

A Process Evaluation of Policies Restricting the Sale of Menthol Flavored Tobacco Products

Using the CORE Strategy at the Team Level at CDC



March 27, 2023

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BACKGROUND

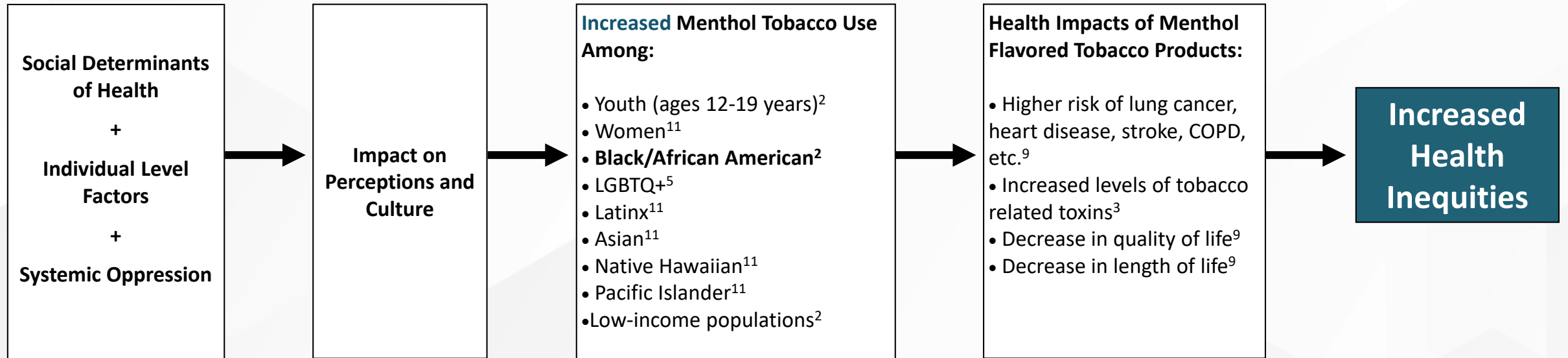
Who uses menthol commercial tobacco products?

In 2018, 85% of African Americans aged 12 years and older who smoke used menthol cigarettes⁶

In 2020, 51% of people who are lesbian and gay who smoke and 46% of people who are bisexual and smoke used menthol cigarettes, compared with 39% of people who are heterosexual and smoke⁶

And why?

Menthol and Health Equity Framework



Advancing Equity Through Policy Evaluation

Policy Landscape (Dec 2021)

- Federal ban on FTP Cigarettes (excluding menthol)⁴
 - 386 US jurisdictions restrict FTP sales¹
 - 119 US jurisdictions fully restrict **Menthol**-FTP sales.¹ This includes:
 - 103 Cities
 - 16 Counties
- 7 states (CA, CO, MA, ME, MN, NY, OR)

Evaluation Focus:

- Evaluate the Implementation of three menthol-FTP sales restriction policies
- Utilize the CORE framework in the evaluation design
- Disseminate best practices for implementation to enhance health equity

Methods

Development of Inclusion/Exclusion Criteria

- State and local flavor tobacco product regulations
- Policy implementation and enforcement dates within the last 5 years
- Population size of at least 50,000 residents
- Locality's socioeconomic, racial and ethnic characteristics related to social determinants of health
- Populations most impacted by menthol product use

Sites Selected:

- Oakland, CA
- Minneapolis-St.Paul, MN

Methods

Qualitative Data Collection

- Key informant and policy profiles
- Interview Guide
- Key Informant interviews with 9 organizations

Qualitative Data Analysis

- Deductive thematic analysis using NVivo software
- Collaborative coding

Participants

- Advocacy Groups
- Policy Groups
- City Council
- Health Depts
- Community Members
- Youth Groups
- Enforcement Agencies

Evaluation Questions and Indicators

1. How was the policy implemented and what factors affected successful implementation?

2. What barriers to implementation were encountered and what was done to address those barriers?

3. To what extent were efforts made to ensure equitable policy implementation and enforcement among BIPOC and LGBTQ+ populations?

4. To what extent did the policy lead to short-term intended and unintended outcomes soon after policy implementation?

5. Did implementation happen differently in each location?

1. How was the policy implemented and what factors affected successful implementation?

Findings:

- Diverse partnerships
- Engaging affected members of the community, particularly youth
- Identifying a champion on City Council and ensuring attendance of supporters at city council meetings
- Allowing sufficient time following policy passage to provide education to retailers

Advice from the Field:

- Engage a diverse group of partners and ensure they represent affected community members and provide incentives to them for their time, expertise, and wisdom.

2. What barriers to implementation were encountered and what was done to address those barriers?

Findings:

- Primary barriers included opposition from outside groups.
- Strong community support counteracted these barriers.

Advice from the Field:

- Be aware of strategies used by policy opposition and be prepared to counter their messages.
- Be aware that local groups may receive funding from the tobacco industry to oppose the policy.
- Be ready for outsiders from industry coming into the community and possibly obscuring who they actually represent.

3. To what extent were efforts made to ensure equitable policy implementation and enforcement among BIPOC and LGBTQ+ populations?

Findings:

- Policies did not target individual consumers' use of menthol, but rather focused on retailers' distribution of menthol flavored tobacco products.

Advice from the Field:

- Find the right balance between listening to the community's wants/needs and providing leadership to move public health policies forward in a way that doesn't feel something has been 'done to' them.

4. To what extent did the policy lead to short-term intended and unintended outcomes soon after policy implementation?

Findings:

- Increase in adult-only 'stores within stores' allowing more flavored and menthol tobacco products to be sold.
- Closing the policy loophole addressed this.

Advice from the Field:

- Ensure a core group of people are committed to including menthol in the flavored policy and hold out against exemptions.

5. Did implementation happen differently in each location?

Findings:

- Development, passage, and implementation looked very similar across all three locations.
- Enforcement agencies differed by location, but followed similar processes including annual inspections, following up on store complaints, imposing fines for violations, and targeting retailers, not consumers.

Advice from the Field:

- Reach out to organizations who have worked on similar policies in other localities to obtain input and advice.

CDC's CORE Commitment to Equity

CDC launched an agency-wide strategy to integrate equity into the fabric of all we do



Cultivate comprehensive health equity science

- CDC embeds health equity principles in the design, implementation, and evaluation of its research, data, surveillance, and intervention strategies



Optimize interventions

- CDC uses scientific, innovative, and data-driven strategies that address environmental, place-based, occupational, policy and systemic factors that impact health outcomes and address drivers of health disparities



Reinforce and expand robust partnerships

- CDC seeks out and strengthens sustainable multi-level, multi-sectoral and community partnerships to advance health equity



Enhance capacity and workplace diversity, inclusion, and engagement

- CDC builds internal capacity to cultivate a multi-disciplinary workforce and more inclusive climates, policies, and practices for broader public health impact

OSH's CORE Strategy: Increase activities to **support decreased menthol cigarette use** among populations disproportionately affected by targeted marketing, promotions, and other inequities associated with high menthol use.

C: Cultivate Comprehensive Health Equity Science

- Embedded health equity principles into the evaluation of intervention strategies implemented at the local level
 - Health Equity Lens
 - Community Organizing and Engagement Strategies
 - Address historical and current factors driving menthol flavor use
 - Equitable enforcement strategies

O: Optimize Interventions

- Evaluate a policy intervention designed to impact **outcomes** and **drivers** of health disparities
 - Adding to the evidence-base and trying to get lessons learned from the field to create more equitable policies at the local level

R: Robust Partnerships

- Encourage partnerships at the local level to improve upon strategies that advance health equity
 - Advocacy Groups
 - Policy Groups
 - City Council
 - Health Depts
 - Community Members
 - Youth Groups
 - Enforcement Agencies

Next Steps

1. Implementation Guide
2. Impact Evaluation
3. Data Dissemination



Conclusion

“...You have to put in the work on **menthol tobacco**...”

“...You have to....have **hard conversations** and bring on **non-traditional partners** and have the **messaging** and the **messenger be local** and **people from the community**”

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THANK YOU



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.