

A Toolkit for Implementing and Defending Smoke-Free Ordinances

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ClearWaySM
MINNESOTA

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Minnesota
Institute
of Public
Health

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ACKNOWLEDGMENTS

This Toolkit was developed by the Minnesota Institute of Public Health (MIPH) and ClearWay MinnesotaSM in partnership with other Minnesota tobacco control organizations, individual consultants and representatives from several Minnesota communities that implemented smoke-free ordinances in 2005.

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The *Toolkit for Implementing and Defending Smoke-Free Ordinances* offers a standardized set of tools that can be customized for use in your community. Within each section of the Toolkit, snapshots of the tools are displayed in shaded green boxes. The Toolkit document names are listed in order of appearance and are available in the Appendix and on the enclosed compact disc (CD).

Toolkit Document	Compact Disc File Name
Memo of Understanding	Memo_Understanding.doc
Complaint Log.....	Complaint_Log.xls
Complaint Log Instructions	Complaint_Log_Instr.doc
Outdoor Observational Checklist.....	Ob_Check_Outdoor.doc
Waiting Area Observational Checklist	Ob_Check_Waiting.doc
Friendly Enforcement Letter	Letter_Friendly.doc
Legal Warning Letter.....	Letter_Legal.doc
Request for Information Letter.....	Letter_Request.doc
Letter of Warning.....	Letter_Warning.doc
Public Opinion Poll 2005.....	Public_Poll_05.doc
Public Opinion Poll 2006.....	Public_Poll_06.doc
ClearWay Minnesota SM Press Release.....	Press_Release.pdf
Observational Study Venue Checklist.....	Ob_Check_Venue.doc
Interview Questionnaire.....	Questionnaire.doc

INTRODUCTION

Why is the Toolkit Necessary?

With several Minnesota communities passing smoke-free ordinances in 2005, ClearWay MinnesotaSM and its partners recognized an opportunity to support communities in measuring the impact of the ordinances at the local level in a meaningful and rigorous way. ClearWay Minnesota contracted with the MIPH in 2005 to develop the *Toolkit for Implementing and Defending Smoke-Free Ordinances*, which provides standardized surveillance measures and methods for Minnesota communities to assess and monitor the impact of local smoke-free ordinances.

The Toolkit has been designed to assist communities to collect and analyze data in order to:

- Generate and maintain public support for ordinances;
- Provide information to key stakeholders; and
- Provide evidence to other communities that may be considering ordinances.

In addition to measuring the local impact, the Toolkit offers a standardized set of tools that yields consistent data across communities. This way, data can be summarized and used by policy makers to assess the larger impact of these smoke-free ordinances on the health of Minnesotans living in communities with such ordinances.

Minnesota Freedom to Breathe Act

After the successful implementation of smoke-free policies at the community level, Minnesota passed statewide clean indoor air legislation in 2007, making Minnesota the 20th state to approve a comprehensive smoke-free law. The Freedom to Breathe Act took effect on October 1, 2007, and as a result, all Minnesota workers, including those in bars and restaurants, are now protected from secondhand smoke.

With the passage of Freedom to Breathe, we anticipate that the Toolkit will remain of interest to those who are interested in assessing the impact of the statewide law on their local communities. In addition, we hope the Toolkit will continue to serve as a resource to communities and states outside of Minnesota that continue to work to achieve comprehensive smoke-free policies.

How to Use the Toolkit

The *Toolkit for Implementing and Defending Smoke-Free Ordinances* is designed to provide information about how to conduct surveillance activities to monitor the effects of ordinances. Communities can use the Toolkit to survey the impact of an ordinance within six areas:

- Compliance and Enforcement
- Public Opinion
- Economic Impact
- Indoor Air Quality
- Health Effects
- Smoking Cessation

The Toolkit is organized into six chapters, which correspond to these areas, and an Appendix. Each chapter contains instruments and procedures that are built on the methods and tools for conducting surveillance of smoke-free ordinances that have been established in the scientific literature. The Appendix includes all Toolkit documents.

While the Toolkit provides templates for measuring the impact of smoke-free ordinances, each community will need to identify its priorities and tailor its approaches to meet its unique local circumstances. Each community will need to consider several factors in determining which policy areas to pursue, such as:

- What data will be considered most important by the decision makers and the public in maintaining an ordinance?
- What resources are available to support these efforts?
- Are existing data available and accessible?
- What is the timeline for implementation and how does that affect opportunities for data collection?

Each chapter also contains a concise summary of research findings based on previous studies and other published materials. There is a substantial body of knowledge based on previous efforts in other communities and states to measure the impact of smoke-free ordinances, although the extent of the literature available for each area varies. This

information is useful in communicating the strong science base for smoke-free ordinances and for responding to specific questions about research in a particular area.

Each background section includes a complete literature review. Several citations appear in more than one section of the Toolkit due to the information provided in that source. A complete library of all cited articles is available through MIPH.

To request a copy of an article, contact Robyn Wiesman at 1-800-782-1878 or rwiesman@miph.org. Please identify the impact area, title and author when requesting an article.

All Toolkit documents are available in the Appendix and on the enclosed CD.

What Do Surveillance and Evaluation Mean for Tobacco Control?

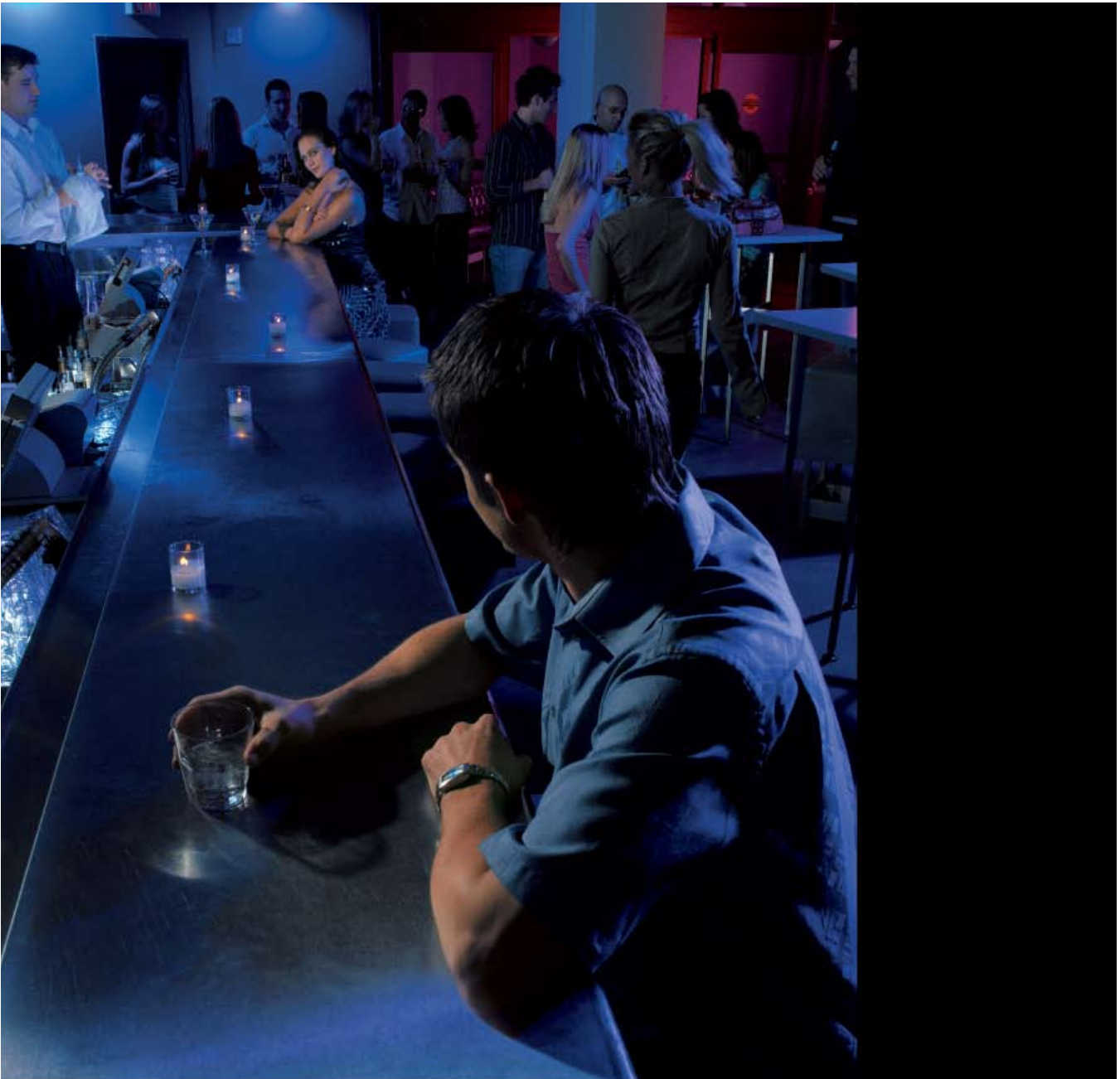
A surveillance and evaluation system monitors progress and documents the results of tobacco control efforts so that policy makers and others can make informed decisions about such programs. Surveillance is the monitoring of tobacco-related behaviors, attitudes and outcomes at regular periods of time. In addition, surveillance tracks the incidence and prevalence of behaviors and indicators of program effectiveness including changes in social norms and policies. Evaluation is the systematic collection of data about the activities, characteristics and outcomes of specific programs to make judgments about the program, improve effectiveness and/or inform decisions about future programming.

The Centers for Disease Control and Prevention identify surveillance and evaluation as important elements of a comprehensive tobacco control program. Surveillance activities and program evaluations are complementary and together yield useful and practical information about the process and outcomes of efforts to prevent and control tobacco-related problems.

Sources

Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs – August 1999*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; August 1999.

Patton, MQ. *Utilization Focused Evaluation*. Thousand Oaks, CA: SAGE Publications, Inc.; 1997.



Now you can see how blue
her eyes are from across the room.

And she can tell you could've
gone with a tad less cologne.



COMPLIANCE AND ENFORCEMENT

Monitoring Compliance and Enforcement

Most municipal laws (including smoke-free ordinances) go into effect 30 to 60 days after enactment. This provides an opportunity to educate the business community and the general public about the law's provisions and enforcement procedures. Often, the city or county will distribute a brochure explaining the purposes and provisions of the smoke-free law. The city or county might also send letters informing business owners of their responsibilities under the new law. A city or county also may provide the signage required in the ordinance.

In general, smoke-free laws have proved “self-enforcing,” much like traffic laws. The vast majority of smokers refrain from smoking in smoke-free areas when they are aware of the law and when nonsmoking areas are well marked.

People overwhelmingly favor indoor smoke-free policies. With an on-going education program, the posting of numerous “No Smoking” signs and the presence of a committed enforcement agency, smoke-free laws are typically implemented with a high level of compliance and few complaints.

Examples of activities that support compliance and enforcement include, but are not limited to:

- Creating a “business kit” that includes letters, brochures or signage that explains ordinance compliance to businesses and their patrons.
- Translating materials into a variety of languages, as deemed appropriate for each individual community.
- Planning for postage costs associated with materials distribution.
- Tracking the number of liquor and food licenses granted in the area covered by the ordinance.
- Developing a complaint monitoring system, including a mechanism for tracking and following up on complaints.

Efforts to monitor compliance should focus first on voluntary compliance by making sure that the smoke-free ordinance is well understood and that all stakeholders are aware of the parameters of the ordinance. Following educational activities, efforts should then focus on creating a system to receive, monitor and respond to all formal complaints.

The following section of the Toolkit provides an overview of the steps involved in establishing compliance with the ordinance and implementing a system for monitoring and enforcing the ordinance.

Step 1. Identify Stakeholders

The first step in this process is creating a comprehensive list of stakeholders in relationship to the smoke-free ordinance. A stakeholder is any person or organization with a direct interest, involvement or investment in an issue. Stakeholders include business owners, policy makers and the general public. Be aware of stakeholders early and include them in planning for compliance and enforcement.

Step 2. Ensure That the Ordinance is Well Understood

The second step is making sure that the stakeholders clearly understand the ordinance. A clear statement of the purpose or intent of the ordinance is useful when tailoring the forms, protocols and letters included in this section of the Toolkit. Such a statement is usually included in the ordinance language.

Sample Purpose:

“The purpose of this ordinance is to protect the public health, safety and general welfare by ensuring the ability of citizens to breathe safe and uncontaminated air, to affirm the right to breathe over the right to smoke, and to protect vulnerable populations, including employees, children, the

elderly, and those with chronic health conditions.”

It is also helpful to have a concise description of the specific requirements of the local ordinance to include where appropriate. These requirements are included in the ordinance and can be presented as brief statements for educational and enforcement efforts.

Sample Requirements

- The ordinance prohibits smoking in all indoor public places and workplaces.
- The ordinance prohibits smoking within ___ feet of any entrance, exit, open window or ventilation intake of public places or workplaces.
- The ordinance requires “No Smoking” signage be posted at all entrances.
- The ordinance prohibits the presence of ashtrays, lighters or matchbooks.

In addition, describe the responsibilities of owners to post required signage, prohibit smoking by patrons and comply with all other provisions of the ordinance.

Step 3. Increase Awareness of the Ordinance

To facilitate successful ordinance implementation, stakeholders need to be aware of the ordinance. Earned media is an effective way to reach a variety of audiences. Earned media, sometimes called free media, refers to coverage generated from pieces such as a news release, opinion editorial or letter to the editor. Methods for generating earned media coverage include:

Deliver Business Kits

Business Kits can be created to include any or all of the following information about the ordinance:

definition, implementation date, complaint referral, signage and promotional material.

Host an Event

As part of the ordinance implementation, host an event at a local business. The event could be as elaborate as a bus tour with a mayor or as simple as distributing flyers. Invite stakeholders to show their support for the ordinance by attending the event.

Submit a Press Release

A press release informs the press of an upcoming event or action in the community. Write press releases for every activity that is related to the ordinance. Send the press releases to all local newspapers and radio and television stations. Be sure to include contact information so reporters with questions can follow up appropriately.

Write Letters to the Editor

Ask stakeholders to write letters to the editor of the local newspaper, illustrating the positive effects of the ordinance. A business owner could state how the ordinance has increased business. A waitress can explain how the ordinance helps her breathe easier at work.

Offer Coupons

Business owners may be willing to offer coupons to patrons after the ordinance takes effect. This is a great way for businesses to show their support and also draw in business.

All of these activities will help generate earned media coverage for the ordinance. Stakeholders will better understand the ordinance if they hear about it through a variety of media outlets.

Step 4. Establish Systems to Monitor Compliance and Enforcement

While the preferred method of enforcement is voluntary compliance, evidence suggests that there will be a small percentage of patrons and owners who may not consistently comply with all provisions of the ordinance. In these cases, clear and concise systems and protocols are useful for responding to violations and complaints.

Efforts to reduce youth access to tobacco have demonstrated that educating retailers about laws can increase their awareness of the law and their responsibilities for compliance. This experience also suggests that ongoing education and enforcement efforts are necessary to maintain and increase compliance.

When education and awareness efforts are not sufficient to ensure compliance, legal consequences and sanctions may be required. A number of options are possible, including:

- Criminal actions
- Civil actions
- License reviews leading to suspension or revocation

Both complaints and inspections can be used to assess compliance. With either approach, the first step is to coordinate governmental enforcement and compliance efforts. Depending upon local ordinance requirements and local government structures, local government agencies, city or county officials, and community members who are coordinating enforcement and compliance efforts will need to establish a community enforcement plan. Each community may want to consider formulating a “Memo of Understanding.” This document describes possible scenarios that may occur as a result of an ordinance violation and clarifies the

roles and responsibilities of various governmental agencies to enforce the ordinance. Creating this type of document is most useful if all stakeholders are involved in the process and commit to adhere to the established procedures for responding.

Please see the sample **Memo of Understanding** below from the Olmsted County Public Health Department. This document is found in the Appendix and on the enclosed CD. It may be adapted to suit the needs of any community.

MEMO OF UNDERSTANDING

Business Proprietor, Law Enforcement (LE), Public Health (PH), & County Attorney (CA) Responses to Complaints about Smoking at Smoke-Free Restaurants.
OLMSTED COUNTY, DRAFT 2-27-02

Scenario A – Customer is smoking in a smoke-free restaurant. The proprietor asks the customer to stop or leave and the customer refuses.

Responses:

1. Proprietor calls law enforcement.
2. LE offers counsel to the proprietor and/or customer via phone.
3. When advice is not adequately addressing the situation, LE determines resource availability and priority to address the case at the site.
4. If LE determines the case warrants a warning or issuance of citations to the customer, the warning or citation given will be for violations of:
 - a. **MN Clean Indoor Air Act, (MS 144.414)**
 - b. **Trespass, (MS 609.65) and/or**
 - c. **Disorderly Conduct laws (MS 609.72).**(The above laws may be a stronger foundation than Olmsted County Resolution 01-102, SFO Section D Subd. 1. for issuing a citation to a patron for smoking in a non-smoking area of a restaurant.)
5. Whether a deputy is dispatched or not, Public Health is notified about the case.
6. PH contacts proprietor to document relevant information.

Scenario B – Complainant calls law enforcement with observation that the proprietor appears to be violating the ordinance (offering smoking devices, failing to inform violating customers, and/or allowing employees to smoke at the restaurant).

Responses:

1. LE advises complainant that it is the operator’s responsibility to comply with the ordinance
2. LE decides whether to contact the proprietor directly.
3. LE follows up with notification to PH.
4. PH follows up by contacting the proprietor.
5. If the proprietor refuses to comply and/or indicates support for repeated violations, PH consults CA and arranges a public hearing before the Environmental Commission.
6. PH and the proprietor are given an opportunity to appear before the Environmental Commission. PH will seek the commission’s support for further action, which may include proceeding with formal complaint and court action.
(MS 144.414 or 416; and/or Olmsted County Resolution 01-102, SFO Section E)

Scenario C – Proprietor violates the ordinance after a hearing.

Responses:

1. PH seeks advice from the County Attorney.
2. PH then:
 - a. proceeds with another hearing or
 - b. initiates a formal complaint leading to court action, based on advice received. The Complaint can be for violation of **MS 144.414 or 416; and/or Olmsted County Resolution 01-102, SFO Section E.**

Scenario D – Citizen observes a violation and decides to initiate court action.

Responses:

1. County Attorney provides required support (if any).
2. Neither Law Enforcement nor Public Health are directly involved.

Compliance with Minnesota Freedom to Breathe Act

Minnesota has implemented the Freedom to Breathe Act that went into effect on October 1, 2007. This comprehensive smoke-free law restricts smoking in indoor public places and workplaces, including bars and restaurants. The act is enforced by the Minnesota Department of Health, which places emphasis on educating the public and business owners to aid in compliance and enforcement efforts. The Minnesota Department of Health encourages the public to send letters to facility managers or operators if a violation of the law occurs. Local law enforcement has the authority to issue petty misdemeanor citations to facility managers and operators or individuals who knowingly fail to comply with the law.

Organizing and Implementing a Complaint System

How complaints will be accepted and addressed should be included in the community enforcement plan. Customers, employees and vendors may present complaints. Some communities explicitly prohibit “retaliation against employees, applicants or customers.” The system to handle complaints in these communities could include a statement assuring anyone presenting a complaint that retaliation is specifically prohibited by the ordinance.

A centralized complaint system ensures a consistent response and enables each community to monitor patterns of complaints. The people receiving the complaints will need to be trained to effectively

and courteously collect all the information needed to initiate an appropriate response by the agency identified in the community enforcement plan.

In addition to working with governmental agencies (e.g., Environmental Health Department), use public service announcements, newspaper articles or advertisements, or general mailings to educate the general public about how to report an ordinance violation.

Establishing a System to Log Complaints

In order to standardize data collected about complaints and enforcement, each community is asked to collect, at a minimum:

- information about the number of complaints filed each month,
- the type of venue where the complaint occurred,
- the type of violation, and
- the response taken.

This information can then be reviewed across all communities with smoke-free ordinances to assess levels of compliance and the need for increased education and enforcement efforts.

Please see the **Complaint Log and Complaint Log Instructions**. These documents were created by the Minnesota Institute of Public Health and are found in the Appendix and on the enclosed CD. They may be adapted to suit the needs of any community.

COMPLAINT LOG SMOKE-FREE ORDINANCE VIOLATION

	Date/Time of Complaint	Complainant (optional)	Name of Venue	Location of Venue	Date/Time of Reported Violation	Type of Violation	Response to Violation	Complaint Received By
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

COMPLAINT LOG INSTRUCTIONS

Smoke-free Ordinance Violation

The following protocol may be used to track complaints of ordinance violation in a community.

- Open the Complaint Log Excel Spreadsheet file.
- Insert the name of the community and the month being recorded in the footer.
- Enter the following information when a complaint is received.
 - Date/time of complaint – When was the complaint received?
 - Complainant – Who is making the complaint?
 - Name of venue where violation occurred
 - Location of venue where violation occurred
 - Date/time of reported violation – When did the violation occur?
 - Type of violation
 - Smoking in a bar
 - Smoking in a restaurant
 - Smoking within 25 feet of a building
 - Smoking in an outdoor dining area
 - Response to violation – What action steps will happen next?
 - Notify law enforcement
 - Notify proprietor
 - Notify county attorney
 - Notify public health
 - Complaint received by – Who received the complaint?
- Save additions made to Complaint Log (for example, file name: Complaint Log_April).
- Respond appropriately to all complaints.
- Send monthly complaint data to Robyn Myszka at the Minnesota Institute of Public Health, rmyszka@miph.org.

Inspections by a Government Agency

In addition to a complaint-based system of enforcement, communities may choose to use the inspection process to ensure compliance with the local smoke-free ordinance. This can be accomplished by adding items to existing, regular inspections or by implementing specific inspections to assess compliance with provisions of the local smoke-free ordinance.

Please see the sample **Observational Checklists** from Andrew Hyland, Roswell Park Center: **Waiting Area Observation** and **Outdoor Observation**. These documents are found in the Appendix and on the enclosed CD. They may be adapted to suit the needs of any community.

OUTDOOR OBSERVATIONAL CHECKLIST

Outdoor Area Observation
(Complete only if restaurant has an outdoor area)

Is there an outdoor seating section of this bar/tavern? Yes No

If yes, complete the remainder of questions in this section.

- Is smoking permitted in this area? Yes No
- How many patrons can be seated in this area?
- Is there anyone smoking in this area? Yes No
- If yes to Question 3, how many people were observed smoking?
- Is cigarette smoke visible in the air? Yes No
- If yes to Question 5, rate how much smoke is present: Light smoke (wisps of smoke)
 Moderate (a veil of smoke)
 Heavy (thick smoke)

WAITING AREA OBSERVATIONAL CHECKLIST

Waiting Area Observation
(Complete only if restaurant has a waiting area)

Is there a waiting area in this restaurant? Yes No

If yes, complete the remainder of questions in this section.

- Is smoking permitted in the waiting area of this restaurant? Yes No
- Is there anyone smoking in this area? Yes No
- If yes to Question 2, how many people were observed smoking?
- How many people were waiting when this observation was conducted?
- Is cigarette smoke visible in the air? Yes No
- If yes to Question 5, rate how much smoke is present: Light smoke (wisps of smoke)
 Moderate (a veil of smoke)
 Heavy (thick smoke)

Sample Follow-Up Protocols

The community enforcement plan should include information that describes the roles and responsibilities of various agencies involved in enforcement and specify the sequence and timing of actions to be taken in response to a complaint or inspection violation. These actions can include calls, letters or site visits to the location. Owners should be informed of the specific violation, immediate consequences for the violation and the consequences of future violations. The responding agency staff may also provide the owner with any appropriate educational material. The plan should also include directions for follow-up actions if violations are repeated.

Please see the sample **Friendly Enforcement Letter and Legal Warning Letter** from the California Department of Health Services, Tobacco Control Section.¹ These documents are found in the Appendix and on the enclosed CD. They may be adapted to suit the needs of any community.

FRIENDLY ENFORCEMENT LETTER

Modeled on a letter from the California Department of Health Services, Tobacco Control Section

[Put your Health Department Logo Here]

[Date]

Dear [Name]:

This letter regards a complaint that was filed about a violation of the new [State Smoke-Free Law, Labor Code 6404.5], which went into effect on [January 1, 1995]. Because you may not be aware of this law, we have enclosed an informational brochure to help you implement the law in your workplace. The enclosed sign must be posted at eye level on your entrance. Please let us know if you need more signs for additional entrances.

This letter is a warning letter to help you avoid being fined for non-compliance. Your business will be fined only if the violation continues. To help your employees comply, please circulate the brochure to them and be sure to communicate the smoking law to all new employees.

We recognize that smoking is a difficult addiction, and urge compassion and support for smokers. For your smoking employees who would like help in cutting down or quitting, we can provide free information on local classes and self-help materials. For those who cannot fit a class into their schedule, Minnesota has a free telephone smoking cessation program. Your employees can call 1-888-354-PLAN to schedule free phone sessions at their convenience.

Please call if you have questions concerning the new law or if you wish to receive a copy of the law.

Sincerely,

Program Director

cc: City of [Name]

LEGAL WARNING LETTER

Modeled on a letter from the California Department of Health Services, Tobacco Control Section

[Date]

Dear [Store Owner's name]:

A member of the public has notified the [San Rafael] Police Department and the County Health Department regarding violations of [SAN RAFAEL CITY ORDINANCE #1653 and LABOR CODE 6404.5], which concerns cigarette smoking in workplaces. To comply with the law, your store must be smoke-free.

You must post the enclosed No Smoking sign at your entrance and remove ashtrays. Inform your customers and employees of your smoke-free policy and that you need their cooperation to protect you from legal action. If you need more signs, please call the County Health Department or the [San Rafael] City Office. If you have employees who smoke, designate an area for breaks outside the building that is well away from entrances.

We wish to help you avoid any fines. Your business will be fined only if smoking continues to occur inside your establishment. The penalties for violating [Labor Code 6404.5] are:

FIRST VIOLATION: \$100
SECOND VIOLATION (within one year): \$200
THIRD VIOLATION (within one year): \$500

After the third violation, your business may be subject to [CAL-OSHA] penalties of \$7,000 per violation.

You may also wish to consult your attorney to determine your legal liabilities under state and federal laws that protect employees. Under the *Americans with Disabilities Act*, any member of the public may sue for \$50,000 (\$100,000 for the second violation), plus attorney's fees, if their health was damaged by involuntary smoke exposure in your place of business. Additionally, employees filing under the worker's compensation law have received judgments of up to \$85,000 for damage to their health from working in a smoke-filled environment.

Failure to comply with [Labor Code 6404.5], which protects employees from involuntary smoking, increases your legal liability under these other laws. These laws have a non-retaliation clause, which legally prevents employers from retaliating against their employees for exercising their right to a smoke-free workplace.

Please see the sample **Request for Information Letter and Letter of Warning** from the Minnesota Department of Health.² These documents are found in the Appendix and on the enclosed CD. They may be adapted to suit the needs of any community.

REQUEST FOR INFORMATION LETTER

Minnesota Department of Health, Indoor Air Unit

[Date]

[Address Block]

Subject: Request for Information
Re: Minnesota Clean Indoor Air Act
Site: [Site and Address]
Case: [Case Number]

Dear [Name]:

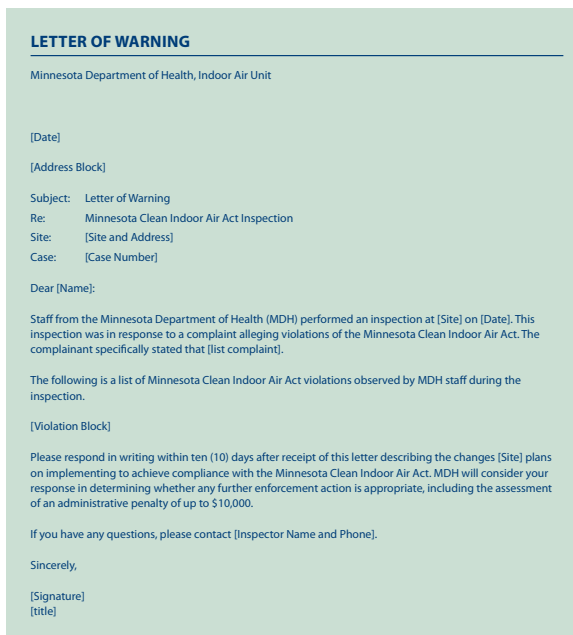
The Minnesota Department of Health has received a complaint alleging noncompliance with the Minnesota Clean Indoor Air Act at [Site Name]. The complaint specified that [Complaint Text].

Please contact us in writing within ten (10) days of receipt of this letter to discuss how your facility is complying with the Minnesota Clean Indoor Air Act. Failure to respond could result in formal enforcement action.

If you have any questions, please contact [Inspector Name and Phone].

Sincerely,

[Signature]



Background

Data collected through public health department inspections, observations by researchers, and reports from citizens and bar owners confirm that compliance with smoke-free ordinances can be very high shortly after implementation.

During a 10-month period following enactment of the Smoke-Free Air Act in New York City, the New York City Health Department inspected more than 22,000 establishments and discovered that 97 percent were smoke-free in compliance with the law.³

In a study conducted one year after implementation of a clean indoor air ordinance, most adults who frequent bars and restaurants reported that no one was smoking the last time they visited one of these venues with 78 percent reporting compliance in bars and 93 percent reporting compliance in restaurants.⁴

In the same study, a majority of adults reported that enforcement efforts are “excellent” or “very good” in bars (73 percent) and restaurants (92 percent).⁴

Seventy-seven percent of bar owners and employees reported that compliance with the Smoke-Free Bar Law was easy or fairly easy.⁵

While compliance with smoke-free ordinances has been high, smoking was not completely eliminated in all venues. This suggests that enforcement efforts need to occur on a regular basis.

Observations of smoking and the presence of indicators of smoking in bars, restaurants and bowling facilities declined markedly within one month after enactment of a smoke-free ordinance. However, survey respondents report that smoking was still evident in some venues one year after implementation.⁶

Compliance with smoke-free ordinances has varied between restaurants and bars.

Both smoking levels before implementation and rates of change in observed smoking varied across settings. For example, rates of smoking in restaurants declined from a baseline of 19 percent to 4 percent after one year, while the decline for the rate of smoking in bars declined from 51 percent to 14 percent during the same time period.⁶

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PUBLIC OPINION

Conducting Public Opinion Polls

Before passing an ordinance, many communities conduct public opinion polls to assess public support for the ordinance. Following implementation, polls are useful in assessing continued support and defending the ordinance. Pre-implementation polling assesses support for ordinances by asking respondents if they would go out more if establishments were smoke-free. Post-ordinance polls ask respondents about their actual behavior (*Are you going out more now that establishments are smoke free?*).

Community stakeholders can decide which polling vendor to use, what questions to ask, how to implement the poll, and when and how to release the data. Involving all stakeholders in the process from the beginning allows for group decision-making and contributes to ownership and buy-in when results are released. Group decisions may be reached through face-to-face meetings, conference calls or email communications.

As part of the development of this Toolkit, several Minnesota communities worked together to conduct public opinion polls. Polling was conducted three months after implementation and again at the one-year anniversary. These communities, which received funding from ClearWay MinnesotaSM, include: Beltrami County, Bloomington, Golden Valley, Hennepin County, Minneapolis and Ramsey County. The following section of the Toolkit outlines the steps involved in conducting a public opinion poll.

Selecting a Public Opinion Polling Vendor

A polling vendor is an organization that has the capacity to assist in the development, implementation and data analysis of a public opinion poll. The vendor's involvement in the polling process can range from simply administering a pencil and

paper poll to developing the questions and conducting a sophisticated poll by phone or mail. The needs of the community determine the vendor's level of involvement.

ClearWay Minnesota and its community implementation partners chose the Mellman Group Inc. as the polling vendor. The Mellman Group has conducted opinion research for political leaders, government agencies, corporations and the nation's leading public interest groups (www.mellmangroup.com). In addition, the firm has direct experience in conducting tobacco-related opinion research.

Many other local and national public opinion polling vendors are available. In choosing a vendor, consider whether the firm has experience in the area of tobacco control, is recognized as non-partisan, and can provide the range of services needed (e.g., data collection, analysis and reporting).

Selecting Poll Questions

Clearly identifying the goals and research questions of interest will greatly guide the poll question selection process. The polling vendor should be able to assist with the selection of appropriate questions. In addition, the Campaign for Tobacco-Free Kids provides technical assistance in this area.

Resist the urge to create an instrument with entirely new questions. Instead, rely on the experience of vendors and others who have done extensive poll work in this area to choose well-written, established and previously tested questions. This will save time and money and will result in more accurate poll data. Reserve the use of new questions for those rare instances in which existing questions are not applicable or adaptable to a unique situation.

ClearWay Minnesota and its community implementation partners worked together to refine a draft instrument developed by the Mellman Group. Poll items were suggested by the Mellman Group based on its previous poll work assessing public opinion both before and after implementation of smoke-free ordinances. The polls used in Hennepin County, Ramsey County, Bloomington, Golden Valley and Minneapolis to assess public attitudes and behaviors after the implementation of smoke-free ordinances can easily be adapted for use in other communities.

Please see the sample **Public Opinion Polls** from 2005 and 2006 conducted in Hennepin County, Ramsey County, Bloomington, Golden Valley and Minneapolis. These documents are found in the Appendix and on the enclosed CD. They may be adapted to suit the needs of any community.

**FINAL DRAFT
HENNEPIN COUNTY SURVEY
March 10, 2006**

Hello. My name is _____. I'm calling long distance from _____. We are conducting a public opinion survey and I would like to ask you some questions. We are not selling anything, and I will not ask you for a contribution or donation. Could I please speak with [ASK FOR NAME ON LIST. IF NOT AVAILABLE, SCHEDULE TIME FOR A CALLBACK. YOU MAY ONLY SPEAK WITH ANOTHER HOUSEHOLD MEMBER IF THEIR NAME IS ON THE LIST.]

[RECORD, BUT DO NOT ASK, GENDER:]
Male..... 1
Female..... 2

1. How much, if anything, would you say you have heard or read about a law that went into effect in March 2005 that prohibits smoking in most indoor public places in [INSERT COMMUNITY], including workplaces, public buildings, offices, restaurants and bars? Would you say that you have heard or read a great deal, some, not too much or nothing at all?

A great deal..... 1
Some..... 2
Not too much..... 3
Nothing at all..... 4
DK..... 5

2. As you may know, in March 2005, a law went into effect prohibiting smoking in most indoor public places in [INSERT COMMUNITY], including workplaces, public buildings, offices, restaurants and bars? Would you say that you favor or oppose this law? [IF FAVOR OR OPPOSE, ASK:] And would you strongly or only somewhat (favor/oppose) this law?

Strongly Favor..... 1
Somewhat Favor..... 2
Somewhat Oppose..... 3
Strongly Oppose..... 4
DK [VOL]..... 5

Choosing a Sampling Methodology

There are two approaches that can be used to draw an opinion poll sample: random-digit dial (RDD) or a voter registration file. Each of these sampling approaches has specific tradeoffs to consider when deciding which approach to use.

An RDD approach includes all known telephone exchanges in a particular community in the universe from which a sample is drawn. This option is useful for polling all people over 18 years old, not just registered voters, who live in a city or county. An RDD sample includes individuals who are *eligible* to vote but are not currently registered. Using RDD to target populations defined by city limits is standard practice in the polling industry. However, because an RDD sample generally contains information about the respondent's county of residence and zip code but not city boundaries, the sample, although geographically representative, would not be 100 percent precise.

A voter registration file provides information that is not available on an RDD sample. Most notably, it allows for a more accurate definition of voters who live within the city limits of a particular community and also provides a sample of people actually registered to vote. Sampling can also be based on participation in past elections to determine "likely voters." However, because Minnesota residents may register to vote on election day, limiting a sample to those who are already registered voters could miss people who are eligible, but not registered, to vote.

Because ClearWay Minnesota and its community implementation partners wanted to inform decision makers about how voters in their cities and counties were responding to the communities' ordinances, they chose to use the voter registration file approach. If questions are raised about how

representative registered voters are of citizens in a particular community, U.S. Census estimates can be used to verify how representative the sample of voters is of their communities. Anticipating such questions and researching the appropriate answers is a crucial component of preparing to release poll results.

Research Design

Tracking Studies

One polling design option is to conduct three tracking polls in a community to measure changes in attitudes toward smoke-free laws over time. Each poll includes a number of identical questions, making the results of these questions, from poll to poll, directly comparable. The first poll, conducted before the smoke-free law takes effect, is designed to provide a benchmark against which to compare changes in attitudes after the law has been implemented. The second poll, conducted one month after the smoke-free law takes effect, is designed to measure short-term changes in opinion in the immediate aftermath of the policy change while media coverage is high and residents are getting used to the new law. The third study, conducted six to twelve months later, is designed to measure longer-term attitudinal changes as a result of a new smoke-free law. While conducting three tracking polls is ideal, this plan could be scaled back to a two-poll study by eliminating the second or third poll.

Post-Implementation Studies

An alternative research design is to conduct a post-implementation poll(s) in a community. A community would receive a snapshot of residents' opinions but would have a limited ability to understand whether opinions have changed as a result of implementing a smoke-free law.

ClearWay Minnesota and its community implementation partners selected a two-wave post-implementation research design when conducting public opinion polls. The first wave of data collection occurred in May 2005. Wave two of data collection occurred in March 2006, approximately one year following the implementation of the smoke-free ordinances.

Focus Groups

Another option to consider is conducting a series of focus groups, both before and after a smoke-free law has been implemented. Focus groups are structured but open-ended discussions that permit a deeper understanding of respondents' thought processes than does quantitative poll research. This qualitative research provides a rich, textured appraisal of people's attitudes and background information for drafting a poll instrument. Participants' concerns, their intensity of interest, and sources of their ideas and opinions can be explored more fully. Focus group findings help ensure that the right questions are being asked in the right ways on poll instruments. However, focus group findings cannot be projected onto a larger universe so they are not a substitute for poll work. Despite these limitations, focus groups are a powerful supplement that provides a foundation for poll research.

Data Analysis

Once data is collected, a complete analysis of the frequencies of responses for each poll item should be conducted. Polling vendors typically conduct this analysis as a part of their contract although some communities may have the technical capacity to do this type of statistical analysis. Protocols for handling missing data should be considered in the frequency analysis. Typically, cross-tabulations of

the data are also computed to allow frequencies for two items, such as gender and age, to be examined simultaneously. Running cross-tabulations on all items will result in an unwieldy amount of data. A vendor can advise which cross-tabulations are most helpful and can also interpret row and column percentages correctly when examining cross-tabulations.

The Mellman Group computed frequencies and ran cross-tabulations on key attitudes and behavior items with demographics for ClearWay Minnesota and its community implementation partners for all polls conducted in 2005.

Releasing Poll Data

The main objective of sharing poll results is to create awareness of the success of a smoke-free ordinance. Use the results to reinforce messages that smoke-free ordinances promote healthier public places, are strongly supported by the public and do not hurt business. There are several ways to share the data collected from public opinion polls.

Hold a Press Conference

A visible way to share data is to hold a press conference. This can be done at a local business whose owners and patrons are supportive of the smoke-free ordinance. Create press kit materials for the press conference. These include, but are not limited to, a press release, a fact sheet of key findings, the biography of the polling vendor, a description of the poll methodology and contact information. At the press conference, charts and key findings should be used to display data. Distribute press kit materials to all who attend the press conference. Press kits can also be distributed by hand or by mail to key audiences, such as elected officials, local organizations and reporters.

Record a Radio Actuality

Contact the local radio station and pitch the idea of recording an interview about the poll data. The recorded interview, or actuality, can then be shared with other radio stations.

Submit a Press Release

A press release informs the press of the data that has been collected in a community. Include specific data that supports the smoke-free ordinance in the press release. Send the press release to all local newspapers and radio and television stations. Be sure to include contact information so any questions can be answered.

Please see the **Press Release** sample on the following page. This document is found in the Appendix and on the enclosed CD. It may be adapted to suit the needs of any community.

Consider Existing Relationships

If a stakeholder involved in the public opinion polling process already has a relationship with a reporter, have him or her ask the reporter to write an article that highlights the data collected. If the reporter does not typically write about this topic, ask for a referral to a reporter who does.

Create an Advertisement

If community resources permit, create an advertisement that shares public opinion poll data. The advertisement can then be printed in local newspapers and displayed on posters.

ClearWay Minnesota and its community implementation partners used all of these approaches when releasing results of the May 2005 and March 2006 public opinion polls and garnered significant print, broadcast and radio coverage.

For Immediate Release

Contact: Kerri Gordon
Public Relations Manager
(952) 767-1403

One Year Later, Support for Smoke-Free Ordinances Remains Strong, Surveys Report
Residents Agree that Smoke-Free Environments are Healthier and More Enjoyable

Minneapolis, Minn., March 29, 2006 – As the one-year anniversary of smoke-free ordinances in several of Minnesota's largest communities approaches, residents say they still overwhelmingly support laws that prohibit smoking in bars and restaurants. This high level of support is not surprising considering that more than eight of 10 residents think that secondhand smoke is a health hazard and that smoke-free bars and restaurants are healthier for customers and employees.

The findings are from new surveys conducted March 13 – 19 among residents of Hennepin and Beltrami counties and the cities of Minneapolis, Bloomington, Golden Valley and Moorhead. All surveyed communities implemented ordinances on March 31, 2005 with the exception of Beltrami County (January 1, 2005) and the City of Moorhead (December 15, 2004). The surveys are a follow-up to public opinion research that was first conducted in June 2005. Comparisons of the 2005 and 2006 data show that support for smoke-free ordinances remains high.

"Shortly after the smoke-free ordinances were implemented last year, public opinion surveys told us that Minnesotans strongly supported the healthier environments," said Dr. Barbara Schillo, ClearWay Minnesota™ Director of Research Programs. "Now, one year later, the new data reconfirms that the number of Minnesotans in favor of indoor smoke-free policies remains strong. Minnesotans increasingly understand the dangers of secondhand smoke exposure and see the ordinances as a good solution."

The surveys were sponsored by the Hennepin Medical Society, Northwest Hennepin Human Services Council, Clay County Public Health and the Beltrami Tobacco Education Awareness Movement through a grant from ClearWay Minnesota. The surveys were conducted by The Mellman Group, an independent research firm based in Washington, D.C.

– more –

Background

Substantial research, drawn from scholarly journals and professional polling studies, indicates that smoke-free ordinances are widely supported by the public.

Research suggests that public opinion favors more restrictive tobacco control policies.

Most Minnesota workers who are exposed to secondhand smoke at work would prefer their workplace be smoke-free. Only 2 percent of all indoor workers in Minnesota prefer to work where smoking is allowed. Not only do Minnesota workers want smoke-free workplaces, but the majority of all Minnesotans also prefer smoke-free spaces in general.¹

Most adult Minnesotans report that they would eat out more often or the same amount if there were a total ban on smoking in restaurants.¹

Duluth's smoke-free ordinance continues to enjoy wide support. Indeed, with nearly two-thirds supporting the ordinance and most of that "strong" support, the law is more popular after two years than it was initially.²

Research suggests that Minnesota citizens are more supportive of restrictive tobacco control policies than policy makers might think, and that more aggressive lobbying on behalf of such measures at the state and local level is warranted.³

There is a clear pattern of greater support among Minnesotans for restrictive policies regarding public smoking and advertising and sale of tobacco.³

Public opinion polls in Ramsey County and Minneapolis indicate public support for more restrictive smoking policies.

The majority of current smokers agree that restaurant and bar workers should have smoke-free workplaces. Smokers also agree that breathing clean air is more important than the right to smoke inside those places.⁴

The majority of restaurant and bar patrons prefer to be in smoke-free environments.⁴

Prohibitions on smoking in bars and restaurants do not deter patrons from going to those establishments. In some cases, patrons go more often to establishments after they become smoke-free.^{4,5,6}

The majority of poll respondents believe exposure to secondhand smoke is a serious health hazard.⁵

Following ordinance implementation in several Minnesota counties and cities, public opinion

research was conducted to provide data on both attitudes and behaviors of residents with respect to the ordinances.

Respondents overwhelmingly favored indoor smoke-free policies (range 70–75 percent), recognized secondhand smoke as a health hazard (range 82–86 percent), and believed these policies reduce their exposure to secondhand smoke (range 77–83 percent).⁷

Respondents frequented bars and restaurants as often or more often since the ordinances were implemented (range 84–89 percent), and the majority were not making special trips to communities that allow smoking in restaurants and bars (range 85–89 percent).⁷

Findings from the public opinion polls were disseminated widely, resulting in significant media exposure. Community partners have indicated that this information has been extremely helpful to share with decisionmakers as they weigh the impact of their decision.⁷

In Minnesota, support remained strong one year after ordinance implementation.

In Hennepin County, 75 percent of residents favored indoor smoke-free policies. Support for the policies exceeded 80 percent in the cities of Golden Valley and Moorhead.⁸

More than 90 percent of residents understand the health benefits of smoke-free environments in bars and restaurants in Hennepin County, Minneapolis, Golden Valley and Moorhead. At least 85 percent of residents in Bloomington and Beltrami County agreed.⁸

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Now you can see how blue
his eyes are from across the room.

And he can smell
that \$60/oz. perfume of yours.

Coming soon
**fresh
Air**
100% smoke free

ECONOMIC IMPACT

Monitoring Economic Impact

The research in this area is substantial and conclusive. Numerous peer-reviewed studies using objective data to assess economic effects of smoke-free policies in restaurants and bars find that smoke-free ordinances have no overall negative economic impact and, in many cases, have a positive impact on sales. Based on this evidence, the United States Surgeon General concluded in 2006 that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry.¹

A comprehensive study, using the best scientific methods available, is needed if a community wishes to examine economic impact. A credible economic impact study:

- Includes several sources of objective data, routinely collected by independent and credible agencies;
- Includes several years of data collected before ordinance implementation to establish a baseline in order to measure any trends following implementation of the ordinance;
- Allows for an adequate period of data collection following ordinance implementation to adequately assess impact of the ordinance; and
- Uses appropriate statistical techniques.²

Data cannot be analyzed with simple comparisons from one quarter to the next. Seasonal trends, employment trends, dynamics in the economy, growth in the population, and changes in the travel and tourism industry are some of the sources of variation that need to be accounted for with complex, multivariate modeling procedures. In addition, data from a community with a smoke-free law and one without a smoke-free law should be compared.

These studies take time because there are significant lags between the end of a reporting period and when data from that period are available. At the same time, communities may be pressured to conduct short-term economic impact studies that fail to meet these established standards. Exercise great caution when interpreting results from studies that fall short of the established standards for a quality study.

ClearWay MinnesotaSM, MIPH and their community implementation partners studied the economic impact of ordinances implemented in 2005.³ Communities included in the study were the state of Minnesota, Hennepin County, Ramsey County, Clay County, Beltrami County, the city of Minneapolis, the city of Bloomington and the city of Golden Valley. This study used several key sources of economic data in Minnesota, including:

- Aggregate taxable sales from the Minnesota Department of Revenue;
- Restaurant employment statistics from the Minnesota Department of Employment and Economic Development;
- Population demographics provided by the Minnesota Department of Administration's Demographic Center;
- Regional and National Consumer Price Index data from the Federal Reserve Bank of Minneapolis;
- Entity statistics from the Minnesota Department of Revenue;
- Population and labor data from the U.S. Department of Labor; and
- Restaurant and bar data from the Minnesota Department of Health.

This study looked at several years of data before ordinance implementation and then data for the periods following implementation. The objective was to examine the trends to explain and understand fluctuations and, ultimately, document correlations. Results from this study are available on-line at www.clearwaymn.org.

This type and level of analysis is necessary to determine whether smoke-free ordinances had a material effect on gross sales, number of people employed, and openings and closings of restaurants and bars, independent of other factors such as inflation, population or demographic shifts, new minimum wage, maximum 0.08 alcohol level law, success of local sports teams, etc. To be valid, an economic impact evaluation must use objective data from independent sources (not anecdotes); data points from after the law was implemented as well as from several years before the law was implemented; and valid statistical measures and methods that control for secular trends and random fluctuations. Also, overall economic trends and other external factors that could influence the results must be controlled for in the analysis.

This type of analysis is very time-intensive and costs from \$5,000 to \$25,000, depending on the depth and breadth of the work a community wants. Personnel costs make up the majority of the budget, so the cost will depend somewhat on internal staff capacity.

Communities will need to assess their internal capacity and staff expertise to determine whether hiring a consultant for this component is the best option for them.

Background

The following points—drawn from research studies, scholarly journals and trade publications—

illustrate what has been learned about the economic effects of a smoke-free ordinance.

Sales tax receipts and employment levels in restaurants and bars are the most frequently used objective data sources for measuring economic effects of smoke-free ordinances.

Sales tax and employment data can be collected in a uniform and consistent manner. These measures are among the best indicators of adverse economic effects of smoke-free regulations.⁴

Measures are considered to be objective if data are routinely collected by an independent agency and cover the periods both before and after the smoke-free policy was in force. Objective measures include sales figures provided for the purposes of taxation assessment, employment figures provided to government agencies and the number of new or existing establishments based on business permit applications or registrations to government agencies.⁵

The majority of studies that use objective data to assess the economic effect of smoke-free policies in restaurants and bars and have been published in peer-reviewed journals find either no negative impact or a positive effect on sales.

Based on available data through 2005, a Minnesota study found no apparent economic impact on the local economies analyzed, or on the State of Minnesota as a whole. The study analyzed objective data including aggregate taxable sales, population demographics and the number of eating and drinking establishments and employees.³

Comparing data collected one year before and one year after a smoke-free ordinance went into effect, sales and employment in restaurants and hotels generally increased in New York counties that

implemented smoke-free regulation when controlling for underlying economic trends.⁴

An analysis of sales tax revenue data in El Paso, TX, found no decline in total bar or restaurant revenues after the city's smoking ban was implemented.⁶

Data from New York City indicate growth in the restaurant sector following implementation of the New York City Smoke-Free Air Act and confirm the finding that the act had no adverse effect on the city's restaurant business.⁷

In Delaware, the number of restaurant, tavern and taproom licenses has increased since the clean indoor air law took effect. During the same period, employment within the restaurant and bar industry also increased.⁸

Smoke-free policies did not have a significant community-wide effect on restaurant sales in 19 Massachusetts communities.⁹

In one study after another, covering multiple states within the United States, analysts have found no adverse effect of smoking restrictions, including complete bans, on local restaurants' business. Indeed, several studies have found a tendency for smoking restrictions to increase business.¹⁰

Those studies that have reported a negative economic impact have based findings on predictions made before the implementation of ordinances and subjective judgments or estimates, rather than objective and verified data.

Studies concluding a negative economic impact have predominantly based findings on outcomes predicted before the introduction of policies or on subjective impressions or estimates. These studies were funded largely by the tobacco industry or organizations allied with the tobacco industry.¹¹

None of the 35 published studies that concluded a negative impact have been funded by a source clearly independent of the tobacco industry. Nor have any both used an objective measure and been peer reviewed.⁵

Changes in the hospitality industry reflect the general economic environment.

Many other factors appear to affect the hospitality industry, including the general economic environment and secular changes in travel and dining behavior.⁴

A Minnesota Department of Employment and Economic Development report stated that "Without question, the terrorist activities of Sept. 11, 2001, temporarily altered the tourism industry... But, it's the economy's performance that may have had an even more profound effect on the industry... While the recent economic downturn has altered the leisure and hospitality industry, its effects will likely be temporary. The tourism industry has adjusted to consumer behavior before and it will do so again."¹²

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INDOOR AIR QUALITY

Monitoring Indoor Air Quality

Monitoring indoor air quality in relationship to smoke-free ordinances can be an effective surveillance tool. Although an extensive body of literature documents significant reductions in harmful indoor air pollutants when secondhand smoke is eliminated, local indoor air quality data is also valuable. Local data creates opportunities for media coverage because decision makers and the public are interested in the local impact of a smoke-free ordinance.

ClearWay Minnesota'sSM community partners requested indoor air quality monitoring in Minnesota communities as a part of developing this Toolkit. ClearWay Minnesota and MIPH contracted with the Center for Energy and Environment to provide air quality monitoring expertise, and the ClearWay Minnesota team conducted numerous air quality checks following standard scientific protocols for conducting indoor air quality monitoring that have been used in other studies throughout the country.

In addition, ClearWay Minnesota has provided equipment and technical assistance to communities that have opted to conduct their own indoor air quality surveillance. Communities that wish to conduct indoor air quality surveillance will need to consider several issues in tailoring their approach. There are two primary study design options for testing indoor air quality.

Pre- and Post-Implementation Monitoring

The first option is to monitor indoor air quality before and after ordinance implementation. This monitoring method involves selecting venues and monitoring indoor air quality before an ordinance is implemented. After the ordinance is

implemented, the study team returns to the same venues at the same approximate time and day of the week. Levels of indoor air pollution, pre- and post-implementation, are compared to calculate the differences in indoor air quality that result from the ordinance.

Post-Implementation Monitoring

The second study design option is to monitor indoor air quality in two communities: one community that has implemented an ordinance and another community that does not have an ordinance. This option involves selecting and monitoring similar venues in both communities so that their overall levels of indoor air pollution can be compared. This design option is useful if a community does not have time to conduct monitoring before an ordinance is implemented.

Venue Selection

A representative sample of the community's venues will need to be selected. The number of venues will vary according to the study design and research questions. Factors such as the ability to monitor unobtrusively, allowing travel time between venues, and providing for the safety of those conducting the testing should be accounted for as well in the selection of venues.

Monitoring Protocol

Previous indoor air quality studies have used observational checklists as guidelines for monitoring. ClearWay Minnesota and MIPH staff are available to provide technical assistance and training to communities planning to monitor indoor air quality.

Equipment

ClearWay Minnesota has a SidePak AM510 Personal Aerosol Monitor that communities can use for indoor air quality studies. The SidePak weighs only a pound and measures particulates in the air using lasers. ClearWay Minnesota and MIPH staff can train community members to use this equipment. Communities that intend to conduct monitoring also may consider purchasing a SidePak from TSI, Inc. (www.tsi.com). Please contact ClearWay Minnesota at (952) 767-1400 for more information.

Please see the sample **Observational Checklist** from Andrew Hyland, Roswell Park Center: Venue Observation. This document is found in the Appendix and on the enclosed CD. It may be adapted to suit the needs of any community.

OBSERVATIONAL STUDY VENUE CHECKLIST	
Date of Observation _____	Type of Venue <input type="checkbox"/> Bar only <input type="checkbox"/> Restaurant only <input type="checkbox"/> Combined
Time case placed outside _____	
Entered venue _____	
Establishment Information	
Name _____	
Address _____	
City _____	
County _____	
Observer 1 _____	
Observer 2 _____	
Observer 3 _____	
What is the maximum legal occupancy of this venue? _____	_____ Legal occupancy as posted
How many patrons can be seated in this venue? _____	_____ Number of seats
Room Dimensions	Area Length Width Height
	1 _____
	2 _____
	3 _____
Number of "Smoke Eaters"	Bar area: 1 2 3 4 5 6+
	Restaurant area: 1 2 3 4 5 6+

Background

Information about the effects of a smoke-free ordinance on indoor air quality, drawn from scholarly journals and research studies, illustrates what has been learned to date.

Exposure to secondhand smoke in environments that permit smoking exceeds federal air quality standards and presents clear health risks.

In a study of a variety of hospitality venues in Delaware before enactment of a statewide clean indoor air law, the average level of respirable particulate matter violated the National Ambient Air Quality Standards promulgated by the U.S. Environmental Protection Agency.¹

In healthy volunteers, 30 minutes of exposure to secondhand smoke compromised function of the coronary arteries of nonsmokers in a way that was indistinguishable from smokers.²

Nonsmokers regularly exposed to secondhand smoke have an 82 percent greater chance of stroke.³

Investigators demonstrated that, in healthy young volunteers, just 30 minutes of exposure to secondhand smoke compromised the endothelial function in coronary arteries of nonsmokers in a way that made the endothelial response of nonsmokers indistinguishable from that of habitual smokers.²

Bar workers have three to six times more exposure to secondhand smoke than other workers.⁴

Nonsmoking women who are regularly exposed to secondhand smoke either in their workplace or in their homes have a 91 percent higher risk of heart attack or death than those who are not subjected to smoke. Nonsmoking women who are only occasionally exposed to secondhand smoke have a 58 percent higher risk of heart attack or death.⁵

Exposure to secondhand smoke in the workplace can be measured by assessing indoor air quality.

Exposure to secondhand smoke can be measured by assessing the quality of indoor air. Indoor air quality has been assessed by measuring respirable particulate matter, nicotine concentrations, and carcinogenic particulate polycyclic aromatic hydrocarbons.¹

Particulate matter released from burning cigarettes is easily inhaled deep into the lungs and has serious health effects.⁶

Smoke-free policies reduce secondhand smoke and improve air quality.

Policies requiring smoke-free environments are the most effective method for reducing secondhand smoke exposure in public places.⁷ Cities that require bars and restaurants to provide smoke-free environments have the lowest indoor air pollution levels.⁶

In a study of seven cities located in five states, less particulate matter was found in venues required by state or city law to be smoke-free than in similar venues where smoking is permitted without restriction.⁶

Median nicotine concentration was observed in industrial workplaces, the service sector and offices one year before and one year after implementation of the National Smoke-Free Workplace legislation in Finland, and a significant decrease was found.⁸

In a study of hospitality venues in Delaware prior to ordinance implementation, an estimated average of 96 percent of the indoor respirable particle (RSP) pollution and 84 percent of the indoor particulate polycyclic aromatic hydrocarbons (PPAH) carcinogens were caused by secondhand smoke.¹

One month after a New York state law requiring most public places to be 100 percent smoke-free was implemented, respirable particulate matter in eight venues sampled in Western New York decreased by an average of 84 percent.⁹

A recent global indoor air quality study in 24 countries found that the level of indoor air pollution was 89 percent lower in the places that were smoke-free compared to those where smoking was observed.¹⁰

Approximately two-thirds (64 percent) of Minnesota's employed population reported that their workplace has a policy that does not allow smoking at all in the building. The remaining one-third, or approximately 800,000 Minnesotans, indicated that they either do not have an official workplace policy or have a policy that does not completely eliminate exposure to secondhand smoke.¹¹

Ventilation is not an effective solution to reducing exposure to secondhand smoke.

The 2006 Surgeon General's report on secondhand smoke concluded that "separating smokers from nonsmokers, cleaning the air and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke."¹²

National Ambient Air Quality Standards can never be attained unless the outdoor air supply is cleaned with a fine particle filter and the air is changed 80 times per hour. Even if these measures are taken, secondhand smoke still poses a carcinogenic and toxic risk.¹

Following the basic laws of physics, secondhand smoke rapidly diffuses throughout a room. At one air change per hour, it takes more than three hours for 95 percent of the smoke in a room to dissipate once smoking has ended.¹³

Using current indoor air quality standards, ventilation rates would have to be increased more than a thousandfold to reduce cancer risk associated with secondhand smoke to a level considered acceptable to federal regulatory agencies. Such a ventilation rate is impractical since it would result in a virtual windstorm indoors.¹³

The 2006 Surgeon General’s report on secondhand smoke concluded that “establishing smoke-free workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace.”¹²

Data from Minnesota Communities

In Minnesota, research was conducted to measure ultra-fine particulate levels in establishments in Hennepin County (comprehensive ordinance), Ramsey County (partial ordinance) and Dakota County (no ordinance).¹⁴

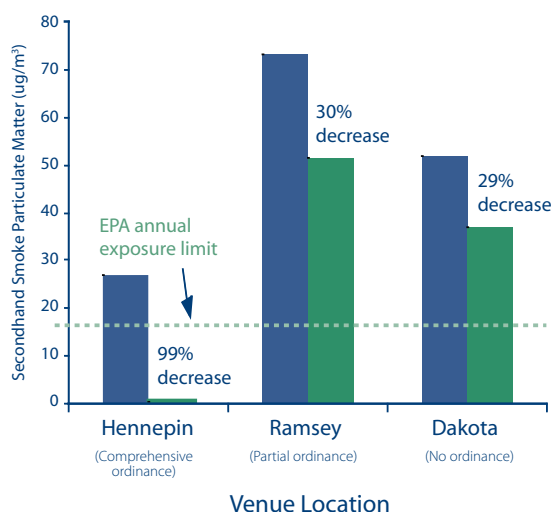
Air quality monitoring was conducted before and after the implementation of smoke-free ordinances in 25 bars and restaurants in Hennepin, Ramsey and Dakota counties during March 2005 (pre-ordinance) and June 2005 (post-ordinance). Monitoring occurred from noon to 1 p.m. on Fridays and from 6 p.m. to midnight on Fridays and Saturdays. For each business, post-ordinance monitoring was conducted on the same day of the week and same time of day as the pre-ordinance monitoring. No monitoring was conducted over holiday weekends.

The study found that:

- Hennepin County’s comprehensive smoke-free ordinance helped reduce harmful air pollution in bars and restaurants by 99 percent.

- Bar and restaurant employees and customers in communities with either partial smoke-free ordinances or no ordinances at all continue to breathe air pollution at levels that exceed EPA annual exposure limits by 2½ to 3½ times.
- People in bars and restaurants covered by partial smoke-free ordinances breathe air that is more polluted than that found in a typical bus terminal and much less clean than typical outside air.

Typical Secondhand Smoke Particulate Levels Before and After Adoption of Smoke-Free Ordinances



Only in Hennepin County did values drop to those that approximate the levels of ultra-fine particulates measured in outside air, reaffirming that comprehensive ordinances are the only effective way to meaningfully reduce harmful indoor air pollution resulting from secondhand smoke.¹⁴

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HEALTH EFFECTS

Understanding the Health Effects

There are three basic approaches to studying the health effects of smoke-free policies: 1) assessing health impacts on hospitality workers and patrons using self report tools and monitoring health status; 2) assessing biological markers of secondhand smoke exposure; and 3) assessing long-term health impact on a population by monitoring changes in hospital admissions and morbidity and mortality patterns. Such studies are complex and best undertaken by well-funded and established health researchers.

This section of the Toolkit does not include specific tools that local health practitioners or officials can use to monitor the effects of tobacco control policy on human health. Rather, the research that is available on the human health effects of tobacco smoke and health effects of eliminating exposure to tobacco smoke is summarized in this section of the Toolkit. As with any scientific investigation, these studies must be interpreted with caution and in the context of other studies. One of the strongest overall conclusions that can be drawn from these studies is that components of tobacco smoke and its metabolites, including known carcinogens, can be found and measured in the bodies of persons exposed to secondhand smoke and there is a dose/response association—the higher the exposure, the more tobacco smoke and metabolites are found.

This section is divided into three parts. The first portion addresses studies of workers' exposure to secondhand smoke, the deleterious effects on their health and the health benefits that result in eliminating secondhand smoke from the workplace. The second portion covers studies about the risks of secondhand smoke to patrons of businesses where smoking is allowed and the health benefits that

accrue when it is prohibited. The third portion is a survey tool included for informational purposes only. This research survey tool was used by Mark Eisner and colleagues at the University of California at San Francisco to elicit information from employees about respiratory tract symptoms associated with exposure to secondhand smoke at work. It was used only after appropriate involvement of human subjects review committees and is not intended for use in community settings outside of a specific research project.

Health Effects on Workers

Secondhand smoke kills.

Secondhand smoke contributes to the deaths of 46,000 nonsmokers in the United States from heart disease each year.¹

Lung cancer caused by exposure to secondhand smoke is responsible for an estimated 3,000 deaths per year among nonsmokers nationwide.²

Secondhand smoke contains 11 known cancer-causing substances and 250 known toxins.³

The California Environmental Protection Agency's review of population-based studies conducted since 1991 confirmed earlier secondhand smoke findings and determined that secondhand smoke is causally associated with a number of fatal and non-fatal health effects.⁴

Secondhand smoke causes cancer.

The 2006 *Report of the Surgeon General* and the 1992 U.S. Environmental Protection Agency report *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders* established that secondhand smoke exposure causes lung cancer.

Lung cancer caused by exposure to secondhand smoke is responsible for an estimated 3,000 deaths

per year among nonsmokers in the United States.² Secondhand smoke is known to increase the risk of nasal sinus cancer in nonsmokers.⁴

Secondhand smoke is a Group A carcinogen—a substance known to cause cancer in humans. There is no safe level of exposure to Group A carcinogens.⁵

Food and beverage service workers need protection from secondhand smoke.

More than three-fourths of white-collar workers in the United States in 1999 were protected from secondhand smoke at work but only 43 percent of the country's 6.6 million food preparation and service employees worked in smoke-free environments.⁶

Minnesota workplace smoke-free policies do not protect workers equally. Employees of bars or restaurants serving alcohol have significantly less protection from exposure to secondhand smoke than other Minnesota workers.⁷

Smoke-free policies lead to fewer health problems for workers.

Reported sensory irritation declined from 87 percent to 54 percent among bar and restaurant employees after the 2003 smoking ban in New York.⁸

In San Francisco in 1998, three-fourths of the 53 bartenders surveyed reported having respiratory symptoms before a restaurant and bar smoking ban, and 60 percent of those affected had resolution of their symptoms after the ban. Three-fourths had sensory irritation symptoms before the ban and 80 percent of those reported that their symptoms disappeared after the ban.⁹

There is a direct relationship between the amount of time exposed to secondhand smoke and higher levels of nicotine metabolites in workers.

Salivary cotinine, a metabolite of nicotine, decreased significantly in employees when measured three months after the bar and restaurant smoking ban in New York state in 2003.⁸

Workers exposed to smoke on the job in restaurants and bars in New Zealand had increased salivary cotinine from the beginning to the end of their work shifts even when smoking was limited to half of the area of the business.¹⁰

In New Zealand, nonsmoking workers in smoke-free restaurants had much lower levels of hair nicotine than workers in bars with no smoking restrictions. Hair nicotine levels were intermediate in places where half of the establishment was designated nonsmoking. Workers in bars and restaurants with no restriction on smoking had hair nicotine levels similar those of active smokers.¹¹

Nonsmoking airline flight attendants in the aft galley of intercontinental flights where smoking is allowed had significantly higher levels of urinary cotinine after the flight than before departure. Workers in the no-smoking front area of the plane had no increase.¹²

Exhaled carbon monoxide more than doubled in nonsmoking waiters in Brazil after nine hours of work in restaurants with no smoking restrictions and correlated significantly with the number of tables available for smokers.¹³

Exposure to tobacco smoke at work results in reduced lung function.

Exposure and response to environmental tobacco smoke at work among nonsmoking employees

showed a reduction in pulmonary function in a dose-related fashion.¹⁴

Eliminating smoke in the workplace leads to improved lung function in smokers and non-smokers.

After the 1998 smoking ban in California bars and restaurants, 53 bartenders, including current smokers, showed improved lung function.⁹

Smoke-free work policies encourage smokers to quit smoking.

Many studies have shown that smokers whose workplaces are smoke-free are more likely to quit smoking at an increased rate than smokers whose workplaces have weak smoke-free policies or no such policies at all.¹⁵

Strategies to reduce an individual's consumption of cancer-causing tobacco toxins have little or no benefit.

Research into possible health benefits of reducing the number of cigarettes an individual consumes, use of lower-tar cigarettes, modified tobacco products, and smokeless tobacco has shown little, if any, benefit to individuals.¹⁶

Community Health Effects

Blood flow reserve in the coronary arteries is decreased in healthy young adults exposed to secondhand smoke.

Measurement of coronary blood flow velocity reserve of healthy subjects before and after being exposed to secondhand smoke found significant reduction in flow in nonsmokers, indicating that passive smoking can cause endothelial dysfunction in the coronary circulation.¹⁷

Even a little exposure to secondhand smoke is dangerous.

According to the U.S. Surgeon General, there is no safe level of exposure to secondhand smoke.¹ After just four hours in a casino where smoking is permitted, Minnesota nonsmokers showed 112 percent more lung-cancer-causing chemicals in their bodies than normal, and 456 percent more nicotine.¹⁸

Metabolites of nicotine are measurable in populations.

Cotinine, a metabolite of nicotine, can be measured in samples of blood, saliva, urine and hair in children and adults.¹⁹

Because nicotine is highly specific for tobacco smoke, cotinine levels can be used to track exposure to tobacco smoke and its constituents.¹⁹

In 1991, nearly 90 percent of the U.S. population had measurable levels of serum cotinine in their blood; recent dramatic declines in serum cotinine levels among nonsmokers are an indication that efforts to ensure clean indoor air through smoking restrictions are working.¹⁹

Evidence suggests that secondhand smoke can precipitate acute myocardial infarction.

A Helena, Montana, study made a connection between secondhand smoke and heart disease. The study observed that hospital admissions for heart attacks declined by approximately 40 percent during a six-month period during which a comprehensive smoke-free air law was in effect, and rebounded after the ordinance was suspended.²⁰ In 2005, a similar study conducted in Pueblo, Colorado, confirmed the findings from Helena.²¹ As a result of the Helena study, the Centers for Disease

Control and Prevention issued a warning, saying that people at risk of heart disease should avoid exposure to secondhand smoke.²²

Even short exposures to secondhand smoke are dangerous for people with coronary heart disease.

Unlike the case of lung cancer, the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke is non-linear at low doses and increases rapidly with relatively small doses such as those received from secondhand smoke or actively smoking one or two cigarettes a day.²³ Current scientific data suggest that exposure to secondhand smoke can precipitate myocardial infarctions in nonsmokers²⁴ and increase the risk of fatal and non-fatal cardiac events in nonsmokers by about 30 percent.²¹

Metabolites of a tobacco-specific lung carcinogen are found in nonsmokers exposed to secondhand smoke.

Nonsmoking women whose partners smoke inhale and metabolize the tobacco-specific carcinogen 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone.²²

Metabolites of a powerful lung carcinogen, carcinogen 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone, were found in paired samples of urine before and after exposure during a four-hour casino visit.²²

More than 30 scientific studies have shown that passive smoking is associated with a higher risk of lung cancer.

More than 30 research studies have shown an increased risk of lung cancer in non-smoking spouses.²²

Survey Tool to Elicit Information about Short-Term Health Effects of Secondhand Smoke on Employees

In his study of respiratory health, Dr. Mark Eisner, University of California, San Francisco, used a survey to gather information from bartenders.⁹ Dr. Eisner kindly provided a copy of this survey to be included in the Toolkit.

Please see the **Questionnaire** below and note that this survey document was used by researchers who conducted their study after careful attention to research design and appropriate involvement of human subjects review committees. This document is found in the Appendix and on the enclosed CD. The survey is not intended for use in community settings outside of a specific research project.

INTERVIEW/QUESTIONNAIRE

Respiratory Health of Bar Workers

Today's Date ___ / ___ / ___

Name of Bar or Tavern _____

Subject Name _____

What is your birth date? ___ / ___ / ___ Gender: Male Female

How long have you worked at this bar? (YEARS) _____

On average, how many hours per week do you work at this bar? _____

The next questions ask about breathing symptoms that you might have had during the past 4 weeks.

Have you had wheezing or whistling in your chest at any time during the last 4 weeks? Yes No

Have you felt short of breath? Yes No

In the last 4 weeks, do you usually cough first thing in the morning? Yes No

Do you cough at all during the rest of the day or night? Yes No

Do you bring up any phlegm? Yes No

The next few questions ask you about eye, nose, or throat irritation during the past 4 weeks.

In the past 4 weeks, have your eyes been red or irritated? Yes No

Have you had a runny nose, sneezing, or nose irritation? Yes No

Have you had a sore or scratchy throat? Yes No

The next few questions ask you about your personal smoking habits.

Have you smoked at least 100 cigarettes in your entire life? Yes No

Is yes, do you currently smoke cigarettes regularly (most days or nights)? Yes No

How many packs do you smoke per day? _____

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SMOKING CESSATION

Increasing Smoking Cessation

Smoke-free ordinances are effective in encouraging smokers to think about cessation. Ordinances also support smokers who have already quit. In Hennepin County, 23 percent of smokers said that the ordinance caused them to think seriously about quitting smoking.¹ This evidence has two implications for communities. First, communities can provide cessation information and education before and during ordinance implementation. Second, communities can track use of local cessation programs following implementation. County-specific data can be obtained from ClearWay MinnesotaSM for analysis.

ClearWay Minnesota provides five QUITPLAN[®] services for Minnesotans who want to quit smoking:

- quitplan.com
- QUITPLAN Helpline
- QUITPLAN at Work
- QUITPLAN Centers
- Community-Tailored QUITPLAN Centers

Callers to 1-888-354-PLAN (7526) will immediately be routed to an appropriate service.

quitplan.com

quitplan.com is a free, interactive website that offers information, assistance and an extensive support network.

Features of quitplan.com include:

- Self-assessment tools and information
- A tool that tracks progress, calculates savings and suggests next steps in the quitting process
- Experts who respond to questions within 24 hours
- Other smokers or former smokers who share the ups and downs of quitting in community forums and clubs or through a buddy system
- Quit tip emails

QUITPLAN[®] Helpline

The QUITPLAN Helpline began as Minnesota's Tobacco Helpline in 2001. Callers talk with a specialist to create a personalized plan to quit and may receive free nicotine replacement therapy (nicotine patches, gum or lozenges) if appropriate. QUITPLAN Helpline services are free to callers who are uninsured or do not have coverage for telephone counseling and/or nicotine replacement through their health plan. Those who have coverage can be transferred directly to their insurer's counseling line.

Phone numbers:

English and Spanish

1-888-354-PLAN (7526)

TTY Line

1-877-559-3816

The QUITPLAN Helpline can help seven days a week. Hours of service are:

Monday–Friday, 7 a.m. to 10 p.m.

Saturday, 8 a.m. to 5 p.m.

Sunday, 10 a.m. to 4 p.m.

QUITPLAN[®] at Work

ClearWay Minnesota began sponsoring group counseling sessions at workplaces in December 2003. The program is provided by Park Nicollet HealthSource, and the service is free for people who want to quit smoking. Employers must meet eligibility requirements and have at least eight employees ready to participate in the program. During the first two years of service, approximately 1,000 employees have participated in the program. Nicotine replacement therapy is available to those without coverage.

For more information on the program, call 952-993-3926.

QUITPLAN at Work offers:

- Free professional group counseling
- Help with creating stop-smoking plans that work for each employee
- Support and tools that help employees quit smoking

Companies participating in the program will benefit from:

- Fewer sick days used
- Lower health care costs
- Lower HVAC maintenance costs
- Higher morale and a better image

QUITPLAN® Centers

Located in various health care settings, QUITPLAN Centers provide face-to-face tobacco counseling and nicotine replacement therapy. QUITPLAN Centers are located throughout the Twin Cities, Thief River Falls, Karlstad, Hallock, Roseau, Willmar, Benson, Granite Falls, Marshall, Redwood Falls and Duluth.

For more information on the program, call 952-767-1400 or go to www.clearwaymn.org.

QUITPLAN® Centers Through Northwest Medical Center

Northwest Medical Center
120 Labree Ave. S.
Thief River Falls, MN 56701

For appointments or information, call 218-683-4522.

Kittson Memorial Clinic of Karlstad
First and Roosevelt
Karlstad, MN 56732

For appointments or information, call 218-436-7621.

Kittson Memorial Clinic
1010 South Birch
Hallock, MN 56128
For appointments or information, call 218-843-2165.

Salberg Dental
308 W. Center St.
Roseau, MN 56751

For appointments or information, call 218-463-1070.

QUITPLAN® Centers Through Affiliated Community Health Foundation

Affiliated Community Medical Centers
Health Learning Center
101 Willmar Ave. S.W.
Willmar, MN 56201

Affiliated Community Medical Centers
1805 Wisconsin Ave.
Benson, MN 56215

Affiliated Community Medical Centers
1420 E. College Dr.
Marshall, MN 56258

Affiliated Community Medical Centers
295 10th Ave.
Granite Falls, MN 56241

Affiliated Community Medical Center
1100 E. Broadway
Redwood Falls, MN 56283

For appointments or information for any Affiliated Centers, call 1-866-560-1729.

QUITPLAN® Centers Through Park Nicollet Institute

Park Nicollet Clinic - Meadowbrook
6490 Excelsior Blvd.
St. Louis Park, MN 55426

Park Nicollet Clinic - St. Louis Park
3850 Park Nicollet Blvd.
St. Louis Park, MN 55416

Park Nicollet Clinic - Burnsville
14000 Fairview Dr.
Burnsville, MN 55337

Park Nicollet Clinic - Brookdale
6000 Earle Brown Dr.
Brooklyn Center, MN 55430

Park Nicollet Clinic - Minnetonka
17821 Highway 7
Minnetonka, MN 55345

Park Nicollet Clinic - Minneapolis
2001 Blaisdell Ave. S.
Minneapolis, MN 55404

For appointments or information for any
Park Nicollet Centers, call 952-993-3636.

QUITPLAN® Centers Through the University of Minnesota

Smiley's Clinic
2615 E. Franklin
Minneapolis, MN 55406

Broadway Clinic
1020 W. Broadway
Minneapolis, MN 55411

For appointments or information, call 612-333-0774.

QUITPLAN® Center Through St. Mary's/ Duluth Clinic

St. Mary's/Duluth Clinic
Heart Center
407 E. Third St.
Duluth, MN 55805

For appointments or information, call 218-786-2677.

Community-Tailored QUITPLAN® Centers

The Community-Tailored QUITPLAN Centers offer culturally focused tobacco cessation services to members of priority populations who are among the most adversely affected by tobacco and most heavily targeted by the tobacco industry. These centers serve American Indians, African-Americans, African Immigrants, Southeast Asians and Chicano/Latinos. The grantees providing service are Pillsbury United Communities, Fond du Lac Human Services Division, Confederation of Somali Communities, Vietnamese Social Services and United Migrant Opportunity Services. Multiple counseling sites are located on the Fond du Lac reservation (American Indian); in St. Cloud, Mankato, and Willmar (Chicano/Latino); and in the metro area.

For more information on the program, call 952-767-1400 or go to www.clearwayminnesota.org.

QUITPLAN® Community

Pillsbury United Communities
Serving multiple communities of color
420 15th Ave. S., Minneapolis, MN 55412
612-338-5282

Brian Coyle Center
Serving Somali and Oromo Communities
612-338-5282

Oak Park Community Center
Serving African American Communities
612-377-7000

Waite House
Serving Latino Communities
612-721-1681

Pillsbury House
Serving Latino, African American and Native
American communities
612-824-0708

QUITPLAN® Center/UMOS Centro Liston

Café: Dejar de Fumar

United Migrant Opportunity Services

Serving the growing Chicano/Latino population.

- 3112 Southway Dr., Suite 1, St. Cloud, MN 56301 1-866-762-5498
- 409 19th Ave. S.W., Willmar, MN 56201 320-493-5120
- Mankato, MN 56001 507-388-7001 and 1-866-762-5498

QUITPLAN® Center-Southeast Asian Community

Vietnamese Social Services of Minnesota

Serving the Twin Cities-area Southeast Asian population.

1159 University Ave.W., Suite 100,
St. Paul, MN 55104
651-203-1500 or 651-428-9143

Southeast Asian Refugee Community Home
(SEARCH), 612-673-9388

Hmong focus: 612-374-2694

Lao focus: 612-374-4967

QUITPLAN® Center-Faya Bilow

“A Healthy Beginning”

**Confederation of Somali Communities in
Minnesota**

Serving the Twin Cities-area Somali community.

420 15th Ave. S., Minneapolis, MN 55454
612-338-5282, ext. 216

**Wiidoowkowishin QUITPLAN® Center at Fond
du Lac**

**Fond du Lac Human Services Division, Fond du
Lac Reservation**

Serving the Native American community at Fond
du Lac Reservation and in Duluth.

927 Trettel Lane, Cloquet, MN 55720

218-878-3707

Smoking Cessation Resource Directory

The Minneapolis Heart Institute Foundation seeks to improve cardiovascular health through education and clinical research. In 1993, the Smoking Cessation Resource Directory was originally developed by Kevin Graham, M.D., Director of Preventive Cardiology at the Minneapolis Heart Institute, with support from the Foundation. Since its introduction, the directory has become the most comprehensive listing of smoking cessation programs, services and support resources within Minnesota. After 10 years and despite many enhancements and revisions, the intent and purpose of the directory has not changed: to provide individuals and health professionals with information on current smoking cessation resources available both locally and nationally.

Visit the Smoking Cessation Resource Directory on the web:

www.mplsheartfoundation.org/education/smokingcess/education_hhr_smokingcess.asp

Background

The following points, supported by articles published in scholarly journals, illustrate what has been learned about tobacco cessation efforts.

Smoking cessation is beneficial to individuals, families and communities.

Unless the prevalence of tobacco use is reduced dramatically, about 25 million Americans—one of two current smokers in the United States—will die prematurely of a disease caused by their dependence on tobacco, shortening lives by an average of 13 years.²

Quitting smoking has immediate and long-term benefits, reducing risks for diseases caused by smoking and improving health in general. Soon after a smoker quits, his or her body experiences immediate health improvements that can last a lifetime.³

Recent research suggests that quitting smoking leads to a reduction in environmental tobacco smoke exposure and in the associated health effects. This

makes smoking cessation of vital importance to family members, coworkers and others who come into contact with environmental tobacco smoke.²

Smoking cessation and prevention strategies have tremendous potential to improve public health. The risk of coronary heart disease has been estimated to decrease by 50 percent 12 months after smoking cessation. The relative risk of developing other conditions, such as chronic obstructive pulmonary disease, lung cancer and stroke, also decreases with smoking cessation.⁴

Research suggests that smoking cessation efforts are more effective if they are part of a comprehensive tobacco control effort. Along with behavioral and medical cessation strategies, workplace smoking policies have been demonstrated to be an effective component of a comprehensive tobacco control effort.

Smoke-free worksite policies help employees to reduce their daily cigarette consumption and to stop smoking.⁵

Quitting can have the greatest potential impact when used as part of a comprehensive tobacco control effort.⁶

In 1992, Phillip Morris Tobacco Company privately estimated that if all workplaces were smoke-free, total consumption would drop about 10 percent, through a combination of quitting and cutting down.⁷

Comprehensive efforts to lower the prevalence of tobacco use deliver better outcomes and provide a return on investment more quickly than many experts had previously thought.⁸

There is a direct relationship between the strength of workplace smoking policies and their impact on employee smoking behavior.

Generally speaking, the more restrictive the smoking policy becomes, the greater the likelihood that individuals will be successful in quitting smoking and lowering daily cigarette consumption if they continue to smoke.⁵

Smoke-free policies that are in place for longer periods enhance these effects on smoking behavior. There is a strong dose-dependent relationship between worksite smoking policies and smoking behaviors, such that the more restrictive the rules, the greater their impact on smoking behavior.⁵

Research suggests that public opinion about smoking can help smokers quit.

Even after accounting for the effects of state-level tobacco control measures—such as cigarette taxes and smoking restrictions in private workplaces and restaurants—research suggests that negative public sentiment toward smoking makes smokers more willing to quit.⁹

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APPENDIX

The *Toolkit for Implementing and Defending Smoke-Free Ordinances* offers a standardized set of tools that can be customized for use in your community. Within each section of the Toolkit, snapshots of the tools are displayed in shaded green boxes. The Toolkit document names are listed in order of appearance and are available in the Appendix and on the enclosed compact disc (CD).

Toolkit Document	Compact Disc File Name
Memo of Understanding	Memo_Understanding.doc
Complaint Log.....	Complaint_Log.xls
Complaint Log Instructions	Complaint_Log_Instr.doc
Outdoor Observational Checklist.....	Ob_Check_Outdoor.doc
Waiting Area Observational Checklist	Ob_Check_Waiting.doc
Friendly Enforcement Letter	Letter_Friendly.doc
Legal Warning Letter.....	Letter_Legal.doc
Request for Information Letter.....	Letter_Request.doc
Letter of Warning.....	Letter_Warning.doc
Public Opinion Poll 2005.....	Public_Poll_05.doc
Public Opinion Poll 2006.....	Public_Poll_06.doc
ClearWay Minnesota SM Press Release	Press_Release.pdf
Observational Study Venue Checklist.....	Ob_Check_Venue.doc
Interview Questionnaire	Questionnaire.doc

MEMO OF UNDERSTANDING

Business Proprietor, Law Enforcement (LE), Public Health (PH), & County Attorney (CA) Responses to Complaints about Smoking at Smoke-Free Restaurants.

OLMSTED COUNTY, DRAFT 2-27-02

Scenario A – Customer is smoking in a smoke-free restaurant. The proprietor asks the customer to stop or leave, and the customer refuses.

Responses:

1. Proprietor calls law enforcement.
2. LE offers counsel to the proprietor and/or customer via phone.
3. When advice is not adequately addressing the situation, LE determines resource availability and priority to address the case at the site.
4. If LE determines the case warrants a warning or issuance of citations to the customer, the warning or citation given will be for violations of:
 - a. **MN Clean Indoor Air Act, (MS 144.414)**
 - b. **Trespass, (MS 609.65) and/or**
 - c. **Disorderly Conduct laws (MS 609.72).**(The above laws may be a stronger foundation than Olmsted County Resolution 01-102, SFO Section D Subd. 1. for issuing a citation to a patron for smoking in a non-smoking area of a restaurant.)
5. Whether a deputy is dispatched or not, Public Health is notified about the case.
6. PH contacts proprietor to document relevant information.

Scenario B – Complainant calls law enforcement with observation that the proprietor appears to be violating the ordinance (offering smoking devices, failing to inform violating customers, and/or allowing employees to smoke at the restaurant).

Responses:

1. LE advises complainant that it is the operator's responsibility to comply with the ordinance.
2. LE decides whether to contact the proprietor directly.
3. LE follows up with notification to PH.
4. PH follows up by contacting the proprietor.
5. If the proprietor refuses to comply and/or indicates support for repeated violations, PH consults CA and arranges a public hearing before the Environmental Commission.
6. PH and the proprietor are given an opportunity to appear before the Environmental Commission. PH will seek the commission's support for further action, which may include proceeding with formal complaint and court action.
(MS 144.414 or 416; and/or Olmsted County Resolution 01-102, SFO Section E)

Scenario C – Proprietor violates the ordinance after a hearing.

Responses:

1. PH seeks advice from the County Attorney.
2. PH then:
 - a. proceeds with another hearing or
 - b. initiates a formal complaint leading to court action, based on advice received. The Complaint can be for violation of **MS 144.414 or 416; and/or Olmsted County Resolution 01-102, SFO Section E.**

Scenario D – Citizen observes a violation and decides to initiate court action.

Responses:

1. County Attorney provides required support (if any).
2. Neither Law Enforcement nor Public Health are directly involved.

COMPLAINT LOG INSTRUCTIONS

Smoke-free Ordinance Violation

The following protocol may be used to track complaints of ordinance violation in a community.

1. Open the Complaint Log Excel Spreadsheet file.
2. Insert the name of the community and the month being recorded in the footer.
3. Enter the following information when a complaint is received.
 - a. Date/time of complaint – When was the complaint received?
 - b. Complainant – Who is making the complaint?
 - c. Name of venue where violation occurred
 - d. Location of venue where violation occurred
 - e. Date/time of reported violation – When did the violation occur?
 - f. Type of violation
 - Smoking in a bar
 - Smoking in a restaurant
 - Smoking within 25 feet of a building
 - Smoking in an outdoor dining area
 - g. Response to violation – What action steps will happen next?
 - Notify law enforcement
 - Notify proprietor
 - Notify county attorney
 - Notify public health
 - h. Complaint received by – Who received the complaint?
4. Save additions made to Complaint Log (for example, file name: Complaint Log_April).
5. Respond appropriately to all complaints.

OUTDOOR OBSERVATIONAL CHECKLIST

Outdoor Area Observation

(Complete only if restaurant has an outdoor area)

Is there an outdoor seating section of this bar/tavern? Yes No

If yes, complete the remainder of questions in this section.

1. Is smoking permitted in this area? Yes No

2. How many patrons can be seated in this area? _____

3. Is there anyone smoking in this area? Yes No

4. If yes to Question 3, how many people were observed smoking? _____

5. Is cigarette smoke visible in the air? Yes No

6. If yes to Question 5, rate how much smoke is present: Light smoke (wisps of smoke)
 Moderate (a veil of smoke)
 Heavy (thick smoke)

7. Do you detect the odor of cigarette smoke? Yes No

8. If yes to Question 7, rate how strong the odor of cigarette smoke is: Light (slight odor)
 Moderate (moderate odor)
 Heavy (strong odor)

9. Are there ashtrays visible in the outdoor seating area of the bar/tavern? Yes No

10. Are there signs posted that designate smoking from non-smoking areas? Yes No

11. Are there any items that indicate tobacco brands or tobacco company sponsorship (e.g., napkins, coasters, signs, etc.)? Yes No

Please list the items:

WAITING AREA OBSERVATIONAL CHECKLIST

Waiting Area Observation

(Complete only if restaurant has a waiting area)

Is there a waiting area in this restaurant? Yes No

If yes, complete the remainder of questions in this section.

1. Is smoking permitted in the waiting area of this restaurant?..... Yes No

2. Is there anyone smoking in this area?..... Yes No

3. If yes to Question 2, how many people were observed smoking?..... _____

4. How many people were waiting when this observation was conducted?..... _____

5. Is cigarette smoke visible in the air? Yes No

6. If yes to Question 5, rate how much smoke is present: Light smoke (wisps of smoke)
 Moderate (a veil of smoke)
 Heavy (thick smoke)

7. Do you detect the odor of cigarette smoke?..... Yes No

8. If yes to Question 7, rate how strong the odor of cigarette smoke is: Light (slight odor)
 Moderate (moderate odor)
 Heavy (strong odor)

9. If yes to Question 7, the odor of smoke is: Stale (from cigarettes smoked earlier)
 Fresh (from cigarettes smoked recently)

FRIENDLY ENFORCEMENT LETTER

Modeled on a letter from the California Department of Health Services, Tobacco Control Section

[Put your Health Department Logo Here]

[Date]

Dear [Name]:

This letter regards a complaint that was filed about a violation of the new [State Smoke-Free Law, Labor Code 6404.5], which went into effect on [January 1, 1995]. Because you may not be aware of this law, we have enclosed an informational brochure to help you implement the law in your workplace. The enclosed sign must be posted at eye level on your entrance. Please let us know if you need more signs for additional entrances.

This letter is a warning letter to help you avoid being fined for non-compliance. Your business will be fined only if the violation continues. To help your employees comply, please circulate the brochure to them and be sure to communicate the smoking law to all new employees.

We recognize that smoking is a difficult addiction, and urge compassion and support for smokers. For your smoking employees who would like help in cutting down or quitting, we can provide free information on local classes and self-help materials. For those who cannot fit a class into their schedule, Minnesota has a free telephone smoking cessation program. Your employees can call 1-888-354-PLAN to schedule free phone sessions at their convenience.

Please call if you have questions concerning the new law or if you wish to receive a copy of the law.

Sincerely,

Program Director

cc: City of [Name]

LEGAL WARNING LETTER

Modeled on a letter from the California Department of Health Services, Tobacco Control Section

[Date]

Dear [Store Owner's name]:

A member of the public has notified the [San Rafael] Police Department and the County Health Department regarding violations of [SAN RAFAEL CITY ORDINANCE #1653 and LABOR CODE 6404.5], which concerns cigarette smoking in workplaces. To comply with the law, your store must be smoke-free.

You must post the enclosed No Smoking sign at your entrance and remove ashtrays. Inform your customers and employees of your smoke-free policy and that you need their cooperation to protect you from legal action. If you need more signs, please call the County Health Department or the [San Rafael] City Office. If you have employees who smoke, designate an area for breaks outside the building that is well away from entrances.

We wish to help you avoid any fines. Your business will be fined only if smoking continues to occur inside your establishment. The penalties for violating [Labor Code 6404.5] are:

FIRST VIOLATION: [\$100]

SECOND VIOLATION (within one year): [\$200]

THIRD VIOLATION (within one year): [\$500]

After the third violation, your business may be subject to [CAL-OSHA] penalties of \$7,000 per violation.

You may also wish to consult your attorney to determine your legal liabilities under state and federal laws that protect employees. Under the *Americans with Disabilities Act*, any member of the public may sue for \$50,000 (\$100,000 for the second violation), plus attorney's fees, if their health was damaged by involuntary smoke exposure in your place of business. Additionally, employees filing under the worker's compensation law have received judgments of up to \$85,000 for damage to their health from working in a smoke-filled environment.

Failure to comply with [Labor Code 6404.5], which protects employees from involuntary smoking, increases your legal liability under these other laws. These laws have a non-retaliation clause, which legally prevents employers from retaliating against their employees for exercising their right to a smoke-free workplace.

You must provide a written response outlining your plans to comply with the law within ten (10) working days of receipt of this letter or this case will be referred to the city of [San Rafael] for legal action.

Sincerely,

[Signature]

[title]

REQUEST FOR INFORMATION LETTER

Minnesota Department of Health, Indoor Air Unit

[Date]

[Address Block]

Subject: Request for Information
Re: Minnesota Clean Indoor Air Act
Site: [Site and Address]
Case: [Case Number]

Dear [Name]:

The Minnesota Department of Health has received a complaint alleging noncompliance with the Minnesota Clean Indoor Air Act at [Site Name]. The complaint specified that [Complaint Text].

Please contact us in writing within ten (10) days of receipt of this letter to discuss how your facility is complying with the Minnesota Clean Indoor Air Act. Failure to respond could result in formal enforcement action.

If you have any questions, please contact [Inspector Name and Phone].

Sincerely,

[Signature]

LETTER OF WARNING

Minnesota Department of Health, Indoor Air Unit

[Date]

[Address Block]

Subject: Letter of Warning
Re: Minnesota Clean Indoor Air Act Inspection
Site: [Site and Address]
Case: [Case Number]

Dear [Name]:

Staff from the Minnesota Department of Health (MDH) performed an inspection at [Site] on [Date]. This inspection was in response to a complaint alleging violations of the Minnesota Clean Indoor Air Act. The complainant specifically stated that [list complaint].

The following is a list of Minnesota Clean Indoor Air Act violations observed by MDH staff during the inspection.

[Violation Block]

Please respond in writing within ten (10) days after receipt of this letter describing the changes [Site] plans on implementing to achieve compliance with the Minnesota Clean Indoor Air Act. MDH will consider your response in determining whether any further enforcement action is appropriate, including the assessment of an administrative penalty of up to [\$10,000].

If you have any questions, please contact [Inspector Name and Phone].

Sincerely,

[Signature]

[title]

**FINAL DRAFT
HENNEPIN COUNTY SURVEY
May 31, 2005**

Hello. My name is _____. I'm calling long distance from _____. We are conducting a public opinion survey and I would like to ask you some questions. We are not selling anything, and I will not ask you for a contribution or donation. Could I please speak with **[ASK FOR NAME ON LIST. IF NOT AVAILABLE, SCHEDULE TIME FOR A CALLBACK. YOU MAY ONLY SPEAK WITH ANOTHER HOUSEHOLD MEMBER IF THEIR NAME IS ON THE LIST.]**

[RECORD, BUT DO NOT ASK, GENDER:]

Male..... 1
Female..... 2

1. How much, if anything, would you say you have heard or read about a law that went into effect in March that prohibits smoking in most indoor public places in **[INSERT COMMUNITY]**, including workplaces, public buildings, offices, restaurants and bars? Would you say that you have heard or read a great deal, some, not too much or nothing at all?

A great deal.....1
Some.....2
Not too much.....3
Nothing at all.....4
DK5

2. As you may know, earlier this year, a law went into effect prohibiting smoking in most indoor public places in **[INSERT COMMUNITY]**, including workplaces, public buildings, offices, restaurants and bars? Would you say that you favor or oppose this law? **[IF FAVOR OR OPPOSE, ASK:]** And would you strongly or only somewhat (favor/oppose) this law?

Strongly Favor.....1
Somewhat Favor.....2
Somewhat Oppose.....3
Strongly Oppose.....4
DK **[VOL]**5

3. Which of the following statements about the smoking restrictions in your community that went into effect in March comes closest to your point of view:

[ROTATE STATEMENTS]

A. The smoking restrictions have worked well

OR

B. The smoking restrictions have worked well enough to keep in place, but have created some problems that concern me

OR

C. The smoking restrictions seemed like a good idea, but have created more problems than they solved, and should be changed

OR

D. The smoking restrictions were never a good idea and should not have been adopted in the first place

[IF A/B/C/D] Do you feel this way strongly or not so strongly?

- A. Restrictions have worked well, strongly1
- A. Restrictions have worked well, not so strongly.....2
- B. Created some problems, strongly3
- B. Created some problems, not so strongly.....4
- C. Should be changed, strongly.....5
- C. Should be changed, not so strongly6
- D. Never a good idea, strongly.....7
- D. Never a good idea, not so strongly8
- DK [VOL].....9

[ASK ONLY IF RESPONDENT LIVES IN GOLDEN VALLEY]

A. As you may know, a law went into effect in Golden Valley that also prohibits smoking within 25 feet of entrances to indoor public places, including workplaces, public buildings, offices, restaurants and bars. Would you say that you favor or oppose this law? **[IF FAVOR OR OPPOSE, ASK:]** And would you strongly or only somewhat (favor/oppose) this law?

- Strongly Favor.....1
- Somewhat Favor.....2
- Somewhat Oppose.....3
- Strongly Oppose.....4
- DK [VOL].....5

[RESUME ASKING EVERYBODY]

4. How important is it to you to have a smoke-free environment inside workplaces, including restaurants and bars? Is it very important, somewhat important, not too important or not at all important?

- Very important.....1
- Somewhat important2
- Not too important3
- Not at all important4
- DK5

5. About how often do you go out to a restaurant or bar in **[INSERT COMMUNITY]**: more than once a week, about once a week, about once or twice a month, less often than once a month, or never?
- More than once a week.....1
 - About once a week2
 - About once or twice a month3
 - Less than once a month4
 - Never5
 - DK6
6. Since restaurants and bars have been made smoke free in **[INSERT COMMUNITY]**, would you say that you go out to restaurants and bars more frequently, less frequently, or about as often as before? **[IF MORE/LESS FREQUENTLY]** Is that much (more/less) frequently, or only somewhat (more/less) frequently?
- Much more frequently1
 - Somewhat more frequently2
 - As often as before.....3
 - Somewhat less frequently.....4
 - Much less frequently5
 - Don't go to restaurants or bars **[VOL]**6
 - DK **[VOL]**.....7
7. Since smoking has been prohibited in restaurants and bars in **[INSERT COMMUNITY]**, would you say that going out in **[INSERT COMMUNITY]** has become a more enjoyable experience, a less enjoyable experience, or has it made no difference to you? **[IF MORE/LESS ENJOYABLE]** Is that much (more/less) enjoyable, or somewhat (more/less) enjoyable?
- Much more enjoyable.....1
 - Somewhat more enjoyable2
 - No difference.....3
 - Somewhat less enjoyable4
 - Much less enjoyable5
 - Don't go to restaurants or bars **[VOL]**6
 - DK **[VOL]**.....7
8. Have you ever made a special trip outside of **[INSERT COMMUNITY]** specifically to go to a restaurant or bar that allows smoking?
- Yes1
 - No.....2
 - DK3

9. Please indicate which one of the following you think is more important:

[ROTATE STATEMENTS]

A. ___The rights of customers and employees to breathe clean air in restaurants, bars and workplaces

OR

B. ___The rights of smokers to smoke inside restaurants, bars and other indoor public places

[IF CUSTOMERS/SMOKERS: Is that much more important or somewhat more important?]

- Rights of customers/employees – much more important 1
- Rights of customers/employees – somewhat more important... 2
- Rights of smokers – somewhat more important..... 3
- Rights of smokers – much more important 4
- Both are equally important **[VOL]**..... 5
- Don't know..... 6

10. In general, do you feel that exposure to secondhand tobacco smoke is a serious health hazard, a moderate health hazard, a minor health hazard, or not a health hazard at all?

- Serious health hazard1
- Moderate health hazard2
- Minor health hazard3
- Not a health hazard at all.....4
- [DO NOT READ]** Don't know/Refused.....5

11. Do you think that the new laws restricting smoking that went into effect in March will reduce peoples' exposure to secondhand smoke, increase their exposure, or have no impact on their exposure to secondhand smoke?

- Increase exposure1
- Reduce exposure2
- No impact3
- [DO NOT READ]** Don't know/Refused.....4

12. How much, if at all, does it bother you when you are exposed to second-hand smoke -- Would you say it bothers you a lot, a fair amount, only a little, or not at all?

- A lot1
- A fair amount.....2
- Only a little.....3
- Not at all.....4
- Don't know/Refused5

THANK YOU. THE FEW REMAINING QUESTIONS ARE FOR STATISTICAL PURPOSES ONLY.

13. Which of the following describes your use of tobacco products... I currently smoke cigarettes... I USED to smoke cigarettes, but I've quit... or I have never been a cigarette smoker.

- Current smoker1 SKIP TO Q.16
- Former smoker2 ASK Q.15
- Never smoked.....3 ASK Q.15
- [VOL] Smokeless or other tobacco user.....4 ASK Q.15
- DK [PROBE: RE-READ QUESTION].....5 ASK Q.15
- Refused.....6 ASK Q.15

[ASK Q.15 ONLY IF Q.14=PUNCHES 2-6]

14. And do you never smoke, or do you smoke on occasion?

- Never smoke.....1
- Smoke on occasion.....2
- Don't know.....3
- Refused.....4

[ASK Q.16 ONLY IF Q.14=1 OR IF Q.15=2]

15. About how many cigarettes do you smoke on an average day? [CODE ACTUAL NUMBER. REFUSED=99] _____

[ASK Q.17 ONLY IF Q.14=1 OR IF Q.15=2]

16. Since the new smoking restrictions took effect in March, are you smoking more cigarettes, fewer cigarettes or about the same number of cigarettes per day?

- More cigarettes.....1
- Fewer cigarettes.....2
- About the same number of cigarettes.....3
- Don't know/Refused4

[ASK Q.18 ONLY IF Q.14=1 OR IF Q.15=2]

17. Has the new ordinance caused you to think seriously about quitting smoking?

- Yes1
- No2
- Don't know/Refused3

[RESUME ASKING EVERYBODY]

18. Generally speaking, do you think of yourself as a Republican, a Democrat, an independent, or something else? **[IF REPUBLICAN/DEMOCRAT:]** Do you consider yourself a strong (Republican/Democrat) or a not so strong (Republican/Democrat)? **[IF INDEPENDENT ASK:]**

Would you say that you lean more toward the Republicans or more toward the Democrats?

- strong Republican.....1
- not so strong Republican.....2
- independent leans Republican.....3
- strong Democrat/DFL.....4
- not so strong Democrat/DFL.....5
- independent leans Democratic/DFL.....6
- Independence Party [VOL]7
- Green Party [VOL].....8
- independent9
- dk/na/other.....10

19. What is your age? **[CODE ACTUAL AGE. REFUSED=99]** _____

20. What was the last level of schooling you completed?

- less than high school graduate.....1
- high school graduate.....2
- some college.....3
- college graduate.....4
- post-graduate5
- na.....6

21. Are you black, white, Hispanic, Asian, Native American or some other race?

- black1
- white2
- Hispanic.....3
- Asian.....4
- Native American.....5
- other.....6
- ref7

22. What is your zip code? _____

Thank you for answering these questions.

**FINAL DRAFT
HENNEPIN COUNTY SURVEY
March 10, 2006**

Hello. My name is _____. I'm calling long distance from _____. We are conducting a public opinion survey and I would like to ask you some questions. We are not selling anything, and I will not ask you for a contribution or donation. Could I please speak with **[ASK FOR NAME ON LIST. IF NOT AVAILABLE, SCHEDULE TIME FOR A CALLBACK. YOU MAY ONLY SPEAK WITH ANOTHER HOUSEHOLD MEMBER IF THEIR NAME IS ON THE LIST.]**

[RECORD, BUT DO NOT ASK, GENDER:]

Male..... 1
Female..... 2

1. How much, if anything, would you say you have heard or read about a law that went into effect in March 2005 that prohibits smoking in most indoor public places in **[INSERT COMMUNITY]**, including workplaces, public buildings, offices, restaurants and bars? Would you say that you have heard or read a great deal, some, not too much or nothing at all?

A great deal.....1
Some.....2
Not too much.....3
Nothing at all.....4
DK5

2. As you may know, in March 2005, a law went into effect prohibiting smoking in most indoor public places in **[INSERT COMMUNITY]**, including workplaces, public buildings, offices, restaurants and bars? Would you say that you favor or oppose this law? **[IF FAVOR OR OPPOSE, ASK:]** And would you strongly or only somewhat (favor/oppose) this law?

Strongly Favor.....1
Somewhat Favor.....2
Somewhat Oppose.....3
Strongly Oppose.....4
DK **[VOL]**5

3. Which of the following statements about the smoking restrictions in your community that went into effect in March 2005 comes closest to your point of view:

[ROTATE STATEMENTS]

A. The smoking restrictions have worked well

OR

B. The smoking restrictions have worked well enough to keep in place, but have created some problems that concern me

OR

C. The smoking restrictions seemed like a good idea, but have created more problems than they solved, and should be changed

OR

D. The smoking restrictions were never a good idea and should not have been adopted in the first place

[IF A/B/C/D] Do you feel this way strongly or not so strongly?

- A. Restrictions have worked well, strongly1
- A. Restrictions have worked well, not so strongly.....2
- B. Created some problems, strongly3
- B. Created some problems, not so strongly.....4
- C. Should be changed, strongly.....5
- C. Should be changed, not so strongly6
- D. Never a good idea, strongly.....7
- D. Never a good idea, not so strongly8
- DK [VOL].....9

4. How important is it to you to have a smoke-free environment inside workplaces, including restaurants and bars? Is it very important, somewhat important, not too important or not at all important?

- Very important.....1
- Somewhat important2
- Not too important3
- Not at all important4
- DK5

5. About how often do you go out to a restaurant or bar in **[INSERT COMMUNITY]**: more than once a week, about once a week, about once or twice a month, less often than once a month, or never?

- More than once a week.....1
- About once a week2
- About once or twice a month3
- Less than once a month4
- Never5
- DK6

6. Since restaurants and bars have been made smoke free in **[INSERT COMMUNITY]**, would you say that you go out to restaurants and bars more frequently, less frequently, or about as often as before? **[IF MORE/LESS FREQUENTLY]** Is that much (more/less) frequently, or only somewhat (more/less) frequently?

- Much more frequently.....1
- Somewhat more frequently2
- As often as before.....3
- Somewhat less frequently.....4
- Much less frequently5
- Don't go to restaurants or bars **[VOL]**.....6
- DK **[VOL]**.....7

7. Since smoking has been prohibited in restaurants and bars in **[INSERT COMMUNITY]**, would you say that going out in **[INSERT COMMUNITY]** has become a more enjoyable experience, a less enjoyable experience, or has it made no difference to you? **[IF MORE/LESS ENJOYABLE]** Is that much (more/less) enjoyable, or somewhat (more/less) enjoyable?

- Much more enjoyable.....1
- Somewhat more enjoyable2
- No difference.....3
- Somewhat less enjoyable4
- Much less enjoyable5
- Don't go to restaurants or bars **[VOL]**.....6
- DK **[VOL]**.....7

8. Please indicate which one of the following you think is more important:
[ROTATE STATEMENTS]

A. __The rights of customers and employees to breathe clean air in restaurants, bars and workplaces

OR

B. __The rights of smokers to smoke inside restaurants, bars and other indoor public places

[IF CUSTOMERS/SMOKERS: Is that much more important or somewhat more important?]

- Rights of customers/employees – much more important..... 1
- Rights of customers/employees – somewhat more important... 2
- Rights of smokers – somewhat more important..... 3
- Rights of smokers – much more important 4
- Both are equally important **[VOL]**..... 5
- Don't know..... 6

9. In general, do you feel that exposure to secondhand tobacco smoke is a serious health hazard, a moderate health hazard, a minor health hazard, or not a health hazard at all?
- Serious health hazard1
 - Moderate health hazard2
 - Minor health hazard3
 - Not a health hazard at all.....4
 - [DO NOT READ]** Don't know/Refused.....5
10. How much, if at all, does it bother you when you are exposed to second-hand smoke -- Would you say it bothers you a lot, a fair amount, only a little, or not at all?
- A lot1
 - A fair amount.....2
 - Only a little.....3
 - Not at all4
 - Don't know/Refused5

Now I'm going to read a series of statements. After I read each one, please tell me whether you personally agree or disagree with that statement. **[IF AGREE/DISAGREE, ASK:]** Do you (agree/disagree) strongly or not so strongly?

- | [ROTATE BY QUESTION Q.11-Q.13] | strong
agree | not str
agree | not str
disagree | strong
disagree | DK |
|--|-----------------|------------------|---------------------|--------------------|----|
| 11. __All [INSERT COMMUNITY] workers should be protected from exposure to secondhand smoke in the workplace..... | 1 | 2 | 3 | 4 | 5 |
| 12. __It has been really nice to go out and enjoy restaurants and bars in [INSERT COMMUNITY] without smelling like cigarette smoke when you get home..... | 1 | 2 | 3 | 4 | 5 |
| 13. __Restaurants and bars are healthier for customers and employees now that they are smoke-free..... | 1 | 2 | 3 | 4 | 5 |

THANK YOU. THE FEW REMAINING QUESTIONS ARE FOR STATISTICAL PURPOSES ONLY.

14. Which of the following describes your use of tobacco products... I currently smoke cigarettes... I USED to smoke cigarettes, but I've quit... or I have never been a cigarette smoker.
- Current smoker1 **[SKIP TO Q.16]**
 - Former smoker2 **[ASK Q.15]**
 - Never smoked.....3 **[ASK Q.15]**
 - [VOL]** Smokeless or other tobacco user4 **[ASK Q.15]**
 - DK **[PROBE: RE-READ QUESTION]**.....5 **[ASK Q.15]**
 - Refused.....6 **[ASK Q.15]**

[ASK Q.15 ONLY IF Q.14=PUNCHES 2-6]

15. And do you never smoke, or do you smoke on occasion?
- Never smoke.....1 **[SKIP TO Q.19]**
 - Smoke on occasion.....2 **[ASK Q.16, 17, 18]**
 - Don't know3 **[SKIP TO Q.19]**
 - Refused.....4 **[SKIP TO Q.19]**

[ASK Q.16 ONLY IF Q.14=1 OR IF Q.15=2]

16. About how many cigarettes do you smoke on an average day? **[CODE ACTUAL NUMBER. REFUSED=99]** _____ **[ASK Q.17]**

[ASK Q.17 ONLY IF Q.14=1 OR IF Q.15=2]

17. Since the new smoking restrictions took effect in March 2005, are you smoking more cigarettes, fewer cigarettes or about the same number of cigarettes per day?

- More cigarettes.....1 **[ASK Q.18]**
- Fewer cigarettes.....2 **[ASK Q.18]**
- About the same number of cigarettes.....3 **[ASK Q.18]**
- Don't know/Refused4 **[ASK Q.18]**

[ASK Q.18 ONLY IF Q.14=1 OR IF Q.15=2]

18. Has the new ordinance caused you to think seriously about quitting smoking?

- Yes1
- No2
- Don't know/Refused3

[RESUME ASKING EVERYBODY]

19. Generally speaking, do you think of yourself as a Republican, a Democrat, an independent, or something else? **[IF REPUBLICAN/DEMOCRAT:]** Do you consider yourself a strong (Republican/Democrat) or a not so strong (Republican/Democrat)? **[IF INDEPENDENT ASK:]** Would you say that you lean more toward the Republicans or more toward the Democrats?

- strong Republican.....1
- not so strong Republican.....2
- independent leans Republican.....3
- strong Democrat/DFL.....4
- not so strong Democrat/DFL.....5
- independent leans Democratic/DFL.....6
- Independence Party [VOL]7
- Green Party [VOL].....8
- independent9
- dk/na/other.....10

20. What is your age? **[CODE ACTUAL AGE. REFUSED=99]** _____

21. What was the last level of schooling you completed?

- less than high school graduate.....1
- high school graduate.....2
- some college.....3
- college graduate.....4
- post-graduate5
- na6

22. Are you black, white, Hispanic, Asian, Native American or some other race?

- black1
- white2
- Hispanic.....3
- Asian.....4
- Native American.....5
- other.....6
- ref7

23. What is your zip code? _____

Thank you for answering these questions.



For Immediate Release

Contact: Kerri Gordon
Public Relations Manager
(952) 767-1403

One Year Later, Support for Smoke-Free Ordinances Remains Strong, Surveys Report
Residents Agree that Smoke-Free Environments are Healthier and More Enjoyable

Minneapolis, Minn., March 29, 2006 – As the one-year anniversary of smoke-free ordinances in several of Minnesota’s largest communities approaches, residents say they still overwhelmingly support laws that prohibit smoking in bars and restaurants. This high level of support is not surprising considering that more than eight of 10 residents think that secondhand smoke is a health hazard and that smoke-free bars and restaurants are healthier for customers and employees.

The findings are from new surveys conducted March 13 – 19 among residents of Hennepin and Beltrami counties and the cities of Minneapolis, Bloomington, Golden Valley and Moorhead. All surveyed communities implemented ordinances on March 31, 2005 with the exception of Beltrami County (January 1, 2005) and the City of Moorhead (December 15, 2004). The surveys are a follow-up to public opinion research that was first conducted in June 2005. Comparisons of the 2005 and 2006 data show that support for smoke-free ordinances remains high.

“Shortly after the smoke-free ordinances were implemented last year, public opinion surveys told us that Minnesotans strongly supported the healthier environments,” said Dr. Barbara Schillo, ClearWay MinnesotaSM Director of Research Programs. “Now, one year later, the new data reconfirms that the number of Minnesotans in favor of indoor smoke-free policies remains strong. Minnesotans increasingly understand the dangers of secondhand smoke exposure and see the ordinances as a good solution.”

The surveys were sponsored by the Hennepin Medical Society, Northwest Hennepin Human Services Council, Clay County Public Health and the Beltrami Tobacco Education Awareness Movement through a grant from ClearWay Minnesota. The surveys were conducted by The Mellman Group, an independent research firm based in Washington, D.C.

“The smoke-free ordinances have become a part of the fabric of these communities,” said David Willoughby, ClearWay Minnesota Chief Executive Officer. “Minnesotans understand that smoke-free public places are good for the health of customers and workers, as well as the health of their communities and local businesses.”

Highlights of the survey findings include:

- **Residents overwhelmingly favor indoor smoke-free policies.** In Hennepin County, 75 percent of residents favor indoor smoke-free policies. Support for the policies exceeds 80 percent in Golden Valley and Moorhead.
- **Residents consider secondhand smoke a health hazard.** Ninety-one percent of residents in Moorhead consider exposure to secondhand smoke a health hazard. More than eight of 10 residents in the remaining communities surveyed also consider the exposure harmful.
- **Residents think smoke-free restaurants and bars are healthier for customers and employees.** More than 90 percent of residents understand the health benefits of smoke-free environments in bars and restaurants in Hennepin County, Minneapolis, Golden Valley and Moorhead. At least 85 percent of residents in Bloomington and Beltrami County agree.
- **Residents go out to restaurants and bars as much or more since the implementation of smoke-free ordinances.** In Hennepin County and Minneapolis, 89 percent of residents go out to restaurants and bars as much or more since the implementation of smoke-free policies.
- **Residents enjoy smoke-free restaurants and bars because their clothes don’t smell like cigarette smoke when they leave.** At least 75 percent of Hennepin County and Golden Valley residents enjoy no longer smelling like smoke after leaving bars and restaurants.

“The survey results are a great indicator that the benefits of smoke-free ordinances are resonating with people throughout Minnesota,” said Willoughby. “When St. Paul implements its smoke-free ordinance on March 31, our capitol city will become the 13th community in the state to recognize the importance of providing protection to employees and customers. That’s a significant step forward in making Minnesota a healthier place to live and work.”

To read the entire results for the 2005 and 2006 surveys conducted in each community, visit www.clearwaymn.org.

Methodology

The Mellman Group of Washington, D.C. conducted a series of surveys to measure public opinion on implemented smoke-free ordinances in Hennepin and Beltrami counties and the cities of Minneapolis, Bloomington, Golden Valley and Moorhead. The Moorhead ordinance applies to restaurants only. Responses from Moorhead residents reflect attitudes and behaviors regarding smoke-free restaurants only.

These surveys, conducted in March 2006, are a follow-up to public opinion research conducted in June 2005. The margin of error for the Hennepin County survey is ± 4.0 percent at a 95 percent confidence level. The margin of error for the surveys in Beltrami County, Minneapolis, Golden Valley, Bloomington and Moorhead is ± 4.9 percent at a 95 percent confidence level. The full methodology is available at www.clearwaymn.org.

ClearWay MinnesotaSM is an independent, non-profit organization that improves the health of Minnesotans by reducing the harm caused by tobacco. ClearWay Minnesota serves Minnesota through its grant-making program, QUITPLAN[®] stop-smoking services and statewide outreach activities. It is funded with three percent of the state's 1998 tobacco settlement.

OBSERVATIONAL STUDY VENUE CHECKLIST

Date of Observation _____

Time case placed outside _____

Entered venue _____

Type of Venue

- Bar only
 Restaurant only
 Combined

Establishment Information

Name _____

Address _____

City _____

County _____

Observer 1 _____

Observer 2 _____

Observer 3 _____

What is the maximum legal occupancy of this venue?	_____ Legal occupancy as posted
How many patrons can be seated in this venue?	_____ Number of seats
Room Dimensions	Area Length Width Height
	1 _____ _____ _____
	2 _____ _____ _____
	3 _____ _____ _____
	4 _____ _____ _____
Number of "Smoke Eaters"	Bar area: 1 2 3 4 5 6+ Restaurant area: 1 2 3 4 5 6+

Venue Observations

1. Is there anyone smoking in this venue? Bar Area Yes No
 Restaurant Area Yes No

2. If yes to Question 1, how many people were observed smoking?
 (Check a minimum of 3 separate times during visit)

Check Number	Time of Room Check	Number of Patrons	Number of people observed smoking
1			
2			
3			
4			
5			

3. Number of workers in the bar/restaurant patron area: _____
4. Is cigarette smoke visible in the air?
 No Light Smoke Moderate Smoke Heavy Smoke
5. Do you detect the odor of cigarette smoke?
 No Light Odor Moderate Odor Heavy Odor
6. If cigarette odor is detected for question 5, is the odor of smoke stale (from cigarettes smoked earlier) or fresh (from cigarettes smoked recently)?
 Fresh Stale
7. Are there ashtrays visible in the venue?
 Yes No
8. Are there signs posted that designate smoking from non-smoking areas?
 Yes No
9. Are there any items that indicate tobacco brands or tobacco company sponsorship (e.g. napkins, coasters, signs, etc.)?
 Yes No
10. Did wait staff inquire if you wanted to be seated in a smoking or non-smoking section?
 Yes No

The next questions ask about your exposure to other people's tobacco smoke.

Do you live in the same household with someone who smokes tobacco in your living space? Yes No

During the past 7 days, how many hours per week were you exposed to other people's smoke at work? _____

Including home, work, and other regular activities, how many total hours were you exposed to other people's tobacco smoke during the past 7 days? _____

The next two questions ask you about whether you have asthma.

Has a doctor ever told you that you have asthma? Yes No

If yes, do you currently take medicines for asthma? Yes No

If yes, are they prescription or over-the-counter medicines?..... Yes No

To which ethnic group do you belong (circle one answer):

- Hispanic
- White, non-Hispanic
- Black, non-Hispanic
- Asian
- Native American
- Other

Please provide the following contact information, so that we can mail you your breathing test results after the study is completed.

Home Telephone Number __ (____) _____

Home Address _____

City _____ State _____ Zip _____

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY.
WE APPRECIATE YOUR TIME VERY MUCH.

INTERVIEW/QUESTIONNAIRE

Respiratory Health of Bar Workers

Today's Date ___ / ___ / ___

Name of Bar or Tavern _____

Subject Name _____

What is your birth date? ___ / ___ / ___ Gender: Male Female

How long have you worked at this bar? (YEARS) _____

On average, how many hours per week do you work at this bar? _____

The next questions ask about breathing symptoms that you might have had during the past 4 weeks.

Have you had wheezing or whistling in your chest at any time during the last 4 weeks? Yes No

Have you felt short of breath? Yes No

In the last 4 weeks, do you usually cough first thing in the morning? Yes No

Do you cough at all during the rest of the day or night? Yes No

Do you bring up any phlegm? Yes No

The next few questions ask you about eye, nose, or throat irritation during the past 4 weeks.

In the past 4 weeks, have your eyes been red or irritated? Yes No

Have you had a runny nose, sneezing, or nose irritation? Yes No

Have you had a sore or scratchy throat? Yes No

The next few questions ask you about your personal smoking habits.

Have you smoked at least 100 cigarettes in your entire life? Yes No

Is yes, do you currently smoke cigarettes regularly (most days or nights)? Yes No

How many packs do you smoke per day? _____

> > >

The next questions ask about your exposure to other people's tobacco smoke.

Do you live in the same household with someone who smokes tobacco in your living space? Yes No

During the past 7 days, how many hours per week were you exposed to other people's smoke at work? _____

Including home, work, and other regular activities, how many total hours were you exposed to other people's tobacco smoke during the past 7 days? _____

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If yes, do you currently take medicines for asthma? Yes No

If yes, are they prescription or over-the-counter medicines?..... Yes No

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