AGENDA
President and Board of Trustees
Village of Arlington Heights
Committee-of-the-Whole
Board Room
33 S. Arlington Heights Rd., Arlington Heights, IL 60005
December 10, 2018
7:30 PM

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

IIIROLL CALL OF MEMBERS

IV.NEW BUSINESS

A. Proposal to Increase the Minimum Age for the Sale and Purchase of Tobacco Products to 21

V. OTHER BUSINESS

VI.ADJOURNMENT

Persons with disabilities requiring auxiliary aids or services, such as an American Sign Language interpreter or written materials in accessible formats, should contact David Robb, Disability Services Coordinator, at 33 S. Arlington Heights Road, Arlington Heights, Illinois 60005, (847)368-5793 (Voice), (847)368-5980 (Fax) or drobb@vah.com.

Item: Proposal to Increase the Minimum Age for the Sale and Purchase of Tobacco Products to 21

Department: Health & Human Services

On April 6, 2018, Health & Human Services and Police Department staff met with representatives from Omni Youth Services to discuss their interest in the Tobacco 21 Initiative. At the conclusion of the meeting, it was recommended that this issue be sent to the Board of Health for their input.

On June 11, 2018, the Tobacco 21 Initiative was discussed at the Board of Health meeting. Representatives from Omni Youth Services Link Together Coalition, the American Heart Association, a Stevenson High School student, and the Police Department were in attendance. Included are the minutes of this meeting and the materials on Tobacco 21 that were distributed (Attachment A). At the meeting, the following motion was made by Dr. Harris and passed unanimously:

> As tobacco products, electronic cigarettes, and alternative nicotine products are a major public health concern and studies have shown that increasing the minimum age from 18 to 21 for sale and use of these products dramatically decreases the usage in the adolescent group, the Board of Health declares unanimous support of the Tobacco21 Initiative and encourages the Village Board to craft an ordinance aligned with the Tobacco21 Initiative that would coincide with the 2018 school year as proposed legislation would not take effect until January, 2019.

The Cook County Department of Public Health (CCDPH), Respiratory Health Association and the Illinois Public Health Association have also been in contact with the Health & Human Services Department in support of this initiative. Included is a list of states and communities that have raised the minimum legal sale age for tobacco products to 21 (Attachment B). The number of communities that have raised the minimum age to 21 continues to grow with the most recent in our area being the Village of Barrington on 10/8/18, the Village of Hoffman Estates on 11/5/18, and the Village of Lake Zurich on 12/3/18. Cook County will discuss a draft Tobacco21 ordinance on December 12th. The CCDPH's Healthy HotSpot Initiative provides a Tobacco21 fact sheet that discusses the importance of this initiative, the economic impact and support across Illinois (Attachment C).

In follow-up to the motion made by the Board of Health, the Village Board determined that they wanted to wait until the State issue on Tobacco21 was finalized before considering it locally.

On behalf of the Village Board, Mayor Hayes sent a letter on July 9, 2018 to Governor Rauner urging him to sign Senate Bill 2332, which would have increased the minimum age for buying tobacco to 21 in the State of Illinois (Attachment D).

On August 25, 2018, Governor Rauner vetoed Tobacco21. While he conceded that "smoking is detrimental to the health of Illinoisans of all ages" and that "it is important that we address the issues caused by tobacco use, especially since many people begin using tobacco at a young age", he expressed concern that residents would go to neighboring states to make their purchases.

The Board of Health met on September 24, 2018 (Attachment E) and discussed the outcome of Tobacco21 at the State level. In attendance were representatives from Omni Youth Services Link Together Coalition, the American Heart Association, and Chief Mourning. The Police Department supports an ordinance prohibiting the sale of tobacco and vaping products to those under the age of 21. During the meeting, Chief Mourning said the Police Department is prepared to enforce this initiative and that this would not be an additional burden to them. Chief Mourning emphasized that the Department would continue its practice of generally not citing the under-age purchaser, but instead focus enforcement on the seller. During the meeting, Dr. Laurie made a motion to approve the original motion with corrections and the following motion was approved by unanimous consent:

> As tobacco products, electronic cigarettes, and alternative nicotine products are a major public health concern and studies have shown that increasing the minimum age from 18 to 21 for the sale and use of these products dramatically decreases the usage in the adolescent group, the Board of Health declares unanimous support of the Tobacco 21 Initiative and encourages the Village Board to craft an ordinance aligned with the Tobacco 21 Initiative.

Tobacco use remains a significant cause of preventable death in our country. From a historical perspective, the Village passed the Arlington Heights Clean Indoor Air ordinance on November 6, 2006, prior to the State of Illinois Smoke Free Act, which was passed on July 23, 2007. The Village's Clean Indoor Air Act ordinance was amended on July 7, 2014 to add "Alternative Nicotine Products" to the definitions and requirements. On August 6, 2018, Chapter 12 of the Municipal Ordinance was amended to define "electronic smoking devices" and prohibit the possession, sale, or purchase to anyone under the age of 18.

Based on the research conducted by the Board of Health, Staff believes that a local Tobacco 21 ordinance warrants consideration by the Village Board. Staff has discussed the enforcement of such an ordinance, which would be consistent with the way enforcement is handled for those underage individuals purchasing tobacco products today. The only change would be that the ordinance would now

apply to those under 21 instead of 18. If the Village Board does wish to prohibit the sale and use of tobacco products by those under the age of 21, simple modifications to the appropriate Code provisions, changing the minimum age from 18 to 21 is all that would be necessary. It is anticipated that any tickets written for illegal sale would go to the Village's Administrative Adjudication process.

Recommendation:
It is recommended that the Committee-of-the-Whole recommend to the Village Board adoption of an amendment to the Municipal Code changing the age to sell and buy tobacco products to 21.

ATTACHMENTS:

Description	**Type**
Attachment A. June BOH minutes	Minutes
Attachment A-2. Link Together Coalition article by Brottman, MD	Exhibits
Attachment A-3. T21 Data and Supporters List	Exhibits
Attachment B. Communities & States that Raised the Age Limit	Exhibits
Attachment C. CCDPH Healthy HotSpot T21	Exhibits
Attachment D. Letter to Gov. Rauner re SB2332	Exhibits
Attachment E. September BOH minutes	Minutes

Village of Arlington Heights
Board of Health
Minutes from June 11, 2018

I. Call to Order

Chair Laurie called the meeting to order at 6:35pm.

II. Roll Call

Present:
Chair Timothy Laurie, MD
Thomas Harris, DDS
Karen VanLandeghem
Jerome Meservey, MD
Sean Barnett, MD

Also Present:
James McCalister, Health & Human Services Director
Mary Sterrenberg, RN
Cynthia Gines, RN
Nicole Espinoza, Social Services Coordinator

Officer Rick Veenstra, Arlington Heights Police Department
Sgt. Doug Hajek, Arlington Heights Police Department
Bohler Wu, Stevenson High School
Jamie Epstein, Stand Strong Coalition
Carolyn Cerf, American Heart Association
Kris Zerfass, Link Together Coalition
Jorie Ouimet, Link Together Coalition

III. Approval of Minutes

A MOTION WAS MADE BY DR. MESERVEY TO APPROVE THE MINUTES AS CORRECTED FROM THE MARCH 7, 2018 MEETING, SECONDED BY DR. HARRIS AND APPROVED BY UNANIMOUS CONSENT.

IV. Reports

V. Old Business

VI. New Business

A. Tobacco21

Mr. McCalister explained that Tobacco21 passed the Senate and House and is now awaiting Governor Rauner's approval.

Jorie Oimet, Prevention Specialist Project Lead for Link Together Coalition, introduced herself and explained that they do drug and alcohol prevention in Wheeling Township.

Jamie Epstein, Executive Director of Stand Strong Coalition, introduced herself and explained that she is with Bohler Wu who recently graduated from Stevenson High School who has been working on Tobacco21 for the past year.

Carolyn Cerf, Government Relations Director for the American Heart Association introduced herself and provided literature. She has worked in Springfield to advocate for Tobacco21 to be passed statewide. She shared even if Governor Rauner signs the Bill, the effective date will not be until January 1, 2019. She is advocating to have the bill passed locally sooner to coincide with the start of the school year.

Kris Zerfass, Prevention Specialist for Link Together Coalition who works closely with Jorie introduced herself and said she works with middle and high schools in Wheeling Township.

Sgt. Doug Hajek, Community Services Bureau stated they had a meeting with the Linked Together Coalition and the Chief of Police who support Tobacco21. Officer Rick Veenstra is the school resource officer for 18 schools in Arlington Heights. He said they have had issues with vaping and tobacco use in middle schools.

Ms. Oimet explained some of the handouts. She also shared a letter from District 25 Superintendent Dr. Bein supporting the efforts of Tobacco21 and a letter from District 23 Superintendent Dr. Angelaccio as well. She provided the Illinois Youth Survey of 7,000 high school students, which showed an increase in the number of students who began using e-cigarettes from 2016-2018.

Ms. VanLandeghem asked for an overview of Tobacco21, including penalties. Ms. Cerf said the law will prohibit sales of all tobacco and vaping products with or without nicotine unless the purchaser is over the age of 21. Of the 26 communities that have passed Tobacco21, the vast majority of them, keep whatever penalties that are currently in place for selling to those under 21 years of old. Some communities have done away with penalties, as it is very difficult to enforce. She additionally shared the efficacy of Tobacco21. Evanston and Chicago, the first two cities in Illinois to pass Tobacco21, saw their teen smoking rate plummet by 35%, which includes all tobacco products.

Mr. McCalister asked what the arguments were on why the Governor would not want to approve it. Ms. Cerf responded, "Cost" – it has been highly opposed by the retail industry.

Dr. Meservey stated that research from pediatric literature has shown decreased smoking in youth when the law is present.

Dr. Laurie commented that the key issue is to incentivize retailers not to sell to minors. Since the penalty fees do not match the potential profits they can gain, they

may continue to sell. He points out in order to uphold Tobacco21, the Village of Arlington Heights would need to be able to monitor retailers to make sure they are following the law. Additionally, the penalty for selling to minors would need to be enough to disincentive them. He asked if we have the resources from a city level to monitor our retail shops, screen them, or send undercover operations. Officer Hayek responded that the Police Department does do that with compliance checks.

Dr. Laurie said as a Board they would support the evidence, but the compliance issue is a valued point. Ms. VanLandeghem asked if the Board would recommend that Arlington Heights adopt Tobacco21 regardless of what the State decides. She thought this would be a powerful message and would be consistent with the Board's stance on tobacco and adding vaping. James McCalister said he spoke to the Village Manager who said that his opinion is that Village Board would want to wait to see if the governor signs this bill because it would be more effective statewide.

Officer Hajek stated if Arlington Heights passes the ordinance, the Village of Arlington Heights could create its own specifications relative to possession or compliance issues. If Arlington Heights waits for State approved law, they could not "tailor" the law. The Board discussed compliance and possession. Officer Veenstra said that possession issues do not affect his job because there is already an ordinance to address possession under 18. Police can ticket minors in school with penalties of community service or $75-$125.

Ms. VanLandeghem thinks it is more important to focus on the retailers. She points out there are many coalitions that have carefully thought about Tobacco21. She feels the Board needs more time to consider a recommendation relative to changing the penalties for minors.

Jaimie Epstein advocated for the Board to make a recommendation regardless of the outcome in Springfield. She requests the Village Board change the age for electronic smoking devises to 21 and keep remaining penalties for possession. Thus, Arlington Heights would be prepared when/if the State moves forward. Additionally, she requested the Board recommend this prior to the governor's decision.

Dr Laurie asked what steps need to be taken for the Village Board to craft an ordinance. Mr. McCalister explained the time it takes to create an ordinance and the process for approval.

Dr. Meservey moved to support Tobacco21 legislation and encourage the Village Board to pursue a local ordinance in Arlington Heights. Dr. Barnett recommended including language to urge the Arlington Heights Village Board to act in time for the school year.

A MOTION WAS MADE BY DR. HARRIS … AS TOBACCO PRODUCTS, ELECTRONIC CIGARETTES, AND ALTERNATIVE NICOTINE PRODUCTS ARE A MAJOR PUBLIC HEALTH CONCERN, AND STUDIES HAVE SHOWN THAT INCREASING THE MINIMUM AGE FROM 18 TO 21 FOR SALE AND USE OF THESE PRODUCTS

DRAMATICALLY DECREASES THE USAGE IN THE ADOLESCENT GROUP, THE BOARD OF HEALTH DECLARES IT'S UNANIMOUS SUPPORT OF THE TOBACCO21 INITIATIVE AND ENCOURAGES THE VILLAGE BOARD TO CRAFT AN ORDINANCE ALIGNED WITH THE TOBACCO21 INITIATIVE THAT WOULD COINCIDE WITH THE 2018 SCHOOL YEAR AS PROPOSED LEGISLATION WOULD NOT TAKE EFFECT UNTIL JANUARY, 2019. THIS WAS SECONDED BY DR. MESERVEY AND APPROVED BY UNANIMOUS CONSENT.

B. Community Health Nurse Update

Mr. McCalister introduced Cynthia Gines, RN the new Community Health Nurse in Health & Human Services. Cynthia comes with a broad background including surgical and medical ICU and more recently a family clinic serving the needs of all ages and diagnoses. Cynthia is bilingual in English and Spanish.

C. Gun Control

Mr. McCalister shared the draft letter prepared by Dr. Laurie on gun control. Ms. VanLandeghem asked what role the Board of Health would play in this issue. She added the letter should also include research on the topic. Additionally, she stated support for sending the letter, while encouraging continued discussion on ways the Board could act at a local level.

Mr. McCalister stated he received information from the Illinois Public Health Association (IPHA) stating they are embarking on creating a strategic plan on gun violence and deaths due to firearms. The plan will focus on evidence-based approaches that address the root cause. Public health leaders will be encouraged to collaborate in an effective, non-partisan manner. This process will include bringing aboard a graduate level intern to review existing data, examine trends, and compare literature on the topic. He said the IPHA would share this information and likely provide a report regarding their findings.

Ms. VanLandeghem stated that the letter affirms what the Village is presently doing. She recommended the letter also encourage research and provide specific recommendations for gun control in Arlington Heights.

Dr. Laurie stated reviewing the research could inform local recommended action (i.e. educational programs, improved access to behavioral health, trainings, etc...).

Ms. VanLandeghem suggested the letter outline the Board of Health's priorities while indicating the Board of Health will continue its discussion on local recommendations for the Village Board.

Dr. Laurie felt confident the Board could make a local impact and demonstrate it is committed to this initiative. He concurred the topic should be ongoing.

Ms. Sterrenberg added there is a movement to train the community on preparedness for gun violence through the "stop the bleed" initiative. She attended an IMERT training on "stop the bleed" and felt it was a valuable training.

James McCalister shared that he will meet Dr. Culp of the IPHA on July 16th at VAH. He said he could share the Board's interest in gun control and suggested a representative from the Board of Health attend that meeting. Dr. Meservey agreed to attend the meeting with Dr. Culp.

Ms. VanLandeghem supported inviting the AH Police to a Board of Health meeting after September to learn what is being done to prevent gun violence in schools. Mr. McCalister said he could ask Chief Mourning if Officer Veenstra could attend the next meeting. The Board supported having Officer Veenstra attend the next meeting.

Dr. Laurie requested a motion to approve the letter with the recommended addendums. VanLandeghem moved to approve the letter with the recommended changes, adding gun control is a priority for the Board of Health and that it will continue to be discussed at upcoming meetings. She also moved to add staff and the recommendation to invite a representative from Police Department to the next meeting.

DR. LAURIE MADE A MOTION TO APPROVE THE LETTER WITH THESE RECOMMENDED CHANGES, SECONDED BY DR. MESERVEY AND APPROVED BY UNANIMOUS CONSENT.

VII. Other Business

James McCalister shared that Nicole Espinoza just returned from Madison, Wisconsin and was certified in Mental Health First Aid, which supports the Police Department's pledge to the One Mind campaign. The One Mind pledge expresses the Department's commitment to expand services to residents who are struggling with mental health issues. Just as one does CPR for a physical health crisis, this training outlines what to do in a crisis related to mental health. Two VAH officers will also be trained in August. The intent is to have the course taught by both an officer and a mental health practitioner. All officers will be trained in Mental Health First Aid, with the intent to offer the training to other Village staff in the future.

Mr. McCalister shared that the Health & Human Services Department now has two staff members fluent in Spanish. Nicole Espinoza and Cynthia Gines visited the Backstretch at Arlington Park. Ms. Espinoza said she met with the RICF Social Worker, Cesar Madrigal and they are exploring ways to partner and reduce gaps in services through the Counseling Subsidy Program. Individuals and families live at the AH Backstretch April through October and then typically move to Hawthorne, which is in Cicero. Ms. Espinoza formerly worked at the Cicero Health Department and shared ways to connect this population with services in Cicero as well.

Ms. Sterrenberg said that in the meeting with the racetrack, they mentioned a need for a pediatrician. Ms. Espinoza indicated present needs include a pediatrician, podiatrist, mammograms, therapist for children/adolescents, and domestic violence services. Ms. Espinoza indicates there are 200-300 children that live at the backstretch. Ms. VanLandeghem asked where the children go to school. Ms. Espinoza states they are bussed to Cicero. The children start and end the school year in Arlington Heights, but a decision was made that they attend Cicero schools. Dr. Meservey asked where they get their medical care. Ms. Espinoza indicates they have a clinic, along with a Nurse, Case Manager, and Social Worker. The clinic is in the backstretch in the RICF building. A Health Fair is scheduled for Monday, June 18th.

Ms. VanLandeghem asked for a quick update on the opioid crisis. Mr. McCalister responded that the CARE Program partners met in May. Positive progress was made and the program is moving forward. They are planning to roll out a soft opening sometime in July. Ms. VanLandeghem asked if there have been any discussions of creating a permanent opioid return bin. Mr. McCalister said he talked to the Police Chief and the new Police Station will have a drop box in the lobby. Mr. McCalister stated that Ms. Sterrenberg and Ms. Espinoza have done a great job on the task force. The task force includes the Police department, Fire department, Omni, Live4Loli, and Northwest Community Hospital-Linden Oaks.

VIII. Adjournment

WITH NO FURTHER BUSINESS TO DISCUSS, A MOTION WAS MADE BY MS. VANLANDEGHEM TO ADJOURN THE MEETING AT 8:30PM, SECONDED BY MESERVEY AND APPROVED BY UNANIMOUS CONSENT.

The next regular meeting is Monday, September 24, 2018 at 6:30pm in the Commissions Room.

Tobacco 21 – Is there evidence-based research to support this legislation?

By David Brottman MD, member of Link Together Coalition.

In March of 2015 , The Institute of Medicine released a statement advocating for raising the age to purchase tobacco products to 21 years of age. (Addendum 1) In 2009, the Family Smoking Prevention and Tobacco Control Act granted the U.S. Food and Drug Administration (FDA) broad authorities over tobacco products, though it prohibited FDA from establishing a nationwide minimum age of legal access—an MLA for tobacco products—above 18 years of age. It also directed FDA to convene a panel of experts to conduct a study on the public health implications of raising the minimum age to purchase tobacco. At FDA's request, the Institute of Medicine (IOM) convened a committee in 2013 for this purpose.

The committee assessed that there was a need for Tobacco 21 because it would lower initiation rates and reducing prevalence of tobacco use would reduce disease

They reached the following conclusions:

> **"The IOM committee makes conclusions about likely public health outcomes of raising the MLA for tobacco products. Overall, in the absence of transformative changes in the tobacco market, social norms and attitudes, or in the knowledge of patterns and causes of tobacco use, the committee is reasonably confident that raising the MLA will reduce tobacco use initiation, particularly among adolescents 15 to 17 years of age; improve the health of Americans across the lifespan; and save lives." (Addendum 1)**

As a pediatrician in the community for the last 28 years, this hypothesis makes sense. Removing access of these products to teenagers, by preventing their older peers from acquiring these products on their behalf. Similarly, with the dramatic increase of vaping amongst our teenagers, anything that blocks access to these products makes sense as well.

Tobacco 21 is gaining popularity locally and on a national basis. Recently Buffalo Grove, IL enacted such legislation as well as the city of Chicago, Aurora, Berwyn, Bolingbrook, Deerfield, Elk Grove, Evanston, Gurnee, Highland Park, Lake County, Lincolnshire, Maywood, Mundelein, Naperville, Oak Park, Vernon Hills and Wilmette. As of March 30, 2018, five states – California, New Jersey, Oregon, Hawaii and Maine – have raised the tobacco age to 21, along with at least 300 localities, including New York City, San Antonio, Boston, Cleveland and both Kansas Cities. (Addendum 2)

Is there evidence-based research to support this common sense social approach to reducing teen exposure to tobacco products? Regretfully there is a paucity of research studies evaluating this question. Multiple literature searches and contact with national anti-tobacco use organizations and the CDC revealed only two studies that evaluated the benefits of Tobacco 21 laws. These studies are flawed and present mixed results.

I have included the abstracts for these two papers and one associated commentary below. I have attached the full articles for your reading pleasure as well.

Community reductions in youth smoking after raising the minimum tobacco sales age to 21 (Addendum #3)

Kessel Schneider S, et al. Tob Control 2016;25:355–359. doi:10.1136/tobaccocontrol-2014-052207

ABSTRACT

Objective Raising the tobacco sales age to 21 has gained support as a promising strategy to reduce youth cigarette access, but there is little direct evidence of its impact on adolescent smoking. Using regional youth survey data, we compared youth smoking trends in Needham, Massachusetts—which raised the minimum purchase age in 2005—with those of 16 surrounding communities.

Methods The MetroWest Adolescent Health Survey is a biennial census survey of high school youth in communities west of Boston; over 16 000 students participated at each of four-time points from 2006 to 2012. Using these pooled cross-section data, we used generalized estimating equation models to compare trends in current cigarette smoking and cigarette purchases in Needham relative to 16 comparison communities without similar ordinances. To determine whether trends were specific to tobacco, we also examined trends in youth alcohol use over the same time period.

Results From 2006 to 2010, the decrease in 30-day smoking in Needham (from 13% to 7%) was significantly greater than in the comparison communities (from 15% to 12%; p<.001). This larger decline was consistent for both genders, Caucasian and non-Caucasian youth, and grades 10, 11 and 12. Cigarette purchases among current smokers also declined significantly more in Needham than in the comparison communities during this time. In contrast, there were no comparable differences for current alcohol use.

Conclusions Our results suggest that raising the minimum sales age to 21 for tobacco contributes to a greater decline in youth smoking relative to communities that did not pass this ordinance. These findings support local community-level action to raise the tobacco sales age to 21.

Impact of New York City's 2014 Increased Minimum Legal Purchase Age on Youth Tobacco Use (Addendum #4)

May 2018, Vol 108, No. 5 AJPH

ABSTRACT
Objectives. To assess the impact of New York City's (NYC's) 2014 increase of the minimum legal purchase age (MLPA) for tobacco and e-cigarettes from 18 to 21 years.
Methods. We performed a difference-in-differences analysis comparing NYC to the rest of New York State by using repeated cross-sections of the New York Youth Tobacco Survey (2008–2016) and to 4 Florida cities by using the Youth Risk Behavior Surveys (2007–2015).
Results. Adolescent tobacco use declined slightly in NYC after the policy change. However, this rate of change was even larger in control locations. In NYC, e-cigarette use increased and reported purchases of loose cigarettes remained unchanged, suggesting uneven policy implementation, enforcement, or compliance.
Conclusions. Increasing the MLPA to 21 years in NYC did not accelerate reductions in youth tobacco use any more rapidly than declines observed in comparison sites.
Public Health Implications. Other cities and states currently raising their MLPA for tobacco may need to pay close attention to policy enforcement and conduct enhanced monitoring of retailer compliance to achieve the full benefits of the policy. (Am J Public Health. 2018;108: 669–675. doi:10.2105/AJPH.2018.304340)

With the above article and same issue of AJPH an associated commentary existed in which 7 recommendations were made:

Maximizing the Impact of Tobacco 21 Laws Across the United States Jonathan P. Winickoff, MD, MPH (Addendum #5)

RECOMMENDATIONS
On the basis of the study of Macinko et al. and the existing Tobacco 21 literature, I offer seven recommendations to help maximize Tobacco 21 as an effective tobacco-control strategy:

1. Increase random compliance check inspections by having those aged 18 to 20 years attempt to buy tobacco products multiple times per year at each location where tobacco is sold.
2. Use epidemiological mapping to track where illegal sales are occurring and where fines are being imposed to identify high-priority locations to crack down on youth access to tobacco, especially in areas where tobacco retail density is high.
3. Levy maximum penalties for each infraction to help deter illegal sales and to defray the cost of enforcement activities.
4. Publicize fines and license suspensions so that all tobacco retailers understand the severe consequences of noncompliance with Tobacco 21 laws.
5. Revoke and then retire the license to sell tobacco when multiple infractions occur within a defined period.
6. Pursue maximum criminal penalties for illicit tobacco suppliers and for selling illegal loose single tobacco products.
7. Continue studying Tobacco 21 laws in real-world settings to optimize effectiveness for different geographic and regulatory contexts.

Conclusion:
Tobacco 21 seems like a common sense social approach to reducing the access of teenagers to tobacco products. The Institute of Medicine has recommended this approach. They stated that they are reasonably confident that raising the minimum age of legal access will reduce tobacco use initiation, particularly among adolescents 15 to 17 years of age; improve the health of Americans across the lifespan; and save lives."

It is obvious that more evidence-based studies and that associated enforcement policies of this law are going to be needed.

As a pediatrician and a parent, I would urge Arlington Heights to pass an ordinance restricting the sale of tobacco products to people who are 21 years of age or older.

Respectfully,
David Brottman MD

THE TIME IS NOW:
TOBACCO 21

In a statewide phone survey conducted in January 2018, 2/3 of Illinoisans support raising the age of sale for tobacco to 21.

Smoking kills more than 18,000 Illinois adults each year.

T21 predicts a 25% drop in teen tobacco use. T21 applies to 18-20 year olds, but impacts all youths.

T21 helps prevent the next generation of adult smokers, cutting adult smoking rates by 12%

In October of 2014, Evanston became the first community to adopt Tobacco 21 in Illinois. Since the ordinance was passed, high schoolers use of all tobacco products (cigarettes, e-cigarettes and hookah) decreased 37.5 % from 2015-2017.

Everyone pays for tobacco! Smoking related illness costs $5.49 billion in Illinois annually and costs Illinois Medicaid $1.9 billion every year.

Smoking costs every Illinois household $922 per year in state and federal tax burdens.

Youth e-cigarette use is on the rise, contributing to the first rise in teen tobacco use rates in years. E-cigarettes contain many harmful chemicals including nicotine, which can inhibit brain development in adolescents. The American Academy of Pediatrics stated that e-cigarettes are a one-way street to traditional smoking and nicotine addiction for youth.

The adolescent brain is particularly sensitive to the effects of nicotine. Studies indicate that smoking during adolescence increases the risk of developing psychiatric disorders and cognitive impairment in later life.

The military stands with us! All Department of Defense (DOD) installations will be tobacco-free by 2020. The Major Generals of Mission:Readiness support T21 as essential to readiness due to the negative impact on recruits. They see tobacco use among teens and young adults as a serious national security risk.

3,345,338 Illinoisans live in communities that have locally adopted Tobacco 21.

Tobacco 21 Supporters

AMERICAN LUNG ASSOCIATION. IN ILLINOIS

Cancer Action Network SM American Cancer Society

American Heart Association. life is why

RESPIRATORY HEALTH ASSOCIATION

ILLINOIS PUBLIC HEALTH ASSOCIATION IPHA

MISSION: READINESS COUNCIL FOR A STRONG AMERICA

Chicago Urban League
Opportunity. Community. Impact.

Chicago Hispanic Health Coalition

ILLINOIS ACADEMY OF FAMILY PHYSICIANS
Devoted to Advocacy, Education & Action

ILLINOIS NAHN National Association of Hispanic Nurses

IAPHA
Strengthening OUR Local Health Departments
Illinois Association of Public Health Administrators

march of dimes

Northern Illinois
Public Health Consortium, Inc.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Illinois Chapter

Illinois PIRG
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adha Illinois Dental Hygienists' Association

National Kidney Foundation® of Illinois

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IHA
Illinois Health and Hospital Association

Illinois State Medical Society

CCC COMMUNITY CANCER CENTER

DuPage Medical Group
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Kellogg Cancer Center

RUSH

OSF HEALTHCARE

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Swedish Covenant Hospital

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nch Northwest Community Healthcare

VISTA HEALTH SYSTEM

AT THE FOREFRONT
UChicago Medicine
Comprehensive Cancer Center

UIC
UNIVERSITY OF ILLINOIS CANCER CENTER
Bench to Community

For more information, please contact Kathy Drea at kathy.drea@lung.org/ 217.971.7274; Shana Crews at shana.crews@cancer.org/ 309.645.6909, Matt Maloney at mmaloney@lungchicago.org/773.818.0088; Julie Mirostaw at julie.mirostaw@heart.org/ 773.885.3650

Local units of government that have passed T21, as well as the states that have a policy.

	Municipality	County	Date Adopted	Population	
1	Evanston	Cook	10/27/2014	74,895	
2	Chicago	Cook	3/16/2016	2,704,958	
3	Oak Park	Cook	8/1/2016	51,774	
4	Highland Park	Lake	10/12/2016	29,642	
5	Naperville	DuPage/Will	12/6/2016	147,122	
6	Deerfield	Lake	12/12/2016	19,000	
7	Maywood	Cook	5/3/2017	23,756	
8	Lincolnshire	Lake	6/13/2017	7,262	
9	Vernon Hills	Lake	8/1/2017	26,328	
10	Berwyn	Cook	8/19/2017	55,748	
11	Buffalo Grove	Lake	8/21/2017	41,346	
12	Unincorp Lake County	Lake	9/12/2017	85,520	
13	Elk Grove Village	Cook/DuPage	11/14/2017	32,931	
14	Mundelein	Lake	11/27/2017	31,475	
15	Riverwoods	Lake	2/20/2018	3,638	
16	Wilmette	Cook	3/13/2018	27,219	
17	Bolingbrook	Will	3/16/2018	74,518	
18	Gurnee	Lake	3/20/2018	30,957	
19	Hopkins Park	Kankakee	3/22/2018	596	
20	Aurora	Kane	3/27/2018	201,110	
21	Washington	Tazewell	4/2/2018	16,851	
22	Glen Ellyn	DuPage	4/23/2018	28,042	
23	Peoria	Peoria	4/24/2018	114,265	
24	Skokie	Cook	5/8/2018	64,270	
25	Wheaton	DuPage	5/21/2018	53,389	
26	West Chicago	DuPage	6/4/2018	27,273	
27	Elgin	Kane/Cook	7/25/2018	108,188	
28	Barrington	Cook/Lake	10/8/2018	10,327	
29	Hoffman Estates	Cook/Kane	11/5/2018	51,895	
30	Downers Grove	DuPage	11/13/2018	49,473	
31	Normal	McLean	11/19/2018	52,497	
32	Lake Zurich	Lake	12/3/2018	19,443	
				4,265,708	
	STATES				
	Hawaii				
	California				
	Oregon				
	New Jersey				
	Maine				
	Massachusettes				

Healthy HotSpot

Connect to places for healthy living.

Tobacco 21

The initiative to raise the tobacco sales age from 18 to 21

Current tobacco use trends are driving new prevention strategies

- In Illinois, 5,700 teens become new daily smokers each year.[1] In suburban Cook County, 29 percent of high school seniors use tobacco products.[2]
- While great strides have been made in tobacco prevention, declines in tobacco use rates have slowed and products like cigarillos, hookah, and e-cigarettes are now used at double the rate of cigarettes.[2]
- Reducing teens' access to tobacco products is a proven means to reduce current use and prevent initiation.

The age of 21 is important for prevention

- 95 percent of smokers start before the age of 21.[3]
- The majority of underage tobacco users get their tobacco from a peer; however, 90 percent of those suppliers are themselves often under the age of 21.[4]
- Drawing the line at 21 gets legal tobacco purchasers out of high schoolers' social circles.

Tobacco 21 saves lives and improves health

- The Institute of Medicine projects that Tobacco 21 could reduce overall smoking by 12 percent by the time today's teenagers become adults; the biggest declines in tobacco use would be seen among 15-17 year olds (25%) and 18-20 year olds (15%).[5]
- Tobacco 21 would immediately improve community health by reducing inflammation, improving immune function, and reducing premature births and SIDS.

The economic impact of Tobacco 21

- Economists project that nationally, Tobacco 21 could save $212 billion in medical costs.[6]
- Each year, tobacco use costs Illinois $5.49 billion in health care costs and $5.27 billion in lost productivity.[1]
- The impact of Tobacco 21 on retail sales would be minimal since the 18-21 year old age group only accounts for 2 percent of overall tobacco sales.[7]

Tobacco 21 enjoys broad support across Illinois and the U.S., even from smokers!

- A 2017 FAKO survey found that 7 out of 10 adults in suburban Cook County support Tobacco 21, including 70 percent of current smokers.[8] A recent study also found that 68 percent of 18-24 year olds would support Tobacco 21.[9]
- More than 300 cities across 19 states, plus five states, have enacted Tobacco 21.[10]
- In Illinois, Tobacco 21 has already been adopted by more than 20 communities, including, Evanston, Chicago, Oak Park, Elk Grove Village, Highland Park, Naperville, Deerfield, Maywood, Bolingbrook, Aurora, Glen Ellyn, and Peoria and is being considered by dozens more communities.

RESPIRATORY HEALTH ASSOCIATION®

Cook County Dept. of Public Health
Promoting health. Preventing disease. Protecting you.

Healthy HotSpot is an initiative led by the Cook County Department of Public Health that aims to build healthy places in suburban Cook County through community partnerships. For more information, visit **healthyhotspot.org**.

Made possible with funding from the Illinois Department of Public Health.

TOBACCO 21

raises the age to purchase tobacco products

including e-cigarettes, hookah, etc. FROM 18 TO 21

PROJECTED HEALTH OUTCOMES

25% **decline** in 15- to 17-year-olds starting to smoke

12% overall **drop** in smoking prevalence

10% **reduction** in smoking-related deaths

12% **decline** in premature births

16% **drop** in SIDS cases

BUT IF YOUTH SMOKING RATES PERSIST...

1 in 13 Americans age 17 or younger will die early from a smoking-related illness

230,000 Illinois teens alive today will die prematurely from smoking

ECONOMIC IMPACT

Economists project that nationally, Tobacco 21 could save **$212 BILLION** in medical costs.

Each year, tobacco use costs Illinois

$5.49 BILLION in healthcare costs

$5.27 BILLION in lost productivity

(That's **$982** per household per year.)

TEENAGE YEARS

ARE A **CRITICAL TIME** FOR TOBACCO PREVENTION

95% of smokers start **before age 21**

"Today's teenager is tomorrow's potential regular customer, and the overwhelming majority of smokers first begin to smoke **while still in their teens**..."

Philip Morris executive (1981)

29% of suburban Cook County **high school seniors** use tobacco products

AGE 16 AGE 18 **T21** AGE 21 gets legal tobacco purchasers out of **teen social circles**

90% of suppliers to teenage tobacco users are **also under 21**

TO SUM UP

TOBACCO 21 is being adopted by **hundreds of communities** and will ultimately **save millions** in healthcare costs, save lives, and immediately improve community health.

RESPIRATORY HEALTH ASSOCIATION

Citations

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[9] Morain, S.R., Winickoff, J.P., Mello, M.M. (2016). Have Tobacco 21 Laws Come of Age? *N Engl J Med*, 374: 1601-1604.
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Village of Arlington Heights

33 S. Arlington Heights Road
Arlington Heights, IL 60005-1499
(847-368-5000)
Website: www.vah.com

Thomas W. Hayes
Mayor

July 9, 2018

Governor Bruce Rauner
Office of the Governor
207 State House Building
Springfield, IL 62706

Dear Governor Rauner:

On behalf of the Village Board of Arlington Heights, I am writing to urge you to sign Senate Bill 2332 which would increase the minimum age for buying tobacco to 21 in the State of Illinois. I have received feedback from numerous residents as well as the Arlington Heights Board of Health in support of this bill. A number of communities in our area have already passed local bills increasing the tobacco purchasing age to 21. However, I believe a patchwork of local laws will not be nearly as effective as statewide legislation on this matter.

Studies conducted by the U.S. Center for Disease Control and Prevention (CDC) indicate that 90 percent of smokers tried their first cigarette by age 18. Raising the tobacco purchasing age will help eliminate opportunities for our young people to start bad habits that may lead to poor health and premature death later in life.

I urge you to sign Senate Bill 2332 as soon as is practical.

Best Regards,

Thomas W. Hayes
Mayor

Village of Arlington Heights
Board of Health
Minutes from September 24, 2018

I. Call to Order

Chair Laurie called the meeting to order at 6:30pm.

II. Roll Call

Present:
Chair Timothy Laurie, MD
Thomas Harris, DDS
Karen VanLandeghem
Jerome Meservey, MD
Sean Barnett, MD

Also Present:
James McCalister, Health & Human Services Director
Mary Sterrenberg, RN
Chief Gerald Mourning, Arlington Heights Police Department
Julie Mirostaw, American Heart Association
Kris Zerfass, Link Together Coalition
Jorie Ouimet, Link Together Coalition
Hanna Caselton, Link Together Coalition

III. Approval of Minutes

A MOTION WAS MADE BY DR. BARNETT TO APPROVE THE MINUTES FROM THE JUNE 11, 2018 MEETING, SECONDED BY DR. HARRIS AND APPROVED BY UNANIMOUS CONSENT.

IV. Reports

V. Old Business

A. Tobacco21

Mr. McCalister said that Governor Rauner vetoed Senate Bill 2332, Tobacco21 on August 25, 2018. Mr. McCalister said there was a motion presented at the last meeting and if the Board of Health wanted to go forward, the motion would need to be amended.

Dr. Laurie asked that information be shared regarding the veto and where we stand today. He asked Mr. McCalister if there was a sense from your prospective why the governor vetoed this. He said he knows what he read in the paper and did his own research, but he asked for Ms. Mirostaw's thoughts on this issue.

Ms. Mirostaw said she was happy to share what she knows. She asked if everyone reviewed the veto statement issued by the Governor, which mentions two particular things – one would limit choice causing people to cross the border and the second issue he did not think that the language as written would be effective because it removed the penalties for possession. She thought that is partially true. The hardest decisional element for any major health advocacy partners is not to support penalizing youth for possession of tobacco products for different reasons. She also thinks after speaking with Governor Rauner's staff, that in his political realm, there was a lack of wanting to regulate this bill via the government. At the end of the day, it was the anti-regulation portion that probably caused the veto despite what the veto message said which might have played a small part in it.

Dr. Meservey asked for an explanation on savings. Ms. Mirostaw said the staff person she spoke to said there was support from the Illinois Department of Public Health and never really got an indication one way or another from the Governor's office. The staff person and some of her partners she had been speaking with looked favorably upon the legislation because of the long-term cost savings for the state. The billions of dollars incurred in health care costs and Medicaid costs from tobacco related illnesses.

Dr. Laurie had an opportunity to talk to the Mayor about Tobacco21 regarding the veto and he tried to get a perspective from his point of view and the Village of Arlington Heights. It was a great conversation, a meaningful conversation. He said that we have an opportunity to make a difference, but moving forward we must be very specific in how we want to present and craft this. The Mayor said he is just one member of the Village Board and cannot tell him what the others think, but he referenced to similar situations and how the Village Board voted in those particular situations when it comes to State related issues and laws for prohibition. If the Board of Health moves forward with the proposition, there needs to be sufficient data. I am sure a lot of that has already been presented to us. Dr. Laurie said that they need to decide if this is the direction they want to go. There are two options: Move forward with Tobacco21 and everything it stands for and present the case with support from Police, and local school districts. If they come together, the unified vision can present with unequivocal data of the benefits of this. The other option instead of going straight for prohibition in the law is to then mention some sort of educational campaign – trying to reach out to the financial district and gain support for Tobacco21 even though there is no Bill in place, but voluntarily support Tobacco21. We do not want to sell to anyone under 21 years old. He felt that would be option 2 if they cannot move forward with the proposal for a change in law.

Dr. Meservey thought they looked at all sides and that they came forward with a meaningful proposal. Dr. Laurie said that what is different now is that the Governor had said was that he was worried that it would push business outside our borders and a good deal of push back from the vendors lobbying saying it would not be good for them.

Ms. Ouimet wanted to point out that while the State failed to pass it this time, it started out as a local initiative in Evanston in 2014, and then has passed in 26-27 places around the State. She understands the border issue, but now we are creating a patchwork border issue within our own state. She said no one more than her would love to see this pass statewide, but it started out in a municipality. Dr. Laurie said that he wants to

be able to show that the businesses in Evanston, for example, did not lose any capital after this was passed – that is what he is looking for.

Dr. Meservey thought the capital gain of businesses was only 2% of their total business. Ms. Mirostaw said nationwide tobacco sales to 18-20 year olds make up about 2% total tobacco sales. She requested data from Chicago and Evanston who have had this in place long enough to get us that data… the response from Evanston was that everyone is still in business. She said the Chicago Department of Public Health has some information, but she will have to request again. They were dealing with an increase in their e-cigarette tax as they are trying further to decrease the usage there. She said that since the ordinance was passed in Evanston, high schoolers use of tobacco products decreased by 37.5% from 2015-2017. She said the Skokie Chamber of Commerce surveyed their numbers and came out and spoke in support of the ordinance. She will reach out to them also. Dr. Laurie agreed.

Ms. VanLandeghem said she was not on the Board of Health at the time, but when this Board passed the no smoking ordinance was not that ahead of the State legislation. Mr. McCalister responded, yes. She said she thinks precedence for the Village of Arlington Heights doing things that are for the health of the community ahead of the State is an important talking point for the meeting. This is very much in keeping with what the leadership of the Village of Arlington Heights has done in the past. This would not be the first time the Board of Health has made a recommendation to the Village Board on a smoking matter that had not been approved at the State level. Similarly, there are other states that go ahead of the Federal government on various issues.

Dr. Meservey said, "we are the Board of Health, not the Board of businesses so he really didn't care what it did to the businesses as their concern is the health of the children in Arlington Heights." He also said that is all they can do on the Board of Health, not figure out what will happen to businesses, that is someone else's job. Dr. Laurie said that the Board of Health are the experts when it comes to health policy and that is what we need to present. We can partner with the business leaders that are in favor of this to join us and present our proposal.

Dr. Laurie said that they would need to craft a meaningful ordinance, mirroring some of the things that have already been done. Mr. McCalister said that typically our Legal Department would create a draft ordinance if the Village Board decided to move forward. The Legal department would take what we have in Code and adjust it to meet the new requirements that are being recommended. Prior to that, Mr. McCalister said he would create a memo to the Village Manager explaining the Board of Health's position and attach both sets of Board of Health minutes. At the Committee-of-the-Whole meeting, which allows for more dialogue, you would be able to express why you think this is the right direction.

Ms. Mirostaw added that ongoing throughout the summer as well as now, municipalities around the state are doing exactly what this Board of Health is doing. Whether they are doing this for the first time, or whether waiting to see what happened, this is not coming to a halt because the Governor vetoed it. They hope that more communities pass this and that the State eventually will, but the American Heart

Association will not be waiting for that, they will continue to work with communities to move forward.

Ms. VanLandeghem thought it helpful to know which communities, especially nearby, that are considering this issue as this would be another persuasive argument.

Dr. Harris said the financial aspect of the secondhand smoke issue; we had studies of communities, which had shown that the sales tax revenue had indeed not decreased when the smoking ban was outlawed in certain communities. He did not know if those statistics were available for Tobacco21, but that really holds credence when you have sales tax revenue statistics that reinforce your position. Ms. Mirostaw said she has not seen this from the City of Chicago, but has national numbers. She will try to get that information. Dr. Harris said they have a motion that was made and passed at the last meeting; he said it is clear where we stand. He asked about rescinding part of the motion in terms of the timing. Mr. McCalister said that in the previous motion after the Tobacco21 initiative – the rest of the wording would no longer be necessary.

Ms. Sterrenberg said when she thinks back to the angst and fear of the restaurants 20 years ago, they were all sure that their business would go under after the ban, the tables moved faster and that was not the case. She said this is such a small percentage, 2%, compared to our last ban. Dr. Harris said it is a small percentage of a small sale amount also.

The Board of Health agreed to delete the sentence regarding the school year from the motion made in June.

The question was asked about vaping in restaurants. Ms. VanLandeghem responded that Arlington Heights did include no vaping along with their smoking ban. Palatine just included that in their tobacco ban. She said this should also be included in the "forward thinking" done in Arlington Heights and being "ahead of the game."

Dr. Laurie made a motion to approve the June motion with corrections. Seconded by Dr. Barnett and approved by unanimous consent.

> **A motion was made by Dr. Harris … as tobacco products, electronic cigarettes, and alternative nicotine products are a major public health concern and studies have shown that increasing the minimum age from 18 to 21 for sale and use of these products dramatically decreases the usage in the adolescent group, the Board of Health declare it's unanimous support of the Tobacco21 Initiative and encourages the Village Board to craft an ordinance with the Tobacco21 Initiative. ~~and that it would coincide with the 2018 school year as the proposed legislation down not take effect until January, 2019.~~ This was seconded by Dr. Meservey and approved by unanimous consent.**

Police Chief Mourning said the Police Department is in total support of this initiative and is prepared to enforce it tomorrow, if necessary. This is not an additional burden to the Police Department. The compliance rate for tobacco sales for those individuals over 18 is fairly high as they do check several times per year. That increases the rate.

He also said the Police Department would be available at the Village Board meeting to speak in support.

Mr. McCalister said he would share the motion with the Village Manager and would let them know the date of the Committee-of-the-Whole meeting. He asked for any information that they would like included in the memo. Dr. Laurie said, "the more data and support gathered, the stronger the proposal to the Village Board."

B. Gun Control

James McCalister shared that he went to the Illinois Public Health Association (IPHA) Conference and they had a discussion on gun violence. He shared information he obtained from the conference with the Board. The IPHA rep at the meeting said this was a 12-week process to give these recommendations and that it was the tip of the iceberg and it would take IPHA several years to properly study all the data, but they wanted to get something out right away.

He also included the presentation from the Children's Hospital of Chicago and Gun Violence Public Health issue tools and policies for advocacy. He asked that they review the material and that they could discuss in more detail at the next meeting.

Ms. VanLandeghem asked if the Police Chief or one of his staff could come to a Future meeting so the Board of Health can hear their opinion on this topic. Chief Mourning said he would have someone from his department attend.

Dr. Laurie said he also talked to the Mayor on gun control and gun violence and the Board of Health's perspective.

VI. New Business

James McCalister said that the C.A.R.E. Program launched in July. It is just getting off the ground and they are planning a meeting with key stakeholders in November at the new Police Station.

Ms. VanLandeghem mentioned an article in the Daily Herald that Glueckert Funeral Home was hosting trainings. Mr. McCalister mentioned that Ms. Sterrenberg took the training at Glueckerts. Ms. Sterrenberg noted they were the first funeral home to purchase AEDs.

Ms. Sterrenberg shared about an after school backpack program at Dryden that Cynthia will be helping with on Thursday because she speaks Spanish. There is a Senior Health Fair that morning. Brats and Shots is offered to Village employees along with Village Board Members on October 18th at Public Works in the garage. This is followed with a Family Flu Clinic in the afternoon/early evening where we provide flu shots to immediate family members at a discounted rate.

Ms. Sterrenberg also said they are also meeting with NWCD to further talk about working on a POD program.

Mr. McCalister said they might have a POD exercise at the Racetrack depending on the outcome of the meeting. They would be distributing candy and having a walk through of the Pharmaceutical Distribution Plan. If that happens, it would be nice if any of the Board could attend. Ms. Sterrenberg had hoped to get flu shots from the Respitory Foundation but that did not work out. The dates will be shared with the Board of Health when finalized.

Mr. McCalister also shared that the SWANCC Document Destruction Event will be held at the racetrack on October 13th and Health & Human Services staff will oversee the event. The Village Blood Drive is scheduled for November 7th.

Ms. Sterrenberg said the Vision and Hearing Screenings would start in November at Our Lady of the Wayside school. The other two schools will be in 2019.

Mr. McCalister said that Nicole Espinoza added a resource hour at the Library each month and anyone in the community who has questions regarding Social Services can attend. This is a nice collaboration between the Village & Library. Nursing Services hosts blood pressure clinics at the Library and occasionally at the Park District.

VII. Other Business

VIII. Adjournment

WITH NO FURTHER BUSINESS TO DISCUSS, A MOTION WAS MADE BY MS. VANLANDEGHEM TO ADJOURN THE MEETING AT 7:56PM, SECONDED BY MESERVEY AND APPROVED BY UNANIMOUS CONSENT.

The next meeting is scheduled for Monday, December 10, 2018 at 6:30pm in the Health & Human Services Conference Room.