
Challenges and Lessons Learned from Advocating for a Community Level Student Led Tobacco 21 Policy Initiative

Mallory Ohneck, Nicole McKenzie, Karen Teeple, Claire Copa, Amy Thompson, & Tavis Glassman

Abstract

Nearly all lifelong smokers start as children or young adults, and the tobacco industry targets these specific age groups. A key public health effort to limit the use of tobacco products by people under the age of 21 years is the promotion of the “Tobacco 21” initiative. This initiative promotes and supports efforts to establish bills and ordinances across the country, which authorizes an increase in minimum legal sale age for tobacco products and electronic cigarettes to 21 years. To date, these laws stop short of making possession of tobacco and tobacco products by persons under 21 a crime, placing the direct responsibility on retailers under penalty of civil fines. Public Health advocates from the Toledo, Ohio community have engaged policymakers and community stakeholders to adopt a local Tobacco 21 ordinance. This case study describes the steps students and citizens took to advocate for a local ordinance and describes the challenges and lessons learned from this initiative.

Introduction

Tobacco is a major risk factor for premature death and chronic illness and is the leading cause of preventable deaths in the United States (Centers for Disease Control and Prevention [CDC], 2018; U.S. Department of Health and Human Services, 2014). Tobacco use is known to cause cancer, heart disease, and respiratory diseases, among other health disorders (CDC, 2018). According to the CDC (2018), if

*Mallory Ohneck, MPH, CHES®, Graduate Research Assistant, The University of Toledo, 2801 W. Bancroft Street Mailstop 119, Toledo, OH 43606; Email: Mallory.Rinckey@rockets.utoledo.edu

Nicole McKenzie, MHA, RRT, Assistant Professor, Respiratory Care, The University of Toledo, 2801 West Bancroft Street Mailstop 119, Toledo, OH 43606; Email: Nicole.Mckenzie@utoledo.edu

Karen Teeple, B.S, CTTS, CPST, 4612 285th Street, Toledo, OH 43611; Email: Karen.Teeple@rockets.utoledo.edu

Claire Copa, MA, CTRS, Graduate Research Assistant; The University of Toledo, 2801 W. Bancroft Street Mailstop 119, Toledo, OH 43606; Email:

Claire.Copa@rockets.utoledo.edu

Amy Thompson, PhD, CHES®, FESG, Vice Provost of Faculty Affairs The University of Toledo, 2801 West Bancroft Street Mailstop 119, Toledo, OH 43606; Email: Amy.Thompson4@utoledo.edu

Tavis Glassman, PhD, MPH, MEd, MCHES®, CCPH, Professor Health Education/Public Health, The University of Toledo, 2801 West Bancroft Street Mailstop 119, Toledo, OH 43606; Email: Tavis.Glassman@utoledo.edu

*Corresponding Author

the prevalence of smoking continues at the current rate, 5.6 million youth under the age of 18 will die early from a smoking-related illness.

Delaying the age when youth first experiment with tobacco products may reduce the risk of adolescents transitioning to a daily adult smoker (Institute of Medicine [IOM], 2015; Schneider, Buka, Dash, Winickoff, and O'Donnell, 2016). Youth are susceptible to the addictive effects of nicotine, and human brains continue to develop through the age of 25 (IOM, 2015; Feinstein, Richter, and Foster, 2012). From an addiction perspective, the cerebral cortex, the area of the brain responsible for decision making, impulse control, sensation seeking, and susceptibility to peer pressure is vulnerable to nicotine during adolescence and early adulthood (IOM, 2015; Feinstein et al., 2012). Thus, local/state policies or ordinances called Tobacco 21 aim to limit the sale and distribution of cigarettes, tobacco products, e-cigarettes, and liquid nicotine to individuals under the age of 21 years old. These policies minimize tobacco accessibility to minors, as many young adult smokers (18 to 21-year-olds) serve as a social resource for acquisition of tobacco (IOM, 2015; Schneider et al., 2016). Combating the tobacco epidemic, particularly youth smoking, by advocating for policy change, is a direct effort to create environments conducive to healthier behaviors. While there have been several articles published that show the impact of Tobacco 21 laws on the reduction in adolescent tobacco use, there is a dearth of research on the steps used to pass such a law or lessons learned (Schneider et al., 2016; Moreland-Russell, Combs, Schroth, and Luke, 2016; IOM, 2015).

Tobacco 21 Policies in the United States

In 2005, the first community to increase the minimum sale age of tobacco and nicotine products was Needham, Massachusetts. The tobacco smoking rate for past 30-day use among the high school students in Needham decreased from 12.9% in 2006 to 5.5% in 2012 (Schneider et al., 2016). In effect, the law blocked the social sources that provided the Needham youth with

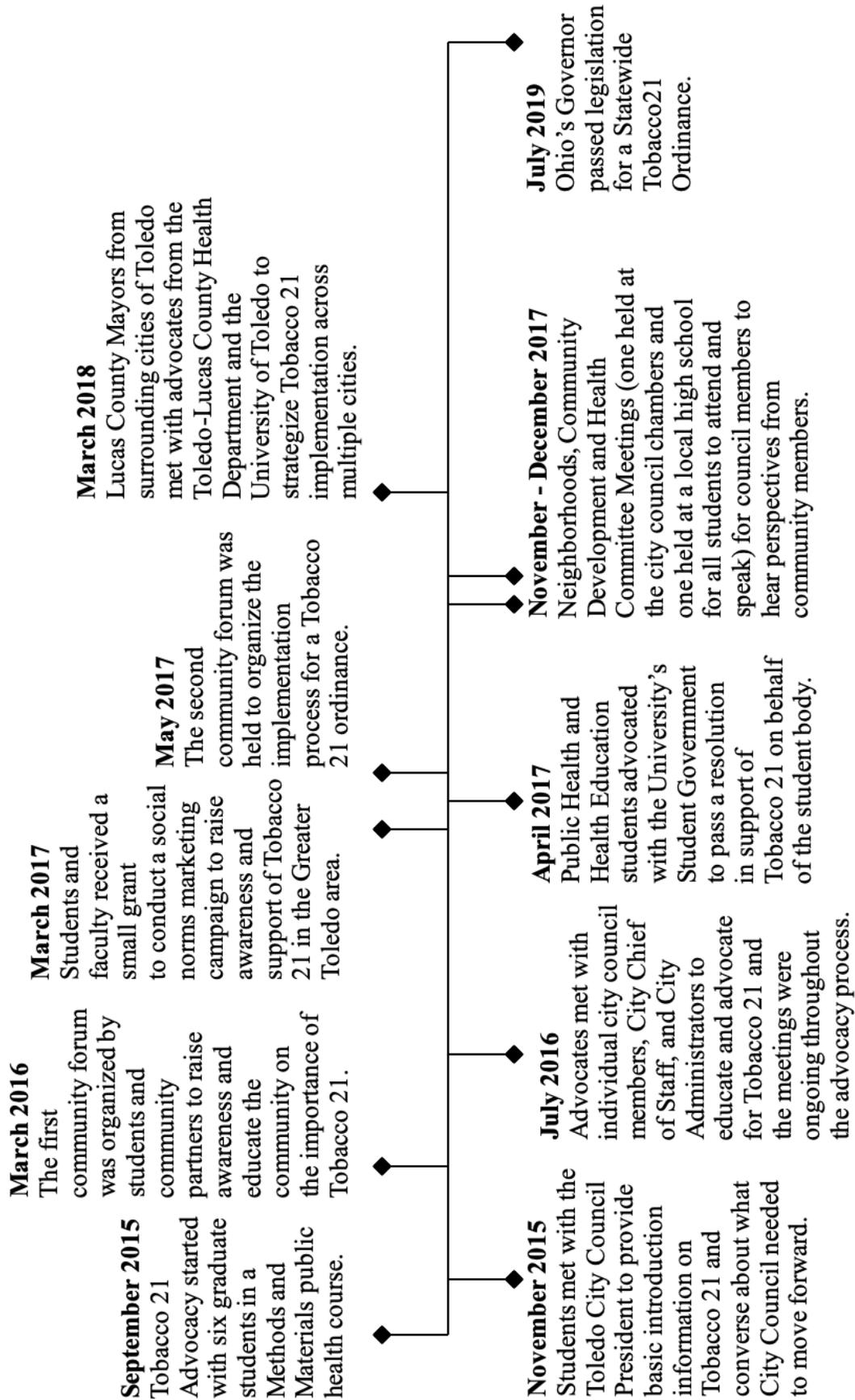
tobacco products. To date, there are over 475 cities and 18 states that have adopted a Tobacco 21 ordinance (Preventing Tobacco Addiction Foundation, 2019). Before Ohio passed a statewide policy, 24 cities adopted the Tobacco 21 ordinance, but none in the northwest corner of the state (Preventing Tobacco Addiction Foundation, 2019). Due to the advocacy efforts taking place throughout the state, in July 2019, Ohio's governor passed Tobacco 21 legislation to take effect in October 2019 (FY 2020-2021 Operating Budget, 2019).

Tobacco 21 Policies in Toledo, Ohio

Advocacy for Tobacco 21 in Toledo began as a classroom assignment at the University of Toledo in a graduate-level public health course in 2015. The assignment required researching Tobacco 21 and talking to one city council member to learn advocacy skills and how local policies are passed. The project continued after the semester ended and grew the collaborative effort to include many dedicated public health students, including the university's Eta Sigma Gamma chapter, faculty members, and community public health professionals and enact this important public health policy. Figure 1 provides a chronology of the steps implemented as a part of the Toledo Tobacco 21 initiative.

Student responsibilities included creating an advocacy packet to use during meetings with city council members, collecting letters of support, and writing opinion editorials for local newspapers. Materials were created during one semester and updated or amended throughout the campaign. Individual meetings with city council presidents and members, chiefs of staff, city administrators, and community members were the starting point for advocacy using the materials created by students. Students and faculty advocated with policymakers to implement a Tobacco 21 ordinance. The Toledo efforts began with students collecting background information and organizing a plan, later forming an integral partnership with the Toledo-Lucas County Health Department in March 2017.

Figure 1: Timeline of Tobacco 21 Advocacy in Toledo, Ohio



The advocacy approaches used in this study are unique including: 1) the community advocacy efforts were student driven - University of Toledo students and local high school students were leaders; 2) Holding city council meetings at a local high school to involve youth in the advocacy efforts; 3) Students worked alongside the local health department and led the initiative; 4) Students were the spokespeople for most of the media advocacy; 5) Students collected data from the community regarding local support for the Tobacco 21 that was used to advocate for passaging the law; 6) Students planned, implemented and evaluated a Tobacco 21 Summit where they invited local officials and community stakeholders to attend and participate; and 7) Students successfully advocated for the passage of a Student Government Resolution to support Tobacco 21. This case study informs university health education/public health faculty or local educators on how to plan and implement a Tobacco 21 policy in the community. This study, presented as a commentary of advocacy strategies, shares information from lessons learned and did not entail human subjects.

Strategies for Success

Throughout the initiative, students worked with faculty members to develop successful strategies. The Tobacco 21 advocacy team used evidence from the literature and learned by trial and error the most effective strategies in creating change (Gielen and Green, 2015). Students adapted initiative tactics based on the changing political and social landscape within the Toledo community. By being organized and strategizing ahead of time, students advanced the initiative by mobilizing public health advocates, community members, and the media. Below is a list of key strategies for a successful advocacy initiative.

Identify a Consistent Point Person

The advocacy initiative had a student as a consistent point person in the community to help organize and schedule meetings and send updates

to community partners. This student point person kept a record of meetings and contacted city council to schedule meetings. The point person also kept the initiative moving forward when new students became engaged in advocacy.

Develop Partnerships

The second strategy was building partnerships with public health agencies and organizations. The partners provided letters of support, testimony at city council meetings, and professional guidance. The partners involved include: Preventing Tobacco Addiction Foundation, the previous Northwest Ohio Tobacco Prevention Coalition, the Healthy Youth and Family Coalition, Eta Sigma Gamma-Iota Chapter, the University of Toledo Student Organization Students for Drug Free Policy, and the Toledo-Lucas County Health Department.

Secure Grant Funding

Next, students wrote a successful grant proposal under the guidance of faculty to an Ohio agency, the Prevention Action Alliance (previously the Drug Free Action Alliance), to implement a social norms marketing campaign. A doctoral health education student developed three billboard social norm message designs and undergraduate and graduate Eta Sigma Gamma-Iota Chapter students assisted with testing the messages by using central intercept interviews with the target audience through an online questionnaire and in-person interviews. Based on the feedback from message testing, a graphic design artist made revisions. The final message was displayed on nine billboards for four weeks across the Greater Toledo Area with 4,634,124 impressions.

Engage the Community

Students and faculty organized community forums to raise awareness, educate, and advocate for Tobacco 21 in the community. The first community forum, attended by 65 people, included employees of local health agencies and students. The second forum was held to strategize

with city council members on how to move this initiative forward in Toledo. One powerful demonstration of community support occurred at a city council committee meeting at a local high school. The high school students wore t-shirts provided by a community partner, each shirt with a unique written fact about adolescent smoking that the students read to council members. The youth engagement in public testimony particularly impressed the Council members.

Engage the Media

Last, students and faculty engaged the media through interviews on TV, newspaper, and radio stations. Throughout the course of the initiative, reporters from various local media outlets covering the advocacy project contacted students and faculty. Students took the lead role in speaking with reporters and gained valuable experience in how to work with the media by using talking points to advance policy efforts.

Lessons Learned

Along with the initiative's success, it is also important for students to recognize the campaign's weaknesses to make changes promptly. During initial planning, it is important to conduct a needs assessment and determine how similar initiatives have fared so the same mistakes will not be made. Recently passed ordinances may impact future prevention efforts because in Toledo, city council members were hesitant to implement another health policy because of fatigue and fear of opposition following a controversial lead ordinance. The following points are the key lessons learned based on unique experiences while advocating for Tobacco 21.

Identify Gatekeepers

Identify gatekeepers and stakeholders in the community early on. Knowing who the influential people in the community are and connecting with them is a fundamental first step. Building relationships with city council members and educating them about the nuances associated

with the proposed policy is essential. Finding a champion within city council that identifies Tobacco 21 as an important issue will help when getting buy-in from other members of city council. The champion can expedite communication with city council to move the ordinance forward and improve accountability. This person can also provide guidance for navigating and overcoming barriers within the political process.

Develop Clear Messaging

Development of clear messaging is a very important lesson learned while advocating for Tobacco 21. Advocates should have key points that highlight the positive impact and successful outcomes of passing ordinances in other cities. Advocates should use the research as published from sources such as the CDC and the Preventing Tobacco Addiction Foundation, with the newest statistics on the benefits of passing Tobacco 21 ordinances (CDC, 2018; Preventing Tobacco Addiction Foundation, 2019).

Prioritize Resources

Advocacy efforts were more effective when concentrated rather than spread out. Initially, students advocated in five different cities in Lucas County. However, it was quickly realized that the amount of work needed to pass a Tobacco 21 ordinance was not manageable. Once the focus was on only one city, resources were more wisely used and advocates had time to attend meetings as a group instead of dividing the work. In hindsight, advocates should have started with Toledo and been persistent with moving one city's advocacy initiative forward.

Coordinate Early

It is critical to get letters of support from local agencies, school superintendents, hospital systems, and medical professionals before meeting with city council members. Students found it was easier to have the letter before meetings because there is a lengthy process to obtain a letter from a hospital system. Large local employers were impactful to city council because

of their influence on the city's economy.

Provide Model Policies

Provide a sample of ordinances from comparable cities or state. Including a model ordinance in the advocacy packet helps policymakers have an example of what has previously passed in other locations. Policymakers can adapt the model to fit the unique needs of their community. In this advocacy initiative, policymakers were most interested in sample ordinances from other cities in the state of Ohio.

Participate in Media Advocacy

Including media advocacy from the beginning and gaining their support can produce positive commentaries and articles supporting Tobacco 21. Supportive articles written about the benefits of the ordinance gained the attention of residents and health professionals. It is important to note, advocates do not have to wait for media contact, advocates can be proactive and write unsolicited opinion editorials highlighting the advantages of implementing a Tobacco 21 policy.

Have a Community Presence

Having a strong presence of supportive community members at city council meetings and legislative hearings is important to show citizen support of the ordinance. The community members should include advocates from the health and medical professions and residents. The Toledo initiative gained momentum when city council members saw broad community support for the proposed ordinance.

Plan around Competing Priorities

It is essential to know of other efforts going on at the time to know when the best time is for approaching city council. While student advocates were having initial meetings with individual city council members, there was a controversial lead ordinance consuming council members' time and resources. Consider windows of opportunity, for example, elections, controversial debates, and political tension can affect progress.

Expect Opposition

Expecting opposition to a proposed policy is a critical lesson learned in this advocacy work. Knowing what the opposition is, and from whom, can assist advocates in being able to develop and rehearse a response to those arguments which builds credibility. With Tobacco 21, advocates should expect initial opposition from retailers, policymakers, and community members. Examples of common questions focused on the argument of people being able to serve in the military at 18 but not purchase tobacco, financial costs for implementation, business revenue loss, and community and law enforcement responsibility.

Conclusions

Leadership in tobacco control, at all levels in society, is pivotal to successfully managing the tobacco epidemic. Enlisting the cooperation and public support from the community, health leaders, city council members, and local youth are imperative for a successful Tobacco 21 campaign. Committed leadership in the public health practice of advocacy and public health education is necessary to advance current tobacco control policies.

While the strategies for success and lessons learned in this case study were limited to one local advocacy initiative, they can provide a framework and recommendations for other student-led advocacy work. There is increasing momentum for Tobacco 21 policies as many cities and several states have already enacted this important law. Through continued advocacy efforts for Tobacco 21 laws there are opportunities to lower the adolescent tobacco use rate, and subsequently the adult use rate, which could impact the current leading cause of preventable death in the U.S.

References

- Centers for Disease Control and Prevention. (2018). *CDC - Fast facts - Smoking & tobacco use*. Retrieved July 30, 2019, from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
- Feinstein, E. C., Richter, L., & Foster, S. E. (2012). Addressing the critical health problem of adolescent substance use through health care, research, and public policy. *Journal of Adolescent Health, 50*(5), 431–436. <https://doi.org/10.1016/j.jadohealth.2011.12.033>
- FY 2020-2021 Operating Budget. House Bill 166, 133rd General Assembly (2019). Retrieved July 30, 2019, from <https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA133-HB-166>
- Gielen, A. C., & Green, L. W. (2015). The impact of policy, environmental, and educational interventions: A synthesis of the evidence from two public health success stories. *Health Education & Behavior, 42*(1), 20S–34S.
- Institute of Medicine. (2015). *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/18997>.
- Moreland-Russell, S., Combs, T., Schroth, K., & Luke, D. (2016). Success in the city: The road to implementation of Tobacco 21 and sensible tobacco enforcement in New York City. *Tobacco Control, 25*(Suppl 1), i6-i9. doi:10.1136/tobaccocontrol-2016-053089
- Preventing Tobacco Addiction Foundation. (2019). *State by state*. Retrieved July 30, 2019, from <https://tobacco21.org/state-by-state/>
- Schneider, S. K., Buka, S. L., Dash, K., Winickoff, J. P., & O'Donnell, L. (2016). Community reductions in youth smoking after raising the minimum tobacco sales age to 21. *Tobacco Control: An International Journal, 25*(3), 355–359. <https://doi.org/10.1136/tobaccocontrol-2014-052207>
- U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: 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. Retrieved July 30, 2019, from <https://www.ncbi.nlm.nih.gov/books/NBK179276/>