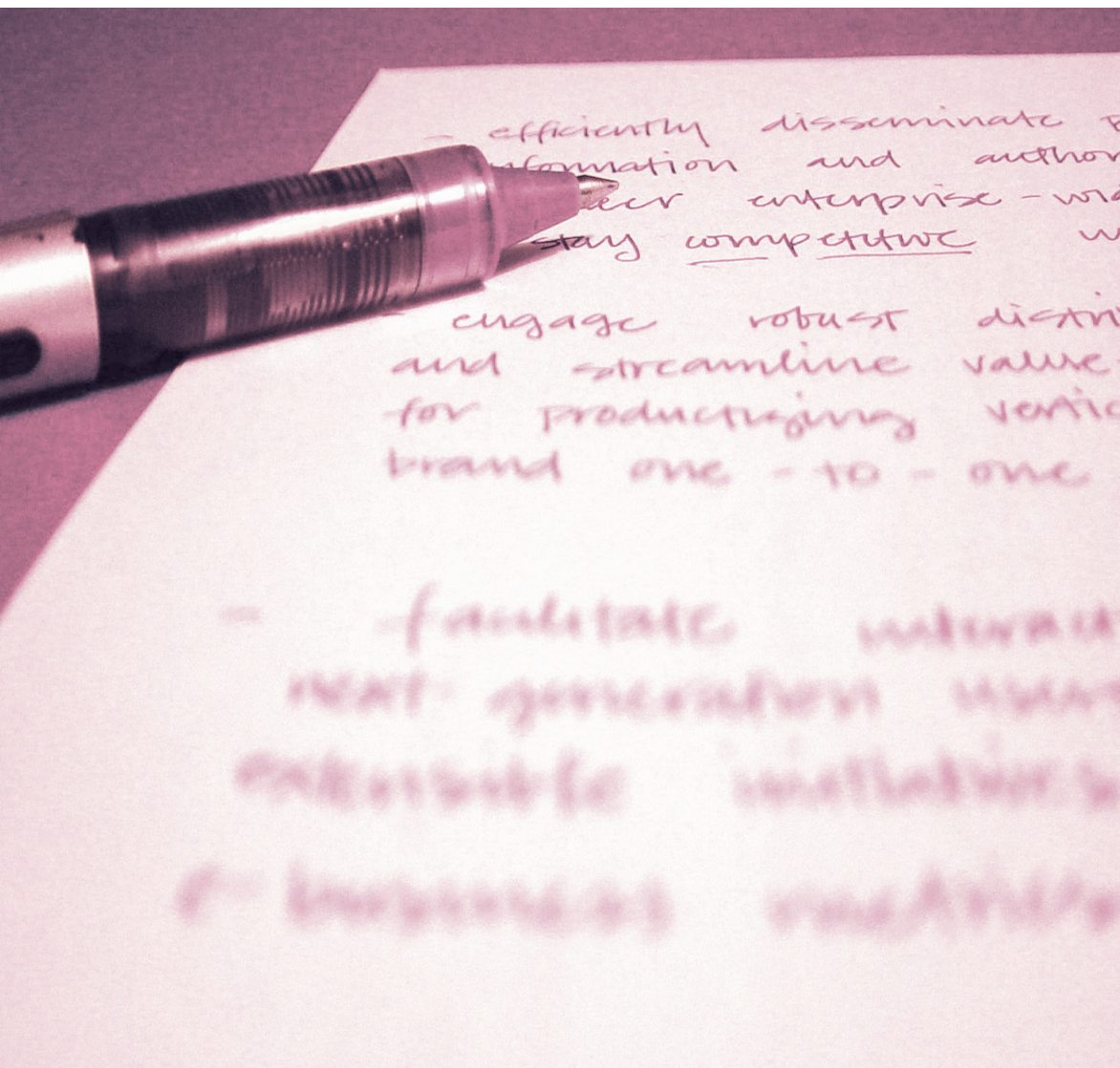


Board of Health Success Stories: Implementing and Supporting Tobacco Control Laws



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Editors

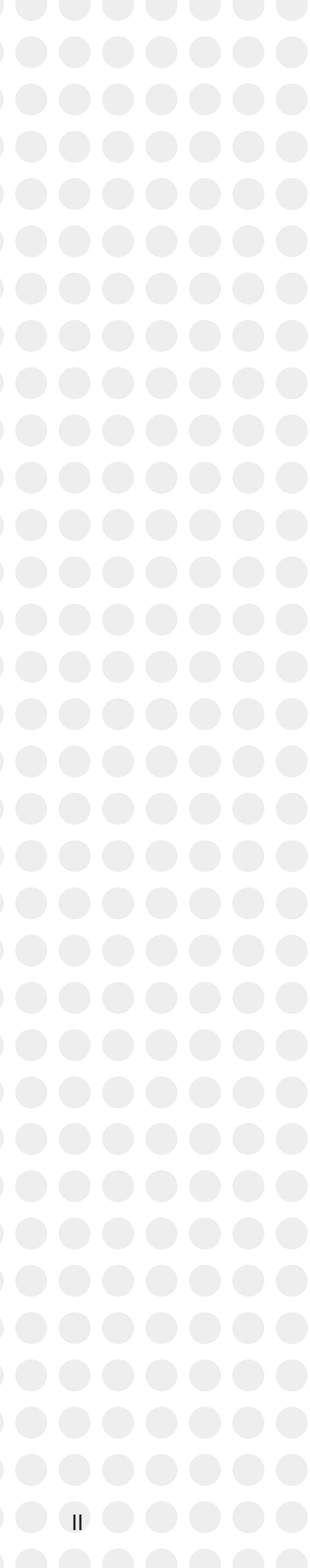
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Foreword

The National Association of Local Boards of Health (NALBOH) is pleased to provide this new guide, *Board of Health Success Stories: Implementing and Supporting Tobacco Control Laws*, to board of health members and others interested in working toward the reduction and elimination of tobacco use. This resource is a compilation of success stories written by boards of health, health department staff, council members, and/or coalition leaders describing the board of health's and/or governing body's efforts in tobacco use prevention and control. The stories were collected from an online survey sent to boards of health in communities with local smoke-free air laws, as well as through calls for response in the 2007 and 2008 issues of the publication *NALBOH NEWSBRIEF*.

The mission of NALBOH is to prepare and strengthen boards of health (BOH), empowering them to promote and protect the health of their communities through education, training, and technical assistance. BOH are responsible for fulfilling the three public health core functions—assessment, policy development, and assurance. This means that, for each health agency they oversee, BOH ensure that there are sufficient resources, effective policies and procedures, partnerships with the public, and regular evaluation of the agency's programs and services, including tobacco use prevention and control.

Regardless of a board's legal authority to implement or enforce tobacco control laws, they are always able to support the authority within the state that is charged with implementing and enforcing these laws and they can remain involved in these issues. Although many successes have occurred, tobacco use remains the leading cause of preventable death and disease in the United States. The *Board of Health Success Stories: Implementing and Supporting Tobacco Control Laws* guide provides BOH and other local tobacco control advocates and concerned citizens with information and ideas to assist them in identifying methods to implement and/or support tobacco control efforts at the local and state levels.

Acknowledgments

This project was made possible by NALBOH staff and members of NALBOH's Chronic Disease and Tobacco Use Prevention and Control Subcommittee, Education and Training Committee, and Board of Directors, as well as the Centers for Disease Control and Prevention's Office on Smoking and Health (OSH).

Special thanks to:

- The 2009 Chronic Disease and Tobacco Use Prevention and Control Subcommittee for contributing and reviewing this guide: Donna Rozar, RN, MSN (Chair); J. Fred Agel, BA; Carrie Brainard; Kerry Cork, JD, MA; Cowboy Ted Hallisey, MEd; Sharon Hampson, MA; Marc Hiller, DrPH; Dale Moilanen, MPH, FACHE; Lin Lukens Petersen; Roger W. Wiese; and Leon Vinci, DHA.
- All board of health members, health department staff, council members, and tobacco coalition leaders for providing examples for this guide.
- OSH for their technical assistance and funding support.

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Introduction

Cigarette use remains the number one cause of preventable death in the United States accounting for approximately 443,000 deaths each year (Centers for Disease Control and Prevention, 2009). The health risks associated with cigarette smoke (also known as environmental tobacco smoke and passive smoking) are supported by strong scientific evidence. Science has pointed to evidence-based methods of controlling secondhand smoke exposure and protecting nonsmokers from death and disease.

The Surgeon General report, *The Health Consequences of Involuntary Exposure to Secondhand Smoke* (U.S. Department of Health and Human Services, 2006), contained six major conclusions:

1. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.
2. Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.
3. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma.
4. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
5. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.
6. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

Scientific evidence supports that one of the most evidence-based methods for controlling tobacco use is through tobacco use prevention and control policies. According to the World Health Organization (2008), there are six proven policies that can be implemented to reduce the tobacco epidemic. The acronym for the six policies is MPOWER which stands for:

- **M**onitor tobacco use and prevention policies;
- **P**rotect people from tobacco smoke;
- **O**ffer help to quit tobacco use;
- **W**arn about the dangers of tobacco;
- **E**nforce bans on tobacco advertising, promotion, and sponsorship; and
- **R**aise taxes on tobacco.

Across the United States, and through the work and initiatives by local boards of health, communities have implemented many policies supporting MPOWER, including execution of smoking bans in an attempt to protect people from tobacco smoke. The scope of bans is broad but often involves prohibiting smoking in workplaces, restaurants, bars, schools, medical centers, parks, hotels, cars, etc. Some states and/or communities have even gone so far as to prohibit the sale of tobacco products at

pharmacies within a community or restrict the sale of tobacco products through regulations of vending machines, self-service displays, and Internet sales.

The involvement of a local board of health in tobacco use prevention and control laws depends upon its legal authority and structure as defined in the state statutes. In some states, boards of health are an advisory board that directly informs the city/town council or county commission about emerging public health issues and allows the political counterpart to be the governing and/or policy-making entity for the local community. Thus, many county commissions and city/town councils are the policy-making “board of health” for a local community as they are the authority allowed to develop laws and regulations protecting the health and safety of a community. However, in some states, boards of health are given the explicit legal authority to implement tobacco control laws. Therefore, these boards of health are the tobacco use prevention and control policy-making authority for a local community. Irrespective of a board of health’s legal authority related to tobacco control, a board of health always has the authority to support tobacco control policies. To learn more about the tobacco control legal authority or structure of boards of health in your state, please visit www.nalboh.org/Publications.htm to reserve your copy of NALBOH’s two guides, *The Legal Authority for Tobacco Control in the United States* and *State Statutory Authority for Local Boards of Health*.

This success story publication is intended to help board of health members become more actively engaged in tobacco use prevention and control activities in their communities. The publication includes stories from a variety of board of health structures and authorities in order to best provide a range of activities that may be permitted in different jurisdictions. Population sizes are also presented using 2008 estimated populations from the US Census Bureau to allow boards of health to identify activities implemented in communities with similar population size to their own. Persons who agreed to submit a story were asked to complete a narrative using the headers: *Summary of Law/Ordinance*, *Summary of Board of Health Involvement*, *Community Resources Developed/Utilized*, and *Contact Information*. Each story is uniquely written by a person who was actively involved in the process of implementing or supporting a tobacco control law or by a person acting on behalf of the board of health or governing body. Each story is an illustration of the role board of health members may encounter as they implement and promote effective tobacco control policies.

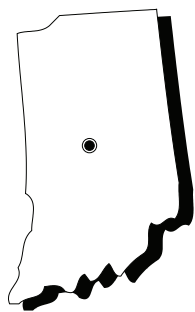
For more information and resources on tobacco use prevention and control, please visit NALBOH’s tobacco use prevention and control webpage at www.nalboh.org/tobacco_control.htm or contact NALBOH at (419) 353-7714 or nalboh@nalboh.org.

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HENDRICKS COUNTY, INDIANA

County Population (2000): 137,240
Town of Plainfield Population (2000): 27,832
Board of Health Authority: Governing

Ordinance Summary

In November 2005, a meeting was held with the President of the Plainfield Chamber of Commerce who also was a Plainfield Town Council member. The concept of smoke-free workplaces was presented to him, along with a request to be placed on the Plainfield Town Council agenda to conduct an educational PowerPoint presentation on tobacco use and clean indoor air. The council agreed, and during its December 2005 meeting the Coordinator of the Hendricks County Coalition for Tobacco Intervention and Prevention (HCCTIP) conducted the presentation. The presentation included information regarding tobacco use; the effects of secondhand smoke; the health, economic, and social impact tobacco has on a community; and the need for tobacco control policies to enhance the quality of life for all. Furthermore, prior to the council presentation, several meetings were held between individual council members and the Hendricks County Coalition for Tobacco Intervention and Prevention to determine if a smoke-free workplace ordinance had been discussed at previous meetings; where each council member stood regarding tobacco control; and each council member's knowledge base on the perils of tobacco use on the community. After the meetings with council members it was determined, with additional education, we could recommend a comprehensive smoke-free workplace ordinance to the town council that included restaurants and bars.

As a result of the coalition's work, in October 2006 the Plainfield Town Council established a comprehensive smoke-free workplace ordinance to protect the workers, local citizens, and patrons of Plainfield, Indiana (effective February 2007).

Plainfield Town Council Ordinance No. 31-2006

"Plainfield believes that residents, visitors, and workers all have the right to a healthier way of life. This ordinance is about making Plainfield a healthier place to live, visit, and work. The two main purposes of the Smoke-Free Ordinance are: to protect the public health and welfare by prohibiting smoking in public areas, and places of employment; to guarantee the right of persons to breathe smoke-free air, and to recognize that the need to breathe smoke-free air shall have priority over the desire to smoke" (2006).

Smoking is prohibited in bars; bingo halls; health care facilities; private clubs; restaurants; retail stores; schools; and all other places of employment.

The full ordinance can be viewed at: <http://townofplainfield.com/main/docs/ordinances/08-2006SmokingOrdinance.pdf>.

Community Resources Utilized

The Hendricks County Coalition for Tobacco Intervention and Prevention, which partnered with the Hendricks County Board of Health, identified other individuals and organizations that would be helpful during this initiative. Organization partners included the American Cancer Society; both local

hospitals—Hendricks Regional Health and Clarian West Medical Center; Smoke-Free Indiana; The American Heart Association; and the Indiana Tobacco Prevention and Cessation agency. Our coalition conducted door-to-door campaigns to garner additional support from local individuals to attend meetings, sign petitions, and contact their council persons expressing support for the smoke-free workplace ordinance.

Barriers to Implementation

Although the overwhelming majority of businesses in Plainfield complied with the new comprehensive smoke-free workplace ordinance, some local businesses resisted the transition. Five businesses approached the town council after the ordinance was passed and requested, and were granted, an extension of 90 additional days to comply with the ordinance. Against Coalition recommendation, the council granted the extension and, as predicted, the group's desire was to overturn the ordinance. The businesses that gained the extension used this time to identify candidates to run for council seats who supported overturning the smoke-free workplace ordinance. Fortunately, all new candidates were defeated at the polls and supporters of the ordinance actually gained an additional council seat.

Lessons Learned

When pursuing an ordinance, make sure you understand the local political process. A few questions to ask are: What are the positions of the elected officials that have a vote in your policy initiative? What is their understanding of the subject? Are they making decisions based on factual information? What influences their decision-making process such as businesses, local clubs, churches, and other civic organizations? It is imperative that you have an open and effective line of communication with the council and identify at least one policy maker as your "champion" to assist you during the process and to bring along other policy makers as supporters of your initiative. Also, have as much local support from citizens as possible; policy makers really pay attention to their constituents' opinions. We were fortunate that our local Health Officer, a city resident and consistent supporter, was outspoken with his position for the ordinance initiative.

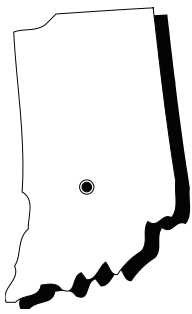
Board of Health Involvement

In addition to the Hendricks County Coalition for Tobacco Intervention and Prevention, the Hendricks County Health Department was the coalition's lead agent and a very active proponent during this process from start to finish. Much of the smoke-free workplace initiative would not have been successful without their tireless support. The health department's Nursing Director and the Environmental Health Director were instrumental in bringing the goal of a comprehensive smoke-free workplace ordinance to pass in Plainfield, Indiana.

Submitted by:

David Hadley, MD
Health Officer, Hendricks County

Michael McDonald
Coordinator, Hendricks County Coalition for Tobacco Intervention and Prevention (HCCTIP)



MONROE COUNTY, INDIANA



County Population (2000): 128,992
City of Bloomington Population (2000): 71,819
Board of Health Authority: Governing

Ordinance Summary

“Smoking is prohibited in all public places, and places of employment. Code 370-3. Exceptions: The prohibition of Section 2 [Smoking Ban] shall not apply to the following: (A) Bars with lawful preexisting designated smoking areas until January 1, 2005. A bar shall lose its designated smoking area before that time if, after passage of this ordinance it ceases operation for more than six months, or changes ownership or location. (B) Property owned or leased by governmental entities other than Monroe County. Monroe County did begin with a smoking ban in restaurants and bars” (2005).

The entire county law/ordinance can be found at: <http://www.co.monroe.in.us/legal/countycode/370.pdf>.

The city ordinance can be found at: http://bloomington.in.gov/code/_DATA/TITLE06/Chapter_6_12_SMOKING_IN_PUBLIC_PLA/index.html.

Community Resources Engaged

Bloomington Hospital is the lead agency for a grant from the Indiana Tobacco Prevention and Cessation agency (ITPC) that funds the activities of our local tobacco coalition. The coalition, consisting of community partners interested in tobacco control, used resources from the ITPC grant for implementation materials (signage, brochures, cessation promotion, etc.) and to hire a consultant to specifically assist bars with the transition to smoke-free status. Importantly, Monroe County was the first community in Indiana to implement a comprehensive smoke-free air law that included bars, so the resource investment was significant and justified to provide lessons learned for Indiana communities that followed suit. Other community organizations, especially Bloomington Hospital, invested additional resources in the implementation effort. For example, the hospital provided in-kind printing of brochures, posters, and other implementation materials. In addition, the local coalition, county health department, and Bloomington Hospital worked together to increase the availability of cessation resources in the community, including offering on-site cessation classes for businesses.

Barriers to Implementation

When the city of Bloomington and Monroe County passed their independent ordinances, the intention was that they would mirror one another. However, the county ordinance prohibited smoking in public places whereas the city ordinance prohibited smoking in workplaces. This meant that workplaces within the county, but outside the city limits, were not required to be smoke-free. This led to confusion and difficulty in enforcement. The county ordinance then had to be amended to include all workplaces. Also, as a compromise, bars and private clubs were allotted an additional 17 months to comply with both the city ordinance and the county ordinance. This compromise forced some restaurants to choose between continuing to allow smoking and prohibiting smoking but allowing patrons under 18. This created an “uneven playing field” and opened the possibility that bars could be permanently excluded from the ordinance. Fortunately, this did not happen, but resources, including staff time, board of health members’ time on research, additional public meetings, etc., were necessary to prevent it from

happening. Many other barriers were encountered, including barriers created by local community members who felt we were taking away their right to smoke anywhere, anytime.

Lessons Learned

It is important for the multiple jurisdictions within a county to work together to make sure that all ordinance language is consistent and written as intended. At the time the city and county ordinances were debated (no other comprehensive ordinances existed in Indiana), the compromise regarding bars was necessary for passage. All ordinances passed should be comprehensive in nature and should not give certain establishments extra time to comply with the law. It is also important that all enforcement procedures are clearly defined before the ordinance goes into effect. Although compliance with these laws is generally very high, the few problems that inevitably occur get a lot of attention. It is helpful to have data reflecting high rates of compliance (e.g., compliance checks, number of complaints per month, etc.) to counter these anecdotal reports. Finally, it is critical to build relationships with members of the local media so that information about the ordinances, including compliance and cessation success stories, can be efficiently and effectively shared with the public.

Board of Health Involvement

The board of health's discussions regarding a smoking ban began in the late 1980's. In May 1990, the smoking ban was discussed, tabled, and subsequent attempts to gain a consensus with restaurant owners were not productive. In March 1991, the "smoking ban" plan was sent to the county commissioners and in March 1992 a new committee was formed to revise the proposed "smoking ban" initiative. One board of health member was a participant on this new committee. The committee made several revisions, including grandfathering requirements for bars, in order to garner county commissioner support. In May 1992, the regulations were sent to the county commissioners and another public hearing was conducted August 4, 1992. In October 1992, more public discussions were held and on November 12, 1992 the board of health adopted the regulation. Over the gradual process of the adoption of the comprehensive smoking ban, the board of health continued to be involved. The city of Bloomington and Monroe County alternately amended their ordinances until they were 100% comprehensive in 2003 and 2005 respectively.

Submitted by:

Penny Caudill
Administrator
Monroe County Health Department

This abbreviated copy of NALBOH's *Board of Health Success Stories: Implementing and Supporting Tobacco Control Laws* was specially provided to you by NALBOH and the Indiana Association of Local Boards of Health (InALBOH).

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