

Health Equity Impact Assessment: Tobacco Retail Licensing and Multnomah County

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UPSTREAM
PUBLIC HEALTH

Multnomah County 2014 Tobacco Retail Assessment

A PARTNERSHIP OF
MULTNOMAH COUNTY
HEALTH DEPARTMENT,
UPSTREAM PUBLIC
HEALTH,
AND THE
OREGON HEALTH
EQUITY ALLIANCE



The Selling of Tobacco
in Multnomah County

June 2015

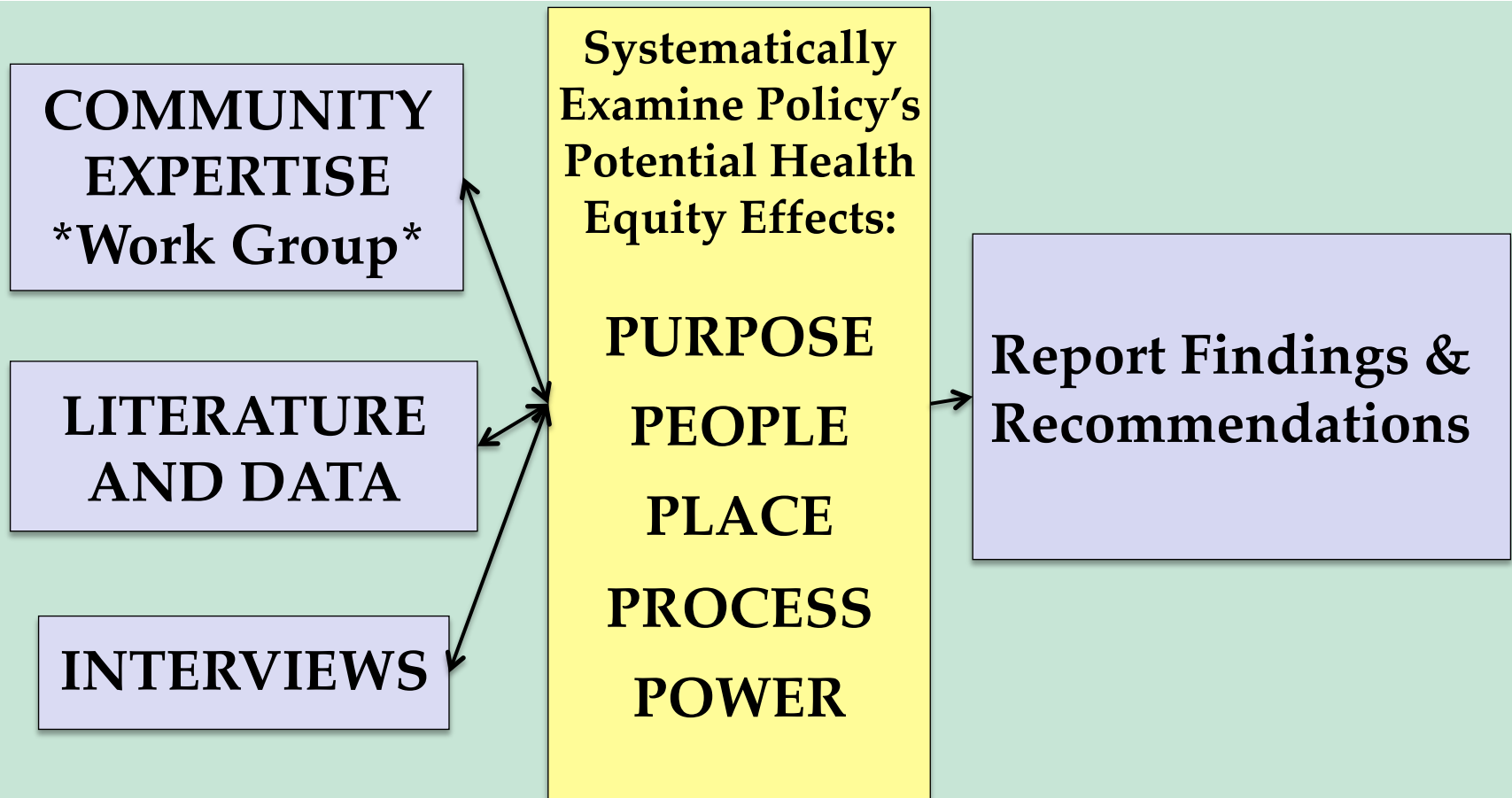


Health Equity Impact Assessment Goals

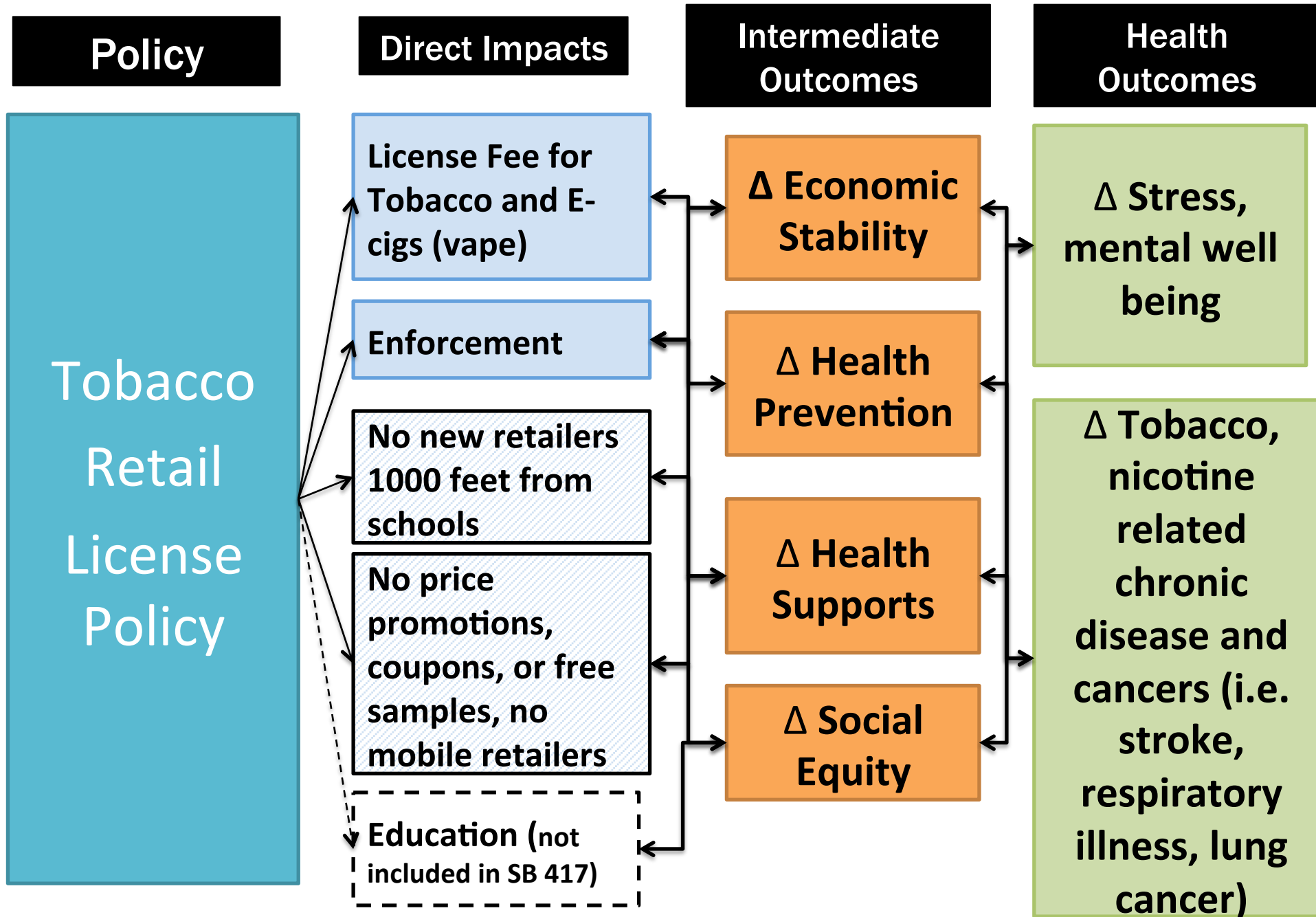
Systematically examine the potential health equity impacts of a tobacco retail policy to:

- **Inform the policy decision-making process** within Multnomah County and if possible the Oregon legislature.
- **Examine the racial, environmental, social, and economic health equity impacts** of a potential tobacco retail license policy through understanding how the policy interacts with health determinants.
- **Make recommendations** about how to create a balanced policy that prevents youth access to tobacco and nicotine products while supporting small retailer economic vitality and positive mental health in our communities.

Health Equity Impact Assessment Methods



Analysis of TRL Policy Proposed in SB 417

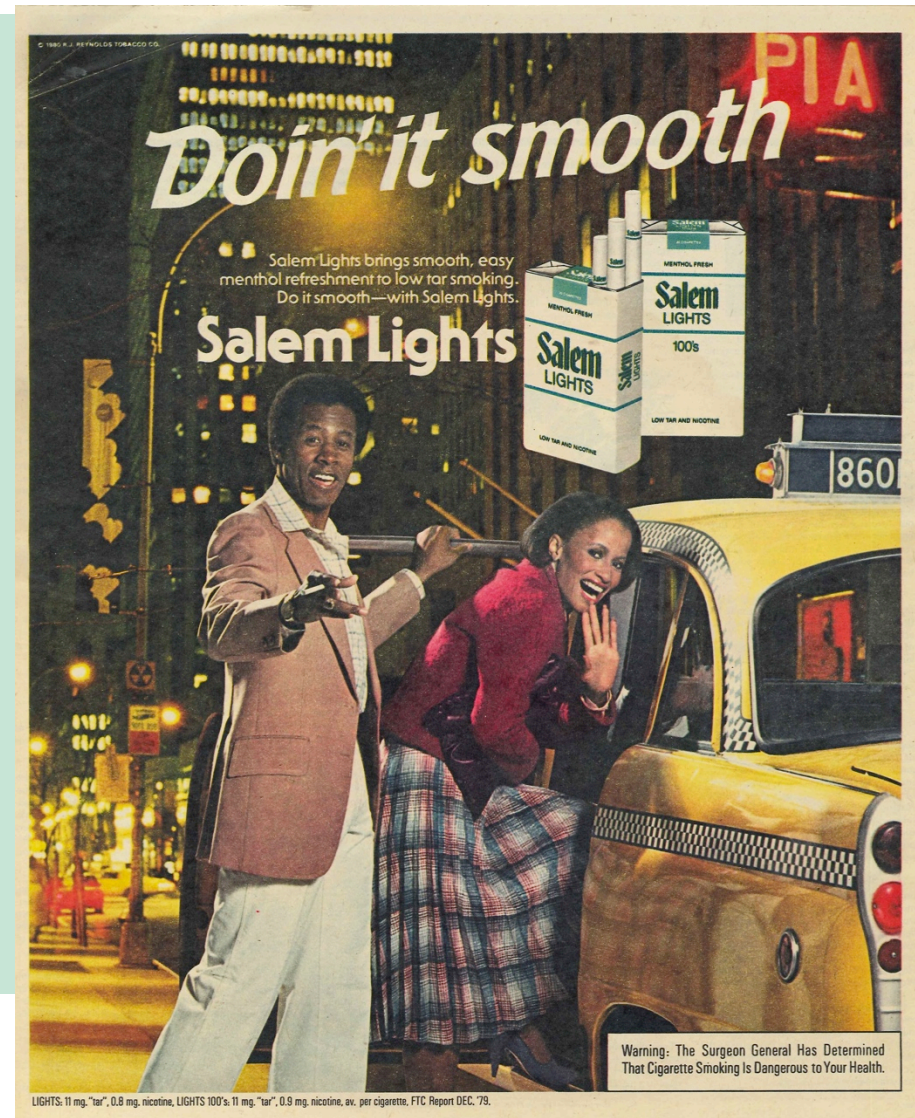


Historical Conditions Led to Current Health Inequities

Smoking Disproportionately Affects:

- People of color
- LGBTQ communities
- People with annual earnings <\$15,000
- Medicaid participants
- Youth
- Young mothers

(Oregon Tobacco Facts 2013, Multnomah County Report Card on Racial & Ethnic Disparities, 2014)



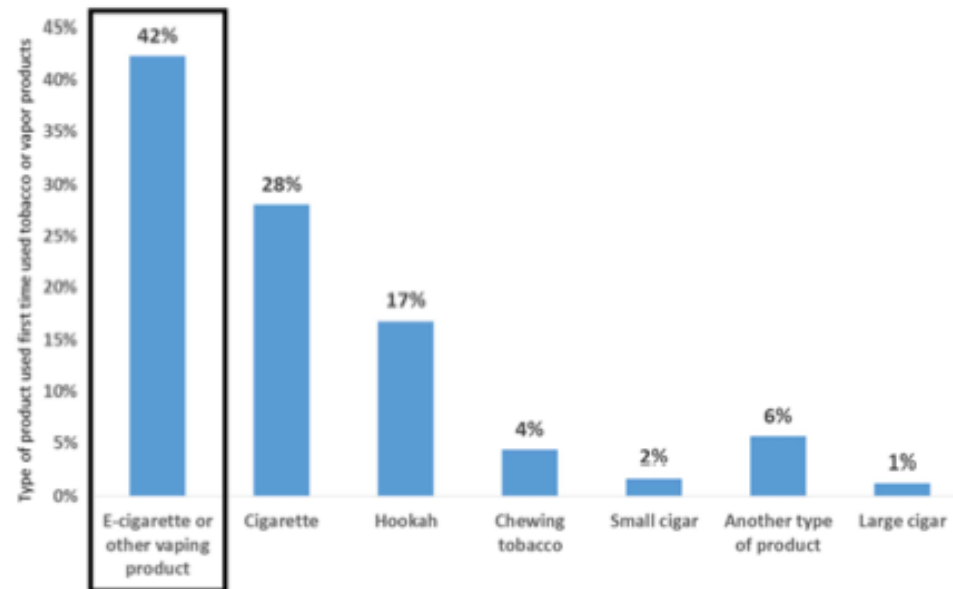
Current Industry Practices Continue to Put Youth at Risk



Which Includes a Risk of Future Smoking...

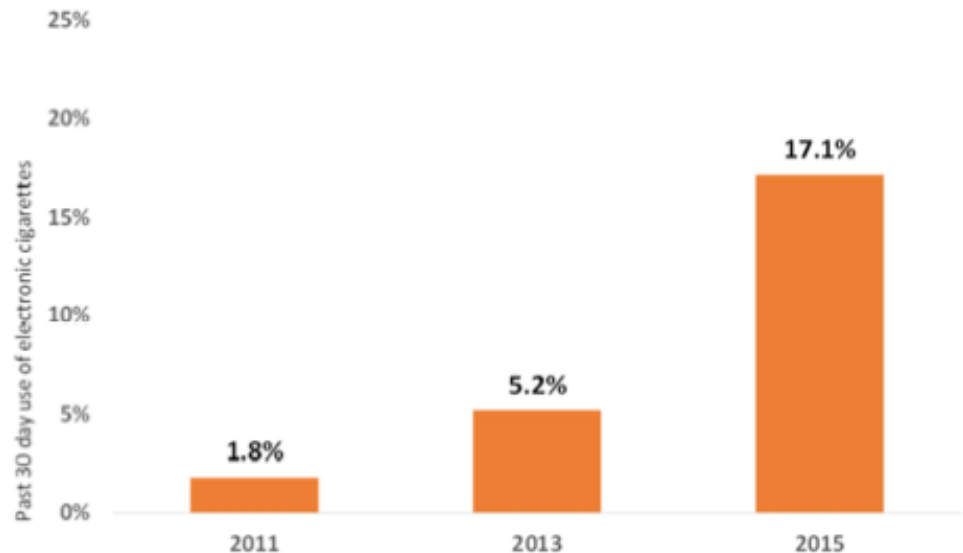
First tobacco or vaping product used by 8th graders in Oregon in 2015

E-cigarettes were the first product used for about 2 in 5 tobacco or electronic cigarette users



Past 30 day use of electronic cigarettes among 11th graders in Oregon, 2011-2015

E-cigarette use has tripled since 2013



When Smokers Live Near Tobacco Retailers, They May Have a Hard Time Quitting

Tobacco Retail Density, Multnomah County

Association of Maternal & Child Health Programs Life Course Concentrated Disadvantage Indicator. Includes: poverty level, public assistance, female-headed households, unemployed, <18 years of age

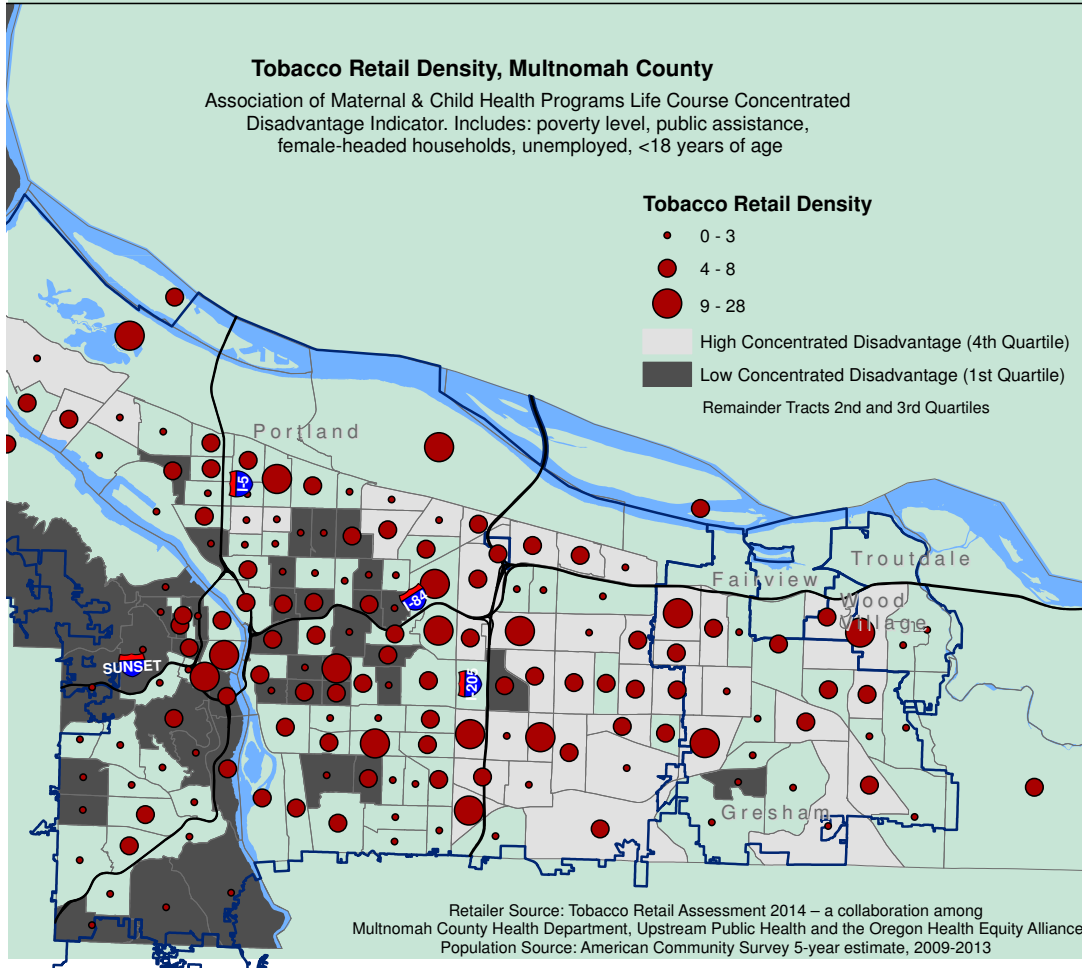
Tobacco Retail Density

- 0 - 3
- 4 - 8
- 9 - 28

High Concentrated Disadvantage (4th Quartile)

Low Concentrated Disadvantage (1st Quartile)

Remainder Tracts 2nd and 3rd Quartiles

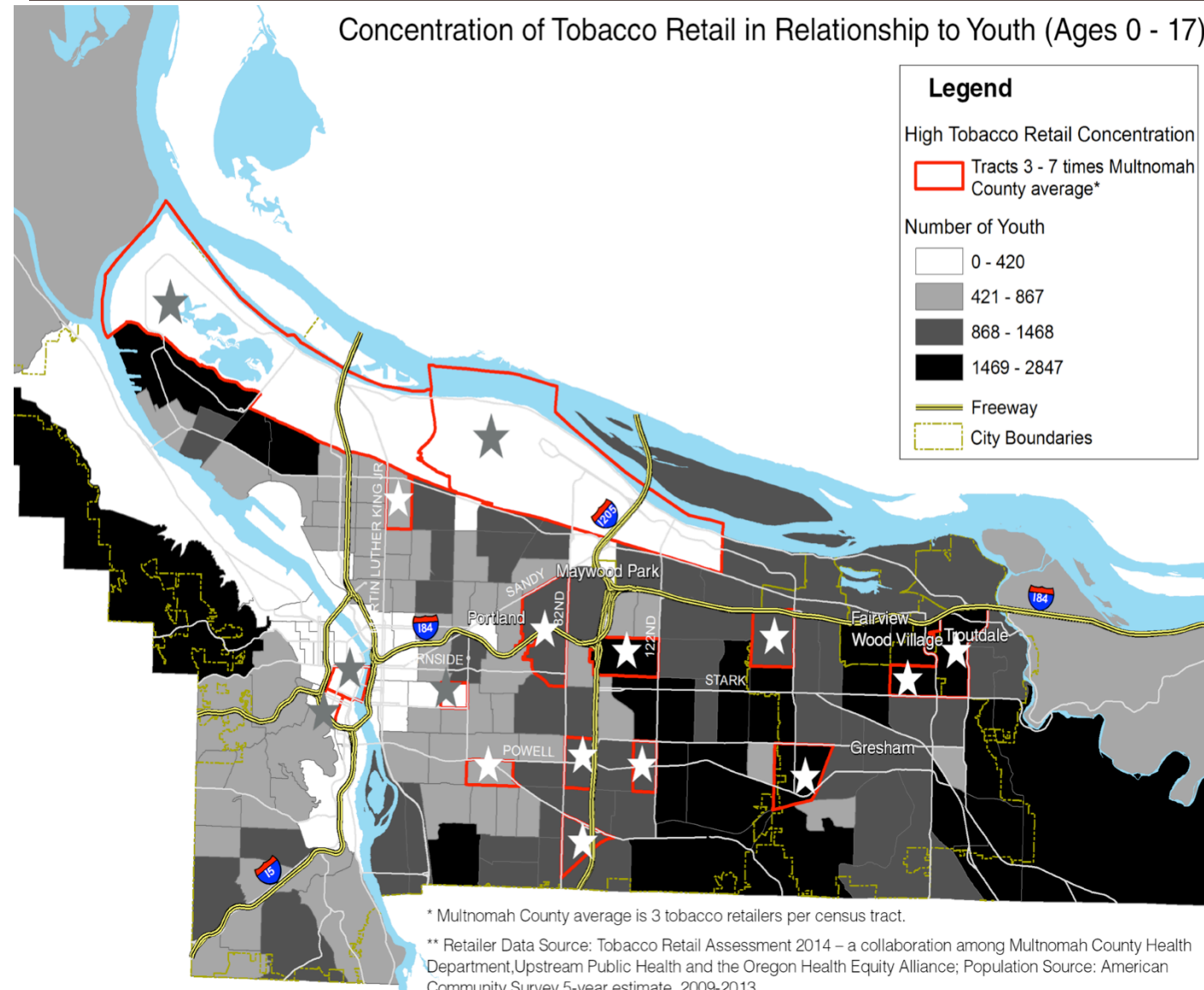


Retailer Source: Tobacco Retail Assessment 2014 – a collaboration among Multnomah County Health Department, Upstream Public Health and the Oregon Health Equity Alliance
Population Source: American Community Survey 5-year estimate, 2009-2013

- Smokers who lived 1600+ feet away from retailers were 2x as likely to stay smoke free than peers who lived closer (Cantrell et al, 2015)
- 7.8 retailers in areas where 15% of residents are People of Color
- 11 retailers in areas where 30-60% of residents are People of Color

Many Youth, Live Near Higher Than County Average Number of Retailers; TRL With a School Buffer Can Prevent Youth Access

Concentration of Tobacco Retail in Relationship to Youth (Ages 0 - 17)



TRL Can Prevent Future Health Inequities Through Reduced Sales to Minors



Smallest Tobacco Retailers Likely to Raise Cigarette Prices Up to 12 Cents a Pack to Cover TRL License Fee Some May Choose to Stop Selling Tobacco

The potential impact of tobacco retailer license fees upon the additional cost of a pack of cigarettes

Annual sales volume for cigarettes	Number of packs sold *	Annual license fee						
		\$ 50	\$ 100	\$ 200	\$ 500	\$ 1,000	\$ 2,500	\$ 5,000
\$ 25,000	4,167	\$ 0.01	\$ 0.02	\$ 0.05	\$ 0.12	\$ 0.24	\$ 0.60	\$ 1.20
\$ 100,000 ^a	16,667	\$ -	\$ -	\$ 0.01	\$ 0.03	\$ 0.06	\$ 0.15	\$ 0.30
\$ 300,000 ^b	50,000	\$ -	\$ -	\$ -	\$ 0.01	\$ 0.02	\$ 0.05	\$ 0.10
\$ 500,000	83,333	\$ -	\$ -	\$ -	\$ 0.01	\$ 0.01	\$ 0.03	\$ 0.06
\$ 1,000,000	166,667	\$ -	\$ -	\$ -	\$ -	\$ 0.01	\$ 0.02	\$ 0.03
\$ 2,500,000 ^c	416,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.01	\$ 0.01

* Assumes a \$6.00 per pack average price (national average= \$5.95, 11/1/2010 - Tax Burden on Tobacco)

^a Supermarket ^b Gas w/convenience store

^c Warehouse club. The prices that are highlighted are the ones that are more likely to have an impact. The other amounts, such as a potential \$.01 price hike, are very negligible.

Counter Tobacco website, 2015

Smaller Retailers Feel Unsupported, TRL Needs to Accompany Economic Supports for Small Retailers



“...We have one foot in, we don’t earn very much [from tobacco sales]. Everyone comes in to check on us and it’s too much. It discourages running a convenience store.” – Retailer, 8-12% of sales are tobacco related

...And They Feel Targeted by Repeat Visits

TRL System Needs to Avoid Inequitable Retail Licensing Enforcement, Align With Existing Systems




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Compliance Check Inspections of Tobacco Product Retailers (through 09/30/2015)

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Search Inspection Decisions

Retailer Name:

City:

State:

Zip:

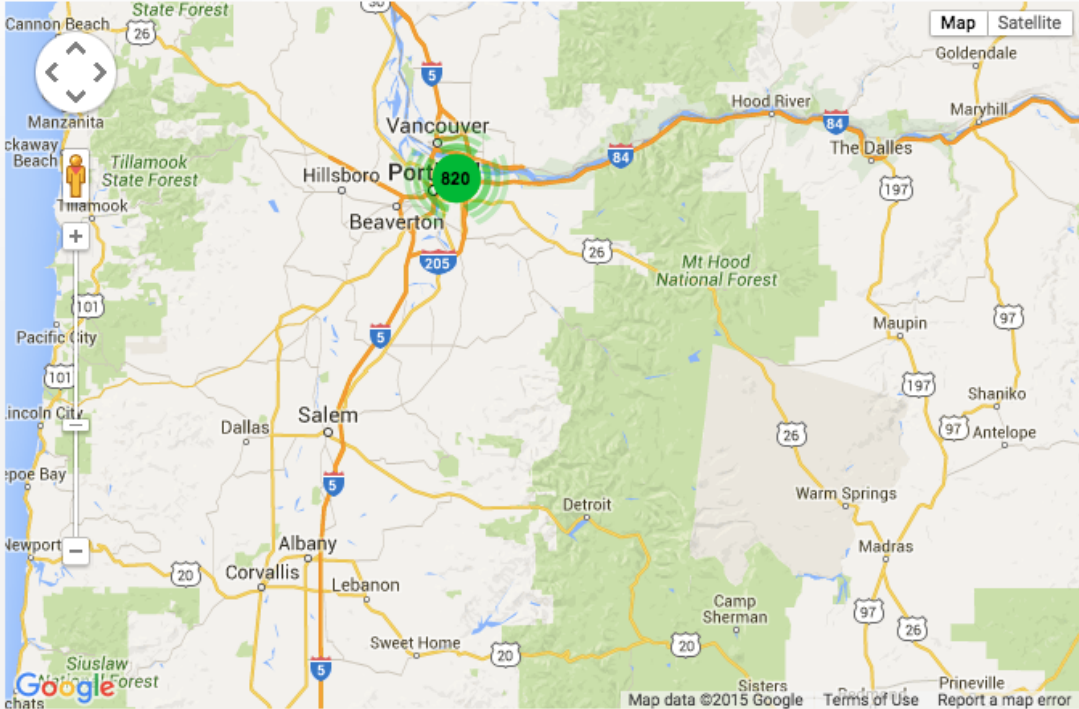
Decision Type:

Decision Date:
 To

Minor Involved:

Sale to Minor:

Search



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TRL Is a Starting Point

...People Who Smoke Need Relevant Cessation Support

80% of smokers want to quit (Oregon Tobacco Facts, 2013)

The top five tobacco companies spend \$108.4 million in marketing in Oregon, while the state spends only \$9.9 million on tobacco prevention and cessation (Broken Promises Report)



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Lives Helped Counter

Conclusions



- Effective tobacco retail licensing system basic components include:
 - A sustainable funding source, such as an annual fee
 - The option to suspend or revoke a license
 - Monitoring, tracking and culturally responsive education
- Most workgroup members support a TRL if HEIA recommendations are in place especially an inclusive rule making process and programs that support impacted groups

HEIA Priority Recommendations	Environment Equity	Economic Equity	Social Equity
Set the price of the TRL fee to cover enforcement, education, training, & monitoring	✓		
Include ability to suspend and revoke a license within a timeframe determined in a rule making process with input from impacted groups	✓	✓	✓
Require owners, not clerks, be responsible for annual license fees and penalties	✓	✓	✓
Develop evaluation and monitoring system to ensure equitable implementation of the policy	✓	✓	✓
Develop universal training on tobacco retail laws that is culturally responsive, free		✓	✓
Use rule making process for TRL with 1/3 of seats occupied by individuals most impacted by the policy where participants receive stipend if needed		✓	✓
Develop economic programs that support retailers who want to switch away from selling tobacco [PROGRAM]		✓	✓
Develop education to impacted groups about tobacco and e-cigarette potential harms and industry marketing tactics [PROGRAM]	✓		✓
Increase funding for culturally responsive smoking cessation programs [PROGRAM]	✓		✓

Thank you!

- Workgroup members
- OHSU
- Multnomah County Health Department
- OHA
- SPARC
- Interview participants
- Staff in other state agencies in CA and WA
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- Craig Mosbaek
- Wendy Bjornson
- PSU Collections and the Rutherford Collection
- Oregon Poison Control Center
- Coalition of a Livable Future
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