



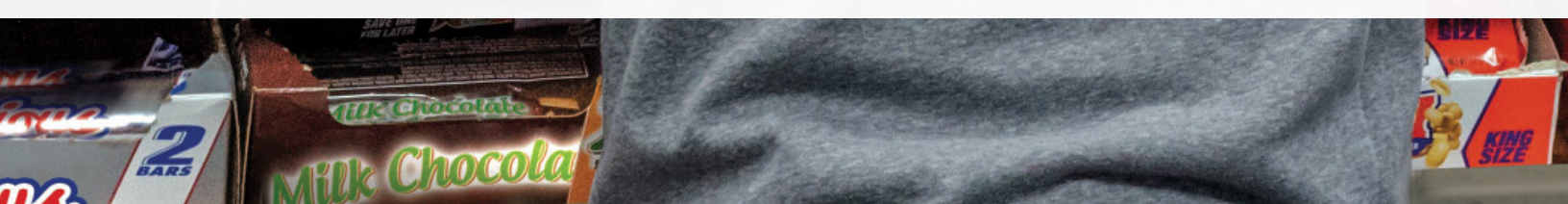
Best Practices

TOBACCO WHERE YOU LIVE:

Retail Strategies to Promote Health Equity



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention





ACKNOWLEDGEMENTS

This brief was produced for the Centers for Disease Control and Prevention by the Center for Public Health Systems Science at the Brown School at Washington University in St. Louis.

Primary contributors:

Stephanie Andersen, Laura Brossart, Rebecca Ballard, Amy Endrizal, Rachel Hackett, Chase Bryer, Keishi Foecke, Zara Petković, River Chew, Douglas Luke

Input was provided by:

René Arrazola, Natasha Buchanan Lunsford, Todd Combs, Elizabeth Courtney-Long, Paul Cummings, Phillip Gardiner, Lisa Henriksen, Lorraine Lathen, Maggie Mahoney, Mark Meaney, Kurt Ribisl, Karla Sneegas, Luke Witkowski

Other contributions:

Photo on page 6 courtesy of Truth Initiative

Photos on page 7 courtesy of Stanford Research into the Impact of Tobacco Advertising and California Department of Public Health

Photo on page 8 courtesy of The Center for Black Health and Equity

Photos on page 12 and 26 courtesy of Tobacco Free Florida

Photos on page 15 and 19 courtesy of ASPIRE Center

Photo on page 16 courtesy of Association for Nonsmokers-Minnesota

Photo on page 17 courtesy of Mecklenburg County Public Health

Photo on page 19 courtesy of Philadelphia Department of Public Health

Photo on page 20 courtesy of Pennsylvania Tobacco Resistance Unit (TRU)

Photo on page 21 courtesy of Tennessee Department of Mental Health & Substance Abuse Services

Photo on page 22 courtesy of Campaign for Tobacco-Free Kids

Photo on page 23 courtesy of City of San Antonio Metropolitan Health District

Photo on page 24 courtesy of Wisconsin Department of Health Services

Photo on page 28 courtesy of Multnomah County Health Department, Oregon

Photo on page 29 courtesy of Alameda County Public Health Department

Photo on page 30 courtesy of African American Tobacco Prevention Network

Suggested citation:

Centers for Disease Control and Prevention. *Tobacco Where You Live: Retail Strategies to Promote Health Equity*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2022.



TABLE OF CONTENTS

OVERVIEW..... 1

Read about the Tobacco Where You Live series, what you'll find in this brief, and how it fits in with the Best Practices User Guides.

MAKE THE CASE 2

Understand why reducing tobacco industry influence in the retail environment is important to reduce commercial tobacco use disparities.

LEARN THE BASICS 3

Learn about the retail environment, the industry's marketing tactics and their impact on health equity, and commercial tobacco control retail strategies.

GET READY 12

Prepare for retail strategies by assessing the retail environment and forming partnerships.

TAKE ACTION 17

Choose retail strategies that fit your needs, raise awareness about your efforts, implement and enforce strategies equitably, and monitor and evaluate your work.

EXPLORE COMMUNITY EXAMPLES 29

Read about how local communities implemented retail strategies to reduce tobacco-related disparities.

REFERENCES 31



OVERVIEW

Tobacco Where You Live

Clear evidence exists about what works to reduce commercial tobacco use at the population level.¹ Yet, many states and communities across the country have not implemented effective strategies.^{2,3,4} Groups disproportionately impacted by tobacco industry targeting and social determinants of health continue to experience high rates of tobacco-related disease and death.⁵ Understanding community needs and using community-driven solutions can inform how to move toward closing these gaps in commercial tobacco prevention and control.

The goal of **Tobacco Where You Live** is to empower tobacco control program managers, staff, and partners to understand how commercial tobacco use varies within their communities, overcome challenges, and reduce disparities. Each Tobacco Where You Live brief will cover a topic important to reduce commercial tobacco use in communities with the highest prevalence.

When this guide references commercial tobacco or tobacco products, it refers to products that are mass-produced and sold for profit. This is separate from the sacred and traditional use of tobacco by some American Indian communities.

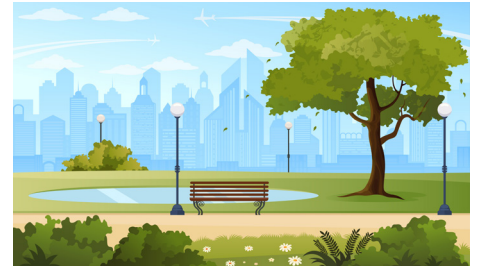
In This Resource

Retail Strategies to Promote Health Equity describes the tobacco industry's tactics to promote its products in retail stores and how retail strategies can reduce the burdens of commercial tobacco use and promote health equity. This brief provides information to help you:

- Understand the retail environment in your community
- Learn about retail strategies
- Implement strategies equitably
- Overcome potential opposition and enforcement challenges
- Monitor and evaluate retail strategies

About the Project

Tobacco Where You Live is a Best Practices User Guide resource. The Center for Public Health Systems Science at Washington University in St. Louis is developing a set of resources to translate research into practical guidance for states and communities. These resources expand on the evidence-based guidelines and funding recommendations in Centers for Disease Control and Prevention's (CDC) **Best Practices for Comprehensive Tobacco Control Programs—2014** (Best Practices 2014).⁶



Best Practices User Guides

The Best Practices User Guides project is funded by CDC contract 75D30120C09195. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC. References to non-CDC sites and the use of advertisements and images do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at external sites. URL addresses listed were current as of the date of publication.



MAKE THE CASE

Commercial tobacco use, which includes products such as cigarettes, cigars, smokeless tobacco, and e-cigarettes, is still high in communities where tobacco retailers are concentrated. People who live in these communities, including people with lower incomes, youth, and people from historically marginalized racial and ethnic groups, are more likely to use commercial tobacco and struggle to quit.⁷ Focusing on the local retail environment helps to make sure that strategies to reduce commercial tobacco use are culturally relevant to communities. Retail strategies are crucial, and complement other commercial tobacco control strategies to reduce disparities and ultimately achieve health equity.

Retail strategies advance health equity by:

- **Reducing access to commercial tobacco products**

People who live in communities with many tobacco retailers have access to a wide variety of tobacco products.

Restricting where retailers can sell tobacco products can reduce exposure to tobacco products and differences in retailer density between communities.⁷

- **Reducing exposure to commercial tobacco marketing**

Industry marketing is targeted to certain groups and more prevalent in certain communities.⁸ Reducing exposure to tobacco advertising can denormalize commercial tobacco use and promote cessation, especially in communities exposed to more targeted marketing.⁹

- **Promoting commercial tobacco cessation**

Population groups targeted by the tobacco industry, including people with low incomes and Black people, have lower quit rates than in other groups.¹⁰ Implementing equitable retail strategies can help people quit by reducing exposure to advertising, promoting commercial tobacco cessation resources, and limiting access to tobacco products. Retail strategies can also reduce the availability of flavored tobacco products. Banning flavors, including menthol, could make it easier for people in communities with high commercial tobacco use prevalence to quit commercial tobacco.¹¹

Tobacco Control Toolbox

Foundational Approaches

 Tobacco Price Increases	 Smokefree Policies	 Hard-hitting Media Campaigns	 Cessation Access
--	--	---	---

Complementary Retail Strategies

 Product Availability	 Pricing & Promotion	 Advertising	 Age of Sale	 Retail Licensure
---	--	--	--	---

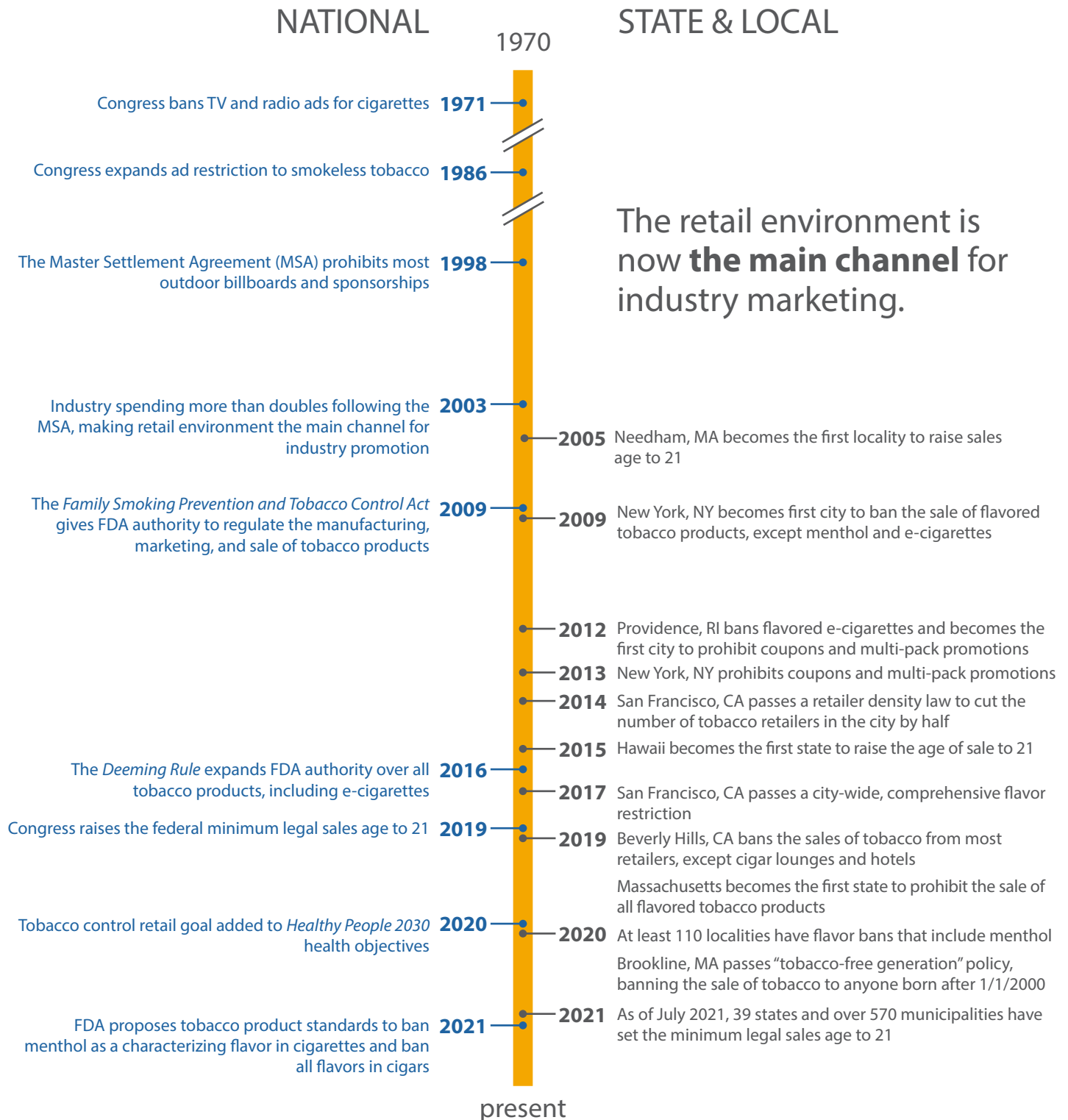
 To be effective, these strategies must each be carried out in a way that improves health equity.

Strategies to reduce commercial tobacco use. Adapted from Kong & King, 2021⁷ and King & Graffunder, 2018¹²



LEARN THE BASICS

Reducing the Impact of Tobacco Retailing, 1970-present



What Is Health Equity in Commercial Tobacco Control?

Health equity is the opportunity for all people to live a healthy life free of commercial tobacco, regardless of who they are, where they live, or what they do.¹³ Reducing industry influence in the tobacco retail environment is a big step toward achieving health equity in commercial tobacco control. Retail strategies that are equitably implemented advance health equity. They limit access to and availability of commercial tobacco products, raise prices, and reduce exposure to tobacco advertising for all people.

What Is the Retail Environment?

The retail environment refers to **stores where commercial tobacco products are sold**. This is also sometimes called the **point of sale** or the **built environment**.

The industry markets its products through:

- **Ads** posted inside and outside of stores, such as storefronts and parking lots
- Prominent **product placement**
- **Promotions** such as price discounts, coupons, free or low-cost products

In 2018, an estimated 326,000 retailers sold tobacco products.¹⁴ Research from 2016 estimated that 5,000 to 10,000 retailers sold only e-cigarettes.¹⁵ Many types of retailers sell tobacco products, but convenience stores are the most common.¹⁶ Tobacco retailers are:¹⁷

- Widespread and accessible to most people
- Often located near schools
- Clustered together, often in urban, minority, or lower-income neighborhoods

WHAT ARE TOBACCO-RELATED DISPARITIES?

Tobacco-related disparities are differences among population groups in commercial tobacco use, prevention, and cessation.¹³ Disparities can also exist in secondhand smoke exposure, access to commercial tobacco cessation resources, and health outcomes.¹³ These groups have systematically faced greater obstacles to health based on characteristics, such as:¹³

- Age
- Criminal justice involvement
- Disability
- Education
- Gender identity
- Geographic region
- Health insurance status
- Home insecurity
- Income level and occupation
- Military status
- Race and ethnicity
- Sex
- Sexual orientation



Examples of tobacco industry price promotions, advertising, and product placement in the retail environment. Source: CounterTobacco.org

Tobacco products sold in retail stores include combustible products like cigarettes, cigars, cigarillos, and hookah. Retail stores also sell non-combustible products like e-cigarettes, chew, dip, snus, heated tobacco products, products with nicotine not derived from tobacco, and nicotine pouches.

Simply living near a tobacco retailer can increase the risk of commercial tobacco use and make it harder to quit.^{18,19} One study found that nearly 50 percent of youth visit a convenience store **once a week**.²⁰ It also found that Black youth are twice as likely as their non-Black peers to visit a convenience store every week.²⁰ Youth who buy items from convenience stores are unavoidably exposed to retail marketing.

In one study, the number of tobacco retailers per person was up to three times higher in low-income neighborhoods than in higher-income areas.²¹ Reducing proximity to tobacco product retailers for all people can help to reduce exposure to targeted marketing and change behaviors toward buying and using tobacco products.¹⁸

THE TRIBAL RETAIL ENVIRONMENT

Commercial tobacco products are sold on tribal lands. Because tribal lands are **sovereign**, they have the authority to make their own tobacco retail regulations.^{22,23} For example, tribes may raise their commercial tobacco taxes higher than state taxes. But tribal tobacco control measures are likely to come with some important considerations, like exemptions for traditional tobacco.²⁴ Traditional tobacco is used for ceremonial or medicinal purposes.²⁴ When working in the tribal retail environment, collaborate closely with tribal partners to understand their local environment and challenges.²⁵



Indian outpost on the Shinnecock Indian Reservation, Southampton, Long Island, New York



WHERE TOBACCO IS SOLD

Many types of stores sell commercial tobacco products:

- Convenience stores
- Pharmacies
- Grocery stores
- Dollar stores
- Liquor stores
- Tobacco shops
- Vape shops

Industry Tactics in the Retail Environment

The tobacco industry spends nearly **one million dollars per hour** advertising and promoting its products.^{26,27} The industry uses different marketing tactics to target certain groups.²⁸ These strategies encourage customers to make impulse purchases, create environmental cues to smoke, and normalize commercial tobacco use.^{29,30} They also encourage young people to start using commercial tobacco and make it harder to quit.^{31,32} The populations targeted by the industry are also a primary focus for commercial tobacco control retail interventions.



Tobacco industry retail spending infographic. Source: Truth Initiative

Price Promotion and Tobacco-Related Disparities

In some places, like communities with higher proportions of low-income, Black, and young people, commercial tobacco products are often sold at lower prices than in other neighborhoods.³³⁻³⁵ To do this, tobacco companies enter into contracts with retailers to display advertising and offer price discounts, rebates, and gifts in exchange for retailers promoting their products in prime retail space.³⁶ These contracts allow retailers to sell tobacco products at low prices, some for less than a dollar.³³

These promotions have also led to greater burdens of tobacco-related disease in certain communities. For example, historical documents show that the industry targeted Asian Americans because of their high rates of store ownership.³⁷ The industry has made financial contributions to Asian American community organizations and business associations.³⁷ Korean Americans and Vietnamese Americans have a higher cigarette smoking prevalence than many other ethnic groups.³⁸

KEY RESOURCES

[Counter Tobacco](#)

Resources and tools to understand and counter tobacco industry tactics at the point of sale

[Point-of-Sale Report to the Nation \(Center for Public Health Systems Science\)](#)

Description of retail disparities with tools and resources for states and communities to counter industry influence

[Tobacco Disparities: Evidence Supports Policy Change \(Tobacco Policy Center\)](#)

Fact sheet summarizing the evidence on tobacco-related disparities in the retail environment

[Tobacco Retail Policy Trends in 2019: Insights from the Field \(ASPiRE Center\)](#)

Series of fact sheets discussing state and local perspectives on the barriers and facilitators to implementing retail strategies

[Tobacco Retailers \(ASPiRE Center\)](#)

Background information on tobacco retailers and retail disparities

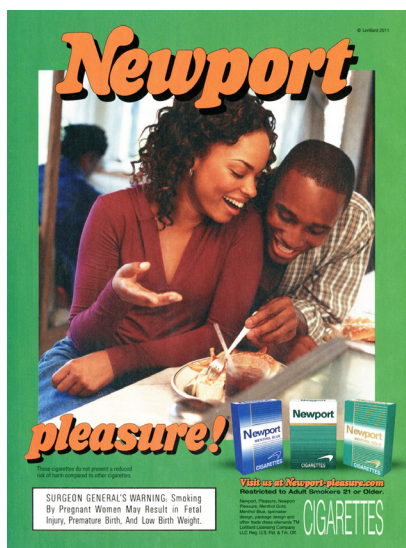
Retail Advertising and Tobacco-Related Disparities

The industry uses appealing packaging, targeted messages, and strategic product placement to encourage customers to buy specific products. For example:

- Menthol cigarettes are predominantly marketed in communities with a higher proportion of **Black** people and use images and messages that evoke Black culture.³⁹
- The industry uses culturally representative imagery and brand names to appeal to **Alaska Native, Hispanic/Latino, and American Indian** people.³⁹
- The industry advertises heavily in communities with higher proportion of **Asian American** people.³⁷ Before the Master Settlement Agreement, the industry sponsored cultural festivals for **Asian American** communities.³⁷
- The industry advertises heavily in retailers that accept Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), exposing **people with low incomes** to more tobacco marketing.⁴⁰
- The industry places ads in publications that market to **LGBTQ+** people and sponsors cigarette and merchandise giveaways.⁴¹
- Tobacco ads in **rural communities** link commercial tobacco use to rural values and ideals, such as ads that reinforce gender norms by featuring “manly” or “rugged” cowboys, race car drivers, and hunters.⁴²
- The industry creates and markets products designed for **women** with ads that promote feminine beauty ideals with slim, attractive, and athletic models.⁴³
- Tobacco products are often placed at eye level of **children** and have appealing candy-like flavors and colorful packaging.⁴⁴



Ad from California Tobacco Control Program (CTCP)'s “The Tobacco Industry Has a Kids Menu” campaign. ©2018 California Department of Public Health. Source: CTCP



Examples of targeted tobacco industry advertising (from left to right: Black communities, young women, rural communities). Source: Stanford Research into the Impact of Tobacco Advertising

Flavored Products and Menthol

Flavors mask the harsh taste of tobacco products, making it easier to start using commercial tobacco and harder to quit.² Flavors are especially attractive to youth.⁴⁵ The FDA banned the sale of flavored cartridge and pod-based products in February 2020, except for tobacco and menthol flavors.

The FDA also **prohibits** the sale of flavored cigarettes, except menthol.⁴⁶ Menthol cigarettes are more addictive than non-menthol cigarettes, particularly for youth.⁴⁷ Menthol influences nicotine receptors in the brain, increasing addiction.⁴⁸ Beginning in the 1960s, the industry began aggressively marketing menthol cigarettes to young Black people.⁴⁹ The industry has also formed strategic partnerships with Black community organizations and made financial contributions to Black groups and political leaders.⁴⁹ The impact of these tactics is clear: by 1971, 38 percent of Black people who smoked cigarettes used menthols.⁵⁰ In 2016, 85 percent of Black people who smoked cigarettes preferred menthols.⁵¹

The industry has also targeted other population groups with menthol ads, including the LGBTQ+ community.⁵²

In 2022, FDA proposed tobacco product standards to ban menthol as a characterizing flavor in cigarettes and ban all characterizing flavors other than tobacco in cigars. Although the FDA has not yet banned all flavors including menthol, some states and localities have taken the lead in doing so, like Massachusetts.

The industry has found ways to evade measures to restrict flavors by using names that are not explicit flavors but imply that the product is flavored, such as “Island Madness.”³³ These “concept flavors” can complicate enforcement and make products appear less harmful.⁵³

Inequitable practices, including targeted marketing of menthol products, help to explain why 85 percent of Black Americans who smoke cigarettes use menthols.

Menthol is a Social Justice Issue

Tobacco related illness kills more African Americans than murders, suicides, HIV and car accidents combined.

It would be an injustice to be silent on the issue.

No Menthol SUNDAY

Digital ad from No Menthol Sunday 2022 Campaign. Source: The Center for Black Health and Equity

What Are Retail Strategies to Reduce Commercial Tobacco Use?



Product Availability

Reducing types of commercial tobacco products sold by retailers

Strategies

- Restricting sales of certain product types, such as flavored tobacco products
- Prohibiting sale of all tobacco products

Health Equity Impact

- Flavor restrictions may reduce youth initiation and menthol-related disparities⁷
- Restricting product sales limits the industry's retail presence by reducing exposure to related ads and promotions^{7,54}

KEY RESOURCES

[Restricting Product Availability \(Counter Tobacco\)](#)

[Policy Options for Restricting the Sale of Menthol Cigarettes and Other Flavored Tobacco Products \(ChangeLab Solutions\)](#)



Community Examples

- In 2019, [Massachusetts](#) became the first state to prohibit the sale of all flavored tobacco products.⁵⁵
- Also in 2019, [Beverly Hills, CA](#) prohibited most tobacco product sales within city limits.⁵⁶



Pricing & Promotion

Non-tax approaches to reduce the industry's ability to lower product prices

Strategies

- Setting the minimum price above market price for certain pack sizes
- Restricting coupon redemption (including mobile coupons)

Health Equity Impact

- Selling products in larger quantities makes them more expensive⁵⁷
- Restricting coupon redemption may reduce the receipt of coupons among certain populations that use discounts more often than others, such as Black people, youth, and women⁵⁸
- Higher prices help prevent youth initiation and motivate people with low incomes to quit commercial tobacco⁵⁹
- Non-tax approaches help reduce disparities and complement taxes⁶⁰

KEY RESOURCES

[Increasing Tobacco Prices through Non-Tax Approaches \(Counter Tobacco\)](#)

[Point-of-Sale Tobacco Pricing Policies \(Counter Tobacco\)](#)

[Scientific Evidence Brief: Flavored Tobacco Products, Including Menthol \(CDC\)](#)



Community Examples

- In 2018, [Alameda, CA](#) set a minimum price for tobacco products.⁶¹
- In 2020, [New Jersey](#) prohibited coupons and price promotions for tobacco products.⁶²



Advertising

Reducing exposure to promotional items and ads based on the time, place, or manner, but not the content, of advertising

Strategies

- Content-neutral ad restrictions that limit **all signage** regardless of content
- Before considering any advertising restrictions, speak with a public health attorney with experience in this area

Health Equity Impact

- May reduce tobacco advertising in communities where it is often concentrated, such as low-income and minority communities²⁸
- Decreased exposure to marketing can decrease cravings and impulse purchases⁹
- Removing marketing can help youth avoid initiation and help people who use commercial tobacco quit⁷

KEY RESOURCES

[Restricting Tobacco Advertising \(Counter Tobacco\)](#)

[How Companies Control Where You See Tobacco Products and What Policy Can Do About It \(Truth Initiative\)](#)



Community Examples

- In 2010, [Henderson, NV](#) restricted the size of storefront signs.⁶³
- In 2016, [Sacramento, CA](#) restricted the size and number of outdoor signs.⁶⁴



Age of Sale

Raising the minimum age of sale for tobacco products

Strategies

- Restricting sales to people over the age of 21 to support enforcement of the federal Tobacco 21 law
- Prohibiting sales to those born after a certain year
- Prohibiting internet sales of tobacco products

Health Equity Impact

- May reduce underage sales in low-income and minority neighborhoods, where they are more common⁶⁵
- Raising the minimum age may prevent young people from purchasing for themselves or others⁶⁶
- Prohibiting sales to people born after a certain date may prevent future initiation and nicotine dependence in communities⁶⁷

KEY RESOURCES

[Scientific Evidence Brief: Raising the Minimum Legal Sales Age for Tobacco Products \(CDC\)](#)

[Tobacco 21 Model Policy \(ChangeLab Solutions\)](#)

[Policy Options for Restricting the Sale of Menthol Cigarettes & Other Flavored Tobacco Products \(ChangeLab Solutions\)](#)



Community Examples

- In 2015, [Hawaii](#) became the first state to raise the minimum legal sales age to 21.⁶⁸
- In 2021, [Brookline, MA](#) prohibited sales to anyone born after January 1, 2000.⁶⁹



Retail Licensure

Implementing, evaluating, and enforcing retail strategies through licensing or zoning policies, including lowering retailer density

Strategies

- Capping: Limiting the number of retailers to balance their distribution across neighborhoods
- De-clustering: Restricting retailers from operating near each other
- Proximity: Restricting where retailers can be located, such as away from schools or at adult-only retailers
- Store-specific: Prohibiting sales at specific types of retailers

Health Equity Impact

- May reduce retailer concentration in low-income and minority communities¹⁷
- Decreasing retail density may reduce exposure to marketing that targets certain populations⁷
- Capping the number of retailers, especially around schools, can more equitably reduce density than focusing on specific types of retailers^{70,71}
- Proximity-based strategies are more effective in lower income areas and show promise for reducing disparities⁷¹
- Making people travel farther to buy tobacco could decrease use¹⁸

KEY RESOURCES

[Licensing, Zoning, and Retailer Density \(Counter Tobacco\)](#)

[Tobacco Retailer Licensing Playbook \(ChangeLab Solutions\)](#)

[Retail Sales, Internet Sales, and Licensure \(Public Health Law Center\)](#)

[Scientific Evidence Brief: Tobacco Retail Density, Location, and Licensure \(CDC\)](#)



Community Examples

- In 2016, **Philadelphia, PA** set a cap on the total number of tobacco retailer permits and restricted new retailers from being located within 500 feet of schools.⁷²
- In 2020, **Idaho** required licensure for retailers selling tobacco and e-cigarettes, regardless of which substances they contain.⁷³



GET READY

The retail strategies you choose will depend on your local retail environment. What works in one city may not work in others. Understanding the environment and forming community partnerships are essential first steps when planning a retail strategy.

Assess the Retail Environment

Gathering information about the retail environment gives you a baseline for reducing tobacco-related disparities. **Store assessments** and **opinion polling** are two ways to assess the retail environment. States can also conduct a [health impact assessment](#) to assess the potential impact of a retail strategy.⁷⁴

You can use assessment results to:

- **Plan** feasible retail strategies that meet the needs of your community and reduce disparities
- **Build** support for strategies by providing local data on tobacco retail disparities
- **Support** monitoring and evaluation efforts by getting baseline data and documenting changes

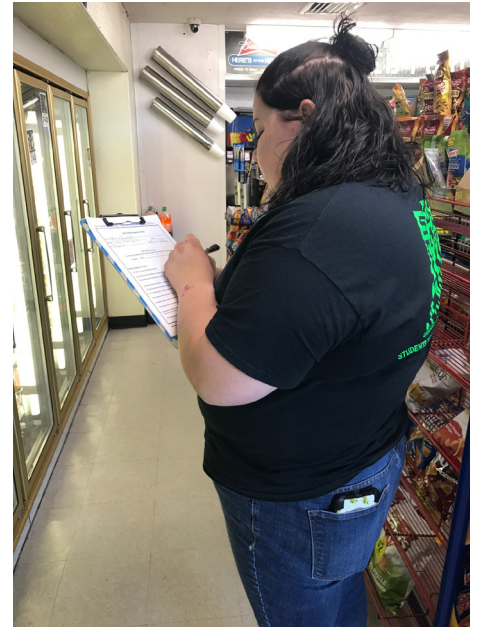
Connect with other communities and organizations to hear about their experiences assessing the tobacco retail environment. Some groups may assess other aspects of the retail environment, such as nutrition or alcohol. Learning about other retail efforts can help you see opportunities to work with other organizations promoting health in the retail environment. Partners who may be doing similar work include:

- Youth organizations
- Nutrition professionals
- Substance use prevention coalitions
- Crime prevention programs

Conduct Store Assessments

Store assessments collect information about how and where tobacco marketing happens. This helps expose retail disparities in the community. Assessments can include questions about the types of stores that sell tobacco and their locations, and especially their proximity to communities targeted by the industry. Some assessments also involve collecting data about what products are available, where they are placed in the store, how much they cost, and how they are advertised inside and outside stores.

Assessments look at patterns across areas and demographics to find out who is most affected by industry influence. For example, they can examine product availability and price in relation to median income.



A youth volunteer collects data for a retail store assessment in DeSoto County, Florida. Source: Tobacco Free Florida

KEY RESOURCES

[STARS \(Counter Tobacco\)](#)

Store assessment for tobacco retailers (can be modified)

[vSTARS \(Counter Tobacco\)](#)

Store assessment for vape shops (can be modified)

[fSTARS \(Counter Tobacco\)](#)

Store assessment specifically focused on menthol and other flavored commercial tobacco products (can be modified)

How to Complete a Store Assessment



STEP 1 ► Define the assessment's geographic area of interest and goals

Involve coalition members and other partners in planning where and what to assess to best meet community needs. Connect with other health promotion groups and communities working in the retail environment to streamline efforts and resources.



STEP 2 ► List and locate all tobacco retailers in your community

The easiest way to find retailers is to use a tobacco retail license list. Your state may already have a list of authorized retailers. If not, check your state's [Synar](#) report (a list of retailer violations for selling products to youth).⁷⁵ You can also use downloadable business lists, online business review and mapping services, local partner knowledge, or street surveys.



STEP 3 ► Find or design a data collection tool

Your state may require you to use a particular assessment tool. If not, you can design a survey or use a publicly available tool. You can change existing surveys to ask about new policies, emerging products, and community needs and goals. For example, Vermont modified the [STARS](#) tool to ask about the state's required "no sales to minors" sign.⁷⁶ They also added questions about food and alcohol sales.⁷⁷



STEP 4 ► Choose a mode of data collection

You can collect data by hand or electronically. Mobile apps can be faster and more discreet but often have fees. Photographs help illustrate industry activity. Compare different methods by assessing their fit with your goals, the training needed, the time it would take to enter data, and the cost.



STEP 5 ► Recruit and train data collectors

Data collectors from the community can help put retailers at ease. Partners, students, program staff, and external researchers or evaluators can also collect data. Do a pilot test in at least 5–10 stores (different types and locations), experimenting with store interaction and noting store cooperation. Instruct data collectors to be respectful and to avoid disrupting the flow of business.



STEP 6 ► Collect data

Create a letter or script describing the project. Consider scheduling visits with retailers in advance. If store employees ask, be honest and clear about how the data will be shared and whether stores will stay anonymous. For safety, group data collectors in pairs and have an adult go with youth. Inform data collectors that they can decline a store observation if they feel unsafe. Have staff on call to help with questions or issues that come up in the field.



STEP 7 ► Analyze data to identify industry marketing and disparity patterns

If you don't have a data analyst on staff, consider asking other departments working in retail (like nutrition and alcohol) for help. Ask community members to help review data and decide on key findings. Maps can help visualize data across neighborhoods and demographics to identify disparities, like in the [California Tobacco Health Assessment Tool](#).⁷⁸



STEP 8 ► Share and use results

Share results with the community, program staff, and decision makers to raise awareness and plan retail efforts. Include visual aids like maps or photos. Use dissemination channels that your audience already uses.

Adapted from Feld et al.⁷⁹

POLL COMMUNITY OPINION

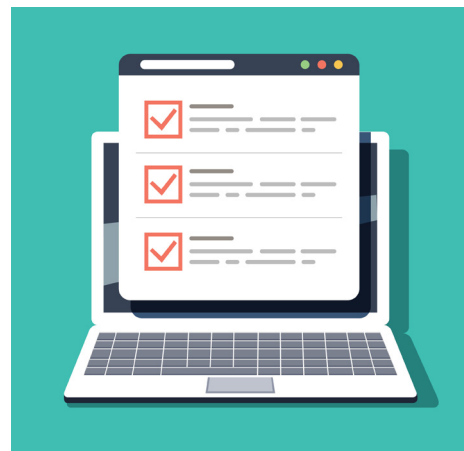
Many communities already have strong public support for retail strategies.⁸⁰ Understanding how the public feels about retail work can help you plan for community engagement and potential opposition.

Use a survey to help answer the following questions:⁸¹

- How strong are pro-commercial tobacco attitudes?
- How strong are pro-health attitudes?
- What is current public awareness and opinion on industry influence in the retail environment?
- What is current public awareness and opinion on the proposed strategy?

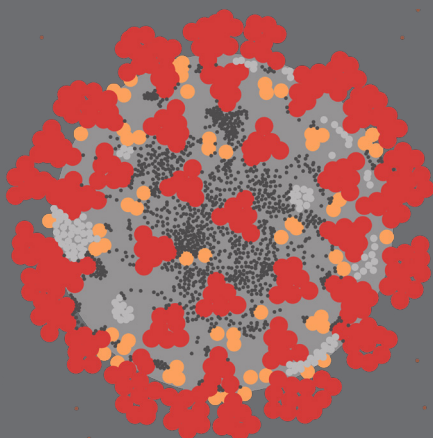
Results can help:⁶⁰

- Reveal retail issues most important to community members
- Plan education efforts by assessing public awareness and attitudes
- Show public support for retail strategies



CONDUCT A HEALTH EQUITY IMPACT ASSESSMENT

A **health equity impact assessment** examines the potential effects of a retail strategy on your community. For example, Oregon used a [Health Equity Impact Assessment](#) in 2015 to better understand the potential impact of tobacco retail licensing in Multnomah County.⁸² [Results](#) showed that retailers in the county were concentrated in racial minority communities.⁸³ As a result, Multnomah County educated communities about the problem and passed a retailer licensing ordinance.



ASSESSING THE TOBACCO RETAIL ENVIRONMENT: COVID-19 CONSIDERATIONS

Health risks and public health measures related to COVID-19 pose new challenges for retail data collection. As a safety precaution, many states have halted data collection until community transmission is lower. Others have shifted to [virtual retailer inspections and trainings](#).⁸⁴ When local health officials decide it is safe to resume, data collectors may need to be trained on safety measures, such as following local mask wearing and social distancing rules. COVID-19 restrictions may also impact where multiple data collectors can go together, as sharing vehicles may not be possible. Work with local health departments to decide the best approach to data collection based on your community's restrictions.

USE ASSESSMENT RESULTS

Analyzing assessment results with community partners can help you identify disparities and possible retail strategy solutions. In particular:

- **Location data** can show how close retailers are to each other or to other places, such as schools or parks, and help you set appropriate distance restrictions
- **Product data** can show where different products are being sold and how restrictions on different product types might affect disparities
- **Price and promotion data** can reveal which neighborhoods have lower prices and more advertising, and how density policies could affect these differences

Disparities can become clear when you add demographics and **compare your data across neighborhoods and populations**. For example, mapping data showed that retailers were concentrated in low-income districts in San Francisco.⁸⁵ They also showed that residents of color lived in areas with higher retail density.⁸⁵ So, San Francisco passed an ordinance to reduce tobacco retailer density throughout the city.⁸⁵

Maps can also help you compare the potential impact of different retail strategies. For example, the [Tobacco Swamps Dashboard](#) maps retailer data for 30 large U.S. cities and allows the user to overlay different retail strategies to compare impacts.⁸⁶

Work with a data analyst and your community to review data and identify the key retail issues in your community.

Form Partnerships

Community partners are especially vital for health equity strategies. Look for community partners early, including ones connected to groups targeted by the tobacco industry, and involve them from the beginning of your retail efforts. **Trusted community members and organizations** can give valuable insight into the community's values, priorities, and readiness to adopt retail strategies. They can raise awareness and build community support. They can also share existing resources and act as trusted messengers.

Other partners can also use their skills and knowledge to support retail strategies. Examples of potential partners include:

- **Decision makers**, such as city council or board of health members, who adopt laws and regulations and act as champions for retail strategies^{80,87}
- **Legal experts**, who give technical advice and support, such as reviewing drafts of policies and regulations⁸⁷
- **Communications experts**, who create messages and campaigns to raise awareness about the importance of retail strategies⁸⁷
- **National organization representatives**, who can speak at committee meetings or share evidence for strategies⁸⁷
- **Retailers**, who can make voluntary changes in their stores, speak in support of strategies, and dispel myths about retail strategies harming businesses^{87,88}

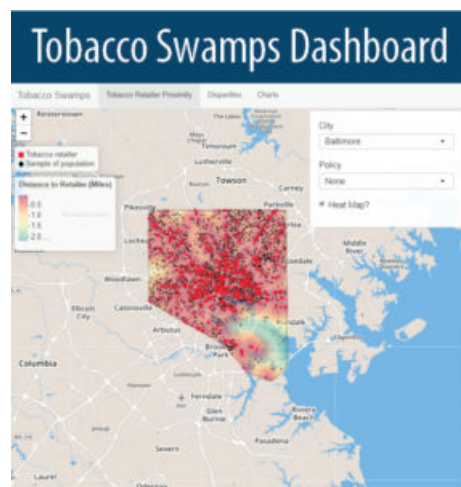
KEY RESOURCES

[Counter Tobacco](#)

Tools and resources for assessing the retail setting, including the Standardized Assessment for Retail Settings (STARS)

[How to Conduct Store Observations of Tobacco Marketing and Products \(Feld, 2016\)](#)

Steps to conduct a store assessment of tobacco marketing and products



Screenshot of interactive Tobacco Swamps Dashboard. Source: ASPIRE Center

- **Business leaders and chambers of commerce** not connected with the tobacco industry, who bring a unique perspective on the health and economic benefits of retail strategies^{80,87}
- **Youth partners**, who can speak in support of strategies and organize community support^{88,89}
- **Community coalition members**, who can share efforts with the public, enhance community involvement, and shape retail policy⁶⁰
- **Social justice organizations**, which can provide insights into health disparities and advocate for retail strategies⁹⁰

Local and national retailers can be important partners. [Local retailers](#) in Vermont wanted to protect children and community members from the harmful effects of commercial tobacco, so they voluntarily stopped selling commercial tobacco products.⁹¹ Local retailers in California have also said that ending tobacco sales would promote a good image for their store.⁹² Some [major chains](#), including CVS, have also voluntarily stopped selling commercial tobacco products.⁹³

IDENTIFY PARTNERS

Effective partners are trusted by the community and knowledgeable about the area, including its commercial tobacco landscape. Choose partners who:⁸⁷

- Share identities and experiences with the community
- Bring something valuable to the partnership, like skills or access to networks
- Are invested in the outcome
- Have no real or perceived conflicts of interest, including tobacco industry interests or investments

KEY RESOURCES

[Best Practices User Guide: Partnerships in Tobacco Prevention and Control \(CDC\)](#)

Action steps for states to form partnerships that support commercial tobacco control work

[Networking2Save National Networks \(CDC\)](#)

Consortium of eight national networks that represent different populations and can serve as partners to enhance commercial tobacco control work

[Self-Assessments \(National Center for Cultural Competence\)](#)

How to use self-assessments to build cultural competence

[Identity, Bias, and Cultural Humility \(The Community Technical Assistance Center of New York\)](#)

Presentation on self-reflection and building cultural humility

MINNESOTA PARTNERSHIP AGAINST MENTHOL

In 2015, the Minnesota Department of Health funded the Hennepin County Department of Health to address the high prevalence of menthol cigarette use in Black communities. Hennepin County partnered with the African American Leadership Foundation (AALF) to [conduct community engagement activities](#).⁹⁴ As a trusted organization, AALF brought insight, connections, and expertise to the project, while the local public health partners provided technical support.⁹⁴

In the first year of the grant, with support from staff, members of the AALF surveyed 407 Black Minnesotans to assess support for tobacco retail work and use of tobacco products, including menthol. In the next year, AALF and other community leaders shared the results with community members. They also worked with the Association for Nonsmokers-Minnesota to present to community members on the use and harms of menthol in the Black community. Based on community feedback, AALF and Hennepin County developed recommendations to further reduce menthol use in the community.⁹⁴



Member of the AALF providing testimony about assessment data. Source: Association for Nonsmokers-Minnesota



TAKE ACTION

Equipped with your assessment data and supported by your partners, you are ready to put retail strategies into action. A well-planned implementation process is important to increase both acceptance of new retail strategies and their potential to advance health equity. You can work with community partners to:

- Choose a retail strategy that's right for the community
- Raise awareness about the importance of reducing industry influence in the retail environment
- Overcome potential challenges
- Make sure new regulations are enforced equitably across all neighborhoods
- Monitor the retail environment and evaluate the effect of retail strategies

Choose a Strategy

There are no one-size-fits-all solutions when it comes to retail strategies to promote health equity. The most effective strategies are **tailored** to the unique needs of your community and have support from community members.⁹⁵ Focus on retail strategies that match your community's needs and incorporate equitable approaches.

Look for strategies with these features:

- Fit with community needs⁹⁶
- Evidence of effectiveness⁹⁷
- Potential to reduce health disparities⁹⁷
- Strong public support⁹⁶
- Practical and equitable implementation⁹⁷
- Legal feasibility⁶⁰
- Cost effectiveness⁹⁷

CONSIDER COMMUNITY NEEDS

Think about the community's **unique needs** when choosing retail strategies. Ask yourself the following questions:¹³

- Which parts of my community have high commercial tobacco use prevalence? How does the retail environment vary across my community?
- What are the health priorities of the community? Are there competing issues that would make retail strategies difficult?
- What action has been taken before? What challenges did the community face?

Store assessments and health impact assessments can help you understand the commercial tobacco landscape. The [STARS Policy Crosswalk](#) matches data from STARS store assessments to specific retail strategies.⁹⁸ Share data with partners and have a discussion about which strategies would meet their needs.

Focus on retail strategies that **match the community's needs.**



Staff from Mecklenburg County Public Health Office of Policy & Prevention replacing tobacco ads with prevention signage. Source: Mecklenburg County Public Health

Reviewing outcomes of previous retail strategies in the community and activities of other, similar communities can help you plan for potential challenges. Subscribe to email lists of organizations that track retail activity and share the latest evidence, such as the [Public Health Law Center](#) and [the ASPIRE Center](#).^{99,100}

COMBINE STRATEGIES

Combining multiple strategies is generally more effective than just using one.⁷ This could include:

- **Combining multiple retail strategies**, such as setting a minimum distance between retailers and restricting commercial tobacco sales near schools¹⁰¹
- **Combining retail strategies with other commercial tobacco control strategies**, such as combining retail strategies with increased access to commercial tobacco cessation resources¹⁰²
- **Implementing strategies at multiple levels (local, state, and national)**, like passing local Tobacco 21 laws to make compliance with the federal Tobacco 21 law clearer and more efficient¹⁰³
- **Including other health priorities**, such as providing low-interest loans to small businesses if they agree to sell fewer tobacco products and more vegetables¹⁰⁴

Certain strategies may not have enough evidence to support their use yet. Check with legal experts or researchers to help you understand the potential benefits and challenges of strategies. You can also look for case studies from other jurisdictions.

PLAN EQUITABLE STRATEGIES

Strategies may not have the same effect for all groups in a community.¹⁵ When planning retail strategies, think proactively about avoiding potential unintended consequences that could lead some groups to benefit more than others and increase existing disparities.

The following questions can help you plan for equitable retail strategies:

- Who will benefit from the strategy? Who might be negatively affected? Will anyone be left out?
- Will the strategy reduce access and exposure to tobacco products for those who are most harmed by them?
- Will the strategy align with the community's values, culture, and needs?
- What culturally appropriate commercial tobacco cessation resources might accompany the strategy?
- What will be helpful for the community to know about targeted marketing tactics and limiting industry influence in the retail environment?
- Who will implement and enforce the strategy? Will they have the resources to do so equitably?

KEY RESOURCES

[Boosting the Tobacco Control Vaccine \(Kong and King\)](#)

How retail strategies support other commercial tobacco control strategies and reduce disparities

[Point-of-Sale Strategies \(Center for Public Health Systems Science\)](#)

Guidance on choosing strategies that fit local context, including rating strategies based on their legal feasibility

Raise Awareness

Educating the public helps build awareness about and support for retail strategy efforts.¹⁰⁵ Media campaigns can raise awareness about:

- Tobacco industry influence in the retail environment
- The connection between the retail environment and health disparities
- New laws and regulations affecting the retail environment
- Available cessation resources

MAKE MESSAGES RELEVANT

Work closely with your partners to build your messaging. Different messages resonate with different audiences. Framing messages is the process of matching what you're saying with what the audience cares about to encourage them to act.¹⁰⁶ Partners can share community goals and values to better inform framing.

For example, **community members** care about the health and well-being of others in their community.¹⁰⁷ Work with community partners to develop relevant messages centering on justice, highlighting health disparities, and explaining the reasons behind disparities.¹⁰⁸ Using local data is also important to show how the community is affected and why the audience should care.¹⁰⁹

Decision makers are responsible for allocating public funds, so they particularly care about costs and public opinion.¹⁰⁹ Share results from community opinion polls and evidence about the positive effects of retail strategies, like [cost savings](#) and decreased commercial tobacco initiation.¹¹⁰ Youth, who can testify at hearings and share information, are particularly influential among decision makers.¹⁰⁹



Smoke Free Philly web ad promoting the National Quitline portal. Source: Philadelphia Department of Public Health

COMMUNICATING ABOUT DENSITY DISPARITIES

A [recent campaign](#) led by the Campaign for Tobacco-Free Kids and the Advancing Science and Practice in the Retail Environment (ASPiRE) Center shared with the public just how prevalent tobacco retailers are in communities. Campaign messages shared ASPiRE research from 30 U.S. cities that found tobacco retailers are just a short walk away for many people, often located by schools, and concentrated in lower-income areas.

ASPiRE researchers and Campaign for Tobacco-Free Kids made [tailored fact sheets](#) and resources for each city, including customized social media posts for cities to reuse.¹¹¹ They also teamed up for a 30-city radio tour to promote the campaign. The campaign reached over three million people and generated news coverage from many stations.



Source: ASPiRE Center & Campaign for Tobacco-Free Kids

Audience research, such as surveys, polls, or interviews, can reveal information about the audience's values and message preferences.¹¹² Partners can also give insight on what specific messages may encourage action.

CHOOSE A COMMUNICATION CHANNEL

Retail campaigns can be promoted in similar ways to those you may have run in the past (such as smokefree air or commercial tobacco cessation campaigns).

Effective channels reach your audience where they spend time and are most attentive, such as in the car or at home. Community partners can help you choose which channels to use. Local **news outlets**, **radio channels**, **podcasts**, and **social media** platforms popular with the audience can be low-cost ways to reach them with information about the retail environment.

Other ways to raise awareness include holding **community presentations**, **webinars**, and **press conferences**. For example, youth in [New York](#) shared stories about commercial tobacco's consequences in their own lives at a city council meeting and invited city leaders to join them on their walks to school to see how tobacco advertising impacts their daily commute.¹¹³ Parents, people harmed by tobacco-related illnesses, and healthcare providers can be influential messengers.¹⁰⁹ Consider holding **events or contests** that directly engage your community, like a rally or a social media photo contest of tobacco marketing near schools.

Consider displaying commercial tobacco cessation information, such as health messages and quitline information, near point-of-sale displays of tobacco products.⁶⁰

KEY RESOURCES

[Best Practices: Health Communications User Guide \(CDC\)](#)

Steps that state programs can take to develop effective messages and choose channels to share messages with different audiences

[Equity \(FrameWorks Institute\)](#)

Resources to support communicating about equity

[Reframing the Issue \(Community Tool Box\)](#)

Practical steps for framing an issue in a way that appeals to your community and helps you gain support



Pennsylvania youth show their support for raising the age to buy tobacco to 21. Source: Pennsylvania TRU

UNDERSTAND ANTI-LOBBYING RESTRICTIONS

Cities and states pass many retail strategies by adopting laws or local ordinances. The decision makers who pass these laws are an important audience. But programs receiving federal funding cannot use these funds to lobby for specific proposals. **Federal funds** can be used to educate on public health issues, potential policy solutions, and tobacco industry influence in the retail environment.¹¹⁴ Funds from other sources have different restrictions. An attorney can help you understand the activities you can do with federal and other funding.

Overcome Potential Challenges

Industry opposition and preemption are two common challenges that communities have described when implementing retail strategies.⁸⁰ Dispelling myths spread by the tobacco industry and understanding preemption can help overcome these obstacles.

DISPEL MYTHS ABOUT RETAIL STRATEGIES

The tobacco industry and convenience store associations often oppose retail restrictions, mostly on economic grounds. The evidence, though, doesn't support these claims. Retail strategies can effectively reduce tobacco-related disparities and promote health equity, with **little to no effect** on retailers' profits.¹¹⁵ Retail policies are unlikely to cause small retailers to go out of business, because customers who would otherwise buy commercial tobacco will spend money on other goods.¹¹⁵ Non-tobacco products, like snacks and beverages, are more profitable than tobacco products.¹¹⁶

The industry has also tried to encourage opposition by aligning itself with the communities they target. They claim that commercial tobacco control strategies are discriminatory to minorities.¹¹⁷ They sometimes use front groups to oppose strategies, such as retailer associations and other organizations. This tactic is known as "**astroturfing**."¹¹⁸ For example, the National Association of Tobacco Outlets has partnered with the industry to lobby against regulations and encourage retailers not to support tobacco retail ordinances.¹¹⁹

Programs can play an important role in **educating about industry influence** in the retail environment. Participating in public hearings, holding press conferences, or giving presentations can be good ways to:

- Counter myths and **share facts**, especially with retailers¹²⁰
- Raise awareness about industry tactics common in the community and their effect on tobacco-related disparities
- Share how retail strategies can improve community health and reduce disparities
- Share findings from store assessments and opinion polls

Despite best efforts, a retail strategy may face resistance. Keep debates constructive by speaking with opponents privately, listening to concerns, asking questions, and confirming your shared commitment to the community.¹⁰⁹

COMMON INDUSTRY MESSAGES ABOUT RETAIL STRATEGIES

The industry tends to focus its messages on retail strategies around these themes:

- Limits on the rights of consumers to use a legal product
- Costs of complying with new regulations, such as license fees, staff training, changes to inventory
- Loss of retail jobs, profits, and tax revenues
- Concerns about bans contributing to unjust criminalization



Tennessee young adults handing out the [Tennessee Tobacco Retailer Education Guide](#).¹²¹ Source: Tennessee Department of Mental Health & Substance Abuse

UNDERSTAND PREEMPTION

Preemption occurs when a higher level of government limits a lower level of government's authority.¹²² The tobacco industry uses preemption, mostly through legal challenges, as a way to create barriers for cities working in the retail environment.¹²³

Preemption can discourage communities from introducing innovative measures to meet their specific needs.¹²³

Understand and address preemption challenges by:

- Knowing [your state's laws](#) and [which retail strategies are preempted](#)^{124,125}
- Monitoring efforts to restrict local action
- Educating community members and decision makers on the importance of local control and framing preemption as a lack of local control
- Using **assurances of voluntary compliance** (AVCs) to implement retail strategies without risking preemption challenges
- Focusing on issues within local control
- Assessing support for overturning preemption and retaining local control

Although state preemption laws can be difficult to repeal, [several states](#) have done so successfully.^{122,126} Other states have passed laws that allow local communities to enact their own ordinances.¹²² Consult an attorney to better understand local preemption and what actions you can take.



Campaign for Tobacco-Free Kids Rally. Source: Campaign for Tobacco-Free Kids

KEY RESOURCES

[STATE System Preemption Fact Sheet \(CDC\)](#)

Maps with updated preemption status in each state for licensure, smokefree air, and youth access

[Preemption: The Biggest Challenge to Tobacco Control \(Public Health Law Center\)](#)

Background and information on preemption as a threat to commercial tobacco control with examples of preemption laws and anti-preemption provisions for commercial tobacco control laws

ASSURANCES OF VOLUNTARY COMPLIANCE

Due to industry-led legal challenges and state preemption laws, adopting tobacco retail laws sometimes isn't possible. But an **assurance of voluntary compliance (AVC)** is a legally binding agreement between a state attorney general and a company in which the company agrees to follow proper sales and marketing practices.¹²⁷ Many states have used AVCs to **enforce tobacco advertising, marketing, and age restrictions**.¹²⁸ AVCs can be strengthened by retailer education and routine enforcement.¹²⁹

Support Equitable Enforcement

Equitable enforcement means ensuring compliance with laws in a just and fair way that **considers and reduces harm** to priority communities. It is important to choose enforcement mechanisms that don't make disparities worse. Equity can be considered in all aspects of enforcement, including when and how regulations are enforced.

PLAN FOR ENFORCEMENT

Limited budgets, not enough staff, and poor coordination across agencies tasked with enforcement are challenges to enforcing retail policies.⁸⁰ Taking the time to secure adequate resources and plan for enforcement is important to make sure strategies are fully and consistently implemented. Steps to plan for enforcement include:

- **Adopting a retailer licensing program**, including collecting fees to fund enforcement efforts and creating retailer lists to monitor compliance and inform future efforts¹³⁰
- **Adding an enforcement mechanism** to laws already in place⁸⁰
- **Using clear and comprehensive language** to define commercial tobacco products, consider their interactions with legalized non-medicinal cannabis, identify which retailers are subject to regulations, and describe enforcement mechanisms and schedules¹³¹
- **Setting a realistic date** for implementation to start so retailers are ready¹³²
- **Avoiding purchase, use, and possession (PUP) laws** that penalize underage people who buy and use tobacco products rather than the retailers that sell and market tobacco products to these customers¹³³
- **Tasking the public health department with enforcement** when possible, or training other departments who may be responsible for enforcement on the types of tobacco products and specifics of retail laws, limiting law enforcement involvement if possible due to systemic inequities⁶⁰

EDUCATE RETAILERS EARLY

Most retailers **want to comply** with new commercial tobacco restrictions.¹³² Retailers, especially employees who are responsible for implementing the strategies, can be important partners in encouraging compliance. Communicate with retailers even before the regulation goes into effect.

Create educational materials that explain:

- What the new law will change
- When it will go into effect
- How to comply with the new law
- How the new law will impact health in their community

AVOIDING LOOPHOLES

Incomplete or vague regulations can make enforcement more difficult. Avoid creating enforcement loopholes by using definitions that are broad enough to include:

- E-cigarettes regardless of substance⁶⁶
- Products that contain any type of tobacco¹³¹
- Any potential future tobacco products that may enter the market⁶⁶



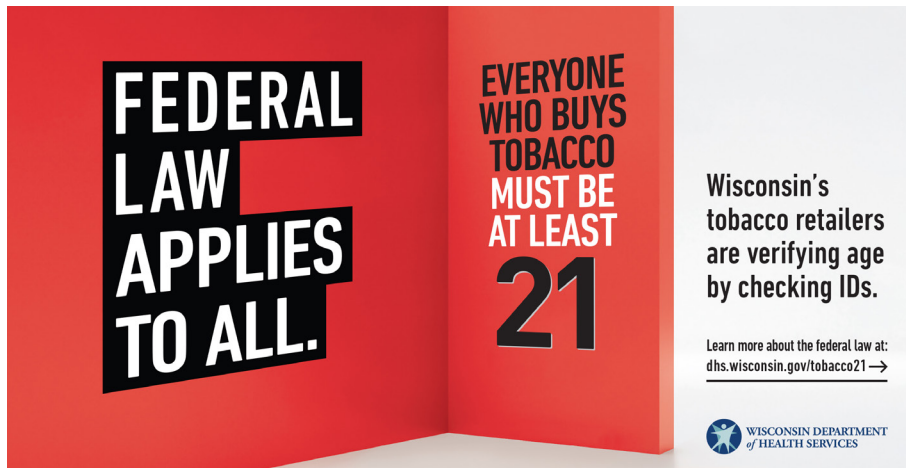
Spanish-language outreach flyer from [T21 Community Education Toolkit](#).¹³⁴ Source: City of San Antonio Metropolitan Health District

For example, Alachua County, Florida, took advantage of a nine-month roll-out period to educate retailers and develop [best practices](#) for conducting compliance checks.⁶⁶ Working with their partners, they contacted other communities that already had licensing laws to learn how to support retailer compliance.¹³⁵

Train retailers on implementing new strategies. Develop a training that is culturally responsive and available for all retailers. Trainings can be in-person or virtual, and can include role playing (like checking IDs and refusing sales), quizzes, and other interactive elements.¹³⁶ For example, Multnomah County, Oregon, developed [self-paced, online trainings](#) as a safe, convenient way to continue educating retailers during the COVID-19 pandemic.⁸⁴

Adapting enforcement materials to your audience helps make sure retailers can read and understand them. For example, if your community has a large non-English-speaking population, contract with individuals fluent in other languages. They can review materials and work with retailers to help make sure retailers are prepared to implement new regulations.¹³⁷ San Antonio, Texas, developed a [toolkit](#) in English and Spanish to educate the community about its city-wide Tobacco 21 ordinance.¹³⁴

Keeping communication with retailers open helps build relationships to support compliance. For example, use retailer compliance visits as an opportunity to educate and build relationships. One-on-one outreach visits, rather than town hall meetings, are more effective in sharing information and answering retailers' questions.¹³²



Web ad reminding tobacco retailers to not sell tobacco to anyone under 21. Source: Wisconsin Department of Health Services

DEAL WITH NONCOMPLIANCE

Even with thoughtful planning ahead of a new retail law, some retailers may choose not to follow the regulations. What retailer noncompliance looks like depends on what restrictions are in place. For example, cities have described retailers avoiding compliance by:⁸⁰

- Hiding restricted products from view
- Claiming that distance restrictions don't apply

KEY RESOURCES

[Decriminalizing Commercial Tobacco \(Center for Black Health and Equity\)](#)

Principles to support health equity goals and address systemic racism in commercial tobacco control enforcement

[Identifying Best Practices in Adoption, Implementation and Enforcement of Flavoured Tobacco Product Restrictions and Bans: Lessons from Experts \(Peck et al.\)](#)

Recommendations for implementing and enforcing tobacco product restrictions

PUP LAWS

Purchase, use, and possession

(PUP) laws penalize underage people who buy and use commercial tobacco, rather than the retailers that sell and market tobacco to these customers.¹³³ The tobacco industry has a history of supporting PUP laws over other, more effective laws to reduce youth commercial tobacco use.¹³³

Underlying social inequities and systemic racism have contributed to unjust enforcement of tobacco retail policies.¹³⁸ PUP laws disproportionately penalize Black and Hispanic/Latino youth—the groups the tobacco industry most aggressively targets.¹³⁹

These laws are also ineffective at reducing youth initiation and smoking prevalence.¹³⁹ Most states still have PUP laws.¹³⁹ Replacing these laws with licensing or other regulations directed at retailers, not consumers or clerks, is an important step toward equitable enforcement.

TAKE ACTION

- Claiming they didn't receive an inspection notice
- Failing to post age requirement signage
- Sectioning off parts of the store that sell commercial tobacco products to identify as an adult-only retailer

In most cases, simple education, either to retailers or enforcement agencies, can help resolve the issue.

Perform repeated [compliance checks](#) for retailers that continuously are in violation.¹⁴⁰ **Tiered penalties** for compliance violations can support health equity goals.¹³⁸ Tiered penalties phase in higher fees or consequences for repeated noncompliance, like suspending or revoking a license. For example, the suspension period or fines can increase based on the number of violations a business has. These fees can be used to fund future or ongoing retail strategies. Direct fees and penalties toward retailers, not individual clerks. Reserve criminal penalties only for businesses that **repeatedly** violate laws.¹³⁸

Monitor and Evaluate the Retail Environment

Monitoring and evaluation can help you decide which strategies work best to reduce disparities in the retail environment. Compare new data you collect to baseline data from your community assessment to highlight changes.

MONITOR THE RETAIL ENVIRONMENT

Monitoring activities helps keep track of commercial tobacco use trends, changes in the retail environment, and tobacco-related disparities. Monitoring can help you:

- Keep a current list of all retailers
- Track changes in products and targeted industry marketing
- Keep up-to-date on what other communities are doing, including [new regulations](#) and proposed restrictions that failed¹⁴¹
- Know which products are most often the subject of violations and where they are happening
- Stay in the know about evidence by setting alerts for new journal articles or signing up for listservs like the Penn Rutgers TCORS Tobacco Industry Marketing Core Alert, and [Counter Tobacco](#) and [ASPiRE Center](#) monthly newsletters^{142,100}

Monitoring can also help you spot and correct unintended consequences of retail efforts.¹³ You can take proactive steps to monitor for unintended consequences by:¹³

- Updating your **monitoring systems** to include tobacco-related disparity indicators, such as commercial tobacco use among population subgroups
- Conducting compliance checks in neighborhoods most affected by tobacco industry influence to make sure strategies are implemented consistently (for example, in low-income and higher-income neighborhoods)



HOW EVALUATIONS SUPPORT HEALTH EQUITY WORK

Evaluation results can help you:¹⁴³

- Assess how retail strategies are implemented and enforced for different populations
- Identify barriers to equitable implementation
- Build support for health equity strategies
- Learn and improve future retail efforts to promote health equity

- Monitoring changes in commercial tobacco use among subgroups to look for new or widening disparities
- Asking community members how they think implementation is going
- Reviewing enforcement as time goes on and making changes if policies are not having their intended effect¹⁴⁴

Include **community members** and [youth groups](#) in monitoring activities, like collecting store assessment data.⁸⁹ Community members may have more trust and credibility with retailers than outside researchers. They can help retailers feel comfortable participating in data collection.⁶⁷ Involving community members also helps **build awareness** of industry tactics, as they can share what they learn with leaders and others in the community. If staff collect monitoring data, provide [cultural competence](#) training.¹⁴⁵

Evaluate Retail Strategies

Evaluations assess **what works, for whom, and under what conditions**. Integrating **health equity** into evaluations helps make sure you do not overlook unintended effects on specific communities. Results can help you make informed changes to retail strategies. For example, include evaluation questions that ask:¹⁴³

- To what extent was the retail strategy enacted uniformly in all communities?
- Is the strategy consistent with evidence to reduce disparities in the retail environment?
- Were there efforts to educate community members about the strategy and address concerns?



Volunteers surveying local tobacco stores. Source: Tobacco Free Florida

KEY RESOURCES

[A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease \(CDC\)](#)

Recommendations and reflection questions for integrating health equity considerations throughout the evaluation process

[Best Practices User Guide: Health Equity \(CDC\)](#)

Recommendations for state commercial tobacco control programs to promote health equity, including how to design evaluations

[Tobacco 21: Policy Evaluation for Comprehensive Tobacco Control Programs \(CDC\)](#)

Six steps for evaluating commercial tobacco control strategies and how the steps can apply to assessing the local impact of Tobacco 21

[Tobacco Where You Live: Mapping Techniques \(CDC\)](#)

How to create, share, and use maps in commercial tobacco prevention and control, including evaluation

TAKE ACTION

- Are there pockets of noncompliance that require extra effort to support compliance?
- How has reported access to tobacco products, social norms, or commercial tobacco use changed for priority populations as a result of the strategy?
- What is the economic impact on retailers?
- Were there any unintended consequences for specific groups?

Community members have firsthand knowledge of community priorities. They can help choose evaluation questions.

Many kinds of data can help answer questions about the tobacco retail environment, including store assessment or retail scanner data. If you gather data about people, such as commercial tobacco use patterns, make sure you understand and recognize the different subpopulations in a community.

Mapping retailer data before and after implementation can reveal enforcement inequities. Maps can also help retailers understand and follow the law.¹³⁵ For example, maps can show retailers whether they are within distance restrictions.⁸⁰

RETAIL SCANNER DATA

Retail scanner data gathers information from product codes about purchasing behavior of consumers in the U.S. Data include each product sold in a store on a given day, how many of the product are sold, and the sales price.¹⁴⁷ The Nielsen retail scanner dataset can be **downloaded** online through some university libraries.¹⁴⁸

SIX STEPS OF EVALUATION

CDC outlines **six steps** that can be used to evaluate retail strategies:¹⁴⁶

1. Engage community members, evaluators, retail tobacco control experts, enforcement officials, and coalition members.
2. Describe the strategy being evaluated to make sure all partners and community members have a clear understanding of tobacco-related disparities, health equity goals, and potential challenges.
3. Focus the evaluation by developing clear goals that consider what community members want to know and creating a plan for collecting and analyzing data.
4. Gather credible evidence using sources such as store assessments, retail scanner data, surveys, interviews with key partners, and compliance checks.
5. Justify conclusions by comparing to baseline data when possible and considering how the local environment may influence implementation.
6. Apply evaluation results to implementation, retailer education, compliance activities, and future planning. Ask community members to help review data and decide next steps.

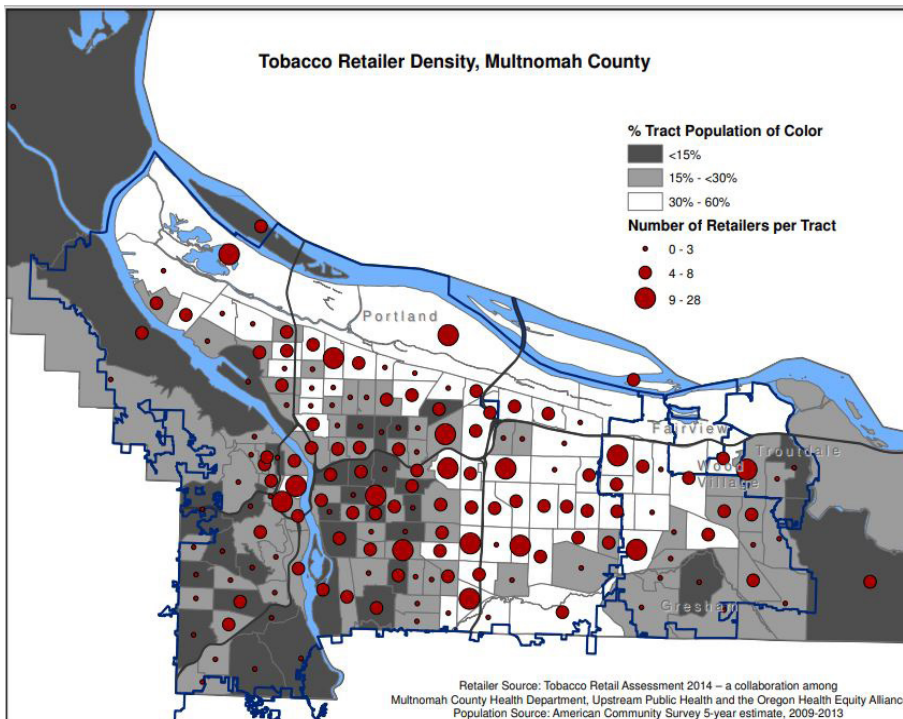
SHARE EVALUATION RESULTS

Share results with **the community, decision makers, and other partners** to improve and expand retail efforts to reduce disparities. Sharing evaluation results with communities most affected by tobacco-related disparities helps them understand the industry’s targeted marketing tactics and take action.⁸⁷ It is important for community members to have the opportunity to review data, decide on key findings, and use results to help their communities.¹³

When sharing findings, consider your audience and highlight the results that are most relevant to them. For example:

- Educate **retailers** on economic impact, community support, and action steps they can take to implement strategies effectively
- **Inform partners, retailers, and program staff** of outcomes and lessons learned during implementation, including any errors or mistakes
- Give **decision makers** concise key points on costs and local impact
- Show **community members** how strategies impact health across different neighborhoods and populations

It is important for **community members** to have the opportunity to **review data, decide on key findings, and use results** to help their communities.



Map of tobacco retailers by census tract and percentage of population from communities of color. Source: Multnomah County Health Department, Oregon



EXPLORE COMMUNITY EXAMPLES

Oakland, California

In 2017, the Oakland City Council became concerned about youth using flavored tobacco products. Commercial tobacco control partners wanted to prohibit all menthol and flavored tobacco sales in Oakland to reduce disparities in the tobacco retail environment. So, they adopted a menthol and flavored tobacco product [restriction](#).¹⁴⁹

However, the city council exempted adult-only tobacco shops, creating a loophole. The tobacco industry exploited the loophole by increasing the number of tobacco shops in low-income Black and Latino neighborhoods shortly after the ordinance went into effect.

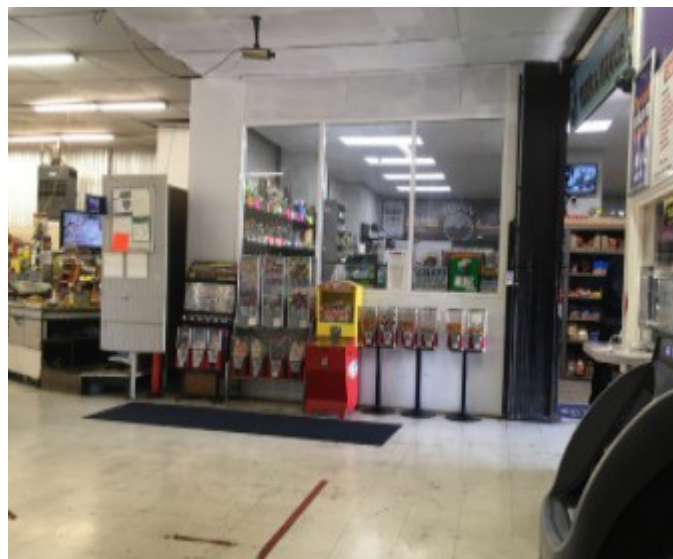
Retailers were now defining themselves as adult-only tobacco shops by converting all or part of their stores to sell primarily tobacco products. Oakland's tobacco shops increased from about five in 2017 to over 56 in 2020. The ordinance was not working as intended.

The African American Tobacco Control Leadership Council (AATCLC) helped lead Oakland's efforts with the Alameda County Tobacco Control Program, **speaking out about the effects** of commercial tobacco and the loophole on Oakland's Black communities. "The industry hasn't met a loophole they don't like. They took full advantage of the exemption," says Dr. Phillip Gardiner, AATCLC Co-Chair.

The Program and AATCLC approached the city council about the **need for a comprehensive restriction**. "We don't think exemptions work. The benefit of a jurisdiction-wide policy is it can impact everybody," says Tobacco Control Program Director Paul Cummings.

To illustrate the problem, the Program created maps of menthol and flavored tobacco retailers in 2017 and 2020. The maps showed that menthol and flavored tobacco sales were **increasingly concentrated** in Black and Latino neighborhoods. AATCLC provided an essential voice to counter arguments that the restriction would hurt Black-owned businesses. Together, the maps and message were convincing. The City Council unanimously voted to end the exemption in 2020. The [legislation](#) passed with extra measures, including a minimum price of \$8.00 for a pack of cigarettes or cigarillos.¹⁵⁰

Although the FDA has announced plans to prohibit menthol cigarette sales nationally, Dr. Gardiner emphasizes the importance of continuing to fight on the local level. "Black lives are at stake," he says, explaining the announcement is just a step in what will be a lengthy process of removing menthol from the market. **"People cannot lift their foot off the gas.** I want to encourage local work. The higher up the food chain you go, the more influence the industry has."



Oakland convenience store with a separate "adult-only" tobacco shop inside. Source: Alameda County Public Health Department

“ We don't think exemptions work. The benefit of a **jurisdiction-wide policy** is it can impact everybody.

— Paul Cummings

Milwaukee, Wisconsin

In 2016, the heavily segregated city of Milwaukee was still experiencing tobacco-related disparities, despite having components of a strong state commercial tobacco control program. In collaboration with many local partners, including the Wisconsin African American Tobacco Prevention Network, the Wisconsin Department of Health Services decided to conduct store assessments throughout the Milwaukee area to learn about and address disparities in its retail environment.

With CDC funding, the Department piloted the Wisconsin Retail Assessment Project (WRAP). WRAP is a community-centered effort to collect data and expose tobacco-related disparities with support from Counter Tools and their [Standardized Tobacco Assessment for Retail Settings \(STARS\)](#) assessment tool.⁷⁶ The Department trained local coalitions to take the lead in conducting the assessment. They trained community members to collect data and build relationships with retailers. Local volunteers were more welcomed by retailers when they explained that they were collecting data for a project, not for enforcement, according to Luke Witkowski, WRAP co-coordinator.

Directly engaging the community was key to the project's success. "Let your community do the heavy lifting," said Lorraine Lathen, director of the Wisconsin African American Tobacco Prevention Network and the Wisconsin Tobacco Prevention and Poverty Network. "It gives credibility to the movement and will lead to sustainable programs."

The assessment created opportunities to make **meaningful partnerships**, including with retailers. "We should not see tobacco retailers as the enemy. Magic can happen just sitting down with a retailer and having a conversation that can lead to collaborations that can benefit the community," said Lathen.

The assessment revealed that tobacco retailers are most concentrated in Milwaukee's low-income communities of color and that menthol and flavored tobacco products are marketed most heavily to Black residents. Local coalition partners shared these findings with retailers, decision makers, and community members in easy-to-read [fact sheets](#).¹⁵¹

One year and 120 assessments later, the team scaled up the project to conduct assessments statewide, including rural areas, and observed the impact of different regional approaches. "Engaging the right people to carry out retail strategies, including enforcement, is key," says Lathen.

WRAP's findings helped generate awareness and interest in tobacco retail disparities across the Milwaukee area and statewide. The team is creating a final report to the community and city council presenting the five-year results from the assessment. They hope that their findings can **motivate future efforts** to improve retail strategies and help overcome preemption challenges.



A Milwaukee store owner explains how he keeps tobacco products out of the reach and sight of minors during a Wisconsin African American Tobacco Prevention Network retailer tour. Source: African American Tobacco Prevention Network

“ Magic can happen just **sitting down** with a retailer and having a **conversation**.

— Lorraine Lathen



REFERENCES

- 1 Tobacco. The Community Guide. Accessed May 20, 2020. <https://www.thecommunityguide.org/topic/tobacco>.
- 2 US Department of Health and Human Services. The health consequences of smoking—50 years of progress: a report of the Surgeon General. Published 2014. Accessed November 6, 2018. https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm.
- 3 Farrelly M, Chaloupka F, Berg C, et al. Taking stock of tobacco control program and policy science and impact in the United States. *Journal of Addictive Behaviors and Therapy*. 2017;1(2):8. <http://www.imedpub.com/articles/taking-stock-of-tobacco-control-program-and-policy-science-and-impact-in-the-united-states.php?aid=20344>.
- 4 Holmes C, King B, Babb S. Stuck in neutral: stalled progress in statewide comprehensive smoke-free laws and cigarette excise taxes, United States, 2000–2014. *Preventing Chronic Disease*. 2016;13:150409. doi: [10.5888/pcd13.150409](https://doi.org/10.5888/pcd13.150409).
- 5 Garrett B, Dube S, Babb S, McAfee T. Addressing the social determinants of health to reduce tobacco-related disparities. *Nicotine & Tobacco Research*. 2015;17(8):892-897. doi: [10.1093/ntr/ntu266](https://doi.org/10.1093/ntr/ntu266).
- 6 Centers for Disease Control and Prevention. Best practices for comprehensive tobacco control programs—2014. Published 2014. Accessed August 13, 2021. https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm.
- 7 Kong A, King B. Boosting the Tobacco Control Vaccine: recognizing the role of the retail environment in addressing tobacco use and disparities. *Tobacco Control*. 2021;30:e162-e168. doi: [10.1136/tobaccocontrol-2020-055722](https://doi.org/10.1136/tobaccocontrol-2020-055722).
- 8 Tobacco industry marketing. Centers for Disease Control and Prevention. Updated May 14, 2021. Accessed August 16, 2021. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm.
- 9 Robertson L, McGee R, Marsh L, Hoek J. A systematic review on the impact of point-of-sale tobacco promotion on smoking. *Nicotine & Tobacco Research*. 2015;17(1):2-17. doi: [10.1093/ntr/ntu168](https://doi.org/10.1093/ntr/ntu168).
- 10 US Department of Health and Human Services. Smoking cessation: a report of the Surgeon General. Published July 13, 2020. Accessed August 19, 2021. https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/index.html.
- 11 Villanti A, Collins L, Niaura R, Gagosian S, Abrams D. Menthol cigarettes and the public health standard: a systematic review. *BMC Public Health*. 2017;17(1):983. doi: [10.1186/s12889-017-4987-z](https://doi.org/10.1186/s12889-017-4987-z).
- 12 King B, Graffunder C. The Tobacco Control Vaccine: a population-based framework for preventing tobacco-related disease and death. *Tobacco Control*. 2018;27(2):123-124. doi: [10.1136/tobaccocontrol-2018-054276](https://doi.org/10.1136/tobaccocontrol-2018-054276).
- 13 Centers for Disease Control and Prevention. Best Practices User Guide: health equity in tobacco prevention and control. Published 2015. Accessed August 16, 2021. <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/index.htm>.
- 14 Kong A, Delamater P, Gottfredson N, Ribisl K, Baggett C, Golden S. Neighborhood inequities in tobacco retailer density and the presence of tobacco-selling pharmacies and tobacco shops. *Health Education & Behavior*. 2021;49(3):478-487. doi: [10.1177/10901981211008390](https://doi.org/10.1177/10901981211008390).
- 15 U.S. Department of Health and Human Services, Food and Drug Administration. Deeming tobacco products to be subject to the Food, Drug, and Cosmetic Act, as amended by the Family Smoking Prevention and Tobacco Control Act; regulations restricting the sale and distribution of tobacco products and required warning statements for tobacco product packages and advertisements. Published May 2016. Accessed July 1, 2021. <https://www.fda.gov/media/97875/download>.
- 16 Ribisl K, D'Angelo H, Feld A, et al. Disparities in tobacco marketing and product availability at the point of sale: results of a national study. *Preventive Medicine*. 2017;105:381-388. doi: [10.1016/j.ypmed.2017.04.010](https://doi.org/10.1016/j.ypmed.2017.04.010).
- 17 Tobacco retailers. ASPIRE Center. Accessed August 19, 2021. <http://aspirecenter.org/tobaccoretailers>.
- 18 Lee J, Kong A, Golden S, Combs T, Ribisl K, Henriksen L. Associations of tobacco retailer density and proximity with adult tobacco use behaviors and health outcomes: a meta-analysis. *Tobacco Control*. Published online September 2021. doi: [10.1136/tobaccocontrol-2021-056717](https://doi.org/10.1136/tobaccocontrol-2021-056717).
- 19 Reitzel L, Cromley E, Li Y, et al. The effect of tobacco outlet density and proximity on smoking cessation. *American Journal of Public Health*. 2011;101(2):315-320. doi: [10.2105/AJPH.2010.191676](https://doi.org/10.2105/AJPH.2010.191676).
- 20 Sanders-Jackson A, Parikh N, Schleicher N, Fortmann S, Henriksen L. Convenience store visits by US adolescents: rationale for healthier retail environments. *Health & Place*. 2015;34:63-66. doi: [10.1016/j.healthplace.2015.03.011](https://doi.org/10.1016/j.healthplace.2015.03.011).
- 21 Ogneva-Himmelberger Y, Ross L, Burdick W, Simpson S. Using geographic information systems to compare the density of stores selling tobacco and alcohol: youth making an argument for increased regulation of the tobacco permitting process in Worcester, Massachusetts, USA. *Tobacco Control*. 2010;19(6):475-480. doi: [10.1136/tc.2008.029173](https://doi.org/10.1136/tc.2008.029173).
- 22 Begay C, Soto C, Baezconde-Garbanati L, et al. Cigarette and e-cigarette retail marketing on and near California tribal lands. *Health Promotion Practice*. 2020;2:185-265. doi: [10.1177/1524839919883254](https://doi.org/10.1177/1524839919883254).
- 23 National Congress of American Indians. Tribal nations & the United States: an introduction. Updated February 2020. Accessed March 15, 2022. https://www.ncai.org/tribalnations/introduction/Indian_Country_101_Updated_February_2019.pdf.

REFERENCES

- 24 Public Health Law Center. Tribal tax policies for commercial tobacco. Published March 2019. Accessed March 24, 2021. <https://www.publichealthlawcenter.org/sites/default/files/resources/Tribal-Tax-Policies-for-Commercial-Tobacco-2019.pdf>.
- 25 D'Silva J, O'Gara E, Villaluz N. Tobacco industry misappropriation of American Indian culture and traditional tobacco. *Tobacco Control*. 2018;27(e1):e57-e64. doi: [10.1136/tobaccocontrol-2017-053950](https://doi.org/10.1136/tobaccocontrol-2017-053950).
- 26 Federal Trade Commission. Cigarette report for 2019. Published 2021. Accessed March 15, 2022. https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2019-smokeless-tobacco-report-2019/cigarette_report_for_2019.pdf.
- 27 Federal Trade Commission. Smokeless tobacco report for 2019. Published 2021. Accessed March 15, 2022. https://www.ftc.gov/system/files/documents/reports/federal-trade-commission-cigarette-report-2019-smokeless-tobacco-report-2019/2019_smokeless_tobacco_report.pdf.
- 28 Lee J, Henriksen L, Rose S, Moreland-Russell S, Ribisl K. A systematic review of neighborhood disparities in point-of-sale tobacco marketing. *American Journal of Public Health*. 2015;105(9):e8-e18. doi:[10.2105/AJPH.2015.302777](https://doi.org/10.2105/AJPH.2015.302777).
- 29 Wakefield M, Germain D, Henriksen L. The effect of retail cigarette pack displays on impulse purchase. *Addiction*. 2008;103:322-328. doi: [10.1111/j.1360-0443.2007.02062.x](https://doi.org/10.1111/j.1360-0443.2007.02062.x).
- 30 Chapman S, Freeman B. Regulating the tobacco retail environment: beyond reducing sales to minors. *Tobacco Control*. 2009;18(6):496-501. doi: [10.1136/tc.2009.031724](https://doi.org/10.1136/tc.2009.031724).
- 31 Campaign for Tobacco Free Kids. Trends in tobacco industry marketing. Published 2020. Accessed August 10, 2022. <https://www.tobaccofreekids.org/assets/factsheets/0156.pdf>.
- 32 Counter Tobacco. Focus on big tobacco: a point of sale Photovoice project. Published 2015. Accessed October 21, 2020. https://countertobacco.org/wp-content/uploads/2016/03/CounterTobacco_PhotovoiceProject_FINAL_2015.01.08.pdf.
- 33 Counter Tools, Truth Initiative. Retail store assessments for flavored tobacco products: a pilot in two Tobacco Nation cities. Accessed October 21, 2020. https://truthinitiative.org/sites/default/files/media/files/2019/12/close_to_candy_counter_tools_report_survey.pdf.
- 34 Dalglish E, McLaughlin D, Dobson A, Gartner C. Cigarette availability and price in low and high socioeconomic areas. *Australian and New Zealand Journal of Public Health*. 2013;37:371-376. doi: [10.1111/1753-6405.12086](https://doi.org/10.1111/1753-6405.12086).
- 35 Henriksen L, Schleicher N, Dauphinee A, Fortmann S. Targeted advertising, promotion, and price for menthol cigarettes in California high school neighborhoods. *Nicotine & Tobacco Research*. 2012;14(1):116-121. doi: [10.1093/ntr/ntr122](https://doi.org/10.1093/ntr/ntr122).
- 36 Reimold A, Lee J, Ribisl K. Tobacco company agreements with tobacco retailers for price discounts and prime placement of products and advertising: a scoping review. *Tobacco Control*. Published online January 2022. doi: [10.1136/tobaccocontrol-2021-057026](https://doi.org/10.1136/tobaccocontrol-2021-057026).
- 37 Muggli M, Pollay R, Lew R, Joseph A. Targeting of Asian Americans and Pacific Islanders by the tobacco industry: results from the Minnesota Tobacco Document Depository. *Tobacco Control*. 2002;11(3):201-209. doi: [10.1136/tc.11.3.201](https://doi.org/10.1136/tc.11.3.201).
- 38 Martell B. Disparities in adult cigarette smoking—United States, 2002–2005 and 2010–2013. *MMWR Morbidity and Mortality Weekly Report*. 2016;65(30):753-758. doi: [10.15585/mmwr.mm6530a1](https://doi.org/10.15585/mmwr.mm6530a1).
- 39 National Cancer Institute. *The Role of the Media in Promoting and Reducing Tobacco Use*. National Cancer Institute Tobacco Control Monograph 19; 2008. <https://cancercontrol.cancer.gov/brp/tcrb/monographs/monograph-19>.
- 40 Hillier A, Chilton M, Zhao Q, Szymkowiak D, Coffman R, Mallya G. Concentration of tobacco advertisements at SNAP and WIC stores, Philadelphia, Pennsylvania, 2012. *Preventing Chronic Disease*. 2015;12:140133. doi: [10.5888/pcd12.140133](https://doi.org/10.5888/pcd12.140133).
- 41 Tobacco use in LGBT communities [fact sheet]. Washington, DC: Truth Initiative; 2018. Accessed February 26, 2021. https://truthinitiative.org/sites/default/files/media/files/2019/03/Truth_LGBT%20FactSheet_FINAL.pdf.
- 42 American Lung Association. Cutting tobacco's rural roots. Published 2012. Accessed March 2, 2022. <https://healthforward.org/wp-content/uploads/2015/07/cutting-tobaccos-rural-roots.pdf>.
- 43 Women and smoking: a report of the Surgeon General. *MMWR Recommendations and Reports*. 2002;51(RR12):1-30. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5112a4.htm>.
- 44 Truth Initiative. Colorful and close to candy: surveying how the tobacco industry markets flavored products in stores. Published December 2019. Accessed October 21, 2020. https://truthinitiative.org/sites/default/files/media/files/2019/12/Colorful%20and%20Close%20to%20Candy%20Report_final.pdf.
- 45 Villanti A, Johnson A, Glasser A. Association of flavored tobacco use with tobacco initiation and subsequent use among US youth and adults, 2013-2015. *JAMA Network Open*. 2019;2(10):e1913804. doi: [10.1001/jamanetworkopen.2019.13804](https://doi.org/10.1001/jamanetworkopen.2019.13804).
- 46 Wackowski O, Delnevo C. Menthol cigarettes and indicators of tobacco dependence among adolescents. *Addictive Behaviors*. 2007;32(9):1964-1969. doi: [10.1016/j.addbeh.2006.12.023](https://doi.org/10.1016/j.addbeh.2006.12.023).
- 47 Menthol and other flavors in tobacco products. US Food & Drug Administration. Published July 7, 2021. Accessed October 5, 2021. <https://www.fda.gov/tobacco-products/products-ingredients-components/menthol-and-other-flavors-tobacco-products>.
- 48 Brody A, Mukhin A, La Charite J, et al. Up-regulation of nicotinic acetylcholine receptors in menthol cigarette smokers. *The International Journal of Neuropsychopharmacology*. 2013;16(5):957-966. doi: [10.1017/S1461145712001022](https://doi.org/10.1017/S1461145712001022).
- 49 Gardiner P. The African Americanization of menthol cigarette use in the United States. *Nicotine & Tobacco Research*. 2004;6(Suppl_1):S55-S65. doi: [10.1080/14622200310001649478](https://doi.org/10.1080/14622200310001649478).

REFERENCES

- 50 Black market analysis [historical industry document]. Winston-Salem, NC: R.J. Reynolds; 1977. Accessed March 16, 2022. <https://www.industrydocuments.ucsf.edu/tobacco/docs/#id=nldx0099>.
- 51 Villanti A, Mowery P, Delnevo C, Niaura R, Abrams D, Giovino G. Changes in the prevalence and correlates of menthol cigarette use in the USA, 2004-2014. *Tobacco Control*. 2016;25(Suppl 2):ii14-ii20. doi: [10.1136/tobaccocontrol-2016-053329](https://doi.org/10.1136/tobaccocontrol-2016-053329).
- 52 City of Milwaukee Tobacco Free Alliance. Menthol: get the facts [fact sheet]. Published 2016. Accessed June 23, 2021. https://tobwis.org/documents/360/Menthol_Marketing_Get_the_Facts.pdf.
- 53 Flavors [fact sheet]. Washington, DC: Truth Initiative; 2021. Accessed August 10, 2022. https://truthinitiative.org/sites/default/files/media/files/2021/06/Truth_FlavoredTobacco_FactSheet2021_FINAL.pdf.
- 54 Usidame B, Miller E, Cohen J. Assessing the relationship between retail store tobacco advertising and local tobacco control policies: a Massachusetts case study. *Journal of Environmental and Public Health*. 2019:1823636. doi: [10.1155/2019/1823636](https://doi.org/10.1155/2019/1823636).
- 55 Today Massachusetts makes history as the first state to end the sale of all flavored tobacco products, including menthol cigarettes. Campaign for Tobacco-Free Kids. Published June 1, 2020. Accessed May 4, 2022. https://www.tobaccofreekids.org/press-releases/2020_06_01_massachusetts-flavor-ban.
- 56 Beverly Hills, CA. Ordinance no. 19-O-2783. 2019. Accessed March 8, 2022. <https://www.beverlyhills.org/cbhfiles/storage/files/12788426161892006199/19-O-2783.PDF>.
- 57 Agaku I, Odani S, Armour B, King B. Adults' favorability toward prohibiting flavors in all tobacco products in the United States. *Preventive Medicine*. 2019;129:105862. doi: [10.1016/j.ypmed.2019.105862](https://doi.org/10.1016/j.ypmed.2019.105862).
- 58 White V, White M, Freeman K, Gilpin E, Pierce J. Cigarette promotional offers: who takes advantage? *American Journal of Preventive Medicine*. 2006;30(3):225-231. doi: [10.1016/j.amepre.2005.11.001](https://doi.org/10.1016/j.amepre.2005.11.001).
- 59 Top 10 point-of-sale trends to watch in 2021. Counter Tobacco. Published January 27, 2021. Accessed March 9, 2021. <https://countertobacco.org/top-10-pos-trends-to-watch-in-2021>.
- 60 Center for Public Health Systems Science. Point-of-sale strategies: a tobacco control guide. Published 2014. Accessed August 16, 2021. https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/e/1037/files/2004/11/CPHSS_TCLC_2014_PointofSaleStrategies1-2jps9wj.pdf.
- 61 Alameda, CA. Code of ordinances chapter 6, article XVII: tobacco retailers. 2022. Accessed March 8, 2022. https://library.municode.com/ca/alameda/codes/code_of_ordinances?nodid=CHVIBUOCIN_ARTXVIIITORE.
- 62 Diegnan, Codey bill to ban tobacco and vaping promotions now law. Insider NJ. Published January 23, 2020. Accessed March 8, 2022. <https://www.insidernj.com/press-release/diegnan-codey-bill-ban-tobacco-vaping-promotions-now-law>.
- 63 Henderson, NV. Development code chapter 19.8: signs. 2020. Accessed March 8, 2022. <https://www.cityofhenderson.com/home/showpublisheddocument/1130/637383691535470000>.
- 64 Sacramento, CA. Ordinance 2016-0010. 2016. Accessed March 8, 2022. <https://qcode.us/codes/sacramento/revisions/2016-0010.pdf>.
- 65 Lee J, Landrine H, Torres E, Gregory K. Inequities in tobacco retailer sales to minors by neighborhood racial/ethnic composition, poverty, and segregation, USA, 2015. *Tobacco Control*. 2016;25(e2):e142-e145. doi: [10.1136/tobaccocontrol-2016-053188](https://doi.org/10.1136/tobaccocontrol-2016-053188).
- 66 Tobacco 21. Counter Tobacco. Accessed February 24, 2021. <https://countertobacco.org/policy/tobacco-21>.
- 67 Cromar A. Tobacco-free generation: Brookline passes new restriction aiming to phase out tobacco sales to young smokers. Boston.com. Published November 24, 2020. Accessed March 17, 2022. <https://www.boston.com/news/local-news/2020/11/24/tobacco-free-generation-brookline>.
- 68 Glover-Kudon R, Gammon D, Rogers T, et al. Cigarette and cigar sales in Hawaii before and after implementation of a Tobacco 21 law. *Tobacco Control*. 2021;30:98-102. doi: [10.1136/tobaccocontrol-2019-055248](https://doi.org/10.1136/tobaccocontrol-2019-055248).
- 69 Huber statement: Brookline, MA becomes 1st city in the U.S. to ban tobacco sales to anyone born in the 21st century. Pdf on Smoking & Health. Published July 19, 2021. Accessed March 8, 2022. <https://ash.org/statement-brookline-ma-july2021>.
- 70 Glasser A, Roberts M. Retailer density reduction approaches to tobacco control: a review. *Health & Place*. 2021;67:102342. doi: [10.1016/j.healthplace.2020.102342](https://doi.org/10.1016/j.healthplace.2020.102342).
- 71 Ribisl K, Luke D, Bohannon D, Sorg A, Moreland-Russell S. Reducing disparities in tobacco retailer density by banning tobacco product sales near schools. *Nicotine & Tobacco Research*. 2017;19(2):239-244. doi: [10.1093/ntr/ntw185](https://doi.org/10.1093/ntr/ntw185).
- 72 Reducing retailer density in Philadelphia. Counter Tobacco. Accessed May 5, 2022. <https://countertobacco.org/resources-tools/stories-from-the-field/reducing-retailer-density-in-philadelphia>.
- 73 State of Idaho. House Bill No. 538. 2020. Accessed March 8, 2022. <https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2020/legislation/H0538.pdf>.
- 74 Healthy Places: health impact assessment. Centers for Disease Control. Published June 2, 2017. Accessed March 8, 2022. <https://www.cdc.gov/healthyplaces/hia.htm>.
- 75 Synar. Substance Abuse and Mental Health Services Administration. Updated April 4, 2022. Accessed August 10, 2022. <https://www.samhsa.gov/synar>.
- 76 STARS. Counter Tobacco. Accessed October 21, 2020. <https://countertobacco.org/resources-tools/store-assessment-tools/stars>.

REFERENCES

- 77 Center for Public Health Systems Science. Assessing retail environments with STARS: Standardized Tobacco Assessment for Retail Settings. Published 2015. Accessed October 21, 2020. https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/e/1037/files/2004/11/ASPIRE_2015_STARS_Report-1yiff3h.pdf.
- 78 California Tobacco Health Assessment Tool. Accessed August 10, 2022. <https://cthat.org>.
- 79 Feld A, Johnson T, Byerly K, Ribisl K. How to conduct store observations of tobacco marketing and products. *Preventing Chronic Disease*. 2016;13:150504. doi: [10.5888/pcd13.150504](https://doi.org/10.5888/pcd13.150504).
- 80 ASPIRE Center. Tobacco retail policy trends in 2019: insights from the field. Published 2020. Accessed October 6, 2020. https://aspirecenter.org/wp-content/uploads/2020/07/TobaccoRetailPolicyTrends_2019.pdf.
- 81 Tobwis.org. Community readiness assessment. Published 2021. Accessed March 17, 2022. https://tobwis.org/documents/258/Community_Readiness_Assessment_2021.docx.
- 82 Upstream Public Health. Tobacco retail licensing policy: a health equity impact assessment. Published 2015. Accessed October 21, 2020. <https://www.pewtrusts.org/~media/assets/external-sites/health-impact-project/upstream-2015-tobacco-licensing-report.pdf>.
- 83 Multnomah County Health Department, ChangeLab Solutions. No more in Multnomah! youth call for an end to illegal tobacco sale. Published December 2017. Accessed March 17, 2022. <https://multco.us/file/71264/download>.
- 84 Tobacco retail license. Multnomah County. Accessed March 17, 2022. <https://www.multco.us/health/inspections-and-licensing/tobacco-retail-license>.
- 85 Reducing tobacco retail density in San Francisco. San Francisco Tobacco Free Project. Published 2016. Accessed March 17, 2022. <https://sanfranciscotobaccofreeproject.org/case-studies/reducing-tobacco-retail-density-in-san-francisco>.
- 86 Tobacco Swamps dashboard. ASPIRE Center. Accessed August 10, 2022. <https://aspirecenter.org/tobacco-swamps>.
- 87 Centers for Disease Control and Prevention. Best Practices User Guide: partnerships in tobacco prevention and control. Published 2021. Accessed August 16, 2021. <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-partnerships/pdf/best-practices-partnership-user-guide-508.pdf>.
- 88 Moreland-Russell S, Combs T, Schroth K, Luke D. Success in the city: the road to implementation of Tobacco 21 and sensible tobacco enforcement in New York City. *Tobacco Control*. 2016;25(Suppl 1):i6-i9. doi: [10.1136/tobaccocontrol-2016-053089](https://doi.org/10.1136/tobaccocontrol-2016-053089).
- 89 Centers for Disease Control and Prevention. Best Practices User Guide: youth engagement in tobacco prevention and control. Published 2019. Accessed August 16, 2021. <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-youth-engagement/pdfs/best-practices-youth-engagement-user-guide.pdf>.
- 90 About The Center for Black Health & Equity. The Center for Black Health & Equity. Accessed August 4, 2021. <https://centerforblackhealth.org/about/>.
- 91 Vermont Department of Health. *Vermont retailers take steps to end tobacco's influence*. YouTube. Published May 15, 2015. Accessed March 17, 2022. <https://www.youtube.com/watch?v=oP9MkdBMZ9k>.
- 92 McDaniel P, Malone R. Why California retailers stop selling tobacco products, and what their customers and employees think about it when they do: case studies. *BMC Public Health*. 2011;11(1):848. doi: [10.1186/1471-2458-11-848](https://doi.org/10.1186/1471-2458-11-848).
- 93 CVS stops selling tobacco - message from Larry Merlo. CVS Health. Published February 5, 2014. Accessed February 16, 2022. <https://www.cvshealth.com/news-and-insights/articles/cvs-quits-a-message-from-larry-merlo-president-and-ceo>.
- 94 Minnesota Department of Health. Community-led action to reduce menthol cigarette use in the African American community. Published January 17, 2019. Accessed October 21, 2020. <https://www.health.state.mn.us/communities/tobacco/initiatives/mcig/docs/mcigstudy.pdf>.
- 95 Vaping Prevention Resource, Public Health Law Center. Policy playbook for e-cigarettes. Updated 2022. Accessed September 12, 2022. <https://www.publichealthlawcenter.org/sites/default/files/resources/Policy-Playbook-ECigarettes.pdf>.
- 96 ChangeLab Solutions. Point-of-sale playbook. Published 2016. Accessed October 21, 2020. https://www.changelabsolutions.org/sites/default/files/Point_of_Sale_Playbook_FINAL_20160105.pdf.
- 97 Developing and using criteria and processes to set priorities. Community Tool Box. Accessed March 2, 2022. <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/criteria-and-processes-to-set-priorities/main>.
- 98 STARS policy crosswalk. Center for Public Health Systems Science. Accessed March 17, 2022. https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/e/1037/files/2004/11/ASPIRE_STARS_Xwalk_final-2mq6e96.pdf.
- 99 Public Health Law Center. Accessed August 10, 2022. <https://www.publichealthlawcenter.org>.
- 100 News & updates. ASPIRE Center. Updated June 15, 2022. Accessed August 10, 2022. <https://aspirecenter.org/news-updates>.
- 101 Craigmile P, Onnen M, Schwartz E, Glasser A, Roberts M. Evaluating how licensing-law strategies will impact disparities in tobacco retailer density: a simulation in Ohio. *Tobacco Control*. 2021;30:396-e103. doi: [10.1136/tobaccocontrol-2020-055622](https://doi.org/10.1136/tobaccocontrol-2020-055622).
- 102 Luke D, Hammond R, Combs T, et al. Tobacco Town: computational modeling of policy options to reduce tobacco retailer density. *American Journal of Public Health*. 2017;107(5):740-746. doi: [10.2105/AJPH.2017.303685](https://doi.org/10.2105/AJPH.2017.303685).
- 103 STATE system minimum legal sales age (MLSA) laws for tobacco products fact sheet. Centers for Disease Control and Prevention. Updated January 27, 2022. Accessed April 22, 2022. <https://www.cdc.gov/statesystem/factsheets/mlsa/Minimum-Legal-Sales-Age.html>.

REFERENCES

- 104 ChangeLab Solutions. Health on the shelf: a guide to healthy small food retailer certification programs. Published 2013. Accessed September, 2022. https://www.changelabsolutions.org/sites/default/files/Health_on_the_Shelf_FINAL_20130322-web.pdf.
- 105 Print campaigns. Counter Tobacco. Accessed October 21, 2020. <https://countertobacco.org/media-gallery/print-campaigns>.
- 106 Reframing the issue. Community Tool Box. Accessed February 28, 2019. <https://ctb.ku.edu/en/table-of-contents/advocacy/encouragement-education/reframe-the-debate/main>.
- 107 Klesges L. "RE-AIMING" translation of research to practice [presentation]. Karolinska Institutet. November 2010. Accessed September 25, 2018.
- 108 Sweetland J. Justice in the air: framing tobacco-related health disparities [webinar]. FrameWorks Institute. February 25, 2020.
- 109 Roussos S, Olivares K, Hernandez E, et al. Fighting flavored tobacco: a best practice guide for developing local policy campaigns to restrict the sale of flavored tobacco products in California. California Tobacco Control Program. Published October 2018. Accessed October 21, 2020. <https://www.tecc.org/tecc/assets/CDPH-Flavored-Tobacco-Toolkit-Final-Web.pdf>.
- 110 Tobacconomics: economic research informing tobacco control police. Accessed July 1, 2021. <https://tobacconomics.org>.
- 111 Tobacco retailer density fact sheets for 30 CAB cities. ASPIRE Center. 2020. Accessed May 18, 2022. <https://aspirecenter.org/resources/tobacco-retailer-density-fact-sheets-for-30-cab-cities>.
- 112 Roseman E, Goligoski E. Conducting audience research. The Membership Guide. Updated November 16, 2020. Accessed March 8, 2022. <https://membershipguide.org/handbook/getting-started-with-membership/conducting-audience-research>.
- 113 Center for Public Health Systems Science. Reducing cheap tobacco & youth access: New York City. Published June 2015. Accessed March 25, 2022. <https://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1106&context=cphss>.
- 114 Centers for Disease Control and Prevention. Anti-lobbying restrictions for CDC grantees. Published July 2012. Accessed April 22, 2022. https://www.cdc.gov/grants/documents/anti-lobbying_restrictions_for_cdc_grantees_july_2012.pdf.
- 115 Ribisl K, Evans W, Feighery E. Falling cigarette consumption in the U.S. and the impact upon tobacco retailer employment. In Bearman P, Neckerman K, Wright L, eds. *After Tobacco: What Would happen If Americans Stopped Smoking?* Columbia University Press; 2011:131-159.
- 116 Ackert K, Brock B, Friedrichsen S, et al. Countering tobacco industry tactics on the economic costs of restricting menthol tobacco. *Tobacco Control*. 2020;29(e1):e113-e114. doi: [10.1136/tobaccocontrol-2020-055737](https://doi.org/10.1136/tobaccocontrol-2020-055737).
- 117 McGreevy P. Proposed California ban on flavored tobacco sales sparks discussion of systemic racism. *Los Angeles Times*. August 24, 2020. Accessed January 20, 2021. <https://www.latimes.com/california/story/2020-08-24/california-flavored-tobacco-ban-industry-ads-senate-bill-793>.
- 118 Astroturfing. TobaccoTactics. Updated March 11, 2022. Accessed March 25, 2022. <https://tobaccotactics.org/wiki/astroturfing>.
- 119 Campaign for Tobacco-Free Kids. Deadly alliance: update. Published December 15, 2016. Accessed August 16, 2021. https://www.tobaccofreekids.org/assets/content/what_we_do/industry_watch/store_report_slideshow/Deadly_Alliance_2016.pdf.
- 120 Rebutting economic arguments against POS. Counter Tobacco. Accessed March 25, 2022. <https://countertobacco.org/resources-tools/evidence-summaries/rebutting-economic-arguments-against-pos>.
- 121 Tennessee Department of Mental Health and Substance Abuse Services. Tennessee tobacco retailer education guide. Published 2021. Accessed March 9, 2022. https://www.tn.gov/content/dam/tn/agriculture/documents/tobacco/2021_Tobacco_Retailer_Guide.pdf.
- 122 STATE System preemption fact sheet [fact sheet]. Washington, DC: Centers for Disease Control and Prevention. Published 2016. Accessed January 19, 2021. <http://tobaccopolicycenter.org/wp-content/uploads/2017/11/340.pdf>.
- 123 Preemption: the biggest challenge to tobacco control [fact sheet]. Saint Paul, MN: Tobacco Control Legal Consortium; 2014. Accessed October 8, 2020. <https://publichealthlawcenter.org/sites/default/files/resources/tclc-fs-preemption-tobacco-control-challenge-2014.pdf>.
- 124 SLATI overview. American Lung Association. Updated March 10, 2022. Accessed October 8, 2020. <https://www.lung.org/policy-advocacy/tobacco/slati/slati-overview>.
- 125 Laws that prevent stronger local tobacco control laws. American Lung Association. Updated March 23, 2022. Accessed March 25, 2022. <https://www.lung.org/policy-advocacy/tobacco/slati/appendix-e>.
- 126 Americans for Nonsmokers' Rights. History of preemption of smokefree air by state. Published 2018. Accessed August 10, 2022. <https://www.protectlocalcontrol.org/docs/HistoryofPreemption.pdf>.
- 127 Assurances of voluntary compliance. Counter Tobacco. Accessed October 21, 2020. <https://countertobacco.org/resources-tools/store-assessment-tools/assurances-of-voluntary-compliance>.
- 128 Public Health Law Center. Using retailer AVCs as a tool in tobacco control. Published May 2022. Accessed May 18, 2022. <https://www.publichealthlawcenter.org/sites/default/files/resources/Retailer-AVCs-as-a-Tool-in-Tobacco-Control.pdf>.
- 129 Henriksen L, Schleicher N, Johnson T, Lee J. Assurances of voluntary compliance: a regulatory mechanism to reduce youth access to e-cigarettes and limit retail tobacco marketing. *American Journal of Public Health*. 2020;110(2):209-215. doi: [10.2105/AJPH.2019.305436](https://doi.org/10.2105/AJPH.2019.305436).
- 130 Patel M, Donovan E, Perks S, et al. E-cigarette tobacco retail licensing laws: variance across US states as of January 1, 2020. *American Journal of Public Health*. 2020;110(9):1380-1385. doi: [10.2105/AJPH.2020.305771](https://doi.org/10.2105/AJPH.2020.305771).
- 131 Center for Public Health Systems Science. Pricing policy: a tobacco control guide. Published 2014. Accessed August 16, 2021. <https://publichealthlawcenter.org/sites/default/files/resources/tclc-guide-pricing-policy-WashU-2014.pdf>.

REFERENCES

- 132 Peck K, Rodericks R, Irvin L, et al. Identifying best practices in adoption, implementation and enforcement of flavoured tobacco product restrictions and bans: lessons from experts. *Tobacco Control*. 2020;31(1):32-39. doi:[10.1136/tobaccocontrol-2020-055884](https://doi.org/10.1136/tobaccocontrol-2020-055884).
- 133 Bach L, Campaign for Tobacco-Free Kids. Youth purchase, use, or possession laws are not effective tobacco prevention. Published September 20, 2018. Accessed August 23, 2021. <https://www.tobaccofreekids.org/assets/factsheets/0074.pdf>.
- 134 City of San Antonio. T21 community education toolkit. Published 2018. Accessed March 9, 2022. <https://www.sanantonio.gov/Portals/0/Files/health/HealthyLiving/Tobacco21/FinalT21CommunityEducationToolkit6-8-18.pdf?ver=2018-06-12-163125-453>.
- 135 Success story: Florida's Alachua County - leading the way on tobacco retailer licensing, Tobacco 21, and restrictions near schools. Counter Tools. Published June 8, 2020. Accessed October 26, 2020. <https://countertools.org/blog/success-story-floridas-alachua-county-leading-the-way-on-tobacco-retailer-licensing-tobacco-21-and-restrictions-near-schools>.
- 136 McFarlan K, Montgomery S, Vidstrand E. Multnomah County, Oregon tobacco retail license: safely supporting tobacco retailer compliance during COVID [presentation]. Tobacco Prevention Conference. May 12, 2021.
- 137 Centers for Disease Control and Prevention. Best Practices User Guide: health communications in tobacco prevention and control. Published 2018. Accessed August 16, 2021. <https://www.cdc.gov/tobacco/stateandcommunity/bp-health-communications/pdfs/health-communications-508.pdf>.
- 138 Tobacco control enforcement for racial equity: decriminalizing commercial tobacco - addressing systemic racism in the enforcement of commercial tobacco control. Published 2021. Accessed September, 2022. https://www.fightcancer.org/sites/default/files/Tobacco%20Control%20Enforcement%20for%20Racial%20Equity_FINAL_20201011.pdf.
- 139 ChangeLab Solutions. PUP in smoke. Published April 2019. Accessed February 28, 2022. https://www.changelabsolutions.org/sites/default/files/2019-05/PUPinSmoke_FINAL_2019-04-17.pdf.
- 140 Steps for conducting effective compliance checks: tobacco or alcohol. Accessed March 9, 2022. https://ncweb.pire.org/scdocuments/docs/Environmental%20Prevention/Compliance_Check_Instructions.pdf.
- 141 Litigation tracker. Public Health Law Center. Accessed March 9, 2022. <https://www.publichealthlawcenter.org/litigation-tracker?s=&topic%5B%5D=C+ommercial+Tobacco+Control&venue=All&status=All>.
- 142 Newsletter signup. Counter Tobacco. Accessed August 10, 2022. <https://countertobacco.org/news/newsletter-signup>.
- 143 Centers for Disease Control and Prevention. Tobacco 21: policy evaluation for comprehensive tobacco control programs. Published 2020. Accessed November 12, 2020. <https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/pdfs/T21-policy-evaluation-guide-508.pdf>.
- 144 Lee M. Policy sustainability research to advance health equity [presentation]. Conference on the Science of Dissemination and Implementation in Health. December 15, 2020.
- 145 Centers for Disease Control and Prevention. Program evaluation tip sheet: integrating cultural competence into evaluation. Accessed March 9, 2022. https://www.cdc.gov/dhdsp/docs/cultural_competence_tip_sheet.pdf.
- 146 Evaluation. Centers for Disease Control and Prevention. Published May 12, 2021. Accessed March 9, 2022. <https://www.cdc.gov/workplacehealthpromotion/model/evaluation/index.html>.
- 147 Scanner data: definition. Insee. Published January 28, 2020. Accessed March 24, 2021. <https://www.insee.fr/en/metadonnees/definition/c2159>.
- 148 Nielsen and NielsenIQ marketing data. Chicago Booth Kilts Center for Marketing. Accessed March 9, 2022. <http://www.chicagobooth.edu/research/kilts/datasets/nielsenIQ-nielsen>.
- 149 Oakland, CA. File #16-0413 (2016). Accessed March 9, 2022. <https://oakland.legistar.com/LegislationDetail.aspx?ID=2888764&GUID=B2C3EB47-F6E2-4678-912E-A03A4691E8BE&Options=&Search=>.
- 150 Oakland, CA. Ordinance 13591 (2020). Accessed March 9, 2022. <https://oakland.legistar.com/LegislationDetail.aspx?ID=4432131&GUID=F4FC3679-EAD9-4118-85AE-BBCCC5121A2F&Options=ID%7CText%7C&Search=>.
- 151 Milwaukee Collaborative Project. Milwaukee Collaborative Project data report. Accessed May 18, 2022. https://tobwis.org/resources/view/233/MKE_Data_Report.pdf.

