

Health Equity Impact Assessment of a T21 Policy

Community Summary

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Background

Cigarette smoking causes nearly one in five deaths a year in the United States. Tobacco-related illness undermines community health, and is considered one of the leading preventable causes of death and chronic disease in the United States and Oregon. In the spirit of promoting healthy communities, Multnomah County commissioners and Oregon legislators are considering new legislation to increase the legal sales age of tobacco from 18 to 21 years of age, (T21). Two states and multiple counties and cities have adopted a T21 policy. Evidence shows that changing the sales age reduces youth access to tobacco products, which may lead to delaying initiation age of tobacco and nicotine use, even though youths access to tobacco through social sources such as family members will not shift. Reducing smoking rates and delaying initiation age are effective approaches to prevent, and overcome, long-term tobacco addiction and the detrimental health impacts resulting from habitual tobacco use.

This is a summary of a the full report entitled, A Policy to Increase the Minimum Legal Sales Age for Tobacco and Nicotine Products from 18 to 21: Health Equity Implications; please see the full report for all references and supporting information.

The harmful impacts a T21 policy on communities of color is unknown

Communities of color are disproportionately impacted by a history of targeting by tobacco companies, institutional racism, and inequitable health care access that have led to higher rates of smoking and tobacco-related illness than the general population.

- May increase risk for racial profiling.
- May threaten traditional cultural practices and teachings related to sacred tobacco.

The recommendations on the next page are intended to reduce harm and maximize health.

Vision

Achieving health equity through health policies and programming that are culturally appropriate and guided by the values, needs, experience, knowledge, and expertise of communities most impacted.

Values

Accountability

Balance

Community

Diversity

Giving



Kindness

Leadership

Pride

Respect

Tradition

Community Vision of Equity

Drawing from an Indigenous perspective and racial equity lens, we offer the following recommendations to guide a T21 policy that embodies equity and fairness. The first set of recommendations focus on language and components of a T21 policy; the second set focus on tobacco prevention and cessation.

Language and Components of a T21 Policy

- Develop and **implement a three year structured phase-in** period where the sales age is shifted from 18 to 19 in year 1, then to 20 in year 2 and then to 21 in year three, similar to the process used elsewhere.
- **Protect youth from being penalized for possessing or using tobacco and nicotine products** by: removing Oregon's existing Minor in Possession (MIP) laws; remove, or do not include, provisions to youth being stopped, searched or having items in their possession seized from any proposed T21 policy; ensure safe and legal access to ceremonial tobacco for Native American youth.
- **Include community members** in developing rules in the T21 rule making processes, where at least 1/3 of participants are representatives of communities experiencing inequitable tobacco-related illnesses.
- Develop and **implement a six-month policy phase-in** program to inform retailers of changes in the minimum legal sales age for tobacco and nicotine products.
- Monitor and report by age, self-reported race/ethnicity, zip code, and disciplinary action/lack of action related to encounters between youth and enforcement (e.g., police and schools) based on use of and possessing tobacco and nicotine products to **ensure health inequities do not worsen**.

Tobacco Prevention and Cessation

- Fund community partners to **develop sustainable, culturally and trauma-informed** specific tobacco and nicotine products cessation programs and prevention programs for:
 - **youth of color and communities** experiencing disproportionate tobacco-related inequities.
 - **pregnant women and families** that address substance exposed pregnancies and improve healthy birth outcomes.
- Fund community partners to support and **protect Native community connections to ceremonial tobacco** necessary for traditional cultural practice, knowledge, and healthy communities and future generations.
- Implement tobacco cessation and prevention programming and criteria for **funding decisions and policy making** that are culturally responsive, trauma-informed, equitable, and consider the social determinants of health.
- **Engage community** in developing and leading tobacco and nicotine prevention and cessation programs.
- Conduct research on potential associations, harmful and beneficial, between **tobacco and substance use recovery**.





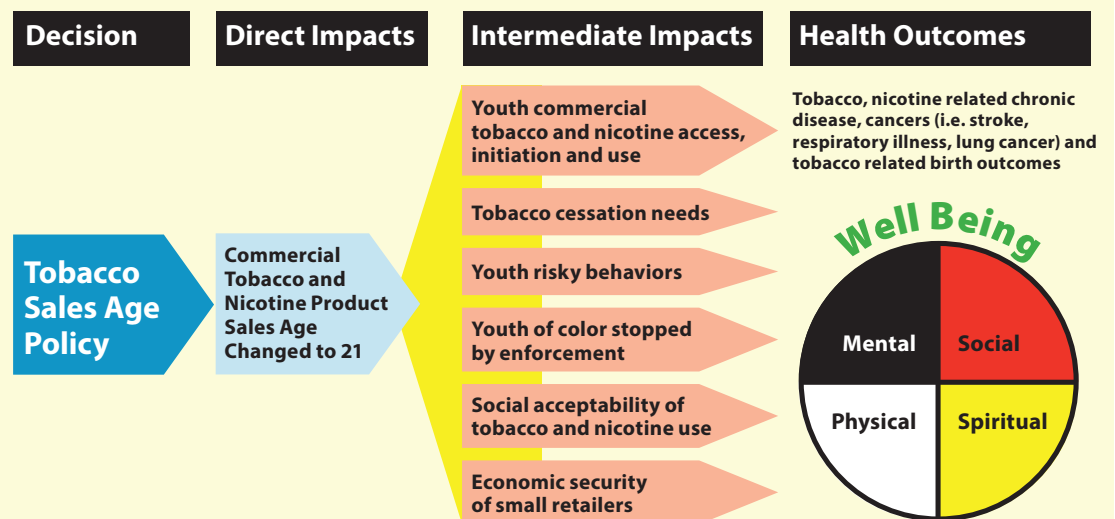
Guiding Principles for Equity

The goals of this 2017 Health Equity Impact Assessment were to:

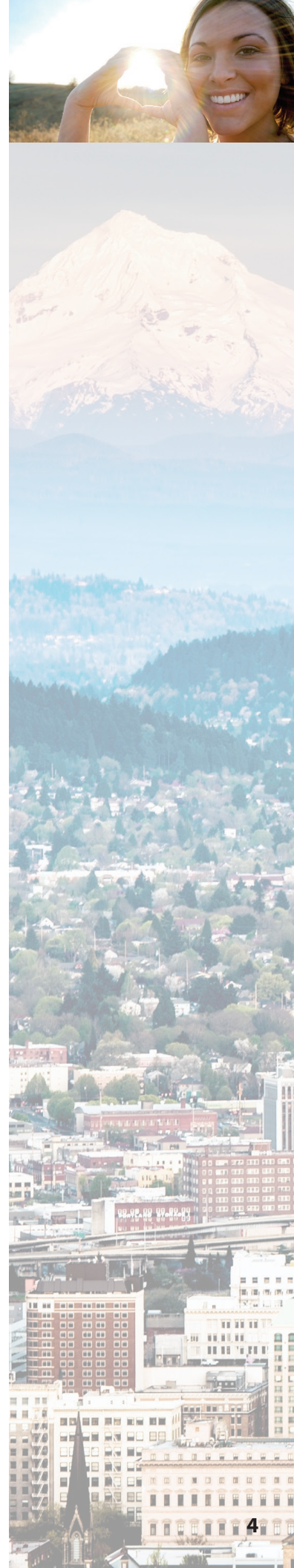
- 1 To **critically analyze health equity impacts** to inform and expand the Multnomah County Commissioner policy decision-making process to better meet the needs, values and experiences of communities most impacted by the potential T21 policy, especially communities of color.
- 2 **Expand public understanding** about the health equity impacts of a T21 policy on communities most impacted, especially communities of color by emphasizing access, social and economic equity factors.
- 3 Use **Indigenous lens** and **social determinants of health** framework that places community at the center of this work; values culture, community experience, knowledge and expertise.
- 4 **Build institutional capacity** for public health policy and programming that is trauma-informed, culturally appropriate, and strengths based.

This HEIA aims to provide information to reduce harms and maximize health benefits of a potential T21 policy by considering the social-cultural-historical context of impacted communities. Failure to consider these issues in policy making and health programming may unintentionally perpetuate and/or create new barriers, risks, harms including trauma and health disparities.

HEIA Pathway: Policy to Change Legal Sales Age to 21



Tobacco-Related Health Inequities



Commercial tobacco use affects communities.



Native American



Black/
African American



Latino



white,
non-Latino

Commercial tobacco use disproportionately affects communities that experience oppression:



Earn less than
\$15,000 a year

2X likely to smoke

Residents with mental health challenges and substance use history

Members of the Lesbian, Gay, Bisexual, Transgender and Queer community have a **higher** user of tobacco than heterosexual peers

Commercial tobacco use among 8th and 11th graders, Oregon 2015.

2-3X
tobacco or vape
use among Native
American youths.

42% report
getting tobacco
from peers under
18 years old.

At age 12 most surveyed
11th graders in Multnomah
County report starting to use
tobacco products for the first time.

Electronic cigarette use (also called vaping or e-cigs) tripled among 11th graders since 2013.



Using them in 2015



Commercial tobacco companies spend most of their money in retail stores where they reach young people with flavored items, price discounts and advertising.



Tobacco and Native American Peoples

A sacred gift - used in religious ceremonies and as traditional medicine.

Sacred tobacco is necessary for health and wellness among Native Americans; protecting and reclaiming this connection is needed for healing from the lasting impacts of intergenerational, historical and contemporary traumas and to promote healthy communities and thriving future generations.



Rationale of a T21 Policy

Changing the sales age of tobacco is considered a public health prevention effort because among people who smoke daily, 88% of smokers report beginning use before the age of 18.

Nicotine addiction is more difficult to break in adulthood because the developing child and adolescent brain is more susceptible to nicotine.

Young adult smokers have the highest smoking rates of any age group in the United States, and early years of smoking solidify addiction.

Senate Bill 754 – A T21 Policy

- The introduced version of Senate Bill 754 would apply to all cities and counties in Oregon.

Minors in Youth Possession (MIP) Law

Oregon Revised Statutes section 167.401 currently states “it is unlawful for a person under 18 years of age to possess tobacco products or inhalant delivery systems.” Anyone who does so commits a Class D violation which can result in a young person paying a fine, taking a tobacco education program, taking a tobacco use cessation program or performing community service related to diseases associated with consumption of tobacco products (ORS 167.401).

Oregon Youth Tobacco Laws

Current Provisions

- Prohibits sales to people > 18 years of age.
- Identification is required from those who appear to be under 27 years of age.

SB 754 provisions:

- defines tobacco to include inhalant delivery systems, also called “vape,”
- removes the Minors in Youth Possession law,
- applies the sales age to all youth without exceptions for active military personnel,
- puts the responsibility of selling tobacco on retailers including fining them for sales, as is already required by the current sales age of 18,
- and requires all retailers to clearly post the sales age.

Cessation -- The proposed T21 is not linked to any policies or programs related to tobacco cessation efforts.

An engrossed amended version of Senate Bill 754 allow enforcement officers to confiscate the commercial tobacco products or inhalant delivery system items (section 4).

The introduced SB 754 policy does not “grandfather” in young people between the ages of 18 and 20 who are already legally allowed to buy commercial tobacco, rather it would immediately prevent them from purchasing items when it takes effect.

“The need for supportive protective factors including strengthening cultural identity and connection are important to consider as they help to mitigate harmful stress responses and promote community strength and healing.”

Youth Focus Groups

The HEIA team completed three focus groups with youth of color from Multnomah County that are gang impacted, houseless, and/or students of NAYA's Early College Academy. The focus groups provide **local context and youth perspective** about how a T21 policy may impact their lives as well as their peers.

Future Generations -- They felt that the policy could be good to prevent the younger generation from beginning to smoke—and they liked the idea of the youth – including their younger brothers and sisters - not smoking.

Youth were frustrated by what they perceive as a fundamental flaw of a T21 policy stating that it doesn't address reasons they use tobacco in the first place, and this disconnect between policy and real life led them to comment that the T21 policy (and policy makers) don't really care about them because their everyday reality and needs aren't being considered.

These beliefs are highlighted in the following quote shared by the youth:

*"Take an 18 year old or a 19 year old, who is legal enough to smoke now, you change it to 21, and that is their stress relief or that's whatever. For them, you take that away from them, now what? **Are you trying to create a monster** [by not supporting them to quit] or are you trying to help people?"*

The majority of youth stated that a T21 policy was not going to make much of a difference with terms of getting youth to quit smoking because the policy does not address the primary ways they access these products (e.g., through social networks and existing relationships with retailers).

The youth expressed their deep concern about racial profiling due to the new T21 policy.

These beliefs are highlighted in the following quote shared by the youth:

"When I'm out walking my friends, and if there is more than one – a group – then the police think we're a gang" and that the police officers thinks we are "guilty" and to "not be trusted".

Cultural consideration is needed for social change and justice, that seek to empower and improve the health of Native American peoples through reconnecting to traditional cultural practice and protecting cultural teachings.





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For full report and references

please visit:
<https://multco.us/health/reports>