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Notes From the Field: Vape Shop Business Operations Compliance in the Wake of COVID-19

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Abstract

The novel 2019 Coronavirus Disease (COVID-19) pandemic has led to the closing of all but essential businesses in California. However, several nonessential businesses have remained open in Southern California despite the mandated “stay at home” order issued by the governor. As part of an ongoing vape shop project involving 88 participating shops, this study investigated the number of vape shops that remained open amidst the coronavirus outbreak and related mandates. Examination of shop social media websites and telephone calls to shops revealed that 61.4% ($n = 54$) have remained open, particularly within Korean/Asian and Hispanic/Latino ethnic locations (32 of the 54 shops). Importantly, walk-in service was much higher within Hispanic/Latino locations compared to African American, Korean/Asian, or non-Hispanic White neighborhoods ($p = 0.03$). It is not known if shops that stayed open were in direct violation of the order, didn’t know all the details of the order, or found a loophole in the order and believed that they were an essential business. Better communication between the vape shop industry and public health officials during this pandemic is needed.

Keywords

COVID-19, vape shops, compliance, California, nonessential businesses

Background

On March 19, 2020, the Governor of California, Gavin Newsom, issued Executive Order N-33-20 to all Californians to slow the spread of the 2019 novel coronavirus disease (COVID-19); and demanded that only businesses within critical infrastructure sectors (local government, health care, public health, public safety, food, agriculture, as examples) could remain open (California COVID-19 Response, 2020). Businesses outside the essential sectors were mandated to close. Following appropriate public health measures during a global pandemic is essential to contain the spread of a virus and ultimately curb the rate of transmission. Yet, several businesses deemed nonessential have stayed open and have caused cities, such as Los Angeles, to file charges against these establishments (e.g., Winton, 2020). Learning about a specific sector’s response to the COVID-19 pandemic may help give public health officials and researchers a better understanding of types of communications to businesses that may be needed to curtail future pandemics.

Method

We have been engaged in an ongoing project in Southern California that evaluates vape shops—brick-and-mortar stores that specialize in the sale of electronic cigarette products, including devices and e-liquids. As of March 1, 2020, 88 vape shops were

in the current participant pool. Vape shops had been recruited from predominately African American ($n = 24$), Hispanic/Latino ($n = 20$), Korean/Asian ($n = 24$), or non-Hispanic White ($n = 20$) neighborhoods within the greater Los Angeles area. This was accomplished after analyzing the percentages of ethnic composition for each shop’s location using the U.S. Census Bureau American FactFinder and after exploring each shop’s Yelp reviews (see Galimov et al., 2020; Galstyan et al., 2019; García et al., 2016; Sussman et al., 2014).

The Executive Order N-33-20 “stay at home” mandate was one of the first in response to the pandemic issued by a governor in the United States. As of March 19, 2020, vape shops

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were classified as a nonessential business by the California State Government and were expected to close. From April 5, 2020 through April 7, 2020, we assessed the number of open and closed vape shops to gauge compliance with state regulations amidst the coronavirus pandemic.

Social media has been utilized to better understand a business's communications to its consumers and to accurately identify and track its presence (e.g., Cawkwell et al., 2015; Galimov et al., 2020; Sussman et al., 2014). Thus, we examined each vape shop's publicly accessed social media pages if available, including Yelp, Instagram, Facebook, and Google to help determine whether the vape shop remained open or closed to the public after the execution of the California "stay at home" mandate. If there was no information regarding the shop's response to the "stay at home" mandate on their social media pages, or if there were no posts at all in the last 30 days prior to establishment of the mandate, telephone calls were made to the shop to inquire whether the shop was open or closed to the public. In our previous work prior to the pandemic, all open shops responded to telephone calls made during business hours after two attempts at most (e.g., Galimov et al., 2020). If a vape shop did not have social media posts or Yelp reviews updated within the previous 30 days prior to the mandate, and if they were nonresponsive by telephone after three attempts were made at different timepoints across two workdays, the shop was considered closed to the public. Chi-square analysis was used to investigate whether open and closed shops differed with regard to their ethnic location.

We also examined the prevalence of existence of walk-in services (vape shop operations as usual), curbside pickup services (no walk-in service; used in current operations of essential businesses), and home delivery services (no walk-in service; used in current operations of essential businesses) among shops that remained open. If a shop allowed a combination of curbside pickup and home delivery services, but not walk-in service, it was categorized as "curbside pickup service". If a shop allowed a combination of walk-in service, along with curbside pickup or home delivery services, it was categorized as "walk-in service" due to the increased risk of contagion present.

Results

Surprisingly, 54 of the 88 shops remained opened (61.4%); 17 shops were closed (19.3%) and 17 (19.3%) shops failed to be reached by telephone after three attempts. Within the 17 "no response" shops, their most recent social media posts or updates had been published four months prior ($n = 4$), three months prior ($n = 10$), or one month prior ($n = 3$) to the "stay at home" order. Thus, these 17 nonresponsive shops were categorized as "closed" to the public ($n = 34$ total closed shops).

Examination of shop social media websites and telephone calls revealed that within the "open" category, the majority of shops ($n = 29$; 6 shops in African American, 12 in Hispanic/Latino, 7 in Korean/Asian, and 4 in non-Hispanic White neighborhoods) allowed walk-in service compared to shops that allowed curbside pickup service ($n = 21$; 5 in African American, 3 in Hispanic/

Latino, 9 in Korean/Asian, and 4 in non-Hispanic White neighborhoods). Six of the 54 open shops offered home delivery service; four offered only home delivery service ($n = 4$; 2 shops in African American, 1 shop in Korean/Asian, and 1 shop in non-Hispanic White neighborhoods) and two combined home delivery with walk-in ($n = 1$; 1 in a Korean/Asian neighborhood) or with curbside pickup ($n = 1$; 1 in a non-Hispanic White neighborhood) services. Among the shops that remained open, one shop reported by telephone that it was legal to stay open because they sold CBD products for medicinal purposes, which is not found to be clearly outlined in Executive Order N-33-20.

A two group shop status (open, closed)-by-four ethnic location chi-square analysis showed that vape shops in Hispanic/Latino (75.0%) and Korean/Asian (70.8%) neighborhoods were relatively more likely to remain open compared to shops in African American (54.2%) and non-Hispanic White (45.0%) neighborhoods; however, these results were not statistically significant ($\chi^2(3) = 5.62, p = 0.15$). Another two group shop status (walk-in service, no walk-in service)-by-four ethnic location chi-square analysis was completed to examine whether the availability of walk-in service differed by ethnic location. This was particularly important to examine since walk-in service would place employees and customers at increased risk of infection. This analysis revealed that shops in Hispanic/Latino (60.0%) neighborhoods were significantly more likely to allow walk-in service compared to shops in Korean/Asian (29.2%), African American (25.0%) and non-Hispanic White (20.0%) neighborhoods ($\chi^2(3) = 8.98, p = 0.03$).

Discussion

Vape shops are considered nonessential businesses, as they do not fall within the category of essential industrial sectors classified by California (California COVID-19 Response, 2020). This research study demonstrates that, despite a "stay at home" mandate ordering nonessential businesses to close due to the ongoing COVID-19 pandemic, a majority of vape shops remained open to the public. Although some vape shops may have taken mitigation measures (such as curbside pickup or home delivery), noncompliance with this statewide mandate is a violation of the ruling with the potential for allowing the spread of the virus. It may have been legal for the vape shops to have remained open if they had previously received a license to sell food, though none have sold food in the past (e.g., García et al., 2016).

There are at least two limitations of this study. First, in previous work, we traveled to shops to confirm that they were closed. Physical observation of the shops to confirm operational status was not feasible within the context of the COVID-19 pandemic, and we relied solely on social media and telephone contact. Second, since we limited the analysis to one cohort of vape shops in Southern California, a more thorough investigation on vape shop compliance during the pandemic needs investigation, encompassing periodic attempts at assessment to gauge increased compliance, in other locations in California and in other states in the United States with the same policy. Relatedly, it is not certain when or why shops closed (e.g., due to response

to the mandate or due to going out of business). However, contact had been established and was ongoing with these shops within weeks of the mandate's execution.

From a public health standpoint, there are at least two reasons that vape shops should be closed during the crisis. First, vape shops in violation of the State ruling could be placing the public at risk for the spread of the virus if they allow people to congregate in their shops. Second, some researchers have publicly suggested that vapers could have worse health outcomes if they become infected with COVID-19 due to e-cigarette vaping effects on inflammation of the airways and lungs (Hoffman, 2020).

There are several factors affecting the quality of communications between public health officials and small businesses in racial/ethnic neighborhoods during a pandemic. These include social and cultural characteristics, literacy and readability levels of employees in shops, language preferences, and attitudes toward public health interventions and regulatory intentions (Vaughan & Tinker, 2009). It has been shown that a community's demographic profile is associated with vape shop marketing practices. For example, ethnic-specific signage has been found to be evident at vape shops in Hispanic/Latino and Korean/Asian neighborhoods, but not at African American or non-Hispanic White shop locations (e.g., García et al., 2016). One may speculate that dissemination of culturally sensitive messages about which businesses are essential and the necessity of vape shops closing may have been outweighed by the necessity and urgency of quickly implementing policy in response to the pandemic. Indeed, there was a notable, significant effect with regard to shops in Hispanic/Latino neighborhoods allowing walk-in service, which is particularly risky amidst a pandemic, especially within nonessential businesses. Conversely, information was provided online for businesses and consumers in 12 languages (California COVID-19 Response, 2020). Future public health research should focus on the efficacy of regulation communications, particularly regarding the impacts of transmitting information on the seriousness of violations to public health amidst a pandemic. This may be especially needed within ethnic communities, such as in Hispanic/Latino neighborhoods.

Authors' Note

The authors alone are responsible for the content and writing of this article.

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