

EXAMINING THE UNFOLDING OF THE TOBACCO 21 MOVEMENT IN THE KANSAS CITY METROPOLITAN AREA

Prepared by Vicki Collie-Akers, Ph.D., M.P.H. and Sarah Terrebonne Landry, M.S.W. , University of Kansas Work Group for Community Health and Development, 2016.

“This has worked better and faster than we ever imagined. Almost better and faster than we can manage at times...”

EXECUTIVE SUMMARY

The Tobacco 21 movement in the Kansas City metropolitan area unfolded in a unique way, characterized by widespread rapid uptake and the use of non-traditional partnerships. The Kansas City metropolitan area is the first among its peers to begin adoption of Tobacco 21 policies. In addition, the rapid and widespread uptake of Tobacco 21 policies across more than 62% of the metro's population presents an opportunity to better understand the factors and processes that contributed to this unique unfolding of adoption. The purpose of the study described in this report was to use key informant interview to identify factors that supported or detracted from implementation of Tobacco 21 policies.

To achieve this aim, key informants of four types were identified and recruited: implementers, endorsers, Greater Kansas City Chamber of Commerce members, and legislators for local communities. In total, 27 informants were interviewed. Approximately 33% (n=9) of participants were legislators; 33% (n=9) were endorsers; 22% (n=6) were members of the Greater Kansas City Chamber of Commerce; and 11% (n=3) were considered people who drove implementation. Grounded theory was used to analyze the resulting qualitative data and identify a framework of themes from the data.

Several themes and sub-themes were identified related to implementation. The four broad themes identified that structured the framework were: broader conditions that shaped an accepting climate; factors that influenced individual and organizational support; elements of the approach or strategy that contributed to success; and consideration for other communities and future challenges. Figure 1 provides a more detailed listing of the sub-themes identified under these four categories.

The unfolding of Tobacco 21 has many important implications for public health practitioners and community members interested in assuring the adoption of the policy in their communities. Similar to

other policy initiatives, informants suggested that preparation and significant groundwork enabled success. During the process of policy consideration, the utilization of credible combinations of messages

Broader conditions that shaped an accepting climate

- Columbia, Missouri had passed the policy first
- Increasing presence of e-cigarettes and vape shops
- Hopes to be perceived as progressive or leader

Factors that influenced individual and organizational support

- Personal experience "primed" personal decisions
- Role of personal liberty
- Fundamental logic of Tobacco 21
- Innovative policy that was not a tax
- Credible combinations of champions
- Unique critical partners
- Credible combination of messages
- Compelling evidence of opportunity for profound impact
 - Non-partisan

Elements of the approach or strategy that contributed to success

- Preparation before launch
 - Cases not successful appeared to lack important groundwork
- Role of partnerships in effort
- Strategic media coverage
- Municipal to region approach
- No organized opposition

Considerations for other communities and future challenges

- Preparation and understanding of the local political context
- Ensuring enforcement and continued adoption in surrounding communities

that invoke the likelihood of significant public health and business impact is critical. In addition, the combination of “unexpected” partners contributed to success.

Tobacco 21 policies represent an exceptional opportunity for communities to further efforts to prevent initiation of tobacco utilization. The use of lessons learned from communities in the Kansas City metropolitan area may strengthen efforts and approaches, to assuring widespread adoption of a policy that is well-positioned to have a significant impact.

INTRODUCTION

Tobacco control approaches have taken diverse forms since the release of the Surgeon General's report on the impact of tobacco use on health issues in 1964. A new chapter in tobacco control began in 2005, when Needham, Massachusetts became the first municipality in the United States to pass a policy raising the legal age for purchasing tobacco from 18 to 21 (Berman, 2016). The effort to promote policies aimed at reducing access of minors by interrupting the supply available from peers, called Tobacco 21, grew slowly over the next several years. However, in 2013, New York City adopted a Tobacco 21 policy becoming the largest municipality to adopt the policy (Preventing Tobacco Addiction Foundation, 2016), and many cities across the United States followed between 2013 and 2016. In 2015, Kessel Schneider and colleagues published an initial study describing observed improvement in tobacco use among minors in Needham, Massachusetts. Their findings and an Institute of Medicine report (2015) summarizing potential implications of raising the tobacco purchase age provide compelling data for communities taking action to implement Tobacco 21 policies.

In alignment with the increased attention by local municipalities on the innovative strategy of Tobacco 21 policies, community partners in the Kansas City metropolitan area were seeking to set priorities for reducing tobacco utilization in 2014. A partnership convened by the Greater Kansas City Chamber of Commerce and Blue Cross Blue Shield, called Healthy KC, had identified tobacco cessation among its priorities in 2014, and worked to identify specific implementation strategies. Through the engagement of broader partners, specifically the Health Care Foundation of Greater Kansas City and faculty at the University of Kansas Cancer Center, Tobacco 21 was identified as a priority initiative.

In October 2015, after months of planning and preparation, the Tobacco 21 policy initiative was launched. Partners secured endorsements from school districts, businesses, and community organizations. Endorsements from the Kansas City Star and Kansas City Business News followed. On November 19th, 2015, the cities of Kansas City, Missouri and Kansas City, Kansas adopted Tobacco 21 policies, having an impact the 620,436 residents representing 30% of the residents in the Kansas City metropolitan area. To date, 13 additional municipalities in the Kansas City metropolitan area have adopted Tobacco 21 policies.

The Kansas City metropolitan area is the first among its peers to begin adoption of Tobacco 21 at the municipal level. The Kansas City metropolitan area's peer metropolitan areas include Denver, CO; Salt Lake City, UT; Indianapolis, IN; Minneapolis, MN; Omaha, NE; and Austin, TX. None of these peer metropolitan areas have taken up the Tobacco 21 effort. Other metropolitan areas that have had widespread uptake include the Greater Boston metropolitan area and the San Francisco Bay area. However, these metropolitan areas are vastly different, both demographically and politically.

The rapid and widespread uptake of Tobacco 21 policies across more than 62% of the metro's population presents an opportunity to better understand the factors and processes that lead to this outcome. The purpose of this study was to use key informant interviews to identify factors that supported or detracted from implementation of Tobacco 21 policies.

METHODS

Partners engaged in the Tobacco 21 movement contacted the University of Kansas Work Group for Community Health and Development (KUWG) to enlist their staff in conducting an evaluation of the Tobacco 21 efforts. The KUWG designed a semi-structured interview protocol aimed at exploring roles in the Tobacco 21 movement; factors that influenced decisions about whether or not to support Tobacco 21; and salient lessons learned about participating or observing the process of adoption across several communities. The study was reviewed by the University of Kansas Human Subjects Committee and determined to be exempt from review.

PARTICIPANTS AND RECRUITMENT

Staff from the Greater Kansas City Chamber of Commerce, Health Care Foundation of Greater Kansas City, and the University of Kansas Cancer Center identified four types of key informants: drivers; endorsers; Greater Kansas City Chamber of Commerce members; and legislators. The same partners identified specific informants in each category. Additional informants were identified by asking participating informants who else should be interviewed. Staff from the Health Care Foundation of Greater Kansas City and the Greater Kansas City Chamber of Commerce sent letters or e-mails to prospective informants requesting their participation. KUWG staff followed up with each informant to attempt to recruit for participation and schedule an interview. A total of 42 prospective informants were identified.

ANALYSIS

Each interview was recorded and transcribed. Grounded Theory was the analytic approach used to develop a framework of themes in the data. KUWG staff used NVIVO 11 software program to review transcripts, and identify narrative descriptions of themes (codes). Two staff worked to identify and agree upon coding schemes.

FINDINGS

PARTICIPANTS

Interviews were completed with 27 informants (64%). Of those not completing an interview, two declined and referred to another informant within the same organization who did complete the interview. One additional prospective informant did decline. The other prospective informants (n=12) could not be reached after three or more attempts via telephone and email.

Participating informants included individuals who endorsed or voted in favor of Tobacco 21 policies and those who did not vote in favor of the policies. Of the 26 informants, 13 (48%) worked across multiple municipalities or endorsed the Tobacco 21 movement at the regional level. The other 14 informants (52%) addressed Tobacco 21 at the level of a specific municipality, representing eight municipalities that had considered a Tobacco 21 policy. Approximately 33% (n=9) of participants were legislators; 33% (n=9)

were endorsers; 22% (n=6) were members of the Greater Kansas City Chamber of Commerce; and 11% (n=3) were considered people who drove implementation.

THEMES

Six transcripts, two from each category of Greater Kansas City Chamber of Commerce members, legislators, and endorsers, were coded using an inductive coding approach. Inductive coding of six transcripts produced 39 separate codes. Those codes were viewed as a draft set of codes and applied to the remaining 21 interviewee transcripts. Additional codes and sub-codes emerged from the data, totaling 60 unique codes and 9 sub-codes after review of all 27 transcripts.

The entire set of revised codes were then reviewed to identify major themes and sub-themes. Codes with fewer references (i.e., specific quotes from participants referencing or related to themes of sub-themes) were examined to determine if the data reflected topics that should be grouped with other codes or stand alone as a theme. Codes with several references were examined to determine if the data associated with that code should be organized into sub-codes or if the data represented separate themes all together.

Using the identified themes and sub-themes, a framework that explains the findings of the analysis is detailed below (Figure 1).

Broader conditions that shaped an accepting climate

- Columbia, Missouri had passed the policy first
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Factors that influenced individual and organizational support

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BROADER CONDITIONS THAT SHAPED AN ACCEPTING CLIMATE

When responding to questions about factors that contributed to success or helped participants make decisions about whether or not to endorse, a number of participants noted high-level elements that seemed to make it more probable that efforts would be successful. One of the noted conditions was that a **Tobacco 21 policy had been passed in Columbia, Missouri** prior to the initiative in the Kansas City metropolitan area.

I said, "If Colombia did it, that actually gives us an extraordinary amount of cover because we knew it wasn't illegal.", or if it was we'd know it by the time we came public with it". We also knew we could say we weren't the first community in the state of Missouri to do it. That we were not speaking specifically about Kansas City, Missouri being the first place here that would probably do it. That was the key point number one: Passage of Tobacco 21 in Colombia was a big deal.

An additional factor noted was the pressure applied from the **encroaching presence of e-cigarettes and "vape shops."**

Now, you've got a lot of these smaller municipalities like Gladstone and Independence and Liberty, and Grandview and some of these outlying suburban cities, they're afraid all the vapor shops will come to their town. ...I said, "You don't want to build your economic development on vape shops...up and down Main Street, do you?" And they get it.

The real reason that I became more passionate about it, other than it just sounded like a good idea, is what's happening in our public schools right now. And I'm sure it's happening all the schools...kids as young as 12-year-olds are getting access to these e-cigarettes. And they're taking them to school, and they're finding ways to use them during class time and the teachers don't even know it's happening.

Lastly, several participants noted that **municipalities want to be perceived as progressive or leaders on health issues due to a history of working on health issues**, thus making it a more conducive environment for supporting Tobacco 21 efforts.

Well, as I say, it's certainly not a new concept in our city. We did pass, by voter approval, a smoking prohibition several years ago, so that we already were aware that our community was supportive of those types of actions to limit exposure to tobacco products and their direct exposure to smoking and second-hand smoke. So there's been such an emphasis on building a healthy community, and we've really excelled in that I would say, especially over the last several years. We were one of only 52 cities who were recognized with the Let's Move! City initiative, which is not really related to tobacco use, but it was related to a healthy community.... Partnership with our school districts in nutrition and activity and smoking cessation and teen

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pregnancy prevention and all of those types of things, it has just always been such a high priority of our... It would be odd not to be a leader on this for the city of Independence.

So, we're probably unusual in that way in that not every community is sitting around looking for a way to improve the health of their community. We are. And we are not just sitting around. We're actively doing it. So, this comes in. We're actively working all these areas. ... Tobacco 21 was very similar. We're working on improving our health. We are looking for tools. The tool comes along. It's plug and play. We put it to work. We didn't wait around. So, that's why I'd say it's the easiest policy decision we've ever made because it's not like I have to do back-up and say, "Okay, everybody, health matters. Okay, everybody, we [need to] look at all the social determinants of health. Okay, everybody... Smoking is bad for you." We've been doing that work and that education and that focus for six years.

FACTORS THAT INFLUENCED INDIVIDUAL AND ORGANIZATIONAL SUPPORT

Participants were specifically asked about factors that had an impact on their choice to support the Tobacco 21 movement broadly or in a specific community.

Many participants noted that their interest may have been **primed by personal experience with the impact of tobacco on family members.**

Part of it was my dad... In my head, I heard my dad saying hundreds of times he wished he'd never started as a kid, and he started at 14. But he was that generation, that "smoke 'em if you got 'em."

Personally, the fact that my mother and my grandfather died of emphysema also played a part in my concern about the issue.

Well, it's personal. My mom died from smoking-related illness at age 64....and way too young. And so that was a motivating factor as well.

I have a personal interest in it. My father began smoking cigarettes in World War II when he was fighting in the Philippines with General MacArthur. And he eventually stopped smoking cigarettes, but the damage was done and he died of emphysema. And so, I have never smoked and have a lot of other vices but not that one. And I have always done everything I could to foster smoking cessation and Tobacco 21 was one of the ways we were attacking that.

I'm...a mother of three children, and so I want my kids and their friends to all be safe and make good choices.

In my head, I heard my dad saying hundreds of times he wished he'd never started as a kid, and he started at 14. But he was that generation, that "smoke 'em if you got 'em."

Others noted the **role of personal liberty** influenced their perspective of whether or not to support the policy, and while some indicated it was an issue about which they felt strongly, the weighing of personal choice against the end goal of safety and protection resulted in support.

I spent a lot of time talking to one particular councilperson, who said how he doesn't like adding more policies, he doesn't like this kind of... I forget exactly how he put it, but kind of a big brother approach, or dictating everything that people can and can't do. But he was also a long-time tobacco user, and he didn't conceptualize tobacco as a choice, he was completely addicted to it since he was 13, and it's been terrible for him, and he's also very passionate about tobacco prevention. So it's kind of a combination of he, theoretically, is telling me how he's the most conservative person ever, but tobacco is kind of different. So I imagine that... maybe if he didn't have a firsthand knowledge of how devastating that addiction was, that he would have not let the policy pass, but he ended up being the person that made the motion to pass the policy.

I'm more passionate about people's individual freedoms. And that one was about as borderline and tough one for me as it gets. And to me, I could have so easily gone and said, "Look, people have personal freedoms. And also, you can't protect people from themselves." So, I erred. I thought, "Okay. If I'm going to err, I'm going to err on the side of safety." And so...that's the reason I voted for it.

Most of the participants made the case that the issue of Tobacco 21 was “simple” or a “no-brainer.” By that they seemed to **connect to the fundamental logic of the case made for Tobacco 21**. Essentially, the simple connection of specific points increased adoption. Participants referred to a chain of elements: “interrupting” or “disrupting” supply as a means of delaying initiation resulting in less utilization among adults.

And when I really got to drill down to say, "Little kids who are young teenagers are starting to do this, then that's when we have to stop." Because if we keep the age of 18, then all the kids in the schools and high schools and the middle schools have access. If we increase it to 21, then the group of people who hang out with 21-year-olds are far less likely to be 12 to 14-year-olds. And that's a big deal for me because I don't believe that my 12 or 14-year-olds are going to be hanging out with a 21-year-old, because they just don't have access.

It is simple, it is straightforward. Politically speaking, people get it, they understand it. You can implement it by going municipality to municipality, city to city. And you can change one number in an ordinance that virtually every city has. All you got to do is change 18 to 21. It is simple.

I think it's very well-crafted in that it really isn't penalizing people for smoking. It's not punitive towards people who choose to smoke, it just limits young people's access to cigarettes and tobacco products within your city. It's not really taking away people's choice to use tobacco products.

Participants also found the **evidence of what had happened in Massachusetts and other communities compelling.**

I think that data on what it has done for other communities was so compelling that it's pretty hard to stand up and say, "We should make more money by hurting people."

We do not take any policy position at all unless the scientific data is there to back up our position. We don't enter willy-nilly into ideas, just because it sounds good. There has to be strong evidence that it is, in fact, impactful. So looking at the evidence that the Chamber had provided... from Oneida, Massachusetts... the evidence there was strong enough that we were able to get on board and support this.

In addition to the clear logic, participants noted they were eager to embrace a **policy solution that limited access, without being a tax.**

Instead of trying to price under-aged smokers out of the market by raising the tax, they basically disrupted their distributions chain by raising the age from 18 to 21. There's a lot of seniors in high school that are 18 or got older brothers and sisters that are 18 that provides cigarettes for under-aged smokers... There's not a lot of 21-year-olds that are still hanging with 14 or 15-year-olds.

When you go to these city councils and you're not asking them to put their political neck on the line by supporting a tax increase, then that made it an easy sell, especially as a public health issue, not as a tax issue.

To many participants, a powerful variable was the **credible combinations of champions** convened to support the initiative. In particular, it was noted that specific, and unique, partners played critical roles. Champions came from the University of Kansas Medical Center, the Health Care Foundation of Greater Kansas City, and the Greater Kansas City Chamber of Commerce. Other noted champions included staff from local health departments and local community-based organizations.

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I think that having the involvement of KU Cancer Center, multiple physicians, specialists in the area, the Kansas City Healthcare Foundation, just having all of these players at the table that, again, are able to prove and give very direct case studies on similar sized communities that have gone through something similar, and on the other end of it, being able to show the progression and the positive direction that it was able to take was absolutely the best direction that we could have done...That has definitely impacted all of the positive reception that we have had.

Any kind of movement like this is only as good as the people that are involved in it. And if the people that are involved in it don't have the credibility in the community to move forward, it won't go anywhere. Health Care Foundation [staff], particularly Jessica Hembree, pounded the streets, and knocked on the doors, and not have been afraid to have the meetings. Well, both of those agencies [the KC Chamber and Health Care Foundation] have credibility in the area, and I think that's what's given it an opportunity to be successful.

I trust that they're not going to bring something forward if they don't believe it's going to make a difference. Because they're not going to put their reputation on the line for something that they think is not meaningful.

The credibility of the group that brought it forward, when you have KU Hospital and the Greater Kansas City Healthcare Foundation joint presenting something that they think's going to improve our health. If we're not going to listen to the experts, then I think when the experts come to us and say this is a policy change that's going to improve the health, I think we have an obligation to listen to it. So it had a lot of credibility right out of the box, because I have people propose policy changes to me all the time, but KU Med doesn't propose policy changes very often and neither does Greater Kansas City Health Care Foundation...I trust that they're not going to bring something forward if they don't believe it's going to make a difference. Because they're not going to put their reputation on the line for something that they think is not meaningful.

The partnerships were regarded as important and critical, yet they were also considered to be the likely and expected drivers of a policy like Tobacco 21. The **driving support of the Greater Kansas City Chamber of Commerce**, however, was widely noted as “**unexpected**” and **immensely important**.

I think the fact that the Chamber's supportive of it has gotten people's attention, and that's helped as we've recruited other Chambers and other business organizations and business people to support it.

I think it's worth putting in there a really significant call out for the Chamber in being courageous enough to step into a space that doesn't feel traditional for them, because their name opened a ton of doors for us. Now we did the follow through, but we couldn't have gotten started without

the Chamber, and...it takes a lot of guts actually to be willing to do things that aren't comfortable.

The biggest factor I can see with this is having the business community and the leadership of the greater KC Chamber engaged. We have done tobacco prevention strategies for years, as I've said. It's tobacco taxes, clean indoor air, and we often team up with a couple of other large, national, voluntary health organizations, and we sort of jokingly refer to each other as the usual suspects. Everybody expects the Heart Association, cancer, lung, the campaign for 'Tobacco-Free Kids'... They expect us to be out there pushing for tobacco prevention policies. And while we have very strong evidence on our side, there are some people that are not necessarily receptive to that. And so to have a group like the Chamber engaged, it brings a whole different face and a whole different voice to the campaign. And it causes people who wouldn't traditionally react to us initially...to sort of sit up and say, "Why are they involved in this?" And that whole component of having the business voice ...engaged in this really got people's attention. And so, as they're doing that, we're then able to come in with the public health argument and really sort of capitalize on that and make a really strong case on why this is a good idea.

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In addition to the credible champions, participants noted that a **credible combination of messages** provided a foundation of messages that stakeholders found **compelling and persuasive**. One type of message that many participants reported was one of **compelling evidence of opportunity for profound impact**.

I think probably the most convincing argument is the one that Dr. Jensen makes so well and so often, and that is... the data that shows that if people do not begin smoking in their teenage years, they are much more likely to never get addicted...or maybe to never smoke at all. Certainly everyone I know who's struggled with smoking took it up either in high school or college...If there were something that was the most convincing, that was it.

I think that when people look back in a few years and look at what a lot of us who are involved in a host of community activities and projects and initiatives have done, I think a lot of us will look back and say, "Tobacco 21 was one of the most important things that we did." Because...we are literally saving tens of thousands of lives.

I think that when people look back in a few years ...[will] say, "Tobacco 21 was one of the most important things that we did." Because we were literally saving... saving tens of thousands of lives.

The number we ... use is that, if a person is not smoking at age 14, 15, 16, not using steroids, not using tobacco, they are at least 25% less likely to be smoking at 25 and 30... A few years down the road we will be saving tens of thousands, hundreds of thousands of lives, because of the people who will not be smoking when they're 25 and 30, because they didn't get cigarettes from older kids in school. And that's what this is about, it's about breaking that cycle. The kids who are 15 right now who otherwise might be getting cigarettes from an 18-year-old, don't get those cigarettes. So at least a fourth of them who otherwise might have been smoking at age 25 won't be. That's a big deal, that's a huge number.

Participants also noted that the messages were persuasive because they were generally **non-personal and non-partisan**.

And it was one thing to pass in Kansas City Missouri, Kansas City Kansas. Those are the two most democratic, liberal places in the Metro. Independence is very different politically. And we always knew that this was a non-partisan issue, that Democrats, Republicans, people of both parties support this idea, but to actually have that in a city that isn't so "Big D Democrat" support it made a big difference.

The one thing that I can say that I'm probably most proud of to be involved with Tobacco 21, and what has really led me to be not just a personal proponent, but really get my organization behind it, is the fact that this wasn't pushing any personal agendas. This wasn't calling out or reducing businesses, or trying to close businesses. This wasn't personal at all, this was truly a scientific, research-proven initiative that was driven...by science and by proven statistics in these communities.

You can always be passionate about something, but having enough passion behind it that you're able to convey that to a wide range within your audience without making it seem like it's...a personal attack and you're taking away someone's liberties and rights. I think just really having that commitment and connection to the science behind it, the research that supports it. And there's a fine line between passion and personal, and making sure that you're staying true to the passion and the science behind what you're supporting, not making it personal.

ELEMENTS OF THE APPROACH OF STRATEGY THAT CONTRIBUTED TO SUCCESS

Participants noted several **features about the strategy or approach implemented** across many municipalities as contributing to the success of the Tobacco 21 movement. Several participants characterized the **thorough, planned, and rigorous preparation** of partners as a critical part of the approach.

The first thing is we absolutely did our homework. By the time we went and made our first presentation let's just say to the City Council of Kansas City, Missouri or for that matter in private presentations to the mayor before that, we had our stuff together. We had the research done, we laid out a case that was really compelling, we had answers to just about every question that was going to be asked. A big one, for example, that we knew would be asked, and we even had a

couple of folks vote against us here and there on this issue, one of the big ones we'd be asked was, "Well, why change it from 18 to 21? At 18 you're old enough to be drafted, you're old enough to go in the Army, you're old enough to fight, shouldn't you be old enough to buy tobacco?" And we had answers for that.

And I will tell you that having support of both of the main mayors made it possible. If either piece of that hadn't worked, we wouldn't be where we are now. And the meeting before the meeting was hands down the best part of the effort, which was feeling out the council ahead of time, understanding what pieces they really needed to get to "yes," and the best advice we got from the mayors at the beginning was, "Make it impossible for us to say no to you."

I also think another very key component, KCK and KCMO didn't happen just magically. There was a lot behind the scenes work that was taking place, laying a foundation, having conversations with key players and getting the read on those communities. Were they ready for this? Were they willing to have this conversation? Were they willing to adopt it? So there was strong leadership, a tremendous amount of a very strong foundation being built. And to me that was a really good launch pad for the rest of the campaign.

And I was kind of the person that was actually working in Wyandotte, so talking to our community partners and giving presentations to the Chamber and our neighborhood groups. We went to some of the NBRs, the Neighborhood Business Revitalization groups, and talked about it, and got endorsements from those more local people. While some of the other partners were working at that regional level, getting those big endorsements from some of the cross-county organizations.

They had a plan mapped out... the first cities, and if they got these two cities, others would follow. It was thoughtful and laid out and they seized the moment.

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We knew partially because of Columbia and partially because we just know the territory here...who the potential opponents would be and we knew that it could be tobacco store owners, liquor store owners, and potentially convenience stores because there aren't many places that sell tobacco anymore ... And so we were prepared for opposition from them.... It's always the first question I ask with things we roll out is, "Okay, who are going to be our opponents on this thing?" And we had a clear understanding of that.

Conversely, cases that were not successful were attributed to the **lack of groundwork and preparation.**

What we learned is in the communities where we were able to be proactive and work with their leadership and educate them and bring this along in a measured way, we had a lot of good success. But at the same time, as we started getting successes, you had other communities that kind of went on their own. And they said, "Wow, if so-and-so was passing Clean Indoor Air, then you know what? I think we're ready for it." And they didn't engage with us, the groups of advocates, so the groundwork was not done, the education wasn't done, and we ran into some

barriers. And we ran into some "No" votes. And those became challenges because when you're trying to build momentum and get something off the ground, the last thing you want is a "No" vote...And so we saw some of that here in many of the communities where we have been successful. It's because we've been able to do the groundwork and educate the council members and other city and community leaders and get them up to speed. Then we've had a couple of communities that have really run with this on their own and those haven't turned out as well.

Another critical element of the approach was the **essential role of partnerships in effort**. Partnerships were regarded as being a means of conveying a critical mass of diverse stakeholders supporting the movement. In addition, partnerships aided in leveraging different kinds of resources throughout the process.

I think that the real collaborative nature of the people around the table working to get Tobacco 21 active in the many and various municipalities we have. ...It's been a great opportunity for me to watch how effective a committed group of individuals can be. We have businesses. We have healthcare organizations, hospitals, medical personnel sitting around that table... It has been, I think, remarkable to watch all of these disparate folk working very collaboratively, going out into their communities, mobilizing their networks on behalf of the issue. ... That's been remarkable for me to watch.

To get the many different groups and people around the table that we have had as we have carried out this campaign... has been fabulous. Because if we need a teenager in Olathe to talk to the City Council about why he or she is in favor of this, we've been able to access that resource.

The thing about this that has worked...is you would have a group of people, different backgrounds, different areas of expertise, different schedules, different employers, different viewpoints of the world coming together and working hard, hard on this issue. ...This takes an extraordinary amount of time...from many, many people. Dr. Ellerbeck, Dr. Jensen, Dr. Cupertino, Dr. McCandless, Dr. Potts, the people at the Heart Association, the Cancer Society. We've got a team of 30 people. The Johnson County Health Department, the Jackson County Health Department, the Kansas City, Missouri Health Department. When we go to these City Council meetings...it's not one single person going. It never is and if it was, it wouldn't work. We'd get killed.

When we go to these City Council meetings though, it's not one single person going. It never is and if it was, it wouldn't work. We'd get killed.

It actually was quite incredible the different people that we were able to get around a table. A lot of times working in tobacco at all, you get the same kind of people sitting at the table. And it's people like me who work in the public health field who could talk about this day in and day out but we're not necessarily always reaching the people we need to be reaching to get policy passed. And so, by partnering with the Chamber and them bringing everybody to the table it

wasn't just the health side of things...it was also the business side of things. So I think that was the biggest accomplishment by the group.

Participants noted specific **media coverage was an important milestone** on the path toward adoption.

We had a press conference. We had gone to meet with the [Kansas City] Star's editorial board and the Business Journal's editorial board. We got a favorable editorial in each... But Gladstone and Olathe...they both took it up on their own. By this time, we were receiving a lot of publicity. And city council people read the paper, and when they read the paper and see some city has passed something, they will bring it up for other members of their council to consider. And that's exactly what happened with councilwoman Marge Vogt in Olathe, and the councilwoman

Participants reported that one of the most important strategic decisions was the **purposeful unfolding of the movement at the municipal level to achieve regional impact**. The unfolding created “political coverage” by assuring support for communities considering the policy, since they would not be the only community considering it. In addition, in some cases, it added perceived pressure for adoption to pass so that a community would not be one where teenagers would go to purchase, or conversely, it mitigated the argument that if community A passed the policy, teens would go to community B to access tobacco products.

We're going to have basically a campaign war room, we're going to chart out every municipality in greater Kansas City and there are about 100 of them, total... But, 3/4 of the people live in about the top 10 or so biggest. And we're going to chart this out, and we're just going to methodically attack it just like a political campaign. And we're going to go city by city by city. And we're going to go to mayors and city council people and whoever we have to go to get these orders exchanged city by city. And that's what we did. And look where we are.

A huge lesson for us was the value of Tobacco 21 being something that can be done at the local level. I will take the tobacco tax as an example which we supported in '06 and we supported in '12 and failed both times. Both times it was very successful in the Kansas City area, but...died on our state...it didn't do well in rural parts of Missouri.

The leadership of Healthy KC was great, that it was marketed as a regional idea. So that it was a little bit of political cover for everyone, that you're really not going out on a limb and doing this, that was nice.

More specifically, the nearly **simultaneous passage of Tobacco 21 in Kansas City, Kansas and Kansas City, Missouri** supported the unfolding of the initiative more broadly.

And the other thing was the strategic ability to have multiple conversations with multiple jurisdictions so that they went on the same day, KCK and KCMO, there was political coverage. So that strategy played in our favor.

Although elements of the approach were highly regarded by participants, many participants reported that **the nearly completely missing organized opposition aided in success.**

So then you know your public opinion is totally on your side when there's no opposition. And there was absolutely no opposition to this. ...We contacted all the businesses who sell cigarettes and the vapor stuff; staff said they didn't get any angry responses... Everybody was like "Yeah okay, we got it." [chuckle] And that's pretty much all there was to it.

In Olathe, it went as smooth... I was surprised. I could tell you, when I first heard about it, I thought, "Oh, well the room will be full of business owners fighting, pushing back, there will be students there pushing back." There wasn't. It was nothing but those driving it to get it approved, and that also had a lot to do with it. I was thinking, "Okay, if there's nobody here to fight against this then hey, they lost that opportunity."

CONSIDERATIONS FOR OTHER COMMUNITIES AND FUTURE CHALLENGES

Many participants articulated key lessons learned throughout the process that can translate into advice to other communities interested in adopting Tobacco 21. Some participants advised that **preparation along with understanding the community and political context of the city or county commission** are important for planning for adoption of Tobacco 21.

Do the groundwork so that you don't get ahead of yourself and get it in front of a council before they're ready.... But setting that groundwork is extremely important in my opinion. And that means we have to tone down our enthusiasm at times.

If it's a regional initiative, I think it's really important to really figure out what local people you need to be on board, because once I started going to our coalition meetings, it was like everyone was telling me, "Has this been in the Spanish newspaper?" And some of those questions we weren't talking about at our larger meetings. So there were some different media sources, or people that I needed to kind of get on board than the people that we were...talking about as regional leaders, or the people that would hold power at a commission meeting. So I think being able to find someone that can tell you that about the city that you're working in is important.

You have to know the politics of a community. First of all, you have to know the people that are in charge of changing the laws, so you have to know your politician. And you have to understand how they operate, and you have to be able to make your pitch on whatever it is that you're trying to get done to them in a way that they can relate and it helps move their agenda forward. It's pretty simple politics 101. You might have to tweak that presentation depending on who you're talking to. Some people you're just going to have to cut your losses on, you're not going to get them just because their buddy smokes, or they grew up smoking, or they don't want big government telling them what to do. You're never going to have those people in any kind of vote.

Some participants noted that challenges that arose after Tobacco 21 adoption included clarifying **how the policy would be enforced** and **ensuring continued adoption of the initiative at a municipal level** to have the greatest impact and **successful implementation and enforcement of the policy regionally**.

I think the main question or concern that people have asked through the process is where are the teeth in this? How do we know that it's really being implemented and what will be the consequences, and who's going to enforce those consequences?

So with that, I think the enforcement stuff has definitely been one of our biggest challenges. I learned a lot about just... Hardly anyone in this whole region knows how tobacco laws are enforced, so some of our most expert people on this had to dive in and learn how the current laws are enforced so we could understand how the change to 21 would be enforced. I don't think we have that perfectly worked out by any stretch, but I think we've got smart people thinking about it and I think we've got a policy that most other cities have found to be a largely self-enforcing policy, so the enforcement is a little bit of a challenge.

And so in Missouri, and even working at the local level I think we're a little hesitant because one, enforcement is sometimes an issue, but two, you take one step out of Kansas City, Missouri, and you're in Riverside. One side of the street is Independence, and the other side of the street is Riverside, so if you pass it in Independence, and you don't pass it in Riverside, what kind of impact are you really having in the amount of tobacco that's purchased by people who are under 21? ...So, I think that's the biggest thing for implementation and enforcement, is just making sure that we can keep moving. And then in those cities where it is passed, making sure that people are complying with the law, because I think there's still people today who don't even know, they're maybe unaware that they can't go into a QuikTrip in Kansas City and buy a pack of cigarettes if they're 18 years old. So kind of spreading awareness about that. But just continuing to educate people, whether they be business owners or people who maybe are purchasing tobacco, that this is the law now.

CONCLUSIONS

The examination of the process undertaken to promote the adoption of Tobacco 21 yields critical information that may be helpful to other communities striving to replicate the successful uptake that has occurred in the Kansas City metropolitan area. Participants noted certain elements may shape a more accepting climate, such as being personally motivated, being proximal to other cities who have adopted the policy, or community goals to be perceived as healthy or progressive. However, participant made it clear that essential features that supported success came about due to the action of collaborators (Figure 2). The findings underscore the well-known principle of being prepared, and extends the principle, by suggesting that a firm foundation of support needs to be established before publicly initiating the policy process. Participants also noted “unexpected” and credible champions that were found in the staff and members of the Greater Kansas City Chamber of Commerce, as well as other strategic partnerships with the Health Care Foundation of Greater Kansas City and the KU Cancer Center, and many, many others. The effort was strengthened by a clear, consistent, and compelling combination of messages that speaks to the public health and business case as well as a message that conveys the incontrovertible logic of the case for the policy. Lastly, the strategy of working through a municipality to region approach strengthened the effort.

Figure 2. Key elements of process created by collaborative action.



This study has a few noteworthy challenges and strengths. The data collected as well as the study design precludes suggestions of a causal relationship between any of the factors or themes identified. In addition, the study is limited to the perspective of those who agreed to participate, and more of the participants were supporters of the policy than opponents of the policy. Conversely, the perspectives shared included those that were closely involved with the details of the initiative. In addition, the perspectives shared were from participants with different roles, and yet convergent themes were identified across people with different roles. Lastly, this study is unique in its examination of the rapid uptake of a policy across communities.

The findings from this study can be used to shape recommendations for how communities can shape their efforts to increase the likelihood of replicating the same success achieved in the Kansas City metropolitan area. These include:

- Conduct significant groundwork to adequately prepare the initiative before the public acknowledgement of the initiative. This includes establishing partnerships, preparing

communications and presentations, vetting the approach with stakeholders, and shoring up support.

- Identify unexpected, credible stakeholders who can share in the responsibilities of championing the effort. Consider different voices who may have an unusual stake in the issue or who may represent under-represented voices in health-related issues.
- Build strong and strategic partnerships to support legislation.
- Assure the presence of credible champions to support the policy. It was clear that the public health case (e.g., preventing morbidity and mortality) and the business case (e.g., saving health care dollars for businesses) worked together to support this movement. In addition, assuring the presence of evidence of success is critical. At the same time, it is important to stay with the simple method that conveys the logic of the policy.
- Consider how a strategic unfolding across jurisdictions may advantage progress while planning for adoption. Sharing about nearby cities who have success may be helpful. In addition, when working in metropolitan areas, it can be helpful to carefully choreograph adoption to create momentum.

As communities across the United States consider the possibility of implementing Tobacco 21 policies, lessons learned from the Kansas City metropolitan area can inform their work. Many of the factors for success can be replicated by other communities to strengthen their efforts. Several communities and organizations in the Kansas City metropolitan area share the hope that Kansas City may be a leader in health and health status. The experience and lessons learned from the Tobacco 21 movement will support other communities in their own endeavors to achieve health.

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