# Linn County Health & Economic Impact Assessment of Tobacco Retail

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# About This Report

The tobacco industry has established itself as a constant presence in communities throughout the United States and Oregon. Their advertising and marketing tactics, found in local convenience stores, grocery stores, pharmacies, and other store types, have become almost impossible to avoid. These marketing tactics have successfully targeted youth and marginalized groups, leading to higher tobacco use in those targeted populations and creating health and social disparities in and between many communities. In Oregon, for example, 21% of the White population use tobacco products, while 33% of the Black population use tobacco products, and rural communities are more likely to use tobacco products than urban communities.[1] The rise of the unregulated industry of electronic cigarettes and flavored tobacco products has also created a heightened appeal in youth and a lack of understanding of their potential negative impacts. The industry presence is strong in communities through the retail environment, where the tobacco industry spends the majority of its marketing dollars. These efforts in stores have led to a fractured relationship between community health partners and stores, contributing to an unawareness of the retailer environment's important role in their community's health.

To address these issues on a local level, the Linn County Public Health (LCPH), Health Promotion Department partnered with three groups Spring, 2019 to conduct a Health and Economic Impact Assessment of the tobacco retail environment in Linn County. These groups included (1) community organizations serving populations identified as targets of the tobacco industry and frequently categorized as socially underserved, underrepresented, and/or systemically marginalized, (2) tobacco retailers, and (3) health care providers. The purpose of the assessment was to understand how the tobacco retail environment impacts Linn County and provide insight for potential solutions that can lead to healthier, more equitable communities. The assessment provides a clearer understanding of how the tobacco industry is embedded in our county and local communities, and the extent to which the use of strategic tobacco promotion, and marketing of emerging tobacco products (i.e. electronic cigarettes) have impacted our youth.

The assessment identified common themes within all the participating groups regarding what community members believe to be the issues and the solutions. Most commonly, participants identified issues and solutions based in policies, systems, and environments, that if changed, have the potential to positively impact the largest amount of people throughout Linn County, especially our local youth.

Findings from this assessment may help support community members, groups, and leaders as they work to better the health of Linn County and reduce exposure and access to tobacco products among youth, addicted people wanting to quit, and populations disproportionately and heavily targeted by the tobacco industry.

## Definitions & Acronyms

- LCPH – Linn County Public Health
- CDC - Centers for Disease Control
- POS – Point-of-Sale
- Tobacco products – Includes: Traditional cigarettes, cigars, chew, snus, e-cigarettes, vaping devices
- TRL - Tobacco Retail Licensing
- Tobacco Industry Target Populations – Groups include People of Color, Latinx, LGBTQ+, people experiencing homelessness, low socio-economic status populations, people experiencing mental health illnesses or issues, youth, rural communities.[2]
- Health Equity – The absence of avoidable, unfair, or remediable differences among groups of people; The fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing.[3]
- Health disparities – A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion. [3]
- Health Inequities – Systemic and societal differences in the distribution or allocation of resources between groups creating barriers that prevent people and communities from utilizing necessary means to achieve well-being.[3]
- Marginalization/Systemic Marginalization (of People or Communities) - Marginalization is the process of excluding, ignoring, or relegating a particular group or groups of people to the edge of society (through created systems, policies, infrastructure, etc.). Marginalized groups may be relegated to a secondary position perceived as less important, and even stereotyped as deviant, than those who hold more power or privilege in society.[4]
- SDoH - Social Determinants of Health: Conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions are shaped by the distribution of money, power, and resources.[5]
    - Healthy People 2020 five key areas of SDOH: Economic Stability, Education, Social and Community Context, Health and Health care, Neighborhood & Built Environment
- SES – Socioeconomic Status. Encompasses the social standing or class of an individual or group, often measured as a combination of education, income and occupation.[6]
- POC/COC – People of Color/Communities of Color - A term used to describe people who are not identified as White, non-European descent, in reference to skin color.[4]
- Latinx - relating to, identifying as having, Latin American heritage. Used as a gender-neutral alternative to Latino or Latina.[7]

# Background

### Tobacco Industry in Retail Stores

The retail environment is important for the tobacco industry because it allows them to communicate directly with consumers in their own communities. The industry channels most of its marketing dollars (nearly $9 billion per year according to the US Federal Trade Commission) into the retail environment (also called the point-of-sale or POS) where people and families frequent daily, accessing important resources such as food and medicine. This increases tobacco exposure in communities through advertising, marketing, and promotions. POS marketing includes tobacco advertisements in and outside of the store, product placement strategies, incentives offered to retailers to increase in-store marketing, and customer subsidies such as price discounts and promotional allowances, these tactics targets both consumers and retailers.[8]

Most of the tobacco industry's marketing money is spent in retail stores, or the POS, as a part of the tobacco industry's attempt to attract new, current, and recently quit users. Tobacco companies also target youth by strategically placing their brands and advertising in locations where youth frequent, such as in retail locations near schools.[8] These tactics increase total cigarette sales in an area and mislead youth regarding the normalcy and popularity of cigarettes, essentially where there are more retail advertisements and promotions, there are more users and addicts of tobacco products.[8,9] Research has shown that youth who are more frequently exposed to tobacco promotions in retail environments are 60% more likely to have tried smoking and 30% more likely to be future tobacco users.[10] Research has also found that stores where youth frequent contain nearly twice as much shelf space dedicated to the three most popular brands among youth and stores located near schools display nearly three times the amount of tobacco ads as other similar stores in other locations.[10, 11] The presence of tobacco products and tobacco advertising creates social norms about tobacco use, giving the impression that tobacco is readily available and accessible.[9, 11] Given that nearly 90% of adults that use tobacco daily begin by 18 years of age, it is essential to protect youth from targeting by the tobacco industry.[11]

*Nearly 90% of current adult smokers began by 18 years old*

*Nearly 80% of Oregon adults addicted to nicotine want to quit*

*Smokers are less likely to quit if they live near a tobacco retailer*

Retail tobacco marketing is known to cue smoking cravings and causes impulse buying of tobacco products.[8, 11] Despite the fact that nearly 70% of tobacco users want to quit (80% in Oregon), in reality, less than 1 in 10 successfully quit in 2015, and tobacco users are less likely to quit if they live within one-mile of a tobacco retailer. [9, 11]

## Targeted Populations of the Tobacco Industry

Along with youth, the tobacco industry consistently targets systemically marginalized populations throughout the US, such as communities with low socioeconomic status (SES), populations experiencing mental health illnesses or distress, youth, people of color (POC), and LGBTQ+ groups, making tobacco a social justice issue.[11, 12] This is accomplished through targeted marketing, price discounts, specialized product development (e.g., candy and fruit flavors for youth), and even sponsoring schools and student prevention programs to utilize tobacco industry developed tobacco education curriculum.[13]

An example of targeting is with menthol cigarettes. Menthol flavors are easier to smoke, harder to quit, and for decades have been marketed to the Black community.[12] Currently, roughly 85% of Black tobacco users use menthol cigarettes, nearly three times higher than White tobacco users.[12] A recent study found that menthol cigarettes were more highly advertised and had lower prices in Black communities, as compared to non-Black communities.[15] Other studies have proven that there are more advertisements and discount incentives to customers and retailers for stores located in low SES communities and neighborhoods comprised predominately of marginalized populations.[11]

*There are up to 10 times more tobacco ads in neighborhoods that have primarily Black residents compared to other neighborhoods*

Marginalized populations may disproportionately experience higher levels of stress than the average person due to systemic barriers to accessing quality and appropriate education, housing, employment, social and other services, health care, cessation resources, as well as experience discrimination, making initiation of tobacco use easy and quitting difficult.[14] As a result, tobacco initiation and use, along with rates of tobacco related illness and deaths are higher among the marginalized populations the tobacco industry purposefully targets with their marketing.[16]

The tobacco industry also offers monetary subsidies to targeted groups. In an effort to stave off tobacco control advocates in these groups, the tobacco industry donates to cultural and educational institutions, community organizations, civic movements, and elected officials and other leaders, exposing these populations to a higher than average amount of tobacco use promotion and creating situations wherein those groups do not advocate for protective tobacco control policies out of fear of losing funds.[17]

An early, recorded example of this strategic targeting method was the 1990 campaign by R.J. Reynolds tobacco company, titled by the company "Project SCUM" (Sub-Culture Urban Marketing).[18] Discovered by researchers when tobacco industry documents were made public after the Master Settlement Agreement, Project SCUM was designed to specifically target the

LGBTQ+ and homeless populations through donations to AIDS advocacy and research organizations and distributing free tobacco products at events, among other targeted marketing strategies.[18] As a result of this campaign and others similar to it over time, there is a strong connection between tobacco product use and these populations to this day, currently the LGBTQ+ community has higher rates of smoking than heterosexual/straight adults, with a smoking rate of 21% as opposed to 15%.[18] And national data reports that at least 70% of people experiencing homelessness smoke, four times higher than the general population and 2.5 times higher than housed low SES populations.[19]

Rural communities have also been targeted by the tobacco industry. Before regulations, the tobacco industry would give away free tobacco products at events, such as community festivals, rodeos, etc.[18] Following the 2009 Family Smoking Prevention and Tobacco Control Act, the tobacco industry is no longer able to give away free cigarettes in venues that are open to the general public.[18] These populations are now heavily targeted through retail-focused tactics, such as coupons for nearly free products, advertisements, price discounts, and development of brands to be "just for them". Advertisements, which often occur at higher rates rural communities, have also successfully normalized the idea that tobacco use as a "rite-of-passage" among boys in rural communities.[11, 18] Thus, low SES communities and rural communities have higher rates of tobacco use leading to higher rates of tobacco related health issues.[18] In Oregon, 33% of individuals with low SES status use tobacco products, while only 13% of higher SES individuals do.[1] CDC data by county nationally also shows a higher rate of cigarette and tobacco use in rural areas as opposed to metropolitan areas. In Oregon, 25% of adults in rural areas use tobacco products compared to 16% in urban areas.[1]

*Low-Income communities and rural communities have higher rates of smoking and tobacco use leading to higher rates of tobacco related health issues*

## E-Cigarette Epidemic in Youth

E-cigarette and vape products are popular with youth and have become the most commonly used tobacco product among US middle school and high school students, leading to the FDA and Surgeon General declaring it an "epidemic".[11, 20] E-cigarettes, also called vape, are electronic devices that heat up liquid, called e-liquid, containing many known and unknown chemicals, including nicotine, into an aerosol that is inhaled ("smoked") by the user, and come in various shapes and sizes.[21] The rise of youth use of e-cigarettes is likely due to the child-friendly variety of sweet flavors such as crème brulee, mango, and chocolate, as well as packaging, names, and advertising to look like familiar candy and child products, such as apple juice boxes, gummy worms, Sourpatch Kids™, cotton candy, and liquids named after popular cartoons, such as Disney® characters.[20] Image A shows an apple juice box next to an almost identical e-liquid container. An unfounded belief persists that e-cigarettes are less harmful than other tobacco

products.[20, 22] Due to lack of regulation there is no reported consistency of ingredients in e-liquids and what is listed on the packaging is not always representative of what is actually in the product, including whether or not it contains nicotine and/or how much.[23]

Image A


Image adapted from www.ftc.gov

Studies have shown e-cigarette companies, JUUL brand being the largest of them, specifically target youth in advertisement campaigns.[20, 23] One JUUL cartridge, called a "pod", holds the same nicotine content as 20 cigarettes, and is able to deliver the nicotine faster than other e-cigarette brands.[22, 23] Vape and e-cigarette advertisements show young adults with colorful backgrounds, and have been placed in very visible locations and through various social media platforms frequented by adolescents.[23] Use of social media platforms, like Instagram, by e-cigarette companies allows their advertisements and campaigns to directly target youth with limited adult control and awareness.[23] Large e-cigarette brands are also made visible through "influencers", people paid to use the product in public, online, and on screen, and by sponsoring or holding large events advertised to be for teens and young adults, like concerts and festivals.[23] Advertisements for e-cigarettes are also very common in retail environments close to schools, particularly schools located in neighborhoods primarily made up of marginalized and low SES families; studies have shown that the number of tobacco outlets and tobacco promotion near schools increases with higher numbers of students of color and students receiving free or discounted lunches.[24]

*"[e-cigarettes are] not solving the problem, just changing it"*

*– Focus group participant*

With the increase in youth tobacco initiation and addiction with e-cigarettes, youth intention to quit is lower in those using e-cigarette products than conventional cigarette users. Research has also shown that addicted e-cigarette users have a lower rate of past tobacco quit attempts and a lower rate of actively trying to quit any or all tobacco products.[11] Additionally, traditional cessation resources are typically developed for addicted adults quitting cigarettes and rarely address the new e-cigarette culture, or are appropriate for teens.

*"We are at a pivotal moment, are we going to stop the growing rates [of addicted youth]? Or are we going to allow it to keep going and let people get addicted"*

*- Linn County Health Care Provider*

## Cost of the Tobacco Industry in Communities

The negative health impacts felt by individuals that have been targeted by the tobacco industry and use tobacco products has created a strain on the American health care system. The total cost of tobacco related illnesses on the American health care system has been estimated to be

$170 billion annually, while the cost created from individuals who are exposed to secondhand smoke alone is $6.03 billion annually.[25]

In Linn County, the estimated cost of tobacco related medical care is $45.1 million per year, while the estimated annual productivity loss in the county due to tobacco related illnesses and health conditions is $40.1 million.[26] In 2014 a national survey found tobacco use caused more loss of employee productivity than alcohol abuse or family emergencies; between losses in productivity and extra health care costs, an employee who smokes costs a business nearly $6,000 per year for each tobacco user.[27, 28] There is also strong evidence that youth exposed to secondhand smoke have higher medical needs, and those that use and/or are addicted struggle more in school, leading to more possible missed days.[23] Depending on the school's policies and enforcement practices on attendance and tobacco possession, an addicted teen may possibly face more frequent negative interactions with administration through formal discipline such as suspension, and even involvement with the justice system.

*$40.1 million – The estimated annual productivity loss in Linn County due to tobacco related illnesses and health conditions*

**Two types of employer costs caused by employee tobacco use:** [28]

**Direct Costs** are those dollars spent on health services. Direct costs include payments made by the company for health care benefits, disability, and workers' compensation.

**Indirect Costs** are expenses not immediately related to treatment of disease. They include lost wages, lost workdays, costs related to using replacement workers, overtime expenditures, productivity losses related to absenteeism, and productivity losses of workers on the job.

# Assessments

The effects of tobacco use and the tobacco industry predatory practices is a national problem, however the impacts are experienced at the local community level where tobacco related illnesses negatively affect work, school, and families, and can be costly to individuals, employers, and community health care spending. In an effort to understand how the tobacco industry impacts retailers, community members, and individuals in Linn County, LCPH partnered with local stakeholders to conduct Health Impact and Economic Impact Assessments.

Community member partners were from the following categories:

- Organizations: Community organizations representing populations that the tobacco industry targets disproportionately, including low socioeconomic status (SES), African American or Black, Latinx, LGBTQ+, and youth populations.

- Retailers: Tobacco retailers, including store owners, managers, and regional supervisors of chains. This assessment only included establishments that are accessible to people of all ages (not restricted to 21 and over).

- Providers: Health care providers and tobacco treatment (cessation) specialists

The following sections outline the assessments and partnership process for each community group.

## COMMUNITY ORGANIZATIONS

It is well-documented nationally that the tobacco industry's marketing tactics have a disproportionate impact on certain populations at the community level. LCPH wanted to explore this with our own communities. LCPH worked with a network of community partners to collaborate on creating and conducting culturally appropriate assessments with organizations representing the systemically marginalized groups the tobacco industry targets nationally.

### Methods & Process

LCPH conducted outreach and was invited to speak with organizations' leadership to present on:

- Information on the issue: Tobacco industry predatory targeting and their impacts
- The project: Assessment of local experiences and exploration of local community suggested solutions
- Assessment activity: Conducting focus group discussions and surveys
- Partnership: Organizations were given the option to partner (or not) to conduct focus group discussions, and the option to perform partner activities that best fit their needs and organizational interests

Assessments tools, including focus group discussion guides, and surveys, were adapted from national and Oregon-specific assessments, including:

- The CDC National Youth Tobacco Survey
- Oregon Healthy Teen Survey
- Assessment tools from other Oregon counties that have completed their own Health and Economic Impact Assessments of tobacco

The assessment tools were refined using feedback from the partnering community groups' leadership, the Oregon State University Center for Health Innovation, and The Rede Group consult firm.

Each partnership was a uniquely crafted collaboration between LCPH and the partner organization's leadership. Some organizations found it easier to have LCPH play a significant role in the planning and implementation of their focus group discussions, and others preferred to conduct them on their own with guidance from LCPH.

The organizations were provided compensation based on type and number of activities and roles they wanted or could do and number of focus group they were able to host. All focus group participants were provided with gift cards as incentives and appreciation for their participation. Partner organizations selected their preferred times, dates, and locations (within LCPH's required time frame) for planning meetings and implementation, and recruited participants.

LCPH led some of the focus group discussions, and took notes. For other focus groups, partner organizations preferred to lead the discussions themselves and use an internal note taker. LCPH staff were present when leading the discussion, or when they were specifically invited to attend. LCPH staff did not attend focus group discussions if there was any potential of creating discomfort for participants. All groups were asked to provide consultation on assessment tools before the assessments, most provided feedback on the discussion notes and findings, and all were given opportunity to provide input on this report during the writing process.

## Results

### *Respondents*

LCPH partnered with 4 organizations to complete a total of 6 focus groups in May 2019. A fifth partner worked toward planning a focus group, but time constraints prohibited completion. Adults in focus groups were asked to complete an optional short pre-survey about the participant's personal experience with tobacco, and about their neighborhood stores.

| Partner Organization | Tobacco Industry Target | Focus Groups Completed |
|---|---|---|
| Kidco Head Start | Lower-income adults | 2 |
| Casa Latinos Unidos | Adults, People of Color | 2 |
| NAACP Corvallis/Albany Branch | Adults, People of Color | 1 |
| Boys and Girls Club of the Greater Santiam | Youth | 1 |
| Gender & Sexuality Alliance from Linn Benton Community College | Adults, LGBTQ+ | Due to time constraints unable to complete a focus group |

### *Themes*

Organizational partners of all types **expressed concerns for how youth are targeted by the tobacco industry through both social media and local stores.** Organizational partners explained that the tobacco industry is enticing youth into tobacco use with new and innovative advertising and products, particularly e-cigarettes. Many confirm seeing youth as young as middle school age using these products at alarming rates. Most participants believe these products to be just as bad as traditional tobacco products and expressed concern over the lack of information on actual the safety of these products. No adult in any of the focus groups had met anyone that had successfully quit using cigarettes through the use of e-cigarettes and vapes.

**Proximity to tobacco retail outlets was perceived to be an issue.** Of those that completed the pre-survey, 78% agreed the tobacco industry targets youth and about 70% stated that there was a tobacco retailer within a quarter mile of their neighborhood (or child's) school.
Retailer maps can be found on pages 26-28.

**Organizational partners perceived pro-tobacco messages to be "constant" and "universal"; whereas, anti-tobacco or quit resources are "absent".** A common discussion among all the groups was that messages encouraging tobacco use are so frequent that they have become universal within communities and messages not to use, or to quit, are only in specialized places and may not accessible to all. Of those that completed the survey in the focus groups, 75% reported living within a quarter mile of a tobacco retailer and 73% didn't know anything about local cessation services. This, mixed with the reported reasons people smoke, (i.e. to fit in, to relax from stress) led group discussions to the conclusion that as a society we are externally motivated to use these physically and mentally addictive products but then are held individually responsible for to either not use or to quit. The unhealthy choice is the normal and easy choice, while the healthy choice is difficult and seems unattainable to some.

**Adults recognized their own role in youth tobacco use, and prevention.** All discussions about e-cigarettes and youth's access to tobacco products resulted in the conclusion: Youth behaviors are the product of the environments, systems, policies, and social settings created by the adults in their communities, and that access to tobacco products comes down to how adults choose to control, or use, the product. According to the 2018 Oregon Tobacco Facts, 73% of 11th graders were aware of seeing tobacco advertisements on storefronts or inside a store in the past month.[1]

*Focus Group Participant's Quotes:*

*"Cigarettes are masked as a want but they become a dependency"*

*"Young people smoke because they are curious, because the older friend smokes. They smoke because gives them a status, because they want to belong to a group."*

*"I thought they created the e-cigarettes so people would stop smoking. It was a kind of sedative that would help people stop smoking. But now I see it is addictive too. So, it is not really helping, just the opposite."*

*"I think that children and youth start smoking because people in the family smoke. When they become teenagers, they smoke because they know smoking is accepted in the family."*

*"I do not know if schools are ignoring the problem or if they do not have the capacity to control it."*

*"I see people smoking in parks. There are children playing there but still they smoke."*

*"As parents and community members we need to be more mindful about what example we are setting"*

When discussing solutions to curbing youth initiation and helping people that want to quit, focus groups also discussed the relationship between parents and their teens, specifically addicted parents unsure of how to help their addicted teens. Most discussions resulted in solutions that were community-wide, such as where tobacco use should be permitted in a community, changes to the retail environment, and to increase the awareness, access, and quality of cessation support resources that could meet the needs of a whole family and not just individuals.

## HEALTH CARE PROVIDERS

Health care providers play an important role in supporting people living with the long term impacts of tobacco use and nicotine addiction. LCPH partnered with providers and tobacco cessation specialists from Samaritan Health Services to conduct key informant interviews to learn how they saw the environment where a patient lived, worked, and played was helping or hindering the ability to successfully quit tobacco or never start to use tobacco.

### Methods & Process

LCPH conducted half hour interviews with the goal of speaking to providers who served different demographics in different communities. LCPH spoke with providers who served youth, adults, and the elderly and had different specialties such as primary care and behavioral health. Some of the providers were doctors while others were tobacco cessation specialists. All interviewees were offered compensation for their time with a gift card and interviews were conducted according to the best times and locations for the providers.

### Results

#### *Respondents*

LCPH community partner Samaritan Health Services connected LCPH with a total of 6 providers and tobacco cessation specialists. Four interviews were completed, 2 providers and 2 tobacco cessation specialists.

#### *Themes*

Health care providers notice the local impact of predatory tactics of the tobacco companies. All providers described the disproportionate burdens experienced by communities of lower socioeconomic status. All providers noted the critical role of their patients' built and social environments -- where their patients live, work, and play -- to support the adoption of important health behaviors such as never use, and cessation of tobacco and nicotine products.

Providers are concerned that the tobacco industry is "saying too much" in the community, and public health is "saying too little". Many providers expressed concern for imbalance of messages and resources in communities, stating that messages encouraging use and the access to these addictive products are more abundant than messages and resources to not use or to quit.

These sentiments are backed up by evidence that proves low income neighborhoods and neighborhoods comprised of primarily people of color have more tobacco retailers and retailers closer to their homes and schools, and high density and close proximity for any community members to a tobacco retail environment increases use in both youth and adults and makes quit attempts less successful for addicted persons wanting to quit.[11]

**Providers see a need for additional tobacco cessation and treatment supports.** Some of the conclusions and solutions providers came to involved needing more support in the clinical setting, such as having more people trained in readiness to quit screenings, providing cessation referrals, and crafting quit plans. Providers also wanted to see a more level playing field for patients out in the community, with more cessation messaging and resources placed in common community settings. Similar to our organizational partners, providers favor community-level approaches to curb youth initiation and addiction, and to help addicted adults quit.

*Health Care Providers and Tobacco Cessation Specialist Quotes:*

*"Kids and teens want to be adults. Cigarettes are considered an adult thing to do. Adults need to model other ways of what it means to be an adult."*

*"Create an environment for people to make healthy choices because behavioral health/mental health system can't address deep seated trauma that influences our health behavior."*

*"Compared to 20 years ago, there are fewer public places to smoke. That matters!"*

*"I would like to see fewer tobacco sellers."*

*"No stores [should be] within walking distance to teen centers."*

*"[Cessation] Programs are not targeted towards teens; Teens/young adults need to be with their peers."*

*"We have a responsibility to make it easier for them [patients] to make the change when they are ready to do so and be non-judgmental and ready to support until then."*

# TOBACCO RETAILERS

Tobacco retail outlets, defined as the brick-and-mortar stores where tobacco products are sold, and the people who are employed within them, play a major role in the environment of a community and city. Our local stores provide needed resources, and for some communities are sources of community connection. They are also the primary channel used by the tobacco industry to communicate with our community. Building partnerships between retailers, the county, and community member/shoppers is important for ensuring our local retailers have a stronger connection to and relationship with their community than their tobacco distributor.

This assessment is the beginning of a partnership to understand the financial impact tobacco sales and tobacco contracts have on businesses compared to the financial and health impact their products have on our citizens. These partnerships are also a pathway to creating trust and camaraderie between the local business community, LCPH, and community members. Fostering a place for open conversation and discussion between these groups can lead to a community where all residents can contribute to a healthier environment for our youth, families, and workforce.

## Methods & Process

There is no licensing system for tobacco retail there is no comprehensive list of stores that sell tobacco in Linn County. Therefore, in 2018, LCPH created a list of all Linn County tobacco retail outlets (all-age-establishments only) as part of a Retail Environment Observational Assessment project. Roughly 100 tobacco retail outlets in Linn County were known at the time. Retailer maps can be found on pages 26-28.

Each tobacco retail outlet location address was mapped using the Google Maps “My Maps” function. Sixty retailers were selected based on location in the county, store density within a community, type of retailer (grocery store, convenience store, pharmacy, etc.), and proximity to schools. Each of the 60 selected retailers were contacted with a letter sent by mail providing information about the Health and Economic Impact Assessment and to expect a friendly call from LCPH. Lastly, LCPH contacted each of the 60 selected retailers by phone to schedule an in-person interview. The retailer’s involvement in the assessment was completely voluntary.

Interviews with retailers were conducted according to a semi-structured survey that was developed from preexisting assessment tools from other Oregon counties, and assessment guidelines available on national websites, such as CounterTobacco.org and ChangeLabSolutions.org. Feedback was also received from the Oregon State University Center for Health Innovation and The Rede Group consultation firm.

Interviews were informal, allowing for free flow of ideas and sentiments, as well as relationship building to occur between LCPH and tobacco retailers. The main objective was to understand what potential county-wide solutions can be implemented and accepted by all individuals in the community. Individuals involved in the conversation were compensated for their time with a gift card.

## Results

### *Respondents*

A total of 23 interviews were scheduled with tobacco retailers and 18 interviews were completed (included owners of multiple locations), representing over 20 all-ages store locations throughout Albany, Lebanon, Lacomb, Sweet Home, and Harrisburg. Each conversation lasted an average of 25 minutes.

### *Themes*

Tobacco retailers expressed mixed feelings about selling tobacco in their stores. During interviews with local tobacco retailers, they expressed mixed feelings about selling tobacco in their stores; some opinions would often differ depending on if they were speaking as a retailer or as a community member. Many discussed not wanting to sell tobacco to fellow community members, and had ideas about what rules should be in place for retailers that sold to youth in their communities, however felt that selling tobacco was a necessary part of operating a store. However, most retailers indicated that tobacco sales only accounted for a small portion of the stores total sales. Even for retailers who claimed to sell a lot of tobacco rarely profited from tobacco sales. Several retailers added that it is the tobacco distributor who profits from tobacco sales in their store, while the only tobacco-related profit retailers made was from their contract with distributors.

*"You don't make anything off of tobacco, so having contracts makes money"*

*- Linn County Tobacco Retailer*

Contracts with the tobacco industry are perceived as a way to earn revenue, but require relinquishing some control to the industry. Some of the retailers felt that having contracts with tobacco distribution companies was the only way they could make any profit from tobacco sales. For those who have never had or do not currently have contracts with tobacco distributors, the main reason retailers gave was that they disliked the specific rules and control that distributors want to have over product placements, what products are sold, and how much needs to be sold. These rules serve to craft the retail environment to optimize consumer purchases and use.

*"If you're running a business you have to have it (tobacco distributor contract)...you have no choice"*

*- Linn County Tobacco Retailer*

*"They're (tobacco distributors) jerks, I don't want them telling me what to do with my store"*

*- Linn County Tobacco Retailer*

**Retailers perceive tobacco control policies to be necessary, but burdensome, especially if they vary across city or county lines.** Several of the retailers owned multiple stores, some of them in multiple counties. Those retailers conveyed that the time and energy burden of complying with differing regulations for tobacco sales based on city and county can be overwhelming. Retailers expressed high importance on complying with all laws and regulations, and some said it would be helpful to them if there was a system to handle tobacco sales regulation similar to the Oregon Liquor Control Commission (OLCC) system.

**Retailers lack routine information and regular training from public health agencies and advocates.** Retailers also expressed a desire to streamline information about new and updated tobacco regulations, such as when Tobacco 21 was enacted in Oregon. A few retailers reflected on the difficulty of getting information on the law change and also difficulty in having to turn away customers that were between 18 and 20 years old after Tobacco 21, as they were now addicted and there was little to no support to help them quit. Additionally, most retailers welcomed information on local cessation resources, including signage for the Oregon Quit Line in their store and standardized training for all retailers with an education component on how to prevent underage tobacco sales, again citing the standard OLCC system they all must be a part of to sell alcohol.

*"Sometimes we are informed late or confused about the law and can't find an answer… with training we can get information from you guys so we don't break the law."*

*- Linn County Tobacco Retailer*

**Retailers would appreciate assistance and training to ensure universal compliance with age-of-sale policies ("Tobacco 21").** Retailers expressed not wanting to see youth using tobacco and explained their methods to make sure underage sales were not occurring. All 18 stores had different processes, procedures, and policies for age verification and training staff on selling tobacco. Many stores did not have a written procedure for how to check an I.D. and all stores had different practices on what age customers should look in order to check their I.D., this also differed within some stores between the employees. A few had scanners that could detect a fake I.D. but expressed that it was a large upfront expense. When asked how store staff receives training in tobacco sales and tobacco policies 17 out of 18 claimed they do train staff. Some stores only trained staff upon hiring; a few received yearly or quarterly brief reminders of the law and best practices as their training, with more than one store doing this on a computer and others doing it on paper. Most get some training on checking I.D.s from OLCC but some believed the OLCC training was not a proper tobacco sales training. Many retailers welcomed the idea of receiving support and training from their local health department.

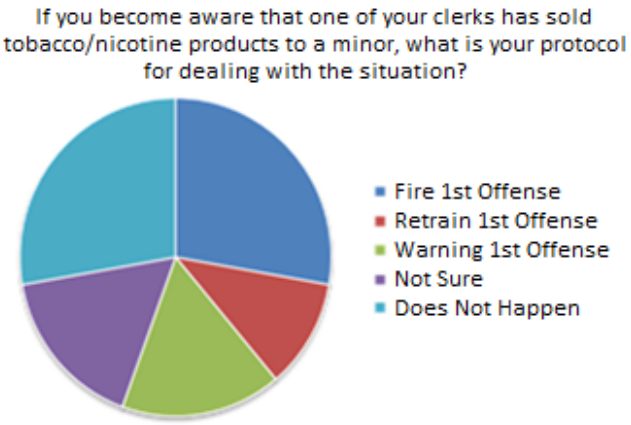
*"We're family owned and operated. I check ID for customers that look under 30"*

*- Linn County Tobacco Retailer*

*"If they don't look like my parents' age then I check ID."*

*- Linn County Tobacco Retailer*

There was also little consistency regarding procedure for if staff sold tobacco to an underage customer, and the majority of stores did not have this procedure in writing. Of the 18 retailers interviewed;




- 5 would fire an employee who sold to a minor on the first offense.
- 2 would retrain the employee after their first offense, and if they sold to a minor again they would be fired.
- 3 would issue a warning for the first offense and fire if it happened again.
- 3 were unsure.
- 5 claimed underage sales do not happen at their stores, either because they have a computer system that cannot be bypassed without scanning ID, or because they were a family owned business.
- In regards to underage tobacco sales, a couple retailers believed that underage tobacco use is the personal responsibility of the consumer, no matter the age. This sentiment demonstrates the divide the tobacco industry causes between a retailer and their community.

**Retailers want to be a valuable part of their communities, and need to earn enough money to keep their businesses alive.** Overall, the discussions with retailers demonstrated the divide they feel due to the tobacco industry influence on their stores. The industry has created an environment in which retailers feel they need signed contracts with tobacco distributors to keep their businesses alive, with the industry utilizing those contracts to shape how stores function to normalize tobacco in a community.

**See more information about tobacco retailers and retail-based solutions to community health in the 'Recommendations' section.**

## THEMES ACROSS GROUPS

From all the assessments with the 3 different groups, common important themes were identified regarding the relationship between our community and the tobacco industry:

- Tobacco industry tactics have normalized tobacco use in our community through products, advertisements, and fighting local policies that make healthy choices and environments more accessible for everyone.
    - Despite major successes, such as the Master Settlement Agreement in 1998, the Family Smoking Prevention and Tobacco Control Act of 2009, and Indoor Clean Air Act policies protecting health and safety in restaurants, workplaces, etc., people still struggle to imagine less tobacco industry influence on our community and stores.
    - People acknowledge that the playing field is not level; pro-use messages are viewed as a common aspect of society, when healthy choice and/or cessation messaging is expected only in specialized spaces (such as schools and clinics).
- Tobacco industry wants society to believe that addiction is an individual responsibility while also creating addictive products and community environments that encourages use and makes choosing to quit difficult.
    - The built and social environment, that affect access and choices, is created and sustained not only by the tobacco industry but also the local community as they dictate how resources are directed, what policies are or are not put in place, enforcement of policies, and more.
    - Adults in the community can use decision making authority at the local level to create a community environment that protects children from the tobacco industry, prevents tobacco use, and promotes quitting.
- Community members desire a more level playing field.
    - There is significant support for community level policies. Retailers, who are also community members and spoke positively of the need of a local system to enforce minimum legal sales laws and provide support for retailers to be in compliance with regulations. Retailers also largely agreed that the community, especially youth, would benefit from more comprehensive county wide tobacco policies.
    - The majority of partners who contributed to the assessment would like to see less tobacco retailers near schools. People want to see less advertisements and more encouragement not to use, education and skill building to avoid use and to quit, and increased awareness of cessation resources throughout the community and not just in specialized locations, such as clinical or service settings.

# Recommendations

The tobacco industry can and does spend billions of dollars each year on retail environment, or point-of-sale (POS) promotion in community stores to encourage people to start using their addictive products and become a permanent customer. The passage of the 2009 Family Smoking Prevention and Tobacco Control Act granted new control to local municipalities in the United States to implement their own tailored retail-focused tobacco prevention and control policies. These policies can and have acted as a way to level the playing field between communities and the tobacco industry.

In the years since 2009, localities across the US have successfully implemented POS focused changes as mechanisms to prevent youth from starting to use tobacco products and make it easier for everyone to quit. The primary method used for a community tailored POS prevention policy is a Tobacco Retail License.

### Tobacco Retail License (TRL)

In Oregon, one must obtain a license to sell alcohol, operate a vehicle, and prepare and sell food, yet there is no licensure to sell tobacco products, despite tobacco being the leading cause of preventable deaths and illnesses.[1] As of December 2018, 22 states, plus the District of Columbia, require a license to sell tobacco products. TRL is proven to be one of the most effective methods of substantially reducing the impacts of the tobacco industry in communities through the following basic components: [11, 29, 30, 31]

| | |
|---|---|
| Provides retailers with support | A fair, consistent, and evidence-based system for education on laws and products, as well as support with healthy retail strategies to be both profitable for stores and beneficial to the health of their community. |
| Provides a system for monitoring | A system can provide community members, county officials, and county health systems with a comprehensive list of tobacco retailer outlets and where they are located (these lists only exists in places that have a license system). This also allows for consistent and comprehensive compliance checks of all retailers in regards to tobacco sales, especially those involving youth. |

### What is a TRL?

A TRL can work in various ways and be customized with a variety of components and functionalities to best fit each community's needs, population, and number of retailers, this includes an annual licensing amount that makes most sense in order to implement the various components of the customized licensing system. Components of a TRL can include: [11, 29, 30, 31]

| | |
|---|---|
| Maintain a list of tobacco retailers | Licensing ensures the capacity to maintain a current and comprehensive list of businesses that sell tobacco, this data can be used to map tobacco retailers and monitor the number, location, and density of retailers in communities. |
| Density | Decreasing tobacco retailer density and accessibility decreases tobacco related health disparities, as well as decrease youth access and initiation. |
| Zoning | Limiting tobacco retailers near schools has direct impacts on youth initiation and use. Many TRLs include zoning provisions that include no tobacco sales within 1000 feet of schools. |
| Retailer support | Comprehensive tobacco sales trainings, technical assistance on laws and policies, and partnership opportunities for how to make healthy changes to their stores that can also improve business. |
| Monitoring | The annual license covers the costs of ensuring compliance with minimum age laws, tax laws, and the Family Smoking Prevention and Tobacco Control Act. |

## Tobacco Retail Licensing for Linn County Stores

Retail stores are a crucial component of communities, providing access to resources and food, and acting as a place for social connection. This is especially true for communities that lack access to grocery stores, as is the case in rural communities and many Linn County neighborhoods. As such it is important that our retailers have a stronger alliance to their communities than to their tobacco distributors.

The tobacco industry spends time and money promoting and normalizing tobacco-favorable messages that counter community health values and tobacco control efforts. A common tobacco industry message is that adults have the "freedom" and "choice" to have an addiction. Most adult tobacco users started using tobacco in their youth and the majority want to quit, however choosing to quit is difficult as nicotine is highly addictive, and their neighborhood store tobacco promotions can trigger addiction.[1, 11]

Another common message from the tobacco industry, one that builds on their relationship with our community retailers, is that retail-focused policies could hurt store owners. There is no evidence that retail-focused tobacco prevention has harmed businesses; however there is significant evidence that these policies will prevent youth from using tobacco and help those who want to, or have quit.[32]

Retail-focused tobacco prevention policies have not caused small retailers to shut down due to lost tobacco sales.[33] A study of convenience store density between 1997 and 2009 showed an increase in the overall number of convenience stores, demonstrating that even during a period in which smoke free policies and state cigarette taxes were becoming more robust, convenience continued to operate.[33]

According to the National Association of Convenience Stores (NACS) 2016 *State of the Industry Report,* tobacco products accounted for 36% of in-store sales dollars, but they only accounted for 18% of gross profit dollars.[30] Furthermore, a 2015 report by the NACS highlighted healthy options, stating, "Convenience stores must understand that solely catering to their declining core audience (those purchasing cigarettes, beer, hot dogs, etc.) is not a growth strategy."[34]

Linn County tobacco retailers that reported selling "a lot" of tobacco products stated they do not see a profit from tobacco sales directly, but either received more money from the tobacco industry distributors in the form of contacts and incentives or believed that tobacco was beneficial only because it brought people into the store where they would purchase other products. In 2012 a small study of convenience stores found that only 13% of purchases included tobacco (87% of customer purchases did not include tobacco), and the majority of those tobacco purchases did not even include other items.[35] This contributes to the conclusion that tobacco sales do not increase overall profits or purchases of other products.[33, 35]

This assessment asked tobacco retailers "Would you say you sell a lot of tobacco products here? About how much per week?" below are some of the answers:

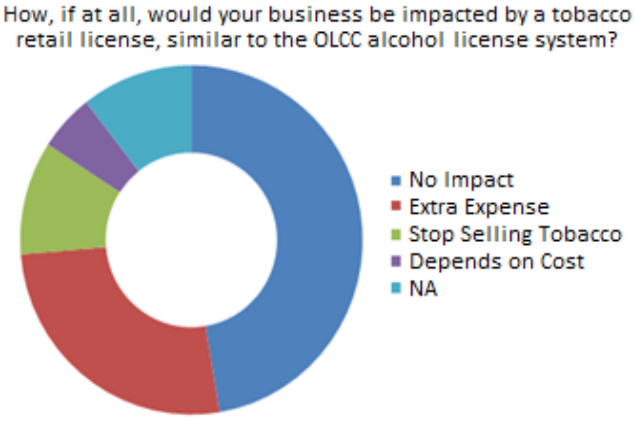
- $900-1000 per day
- $6000-7000 per week
- $3000 per week
- $200 per day
- $500 per day
- $300-400 per day
- One third of sales
- 15% of sales

*"If cigarettes sales was all that was keeping my doors open we would've been closed a long time ago"*

*- Linn County Tobacco Retailer*

The interviews with local Linn County tobacco retailers provided insight into the relationship between our local retailers and the tobacco industry, as well as how prevention initiatives, like an annual license, may impact retailers. Overall, it has been concluded that an annual license amount of $200 would not have a negative impact on businesses.

Most retailers indicated that a TRL fee would not be the burden but that the burden would be the extra paperwork involved with the license. Some also expressed concerns that, with a license, comes the possibility of losing it if they broke the law (i.e. selling to someone under age). This sentiment was reflected nationally in the 2016 NACS Report, in which retailers reported being more concerned over the possibility of a revoked license for non-compliance with the law (including under age sales) and not the annual license itself.[30]



## Other Policy Recommendations from Assessment Participants

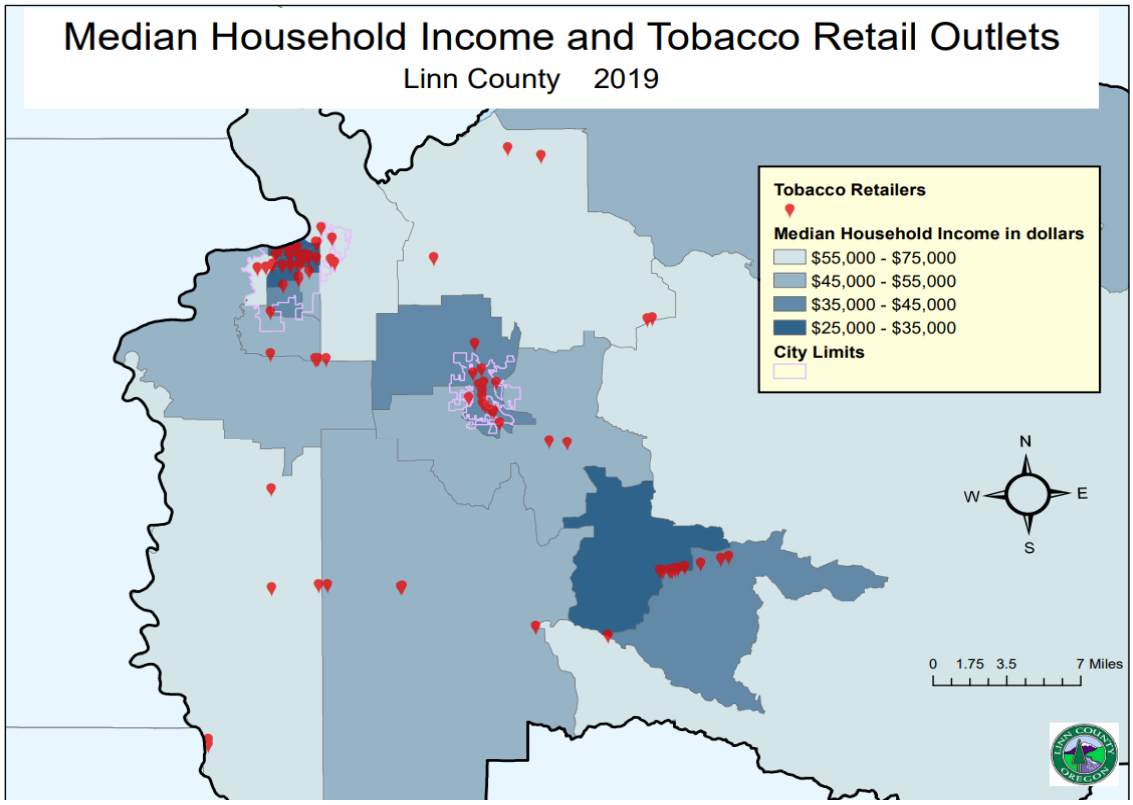
Many of the assessment participants spoke of positive changes to their neighborhood that they have either experienced or would like to experience. Below is a summary of the environmental and policy changes that members of the community identified during this assessment to create a neighborhood that makes it easier to both never start using tobacco and to quit.

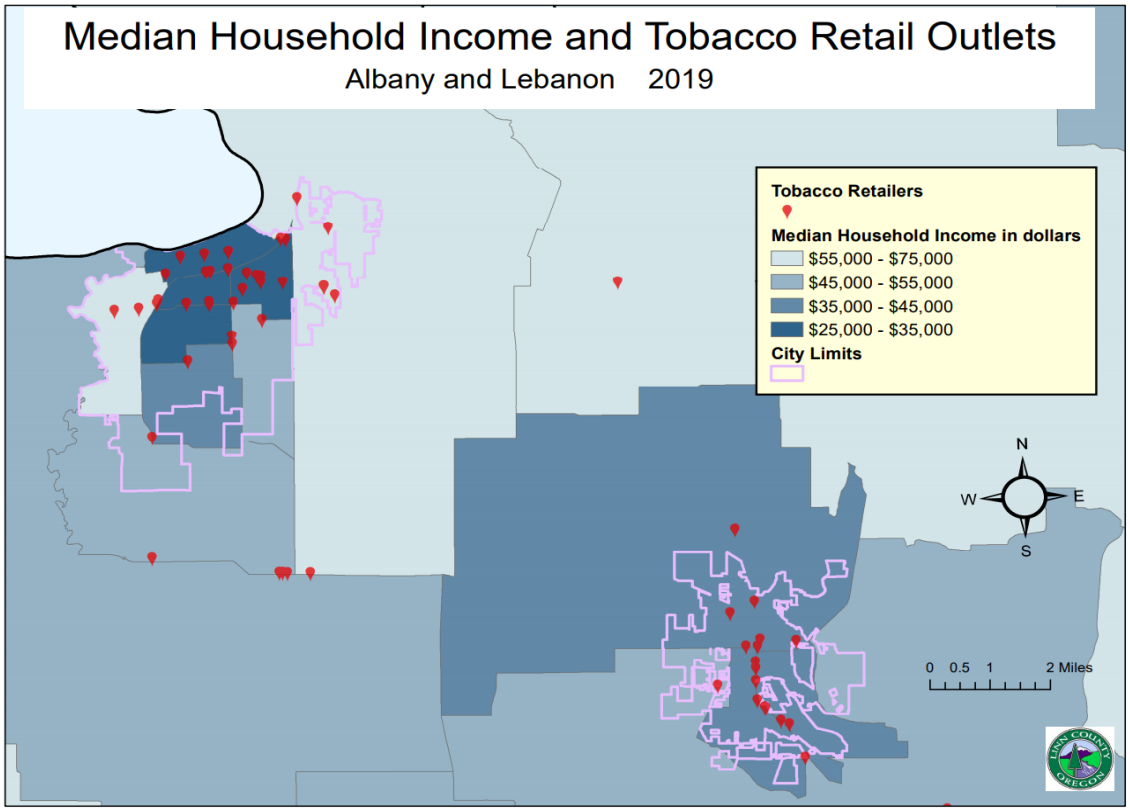
| Policy or Environmental Change | How does this help? | Assessment Participant Quote |
|---|---|---|
| Smoke free Parks | Smoke free parks are more accessible to people who are: pregnant; living with or recovering from asthma, cancer, and other chronic diseases requiring them to avoid secondhand smoke; youth; those who have quit tobacco; as well as the non-smoking population | "We need to create an environment that will help people make the healthy choice. We need to build an environment that makes it easier to not use tobacco." |
| Smoke free property policies (including at health and service agencies, libraries, and places where children frequent) | Smoke free property policies can lead to increased quit rates, reduced relapses among tobacco users, and decreased daily cigarette consumption, as well as decrease second hand smoke exposure and litter, fire hazards, and make the healthy choice the normal and easy choice | "Compared to 20 years ago, there are fewer public places to smoke. That matters! Smoke free places, worksites, expanding the Indoor Clean Air Act are all important to improving the health of our community" |
| Smoke free public events | Smoke-free events provides positive role modeling for youth, showing that tobacco use is not the norm, not necessary in celebrations and helping them to avoid peer pressure and tobacco industry marketing | "If it's a place where kids will be there shouldn't be any smoking at all"<br><br>"We, adults, should be setting an example for kids" |
| Workplace incentives | Employers can save nearly $6,000 per year for every employee who quits smoking | "I'd like to see more employers offer incentives to quit. My job does. And employers would rather have someone who eats vegetables and goes to the gym because they're healthier and more productive" |

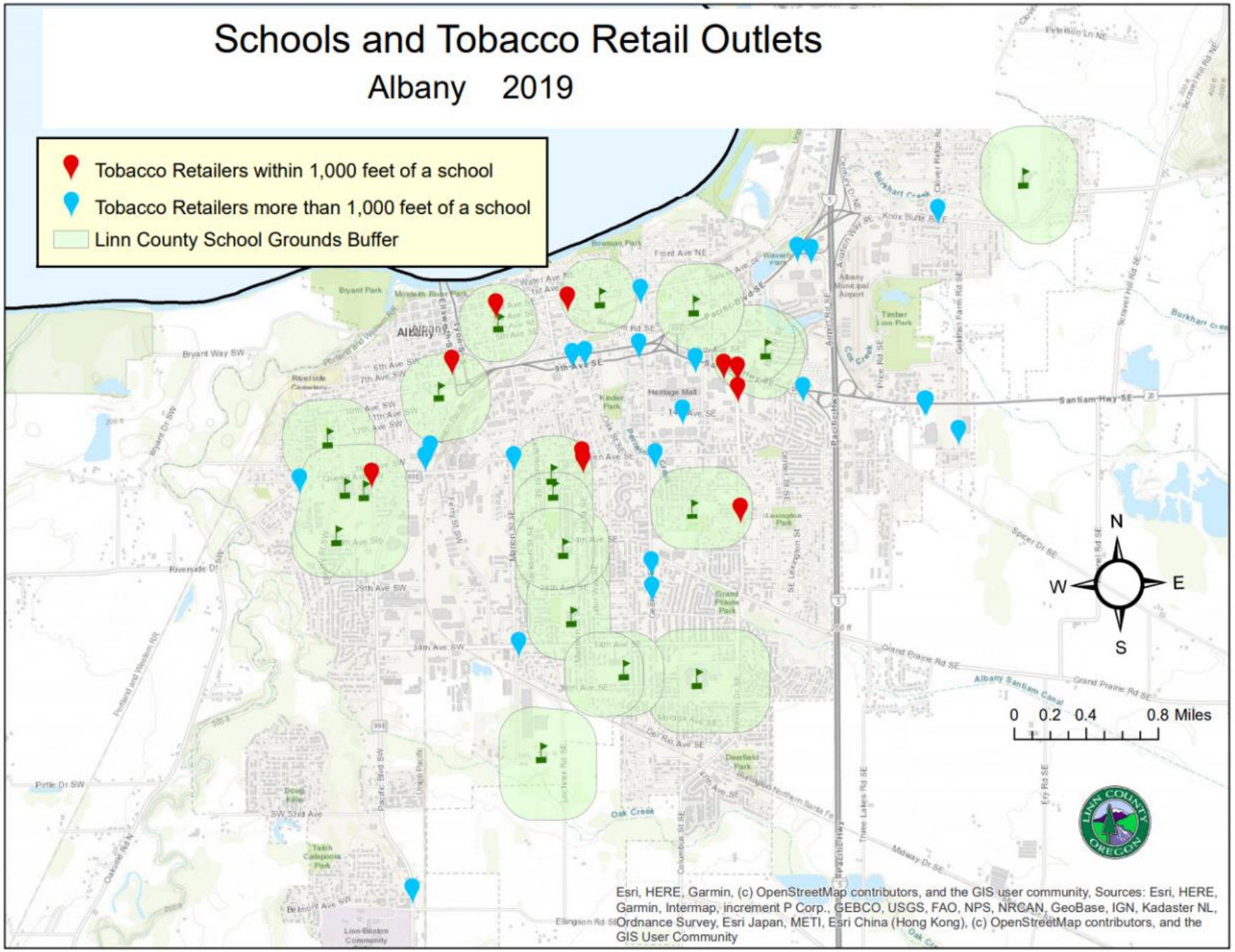
# Maps of Linn County Tobacco Retailers

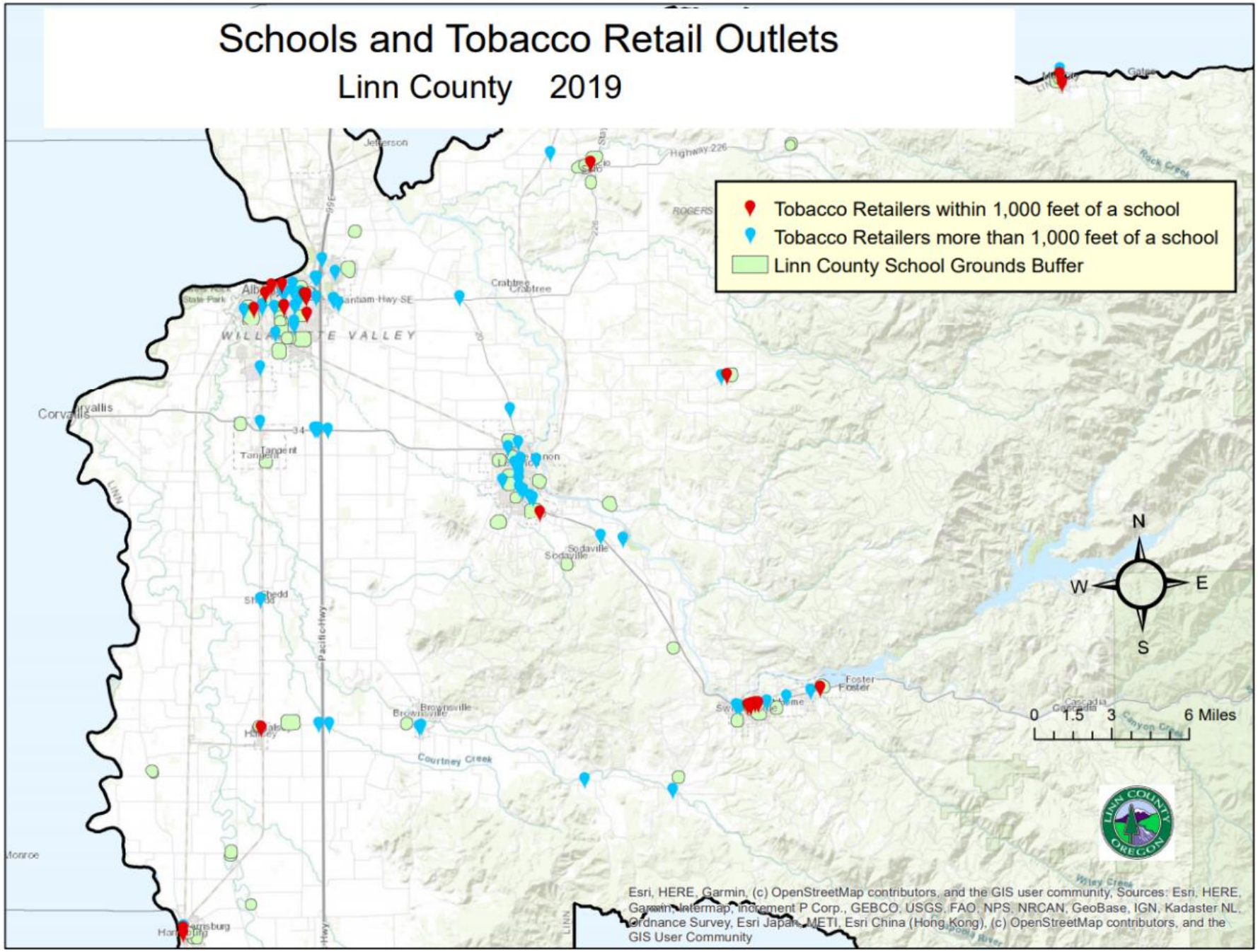
Store list does not include 21 and over establishments.

Maps produced and provided by the Regional Health Assessment of Linn, Benton, and Lincoln Counties.




Schools and Tobacco Retail Outlets
Albany 2019
Tobacco Retailers within 1,000 feet of a school
Tobacco Retailers more than 1,000 feet of a school
Linn County School Grounds Buffer
N
W
E
S
0 0.2 0.4 0.8 Miles
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community, Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community


Schools and Tobacco Retail Outlets
Linn County 2019
Tobacco Retailers within 1,000 feet of a school
Tobacco Retailers more than 1,000 feet of a school
Linn County School Grounds Buffer
N
W
E
S
0 1.5 3 6 Miles
Albany
Corvallis
Tangent
Sodaville
Brownsville
Foster
Crabtree
Jefferson
Monroe
Pacific Hwy
Courtney Creek
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community, Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community

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