

**REPORT DOCUMENTATION PAGE**

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**Related to the study:**

Kong AY, Golden SD, Myers AE, Little MA, Klesges R, Talcott W, Vandegrift S, Cassidy D, Ribisl KM. (2018). Availability, price and promotions for cigarettes and non-cigarette tobacco products: an observational comparison of US Air Force bases with nearby tobacco retailers, 2016. *Tobacco Control*. Epub ahead of print: doi:10.1136/tobaccocontrol-2018-054266

1. Did you all need approval from the DoD and/or each Air Force base to conduct this study? If so, how did you all develop that partnership and how long did it take? This was an observational study, correct? I believe that was an exempt protocol approved by a DoD IRB. We had a letter accompanying the data collector that explained the project in case they had questions.
  - o *We got prior approval from the Commander of 2AF who oversees all of Air Force Technical Training and DoD IRB approval through the Wilford Hall IRB. Our team has been conducting research with the US Air Force for the past 25 years and we have established relationships with commanders through this period. We brief commanders quarterly to let them know about our research and ask for their approval of projects we are proposing.*
  
2. Why did you all choose the Air Force branch vs. the other branches for this study? Do you think it is a comparable study to other branches?
  - a. *We have access to the five major Air Force Technical Training bases where 99% of Air Force non-prior services Trainees are trained. Since we already have staff on these bases, we were able to more easily conduct this study. So in some ways it was a convenience sample. I believe that other branches would have comparable findings although I don't know for sure. . In another study we recently conducted on 154 DoD base locations (which included more service branches--Army, Navy, Air Force, Marine Corps) in 14 US states, the density of tobacco retailers within a 500 foot base perimeter buffer was more than double (2.9 retailers per 1,000 population) the national average, or what is typically found in civilian communities (1.2 retailers per 1,000).*
  
3. Do you think the amount of tobacco availability on the bases, in the study, may have been influenced by the number of people on the base or did all of these bases have about the same population size and demographics?
  - *It does not appear so. The number of Airmen trained on each base ranges from 275 to 9,392, while the number of on base tobacco retailers ranged from 1 to 6. While we didn't run a correlation between number of Airmen and number of on base retailers visited, there doesn't appear to be a correlation. A small base with 1,590 Airmen had 6 tobacco retailers, while the largest only had 4.*
  - *And were there any other specific characteristics that were similar and different across these bases, in the study?*

- *All of these bases were Technical Training bases with large populations of young men and women undergoing varied lengths of training.*

**General:**

1. What historical policies or events have occurred to create such high rates of tobacco use amongst the military?
  - a. The U.S. military has historically supported tobacco use among military personnel. In 1918, the War Department began to include tobacco as part of each soldier's daily ration supported by the military leadership. The tobacco industry has traditionally aggressively targeted the military population. Contemporary efforts to reduce the prevalence of tobacco use in the military are hampered by tobacco industry promotional efforts, discounting of tobacco products in military exchanges and commissaries, and the impact that the deployed environment has on tobacco use.
2. Describe how Point of Sale (POS) differs on military bases vs. in civilian areas, based on your research.
  - a. *I'm not really an expert on POS research, so I don't think I'd be the best person to answer this question.*
3. Amongst military branches, is there variance regarding tobacco use (e.g., Air Force, Army, Navy)? If so, is there any correlation to Point of Sale (POS)?
  - a. *The Marines report the highest rates of tobacco use and Air Force the lowest, but there is very limited POS research with military personnel. I do not believe anyone has looked at the correlation between POS and tobacco use rates across branches. But that's a really interesting question.*
4. What can tobacco control advocates do to protect the health of those who protect us - the military?
  - And what is the best way for these advocates to reach this population?
  - Most active duty military personnel live in the communities around their base. So by enacting tobacco reform policies in your community you are helping the military and their families.
5. What restrictions or limitations (e.g., budget, time etc.) prevent the DoD from enacting certain (or more) rules and policies related to on-base retailers?
  - a. *DeCA is the Defense Commissary Agency. While it is part of the DoD, it is controlled by congress. Therefore, in order to enact more regulations related to on-base retailers, one needs to influence congress. Unfortunately, over the past thirty years, the tobacco industry has repeatedly thwarted price increases in DoD stores by arguing they are an "erosion of benefits." So I'm actually somewhat surprised that the Secretary of Defense was able to pass this recent legislation.*
6. Taking into consideration all other priorities, what is the likelihood that the DoD will fully commit to the health of their members with regard to tobacco and disallow tobacco product sales on DOD properties? Including: Eliminating "smoke" breaks? Smoke-free buildings, housing, & vehicles?

- *In 2016, the then Secretary of Defense issues the most compressive tobacco reform policy in DoD history. The policy restricted tobacco use to protect against second-hand smoke, strengthened education and tobacco cessation programs, instituted smoke-free multi-unit military housing owned by the DoD, negotiated smoke-free options with privatized housing and increased tobacco free zones around areas frequented by children. Lastly, the memo increased the price of all tobacco products at all DoD stores to be equal to local competitive prices, but also account for taxes. This was a landmark policy and showed the DoD's commitment to tobacco reform. As mentioned previously, congress controls the sale of tobacco on base.*
7. Are there any current or upcoming campaigns and/or media coverage specifically targeted towards military population health? (e.g., from Truth or any other media giants)
    - a. *I know that Truth recently put out a PSA on tobacco use and the military. But I'm not aware of any other efforts outside of the DoD.*
  8. Do T21 (tobacco 21) laws in CA, HI, OR, etc. extend to DoD properties within those states?
    - a. *No, I don't believe so. Similarly, in Europe where the minimum drinking age is lower than 21, military service members under the age of 21 are not allowed to drink. Also, many states have passed laws legalizing recreational use of marijuana, but again, it is not legal for service members to use.*