

Using the Policy Change Process to Work Towards Tobacco Retail Strategies

Kansas Community Health Promotion Summit

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January 27, 2022



About Counter Tools

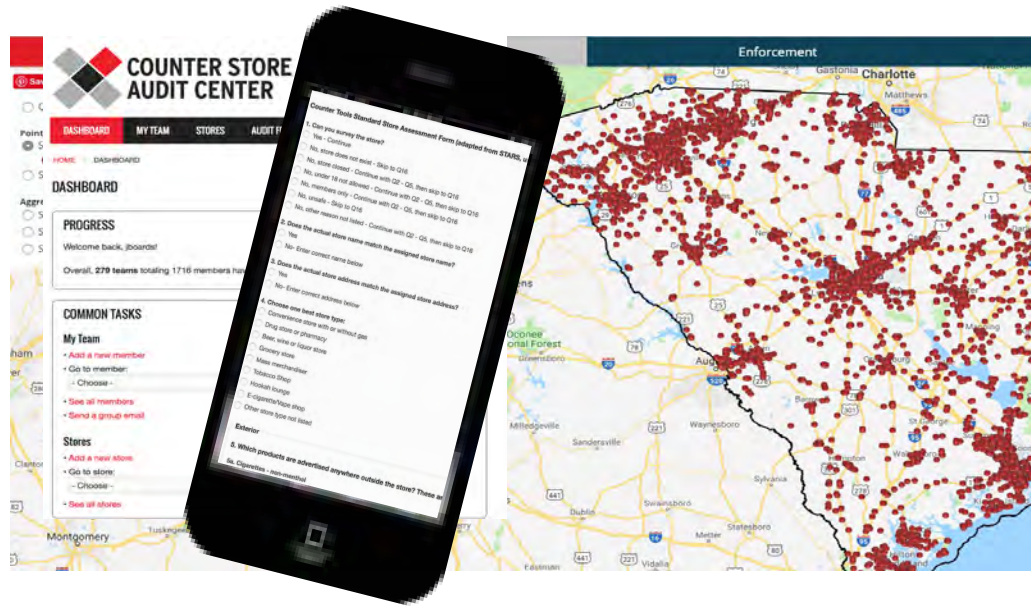
Counter Tools is a non-profit organization. Our vision is a nation where healthy living is equitable across communities and every person has access to healthful choices.



What We Do

We work with our partners to advance place-based public health and health equity through policy, systems and environmental changes.

- Consulting
- Training
- Storytelling
- Providing Tech Tools
- Supporting Advocacy Efforts
- Disseminating Science and Best Practices



Our Team



Our Partners



THE UNIVERSITY OF NORTH CAROLINA at CHAPEL HILL



Training Objectives

1. Recall the basic steps of the policy change process
2. Identify strategies to document the local tobacco retail environment
3. Understand how to identify the best POS strategy for your community



Equity, Diversity, and Inclusion

Counter Tools recognizes that not every individual or community has equal access to healthy spaces and opportunities. Structural elements, including institutional racism, along with industry targeting impact exposure, availability, and access to both healthy and harmful products.

We define health equity to mean that everyone has a fair and just opportunity to be as healthy as they can be, which means reducing and removing structural barriers and obstacles that apply to and extend beyond the retail environment.

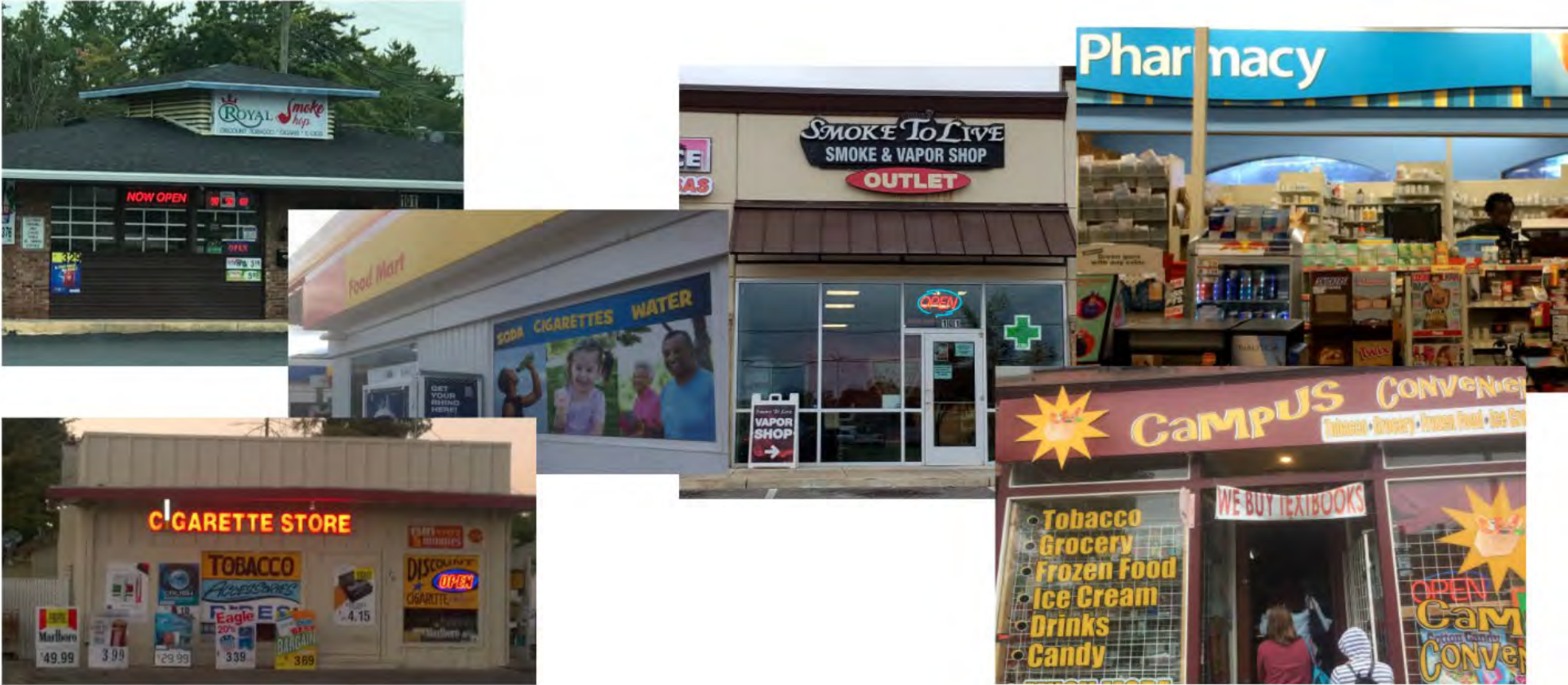


We commit to working alongside our partners towards a more equitable world by addressing equity, diversity, and inclusion in our trainings, providing resources and consultation, sharing relevant data, and supporting advocacy efforts.

Read our full [stance on equity, diversity, and inclusion](#) on our website.



What are retail strategies?



Photos submitted by countertobacco.org users



POS Policy Options

1. REDUCING (OR RESTRICTING) THE NUMBER, LOCATION, DENSITY & TYPES OF TOBACCO RETAIL OUTLETS

- a. Establishing a licensing system with fees or increasing licensing fees
- b. Reducing the number of tobacco retail outlets
- c. Restricting the location of tobacco retail outlets
- d. Requiring a minimum distance between tobacco retail outlets
- e. Prohibiting the sale of tobacco products at certain types of establishments
- f. Limiting the number of hours/days when tobacco products can be sold

2. INCREASING THE COST OF TOBACCO PRODUCTS THROUGH NON-TAX APPROACHES

- a. Establishing minimum price laws
- b. Prohibiting price discounting
- c. Restricting sale based on pack size for non-cigarette tobacco products
- d. Implementing mitigation fees
- e. Implementing sunshine or disclosure laws

3. IMPLEMENTING PREVENTION AND CESSATION MESSAGING

- a. Requiring the posting of quitline information in retail stores
- b. Requiring the posting of health warnings at hookah lounges
- c. Requiring the posting of graphic health messages at the point of sale

4. RESTRICTING POINT-OF-SALE ADVERTISING

- a. Implementing content-neutral advertising laws
- b. Limiting the placement of tobacco retail advertising outside certain store locations
- c. Limiting the times when tobacco retail advertising is allowed
- d. Limiting the placement of tobacco retail advertising inside stores
- e. Limiting the manner of tobacco retail advertising

5. RESTRICTING PRODUCT PLACEMENT

- a. Prohibiting self-service access to non-cigarette tobacco products
- b. Limiting the times when tobacco products are displayed
- c. Restricting the number of products that can be displayed
- d. Prohibiting product displays

6. OTHER POINT-OF-SALE STRATEGIES

- a. Prohibiting the sale of flavored non-cigarette tobacco products
- b. Raising the minimum legal sale age (MLSA) to buy tobacco products
- c. Requiring that tobacco retail clerks meet the minimum legal sale age (MLSA)
- d. Implementing stricter laws on the sale and use of commercial roll-your-own (RYO) tobacco
- e. Including a “shame law” in the tobacco retailer licensing ordinance
- f. Implementing a licensing incentive program
- g. Regulating the sale of e-cigarette and other nicotine-delivery systems



A photograph of a sloth and its baby hanging from a tree branch. The sloth is the larger animal, and the baby is the smaller one clinging to its chest. The background is a lush green forest with many leaves. A black banner with white text is overlaid on the image.

Policy change is *SLOW*



Timeline of Women's Suffrage

1848: First Women's Rights Convention in Seneca Falls, NY

1868: Federal women's suffrage amendment introduced in U.S. Congress

1878: A women's suffrage amendment proposed in Congress

1870: Fifteenth Amendment gives black men the right to vote, fails to include women

1887: Women's suffrage amendment is defeated in the Senate

1893: Colorado adopts woman suffrage

1890: Wyoming grants women suffrage; South Dakota campaign for women's suffrage loses

1896: Utah grants full suffrage for women; Idaho adopts woman suffrage

1912: Oregon, Kansas and Arizona adopt woman suffrage

1911: California suffrage campaign succeeds by small margin

1917: New York adopts woman suffrage; Jeannette Rankin is the first woman elected to congress

1918: Suffrage amendment passes in the House, but fails in the Senate; Michigan, South Dakota, & Oklahoma adopt woman suffrage; President Wilson supports federal women's suffrage amendment

1914: Nevada & Montana adopt woman suffrage

1915: Pennsylvania, New Jersey, New York & Massachusetts continue to reject woman suffrage

1920: American women are granted the right to vote

1919: Senate finally passes the Nineteenth Amendment



Timeline of FDA Tobacco

1996: The FDA asserts authority over tobacco products and issues the FDA Rule to prevent & reduce tobacco use by children

1997: NC federal court upholds the FDA Rule's tobacco access restriction, but rules FDA does not have the authority to regulate advertising & promotion

1998: FDA tobacco legislation defeated in the Senate

2004: The Family Smoking Prevention and Tobacco Control (FSPTC) Act is introduced, but rejected as an amendment to the American Jobs Creation Act

2007: The FSPTC Act is reintroduced again in the House and the Senate

2009: FSPTC Act passes in the House and the Senate

2009: President Obama signs the Family Smoking Prevention and Tobacco Control Act, granting the FDA authority to regulate tobacco products

1997: Lawmakers draft legislation to grant FDA the authority over tobacco

2000: US Supreme Court upholds the ruling of the appeals court in *FDA v. Brown & Williamson Tobacco Corp.*

1998: US Court of Appeals for the Fourth Circuit overturns the lower court's decision & rules the FDA has not been granted the authority to regulate tobacco products

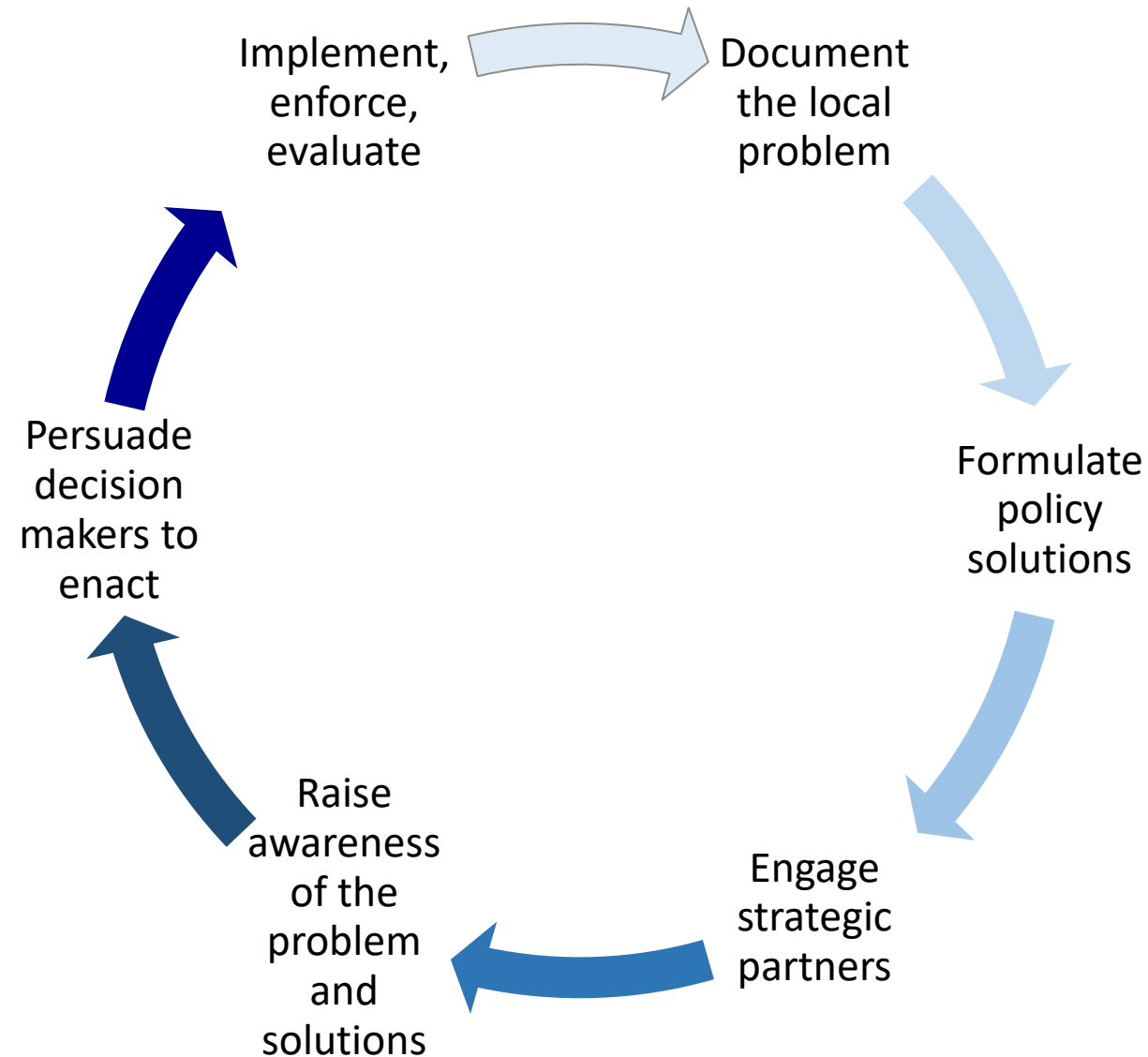
2001-2002: Several bills are introduced in the 107th Congress; none see legislative action.

2005: The FSPTC Act is reintroduced, but no legislative action is taken by the 109th Congress

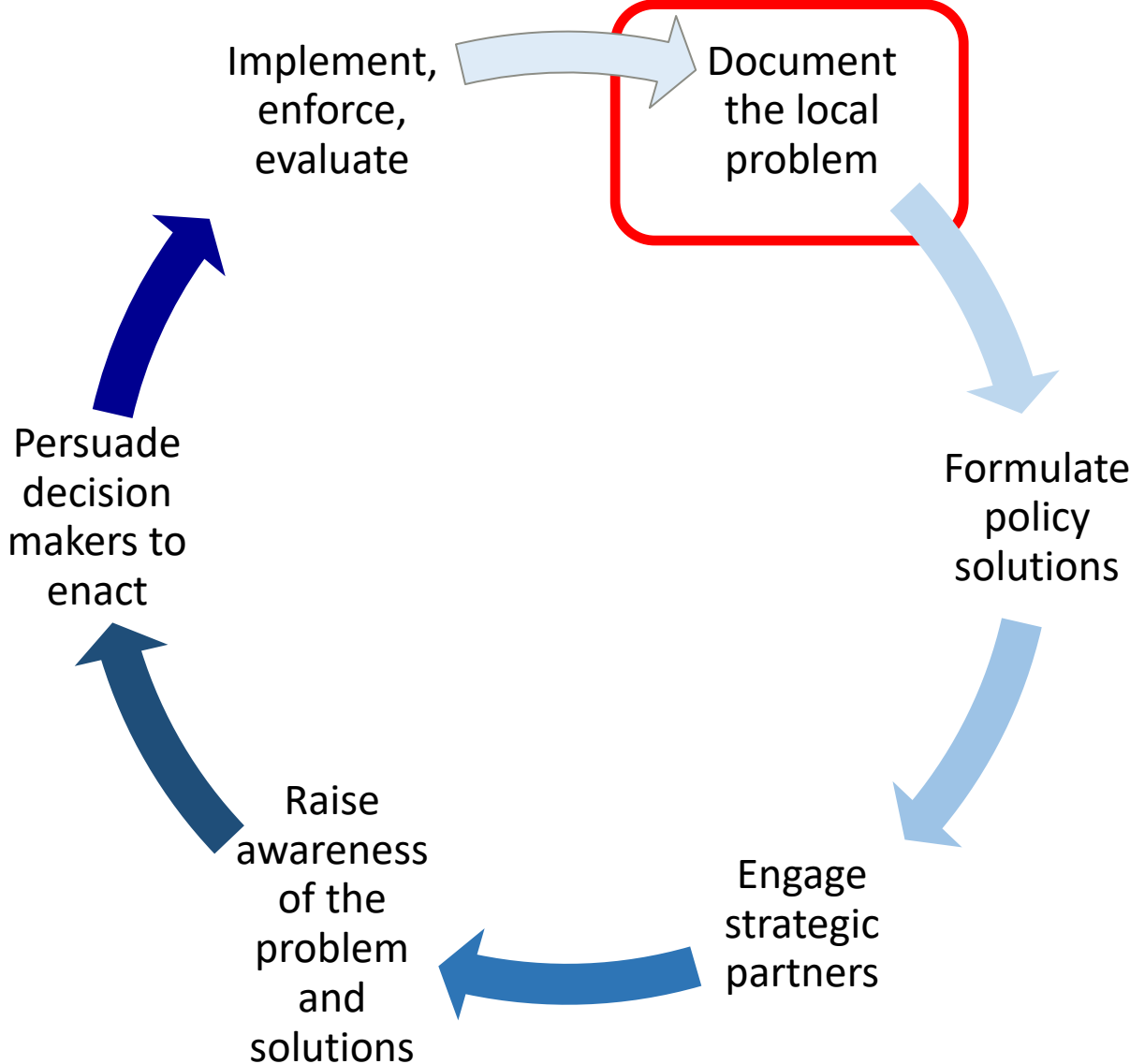
2008: The FDA tobacco legislation passes in the House and the Senate but is strongly opposed by the Bush Administration



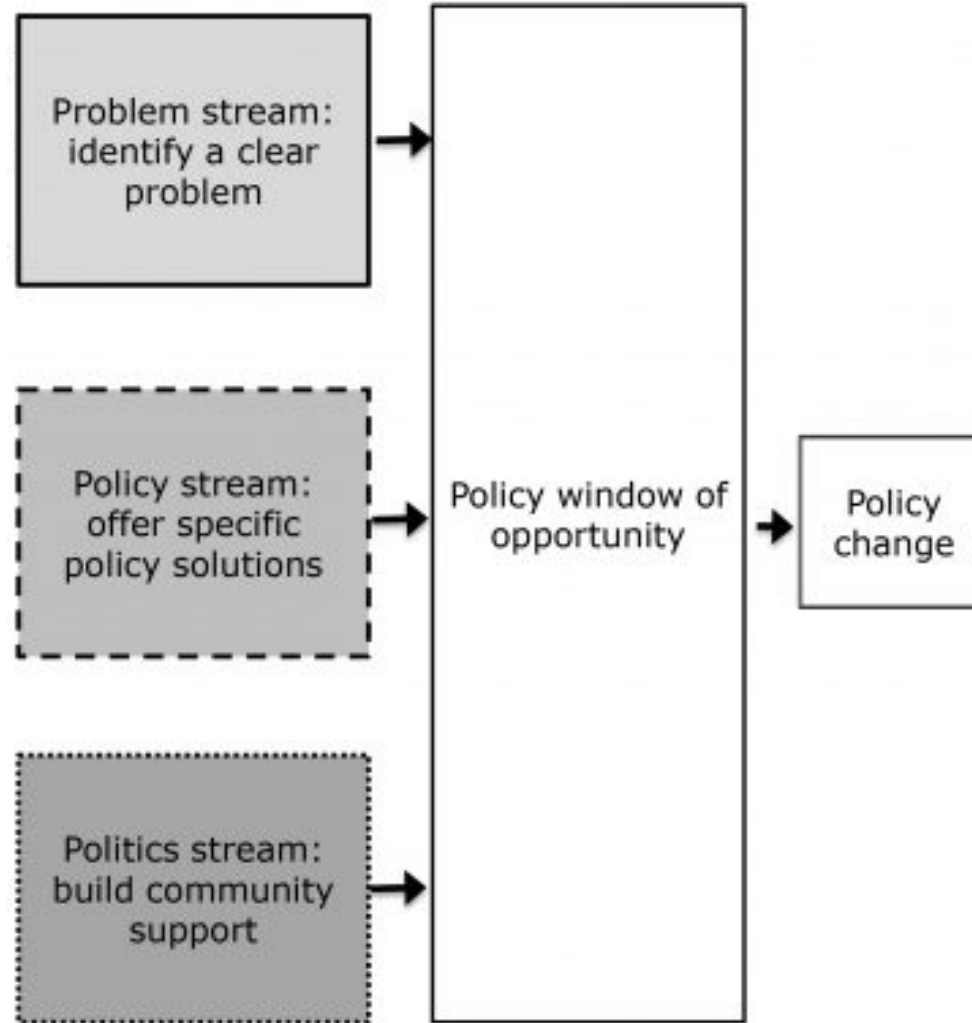
The Policy Change Process



The Policy Change Process



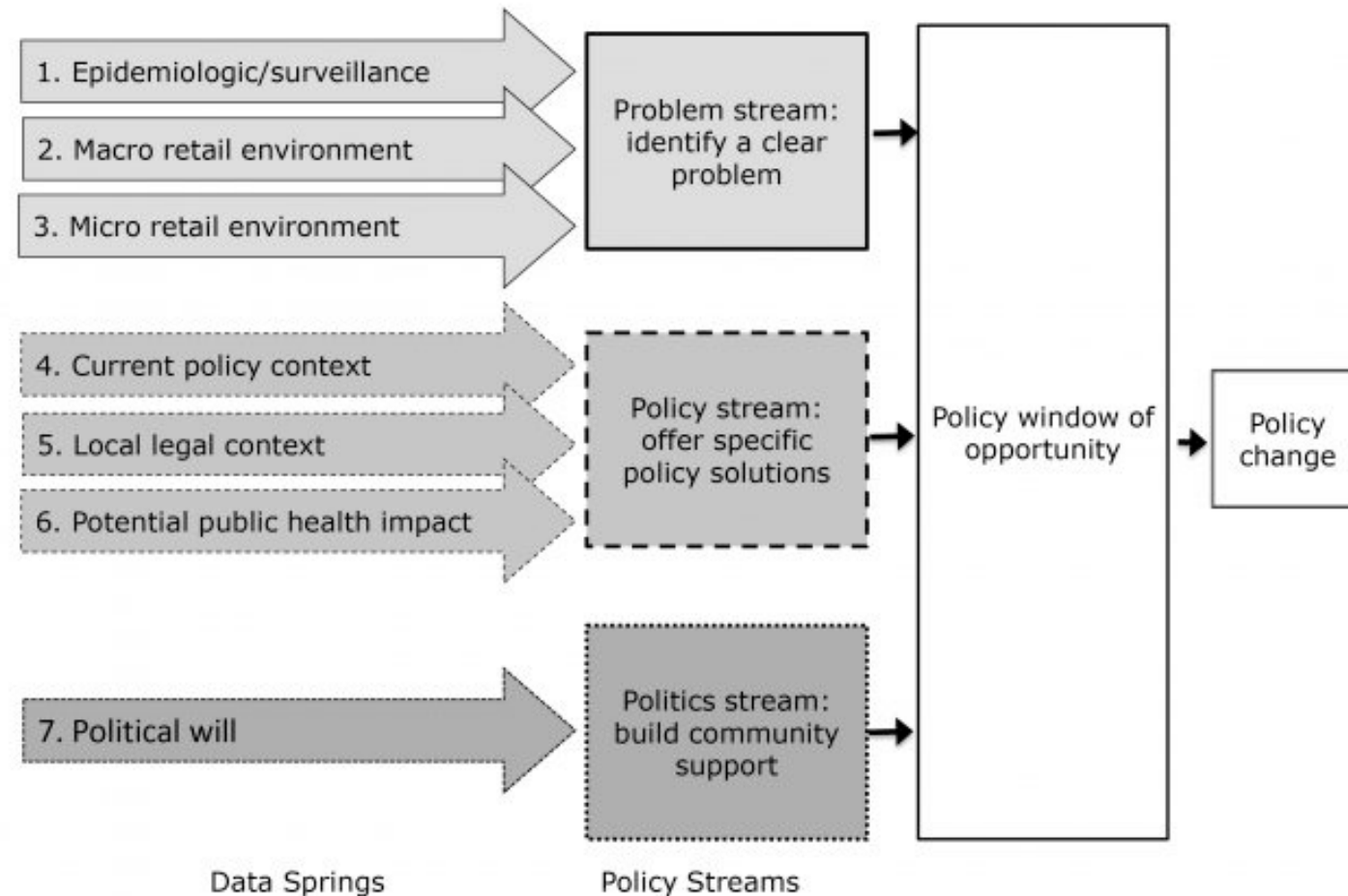
Kingdon's Multiple Streams Theory



Policy Streams



Kingdon's Multiple Streams Framework for Policy Change



“Data Springs” Framework

1. Epidemiologic/Surveillance Data

2. Macro Retail Environment

3. Micro Retail Environment

4. Potential for Public Health Impact

5. Policy Context

6. Legal Feasibility

7. Political Will/Community Readiness

Which POS policy strategy is “right”, now, for our geography?



1. Epidemiologic/Surveillance Data



Epidemiologic/Surveillance Data

- Tobacco use prevalence
 - by product
 - by population
- Priority populations
- Priority geographies



Tobacco isn't finished.

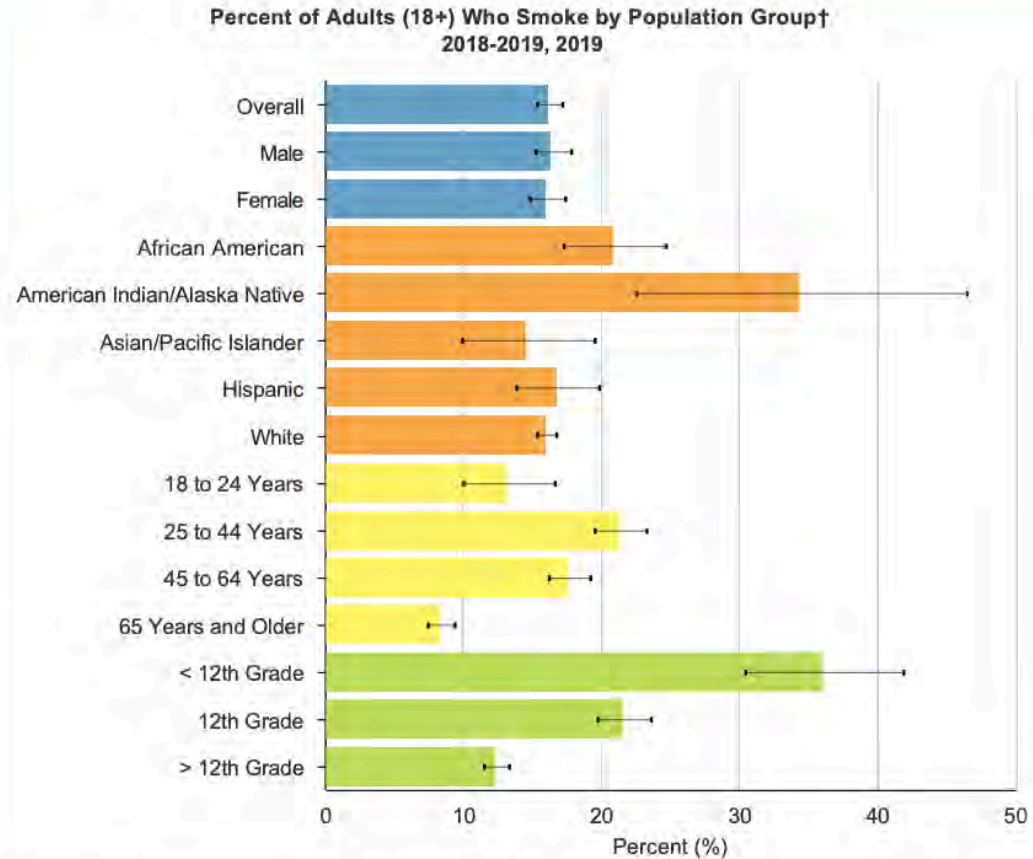
5.8% of high school students (9,200 people) and 16.6% of adults (367,300) in Kansas smoke.

\$904 per household in state and federal taxes to cover smoking-caused government expenditures



Who is smoking in Kansas?

Tobacco Use - Cigarette (Adult)



† Estimates for education are based on adults aged 20 years and older. Estimates for racial/ethnic groups are based on combined data for two years.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

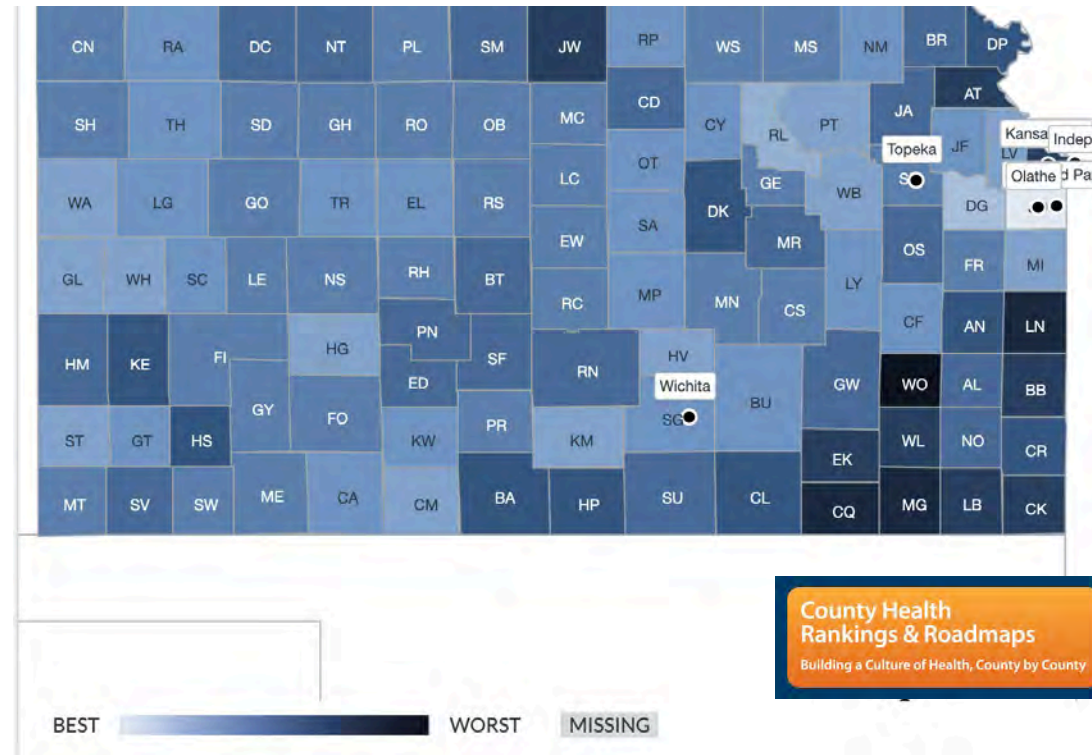


Where is smoking most prevalent?

Adult smoking

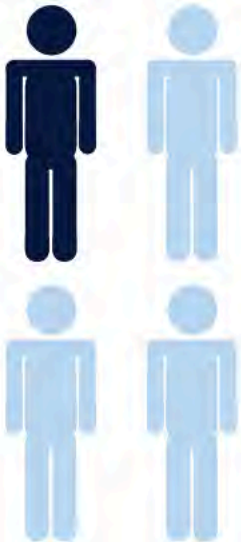
Percentage of adults who are current smokers (age-adjusted).

The 2021 County Health Rankings used data from 2018 for this measure.



Youth Tobacco Use

Any Tobacco Use



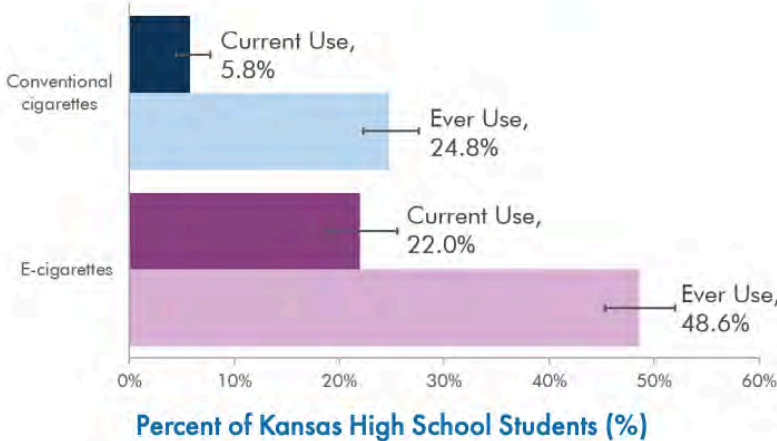
More than **one in four** (25.8%) Kansas high school students report using at least one of the following tobacco products:⁴

- Cigarettes
- E-cigarettes
- Cigars
- Smokeless Tobacco

Conventional and E-Cigarettes

Nearly **one in four** (24.8%) Kansas high school students have ever tried conventional cigarettes (even one or two puffs) and **5.8% currently smoke conventional cigarettes.**

Nearly **half** (48.6%) Kansas high school students have ever tried e-cigarettes, and **22.0% currently use e-cigarettes.**⁴



2. Macro Retail Environment



Macro Retail Environment

- Map locations of tobacco retail outlets
 - Identify store types
 - Identify density by neighborhood demographics
 - Identify proximity to youth-serving venues
-
- Priority populations
 - Priority geographies
 - Potential wins



Retailer Density

How to reduce tobacco retailer density and why

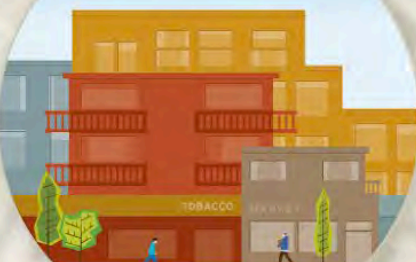
These policy solutions can be implemented in most communities through local regulation, such as tobacco retailer licensing or changes to zoning restrictions.

Local Tobacco Retailers



Cap the number of retailers in a geographic area

Example: There can be no more than 15 stores* per district.



Cap the number of retailers relative to population size

Example: There can be no more than 1 store* per 1,000 residents.



Require a minimum distance between retailers

Example: Stores cannot locate within 1,000 ft of an existing store.



Prohibit retailers from locating near schools and other youth-sensitive areas

Example: Stores cannot locate within 1,000 ft of a school or playground.



Prohibit sales of tobacco products at pharmacies or other types of retailers

Example: Pharmacies cannot be licensed to sell tobacco products.



HEALTH: When more tobacco retailers are located in a given area, residents' health suffers. Youth are more likely to start smoking. People who smoke consume more cigarettes per day and have a harder time quitting.

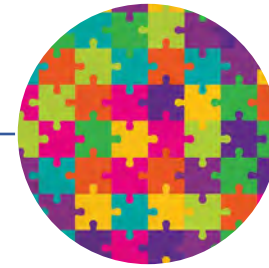
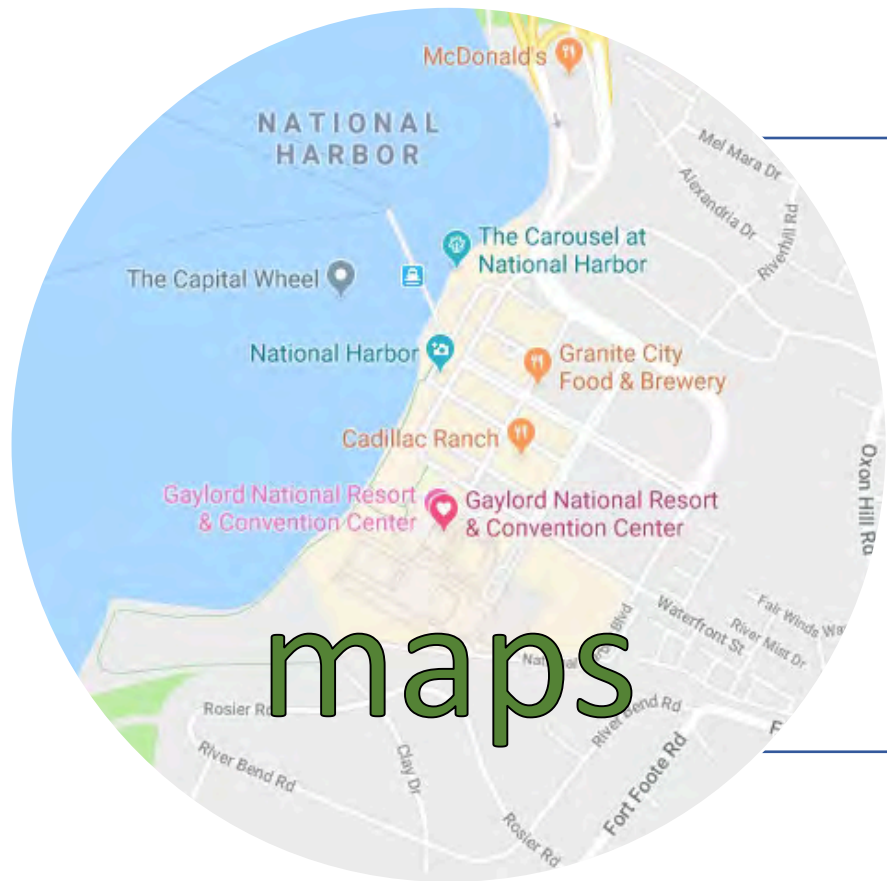


EQUITY: Tobacco retailers cluster in neighborhoods with a high percentage of low-income residents or residents of color. These communities are targeted by tobacco companies, and they disproportionately suffer the health harms caused by tobacco use.

* Numbers will vary by community.



Value of Maps



find
patterns



tell
stories

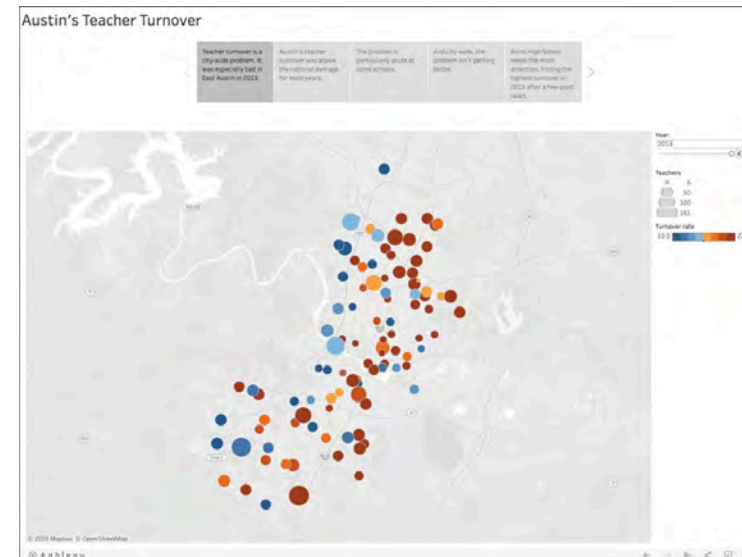
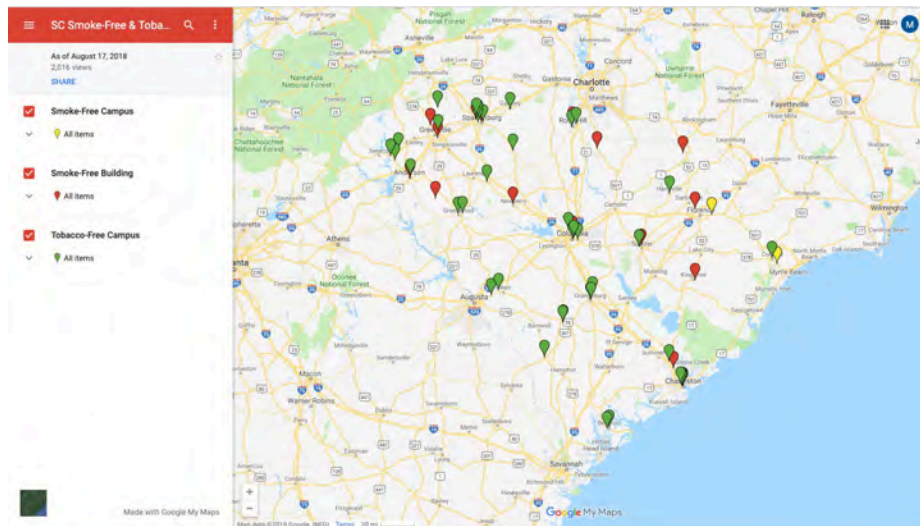
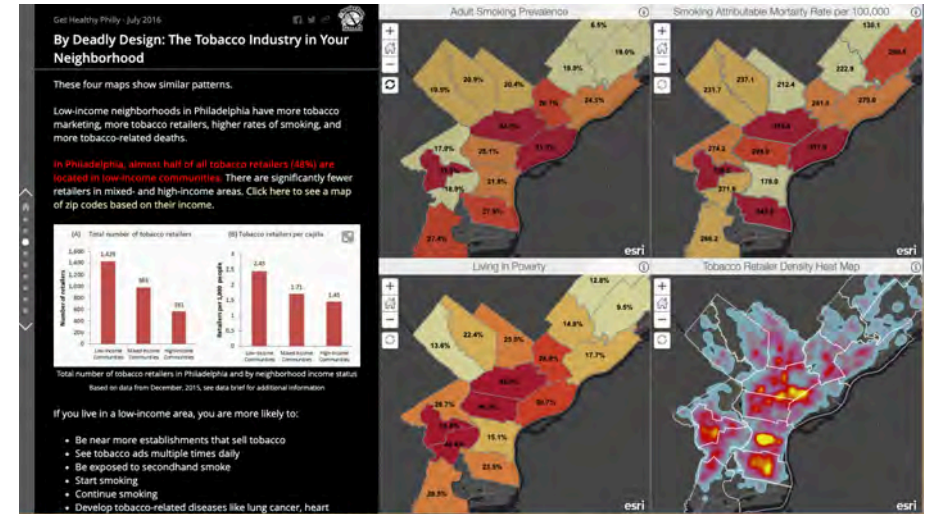


support
policies

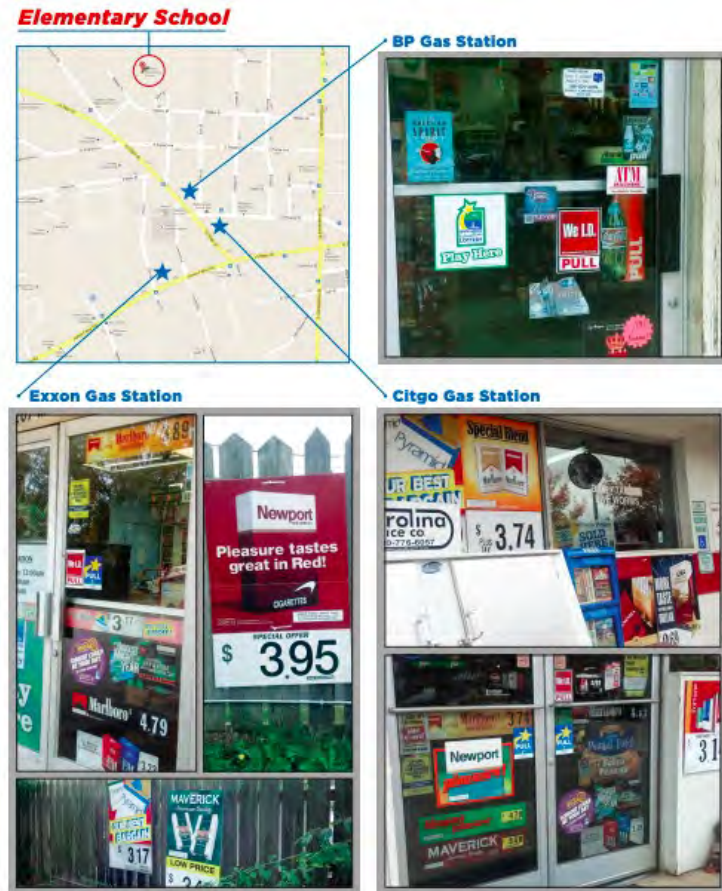


Mapping Options

- Counter Tools
- ESRI
- Tableau
- Google Maps



Getting Youth Involved: Walking Tobacco Audit



This activity is best suited for

Age Group: 8th - 12th grade

Number of Participants: 4-6

Preparation time: 3-4 weeks

Activity Duration: 2-4 hours

Materials: Audit form, route map, clipboards, pencils, digital camera, poster board, stickers/push pins for visual display, comfortable walking attire

Cost: \$0-\$50

Best suited for: Urban environments



Getting Youth Involved: Tobacco Retailer Nation Activity

This activity is best suited for

Age Group: 9th - 12th grade, College

Number of Participants: Variable based on size of the area selected and the number of fast food restaurants and retailers you include; consider a teams of 2-4 students per one neighborhood or city.

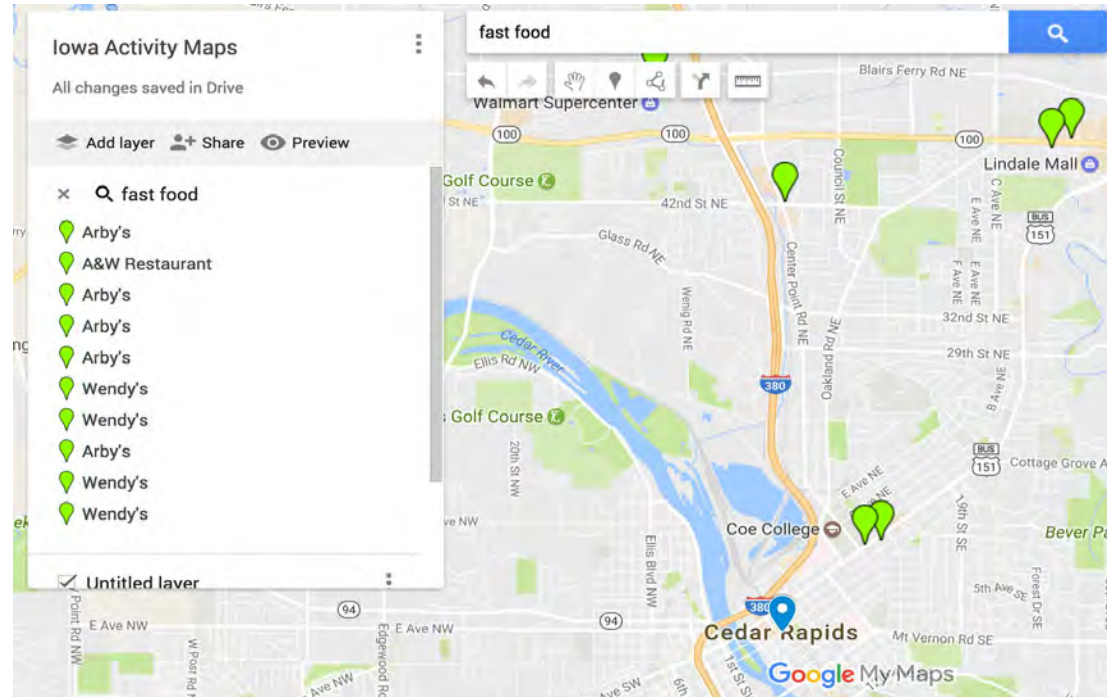
Preparation Time: Variable; 1-2 hours per area selected

Activity Duration: Variable; 2-4 hours per area selected

Materials: Computers with internet access

Cost: \$0 (if you already have computer access!)

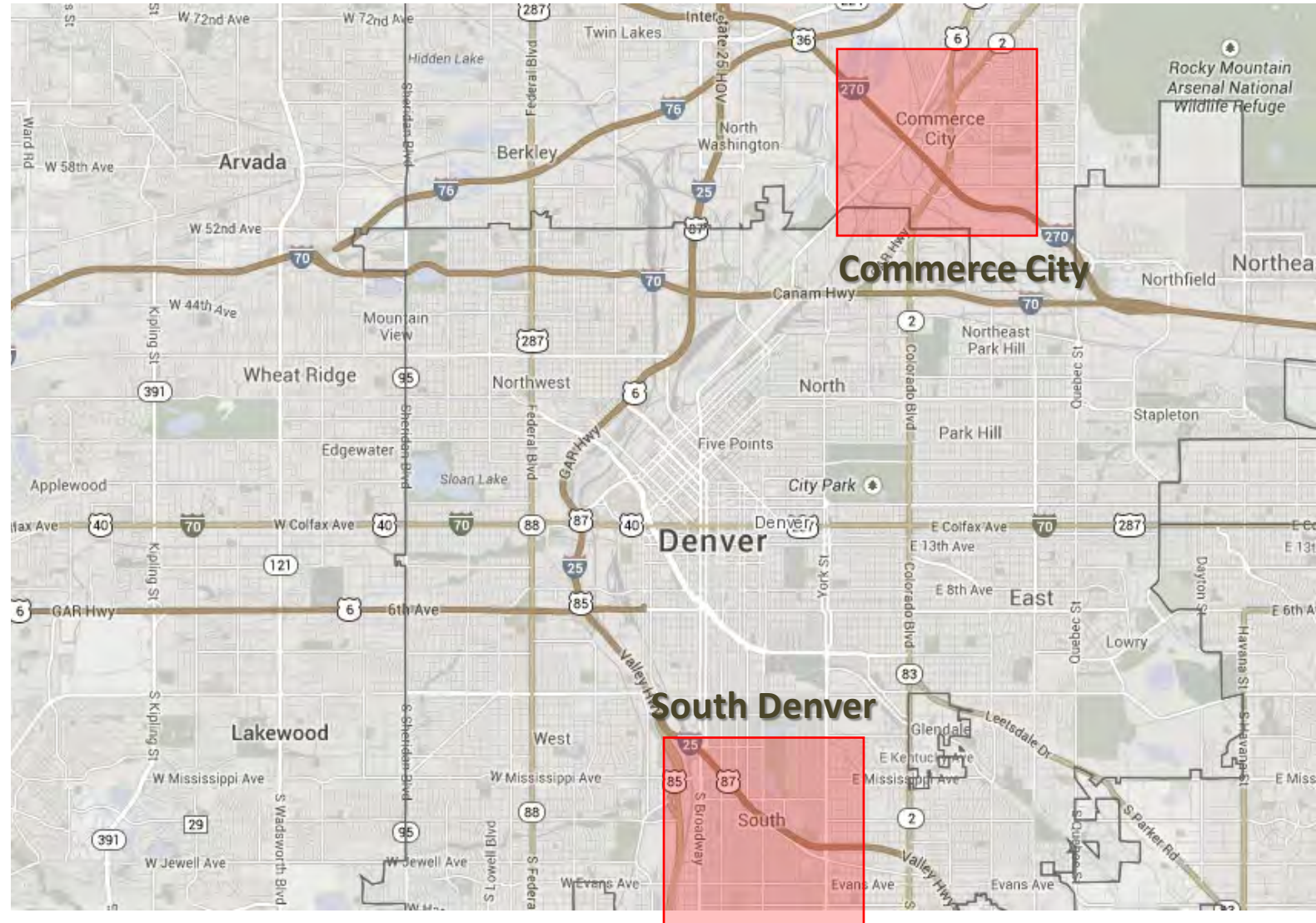
Best suited for: A tech savvy group with access to a list of retailer addresses



Bonus: Map out where the schools are in relation to the tobacco retailers and fast food chains, in order to show the proximity between youth and tobacco. If you have time, add in parks, community centers and/or places of worship.

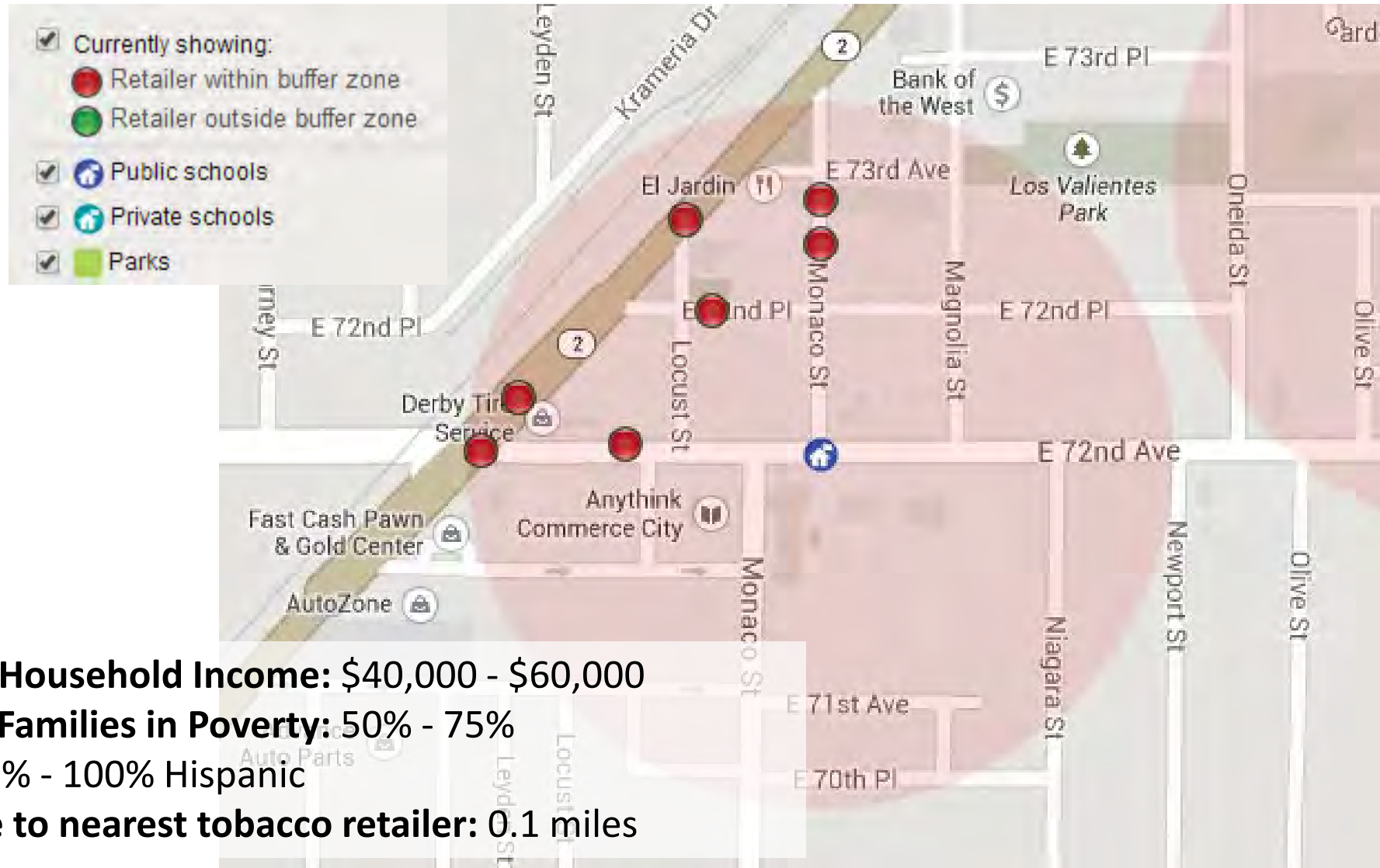


Proximity Case Study: The Tale of Two Schools Greater Denver Area, CO



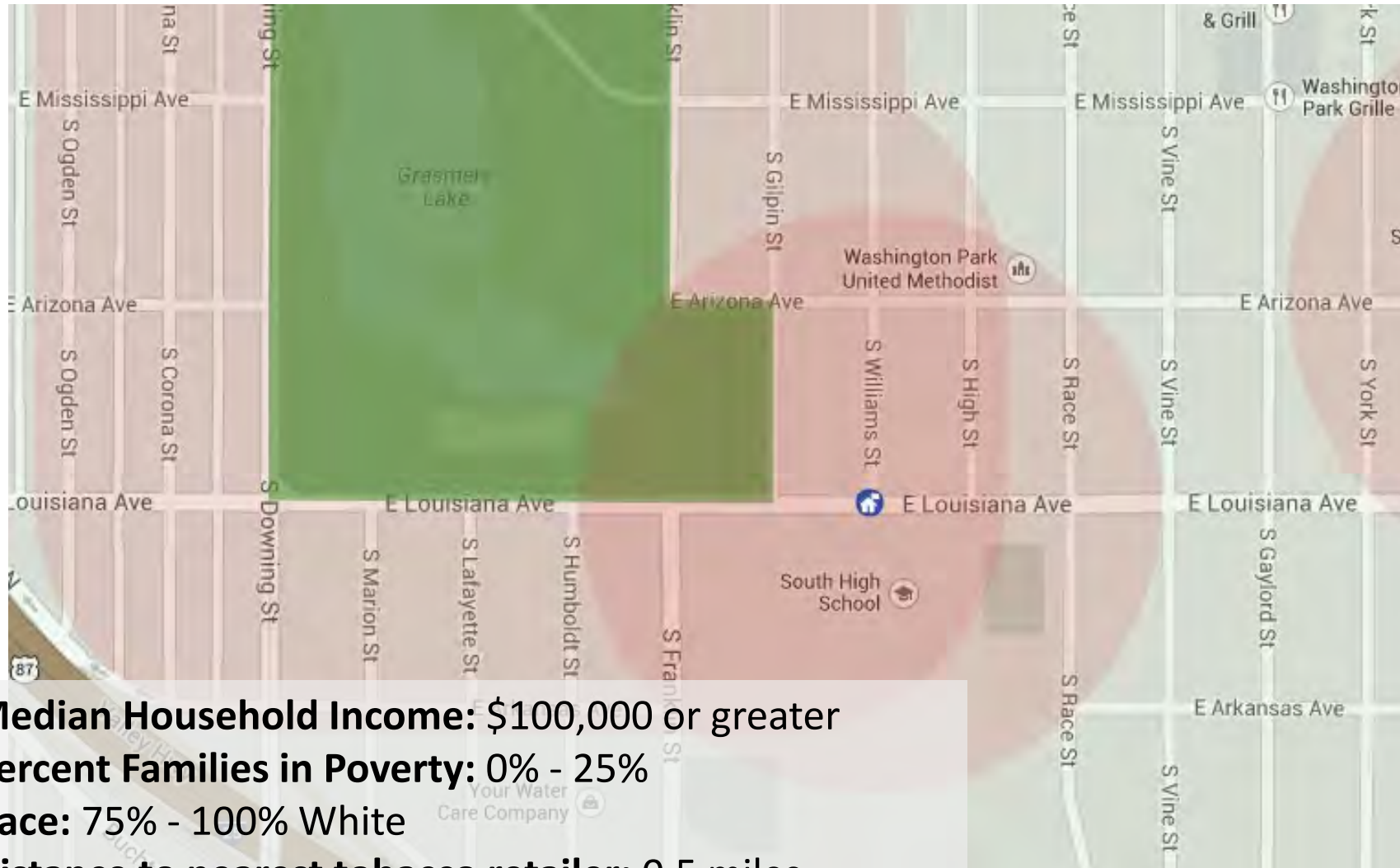
Proximity Case Study: The Tale of Two Schools

Lester R. Arnold High School, Commerce City, CO



Proximity Case Study: The Tale of Two Schools

Denver South High School, Denver, CO



Median Household Income: \$100,000 or greater
Percent Families in Poverty: 0% - 25%
Race: 75% - 100% White
Distance to nearest tobacco retailer: 0.5 miles



3. Micro Retail Environment



Micro Retail Environment

- Product availability
 - Price
 - Promotion
 - Placement
 - Advertising
 - Policy compliance
-
- Priority populations
 - Priority geographies
 - Potential wins



Getting Youth Involved: Store Assessments



- ✓ Store type
- ✓ Exterior ads
- ✓ Availability of:
 - ✓ All tobacco products
 - ✓ Alcohol
 - ✓ Flavored products
 - ✓ Singles
- ✓ Pharmacy counter?
- ✓ Price of cheapest cigarette pack
- ✓ WIC/SNAP
- ✓ Advertised <\$1
- ✓ Price promotions



Getting Youth Involved: Photovoice



Title / Photo #

Candy and Carcinogens

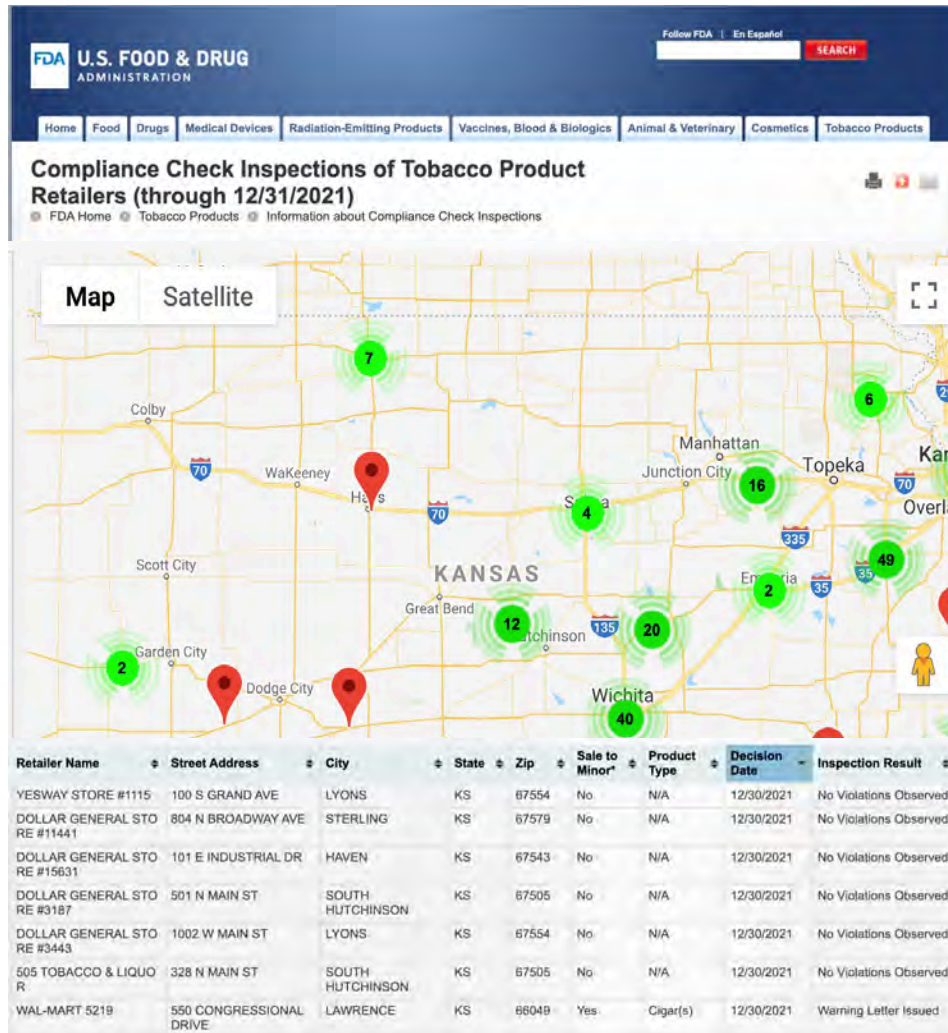
3-4 sentences that reflect SHOWED method:

In this picture of a store counter, you can see candies that are popular and common in most communities. Directly behind the candy there is a large shelf of tobacco products. The bright colors and candy draw your attention and then you see the shelves of tobacco product and are much more likely to feel the need to purchase these products.

Example worksheet with caption and 3-5 sentence description and photo. Worksheet template and writing sample credits: Lashena Washington, Strengthening The Black Family, Inc., and YEAH Youth



Retailer Violations



- FDA violations
- Synar
- State inspections



4. Potential for Public Health Impact



Potential for Public Health Impact

- Research evidence to support impact
- Advertisements versus density
- Non-tax approaches to price

➤ “Bang for buck”



First things first. This we know.

Exposure to POS tobacco

- Price promotions;
- Product displays and advertisements;
- Retail marketing



- Tobacco use initiation
- Tobacco use maintenance
- Difficulty quitting



Theoretically, then:

Exposure to tobacco

- Price promotions;
- Product displays and advertisements;
- Retailing/retail marketing



Less tobacco use
Easier to quit



Why reduce retailer density?

- **Health: When more tobacco retailers are located in a given area:**
 - Residents' health suffers
 - Youth are more likely to start smoking
 - People who smoke consume more cigarettes per day
 - People who smoke have a harder time quitting
- **Equity: Tobacco retailers cluster in neighborhoods with a high percentage of low-income residents and residents of color. These communities are targeted by tobacco companies, and they disproportionately suffer the health harms caused by tobacco use**



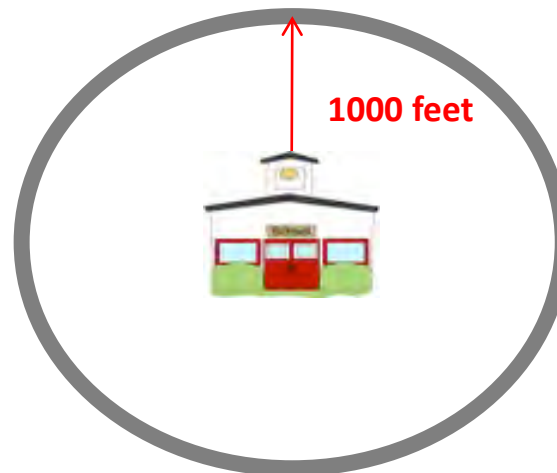
Reductions in Retailer Density (NC)

1. Prohibiting tobacco product sales in pharmacies



13.9%
reduction in density

2. Prohibiting tobacco product sales within 1000 feet of schools



17.8%
reduction in density

3. Requiring at least 500 feet between tobacco product retailers



22.1%



Strong local TRLs reduce youth initiation and use of cigarettes AND e-cigs



- Over 6 months, youth in communities with **strong** TRLs were:
 - 33% less likely to have initiated cigarette use
 - 26% less likely to have initiated e-cigarette use
 - 55% less likely have become a current e-cigarette user



Why raise tobacco prices?

- To discourage youth initiation
- To encourage and facilitate quit attempts

Raising excise taxes is key, but not the only way to increase prices! Also consider minimum floor prices and prohibiting discounts and coupons to:

- Keep prices high
- Reduce income-based disparities in smoking rates
- Reduce racial & geographic targeting and disparities



Flavored Tobacco Sales Bans

Youth prefer flavored tobacco products over non-flavored
NYC banning flavored tobacco products led to:

- 87% decline in sales
- 37% lower odds of teens ever trying a tobacco product
- 28% lower odds of teens using any tobacco product



Farley, S. M., & Johns, M. (2016). New York City flavoured tobacco product sales ban evaluation. Tobacco control, tobaccocontrol-2015.



5. Overarching Policy Context



Policy Context

- Amount of excise tax
- Strength of smoke free law
- Level of tobacco control funding
- Existing, underutilized laws or enforcement mechanisms



Cigarette Tax: \$1.29

Overall Grade	F
Cigarette Tax per pack of 20:	\$1.29
Other Tobacco Product Taxes:	
Tax on Little Cigars:	Equalized: No; Weight-Based: No
Tax on Large Cigars:	Equalized: No; Weight-Based: No
Tax on Smokeless Tobacco:	Equalized: No; Weight-Based: No
Tax on pipe/RYO tobacco:	Equalized: No; Weight-Based: No
Tax on E-Cigarettes:	Equalized: No; Weight-Based: Yes



Smoke Free Air Laws

Overview of State Smoking Restrictions:	
Overall Grade	A
Government Workplaces:	Prohibited
Private Workplaces:	Prohibited
Schools:	Prohibited
Childcare Facilities:	Prohibited
Restaurants:	Prohibited
Bars:	Prohibited

Casinos/Gaming Establishments:	Restricted (casino floors and tribal establishments not subject to state law)
Retail Stores:	Prohibited
Recreational/Cultural Facilities:	Prohibited
E-Cigarettes Included:	No
Penalties:	Yes
Enforcement:	Yes
Preemption/Local Opt-Out:	No



Program Funding

Overall Grade	F
FY2022 State Funding for Tobacco Control Programs:	\$1,001,960
FY2022 Federal Funding for State Tobacco Control Programs:	\$1,516,090*
FY2022 Total Funding for State Tobacco Control Programs:	\$2,518,050
CDC Best Practices State Spending Recommendation:	\$27,900,000
Percentage of CDC Recommended Level:	9.0%
State Tobacco-Related Revenue:	\$181,400,000

**Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.*



Flavored Tobacco Products

Overall Grade	F
Restrictions on Flavored Tobacco Products:	No state law or regulation



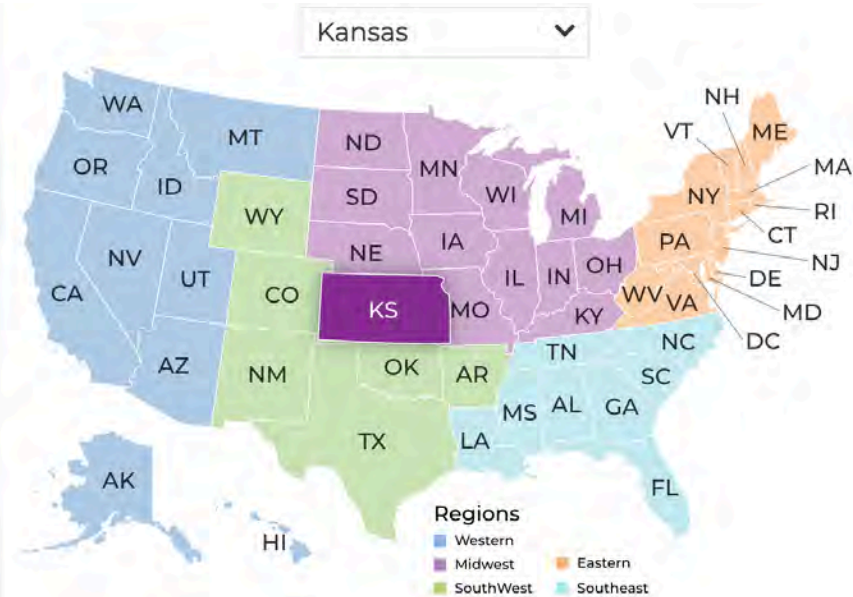
State Tobacco Retailer Licensing

Kansas

License Required: **Yes**

Any new retailer involved in the sale of cigarettes and smokeless tobacco product must complete Business Tax registration and obtain retail cigarette dealer's license.

Annual Licensing Fee: **\$25 bi-annual**



License fee is \$25 for each location. Permits for vending machines are also \$25.

Renewal (Years): **2**

Must be renewed every two years.

One "state" required for compliance check.

Recheck if employer fails compliance: **Yes**

Enforcement and Penalties

Kansas Penalty for Selling Tobacco Products without License: **Yes**

Jailtime: **Yes**

Criminal or Monetary Penalties for PUP: **Yes**

Employer [Business] Penalty: **Misdemeanor: Fine or imprisonment, or both**

Related Links: [More Information](#)

Employee [Seller] Penalty: **Misdemeanor, \$200 fine**

License Suspension or Revocation: **Both**



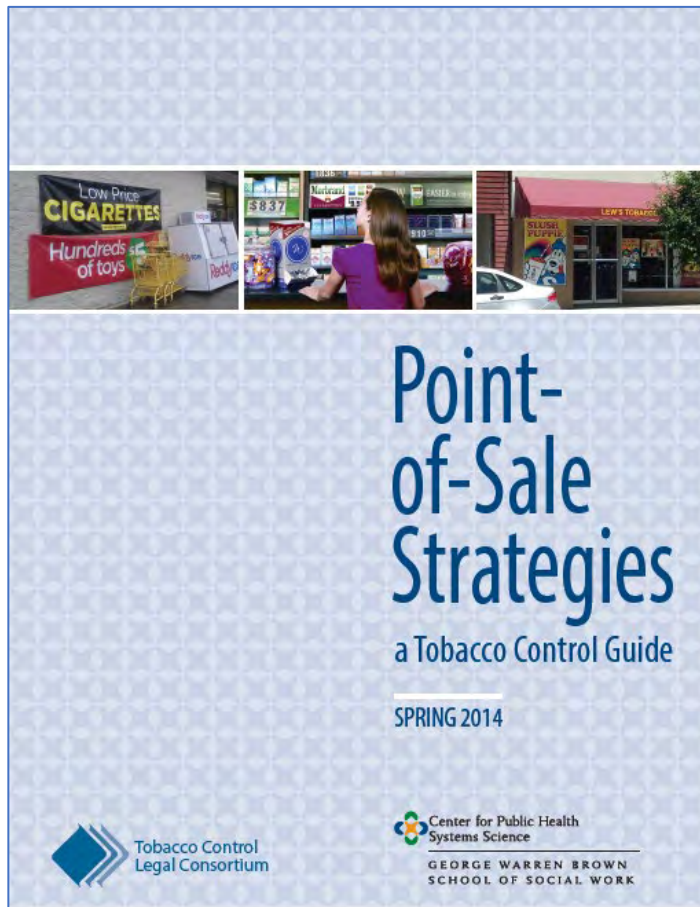
6. Legal Feasibility

- New options for enforcing new things
- Level, location of preemption

➤ Feasible options



POS Strategies Guide



Point-of-Sale Strategies Ranked by Legal Feasibility*

Policy	Page #	Rating	Examples
1 REDUCING (OR RESTRICTING) THE NUMBER, LOCATION, DENSITY & TYPES OF TOBACCO RETAIL OUTLETS			
1a Establishing a licensing system with fees or increasing licensing fees	15	G	At least 126 communities
1b Reducing the number of tobacco retail outlets	15	G	Huntington Park, CA
1c Restricting the location of tobacco retail outlets	15	G	Santa Clara, CA; Santa Barbara, CA; New Orleans, LA; Baldwin Park, CA
1d Requiring a minimum distance between tobacco retail outlets	16	G	Santa Clara, CA
1e Prohibiting the sale of tobacco products at certain types of establishments	16	G	San Francisco, CA; 80 MA localities
1f Limiting the number of hours/days when tobacco products can be sold	16	Y	
2 INCREASING THE COST OF TOBACCO PRODUCTS THROUGH NON-TAX APPROACHES			
2a Establishing minimum price laws	16	G	Over 25 states; New York, NY
2b Prohibiting price discounting	17	G	Providence, RI; New York, NY
2c Restricting sale based on pack size for non-cigarette tobacco products	17	G	Boston, MA; New York, NY; Many MA localities
2d Implementing mitigation fees	17	E	San Francisco, CA
2e Implementing sunshine or disclosure laws	17	E	
3 IMPLEMENTING PREVENTION AND CESSATION MESSAGING			
3a Requiring the posting of quitline information in retail stores	19	G	Indiana; Boston, MA
3b Requiring the posting of health warnings at hookah lounges	19	G	Suffolk, NY
3c Requiring the posting of graphic health messages at the point of sale	22	Y	

G = Green Light or "recommended" Y = Yellow Light or "recommended with caution" R = Red Light or "not recommended" E = Exploratory

*Feasibility at the local level will depend on state law

Point-of-Sale Strategies Ranked by Legal Feasibility*

Policy	Page #	Rating	Examples
4 RESTRICTING POINT-OF-SALE ADVERTISING			
4a Implementing content-neutral advertising laws	22	G	Ramsey County, MN; Henderson, NV; Milwaukee, WI
4b Limiting the placement of tobacco retail advertising outside certain store locations	24	R	
4c Limiting the times when tobacco retail advertising is allowed	24	R	
4d Limiting the placement of tobacco retail advertising inside stores	24	R	
4e Limiting the manner of tobacco retail advertising	24	R	
5 RESTRICTING PRODUCT PLACEMENT			
5a Prohibiting self-service access to non-cigarette tobacco products	25	G	Bristol, MA; many states
5b Limiting the times when tobacco products are displayed	25	R	
5c Restricting the number of products that can be displayed	26	R	
5d Prohibiting product displays	26	R	
6 OTHER POINT-OF-SALE STRATEGIES			
6a Prohibiting the sale of flavored non-cigarette tobacco products	26	G	Maine; Providence, RI; New York, NY
6b Raising the minimum legal sale age (MLSA) to buy tobacco products	26	G	Alabama; Alaska; New Jersey; Hawaii
6c Requiring that tobacco retail clerks meet the minimum legal sale age (MLSA)	27	G	Alabama; Alaska; Utah
6d Implementing stricter laws on the sale and use of commercial roll-your-own (RYO) tobacco	27	G	Vermont; Illinois
6e Including a "shame law" in the tobacco retailer licensing ordinance	27	G	Sierra Madre, CA
6f Implementing a licensing incentive program	27	G	Vista, CA
6g Regulating the sale of e-cigarette and other nicotine-delivery systems	27	G	California; Minnesota; Tennessee; Wisconsin

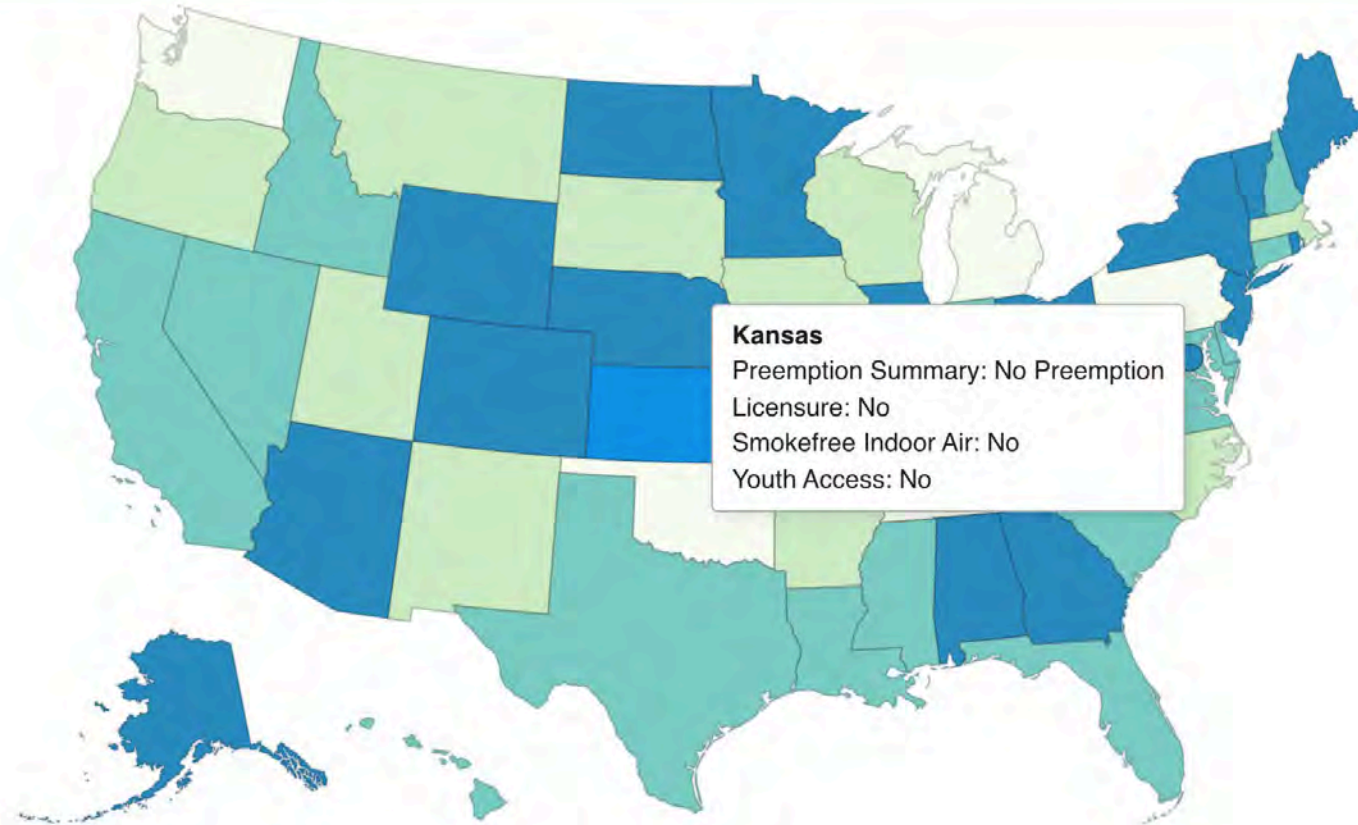
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*Feasibility at the local level will depend on state law



Preemption Analysis

State Preemption of Any Local Tobacco Control Ordinances – Licensure, Smokefree Indoor Air, or Youth Access – In effect as of September 30, 2021 (n=58)



Territories AS GU PR VI MP PW MH



7. Political Will/Community Readiness

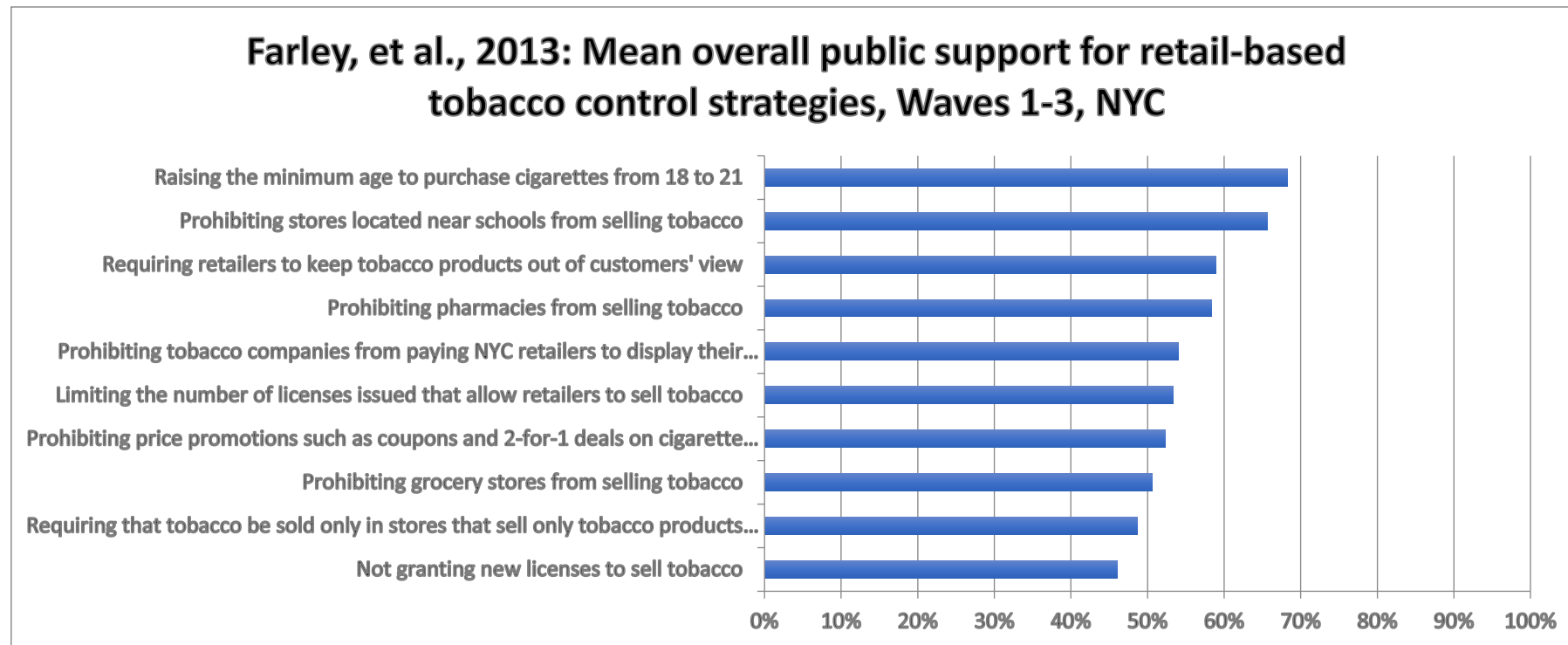
- Leadership
 - Competing interests
 - Community relevance
- Feasible options



Political Will/Community Readiness



Public opinion on retail-based strategies (NYC)



“...Retail-based strategies are consistently supported by the public, providing useful information for jurisdictions examining emerging tobacco control strategies.”



Competing Priorities

- COVID-19
- Alcohol abuse
- Opioid abuse
- Unemployment and job loss
- Lack of affordable or quality housing
- Mental/Behavioral health
- Poverty
- Structural racism
- Violence
- Obesity
- Food Insecurity

Links Between Tobacco Control and Other Priority Issues		
COMMUNITY PRIORITY	LINK TO TOBACCO CONTROL	WAYS TO SUPPORT TOBACCO CONTROL
Obesity		
Oral health		
Prenatal and child health		
Poverty		
Quality housing		
Youth violence prevention		
	Links Between Tobacco Control and Other Priority Issues	
COMMUNITY PRIORITY	LINK TO TOBACCO CONTROL	WAYS TO SUPPORT TOBACCO CONTROL
Asthma	Childhood and adult asthma attacks can be triggered by secondhand smoke. Racial and ethnic minority groups, low-income populations, and children living in inner cities visit the emergency room, are hospitalized, and die from asthma more often than the general population. ¹⁵ Comprehensive smoke-free laws protect workers with asthma and reduce hospital admissions. ¹⁴	<ul style="list-style-type: none"> • Educate parent organizations and asthma advocacy groups on the link between secondhand smoke and asthma, especially among children • Encourage these groups to support smoke-free workplace and multi-unit housing policies¹⁶
Cancer	In 2015, smoking will cause an estimated 30% of all cancer deaths. ¹⁷ One study found that secondhand smoke also caused about 7,300 lung cancer deaths in one year. ¹⁸	<ul style="list-style-type: none"> • Work with advocacy groups to support cessation and comprehensive smoke-free laws as part of their efforts • Work with health care providers to screen for tobacco use and promote cessation
Cardiovascular disease	Cigarette smoking is responsible for more than 151,000 deaths from cardiovascular diseases each year. ¹⁹ Secondhand smoke exposure also increases the risk of cardiovascular disease, stroke, and coronary heart disease. ^{12,18} Implementing comprehensive smoke-free laws reduces hospitalizations for heart attacks, stroke, and other coronary events, especially in younger people. ^{12,19}	<ul style="list-style-type: none"> • Work with advocacy groups to support cessation and comprehensive smoke-free laws as part of their efforts • Encourage health care providers to screen for tobacco use among patients who are at risk for or suffer from cardiovascular disease
Diabetes	Research has shown cigarette smoking to be a cause of diabetes. ²⁰ The risk of developing diabetes is 30-40% higher for smokers than nonsmokers, and the danger increases with the number of cigarettes smoked. ²¹ Smokers with diabetes also have greater risk of cardiovascular disease. ²²	<ul style="list-style-type: none"> • Encourage health care providers to promote cessation for patients with diabetes • Encourage health care providers to screen for diabetes among patients who are known smokers
HIV	Compared to the general population, the HIV-positive population is 2 to 3 times more likely to smoke. ²³ Smoking while HIV-positive increases the risk of developing infections and long-term side effects of HIV disease and treatment. ²⁴ It is also linked with a higher rate of death. ²⁵	<ul style="list-style-type: none"> • Work with advocacy groups to support comprehensive smoke-free laws as part of their efforts • Work with health care providers serving people with HIV to screen for tobacco use and promote cessation • Educate organizations that support people with HIV
Mental health and substance abuse disorders	People with mental health disorders or substance abuse conditions make up 25% of the total population, but smoke 40% of all cigarettes. ²⁶ Treatment program staff often incorrectly assume tobacco is not as harmful as other substances, or that tobacco cessation would be too stressful or prevent treating other addictions. ²⁷ Only half of substance abuse treatment centers screen for tobacco use, and only 34% offer cessation counseling. ²⁸	<ul style="list-style-type: none"> • Clarify misunderstandings about tobacco cessation for people with substance abuse conditions or mental health disorders • Encourage treatment centers to screen for tobacco use, promote cessation, implement smoke-free policies, and encourage staff to quit²⁹



Now what? Put it all together!

1. Epidemiologic/Surveillance Data

2. Macro Retail Environment

3. Micro Retail Environment

4. Potential for Public Health Impact

5. Policy Context

6. Legal Feasibility

7. Political Will/Community Readiness

Which POS policy strategy is “right”, now, for our geography?



Action items for you!

1. Figure out **what you already know**.
2. Figure out **what you need to find out** and how you can do it.
3. **Identify priorities** based on existing data and knowledge.
4. Start **thinking about policy solutions** for your community.



Opportunity for Technical Assistance from Counter Tools

Is your community actively pursuing POS policy change?
Let us help!

CDRR grantees are eligible for individualized virtual technical assistance and support from Counter Tools.

Contact Jordan.Roberts@ks.gov for more information.



Stay in touch!

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