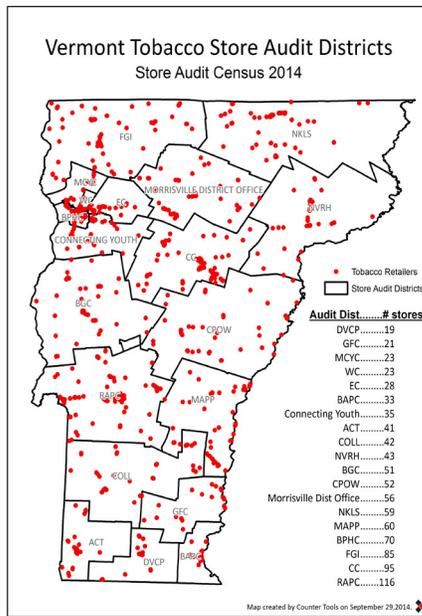


Assessing Retail Environments with STARS

STANDARDIZED TOBACCO ASSESSMENT FOR RETAIL SETTINGS



72 TOBACCO RETAILERS

24 TIMES MORE TOBACCO RETAILERS THAN THE 3 MCDONALDS IN THE COUNTY

JULY
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Photographs on cover courtesy of (clockwise from left): Peers Against Tobacco (University of Texas), SCTC (STARS form), Klamath County Public Health, Vermont Department of Health, and Fountain/Warren Tobacco Prevention & Cessation Program.

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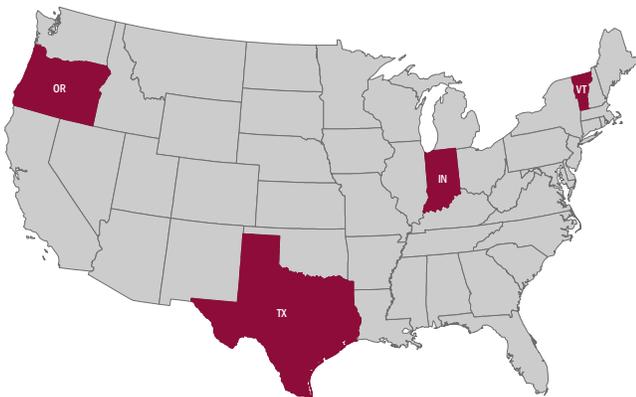
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Introduction

Addressing industry influence at the point of sale (POS) is recognized as a fifth core strategy of tobacco control programming, along with: (1) raising cigarette excise taxes, (2) establishing smoke-free policies, (3) encouraging cessation, and (4) launching hard-hitting counter-marketing campaigns.¹ Since the 2009 passage of the Family Smoking Prevention and Tobacco Control Act (FSPTCA) many states and communities are more actively considering policies in the retail environment.²

In 2011, the National Cancer Institute funded the State and Community Tobacco Control (SCTC) research initiative to address under-studied aspects of state and community tobacco control interventions. As part of the SCTC research initiative, the Center for Public Health Systems Science at the Brown School at Washington University in St. Louis collaborated with SCTC researchers and stakeholders to evaluate the effectiveness and use of the Standardized Tobacco Assessment for Retail Settings (STARS) and highlight innovative uses of the tool for policy development.

This report highlights experiences in Indiana, Oregon, Texas, and Vermont where partners are using STARS to better understand characteristics of the retail environment in local communities.



States highlighted in report



These four states are highlighted because they are among some of the initial states that piloted STARS. We included states that represented diversity in tobacco control policy environments, geography, the need for implementation of STARS and utilization of its results. To learn about the processes, stakeholders, and challenges of conducting, analyzing, and using the results of store assessments using STARS, we ultimately conducted in-depth interviews with four to six key stakeholders involved in the STARS pilot in each of the four states.

Each state study is intended to provide tobacco control advocates with practical, real world examples of how using STARS can increase awareness and inform point-of-sale (POS) policy development. Along those lines, many of the stakeholders interviewed indicated that it would be extremely useful to have a reference that connected the individual items on STARS with relevant POS policies. The inset in the middle of this report “STARS - Policy Crosswalk” pairs STARS items with two specific and relevant POS policies, and offers additional policy domains that may also be applicable.

OREGON: Adapting STARS in diverse counties across the state

Oregon tobacco policy environment at a glance:

- **Smoking:** 17% (adult), 10% (youth)
- **Cigarette tax:** \$1.31
- **Smoke-free laws:** comprehensive & statewide
- **Tobacco control funding:** 29% of CDC-recommended level
- **State POS policies:** ban on self-service of all tobacco products & e-cigarettes; minimum sales age for e-cigarettes; *no* tobacco retail licensing
- **Preemptions:** localities cannot regulate tobacco vending machines or increase cigarette taxes⁹⁻¹²



Successes in various tobacco control initiatives prompted the Health Promotion & Chronic Disease Prevention Section at the Oregon Public Health Division (OPHD) to focus efforts on the retail environment.⁹ Staff wanted to gather evidence to support differences they could see in tobacco marketing across rural and urban communities and tribal lands.¹³ The OPHD sought to engage its 34 local Tobacco Prevention and Education Program (TPEP) grantees in uniformly collecting data at the point of sale.

Planning for store assessments

Before STARS, earlier retail assessments in Oregon used different versions of other previously developed surveys. These assessments could not be used for cross-community comparisons, and OPHD realized a need for a standardized tool. Kirsten Aird, one of the Oregon state program managers, participated in the national work group that informed development of STARS and agreed to pilot the tool in Oregon. Four counties were recruited for the pilot. Local TPEPs were highly motivated by the opportunity to collect data to describe the tobacco-related burden in their communities and to learn more about various policy options available to address concerns.¹⁴

Without a state tobacco retail licensing law, data about the locations and types of stores selling

tobacco in Oregon were limited. To generate a database of tobacco retail outlets, the state division obtained the Synar list, which is kept for sales to minors compliance checks. The OPHD mapped the retailers from the Synar list, checked each one to make sure the business still existed, and then worked county-by-county with local coordinators to validate and add to the list.¹⁴

Implementation of STARS assessments was very much locally driven. Local tobacco control programs in each county decided who would visit stores (e.g., youth, adult volunteers, or paid volunteers); whether to amend the STARS form to include additional items related to other concerns in the local retail environment; and the number of stores to visit.

Collaboration across levels of government and technical assistance provided by the state was essential for the success of STARS there. Beyond mapping stores, OPHD staff helped locals customize the survey as needed and assisted in summarizing data and crafting presentations.¹⁴

Locals collect data about marketing and promotions at the POS

Klamath County in south central Oregon is the fourth largest county by land size but one of the smallest in population. The county has about 60,000 people, but the majority of them

live within one city, Klamath Falls. The Klamath County Public Health Department partnered with the local nursing program from Oregon Health & Science University (OHSU) to conduct store assessments with STARS. Jennifer Little, of the Klamath County Public Health Department headed the effort.

The OHSU nursing students were trained and educated about common issues at the POS using the STARS training materials. To get the most out of each store visit, they supplemented STARS with questions about food options, alcohol, lottery, and energy drinks. In all, 82% of (59 out of 72) stores were assessed in Klamath County using the supplemented STARS.¹⁵

Other communities in Oregon arranged for local high school students to do the assessments or, depending on resources and time, had staff from the local health department assess all the county's stores. Steven Fiala, an analyst at OPHD, points out that in many communities, local tobacco coordinators do not solely work on tobacco but instead juggle many responsibilities within the local health department. "Being able to provide the standardized tool but also have it be really efficient and able to collect all the necessary elements...was important. It gave me peace of mind that we had the standardized tool and the standardized training materials to make the assessments as consistent as possible."¹⁴

In the Northeastern rural county of Umatilla, Janet Jones, the Community Health Educator for Umatilla County Public Health single-handedly used STARS in 90% of the county's 74 tobacco retailers in three months. Tobacco use in Umatilla County is higher than the state average. High school males use chewing tobacco at nearly three times the state rate, and cigar and e-cigarette use among youth is higher than that of the state overall. "We knew that the tobacco industry targets rural areas and wanted to learn more about how tobacco is sold and marketed in our community," Jones explained.^{16,17}

Before assessments, Jones mailed a letter to every tobacco retailer in the county, informing them of the upcoming visits (Appendix A). She also made

sure to have a copy of the letter when entering stores. "We were good about explaining how we were going to use the data, to tell leaders and community members about how tobacco is sold and marketed and then let the leaders decide what they wanted to do about that."¹⁷

Partners use results to raise awareness, gain support, and pass POS policies

Local public health departments in Oregon are now largely using the STARS results to educate and raise awareness in their communities. "This is a new frontier for tobacco control that people aren't really aware of," Fiala said.¹⁴ Staff present results to the public and decision makers. Multnomah County Health Department presented the results of its assessments to the County Board of Commissioners, and released the report, "The Selling of Tobacco in Multnomah County" on its website at <https://multco.us/health>. Local media also featured assessment results.

Tobacco placement targets teens in county

BY MAEGAN MURRAY
HERMISTON HERALD

A recent survey of local retailers that sell tobacco in Umatilla County revealed youth are being targeted by the tobacco industry based on where those products are placed in the business.

Earned media from STARS

Data from STARS has resonated with decision makers and communities in Oregon. "Our grantees use the results to raise awareness among decision makers and complement what the data are saying with the policy options that are available and politically feasible," said Fiala.¹⁴ Evidence from STARS audits has been aggregated and packaged into the "Oregon Tobacco Retail Fact Book" which will soon be featured on smokefreeoregon.com and its Facebook page.

INDIANA: Using STARS to build awareness of neighborhood disparities and youth targeting

Indiana tobacco policy environment at a glance:

- **Smoking:** 22% (adult), 18% (youth)
- **Cigarette tax:** \$1.00
- **Smoke-free laws:** statewide policy exempts bars, casinos, private clubs
- **Tobacco control funding:** 10% of CDC-recommended level
- **State POS policies:** ban on self-service of all tobacco products & e-cigarettes; minimum sales age for e-cigarettes; cigarette minimum price law; required posting of quitline information at POS; tobacco retailer licensing
- **Preemptions:** advertising and youth access; general assembly exclusively regulates sale, distribution, and display of tobacco products^{9-11,18-22}



Working in communities across the state, staff from the Indiana State Department of Health (ISDH) and coalition partners needed a tool to document neighborhood-based disparities and youth targeting in tobacco marketing. In her work with schools in her community, Kathy Walker, Program Director for Fountain and Warren Counties, had been documenting advertising and marketing in convenience stores frequented by middle and high school youth.²³ Tiffany Nichols, Tobacco Program Coordinator at the Minority Health Coalition of Marion County, said that “specifically in the inner city...you can hardly see any glass...so many advertisements taking up the window space, the door space.”²⁴ “If we look at point-of-sale activity from neighborhood to neighborhood...it’s more of a social justice issue than anything else,” said Katelin Ryan, Director of Program Evaluation in Tobacco Prevention and Cessation at ISDH.²⁵

The Tobacco Prevention and Cessation (TPC) Commission at ISDH leads a network of funded community coalition partners across the state. Ryan of the TPC attended a Counter Tools POS training in 2013 and later learned of the opportunity to pilot the new STARS tool. Before the pilot, Ryan shared the training information and assembled teams of two to audit stores

around Indianapolis. “We thought that it would be best, especially for the program staff, to have some firsthand experience before we actually asked our partners to do this,” Ryan said.²⁵

Before the pilot, TPC learned that Indiana had become – as it often does – a test market for a Mark Ten, the e-cigarette manufactured by Philip Morris. Staff at TPC asked partners to collect data on the availability, varieties, and price of this product. Beginning in winter 2013, partners in counties around the state collected data once a week for eight months beginning in winter 2013.²⁵ Though limited to information about Mark Ten, a single brand of e-cigarettes, this experience gave tobacco control partners an opportunity to visit stores and collect data before using STARS.

Enlisting coalitions to pilot STARS

Facing decreasing state tobacco control resources, and no funds specifically allocated to the STARS pilot, the TPC asked for partners who were able to volunteer to perform audits in their respective communities. One incentive to volunteer for the pilot was that during the next funding cycle, retail assessments (with STARS) would become a requirement for funded partners.^{25,26} In all, 10 partners from various tobacco control coalitions



Tobacco marketing at kids' eye level at a convenience store in Fountain County, Indiana

volunteered, and since several of the coalitions cover more than one county, 25 counties were represented in the pilot.

Using the STARS training materials, TPC held a webcast to familiarize volunteer partners with the assessment process. Organizers at TPC asked that partners assess at least five stores in their areas, but the logistics of implementing STARS (who would do assessments, which stores to choose, engaging clerks and owners) were largely left up to the community partners.^{23,25} In most cases, one or a few assessors from each partner coalition completed all the area's audits. The STARS development team provided technical assistance and helped to enter and aggregate the data from the paper STARS forms. In all, 135 stores were assessed in one month.²⁶

Sharing results with coalitions and youth

After data were compiled, TPC presented a webcast for the participating coalition members to present the overall results. Staff at TPC also prepared specific results for each community represented in the pilot.²⁶ Partners then shared the STARS data with their larger coalitions and

discussed ways they would use the results. Some partners incorporated pilot results into presentations at town halls and other community forums.

Kathy Walker used local data and photos from stores in presentations for middle schoolers explaining youth targeting and other industry POS tactics.²³ Though the STARS pilot data are based on a convenience sample and not necessarily representative of all Indiana's counties, local data on pricing and recognizable photos, from just a few stores, resonates with the community.

Planning for statewide STARS rollout

From the 2014 STARS pilot, organizers saw the importance of thorough training for all partners completing assessments, "Give it time and allow them enough time to ask any questions...do some trial runs as well...get them used to what they need to look for," said Ryan.²⁵ Through the pilot, partners sharpened their assessment skills for noting product placement and differentiating ads from promotions. They also gained familiarity with emerging products. Tiffany Nichols of Marion County said that it is useful for tobacco control partners to do store assessments because "you can see just how the tobacco companies operate at the retail level up close, rather than reading it or listening to someone talk about it."²⁴

In preparation for the next, more comprehensive round of STARS audits in late 2015, the TPC plans to randomly sample stores across the state and, along with its partners, looks forward to the experience and its potential impacts.

STARS Policy Crosswalk

The Standardized Tobacco Assessment for Retail Settings (STARS) was designed as a user-friendly and concise tool to facilitate data collection for evidence-based tobacco control policies. This table pairs items from STARS with relevant POS policies, and offers supplemental options from the six POS policy domains.

Point-of-sale (POS) policy domains

LD	licensing & density
AD	advertising
NT	non-tax price increases
PP	product placement
HW	health warning
EC	e-cigarettes
Msc	miscellaneous

Policy problem	STARS items	Relevant policies	Potential options
Exterior ads	6a-f	restrict placement of outdoor ads implement content-neutral ad restrictions	AD LD
Type of store selling tobacco products	7 9-10	ban sales at certain types of stores establish minimum distance between retailers	LD
Sale and display of tobacco products	8 12a-b	limit #/sq. footage of product displays ban product displays	PP
Graphic health warnings displayed	11	require posting of graphic health warnings require posting of quitline information	HW
Tobacco products/ads near youth items	12c-d 13-15e-f	ban self-service for OTPs limit placement of indoor ads	LD AD PP
Price promotions or cross-product promotions	12e-f 13-15h-i	ban price & multipack discounts ban redemption of coupons	NT
Cheap cigarette prices & ads	18-19a-c	establish minimum cigarette pack price ban price discounts	NT
Sale of OTPs	13-15a	establish minimum package laws for OTPs raise MLSA for tobacco products	LD Msc
Sale of flavored OTPs	13-15b	ban flavored OTPs ban sales in youth locales	LD Msc
Sale of single/cheap OTPs	13c-d	establish minimum package laws for OTPs ban price discounting	NT Msc
Self-service sales of OTPs	13-14g	ban self-service for OTPs ban sales in youth locales	PP LD
Sale of e-cigs & flavored e-cigs	16a-b	ban sales of e-cigs at certain types of stores require license to sell e-cigs	EC
E-cigs/ads near youth items	16e-f	ban sales of e-cigs at certain types of stores establish MLSA for e-cigs	EC
Self-service sale of e-cigs	16g	ban self-service of e-cigs require license to sell e-cigs	EC
E-cig price promotions or cross-product promotions	16h-i 20a-c	establish tax on e-cigs ban price discounts	EC NT

OTPs = other tobacco products, including cigars, cigarillos, little cigars, snuff, smokeless tobacco, loose tobacco, hookah; MLSA = minimum legal sales age; E-cigs = e-cigarettes, e-liquid, accessories; Youth locales = near schools, parks, libraries; Youth items = candy, soda, slushies, ice cream, toys

Point-of-sale Policy Domains

Policy domain	Example policy options
LD licensing & density	<ul style="list-style-type: none"> establish or increase licensing fees limit or cap total number of licenses in a specific area prohibit tobacco sales in youth locales restrict retailers from operating within a certain distance of other retailers restrict retailers in certain zones (e.g., residential zones) prohibit tobacco sales in certain types of retailers (e.g., pharmacies) limit number of hours or days for sales
AD advertising	<ul style="list-style-type: none"> limit the times (of day) when advertising is permitted limit placement of ads at certain store locations (e.g., near youth locales) limit placement of ads inside stores (e.g., near cash registers) limit placement of outdoor ads ban certain manners of advertising (e.g., outdoor sandwich board-style ads) establish content-neutral advertising restrictions (e.g., 15% of window space)
NT non-tax price increases	<ul style="list-style-type: none"> establish cigarette minimum price laws ban price discounting (e.g., specials, multipack options) ban redemption and/or distribution of coupons require disclosure of manufacturer incentives for retailers (i.e., sunshine law) establish mitigation fees (e.g., to clean up cigarette litter, to cover cessation services)
PP product placement	<ul style="list-style-type: none"> ban product displays (i.e., require products to be stored out of view) ban self-service displays for OTPs restrict the number of products that can be displayed (e.g., one sample of each) limit times during which product displays are visible (e.g., after school hours)
HW health warning	<ul style="list-style-type: none"> require posting of graphic health warnings at POS require posting of quitline information at POS
EC e-cigarettes	<ul style="list-style-type: none"> establish MLSA for e-cigs limit where e-cigs can be sold (e.g., near youth locales, at certain types of retailers) ban self-service displays for e-cigs establish tax on e-cigs require licensing for e-cig retailers
Msc miscellaneous	<ul style="list-style-type: none"> ban flavored OTPs (e.g., cigarillos, little cigars) require minimum pack size for OTPs (e.g., no single or two-pack cigarillos) raise the MLSA for tobacco products (e.g., from 18 to 21)

MORE INFORMATION:

STARS	http://www.sctcresearch.org/blog/standardized-tobacco-assessment-for-retail-setting/
POS Policy	http://cphss.wustl.edu/Projects/Pages/ASPiRE-Products.aspx http://cphss.wustl.edu/Projects/Pages/Tobacco-Control-Guides.aspx http://publichealthlawcenter.org

VERMONT: Combining STARS with alcohol and food audits for comprehensive assessment

Vermont tobacco policy environment at a glance:

- **Smoking:** 17% (adult), 13% (youth)
- **Cigarette tax:** \$2.75
- **Smoke-free laws:** comprehensive and statewide
- **Tobacco control funding:** 65% of CDC-recommended level
- **State POS policies:** ban on self-service of all tobacco products & e-cigarettes; minimum sales age for e-cigarettes; minimum packaging requirements for other tobacco products; tobacco retailer licensing
- **Preemptions:** no explicit preemptions, though Vermont is a Dillon's Rule state; localities have powers only expressly granted from the state government, which presents a significant barrier to local POS policies^{9,11,27-29}



For the past several years, Vermont's centralized Department of Health (VDH) had been working with community coalition partners through its "Healthy Retailers" program.³⁰ The initiative sought to engage retailers in communities across the state and encourage voluntary changes to promote healthful decisions in stores. For example, the initiative promoted raising alcohol and tobacco signage to adult rather than children's eye level and more prominently displaying water and low-calorie beverages.³⁰ While the program enjoyed successes, particularly in increasing nutritious food options, partners learned that voluntary policies in a small portion of stores could only moderately address public health concerns. Health department staff knew to achieve public health goals they needed a way of uniformly gathering data to build awareness of tobacco marketing and promotions in retailers across the state, and were eager to participate when asked to pilot STARS in 2014.³¹

Planning for statewide assessments

Vermont requires a state retail license to sell tobacco, and the Department of Liquor Control maintains the list of all 952 tobacco licensees.³¹ Fortunately, Vermont has 17 community coalitions funded for tobacco prevention, and 36 schools statewide have youth-based community coalitions.

While they could have taken a sample of retailers, VDH staff decided to do a census, and audit all stores in the state.^{31,32}

The VDH enlisted the help of several agencies including the Vermont Tobacco Evaluation and Review Board (an independent State Board working across agencies in prevention and cessation services), the Department of Liquor Control, the Agency of Education, and the Attorney General's Office to plan the pilot. This group also met to determine if modifications were necessary for STARS in Vermont retailers.³¹ The state bans self-service for all tobacco products and e-cigarettes, so the item asking about self-service displays for other tobacco products (OTPs) was removed from STARS. Planners also replaced the graphic health warning sign question with one about the posting of the state's required "no sales to minors" sign.³¹

Using the STARS training resources and other materials from Counter Tools, organizers held a training for store audit team leaders. The team leaders then performed test audits in their communities and attended a webinar two weeks after the initial training. More adjustments to the form were made based on feedback from these participants.

Through its central office in Burlington and the help of coalitions across the state, VDH organized assessment coverage areas and worked with its 12 district offices to complete audits. In all, auditors visited 885 stores and completed 762 audits in about 10 weeks.³³ The number of coalition members in each assessment team varied according to the number of stores in its coverage area. Some areas had as few as 19 stores and a small team of two or three, and others had as many as 116 stores to assess with a team of 20.³¹

Incorporating STARS into comprehensive retail audits

Through the planning process with other state agencies, the VDH decided to make the most of the retailer visits by offering the coalitions the option of combining food and alcohol audits with STARS. From their previous experience with the Healthy Retailer Initiative, organizers developed a food assessment focused on the availability of fresh fruits, vegetables, and dairy and the relative healthfulness of canned and frozen fruits and vegetables. The alcohol audit is based on a previously used community assessment tool from a Strategic Prevention Framework State Incentive Grant and focuses on ads and product placement within stores.³¹⁻³³

While the coalitions were required through funding obligations to complete the tobacco audits and optionally could include the two others, almost all of them – around three-quarters – chose to complete all three assessments during store visits. Assessors audited stores in teams of two and often youth from middle and high schools in the communities accompanied coalition leaders into the stores. Having more than one person in most cases helped assessors to complete the comprehensive audits in around 20 minutes.^{31,32}

Coalition members were encouraged to engage with store clerks and owners and let them know they were collecting data for project with the state health department. By and large, owners and clerks were open to the assessments, and refused in only a few cases. Organizers believe

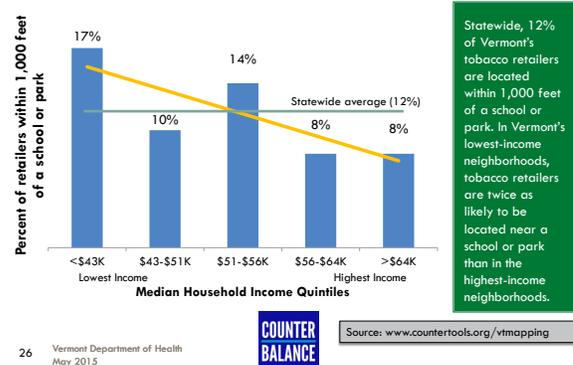
that combining the three modules helped retailers consent to the audits. Rhonda Williams, Chronic Disease Prevention Chief at VDH said, “I think having food and alcohol together diffused some of the tension. It was also really helpful that we had our youth coalition get involved.”³¹

Widely disseminating results

On May 19, 2015, the department, through its “Counter Balance” campaign, hosted a press event to release STARS assessment results. The event, and accompanying report focused on youth and OTPs (specifically cigarillos), tobacco retailers near schools, and pharmacy tobacco sales. Counter Balance enjoyed great reception to the event and data release, and generated media coverage across the state and beyond. Much of the media featured the headline: “Youth tobacco ads too widespread”. (See Appendix B for earned media examples.)

Counter Balance also released a powerful campaign video with testimonies from retailers called, “Vermont retailers take steps to end tobacco’s influence” available on YouTube: <https://youtu.be/oP9MkdBMZ9k>.

Retailer Location – Schools and Parks



Page from comprehensive report of STARS results. Available at: http://healthvermont.gov/prevent/tobacco/documents/counter_tools_store_audit_report_2014.pdf

TEXAS: Incorporating STARS into prevention efforts on college campuses across the state

Texas tobacco policy environment at a glance:

- **Smoking:** 16% (adult), 14% (youth)
- **Cigarette tax:** \$1.41
- **Smoke-free laws:** no statewide law; 100 cities have policies
- **Tobacco control funding:** 6% of CDC-recommended level
- **State POS policies:** ban on self-service for all tobacco products & e-cigarettes
- **Preemptions:** localities cannot regulate tobacco vending machines (prohibited statewide)^{9,10,34-38}



The Tobacco Research and Evaluation Team at the University of Texas at Austin conducts research on young adult tobacco use and develops prevention programs for healthcare providers, community partners, and college students.³⁹ One of its ongoing projects for Texas colleges, “Peers Against Tobacco”, is funded by the Texas Department of State Health Services (DSHS). The program aims to reduce the use of tobacco and alternative tobacco products among college students and ultimately “to change the overall tobacco landscape among Texas colleges and universities.”⁴⁰ The Research and Evaluation Team set out to customize STARS for the environmental scans and include more items tailored to the changing tobacco retail landscapes around college campuses.⁴¹

Identifying the need for store assessments

The DSHS and Tobacco Research and Evaluation Team noted that of the many prevention programs being offered in Texas, few, if any, directly served college students, a population with relatively high rates of use.^{41,42} Researchers also highlighted a trend in the increasing availability and use of alternative tobacco products (e.g., hookah and e-cigarettes) on college campuses in Texas, using data from existing studies and a preliminary survey of college students at a few schools.

Peers Against Tobacco’s plan to change the tobacco landscape on college campuses has three main strategies: student-led media campaigns, environmental scans, and tobacco prevention curricula. In 2014 and 2015, the team at UT-Austin recruited students and advisors from 20 Texas colleges and universities across the state. They integrated STARS into the environmental scans so that participating students could assess the retail environment around college campuses.^{40,42}

Professor Alexandra Loukas says, “we dug into it a little bit deeper. We knew that this population ... was really the population that had the highest rates of alternative tobacco product use and that’s where we focused our energies and our efforts.”⁴²

Customizing STARS

After a pilot test of STARS, participating students reported that additional items were needed to address the growing numbers of vape shops around campus. In response, Professor Keryn Pasch and the others developed a section with basic questions about vape shops to assess which products were available and the advertising used.⁴¹

The focus was on gathering evidence about the availability of tobacco, and especially alternative tobacco products, around Texas campuses and to incorporate this information into student-led

media campaigns. To minimize interactions while in the stores, planners removed the last few STARS questions that assess product prices. They were unsure how comfortable the first-time student assessors would be in asking clerks for prices, and this information, though important, was not central to the goal of their assessments.⁴¹

Beyond customizing the items on STARS, the Tobacco Research and Evaluation Team also sought to tailor the data collection process by developing an electronic version of STARS for use on smartphones and tablets to enhance ease-of-use for student assessors. The students were more comfortable using their phones or devices that they use every day rather than pen and paper. Organizers also knew that most participating students would be undergraduates new to field research and data collection, and wanted to make the assessment process as easy and inconspicuous as possible. Pasch said, “In the stores people are so used to seeing electronic devices...nobody notices anybody on the phone versus a piece of paper and writing.”⁴¹

In addition, Pasch felt that electronic data collection would help to minimize the potential for errors and simplified data management and consolidation associated with transferring data from paper to database.^{41,43} In the electronic version of STARS researchers also added a place to store photos with each store’s data, in case the students had the opportunity to take pictures during assessments.⁴¹

Training student assessors

In January 2015, the Tobacco Research and Evaluation Team held a training session at UT-Austin for the Peers Against Tobacco members who would be using STARS.⁴³ Organizers added to the training materials provided with STARS by including an overview of general POS concerns, a protocol for the logistics of store visits, and additional photos and descriptions of alternative tobacco products common around Texas campuses.⁴¹⁻⁴³

At the end of the training, Ana Herrera, a graduate student working with Dr. Pasch,

administered a scavenger hunt activity for the participants using items from the adapted electronic version of STARS.⁴³ Herrera also provided technical assistance and oversaw the data collection for the student assessors.



Using results in campus-specific Campaigns

By the end of the 2014-2015 school year, students on 14 of the campuses had completed assessments of up to 16 stores each. Organizers prepared individualized reports for each campus. UT-Austin researchers emphasized the potential impacts of locally-collected data for ongoing smoke- and tobacco-free campus campaigns. Dissemination of the STARS results is a very student-led process, and students plan to use the information at other campus events, as well as in media advocacy campaigns.

Lessons for Future Efforts

Putting STARS to work in your community

#1. STARS: standardized, but modifiable

The assessment tool is standardized to facilitate cross-community and cross-state comparison, yet tobacco control environments are anything but standardized, and partners' needs are often community-specific. All of the sites featured in this report modified STARS to some degree, most by adding questions that addressed specific problems like e-hookahs or growing numbers of vape shops.

Some locations have changed STARS to reflect implemented policies. In Vermont, where self-service displays for OTPs are banned, the corresponding STARS item was not applicable. Yet in most circumstances all the items are necessary to facilitate comparisons over time and across locales. While omitting items should be done with caution and not hinder future comparisons, tailoring STARS to diverse environments while retaining core items enhances STARS' capacity to address unique community needs and expose neighborhood and regional disparities through comparison.

Along the same lines, STARS is easily incorporated into other public health-related retail assessments and larger tobacco control strategies. In Oregon and Vermont, STARS was integrated with food, alcohol, and lottery assessments. Pairing STARS with other types of audits encourages inter-agency cooperation and coordination, streamlines public health strategies, and creates new partnership opportunities, such as tobacco control coalitions and the OHSU nursing students.

#2. Locals know communities best

Organizers of large-scale STARS rollouts (e.g., statewide or multi-county) should remember that local partners are the most familiar with their own communities. In rural areas, like those in Indiana or Vermont, partners may already have relationships with retailers. Local coalitions in all settings have connections and existing partners, and might already have potential assessors in mind for STARS.

While many details (e.g., random or convenience retailer sampling, technical assistance, training partners to use the STARS form and supplementary materials) are responsibilities perhaps best-suited for project organizers, on-the-ground logistics (e.g., who conducts assessments, engaging owners and clerks, taking photos) are often best left to local partners. STARS is straightforward and user-friendly so anyone can quickly learn to use the tool.

#3. Using all available sources to locate retailers

Identifying each community's tobacco retailers is key to completing thorough assessments. One of the most direct ways to locate tobacco retailers is through tobacco retail licenses.

In states and localities without licensing, Synar lists of tobacco retailers are often available to health departments and other partners. A list of liquor licenses can be a good place to start and/or double-check other sources. Also, local partners are invaluable for staying current, as they often know of new stores and name changes.

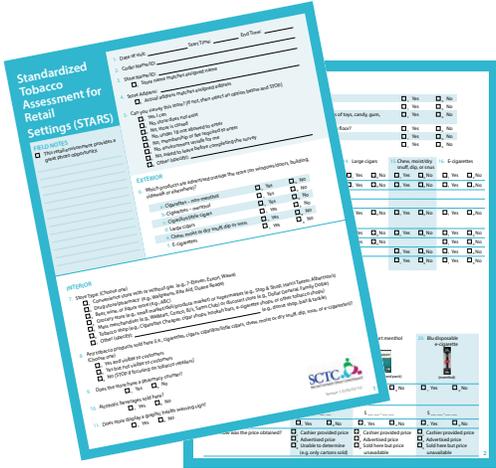
Download the STARS toolkit today

<http://www.sctcresearch.org/blog/standardized-tobacco-assessment-for-retail-setting/>

1. Detailed training presentation slides



2. STARS 2-pager & pocket guide for handy, in-store reference



3. Data entry template for easy organization and quick results

STARS Data Collection Results Template

Average Score: _____

1. Do you have tobacco products for sale? (Yes/No) Total observations: _____

2. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

3. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

4. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

5. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

6. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

7. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

8. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

9. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

10. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

11. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

12. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

13. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

14. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

15. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

16. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

17. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

18. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

19. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

20. Do you have any tobacco products for sale? (Yes/No) Total observations: _____

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Additional Resources

ASSESSMENT TOOLS

The Standardized Tobacco Assessment for Retail Settings (STARS)

This assessment tool was produced by SCTC researchers with stakeholders from five state health departments, the CDC, and the Tobacco Control Legal Consortium. It can be used to inform state- and local-tobacco-control policies at the POS. STARS is user-friendly and can be filled out by professionally trained data collectors as well as self-trained youth and adults. <http://sctcresearch.org/product/download/749>

Counter Tools

Counter Tools is a nonprofit organization with a mission to disseminate store audit and mapping tools for tobacco control and prevention. Counter Tools was established and is managed by the co-founders of CounterTobacco.Org. <http://countertools.org>

POINT-OF-SALE RESOURCES

CounterTobacco.Org

CounterTobacco.Org is a comprehensive resource for local, state, and federal organizations working to counteract tobacco product sales and marketing at the POS. The organization provides policy solutions, advocacy materials, news updates, and an image gallery exposing tobacco industry tactics at the POS. <http://countertobacco.org>

Point-of-Sale Strategies: A Tobacco Control Guide

This guide from the Center for Public Health Systems Science helps state and local tobacco control staff build effective and sustainable tobacco control programs. <http://bit.ly/SRq7Kl>

Point-of-Sale Reports to the Nation

This series from the Center for Public Health Systems Science describes point-of-sale policy activity across the nation.

2014 release: <http://bit.ly/Ue92KY>

2015 release: <http://bit.ly/1dA6YpT>

Pricing Policy: A Tobacco Control Guide

This report from the Center for Public Health Systems Science focuses on the role pricing policies can play as part of a comprehensive tobacco control program. <http://bit.ly/NwwgsB>

Tobacco Control Legal Consortium (TCLC)

The Tobacco Control Legal Consortium (TCLC) is a national legal network for tobacco control policy. Its team of legal and policy specialists provides legislative drafting and policy assistance to community leaders and public health organizations. The Consortium works to assist communities with tobacco law-related issues, including point-of-sale policies. <http://publichealthlawcenter.org>

Appendix A: LETTER TO RETAILERS

Umatilla County Public Health Department



April 29, 2014

Dear Store Owner/Manager:

Over the next two months, Umatilla County Public Health will be conducting an assessment of retail stores in Umatilla County. The purpose of this project is to learn how tobacco is sold and advertised in stores.

We will be careful not to interfere with shoppers while in the store. Data from all stores will be combined for analysis, and individual stores will not be identified. The store assessment will be conducted by Umatilla County Public Health Staff, and will take approximately 15 minutes. The assessment consists of making observations and taking notes of how tobacco is sold.

If you have any questions, or would like additional information, my contact information is below. Thank you in advance for your cooperation and participation in this project.

Sincerely,

Director
Sarah Williams, BAN, RN

**Community Health
Nurse Supervisor**
Heather Blagg, RN

Clinic Supervisor
Sharon Waldern, RN

**Environmental Health
Supervisor**
Melissa Ney, REHS

Office Supervisor
Judy A. Jenner

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Pendleton OR 97801
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Fax: 541-278-5433

HERMISTON
435 E. Newport, Ste B
Hermiston OR 97838
541-567-3113
Fax: 541-567-3112

Appendix B: SELECTED EARNED MEDIA FROM STARS DATA RELEASE IN VERMONT

TV

My Champlain Valley– Fox affiliate: “Vermont statewide audit shows tobacco companies target kids”

http://www.mychamplainvalley.com/story/d/story/vermont-statewide-audit-shows-tobacco-companies-ta/40503/zklmJQ2_cUuVy2ujZWP2AQ

WCAX – local station: “Vermont health officials track tobacco advertising aimed at kids”

<http://www.wcax.com/story/29105967/vt-health-officials-track-tobacco-advertising-aimed-at-kids>

WPTZ –NBC affiliate: “Combating tobacco marketing near schools”

<http://www.wptz.com/news/combating-tobacco-marketing-near-schools/33110498>

PRINT/ONLINE

Brattleboro Reformer

http://www.reformer.com/state/ci_28149572/new-england-brief

Burlington Free Press

<http://www.burlingtonfreepress.com/story/news/politics/2015/05/19/health-department-tobacco-audit/27612011/>

Rutland Herald

<http://www.rutlandherald.com/article/20150520/NEWS03/705209862>

Washington Times

<http://www.washingtontimes.com/news/2015/may/19/vermont-health-department-youth-tobacco-ads-too-wi/>

