Local Tobacco Control Policy Change: Grasstops or Grassroots?

Carol L. Schmitt, PhD,1 Daniel Dench,2 Laurel Curry, MPH1
RTI International, 1Washington, DC, and 2Research Triangle Park, NC

1. Background

The adoption and implementation of local and statewide policies that permanently change society’s acceptance of tobacco use is a primary indicator of an effective tobacco control program (Garnett et al., 2005). However, there has been little focus on the factors that lead to policy change in tobacco control (Sparks, 2007).

2. Is Local Policy Change Driven by Grasstops or Grassroots?

Case studies from the ASSIST era describe how a mobilized public can influence policymakers (NCI, 2005), and at least 1 study has shown that policymakers use public opinion polls to make decisions about what policies they support (D’Aoorchita, Fontenot, & Whisem, 1998).

3. Methods

Data Sources

New York Adult Tobacco Survey (NY ATS)

Sample: representative household survey of New York residents aged 18 or older from waves of data collection between April 2010 and December 2011

Response rate: 20–23 percent per wave (N=7,439)

Local Opinion Leaders Survey (LOLS)

Sample: census (N=1,148) of county-level legislative leaders and county Board of Health leaders in New York’s 62 counties and New York City contacted between February and September 2011

Response rate: 59% (N=679)

Measures

Respondents rated their support for 4 POS policy options and 1 TFO policy option on a scale anchored at 1 (Strongly against) and 5 (Strongly in favor).

PO options

Prohibit smoking in outdoor public places and building entrances

Prohibit smoking in the entrances of public buildings and workplaces

Prohibit the sale of tobacco products in pharmacies

Prohibit smoking in outdoor public places and building entrances

TFO options

Prohibit the sale of tobacco products in pharmacies

Set a cap or maximum on the number of tobacco retailers allowed in a community

Prohibit the sale of tobacco products in close proximity to schools

Prohibit tobacco product displays

4. Analyses

NY ATS data were weighted to adjust for demographics based on 2010 census data.

LOLS data were weighted to account for underrepresentation of NYC respondents and were created based on the census of all county-level officials in New York at the time of the survey.

Average support for each tobacco control policy was calculated among the New York State adult population and New York local leaders.

Analyses also tested for differences between policy support by population (adult population versus local opinion leader) with Adjusted-Wald tests, which account for the complex survey designs of the NY ATS and LOLS.

5. Results

A larger percentage of New York Policymakers supported policies to:

- Prohibit the display of tobacco products
- Prohibit smoking in the entrances of public buildings and workplaces
- Prohibit the sale of tobacco products in pharmacies
- Prohibit smoking in outdoor public places and building entrances

Percentage of New York Adults and Policymakers Who Support NY TCP Model Policies

6. Summary and Implications

Policymakers and public support for the NY TCP’s model policies did not systematically differ by the focus (point-of-sale or tobacco-free outdoors) of that policy.

A larger proportion of policymakers supported a policy to prohibit tobacco product displays, while a larger percentage of the public supported a policy to prohibit smoking in outdoor public places and building entrances.

A larger percentage of policymakers also supported a policy to prohibit smoking in building entrances.

These findings suggest that policymakers more heavily weight the feasibility of implementing and enforcing a policy and the direct impact of a policy on local businesses when deciding whether to support it. This is consistent with qualitative findings and past studies showing that policymakers are very concerned with the perceived impact of tobacco control policies on business (de Gau, 2003; York, et al., 2012).

A policy that prohibits the display of tobacco products applies equally to all tobacco retailers, and has been shown to have little negative effect on business income (Quint et al., 2015).

In contrast, setting a maximum on the number of tobacco retailers allowed in a community or prohibiting tobacco product sales near schools has potential “winners” (who could continue to sell tobacco products) and “losers” (those who could not sell tobacco products or whose tobacco license would not convey with the sale of the business).

Policymakers expressed concern about the potential for corruption in implementing and enforcing these policies.

Tobacco products are responsible for over one third of sales in convenience stores (NACS, 2010) and not being able to sell tobacco products poses significant financial threat to many businesses.

While public support may be necessary to build support for local policy control policies, tobacco control programs cannot assume that public opinion or pressure is sufficient to build this support. Both audiences need to be educated.

Policymakers and the public may use different criteria to decide whether they will support proposed tobacco control policies or grassroots policies.

Tobacco control programs must be able to understand the differing perspectives of these two audiences and appropriately tailor their messages.

7. Limitations

Cross-sectional data. We plan to collect additional data in 2012 and 2013 and analyzing these new data will allow us to assess change over time and better examine the temporal relationships between public and policy makers’ support for tobacco control policies.

Sociodemographic differences. For example, there were significantly fewer smokers in the LOLS sample than in the NY ATS, and some studies have found that smokers are less likely to support tobacco control policies than nonsmokers.

The wording of the NY ATS question on tobacco retail display bans differed from a similar item in the LOLS.

The quantitative data, combined with a recent analysis comparing the effect of the wording on responses, has increased our confidence in the results reported here.

References


