler County, Warren County, and the City of Norwood to address tobacco policy change.

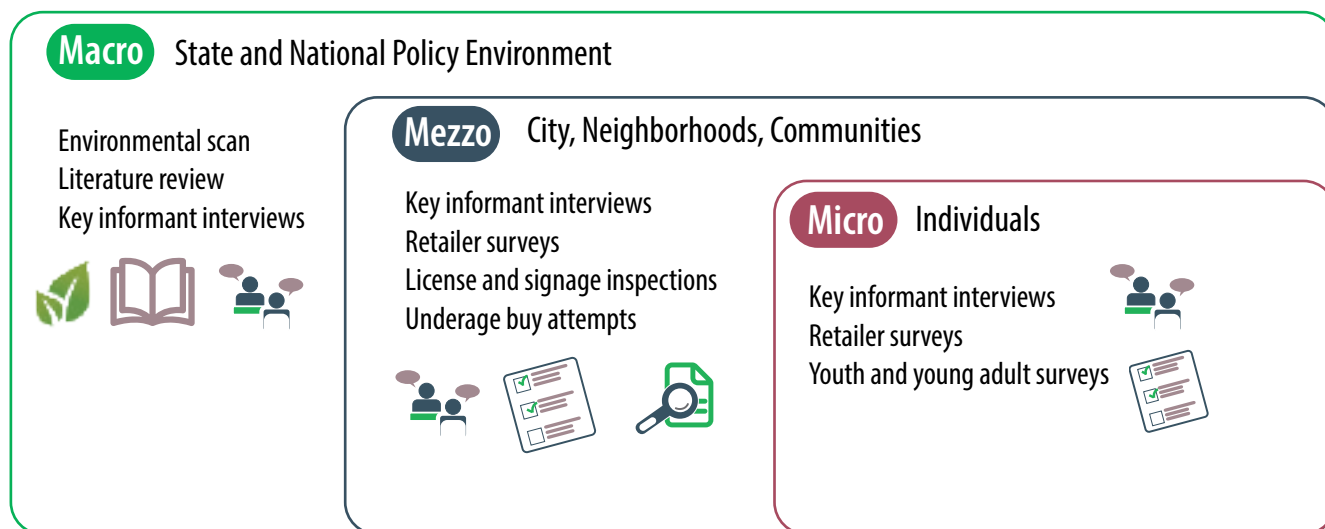
CPHSS utilized a participatory, logic model-driven approach to planning and implementing the evaluation. CPHSS staff worked with Interact for Health and other key stakeholders to develop and revise the logic model along

with a set of evaluation questions. See Appendix A for the final year logic model and Appendix B for the final year questions.

Once the evaluation questions were established, CPHSS worked with key stakeholders to identify the data sources necessary to answer these questions. CPHSS employed a mixed-methods design to evaluate Tobacco 21's impact. Below is a description of the evaluation activities, data collection, and analyses. See Figure 2 for a timeline illustrating key Tobacco 21 Initiative, grantee, and evaluation activities along with significant environmental events.

Figure 3 summarizes the data collection and evaluations methods in a socioecological framework based on the Tobacco 21 policy system in Cincinnati. We address macro level influences through the environmental scan, a literature review, and key informant interviews. Key informant interviews, including retailer interviews, surveys, and analysis of secondary data (license and signage inspection data and underage buy attempt data), provide relevant factors at the mezzo level. Individual-level perspectives are informed through both sets of interviews (key informant and retailer) and surveys (retailer and youth and young adult).

Figure 3: Data collection and evaluation methods in a socioecological framework



Environmental Scan and Literature Review (2019-2021)

The literature review investigated best practices for Tobacco 21 policy development, implementation, enforcement, evaluation, and sustainability. The environmental scan comparatively assessed eight Tobacco 21 policies – including the Cincinnati law and the state-level Ohio and federal-level policies – for specific recommended Tobacco 21 policy components. Table 5 summarizes the results.

Key Informant Interviews – Grantee Focused (2020-2022)

CPHSS conducted three waves of key informant interviews to evaluate both the City of Cincinnati's Tobacco 21 and Tobacco Retailer Licensing policies as well as efforts to address Tobacco 21 and licensing in Butler County, Warren County, and the City of Norwood. The interviews focused on Cincinnati's policies sought to provide information about the perceptions, attitudes, and beliefs regarding the policies' development, passage, implementation, enforcement, and sustainability. The Butler County, Warren County, and City of Norwood interviews focused on gathering information about current tobacco control policy efforts, the impact of the state and federal Tobacco 21 policies on these efforts, and future plans.

Cincinnati Interviews – 2019-2022

The evaluation team, with guidance from Interact for Health staff, identified individuals who had significant roles in the development, implementation, or enforcement of Cincinnati's policies prior to or at the time of the interviews (Wave I – 6 interviews, Wave II – 4 interviews, Wave III – 4 interviews). The interviews followed a semi-structured interview protocol. Wave I focused on policy development while Waves II and III focused mainly on policy implementation and enforcement. Waves II and III asked additional questions about efforts to address racial equity in the Tobacco 21 policy and the impact of the state and federal level Tobacco 21 policies on implementation and enforcement in Cincinnati.

Butler County, Warren County, City of Norwood Interviews – 2019-2022

For the interviews with grantees working in Butler County, Warren County, and the City of Norwood, the evaluation team, again with guidance from Interact for Health staff, identified at least one representative from each grant to interview. These individuals had a key role in the development of their grant's tobacco control policy efforts. CPHSS conducted these interviews during the same time frames as the Cincinnati-focused interviews. They also followed a semi-structured interview protocol. While Interact for Health initially funded these grantees to contribute to the development of local Tobacco 21 policies in their communities, plans were reevaluated

Table 5. Tobacco 21 policy assessment results

Policy component	+/-	Cincinnati	Cleveland	Columbus	Ohio	Denver	New York City	San Francisco	Federal
Age verification	+	In full	In full	In full	Partially	Not at all	In full	Not at all	In full
Comprehensive product definition	+	In full	Partially	In full	In full	Partially	In full	In full	Partially
Education	+	Partially	Not at all	Partially	Not at all	Not at all	Not at all	Not at all	Not at all
Enforcement	+	Partially	Partially	Partially	Partially	Partially	Partially	Partially	Partially
Policy prohibition	+	In full	In full	In full	In full	In full	In full	In full	In full
Signage	+	In full	In full	In full	In full	Partially	In full	In full	Not at all
Violations and penalties	+	Partially	Partially	Partially	Partially	Partially	Partially	Partially	Partially
Grandfathering	-	In full	In full	In full	In full	In full	In full	In full	In full
Military exemption	-	In full	In full	In full	In full	In full	In full	In full	In full
Preemption	-	Not applicable	Not applicable	Not applicable	In full	Not applicable	Not applicable	Not applicable	In full
Purchase, use, possession (PUP) law	-	In full	In full	In full	Not at all	In full	In full	In full	In full
Overall Rating		Strong	Weak	Strong	Weak	Moderate	Moderate	Moderate	Moderate

Recommendations met: ■ In full ■ Partially ■ Not at all ■ Not applicable

Note: +/- stands for whether the policy component is considered positive or negative by tobacco control experts.

after the passage of the state and federal policies, and they shifted focus to the development of enforcement strategies related to Tobacco 21 (e.g., tobacco retailer licensing). The interview protocols for the three waves focused on the grantee's current efforts to address tobacco control policy in general and the impact of the state and federal Tobacco 21 policies in their communities both in terms of addressing tobacco control and implementing, enforcing, and complying with them.

Partner Agency – 2020-2022

During the same time as the Wave II and Wave III grantee focused interviews (Cities of Cincinnati and Norwood and Counties of Butler and Warren), CPHSS conducted a smaller set of semi-structured interviews with individuals representing a partner agency Interact for Health engaged to assist their funded communities. These interviews were only done during Waves II and III of the key informant interviews (Wave II – 2 interviews, Wave III – 1 interview). The interview protocol contained questions about the tobacco control environment in Interact for Health's Ohio region along with questions specifically about efforts to reduce tobacco use.

Key Informant Interviews – Retailer Focused (2022)

CPHSS conducted 12 interviews with retailers located within the City of Cincinnati during year three of the evaluation. The 12 interviews represented seven convenience stores (with and without gas) and five specialty stores such as a tobacco store and a premium cigar store. All of the retailers were independent retail locations or Cincinnati-based chains, and nine of the 12 retailers had one location. The retailer interviewee was either an owner (eight people) or manager (four people). Almost all of the interviewees owned or managed small retail locations with a single register. CPHSS offered retailers a \$50 incentive for completing the interview. CPHSS conducted the interviews from January to April 2022 utilizing a convenience sample. CPHSS advertised the interview opportunity through the retailer survey and Cincinnati Health Department (CHD) staff outreach. In addition, CPHSS called past retailer survey respondents, asked CHD's Tobacco 21 Environmental Health Specialist for recommendations, and conducted cold calls to tobacco retailers identified through a Google search. The interviews focused retailer accounts of the successes and challenges of complying with Cincinnati's local Tobacco 21 and Tobacco Retailer Licensing policies and their lessons learned.



Cincinnati Health Department Enforcement Data (2019-2022)

CPHSS analyzed Cincinnati Health Department's (CHD) enforcement data. CHD collected two types of enforcement data: License and Signage Inspection data and Underage Buy Attempt data.

License and Signage Inspection Data (2020-2022)

Cincinnati Health Department (CHD) shared the data from their license and signage inspections from December 1, 2019 – November 30, 2022. CHD conducted 222 license and signage inspections of tobacco retailers during the first year of policy enforcement (December 1, 2019 – November 30, 2020), 244 during the second (December 1, 2020 – November 30, 2021), and 299 during the third year of enforcement (December 1, 2021 – November 30, 2022). CPHSS analyzed the data provided, looking at inspection results both overall and by ZIP code, including demographics of the ZIP codes.

The Tobacco 21 Environmental Health Specialist collaborated with the Food Safety Environmental Health Specialists to conduct license and signage inspections, documenting whether both the Cincinnati Tobacco 21 signage and Cincinnati Tobacco Retailer License were displayed at tobacco retailer locations. If at least one was not displayed, the retailer was found to be in violation. Data on whether the license and/or the signage resulted in a violation was not available at the time of analysis but CHD plans to update the system to capture this information in the future for license and signage inspections.

The Tobacco 21 Environmental Health Specialist utilized both an online system and manual tracking to manage inspections. The Cincinnati Area Geographic Information System (CAGIS) manages the online system used by departments of City of Cincinnati government, including the TRL license application system. Environmental Health

Specialists complete inspections via paper and/or CAGIS application, with plans to be fully electronic in the future.

Underage Buy Attempts (2019, 2021-2022)

CHD shared data from three rounds of underage buy attempts (UBAs) they conducted: pre-policy round (April 1, 2019 to April 14, 2019), Tobacco 21 Round 1 (October 26, 2021 to December 17, 2021) and Tobacco 21 Round 2 (June 10, 2022 to August 26, 2022). The 2019 underage buy attempts conducted by CHD represent the last set of underage buy attempts conducted prior to the implementation of Cincinnati's Tobacco 21 and TRL policies. The minimum legal sales age (MLSA) at the time of these inspections was 18. CHD conducted these UBAs with a sample of retail locations (35 UBAs completed) as part of the city's state-required reporting at the time.

CHD completed 358 underage buy attempts under the new MLSA of 21 (Round 1: 208, Round 2: 150). The CHD Tobacco 21 Environmental Health Specialist along with the underage buyer conducted the UBAs. CHD contracted with persons below the minimum legal sales age for tobacco products (18-20 years old) to be the underage buyer.

The Underage Buyer entered the retail location alone and attempted to purchase tobacco. The UB recorded the outcome in a paper or electronic form in collaboration with the Tobacco 21 Environmental Health Specialist. A retail location was considered in violation of the policy if a sale was made to the UB. If the retailer was found in violation, the Tobacco 21 Environmental Health Specialist would revisit the retail location post-UBA to issue retailers found in violation their citation and provide additional education and support on the policies. While CHD utilized different data collection forms across the UBA rounds, CPHSS was able to pull three indicators across rounds to analyze and present in the evaluation findings: access to the retailer, attempts made, and compliance check violation status.

As key stakeholders in Tobacco 21 and Tobacco Retailer Licensing policies, retailers were surveyed and interviewed about their opinions and experiences.

Retailer Survey (2019-2022)

CPHSS conducted three waves of the retailer survey. The retailer survey included questions on retailers' opinions of the City of Cincinnati Tobacco 21 and Tobacco Retailer Licensing policies, their experience with the online license registration system and materials shared by the Cincinnati Health Department, and youth and young adult tobacco use in general.

Retailers were invited to complete the survey after registering for a license and were offered a \$25 Visa gift card for their participation. Recruitment of retailers was not random, and the results are not representative of all City of Cincinnati tobacco retailers; however, they still offer valuable insight from this group that public health projects and programs rarely seek the perspective of and include in evaluation. Percentages were calculated based on the total participants who answered a question. Results shared in this report compare data across the survey waves (Wave I: November 15, 2019 – October 14, 2020; 67 retailers, Wave II: October 15, 2020 – October 14, 2021; 61 retailers, and Wave III: October 15, 2021 – July 15, 2022: 59 retailers).

Youth and Young Adult Survey (2019-2021)

CPHSS conducted two waves of the youth and young adult survey. The youth and young adult survey included questions on youth tobacco use, purchasing behaviors, and attitudes towards the Tobacco 21 policy. It administered twice: 2019-2020 and 2020-2021. Inadequate numbers of responses, both overall and for Black or African-American youth, rendered these data inconclusive and non-generalizable.

Student Drug Use Survey (2016-2022)

In collaboration with Interact for Health and the PreventionFIRST!, CPHSS secured copies of the Student Drug Use Survey (SDUS) from 2016-2022. PreventionFIRST! conducts the SDUS every two years inviting every tri-state school – including Southwest Ohio counties – with seventh through twelfth grade students.^{26–29} The SDUS ask students to self-report on a variety of behaviors and attitudes (e.g., substance use, gambling). CPHSS focused our analysis on students who live in a Cincinnati ZIP code and the questions related to tobacco in order to explore the impact of Cincinnati's Tobacco 21 and TRL policies.



Evaluation Findings

Below we discuss the three-year evaluation findings and explore factors that changed and persisted over the course of the evaluation. First, we examine the tobacco control environments of the grantee communities over time. Second, we present evaluation findings by policy phase (development, implementation, and enforcement) with a focus on similarities and differences across grantees.



Tobacco control environments over time

In each interview year, participants were asked to describe their local tobacco control environment. They discussed the tobacco control efforts underway, local attitudes, and the impact of local leadership on the Tobacco 21/TRL efforts.

Key Takeaways

- Multiple grantees passed Tobacco 21, TRL, or both policies over the three years.
- Cincinnati's early successes became an example for other grantees.
- The impact of COVID-19 lessened over time.
- Community and retailer support for the policies increased over time, largely due to community outreach and education.
- All grantees were focused on building partnerships and capacity over time.

Cincinnati

Year one: 2019 – 2020

In Cincinnati, tobacco control was underway prior to Tobacco 21 including coalition development primarily via smoke-free policies. Some interviewees observed that tobacco use was decreasing. Prior to Tobacco 21 there was active work on issues of equity and health disparities. **Tobacco 21 policy efforts have increased local community attention on tobacco and health disparities.**

Year two: 2020 – 2021

Interviewees felt that local awareness and support for Tobacco 21, including by some retailers, increased from year one to year two. **Cincinnati's early successes became an example for other jurisdictions.** Enforcement activities were underway in year two including following up with unlicensed retailers and license and signage inspections. These activities increased retailer compliance and underage buy attempt planning

was in progress. **At this point Cincinnati was using a variety of strategies to develop, implement, and enforce more equitable policies** including collaborating with Black community leaders and education for the community and decision makers. **COVID-19 was significantly impacting implementation efforts** due to redirected health department resources and meeting restrictions. There was some concern on the effect of the state and federal Tobacco 21 laws on implementation efforts, since the multiple policies caused confusion among community members and retailers.

Year three: 2021 – 2022

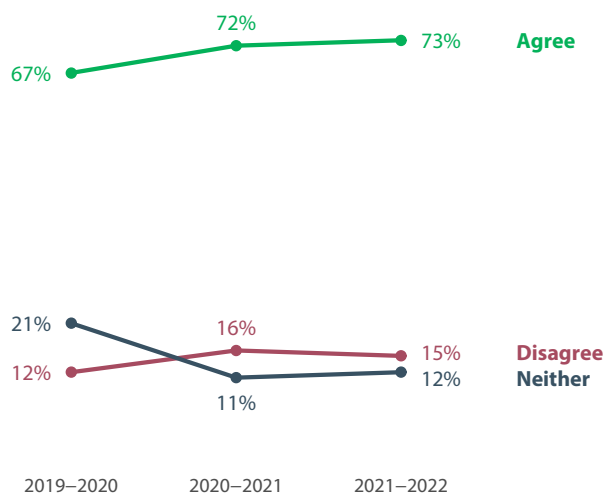
Although interviewees were initially concerned that state and federal Tobacco 21 policies were inhibiting local policy progress, these policies were having limited effect on local resistance to policy development, implementation, and enforcement by year three. Interviewees attributed this to successful education and communication with retailers and decision makers.

There was increased retailer and community adjustment to the policies. **Multiple enforcement strategies were successfully implemented** including the addition of underage buy attempts during year three. License and signage inspections were ongoing. **The effect of COVID-19 was reduced** and enforcement operations were largely able to function normally. The state and federal policies were having a smaller effect and stakeholders were more aware of the limitations of those policies and the subsequent need for local enforcement.

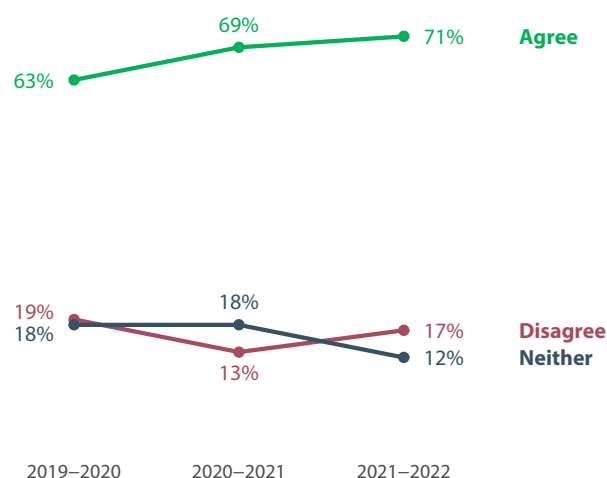
Over the course of the evaluation, Cincinnati tobacco retailers showed strong, increasing support for the underlying reasons for Tobacco 21. Over the three waves of the retailer survey, the clear majority of retailers agreed that youth and young adult tobacco use is a serious issue that needs to be addressed and that people who start smoking before the age of 21 will become addicted to tobacco as shown in Figure 4.

Figure 4: Retailers' views on young people using tobacco and views on addiction to tobacco

Most retailers agreed that youth and young adult tobacco use is a serious issue and should be addressed



Most retailers believed that people who start smoking before the age of 21 will become addicted



“ *Early age smoking leads to serious health problems [and] hazards. (Retailer)*

“ *Most people who smoke began smoking before they were 21. (Retailer)*

Butler County, Warren County, and City of Norwood

Year One

Grantees located in Butler County, Warren County, and the City of Norwood were working on TRL policy development. These efforts were focused on local jurisdictions within their service areas. Interviewees noted the value of learning from Cincinnati's experiences. They felt that although there was already a local commitment to reduce youth tobacco use in their communities, local values around personal freedom led to push back on Tobacco 21/TRL from community members. The interviewees were **focused on developing partnerships and improving policy development and advocacy skills**.

Year Two

Several jurisdictions were making progress toward TRL policies. Local teams were conducting **environmental scans and were engaged in community education** to address local attitudes and culture around tobacco use. Coalitions were growing their capacity. Local efforts were also focused on educating community leaders, retailers, and elected officials. COVID-19 was slowing policy progress by redirecting local government resources to pandemic response activities. Interviewees did not have significant concerns over the effect of state and federal policies. Some interviewees viewed the policies as facilitators to local policy work because they lacked enforcement components and brought attention to the issue of youth tobacco use.

Year Three

Two jurisdictions (City of Hamilton located in Butler County and City of Norwood) passed TRL policies during year three and other jurisdictions continued to make progress toward local policies. The City of Middletown also passed TRL in 2022, shortly after the evaluation year ended. Local data demonstrating the environment and need for TRL policy contributed to these successful efforts as well as increased community awareness and readiness. COVID-19 presented less of a challenge to TRL policy work as in-person meetings resumed and fewer resources were needed for pandemic response. However, interview participants felt that the negative effects of COVID-19 on coalition membership numbers and availability of local data would be long-lasting.



Over the three waves of the survey, the clear majority of surveyed Cincinnati retailers agreed that youth and young adult tobacco use is a serious issue that needs to be addressed.

Although the direct impact of COVID-19 lessened by year three, interview participants worried about the lasting effects of COVID-19 on tobacco control including reduced coalition membership and reductions in local data.



Policy development

All the grantees reported on their communities' Tobacco 21/TRL policy development work during interviews. The policies in different communities progressed on different timelines with Cincinnati passing Tobacco 21 on December 12, 2018 and TRL on July 23, 2019, prior to the year one interview. Communities in Butler County, Warren County, and the City of Norwood continued to work on policy development for the three years of the evaluation, with TRL policies passing in the City of Norwood on September 28, 2021, the City of Hamilton on June 8, 2022, and the City of Middletown on November 8, 2022.

Key Takeaways

- Primary barriers to development included staff turnover, local attitudes on tobacco and restrictions, lack of local data, and COVID-19.
- Primary facilitators to development included partnerships and relationships, education, and funding and technical assistance.
- Equity was top-of-mind across grantees, but addressing equity looked different across different communities.
- Smaller grantee jurisdictions felt they needed stronger policy skills.

Facilitators and barriers over time

Cincinnati

Since Cincinnati passed local Tobacco 21/TRL shortly before the year one interviews, they reported all perceived facilitators and barriers to development in their year one interviews. In this section, we include a robust discussion of how Cincinnati's year one perspectives on development compare to the development experiences of the other grantees.

Butler County, Warren County, and City of Norwood

Interviewees from these communities reflected on policy development in years one through three. During year three, the City of Norwood and the City of Hamilton passed TRL policies. Some facilitators and barriers to development were consistent and others changed over time.

Facilitators to development over time

From year one to year three, interviewees viewed **partnerships and relationships as essential facilitators**. As policy development progressed from year one to year three, interviewees became more specific in identifying the key relationships that advanced policy development. These relationships included coalitions; community sectors such as law enforcement, youth, and faith-based communities; policy experts; and health commissioners with a focus on decision makers.

“*The decision makers were really the key factors.*
(Partner)

“ [I reached] out to city council and said, “Hey, I really understand what you feel in this issue and most often, I would completely align with everything you’re saying and how you feel.” Just framing my message in a way that spoke to them, I think was helpful. (Partner)

Community engagement and education improved from year one to year three, with the policy teams improving their skills in **framing education for the needs of different audiences**.

“ One thing I’ve been talking to them about is finding ways that are palatable to the general public about how their involvement in policy and advocacy work is so important. (Grantee)

“ Well, we’re really leading the work through the coalition so...having community members who are engaged in that coalition work...They’ve been involved all the way throughout. Having the schools involved has been really big as well. (Grantee)

In years two and three, interviewees identified some unexpected facilitators. First, **COVID-19 was viewed as a partial facilitator** due to it bringing attention to respiratory health generally and disease transmission due to hand-to-mouth behaviors. In addition, the increased attention around COVID-19 and racial health disparities was seen as a facilitator to equity work in policy development.

“ COVID has given us an opportunity to highlight the inequities and we should utilize that opportunity and included in all of our conversations when we’re talking about TRL and tobacco. (Partner)

“ Because COVID-19 affects the respiratory system, it has enhanced attention towards the need to address smoking and e-cigarette use. (Grantee)

Second, the state and federal Tobacco 21 policies were also viewed as facilitators by some interviewees who felt that the policies encouraged discussion around enforcement.

Funding was a key facilitator by providing the necessary resources for policy development. **Funding paired with technical assistance** was especially valuable.

“ Startup funds, and then tap into the resources that exist. There are some really good resources and prevention organizations that are already doing some of the community capacity building, and it’s just being able to tie all those things together. (Grantee)

Barriers to development over time

Across years, interviewees from the Butler County, Warren County, and the City of Norwood were consistently concerned by the effects of staff turnover on policy development. **Turnover or inadequate staffing in coalitions and government positions caused concern** for the success of these policies. Smaller jurisdictions felt they were particularly vulnerable to the effects of turnover.

“ There’s no one else to help carry out the work. So yeah, you need that sustainability and support, not just relying on one person to do it all because when that person isn’t there anymore, it’s gone. (Grantee)

In addition to turnover, there was **significant concern over local attitudes about tobacco use and personal freedom**. Local attitudes were a continuous barrier across the three years although progress was made through education and communication successes. In some communities, COVID-19 restrictions heightened suspicion and opposition to new policies. These attitudes made progress more difficult and required thoughtful communication and education. **Push back from tobacco retailers** also required education in order to gain the trust and cooperation of the business community. By year three, interviewees reported that push back from retailers was minimal in part due to having employed an education strategy focused on highlighting the benefits of Tobacco 21/TRL to retailers.

“ You’ve got small-town, pro-business people... any regulations that could potentially decrease business is going to get opposition. (Grantee)

“ *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)*

Lack of local data was also a concern across years. Interviewees partially attributed disruptions to data collection as caused by COVID-19. They brought up the challenges of **unincorporated surrounding communities** – who cannot pass municipal level tobacco control laws – to changing the tobacco control environment.

“ *I do think there's opportunity to coordinate local data...We haven't created that yet. I think time to do that, resources to do that, personnel to do that and analyze it would give a better understanding of how different is the tobacco attitude in Norwood from Cincinnati. (Grantee)*

“ *Our townships, the unincorporated areas, how do we support those jurisdictions? I live in a township. So technically, they can't pass a local TRL for our town township, but there's a lot of retailers in the township...We need to look at how we can support those jurisdictions or what the options are. (Grantee)*

Initially, some interviewees were concerned about the **effect of the state and federal Tobacco 21 policies on policy development**. The policies created confusion in the community and among retailers about the need for local policies. Over time, this barrier decreased and by year three interviewees did not identify the policies as barriers.

“ *[Local policy development] might be more challenging because maybe [the community] will think that something's already been done about it. We don't need to do anything further. (Grantee)*

Similarly, **COVID-19 started as a significant barrier to development** by interrupting in-person meetings, diverting resources, and suspending data collection. By year three, COVID-19 was described as a less pressing issue, but its effects would be long-lasting: decreased momentum in coalitions, reduced data availability, and

difficulty reengaging youth due to school closures.

Similarities and differences in grantee experiences

Each jurisdiction working on Tobacco 21 and/or TRL policy was a unique community with specific strengths and challenges. Sometimes these led to major differences in strategy, while at other times the challenges and solutions were shared by jurisdictions of varying sizes and demographics. Below we compare and contrast the experiences of Cincinnati and smaller grantee jurisdictions during policy development.

Similarities across communities

Despite significant differences in community characteristics, grantees across the region identified many of the same barriers and facilitators to policy development including addressing equity, education and community engagement, and turnover.



Equity

Interviewees agreed on the importance of equity in policy development, and discussed the equity needs of their unique communities. In the interviews, we defined equity as referring to policies that support social justice and do not contribute to structural racism and discrimination. **Jurisdictions' equity concerns varied based on their demographics**. Interviewers discussed the needs of communities in their areas including **language and cultural translation, outreach, and education**.

“ *So in [community], for instance, there's a very large, I believe it's Iraqi population. I might have that wrong, but looking into how do we make sure that as we're sending questionnaires out, as we're sending information out, that we're getting it into the language of the people that we're working with. (Grantee)*

“ *Would help if the next T21 [Environmental Health Specialist] knew multiple languages, was quad-lingual, perhaps. Yeah. That's one of the toughest part parts about it, really. (Cincinnati)*

Several interviewees from smaller jurisdictions noted the need for increased equity-related education among advocates and decision makers in their communities. In these communities, **equity-focused policy was a lower priority than adherence to other local values**, such as personal freedom.

Education and community engagement

Interviewees from every community identified education and community engagement as keys to success in increasing buy-in and responding to push back. Across grantee communities, **education and engagement efforts over time succeeded in reducing opposition and forging partnerships**. Education and engagement activities were directed at policy makers, community members, youth, and the business community. Interviewees felt that education helped mitigate the initial resistance to the policies including retailers' concerns about cost and the impact of state and federal Tobacco 21 policies.

“*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.* (Cincinnati)

Staff turnover

Grantees from across Southwestern Ohio were concerned about the effects of staff turnover on policy development.

“*Some of the biggest barriers, frankly, is turnover, especially lately.* (Partner)

“*You have people who are passionate about things, but if it's only one person carrying the weight and then that person leaves, it's just like the flame goes out.* (Grantee)

Differences across communities

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



Equity

All interviewees discussed the importance of equity in tobacco policy development, implementation, and enforcement. However, they discussed varying perspectives and challenges that reflected differences in their community's characteristics. Cincinnati, in general, had an established commitment to promoting racial equity in the policies. Community champions and committed decision makers strove to center equity considerations such as including no PUP laws and no clerk penalties and through taking a civil approach to enforcement. These **efforts were fueled by awareness in the community of racial health disparities and the unequal burden of tobacco-related illness** in communities of color.



“ *It's one thing to have a job where your job says you need to address equity, it's another thing to be known in your neighborhood as a champion of racial equity. (Grantee)*

Interviewees from smaller jurisdictions also recognized the need to address equity and provided examples of other low resource communities they view as important to equity considerations, such as the Appalachian community. Although the interviewees were aware of equity concerns for communities of color and tobacco use, they reported being less equipped to address these concerns in their policy work. They discussed the **challenges of introducing racial equity policy components in communities with low rates of racial diversity**.

“ *[Our community] is majority white. And so sometimes I think that just gets pushed under the wayside a little bit with people just maybe not taking it into account because it isn't their overall experience. (Grantee)*

These majority-white communities lacked adequate data about communities of color and tobacco use. They likewise lacked adequate awareness of the importance of equity-based policy development among some decision makers. One interviewee shared that a racial equity focus would have been detrimental to passing a tobacco control policy for these reasons. Interviewees also viewed local political attitudes around personal freedom as a barrier to development in general.

“ *There were some things you could push and some things you couldn't, and health equity was not the framing that you wanted to have at the forefront of the conversation with the council members. (Partner)*

Partnerships and relationships

Interviewees working on Tobacco 21 and TRL in **Cincinnati emphasized the value of large partner networks**. These partners included government agencies outside the health department, community champions, consultants, coalitions, and decision makers. At each phase, partnerships were critical to the success of the policies with each partner making unique and important contributions. For example, CHD's collaboration with

the City of Cincinnati's law department facilitated communication around the public health approach to the policy and set the stage for later underage buy attempts. Policy and subject area expertise came from local and national medical organizations, example Tobacco 21 communities, and tobacco policy experts.

Among the **smaller jurisdictions** working on TRL policies, interviewees recognized the importance of partnerships but were **more focused on the value of key relationships**. A positive relationship with key individuals helped policy work move forward by facilitating connection with other people involved in the process. Particularly for those working on the policy who were not from the community themselves, having a relationship with a well-connected and trusted figure opened doors and built momentum. Smaller jurisdictions also discussed the challenges they had in engaging youth. This was largely attributed to the fact that the development phase was occurring during **school closures** and other COVID-19 restrictions.

“ *Honestly, the biggest challenge in [community] was the decision makers, being able to navigate those relationships and frame our message to speak to those decision makers. (Partner)*

“ *With the youth [engagement], that's just even more support that would get those folks in the city council and trustees to want to pass this. (Grantee)*

Policy experience

Interviewees working on policy development in the **smaller jurisdictions felt that they needed stronger policy skills** when discussing barriers to development. They noted the value of technical assistance provided by the Preventing Tobacco Addiction Foundation in policy work. Their extensive policy experience was critical to success.

“ *I think it's definitely been helpful to have a tobacco consultant come through, the funding partner who can add expertise. (Grantee)*

Example policies from surrounding communities also provided support for advocates in smaller jurisdictions who may have less policy experience. Interviewees from the smaller jurisdictions noted the value of Cincinnati's experiences. Interviewees from Cincinnati expressed their desire and intention to share lessons learned with other communities striving for Tobacco 21 and TRL policy success.

“*I think we have really good examples because the City of Cincinnati has written a tobacco retailer license. There are other jurisdictions around the state that probably closely match Norwood that have example policies and model policies that we can follow. That will be really helpful, so we're not necessarily starting from scratch.* (Grantee)

Interviewees from the smaller jurisdictions frequently mentioned the challenge of unincorporated communities in local tobacco control. These communities are not able to pass municipal level Tobacco 21/TRL policies, but they border communities who did pass, or were trying to pass, such policies. This creates an **environment where youth will continue to have access through local retailers**. Furthermore, this leads to concerns about neighboring communities who do not or cannot pass a TRL policy diluting progress on youth access. Several interviewees hoped that multiple jurisdictions passing TRL policies would create a cascading effect that would ultimately lead to increased community coverage.

“*One thing we have heard a lot of that we need to look at is places that aren't a city or a village. Our townships, the unincorporated areas, how do we support those jurisdictions?* (Grantee)





Policy implementation

Cincinnati entered the implementation phase around the time of the year one interviews. The City of Norwood and two communities (City of Hamilton and City of Middletown) in Butler County passed policies in year three or shortly after and shifted focus to implementation at that time. Interviewees from communities still developing policy also reflected on the anticipated barriers and facilitators to implementation.

Key Takeaways

- Primary barriers to implementation included inadequate data, staff turnover, COVID-19, and education.
- Primary facilitators to implementation included improved data tracking, one-on-one retailer education, signage and informational materials, and retailer support for Tobacco 21.
- Addressing equity included providing one-on-one support and translating materials. Technology access is an ongoing barrier to equity in implementation.

Facilitators and barriers over time

Below we review the common facilitators and barriers interviewees and surveyed retailers identified from year one to year three and how those changed over time. First, we look at the experiences of the Cincinnati team during implementation from years one to three. Next, we discuss the other grantee communities who were starting to plan for implementation in year three.

Cincinnati

At the time of the year one interviews, Cincinnati had recently passed their Tobacco 21 and TRL policies and moved from the policy development phase into the policy implementation and enforcement phases. To prepare for implementation, the health department, in conjunction with the Cincinnati Area Geographic Information System (CAGIS) division of Enterprise Technology Solutions, designed and implemented an online licensing application and registration system for tobacco retailers to use.

In the years two and three interviews, participants continued to share their experiences with implementation. Cincinnati-based interviewees reported on facilitators and barriers to implementation in years one through three.

Facilitators to implementation over time

Facilitators to implementation were also consistent across years with a focus on both education and partnerships. Over time, the Tobacco 21 staff at CHD also **improved data tracking** through collaboration with the City's data management system developers (CAGIS). These data tracking systems were a facilitator to implementation by simplifying retailer identification and license tracking. By year two, CHD was able to offer multiple payment methods, which both facilitated license purchases and increased equity in implementation.

Interviewees discussed the challenges and successes around developing the data collection and management systems needed to support underage buy attempts. All enforcement activities require an up-to-date retailer list. In Cincinnati, multiple data sources contribute to this list including state licensing records and CHD Environmental Health Specialist observations.

Keeping the list up to date and complete is a continual challenge for a number of reasons:

- 1) State licensing records did not include vape/e-cigarette shops,
- 2) Short term events (e.g. festivals) were not always aware of the need for the local license, and
- 3) New retailers may not have been aware of the requirements and did not initially seek licensure.

For these reasons, the Tobacco 21 Environmental Health Specialist regularly updated the lists from a variety of information sources. Over time, the tracking improved as more retailers became aware of the policies. Environmental Health Specialists were an important source of information about unlicensed retailers because they notified the Tobacco 21 Environmental Health Specialist when they observed tobacco being sold at an unlicensed location during other CHD business.

As mentioned above, the strategy of one-on-one visits in year two was a significant facilitator to implementation. CHD staff identified these educational visits as key to supporting retailers in becoming licensed and familiar with the policies. In retailer interviews, **nearly every**

retailer identified these visits – and the relationship with the Tobacco 21 Environmental Health Specialist these visits fostered – as an important source of support when adjusting to the policies. Retailers shared stories and examples of how their questions were answered or their problems were solved by one-on-one communication with the Tobacco 21 Environmental Health Specialist. More than half of interviewed retailers referenced the Tobacco 21 Environmental Health Specialist by name.

This level of attention developed **trust and positive regard with retailers, even when the retailers were not supportive of some of the policy components**, such as the fee or penalty amounts.

“ *I have his number saved in my phone because I actually called him, and he was very helpful. I mean, very helpful. He walked me through each step to [register online]. (Retailer)*

“ *I got to give credit to the staff member who's in charge of enforcement. When I ran into an issue with license renewal, he enabled me to get through the city's challenging web presence. (Retailer)*

As part of implementation, CHD distributed **signage and informational materials** to retailers. In interviews, most retailers noted the value of these materials in helping them comply with the policy and communicate with staff and customers.



Despite some push back during development, **retailer attitudes toward the policies also became a facilitator to policy implementation.** In interviews, most retailers shared that they felt they played an important role in limiting youth access to tobacco. Although retailers in some cases opposed the fees and some aspects of enforcement, they were largely supportive of the mission of Tobacco 21 and felt they had a role in supporting it. They identified their support for Tobacco 21 as a facilitator to their own compliance. These attitudes served as a facilitator to implementation, with retailers reporting that they developed their own systems to bring their retail locations into compliance such as offering higher wages to staff and conducting regular staff training.

“*I'd say about three or four months ago, we really started retraining them because we cycle through a lot of employees. And sometimes you're not, we as a company aren't sure if everybody got the message that, "Hey, if you sell it to a minor, you'll get fired." And we actually had that happen about four months ago. So we kind of made an extra effort to train because we lost a good manager over it. We really didn't want to fire the guy. But that's the one line you can't cross. (Retailer)*

Retailers also expressed these sentiments in the survey where one retailer mentioned willingness to comply but also mentioned some opposition to fines from the policy showing that these views can go hand-in-hand for retailers.

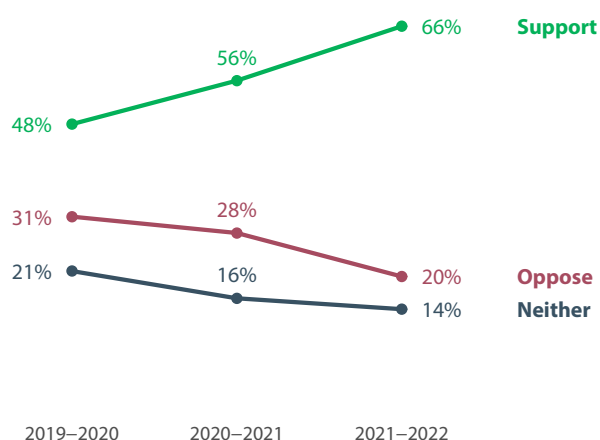
“*I'm happy to comply, but the fines are far too punitive for small business owners. (Retailer)*

As a facilitator to policy implementation, it is encouraging that policy support increased over the years. **Retailers' support was stronger for Tobacco 21 policy than Tobacco Retailer Licensing policy across the waves.** As shown in Figure 5, two-thirds of retailers expressed support for Tobacco 21 in Wave III (2021-2022), increasing from 48% in Wave I (2019-2020) and 56% in Wave II (2020-2021). Partner stakeholder interviewees noted the increasing support for Tobacco 21 among retailers.

Complementing the increase for Tobacco 21 support was a **decreased opposition for the local retailer licensing policy (TRL)** among retailers, from 57% in 2019-20 to 48% in 2020-2021 and 53% in 2021-2022. Opposition for Tobacco 21 also decreased across Wave I, Wave II, and Wave III. Despite retailers reporting reduced opposition to the Tobacco Retailer Licensing policy across waves, as mentioned earlier, it is an important factor

Figure 5: Retailers' views on Tobacco 21 and Tobacco Retailer Licensing

Retailer support for Tobacco 21 increased over time



About half of retailers supported or remained neutral on TRL at all time points



for compliance, and partner stakeholder interviewees identified retailer opposition as a continued barrier to implementation and enforcement.

Retailers supported the policies because they protect youth and young adults. The top reasons across waves included delaying decisions around tobacco use to a more mature age and concern for youth health. Several retailers also shared why they support the local Tobacco Retailer Licensing requirement. Their reasons included that TRL protects young people, promotes tobacco-related education, and bolsters implementation efforts.

“ *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)*

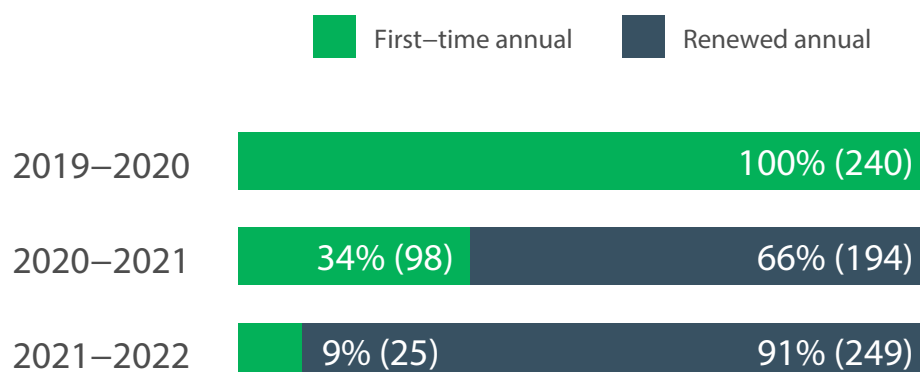
“ *We do not want the youth to be addicted at a young age. (Retailer)*

“ *Save our young people in our community. (Retailer)*

As the CHD Tobacco 21 staff worked through the implementation phase, they discussed the importance of **flexibility and problem solving at every stage**. Not all challenges were able to be anticipated during the policy development phase, and the team was resourceful and inventive in identifying solutions during later stages. For example, the Tobacco 21 Environmental Health Specialist spent more time than expected with one-on-one education and technical help. This ingenuity was also valuable during enforcement.

CHD Tobacco Retail License purchases and renewals increased over time.

Figure 6. Percentage annual license types of total licenses issued each year



Year One

- The Cincinnati tobacco retailer licensing system opened for applications on October 15, 2019. 240 retailers purchased licenses.

Year Two

- 292 licenses were purchased in year two. 66% were renewals.

Year Three

- 274 licenses were purchased in year three. 91% were renewals.

Barriers to implementation over time

Overall, Cincinnati's reported barriers to implementation were consistent from years one to three with primary barriers including **inadequate data, staff turnover, and COVID-19. Community and retailer education** were also continuing barriers, although significant progress was reported from years one to three. Retailer interviews in year three provided some specific insight into the continued challenge of community education. For example, multiple retailers reported having negative interactions with **young customers who were not aware of the policies**. Likewise, retailers also described the challenges of educating staff on the policies. They asked for **additional help with staff training**, and CHD discussed their desire to provide resources for on-boarding and continuing education such as training videos.

“*Well, I feel that the younger folk, they don't care that the age has been raised. They feel like they can come in there and still buy just being 18 and we have to reassure them that no ... And I point to the literature that you all send, because there's policy writeup over where I sell the cigarettes. (Retailer)*

“*Maybe if there's tutorials that we can, upon hiring [a new employee], have them look at a tutorial to make sure that they're aware, because they may not know what that age limit is. So kind of making sure that accountability is not on the person we're hiring alone, but it's also on the owners of the business. (Retailer)*

Retailers had several key reasons for policy opposition. Understanding these views can help identify potential areas for CHD to address retailers' perceptions where possible, such as through the continued retailer education efforts.

Retailer survey respondents had similar reasons for opposing Tobacco 21 across the survey waves: **18 is the legal age for other important decisions** such as military service and voting and the **perceived redundancy of the policy** in light of the state and federal policies.

Surveyed retailers often viewed **Tobacco 21 and TRL as hand-in-hand policies** and as such reported concerns

about the financial impact of fees and fines when expressing opposition to Tobacco 21. Occasionally, negative comments about fees and fines were included with expressions of support for the policies.

Surveyed retailers who opposed TRL most often voiced concern that the **fee was too expensive and treats retailers unfairly**. Several opposing retailers commented on the small profit margin on cigarettes and tobacco products.

“*\$500 is a huge hit and small businesses don't make a lot of money to begin with. (Retailer)*



Equity

Equity barriers were also present during implementation. One interviewee noted that some **community members and retailers were not aware of the equity-driven reasoning** behind some components of the policy, such as lack of penalties for tobacco purchasers or clerks.⁵ Two Cincinnati retailers shared that they had developed their own policies to **financially penalize clerks** who sell tobacco products during CHD's underage buy attempts.

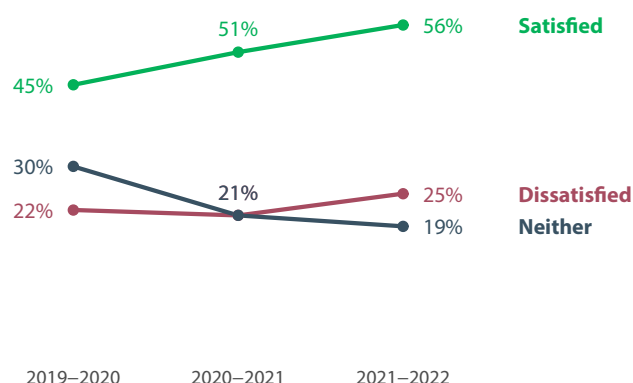
“*I have developed and defined a store policy that says that they are going to be responsible for a portion of any fines assessed by the City of Cincinnati because of their non-compliance. And they all have to sign that if they want a job there. (Retailer)*

Interview participants from smaller jurisdictions shared that equity was either not understood or not valued as a priority by some community members, including decision makers. Jurisdictions' implementation efforts addressed specific equity needs including **translating educational materials and tailoring communication** for different communities and backgrounds.

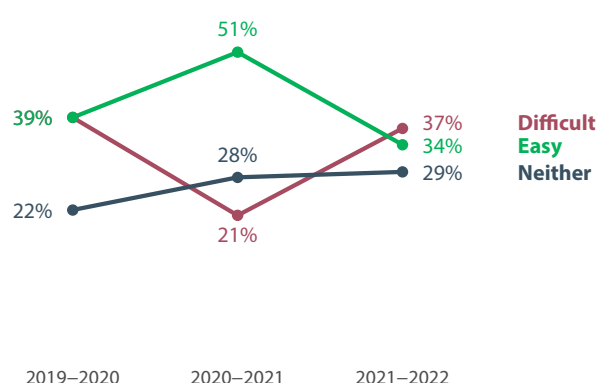
Despite these challenges, the Tobacco 21 staff at CHD were able to successfully mitigate several of these barriers over time. For example, data became less of a barrier as they **improved their ability to track and identify retailers**. To address retailer education needs, the Tobacco 21 staff embraced a **one-on-one approach to**

Figure 7: Retailers' satisfaction with materials and ease of use of online licensing system

Satisfaction with information and materials from Cincinnati Health Department increased over time



Highest ease of use of online licensing system was reported in 2020-2021



“ [The] website was very difficult to navigate [...] and to make the payment. (Retailer)

retailer education in years two and three. This approach helped address some equity concerns by allowing the Tobacco 21 Environmental Health Specialist to accommodate varying technology and education needs.

Implementation and enforcement activities attempted to center equity and were changed when it was clear a different approach was needed to improve equity. For example, CHD did not initially plan for an alternative payment method to online credit card payment. When retailers shared their barriers to this type of payment, the Tobacco 21 Environmental Health Specialist implemented a system to allow for payment via check.

In the months leading up to implementation of Tobacco 21 and the local licensing requirement for retailers, the Cincinnati Health Department mailed information and materials (e.g., signage) to all the City's tobacco retailers and made personal visits to some retailers to educate them on the policy changes.

Efforts to reach retailers continued through the second licensing year. As shown in Figure 7, **most retailers expressed satisfaction with the information and materials they received**, with increased satisfaction

across the waves. Cincinnati-based interviewees felt these communication strategies were a facilitator to improving compliance with the City of Cincinnati Tobacco Retailer Licensing policy.

In interviews, retailers identified the information and materials as one of the most important sources of support in complying with the new policies. They discussed **posting and using the materials to help customers and staff** understand the policies.

“ *When we received the paperwork upon paying the fee, everything was colorful. The document that we had to hang up in the store, it had color in it. Then, there was another page. It was colorful. Hang this up. Stop. Look at this. It got your attention to really let you know that this is serious. (Retailer)*

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

Throughout the survey waves, retailers were asked to report how easy it was to apply for a Tobacco Retailer License through the online system. The health department made changes to the system following retailer feedback from Wave I, 2019-2020. **Ease of use was higher in Wave II (2020-2021), after CHD and CAGIS addressed issues reported in Wave I.** However, in Wave III (2021-2022) both return respondents (those with second- and third-year licenses) and first-time respondents reported lower ease of use than in previous years. No open-ended responses helped explain this change. Although the Tobacco 21 Environmental Health Specialist position turned over in year three, this does not seem like a likely explanation of the reduction in website ease-of-use since most Wave III responses were recorded prior to the turnover.

Retailers shared a common theme across the waves that communication from the health department could be more effective. Retailers also recommended improvements to the website and app, with one noting that they had trouble logging into the correct application on the website, and another suggesting a simple paper application.

The online licensing issue most frequently cited by retailers was that the **website and app were hard to use** including the log-in and navigation. Limitations of the online payment system was a common issue across the first two waves (Wave I, seven retailers; Wave II, two retailers), but no retailers mentioned payment in Wave III giving support to the efforts CHD made to navigate barriers that retailers faced.

In interviews, some retailers described the difficulty they had with the online system. These challenges stemmed from **lack of access to technology or lack of familiarity with the technology**. Retailers affected by these challenges noted the value of **one-on-one support from the Tobacco 21 Environmental Health Specialist**. Some confusion around licensing processes was caused by the Ohio state tobacco license retailers must also purchase. Cincinnati stakeholders also reported that the online-only approach to applying and paying for the license sometimes presented a barrier due to some retailers having lower access to the online system. Licensing during the evaluation period is summarized in Figure 6.

“*Yes, [it would have been easier for me if CHD accepted checks]. I don't use credit card for my business. That's why. They don't accept it. So, that is the only problem I have with them.*
(Retailer)

Butler County, Warren County, and City of Norwood

Among the other grantees, two policies were passed in year three and one additional policy was passed shortly after the end of year three. During the year three interviews, representatives from these grantees shared what they anticipated to be the barriers and facilitators to implementation. These findings are compared to Cincinnati experiences below.

Similarities and differences in grantee experiences

Despite variability in length of time working in implementation, interviewees had common concerns as they shared the barriers and facilitators to implementation.

Although they had not yet started implementation, interviewees from Butler County, Warren County, and the City of Norwood anticipated similar barriers to implementation that the City of Cincinnati experienced. Both discussed their concerns of the impact of **staff turnover** on their abilities to effectively implement the policies. These barriers were also discussed in the development section of this report. They were salient across policy phases and across grantees.

Staff turnover

Staff turnover was a particular concern for smaller jurisdictions because the on-the-ground work was likely to be accomplished by a small team or even one person. Turnover in these government or coalition positions would cause significant disruption to implementation activities. **Although Cincinnati is significantly larger, turnover across government agencies also caused concern** for implementation success. Specific challenges caused by staff turnover included lost momentum, delayed timelines, weakened relationships, and loss of champions for the cause.

“A barrier would be a decision maker, there's been a lot of changes in our city council, we've had a few changes in our Board of Health. And I think a barrier could potentially be, having a decision maker not really understand what we're doing and not understand the significance. (Cincinnati)

Some of the biggest barriers, frankly, is turnover, especially lately with [community], there was just combination of turnover from coalition leaders to health departments. Those have been barriers. (Partner)

Education and community engagement

In addition to sharing concerns regarding staffing and turnover, interviewees across communities agreed on the challenge and importance of gaining community buy-in and engagement through effective education. They noted that continuing efforts to reach retailers and community members needed to be **relevant and accessible**. They discussed the importance of framing information in a way that highlighted the potential benefits to each stakeholder group: free marketing for compliant retailers, a healthier image for the community, a commitment to youth health, and so on.

“The reservations in both [communities] is still that feeling of...protecting businesses, so helping to communicate that having this TRL is doing more good than harm and that the cost of business for [an] annual retail license fee is pretty minimal compared to their sales. (Grantee)

“You've got small-town, pro-business people... any regulations that could potentially decrease business is going to get opposition. (Grantee)



Equity

Interviewees working on implementation noted the importance of culturally relevant outreach in order to increase the number of retailers who were successfully licensed. In Cincinnati, **one-on-one support from the Tobacco 21 Environmental Health Specialist was vital for retailers from a variety of backgrounds**. Retailers themselves shared the value of this support, particularly when their barriers included technology access.

“The website, what's it called, I had a little issue with that, but I called [T21 Environmental Health Specialist] and he helped me through it. So it's, 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)

“It would help if the next T21 Environmental Health Specialist knew multiple languages. That's one of the toughest part parts about it, really. (Cincinnati)

Key informants shared the importance of highlighting the potential benefits to each stakeholder group: free marketing for compliant retailers, a healthier image for the community, and a commitment to youth health.



Policy enforcement

Cincinnati was the only jurisdiction that moved to the enforcement phase during the evaluation period and the Cincinnati-based interviewees were asked about enforcement in all three years.

Key Takeaways

- Primary barriers to enforcement included forging an effective collaboration with Environmental Health Specialists, technology access among retailers, hiring and managing compliance check staff, and maintaining an accurate list of retailers.
- Primary facilitators to enforcement included experience with enforcement activities and partnerships across the City of Cincinnati government.
- Retailer compliance with the policies increased over time, as well as their support for Tobacco 21.
- Equity can be further advanced in enforcement by addressing barriers to technology access among retailers and by continuing to provide one-on-one support to retailers.

Facilitators and barriers over time

By year three, Cincinnati's enforcement activities had been fully implemented and the Tobacco 21 staff at CHD was working through the challenges these activities presented.

Cincinnati

Many barriers to enforcement were consistent across years, although the effects of many of these barriers decreased over time. Some barriers were reduced through the efforts of the CHD staff while others, such as COVID-19 and the impact of the state and federal policies, naturally decreased over time.

In year one, the effects of the **federal and state policies** were a significant concern to interviewees. By year three this was still recognized as a barrier, but was considered to have less of an impact. Interviewees reported having successfully overcome some of the challenges through effective education and communication. Likewise,

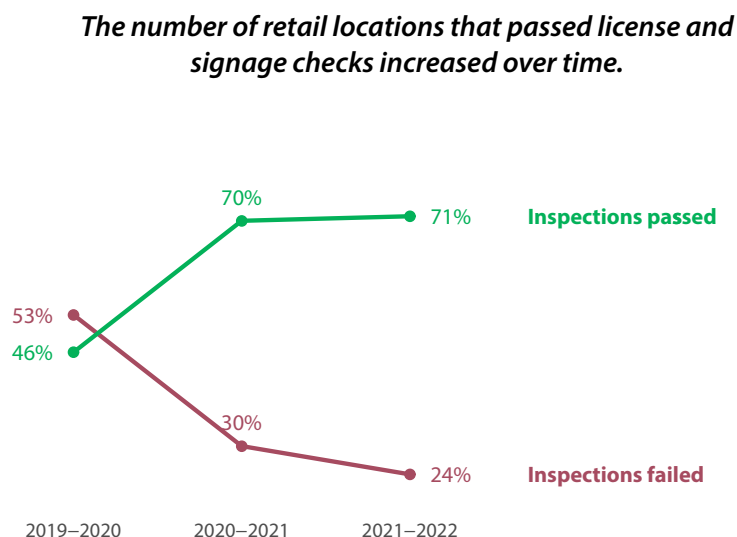
COVID-19 was reported as a significant barrier in year two, with staff time and other resources redirected to response efforts. Although interviewees recognized that the effects of this time period on tobacco control would be long lasting, the concerns about COVID-19 response and restrictions were significantly lower in year three.

Below we discuss the facilitators and barriers over time for each enforcement activity (license and signage inspections, underage buy attempts) and the further development of enforcement activities with a focus on how the Tobacco 21 team overcame challenges to enforcement.

License and signage inspections

The Cincinnati Tobacco 21 team collaborated with Cincinnati Health Department Food Safety Environmental Health Specialists to conduct TRL license and signage inspections. The TRL inspections were incorporated into regular Food Safety Environmental Health Specialist

Figure 8: CHD inspection results for Cincinnati policy requirements



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.

How do retailers pass license and signage checks?

At the time of an Environmental Health Specialist's inspection a retailer must:

1. Properly display Cincinnati Tobacco 21 signage
- AND -
2. Properly display a current Cincinnati Tobacco Retailer License

visits to retailers. This system was developed in order to increase efficacy in conducting license and signage inspections and to allow the Tobacco 21 Environmental Health Specialist to allocate more time for other implementation and enforcement activities. The program aims to inspect a retailer once in each enforcement year. Inspection results are displayed in Figure 8.

There were several barriers to license and signage inspection success:

Communication between the Tobacco 21 team and the Food Safety Environmental Health Specialists was initially strained. In both year one and year two interviews, some CHD staff felt that the collaboration with the Food Safety Environmental Health Specialists would not be successful and a new system should be developed. However, by year three, the communication and working relationship had significantly improved and the team was no longer considering other arrangements. Over time and through intentional effort, effective communication was developed between Tobacco 21 staff and Food Safety Environmental Health Specialists.

Additionally, **gaining experience over time** improved communication and increased team member buy-in. A Food Safety Environmental Health Specialist noted that retailer experience over time also helped ease inspections, making collaboration with the Tobacco 21 team easier. In year three, a Food Safety Environmental Health Specialist suggested they **receive more training** on the local policy, state policy, and federal policy in order to more confidently answer retailer questions.

Technology barriers impacted efficiency and equity. License and signage inspections have been tracked on paper by Food Safety Environmental Health Specialists and subsequently transferred into the electronic system by the Tobacco 21 Environmental Health Specialist. This **negatively impacted data quality and slowed Environmental Health Specialists' ability to communicate** concerns to the Tobacco 21 Environmental Health Specialist. CHD collaborating with CAGIS to integrate license and signage inspections by Food Safety Environmental Health Specialists into the existing digital inspection tools would benefit the working relationship among team members as well as data quality.

Retailers frequently did not have licenses printed and posted prior to the license and signage inspection. Access to and experience with technology were key reasons why.

In year three, an interviewee shared that **retailers frequently did not have licenses printed and posted prior to the license and signage inspection visit**. This lengthened inspection visits due to helping retailers find their emailed license and explaining the process of printing and posting the license. This made **visits longer and more complex** than initially planned when pairing Tobacco 21 inspections with other Food Safety Environmental Health Specialist inspections.

Moving forward, CHD could consider mailing licenses, perhaps on request, in order to facilitate compliance and ease Environmental Health Specialists' burden during inspections. The interviewee also suggested providing Environmental Health Specialists with physical copies of the licenses to share if needed. Based on the interviewee's observations, other known equity-based barriers to compliance – technology access and language – influenced retailers' success in printing and posting the license. **Providing paper copies of the license may increase equity** in implementation and enforcement of the TRL policy.

Underage buy attempts

Between years two and three, Cincinnati successfully implemented underage buy attempts (UBAs) to determine retailer compliance with the Tobacco 21 policy. These compliance checks involved the Tobacco 21 Environmental Health Specialist and an employee aged 18-20 visiting tobacco retailers. The employee entered the retail location alone and attempted to purchase tobacco. The outcome of the visit was recorded on a paper or electronic form in collaboration with the Tobacco 21 Environmental Health Specialist. Violators were visited and issued a citation by the Tobacco 21 Environmental Health Specialist several days later; they received additional communication and support from the Tobacco 21 Environmental Health Specialist.

In 2019, underage buy attempts were conducted prior to the Tobacco 21 policy. The minimum legal sales age (MLSA) at the time of these inspections was 18. During the Round 1 of underage buy attempts retailers had a high compliance rate (91% of 35 purchase attempts) of not selling tobacco to people under 18 years old. After

Tobacco 21 was implemented in Cincinnati, underage buy attempts were conducted in 2021 (Round 2) and 2022 (Round 3). The Round 2 Tobacco 21 UBAs showed a lower compliance rate with the new MLSA of 21 years old, with 57% of 208 underage buyer purchase attempts not resulting in a sale of a tobacco product in 2021. By Round 3, retailers were more familiar with the policy requirements and compliance increased (**89% of 150 purchase attempts during 2022**). Figure 9 displays the number of UBAs completed and compliance rates by year.

Hiring and managing staff for the compliance checks was a significant challenge. The underage buyers were hired as temporary employees serving for a limited period of time in order to prevent recognition among retailers in the community. Internal processes at CHD slowed hiring, which impacted timelines. Some efficiencies were made by connecting with community partners to recruit eligible applicants. Hiring processes and candidate qualifications improved from year two to year three.

The **retailer list** was used to plan underage buy attempts. In order to record the outcomes of UBAs, CHD initially developed a paper data collection form. With assistance from CPHSS, they developed an online data collection form and an extensive protocol that supported standardization in data collection and addressed how to perform UBAs in a variety of circumstances. Moving forward, CHD plans to collaborate with CAGIS in order to develop a UBA data collection tool that is integrated with the CAGIS system.

Scheduling the UBAs and citation follow-ups were challenging for the Tobacco 21 Environmental Health Specialist, but ease and efficiency improved over time. A primary consideration when scheduling the follow up visits was to ensure enough time had passed since the attempt in order to maintain the anonymity of the underage buyer. This resulted in violation follow-ups occurring about 3-4 days after the violation.

Toward the end of year three, CHD started to use discreet cameras to record UBA proceedings. These were intended to ensure protocols were followed and to serve as evidence in the event of a retailer appealing a violation.

Further development of enforcement activities

Interviewees discussed the continued process of implementing enforcement activities. They are learning how to improve inspection efficiency, increase buy-in, and create effective partnerships. These lessons will contribute to improvements in enforcement. **There is a growing infrastructure for enforcement activities** that will continue to be refined as lessons are learned. These systems will contribute to program sustainability. The CHD team has some enforcement components that are still being developed. Primarily, they are working toward **developing penalty structures around license suspension and revocation**. As of year three, these efforts were still in progress.

Facilitators to enforcement over time

The facilitators to enforcement reported by interviewees remained steady over time, with the **positive effect of the facilitators growing from years one to three**. As discussed above, the improvements in the working

relationship with the Food Safety Environmental Health Specialists supported license and signage inspections. These inspections along with the other enforcement activities served as facilitators to further enforcement. In other words, the successful implementation of enforcement activities itself became a facilitator to further enforcement by setting expectations among retailers and building staff skills and systems.

Partnerships played a vital role in developing the systems needed to support enforcement activities.

Initiating underage buy attempt compliance checks was a complex process that required collaboration with a number of city government agencies. These **partnerships** included the Office of Administrative hearing (to develop a process for appeals), law department (to ensure checks were conducted legally), and finance department (to provide cash for purchasing tobacco). Although police were not directly involved with compliance checks, the Tobacco 21 Environmental Health Specialist communicated with police about when and where inspections would take place in order to prevent accidental interference. CPHSS provided technical assistance to CHD to support protocol, data collection, and data management development.



Underage buy attempt compliance check results

Cincinnati Health Department underage buy attempt compliance checks are a key component of implementation and enforcement. These checks support policy education and convey the seriousness of the policy.

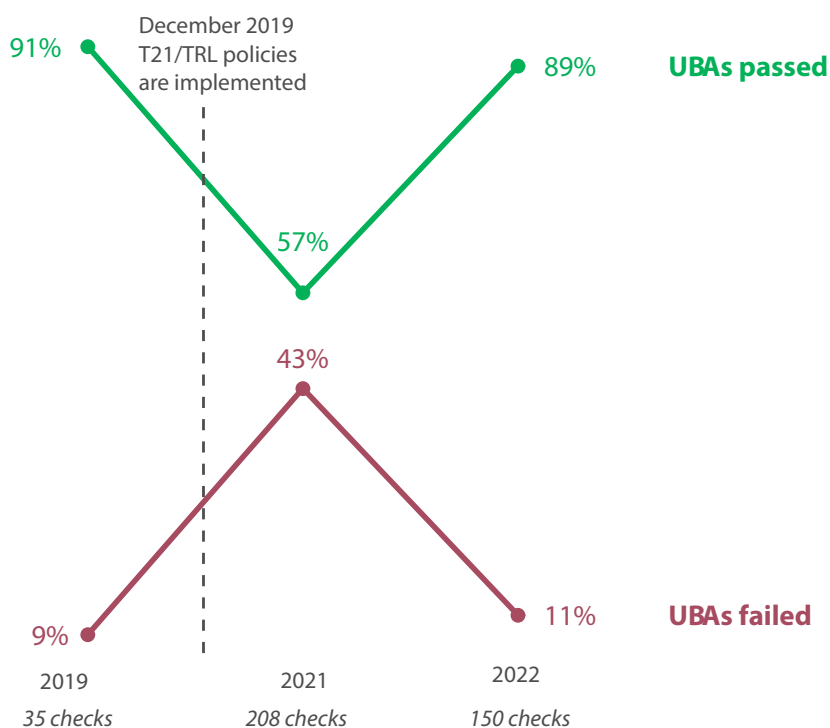
A retailer successfully passed their compliance check if:

1. The underage buyer employed by CHD was able to attempt to enter a location to purchase a tobacco product
- AND -
2. The retailer did not sell a tobacco product to the underage buyer employed by CHD

Figure 9: CHD UBA results for Cincinnati policy requirements

Between 2021 and 2022, the number of retailers who sold a tobacco product during an underage buy attempt decreased by 74%.

Just one in ten tobacco retailers sold to underage attempt buyers in 2022.





COVID-19

COVID-19 began to significantly impact life in the United States in March of 2020. Year one interviews were conducted in March 2020, prior to the introduction of COVID-19-related restrictions. In year two and year three interviews, participants were asked about the impact of COVID-19 on their work in tobacco control policy. Below we discuss the effects of COVID-19 on Tobacco 21 and Tobacco Retailer Licensing policies and how those effects changed over time.

Key Takeaways

- COVID-19 caused significant disruption to tobacco control across all grantees.
- The effect of COVID-19 lessened over time.
- The ongoing effect of COVID-19 on local communities will continue to impact tobacco control efforts.

Cincinnati

Due to the Cincinnati policies passing prior 2020, policy development in this jurisdiction was not impacted by COVID-19. In year two, Cincinnati-based interviewees were very concerned about the impact of COVID-19 and associated restrictions on policy implementation and enforcement. **City government and health department resources were diverted from tobacco control** to COVID-19 response, slowing progress on licensing retailers and starting enforcement. The effect of COVID-19 on retailers impacted their reported ability to pay for the license, and restriction on in-person contact made it more difficult to engage in education. **Enforcement activities such as license and signage inspections were complicated by restrictions on local retailers.**

By the year three interviewees, participants felt that **COVID-19 was having less of an impact on Tobacco 21 and Tobacco Retailer Licensing implementation and engagement.** In person visits to retailers had resumed and enforcement activities had been successfully conducted.

“

I don't suspect that COVID had a huge impact on our ability to inspect businesses and educate [in year three]. (Cincinnati)

Butler County, Warren County, and City of Norwood

Jurisdictions within these localities were actively working on policy development during the peak of the COVID-19 pandemic in 2020 and 2021. The **inability to meet in person** was a significant roadblock to policy progress. Coalitions struggled to maintain momentum without the ability to engage sectors face-to-face. Policy advocates were also unable to meet in person with decision makers and community leaders.

In addition to **restrictions on meetings, local communities redirected staff and resources from tobacco control to COVID-19 response.** This significantly slowed tobacco control policy work by reducing the staff time that could be dedicated to Tobacco 21/TRL development.

Interviewees were most concerned with these barriers in the year two interviews, conducted in 2021. By year three, most interviewees reported that the effect of COVID-19 subsided and tobacco control work regained momentum. However, interviewees expected the disruption from COVID-19 to have future implications for tobacco control due to limited data from this time period, lost coalition membership, and ongoing community response in areas such as housing and education. In addition, in some communities the **local resistance to health-related restrictions that emerged in response to COVID-19 mitigation measures were viewed as a threat to additional health restrictions including Tobacco 21 and Tobacco Retailer Licensing policies.**

Despite these ongoing challenges, interviewees felt **optimistic in year three** that tobacco control was regaining momentum and that there was readiness in the community to expand action beyond COVID-19 response. As discussed previously, two communities were successful in passing policies in year three and one additional community passed a policy shortly after the end of the evaluation.

- “ 2020 to 2021 it was like dead stop. Complete, yeah, full stop. 2021 to 2022, [policy development] was picking up. (Grantee)
- “ I would say it was more impactful in the first year...than in the past year. I think the biggest thing is that it caused disconnect. (Grantee)





Sustainability

Interviewees were asked about the barriers and facilitators to sustainability at each policy phase. Responses were consistent across phases, years, and locales. This consistency helped pinpoint several key sustainability concerns and opportunities across the grantee communities: laying the policy foundation, staff turnover, education and community engagement, and technology.

Key Takeaways

- Sustainability needs to be addressed across policy phases, starting with a strong policy foundation.
- Building strategies to address common challenges (turnover, technology systems) supports long-term policy success.

All grantees

Interviewees discussed the importance of building a **strong policy foundation**. This required planning for sustainability from the early days of policy development. Financial components of policies had to be carefully planned and communicated in order to ensure the financial sustainability of the implementation and enforcement of the policies while also managing the opposition from retailers and the business community.

Focusing on a public health approach to implementation and enforcement with a commitment to fairness, transparency, and equity was essential for passing policies and successfully implementing them.

In addition to carefully developed policies, grantees were universally concerned with the **impact of staff turnover on policy sustainability**. Turnover in government departments and coalitions led to stalled policy development and delays in successful implementation and enforcement. Particularly for smaller jurisdictions, turnover in one key position could significantly impact Tobacco 21 and Tobacco Retailer Licensing policy trajectories.

In year one interviewees were concerned about the **effect of retailer resistance** to licensing on the sustainability of the policies. By year three, the strategies CHD implemented for retailer education and support had largely resolved this concern. Effective education

and community engagement for all stakeholders was discussed by interviewees as an ongoing activity to support sustainability.

Creating robust, equitable technological systems to support implementation and enforcement are also essential to sustaining Tobacco 21 and TRL programs. Interviewees also noted the importance of funding and capacity to support the continued implementation and enforcement of the policies.

“We need to expand the amount of types of payment that we accept...some folks will actually send a check without even contacting us, because they're so used to that form of payment. That was early on. I think that that's happening less so now. Some folks don't have a credit card. (Cincinnati)

“I mean it just comes down to like, "How do we include everybody?" Sometimes when you make something so one-dimensional, you're missing a lot of the population, which is like disproportionately affected here, because we have people that might be older or speak English as a second language and they just don't know. (Cincinnati)



Impact on youth and retailers

In the following section we explore the possible impact of the Tobacco 21 and TRL policies in Cincinnati. First, we examine tobacco-related indicators (use and access) for youth over time. Second, we discuss retailers' experiences after policy implementation as reported through surveys and interviews.

Key Takeaways

- Cincinnati youth reported access to tobacco decreased significantly from 2018 to 2022.
- Fewer Cincinnati youth reported using tobacco from 2018 to 2022.
- Retailers' sales and profits were not negatively impacted as much as they anticipated.
- Retailers reported that COVID-19 made a bigger contribution to decreased sales and profits than Tobacco 21.
- Retailer attitude toward Tobacco 21 was not significantly related to their anticipated or reported changes in sales and profits.

Youth attitude, behavior, and use

Between 2018 and 2022, tobacco access and use decreased significantly among youth living in Cincinnati. CPHSS analyses of Cincinnati youth responses to the Student Drug Use Survey conducted by PreventionFIRST! found that **48% of youth living in Cincinnati reported that tobacco products were fairly easy or very easy to access in 2018**. In 2022, there was a **significant reduction in reported access** with 35% of Cincinnati youth stating that tobacco products were fairly easy or very easy to access. Likewise, past 30-day (17% to 11%) and past year (24% to 14%) use reported by Cincinnati youth significantly decreased from 2018 to 2022.

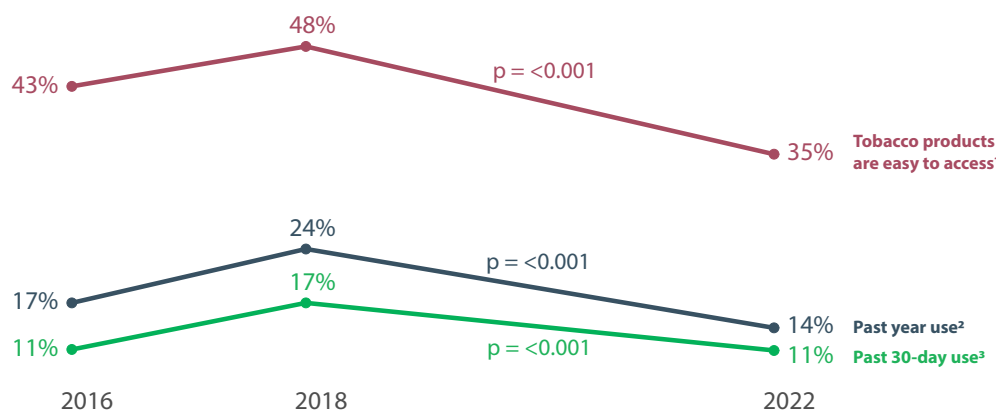
These findings suggest that **tobacco became more difficult to acquire and that fewer young people used tobacco** over the course of the evaluation in Cincinnati.²⁶⁻²⁸ Figure 10 displays access and use for 2016, 2018, and 2022 (4,679, 3,020, and 2,187 surveyed youth

living in Cincinnati, respectively).

CPHSS also analyzed access and use among survey respondents living outside of Cincinnati and similar, statistically significant reductions were observed (2016, 29,887 youth surveyed; 2018, 26,918 youth surveyed; 2022, 21,637 youth surveyed). This indicates that the decrease in youth access and use may have **other influencing factors, such as the COVID-19 pandemic** that limited activities including shopping and gathering.

While reductions in access between 2018 and 2022 were statistically significant for both sets of students, before the policies, students residing in Cincinnati were more likely to report easy access to tobacco products than students living outside of Cincinnati. Figure 11 shows that after the policy, it became **harder for Cincinnati respondents to gain access**. These differences in reported access in each year were statistically significant.

Figure 10: 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 decreased by 27% from 2018 to 2022.

Youth past 30-day and past year use also decreased 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.

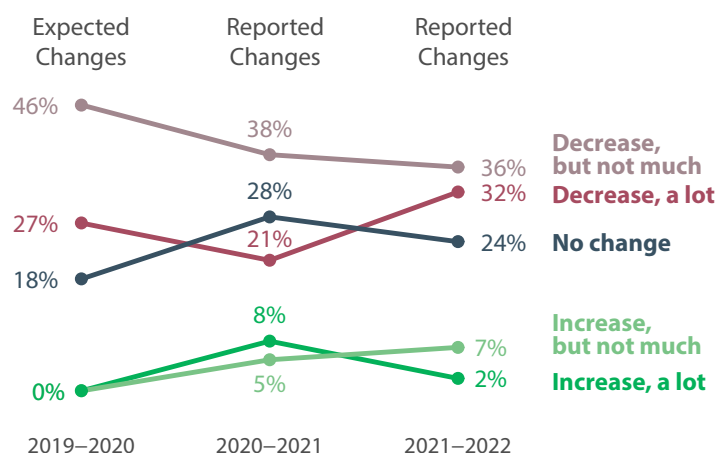
Figure 11: Tobacco product ease of access among Cincinnati resident youth respondents and respondents living outside of Cincinnati to the Student Drug Use Survey conducted by PreventionFIRST! from 2018-2022

Before Cincinnati's Tobacco 21 policies, its students had easier access to tobacco products.

After, students from Cincinnati had a harder time accessing products than students from other places.



Figure 12: Retailers' expected changes and reported changes for their business's sales and profits



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

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

Retailer sales and profits

Cincinnati

Retailers' opinions and experiences are an important consideration in tobacco control work. **Understanding retailers' experiences** can help to address common industry arguments against policy, such as policies hurting retailers' businesses or sending retailers out of business.

“*[Tobacco sales and profits are] very important... And as I mentioned, the tobacco alternatives, snuff, vapors, have added on, and those have grown exponentially. (Retailer)*

Retailers' views on sales and profits changes

The 2019-2020 wave of the retailer survey, collected around the time the Cincinnati tobacco control policies went into effect (December 2019), asked respondents what changes they expected to occur, if any, to sales and profits after the MLSA for tobacco was raised to 21. **Retailer-expected changes were compared to retailer-reported changes** in sales and profits in the years that followed. Although most retailers in Wave I expected sales and profits to decrease, **fewer retailers reported experiencing a decrease** in Waves II and III. Figure 12 displays the anticipated effects from Wave I (2019-2020) and the actual changes experienced in Waves II (2020-2021) and III (2021-2022).

Retailer attitudes toward the Tobacco 21 policy were not significantly connected to their anticipated changes or reported changes to sales and profits. More than half of retailers who anticipated Tobacco 21 would reduce sales and profits “by a lot” opposed the policy. **Among retailers who anticipated a small decrease or no change in sales and profits, most supported the policy**, as shown in Figure 13.

No significant relationship was found between retailers' opinions on Tobacco 21 and reported changes to sales and profits in the prior year. However, as seen in Figure 14 and 15, there was generally an increase over time in support for the policy, even among retailers who experienced a large decrease in sales and profits. This finding suggests that retailer support for tobacco control policies may be independent of anticipated or reported changes in sales and profits.

Reasons for retailers' changes in sales and profits

If retailers reported a change in sales and profits, they were asked whether they attributed those changes to the COVID-19 pandemic, Tobacco 21, or something else (Figure 16). Over Wave II (2020-2021) and Wave III (2021-2022), **most retailers believed that the COVID-19 pandemic itself or the COVID-19 pandemic along with the Tobacco 21 policy contributed to changes in sales and profits.**

The number of retailers attributing changes to both COVID-19 and the policy increased from Wave II (39%) to Wave III (58%). Although retailers viewed Tobacco 21 as causing changes to their sales and profits, fewer believed the policy was solely responsible for the changes. In fact, **no retailers in Wave III reported that Tobacco 21 policy was solely responsible for changes in sales and profits.**

How retailers' sales and profits changed

In surveys, retailers who reported that the COVID-19 pandemic impacted their business attributed it to **decreased overall sales** during COVID-19, less in-person shopping, and unemployment, which contributed to customers having less money to spend on tobacco and other products. Findings from open-ended interviews with retailers were consistent with survey findings. Some retailers shared that Tobacco 21 did initially cause some decrease in sales, but **COVID-19 was identified as a more significant cause** of decreased sales.

In the survey, retailers who reported that the Tobacco 21 policy itself contributed to changes in their sales and profits were asked how they thought these changes occurred. Their reasons included having **fewer tobacco customers** and fewer sales. They also shared concerns about higher market prices and the cost of the license. Some of these retailers did not believe their reduction in sales corresponded with a reduction in youth access since, from their perspective, youth could **access tobacco through alternate sources**. Other retailers did not believe Tobacco 21 negatively impacted their sales. In interviews, some retailers thought the TRL license fee and violation fines had a larger negative impact on business than the Tobacco 21 policy itself.

Retailer support for Tobacco 21 was not connected to their anticipated or reported changes to sales and profits.

Figure 13: Retailers' Wave I (2019-2020) anticipated changes to sales and profits post-Tobacco 21 and sentiments toward the Tobacco 21 policy

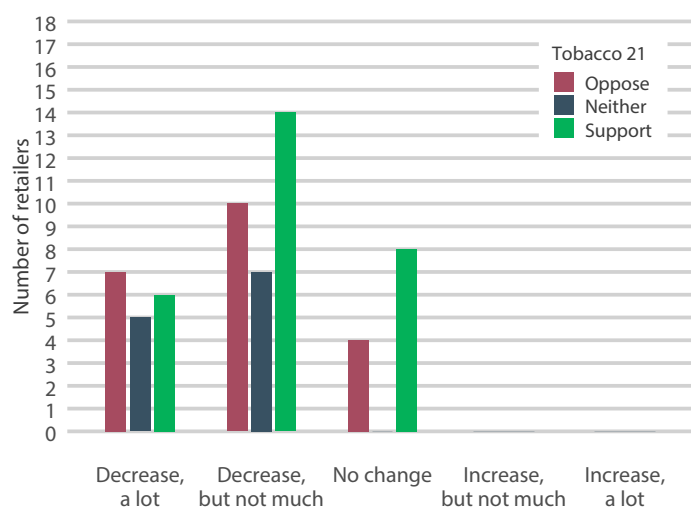


Figure 14: Retailers' Wave II (2020-2021) report of actual changes to sales and profits post-Tobacco 21 and sentiments toward the Tobacco 21 policy

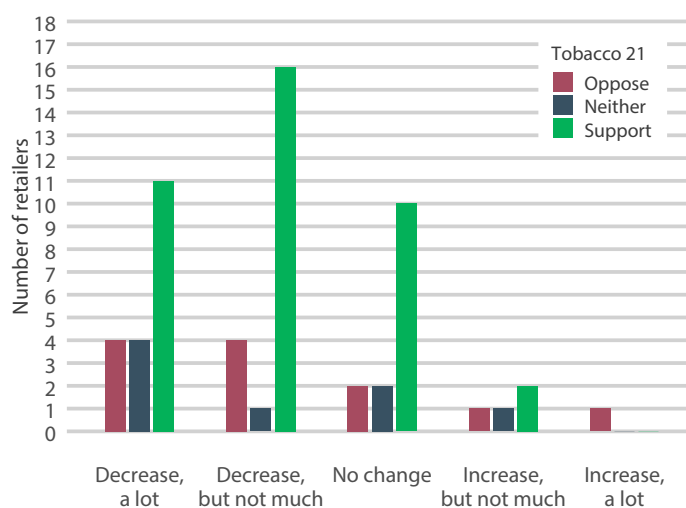
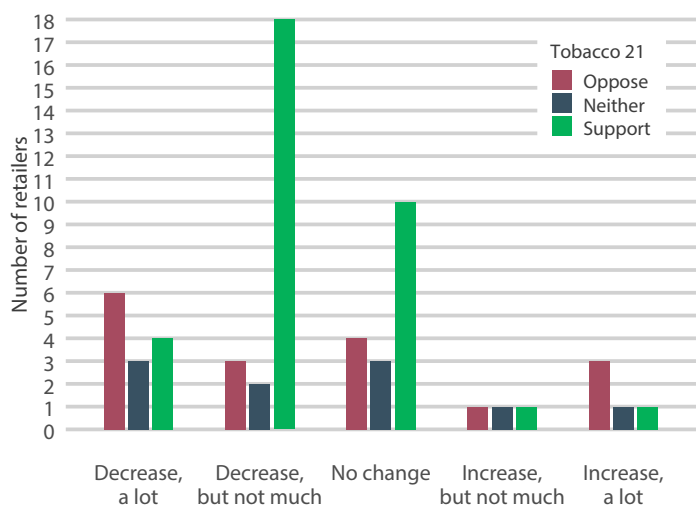


Figure 15: Retailers' Wave III (2021-2022) report of actual changes to sales and profits post-Tobacco 21 and sentiments toward the Tobacco 21 policy



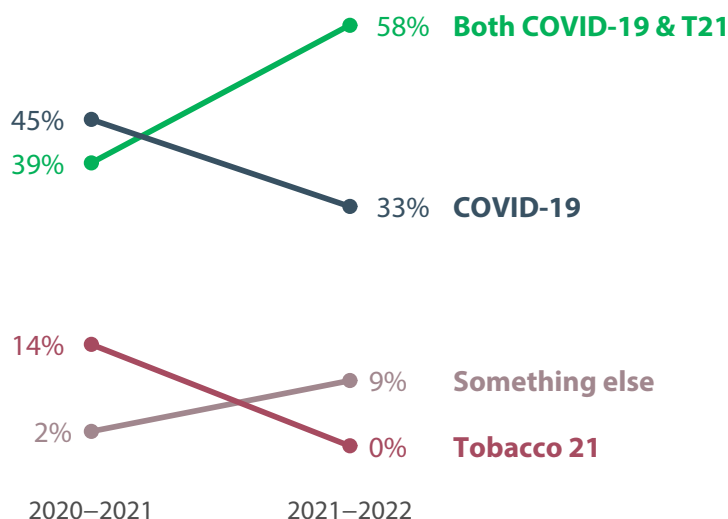
Among retailers who anticipated a small decrease in business, more supported Tobacco 21 than opposed it.

- “ (Sales were) severely affected by the COVID pandemic. (Retailer)
- “ [The] license fee is more than we make profit in one month from [tobacco]. (Retailer)
- “ Tobacco sales increased initially because people had more access to smoke because they were working at home or not working and therefore could smoke more plus the stimulus checks gave them more cash to smoke more. (Retailer)
- “ The [Tobacco] 21 policy, you had some upset people who were caught in between there for those three years. But that has easily been overcome. I really haven't seen that. It hasn't hurt our business, and those 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. The law's fine. I think the enforcement is poor. (Retailer)

During interviews, a couple of retailers stressed the hardship caused by **staff not following the policies**. They noted the difficulty of training staff and ensuring their consistent compliance. This led to financial difficulties for retailers. In one retail location, they instituted a policy of checking IDs for all store merchandise, including merchandise not related to the Tobacco 21 policy such as T-shirts, in order to prevent staff mistakes. The retailer noted this caused a significant drop in revenue. Other retailers had terminated employees who violated the Tobacco 21 policy, increasing staff recruitment and training costs. Some retailers reported developing their own training for staff, which was also time consuming and costly.

More retailers attributed a change in business to COVID-19 than to Tobacco 21 alone.

Figure 16: Retailers' views on why sales and profits changed Waves II and III (2020-2022)



As more time passed from when the policy went into effect, retailers no longer attributed any change in sales and profits to the policy alone.

Future of Tobacco Control

While many successes were achieved in tobacco control during the Tobacco 21 Initiative, the work is not done. In 2021, 18% of Ohio adults were current smokers,³⁰ and 36.7% of Ohio high school youth reported using any tobacco product.³¹ Grantee and partner interviewees were asked to reflect on what they see as the next steps to address tobacco control in their communities. Their responses were largely consistent across communities and over the three years of the evaluation.

Key areas for future tobacco control work

Continued TRL efforts

Across the grantee communities, interviewees saw continued TRL efforts as a high priority over the next five years. Interviewees from communities who had passed TRL policies reflected on the **long-term process of successful implementation and enforcement** of those policies while adapting to changes over time. They also shared their concerns over neighboring communities who had not yet passed TRL and the importance of expanding TRL policies to more communities. Increasing the reach of TRL policies was seen as both a priority and challenge for the coming years.

Interviewees' commitment to strengthening and expanding TRL policies will support sustainability of Tobacco 21 and TRL in Southwest Ohio.

Cessation and treatment

Interviewees shared that cessation and treatment would be important areas of engagement in the future. In at least one community, some funds generated from the TRL policy were designated for local cessation and treatment efforts.

Education and community engagement

Education and community engagement were key to interviewees' assessments of the future of tobacco control. Whatever policies or programs are introduced will need to be adequately supported with effective community outreach and should be **approached from an equity lens**.

“*I see some opportunity to do community education around public health, generally, in what that looks like and how policies can impact the lived environment and how it has disproportionately affected people of color, to then hopefully start to see some positive changes; positive shifts. (Grantee)*



Policy, systems, and environmental changes

Interviewees focused on the value of policy, systems, and environmental changes in future tobacco control efforts as well as for addressing equity in tobacco control. These changes include **flavoring and menthol restrictions, density and proximity policies, point-of-sale advertising policies, and expanded smoke-free policies**.

“*I think a lot of things that would impact minority communities would impact everyone, but disproportionately [communities of color]. You know what I mean? Like menthol ban, flavor bans, we know these are tied to and marketed to those communities in particular, especially the menthols. (Cincinnati)*

Interviewees shared their concerns over neighboring communities who had not yet passed TRL and the importance of expanding TRL policies to more communities.

Lessons Learned

The Tobacco 21 Initiative and its grantees saw many successes over the course of the Initiative and evaluation. Three communities passed four policies (**Cincinnati** – Tobacco 21 and TRL policies, **City of Norwood** – TRL, and **City of Hamilton** – TRL), the City of Cincinnati began enforcement with license and signage inspections followed by underage buy attempts, and retailers in the City of Cincinnati expressed support for Tobacco 21 across the three-year evaluation. Shortly after the evaluation period ended, the **City of Middletown** also passed a TRL policy. Students residing in Cincinnati also reported significant decreases in tobacco product access and use during this time – access even became significantly harder for students from Cincinnati than students from other locations. In addition to these many successes, several lessons-learned emerge from these experiences and can be leveraged by communities with existing Tobacco 21 and TRL policies, communities considering local tobacco control policies, and the philanthropic sector's future funding strategies.

COVID-19's impact was immediate and long-lasting

COVID-19 had an immediate and intense impact on grantees efforts across policy phases. COVID-19 resulted in limited staff availability due to furloughs and reassignments. COVID-19 paused or delayed in-person activities such as retailer education, enforcement activities, coalition meetings, and data collection efforts. While these immediate impacts have subsided, **COVID's impact continues to ripple** into the future. Coalitions need to re-mobilize and engage new members. Communities will need to reevaluate how they describe community needs, assess community trends, and understand the impact of activities with the missing data.

Education and communication efforts are critical to moving policy work forward

Education and communication efforts are an essential tool for grantees to build community buy-in and support for policy efforts and address barriers to moving policy efforts forward. Grantees specifically mentioned using education and communication efforts to address local attitudes around tobacco use and personal freedom, to address pushback from retailers and build trust with them, and mitigate confusion caused by the Ohio

and federal Tobacco 21 policies. These education and communication efforts were often viewed positively by retailers. Retailers who completed the survey expressed satisfaction with the materials they had received, and those retailers interviewed highlighted the importance of one-on-one visits with their local Tobacco 21 Environmental Health Specialist to resolving problems and issues. Grantees should consider using education and communication efforts to continue to **increase policy compliance and address concerns** raised by retailers regarding negative youth attitudes and fees associated with the policies. Given the many uses for education and communication activities, continued training for grantees on how to best utilize these techniques (e.g., tailoring messages to your audience) would be beneficial.



Equity needs to be centered at all policy phases

Equity influenced the efforts and activities grantees conducted during all policy phases. Interviewees identified the importance of equity to their policy efforts as a barrier and a facilitator. They also noted that by working to create more equitable policies, they were able to address several of the barriers and facilitators identified. For example, grantee interviewees and retailers who participated in both the surveys and interviews identified **technology barriers** retailers faced in complying with the TRL policy such as online-only payment option for license fees and email-only copies of the retailer's TRL license. By introducing more equitable policy options such as check payment, Cincinnati was able to reduce a barrier to complying with the policy. It was also noted that working with retailers to find and print their license was one of the most time-consuming processes of the license and signage inspection due to challenges with email and limited or no printing access. By introducing additional options for accessing the license (e.g., printing and mailing them to retailers or giving Environmental Health Specialists access to the licenses while in the field) would assist with creating more equitable policies and improving policy compliance.

Communities are unique and require tailored approaches

While grantees were able to identify many of the same barriers and facilitators across policy phases (e.g., equity, turnover, education, and communication), how those barriers and facilitators played out in their communities varied. For example, all interviewees noted the **importance of partnerships** in their policy efforts. In larger jurisdictions they referenced a bigger network of partners assisting with the efforts whereas in smaller jurisdictions interviewees referenced a single person and the relationship formed with them. Another example is seen in efforts to address **equity**. All grantees identified the importance of addressing equity in their policy work; however, smaller jurisdictions mentioned the challenge of introducing racial equity policy components with low rates of racial diversity in their communities. In addition, there were differences in the barriers and facilitators experienced by grantees. Grantees working in smaller jurisdictions voiced the need to **increase their capacity** for addressing policy which was not mentioned by interviewees working in larger jurisdictions. With the similarities across communities, it is important to share lessons learned. However, communities and funders need to be able to take these lessons learned and tailor them to fit communities.

Turnover needs to be planned for ahead of time to lessen its impact

Turnover among staff and decision makers was identified as a barrier to all policy phases across all years. It resulted in lost momentum, delayed timelines, slowed progress, inadequate resources, weakened relationships, loss of policy champions, and disrupted policy development, implementation, and enforcement activities. These impacts were seen as greater in smaller jurisdictions where policy efforts were often led by a single person

or a small team. Turnover also created concerns around sustainability. Interviewees felt turnover left the policies vulnerable as new decision makers may not see Tobacco 21 and TRL as priorities, or there may be no one left to continue moving work forward when projects are staffed by a single person. **Given the inevitability of turnover in decision makers and project staff, grantees and funders need to create transition plans early and revisit them often.** Additionally, funders can further support communities dealing with staff turnover by having community technical assistance provided by a consistent person or people who can support continuity during transition.

Sustainability is a priority regardless of policy phase

Grantees and their partners are **considering sustainability early and throughout all policy phases**. Communities focusing on policy development worked to build community and retailer buy-in and gather data regarding community readiness. Communities focusing on preparing for implementation and enforcement were actively thinking through key details to ensure the successful launch of implementation and enforcement activities such as where to find potential staff for the underage buy attempts and the process for hiring them. Communities actively involved with implementation and enforcement have worked to improve relationships with essential partners, strengthen internal data tracking systems, and expand retailer payment options. For example, in order to create a strong and consistent approach to license and signage inspections, Cincinnati has invested in building the partnership across Environmental Health Specialists along with consistent data collection systems for all Environmental Health Specialists involved with Tobacco 21 and TRL license and signage inspections.

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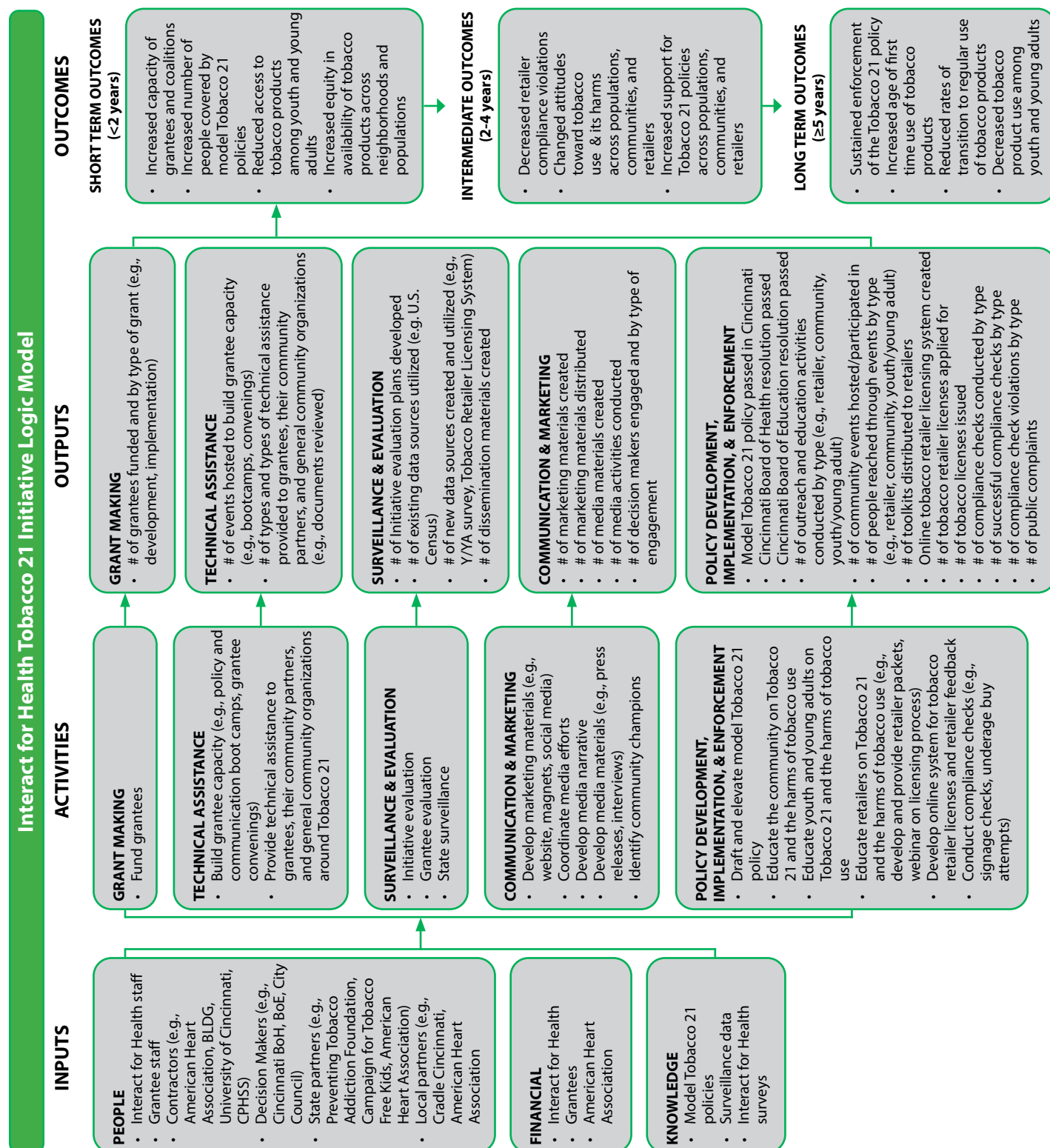
Margaret Meade once said, “[Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed, it is the only thing that ever has]”. It is people at Interact [for Health] who are making this change. (Partner)

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Appendix A: Logic Model Year 3



Appendix B: Evaluation Questions Year 3

Table B1. Interact for Health Tobacco 21 Initiative Evaluation Questions - Year 3

Policy Development

1. What are the facilitating and limiting factors in advancing Tobacco 21 and related enforcement policies (e.g., Tobacco 21, Tobacco Retailer Licensing, Retailer Density)?
 - a. How does racial equity influence the development of these policies?
 - b. How does COVID-19 impact the development of these policies?

Policy Implementation and Enforcement

2. Approximately how many people are covered by Tobacco 21 and/or related enforcement policies passed by Initiative grantees? (Total number covered; number covered disaggregated by geography and demographics such as poverty status, race, and age)
3. What are the facilitators and barriers across audiences (i.e., Cincinnati Health Department, grantees, tobacco retailers, and other stakeholders) to implementation, enforcement, and compliance for Tobacco 21 and related enforcement policies?
 - a. How do the implementation, enforcement, and compliance monitoring consider or affect racial equity?
 - b. How does COVID-19 impact the implementation, enforcement, and compliance for these policies?
4. How does support of Cincinnati's Tobacco 21 policy and Tobacco Retailer Licensing policy change over time among retailers (total, disaggregated by retailer type and retailer location)?
 - a. What implications has COVID-19 had on retailers?

Policy Impact

5. How does Cincinnati's Tobacco 21 policy impact short-term outcomes and intermediate outcomes (e.g., support of the policy; perceived ease of access of tobacco products; reduction in tobacco-related disparities, by neighborhoods and populations)?

