Utah Secondhand Smoke Policy Implementation Guide

Revised January 2007

The TRUTH

Utah! Tobacco Prevention & Control Program

Utah Secondhand Smoke Policy Implementation Guide

The Utah Department of Health Tobacco Prevention and Control Program (TPCP) developed this guide to help contractors work with their communities to proactively prevent the toxic effects of secondhand smoke (SHS) through policy and environmental change.

This guide is based on the action steps provided in the CDC's "Taking Action on Secondhand Smoke" toolkit, found at http://www.cdc.gov/tobacco/ETS_Toolkit/index.htm. The CDC's toolkit was chosen as the outline for this guide because it contains critical action steps for developing comprehensive policies. Each section is based on at least six basic steps, gather relevant facts and information, identify your audience and assess community readiness, plan your campaign, develop your materials, get the word out/gain support, and evaluate your efforts. Utah-specific information has been added to the action steps in order to account for the Utah Indoor Clean Air Act (UICAA), Secondhand Smoke Amendments (SHSA), state laws/ rules, and local issues. TPCP staff conducted extensive research to locate quality resources that target development of tobacco-free policies in worksites, multiple dwelling units, homes, health care settings, and outdoor venues. TPCP contractors and others are encouraged to utilize this guide. Additionally, you are encouraged to consult the following contacts as appropriate to ensure that correct measures are taken in developing a policy.

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About This Guide

Purpose and Target Audience

The purpose of this guide is to serve as a resource for local health departments, community agencies, and other tobacco prevention partners interested in implementing secondhand smoke (SHS) policies at the local level. This guide specifically addresses secondhand smoke policy in worksites, multiple dwelling units, homes, healthcare settings, and outdoor venues.

Structure

1. Introduction
The introduction provides general information related to secondhand smoke, national and Utah-specific SHS statistics, the goals for Healthy People 2010 and Utah, Utah laws, and the definitions of different types of policies. A glossary at the end of the introduction defines frequently used words and acronyms referred to throughout the guide.

2. Body
The main part of the guide is divided into **five sections**. Each section focuses on a specific venue (worksites, multiple dwelling units, homes, healthcare settings, or outdoor venues) and provides detailed SHS information related to that venue.

3. Content of Each Section
Each section is divided into **Action Steps** that lead from learning about SHS issues related to that venue to getting a policy passed. The steps contain a set of recommended activities as well as references to websites and other resources when more detailed information is desired.

4. Evaluation/Community Assessment
Each section has a step labeled "Evaluate Your Efforts." Forms in this section may be copied or downloaded and used for project documentation.

> *Process Evaluation Worksheet:* This form helps to document all the activities carried out by the users.
>
> *Evaluation Outcomes and Recommendations Table:* This form asks users to summarize outcomes of the policy change intervention and develop recommendations for future projects.

Research Tools and Attachments

Throughout each step, the guide refers to research tools and attachments.

Research Tools are located after the final step of each section and include sample survey tools, interview guides, observation guides, etc., which may be tailored to your community and your project.

Attachments are located after the research tools and consist of sample promotional materials (flyers, pamphlets, news releases), sample projects, sample policies, etc. These may also be tailored to your target population and project.

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General Secondhand Smoke Information

Health Impact

Secondhand smoke (SHS) is a complex mixture of gases and particles emitted from a burning cigarette, cigar, or pipe tip (side stream smoke).[1] SHS is also defined as exhaled smoke from smokers (exhaled mainstream smoke). There is no safe level of SHS exposure. SHS, a known human carcinogen, contains over 4000 chemical compounds, including 250 chemicals known to be toxic or carcinogenic.[2] Some of the more common carcinogens in secondhand smoke are arsenic, cadmium, benzopyrenes, formaldehyde, cadmium, and nitrosamines.[3]

In June 2006 the Surgeon General released a major report on involuntary exposure to secondhand smoke. The report concludes that there is no risk-free level of exposure to secondhand smoke and that the only way to fully protect yourself and your loved ones from the dangers of secondhand smoke is through 100% smoke-free environments.

Discomfort, illness, or death may result from inhaling SHS.[4] Exposure to SHS is known to cause lung cancer in non-smokers, and is also linked to an increased risk for heart disease. As recently as 2003, approximately 60% of the U.S. population has biological evidence that indicates their exposure to secondhand smoke.[5] It is estimated that the risk of lung cancer is 30% higher in an adult who lives with a smoker than that of an adult who does not live with a smoker.[6] Immediate effects of secondhand smoke include cardiovascular problems such as damage to cell walls in the circulatory system, thickening of the blood and arteries, arteriosclerosis (hardening of the arteries), and heart disease—all of which increase the chance of heart attack or stroke. Even short-term exposure to tobacco smoke has a measurable effect on the hearts of nonsmokers. Just thirty minutes of exposure is enough to reduce blood flow to the heart.[7]

In children, the dominant place of SHS exposure is the home.[2] Nationally, about 25% of children aged 3-11 years—or almost 22 million children—are exposed to secondhand smoke.[2] Child exposures to SHS increase the risk of lower respiratory tract infections such as bronchitis. SHS also increases middle ear fluid, raises the risk of sudden infant death syndrome (SIDS), amplifies the number of episodes and severity of symptoms in asthmatic children, and is a risk factor for developing new cases of asthma in children.[8] Children's respiratory infections (colds, croup, bronchitis, pneumonia) last a third longer if they live with a smoker.[9] Exposure to secondhand smoke, even at extremely low levels, is associated with decreases in certain cognitive skills--including reading, math, and logic--in children and adolescents.[10] Exposure to SHS and smoking during pregnancy are linked to miscarriages, low birth weight, and stillbirths.[11] Smoking has also been linked to delayed conception and infertility.[4]

Economic Impact

Economic Impact on Individuals

There are some great individual economic benefits for not smoking in the home. Less time, energy, and money are put into cleaning curtains, walls, windows, and mirrors. Fire risks are

lower, so insurance rates are often lower. These advantages can result in significant savings for individual households.

Economic Impact on Businesses

Developing smoke-free policies allows businesses, government agencies, and organizations to markedly reduce costs associated with secondhand smoke and worksites. Maintenance costs go down when smoke, matches, and cigarette butts are eliminated in facilities. Office equipment, carpets, and furniture last longer. The risk of fire goes down as well. Businesses experience increased employee productivity, less illness, and higher employee morale and decreased legal liability, absenteeism, workers compensation claims, and health/life insurance rates. [12, 13]

Additionally, direct health care costs to the company may be reduced, and it may be possible to negotiate lower health, life, and disability coverage as employee smoking is reduced.[14] Several studies show that Smoke-Free laws do not hurt restaurant or bar patronage, employment, sales, or profits.[15]

Economic Impact on Outdoor Venues

Outdoor venues can also benefit from restricting tobacco use: less time and money will be spent in cleaning up cigarette butts and smokeless tobacco trash.

Economic Impact on Multiple Dwelling Units

Recent research suggests that smoke-free apartment buildings may have increased re-sale value. Agents who have assisted people selling or shopping for everything from starter-home Capes to Victorian mansions agree: As the number of public places in which a person can smoke has shrunk, so has the number of home buyers who are even willing to consider a house with smoking its past. [16]

As with businesses, there are many economic benefits for apartments and condominiums that go smoke free. Smoking damages residential property that results in cigarette burn damage to carpets, counters, etc. Smoking also leaves residue on the wall, curtains, or blinds. Therefore, maintenance costs will be reduced.

In 2003, there were an estimated 25,600 smoking-material structure fires in the United States. These fires caused 760 civilian deaths and 1,520 civilian injuries and $481 million in property damage. In fact, smoking materials (i.e., cigarettes, cigars, pipes, etc) are the leading cause of fire deaths (one in four fire deaths) in the United States. [17]

Statistics

Diversity and Disparity

It is important to understand the diversity of your population so that you can adequately plan to meet their needs. To look at the demographics and economic analysis of Utah or your county, go to http://www.governor.state.ut.us/dea/Census2000Data.html.

Some populations are more at risk for tobacco use and SHS exposure than others. Socio-economic status, ethnicity, education, sex, age, and sexual preference are strong determinants for rates of tobacco use. Utahans with low income and fewer years of formal education, as well as some minority groups, have significantly higher rates of tobacco use compared to the general population. [18] The latest use rates by race and ethnicity are available in the Tobacco Prevention and Control Program annual report. To access the most recent version of the report, visit http://www.tobaccofreeutah.org/facts.html.

Another thing to consider is disparity in your community. Disparity is a term used to describe the gap that exists between specific populations based on agreed-upon indicators, like exposure to secondhand smoke. The opposite of disparity is parity or equality. Achieving parity requires that disparately affected populations have access to planning and decision-making, capacity and infrastructure building, funding opportunities, and other services that address the disproportional use of tobacco and/or exposure to secondhand smoke.[19]

One great way to reach a particular population is to link SHS to other health indicators, such as asthma. For example, you could center a campaign on the hazardous effects of SHS on children with asthma.

Before starting a campaign, it is wise to know the religious or cultural practices of the group that you are working with. Do research and ask questions to learn about what is appropriate in the culture you are working with. For example, since some Native American tribes use tobacco for ceremonial purposes, you would not want to enact a policy restricting that sacred practice.

State and National Statistics

Evidence of the health impact of secondhand smoke is clear. *Attachment A* contains the latest state and national statistics available on the effects of secondhand smoke. Updated facts sheets can also be found on the Tobacco Prevention and control website, http://www.tobaccofreeutah.org.

Healthy People 2010 Goals for Secondhand Smoke

Healthy People 2010 are the prevention agenda for the nation. It is an account of national health objectives intended to recognize the most significant preventable threats to health and to establish national goals to reduce these threats. The two overarching goals are to increase quality of life and to eliminate health disparities. Tobacco use is one of ten leading health indicators. Following are the national data and goals for secondhand smoke. For details, see the Healthy People 2010 website at http://www.healthypeople.gov.

27-6. Increase smoking cessation during pregnancy to 30%. (Baseline: 14% in 1998, NHIS)

27.9. Reduce the proportion of children who are regularly exposed to tobacco smoke at home to 10%. (Baseline: 27% in 1994, NHIS)

27-10. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke to 45%. (Baseline: 65% in 1988-94, NHANES)

27-11. Increase the Smoke-Free and tobacco-free environments in middle, junior high, and senior high schools, including all school facilities, property, vehicles, and school events, to 100%. (Baseline: 37% in 1994, SHPPS)

27-12. Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas to 100%. (Baseline: 79% in 1998-99, National Worksite Health Promotion Survey)

27-13. Establish laws on Smoke-Free indoor air that prohibits smoking or limit it to separately ventilated areas in public places and worksites in all states and the District of Columbia. * (Data Source: STATE system)

Objective	Indoor Area	1998 Baseline Number of Jurisdictions with Smoke-Free Air Laws	Number of Jurisdictions with Smoke-Free Air Laws as of 2003	Utah Status, Current as of the 2004 Legislative Session
27-13a.	Private workplaces	1	5	Smoking prohibited or limited
27-13b.	Public workplaces	13	15	Smoking prohibited
27-13c.	Restaurants	3	5	Smoking prohibited
27-13d.	Public transportation	16	17	Smoking prohibited
27-13e.	Day care centers	22	25	Smoking prohibited
27-13f.	Retail stores	4	8	Smoking prohibited

***27-13g and 27-13h, to establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas on tribal properties and in U.S. territories, are currently developmental objectives.

27-19. Eliminate laws that preempt stronger tobacco control laws in all states. (Baseline: 30 states had preemptive laws in 1998) (Data Source: STATE system)
Current National Status: Available August 2004.
Current Utah Status: As of the close of the 2004 legislative session, the Utah Indoor Clean Air Act (UICAA) is still a preemptive law.

Utah Objectives for Secondhand Smoke

Even though Utah has a low smoking rate (12.8% for adults 18 years and older, BRFSS 2002) compared to other states, exposure to SHS is still a major health problem for the state. In a recent survey, about 9% of adults reported that someone smokes inside their home (Utah Health Status Survey, 2001). 7.7% of the women in Utah smoked during the last 3 months of their pregnancies (PRAMS 2001). Furthermore, the number of children (ages 0-17) living in homes where someone smokes inside the home was 43,500, or 6.0% (Utah Health Status Survey 2001). The 2010 goal for Utah is to reduce children's SHS exposure in the home to 5%. Another area of

concern is SHS exposure in the workplace. 15.6% of the Utah workforce is still exposed to SHS despite the Utah Indoor Clean Air Act.[20] Utah has set the following objectives to complement national goals and to measure the state's success in protecting people from secondhand smoke.

Utah 2010 Objectives	Status
By June 30, 2015, reduce the percentage of Utah children (0-17) who are exposed to SHS in their homes from 6% in 2001 to 3**%.**	**2.8% in 2005**
By June 30, 2015, increase the percentage of Utah students (grades 9-12) who report that they were never in the same room with someone who was smoking in the past week from 61.5% in 2003 to 75%.	**62.8% in 2005**
By June 30, 2015, reduce the percentage of Utah households that report that someone has smoked in their home in the last 30 days from 9.1% in 2001 to 7%. (0003)	**5.9% in 2005**
By June 30, 2015, reduce the percentage of Utah youth who report that, in the past week, they were close enough to someone who was smoking outdoors to smell the smoke from 63% in 2003 to 50%. (0007)	**59.4% in 2005**
By June 30, 2015, increase the percentage of Utah adult nonsmokers who report that no one has smoked in their indoor work area in the past week from 91% in 2004 to 92%.	**88.9% in 2005**

Utah Historical Perspective of Secondhand Smoke

⇨ 1991-93 Smoke-Free Restaurants Act (failed)
With the failure of the bill, TFU (Tobacco-Free Utah) staff provided onsite trainings with restaurants.

⇨ 1992-93 Local Health Departments (LHDs) develop Utah's Smoke-Free Restaurants Guide. News conference is held to promote resources. Additional restaurants request to be added to the Guide.

⇨ 1993 A Legislative Interim Committee is established to address Environmental Tobacco Smoke. Committee members meet May to December to review and draft a committee bill for the 1994 legislative session.

⇨ 1994 House Bill 50, known as the Utah Indoor Clean Air Act or UICAA (passed--effective January 1, 1995)
Public Indoor Smoking Restrictions--Prohibits smoking in all public places except bars, private clubs, rooms for loading, and enclosed smoking rooms at the Salt Lake City International Airport.

⇨ 1994 Bee Ready Campaign: New Utah Indoor Clean Air Act Packet is developed and mailed to 9,000 businesses in August. A Bee Ready reminder postcard is mailed to them in December.

⇨ 1996 Smoking and Pregnancy Resource Kit is developed for LHD staff.

⇨ 1997 The Secondhand Smoke Amendments (SHSA) passes.

⇨ 1998 Utah joins 46 other states in a settlement with the major tobacco companies. Utah's share hovers around $1 billion for the first 25 years.

⇨ 1999 TPCP submits a grant proposal to the Centers for Disease Control and Prevention to enhance tobacco prevention and control activities statewide. TPCP is funded through the National Tobacco Control program for $850,000 to prevent initiation of tobacco use among youth, increase quitting among adults and youth, reduce exposure to environmental tobacco smoke, and reduce tobacco-related disparities among populations.

⇨ 2002 In conjunction with the UDOH Reproductive Health Program, the TPCP cosponsors and plans the Smoke-Free Families Conference.

⇨ 2006 Senate Bill 19, Utah Indoor Clean Air Act Amendments passes.
The amendments were long anticipated and with them, Utah joined several states and countries with comprehensive laws to protect workers from secondhand smoke exposure. Venues now be covered under the amendment include unlicensed child care settings, private schools, facilities rented of leased for private function, workplaces that are not public places of access or publicly owned buildings or offices that have one or more employees who are not owner-operators of the business, Class A, B, C and D private clubs, and taverns. Various pieces of the new law phase in between May, 2006 and January, 2009.

⇨ 2006 Several Utah cities and counties pass voluntary policies, resolutions, and ordinances restricting exposure to tobacco smoke in outdoor venues, including Tooele county, and the cities of Midvale and Riverton.

Policy

Each section of the SHS Guide is designed to assist you with policy change efforts. Along with numerous reference materials cited in the Guide, *Attachment B* provides additional information about Implementation and Evaluation Resources to further assist you with your policy change campaign.

Critical Factors for Policy Change

In the Policy and Environmental Change Executive Summary, state health departments were asked to identify factors that are important to success in policy and environmental change interventions. The following are their suggestions for success:

- Collaboration--Work together with other agencies, sharing talents, resources, experience, and knowledge.

- Community support--Gain the communities' buy-in and support.
- Supportive decision makers--Gain support from community leaders, and/or state leaders.
- A strong data/science base for the interventions--Make sure you have the data to back up your projects.
- High visibility--Make your case known; use media to get the word out and inform the public.
- Documented evaluation results--Keep track of your results. This is vital when you need to show proof of the work you have done and to show your successes.
- A good plan--Take time to plan.
- Champions--Find those areas or projects that are an example or model project/area.
- Supporting innovations--Develop new ideas, plans, and projects.
- Clear translation of science into lay terms--Use words that the public will understand.
- Practical expectations--Reach for your goals, but make them realistic.
- Proper assessment of community readiness and capacity—Find out if your community is ready for a change and if you have support.
- Good organization to coordinate efforts—Organize your plan and make sure you have enough structure in your agency to handle the coordination efforts.[21]

Types of policy

Not all policy is the same. There are several levels of policy, and different ways to approach each type. The following is an explanation of four main types of policy.

A. Personal Policy

A personal policy occurs when an individual, family, or other individual entity decides on its own to impose a smoking prohibition. For example, a person who smokes would choose not to smoke around his/her business associates while they are dining at a private club. Another example is when an individual or family decides not to smoke in a home or car.

Pros:
- Easy to implement once the decision is made
- Does not have to go through a formal process like legislation
- More easily sustained if the individual decides to do it on his/her own

Cons:
- May be difficult to convince people to do it
- May be difficult to gain compliance of others, since it is an individual decision

B. Voluntary Policy

A voluntary policy occurs when a company, organization, or other group determines that it will implement a smoke-free policy even though it may be allowed to permit smoking by law. These policies are pacts that outline conditions, expectations, or obligations without the force of law. They may be written as a memorandum of understanding that clearly spells out the conditions of the agreement. Getting solid agreement still requires research and organization. It is important to

remember that the agreement could also go beyond the basic provisions of the UICAA; for example, banning smoking on company premises or in specified buildings.

Most regulatory agencies have the power to make rules and regulations without much oversight or input from elected officials. It is important for advocates to know who has the power to make what rules in which areas of concern to their efforts. This involves assessing how decisions are made and where best to affect those decisions. Once the "power" has been identified, a campaign can be organized to raise the level of awareness and accountability in the process.[22]

Pros:
- Can generally be changed easily
- Doesn't involve elected officials

Cons:
- May be difficult to reach agreement with everyone involved
- Involves enforcement
- Takes time

C. Local Ordinances

What is an ordinance?

An ordinance is a law enacted by a municipal body, such as a city council or county commission (sometimes called county council or county board of supervisors). Ordinances govern matters not already covered by state or federal laws such as zoning, safety and building regulations.

In 2006, the city of Calabasas, CA unanimously voted to adopt a comprehensive secondhand smoke control ordinance. The ordinance limits public exposure to secondhand smoke in public areas within the city and was the first of its kind in the nation. To find out more about the Calabasas ordinance, visit http://www.cityofcalabasas.com/secondhandsmoke.html.

What is a resolution?

A formal expression by a meeting; agreed to by a vote.

What is the difference between an ordinance and a resolution?

Ordinances are formal legislative acts of the council and should be used whenever the council intends to pass a regulatory measure, especially when it provides a penalty for violation. A resolution is a binding decision of the council and is used for more administrative matters.

The following are examples of when to use an ordinance:

- to regulate people (e.g. disturbing the peace)
- to regulate property (e.g. zoning)

- to grant franchises
- to authorize bond issues
- to adopt the annual appropriation
- to adopt a records retention schedule

Unlike the adoption of an ordinance, there are no reading and notice requirements for resolutions.
Examples of actions that may be best accomplished by resolution include:

- adoption of council procedures
- adoption of a personnel policy
- to authorize the mayor to sign a contract on behalf of the city
- to authorize a schedules of fees (e.g. building permit fees, sewer rates)
- to authorize the destruction of records (the schedule of which would be set by ordinance)
- to authorize the sale of surplus equipment

Even though the subject matter of an action may appear to be administrative, and therefore a proper subject for a resolution, sometimes state statute or even a city's own ordinance requires that certain actions be established by ordinance.

What is the purpose of a governing body when adopting an ordinance or a resolution?

The purpose of passing ordinances or resolutions is to provide evidence that the governing body has taken official action. A resolution is ordinarily used in connection with matters of a temporary or administrative nature and is used to regulate the internal affairs of the city. An ordinance sets out local law and prescribes the general and permanent rules that apply within a city's jurisdiction. Here are some guidelines that may be useful in determining when to use an ordinance or a resolution:

- A regulation of persons and property that imposes a fine or forfeiture must always be in the form of an ordinance.
- An ordinance is required when state law expressly requires an ordinance.
- An ordinance must be used to amend or repeal an existing ordinance (the "equal dignities" rule requires that whatever procedure is necessary to take an action in the first place is required to modify or eliminate the original action).
- A resolution would be used to adopt policies that regulate the internal affairs of the city, for example, a resolution would be used to adopt personnel policies.
- A resolution must be used to amend or repeal an existing resolution.

Ordinances must be published in full or by summary. You can avoid some publication costs by using a resolution, where appropriate, instead of an ordinance.

Enacting local laws is a more viable option than enacting state laws. Not only is it easier to enact local laws, because of the power of the tobacco industry at the state level, but also local laws are easier to enforce. Furthermore, we now know that local laws are preferable to state laws for another, even more important, reason: societal attitudes are deeply rooted and change occurs best at the community level, not at the state level. This is particularly true when it comes to smoking control. Local laws are preferable to state laws, unless state law, for all the following reasons, preempts the local law:

1. ***Educational Value of Campaign.*** The campaign that is waged before passing a local smoking control law is the best educational tool available for increasing a community's awareness of, and intolerance for, smoking in workplaces and public places. Debate over a proposed smoke-free air law commands a great deal of media attention in the form of articles, letters to the editor, radio call-in shows, and local television spots. In addition, the town hall meetings and public hearings on the issue engage the community in a discussion of the harmful effects of secondhand smoke and usually lead the community to acknowledge the necessity of legislation to limit smoking in workplaces and public places.

2. ***Ease of Enactment.*** As mentioned earlier, the tobacco industry is far more powerful at the state level than at the local level. At the state level, the industry's strategy has been to hijack proposed smoke-free air laws, weaken their provisions, and include preemption clauses that prohibit municipalities from enacting and enforcing their own local laws. On the other hand, because of the public's deep distrust of the tobacco industry, its direct involvement in opposing campaigns to enact smoke-free legislation at the local level usually backfires. Thus, although there are many opponents to smoke-free air laws, particularly in the hospitality industry, it is easier to pass those laws when there is no effective opposition from the tobacco industry itself.

3. ***Greater Compliance.*** Compliance with local laws is higher than with state laws, due to greater public knowledge about the law. People at the local level often view state laws, particularly ones affecting social norms, with suspicion. However, when a community has gone through the process of debating and adopting a law customized to meet local concerns, citizens are much more likely to be aware of the law and to comply with it.

4. ***Ease of Enforcement.*** Because there is a higher rate of awareness of and compliance with local laws than there is with state laws, they are easier to enforce. This is also true because local laws are enforced by local agencies. The local agencies are more inclined to energetically enforce local laws, because they know that their communities have adopted the laws and have a degree of ownership in them, which doesn't exist with state laws. Also, city and county laws levy fines that go entirely to their jurisdictions, whereas the state may only share a percentage of their fines with the city or county.

5. ***Greater Public Support.*** One of the key ingredients in the recipe for a smoke-free society is to maintain, encourage, and develop public support for every legislative measure adopted. Changing society's attitudes isn't easy. It takes a combined, simultaneous approach of education and legislation. For the most part, local ordinances don't pass unless and until a majority of the community supports them.[23]

One of the questions LHDs or other tobacco prevention and control advocates will be asked is what impact preemption may have on their efforts to develop a proactive tobacco policy. In the Utah Indoor Clean Air Act, there is a preemption clause (§26-38-6) that prohibits "the governing body of a political subdivision" from restricting smoking in a manner beyond that specified by the Act. Governing bodies that would be impacted by this clause would include cities or counties that want to strengthen existing requirements. For example, the preemption clause in the Utah Indoor Clean Air Act would prevent a city from requiring a tavern that was in business before May 16, 2006 from going smokefree before January 1, 2009 so long as they meet eligibility, ventilation, and other specifications in the Utah Indoor Clean Air Act. However, that same city or county does have the authority to pass an ordinance or similar restriction at an outdoor park or amphitheater, since the UICAA preemption applies to "enclosed indoor places of public access and publicly owned buildings and offices" as specified by §26-38-3(1).

It is important to emphasize that the preemption clause in the Utah Indoor Clean Air Act does not preclude private businesses or organizations from making policies that are more restrictive than those required by the Act. Using the same tavern example above, an individual tavern owner who determines that he/she wants to establish a pro-health employee policy that prohibits smoking by employees or patrons is free to do so before the January 1, 2009 date that they must become smokefree by. For this reason, tobacco prevention and control advocates should not rely solely on traditional governmental ordinances to control secondhand smoke exposure. Likewise, it is important for those working on provisions of this nature to contact their state or local health department representatives about proposals they plan to make to cities or counties to clarify the status of the circumstances for which they are advocating change. The toll free number for the Utah Tobacco Prevention and Control Program is 1-877-220-3466.

For more information on local ordinances, resources, and Utah specific information, go to http://www.protectlocalcontrol.org

Some tips for changing local policies are:

- Know current law.
- Establish a coalition.
- Educate the community.
- Know the proposed law.
- Know the legislative process.
- Go to public hearings.
- Know how to work with the media.
- Understand implementation and enforcement.
- Know how to defend your ground.[24]

D. State Legislation

It is vital to know current state laws when working on policy change. Knowing the law can give you an edge on your campaign. In some areas, you may need to start by educating and enforcing the current laws before creating new policies. Below are brief explanations of current Utah laws. For more in-depth information, go to http://www.tobaccofreeutah.org/uicaastat&rule.html

1. Utah Indoor Clean Air Act

In 2006 major changes in the Utah Indoor Clean Air Act (UICAA) went into effect. The Act is designed to protect Utahans and visitors to the state from harmful exposure to environmental tobacco smoke (now better know as secondhand smoke). It bans smoking in most public places, including private businesses.

The UICAA prohibits the possession of lighted tobacco products in enclosed places of public access and publicly owned buildings and offices. §*26-38-3(1)*

- Under very specific circumstances, it allows for limited exceptions under § 26-38-3 (2), (a), (b), (c), (d), and (e)

A place of public access is defined as "… any enclosed indoor place of business, commerce, banking, financial service, or other service-related activity …to which the persons not employed at the place of public access have regular and general access…" §*26-38-2(1).*

The designation applies whether the place is publicly or privately owned and whether operated for profit or not. To determine the status of your own business or the place you are visiting, refer to §*26-38-2(1).*

The following are examples of places of workplaces affected by the UICAA:

- Buildings, offices, shops, restrooms, or elevators
- Means of transportation or common carrier waiting areas
- Restaurants, cafes, or cafeterias
- Taverns or cabarets
- Shopping malls, retail stores, grocery stores, or arcades
- Libraries, theaters, concert halls, museums, art galleries, planetariums, historical sites, auditoriums, or arenas
- Barber shops, hair salons, or laundromats
- Sport or fitness centers

Examples that are more specific are as follows:

- Common areas of nursing homes, hospitals, resorts, motels, hotels, and "bed and breakfast" lodging facilities
- Child care facilities, including those in private homes
- Public or private elementary or secondary school buildings and educational facilities, or the property on which those facilities are located

- Any area where the proprietor or manager has posted a conspicuous sign stating "no smoking" or a similar statement

- Any facility rented or leased for private functions from which the general public is excluded

- Any building owned, rented, leased or otherwise operated by a social, fraternal, or religions organizations

- Any private club licensed under Title 32A, Chapter 5 (A, B, and Cs January 1,2007 followed by Ds on January 1, 2009)

§26-38-2(1) (a) through (p).

2. **Secondhand Smoke Amendments (Cassandra look over this)**
   The Utah State Legislature passed the Amendments in 1997. They specifically apply to tobacco smoke that drifts into any residential unit that a person rents, leases, or owns from another residential or commercial unit.

   The Amendments:

   - Give Authority to condominium associations to restrict smoking in units, common areas, and yard space. §57-8-16-7(a), (b)
   - Give authority for apartment rental contracts to include prohibitions on smoking in units, on the premises, or both. § 57-22-5-1(h)
   - Establish that any tobacco smoke that drifts into any residential unit that a person rents, leases, or owns is a nuisance under the law. The smoke must drift in more than once in each of two or more consecutive day periods. §78-38-1(3)
   - Provide that residents of condominiums, apartments, or private homes may seek injunctive relief and/or damages if exposed to nuisance tobacco smoke. §78-38-1(3)
   - Exempt some rental units, such as those used for vacations or those available for only 30 days or less at a time, from the nuisance tobacco provisions. §78-38-1(4), (5). These units are not exempt from restrictions placed by a condominium association. §57-8-16-7(a), (b)
   - Provide authority for an apartment renter to file a nuisance action under §78-38-1(1) even if the renter has signed away his rights to file a nuisance action in a rental contract.

Tobacco Glossary

Cessation--a stop, pause, or interruption, especially a permanent discontinuation.

Disparity--lack of similarity or equality; inequality; difference. Disparity is a technical term used to describe the gap that exists between specific populations, based on agreed-upon indicators like tobacco use prevalence, mortality, morbidity, exposure to environmental tobacco smoke, access to prevention or cessation programs, or tobacco industry marketing.

Diversity--the state or fact of being diverse; difference; unlikeness. Diversity means that our tobacco control programs are truly representative of the communities we serve. Diversity is not a stand-alone concept, and must be inclusive as well--meaning that all representatives are empowered to participate in the decision-making process.

Environmental Tobacco Smoke (ETS)--smoke generated from the side stream (the burning end) of a cigarette, pipe or cigar and the exhaled mainstream smoke (the smoke that is puffed out by smokers) of cigarettes, pipes, and cigars. Environmental tobacco smoke was classified as a "known human carcinogen" by the US government in 2000, based on the causal relationship observed between passive exposure to tobacco smoke and human lung cancer and based also on studies that have conclusively shown an increased risk of lung cancer in nonsmoking women living with smoking husbands or working with smoking co-workers.

Exhaled mainstream smoke--smoke emitted at the mouthpiece and exhaled from the lungs of smokers.

Involuntary smoking--the inhaling of environmental tobacco smoke (ETS) involuntarily by someone who is not smoking.

Parity--equality. The term "achieving parity" also refers to the process by which organizations and communities participate in achieving the outcome. This process involves access to planning and decision-making, capacity and infrastructure building, funding opportunities, and other services that address the disproportional use of tobacco and/or exposure to secondhand smoke.

Passive smoking--the inhaling of environmental tobacco smoke (ETS) involuntarily by someone who is not smoking, sometimes referred to as involuntary smoking.

Preemption--a legislative or judicial scheme in which a higher level of government (state or federal) strips lower levels of government of their authority over a specific subject matter. Preemption falls under two general categories: **expressed** and **implied**. Expressed preemption involves a statute which explicitly asserts the state's (or Congress') intent to occupy the field in a given subject area. Implied preemption occurs when the court interprets a statutory scheme to be so comprehensive as to implicitly occupy the field and preclude local (or state) action.

Secondhand smoke (SHS)--sometimes referred to as environmental tobacco smoke (ETS)--a mixture of the smoke given off by the burning ends of a cigarette, pipe, cigar, bidis, and kreteks (side stream smoke) and the smoke emitted at the mouthpiece and exhaled from the lungs of smokers (mainstream smoke). CDC. http://www.cdc.gov/tobacco/ETS_Toolkit/

SHSA--Secondhand Smoke Amendments. See previous section for details of the SHSA.

Side stream smoke--smoke emitted into the environment by a smoker between puffs.

Smoke-free--a designation of an area where smoking is prohibited. For example, in an apartment complex the individual units may be designated as smoke-free, meaning that smoking is not permitted in that unit.

Smoking ban--the prohibition of smoking in public areas.

UICAA--Utah Indoor Clean Air Act. See previous section for details of the UICAA.

Attachment A: Secondhand Smoke Facts Sheet

Secondhand Smoke

What are the dangers of secondhand smoke (SHS)?

- There is no risk-free level of secondhand smoke exposure. Even brief exposure can be dangerous.[2]
- Over 4,000 **chemicals** are found in a single puff of smoke, including more than 50 carcinogens.[1]
- 430 American newborns die each year from Sudden Infant Death Syndrome (SIDS) caused by SHS. [2]
- About 10% of all SIDS cases are attributable to postnatal exposure to secondhand smoke.[2]
- 3,000 Americans die each year from **lung cancer** caused by SHS.[2]
- **Secondhand smoke can cause lung cancer in healthy nonsmokers.** A nonsmoker who lives with a smoker has a 20-30% greater associated risk of developing lung cancer.[2]
- About 46,000 Americans die each year from **heart disease** caused by SHS.[2]
- Exposure to secondhand smoke increases the risk of heart disease among non-smokers by about 25-30 percent.[2]
- SHS causes ear problems, acute respiratory infections, and wheeze illnesses in children, slows their lung growth, and makes asthma more severe.[2]
- Secondhand smoke exposure is responsible for an estimated 150,000–300,000 new cases of bronchitis and pneumonia in children aged less than 18 months, resulting in 7,500–15,000 hospitalizations.[3]
- SHS can affect nonsmokers by causing **eye irritation, headaches, nausea, and dizziness.** [4, 5]
- SHS is linked to 10,000 cases of **Low Birth Weight** every year in the U.S.[4]
- SHS causes middle ear disease in children.[2]

How can a smoker protect their child from secondhand smoke?

- **Smoke outside**, at least 25 feet from the house.
- **Do not smoke in the car** with children or other passengers. [4]
- **Quit smoking** when you are pregnant (see "Smoking and Pregnancy" fact sheet).
- Ask adults who care for your child, or who visit your home, **not to smoke near your child**. Encourage them to take it outside for your child's sake. [4]
- Make a rule that smoking is not allowed inside your home.[2]

Secondhand Smoke in Utah

- 25,800 Utah children age 17 or under (3.34%), live in a home where somebody smokes inside the home.[6]
- 59% of Utah youth are exposed to secondhand smoke in outdoor settings every week. [7]

For help quitting, call the Utah Tobacco Quit Line at 1.888.567.TRUTH or visit utahquitnet.com

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[1] National Toxicology Program. *9th Report on Carcinogens*, 2000. Research Triangle Park, NC: U.S. Department of Health and Human Sciences, National Institute of Environmental Health Sciences, 2000. http://ntp.niehs.nih.gov/ntp/roc/eleventh/profiles/s176toba.pdf. Accessed August 2006
[2] The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, 2006
[3] United States Environmental Protection Agency (EPA). *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. Office of Research and Development, EPA/600/6-90/006F, Washington, D.C., December 1992. 8-13. http://cfpub2.epa.gov/ncea/cfm/recordisplay.cfm?deid=2835, Accessed August 2006. Also published as National Institutes of Health. National Cancer Institute. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders: The Report of the U.S. Environmental Protection Agency.* Smoking and Tobacco Control Monograph Number 4. NIH Publication No. 93-3605, Washington, D.C., August 1993. http://cancercontrol.cancer.gov/tcrb/nci_monographs/MONO10/MONO10.HTM.
[4] EPA, Secondhand Smoke: "What You Can Do About Secondhand Smoke As Parents, Decision-Makers, and Building Occupants," July 1993; "Health Effects of Exposure to Environment Tobacco Smoke," California EPA report, 1997, http://www.oehha.org/air/environmental_tobacco/finalets.html
[5] Canadian Cancer Society, http://www.cancer.ca/ccs/internet/standard/0,3182,3172_13127__langId-en,00.html Accessed August 2006
[6] Utah Health Status Survey, 2004
[7] TPCP Youth Media Survey, 2005

Updated August 2006

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Attachment B: Smoke-Free Law Implementation and Evaluation Resources

Drafting Legislation

- ANR Model Smoke Free Ordinances, http://www.no-smoke.org/goingsmokefree.php (click on "In Your Community")

Implementation Materials

- California **Materials**
  - *California Lessons in Clean Indoor Air: A Compilation of Campaign Stories, Implementation Tools, and Compliance Strategies*. Elizabeth Emerson for the California Department of Health Services, Tobacco Control Section http://www.ttac.org/new/pdfs/california_air.pdf.
  - *BREATH: The California Smoke-Free Bars, Workplaces, and Communities Program*. A website containing information on California's experience with implementing a statewide smoke free workplace law in hospitality venues, including restaurants, bars, and gaming clubs. Includes information on public support for the law and resources for employees, business owners, and law enforcement personnel http://www.breath-ala.org. .
- New **York Materials**
  - New York State Clean Indoor Air Act website: http://www.health.state.ny.us/nysdoh/clean_indoor_air_act/index.htm

Organizations/Websites

- *Tobacco Scam*, http://www.tobaccoscam.ucsf.edu/index.cfm has a variety of materials and journal articles on clean indoor air issues see in particular the Resources Library sections on economic impact and politics.
- *OSH Taking Action on Secondhand Smoke On-Line Toolkit*, http://www.cdc.gov/tobacco/ETS_Toolkit/index.htm, has a variety of materials on clean indoor air issues; see in particular Assess Your Efforts in the Action Steps section.

Evaluation Results

- "Evaluation Plan for the New York State Clean Indoor Air Law", New York State Department of Health http://www.ttac.org/resources/laws/NY-CIA-Eval-plan.pdf

Evaluation Results: Health Studies

- *Delaware:* Repace J. Respirable particles and carcinogens in the air of Delaware hospitality venues before and after a smoking ban. *J Occup Environ Med* 2004; 46(9): 887-905. http://www.joem.org/pt/re/joem/abstract.00043764-200409000-00001.htm;jsessionid=BteyjoGQ9H8MSjt7sWC1AgUsaiH2tl1AZnOwHJqqRld7lHPSxeSb!-1773259706!-949856032!9001!-1U

- *New York state:* Travers MJ, Cummings KM, Hyland A, Repace J, Babb S, Pechacek T, Caraballo R. Indoor air quality in hospitality venues before and after implementation of a clean indoor air law – Western New York. *MMWR* 2003; 53(44): 1038-1041.http://www.cdc.gov/tobacco/research_data/environmental/MM5344_intro.htm

• *California*: Eisner MD, Smith AK, Blanc PD. Bartenders' respiratory health after establishment of smoke-free bars and taverns. *Journal of the American Medical Association* 1998; 280:1909-1914.
http://jama.ama-assn.org/cgi/content/abstract/280/22/1909
• *Helena, Montana:* Sargent RP, Shepard RM, Glantz SA. Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. *BMJ* 2004; 328: 977 - 980. http://bmj.bmjjournals.com/cgi/reprint/328/7446/977

Evaluation Results: Economic Impact Studies
• Scollo M, Lal A, Hyland A, Glantz S. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. Tobacco Control, 2003; 12:13-20.
http://www.tobaccoscam.ucsf.edu/pdf/ScolloTC.pdf

• Economic Impact of Smoke-Free Policies on Restaurants and Bars, Andrew Hyland, Roswell Park Cancer Institute, PowerPoint: http://www.tobaccoscam.ucsf.edu/pdf/hyland.ppt

• Huang P, DE AK, McCusker ME. Impact of a smoking ban on restaurant and bar revenues – El Paso, Texas, 2002. *MMWR* 2004; 53(7): 150-152.
http://www.cdc.gov/tobacco/research_data/environmental/mmwr5307_intro.htm

• Dai C, Denslow D, Hyland A, Lotfinia B. The economic impacts of Florida's smoke free workplace law. Bureau of Economic and Business Research, Warrington College of Business Administration, University of Florida. http://www.smokefreepaducah.com/info/Florida-Economic-Study.pdf

• Summaries of economic impact studies:

http://www.no-smoke.org/getthefacts.php?dp=d19|d32

http://www.tobaccoscam.ucsf.edu/resource/resource_eco.cfm

http://www.tobaccofreekids.org/research/factsheets/pdf/0144.pdf

http://www.tobaccofreekids.org/Script/DisplayPressRelease.php3?Display=771

Evaluation Results: Compliance and Public Opinion Studies
• New York Compliance Study, Press Release and Chart
http://www.ttac.org/resources/laws/NY-Compliance-Indoor-Air-study-release.pdf
http://www.ttac.org/resources/laws/NY-Compliance-Study-chart.pdf

• California Bar Establishments Field Research Corporation Polls March 1998 and October 2002, California Department of Health Services
http://www.ttac.org/resources/laws/CA-Field-poll-bars.pdf

• San Francisco letter re: issue of noise following implementation of smoke-free bar law.
http://www.ttac.org/resources/laws/SF-noise-letter.pdf

Presentations and Notes

• Minutes for October 2, 2003 SLS/OSH Implementation Call
http://www.ttac.org/resources/laws/SLS-OSH-10-2-03-implementation-minutes.pdf

• Ursula Bauer, New York Department of Health, "New York's Implementation Tool Kit", Presentation to the OSH Media Network, September 19, 2003
http://www.ttac.org/resources/laws/NY-Bauer-presentation.pdf

• Fred Gatto, Delaware Health and Social Services, "Delaware's Implementation Plan", Presentation to the OSH Media Network, November 11, 2002
http://www.ttac.org/resources/laws/DE-Gatto-presentation.pdf

• Deb Brown, American Lung Association – Delaware, "Delaware Implementation Issues"
http://www.ttac.org/resources/laws/Delaware-Implementation-Issues.pdf

• Minutes for September 12, 2003 ASTHO/OSH Implementation Discussion
http://www.ttac.org/resources/laws/ASTHO-OSH-9-1-03-Implementation-minutes.pdf

Case Studies and Journal Articles

• "Long term Compliance with California's Smoke-Free Workplace Law among Bars and Restaurants in Los Angeles County." *Tobacco Control* 2003; 12:269-273.
http://tc.bmjjournals.com/cgi/reprint/12/3/269.pdf

• "Eliminating Smoking in Bars, Restaurants and Gaming Clubs in California: BREATH the California Smoke Free Bar Program" Journal of Public Health Policy, 2001; 22:81-87.
http://www.breath-ala.org/pdfs/pblc_hlth.pdf

• Peter D. Jacobson and Jeffrey Wasserman, *Tobacco Control Laws: Implementation and Enforcement*, Washington, D.C.: RAND, 1997 (supported by funding from the Robert Wood Johnson Foundation).

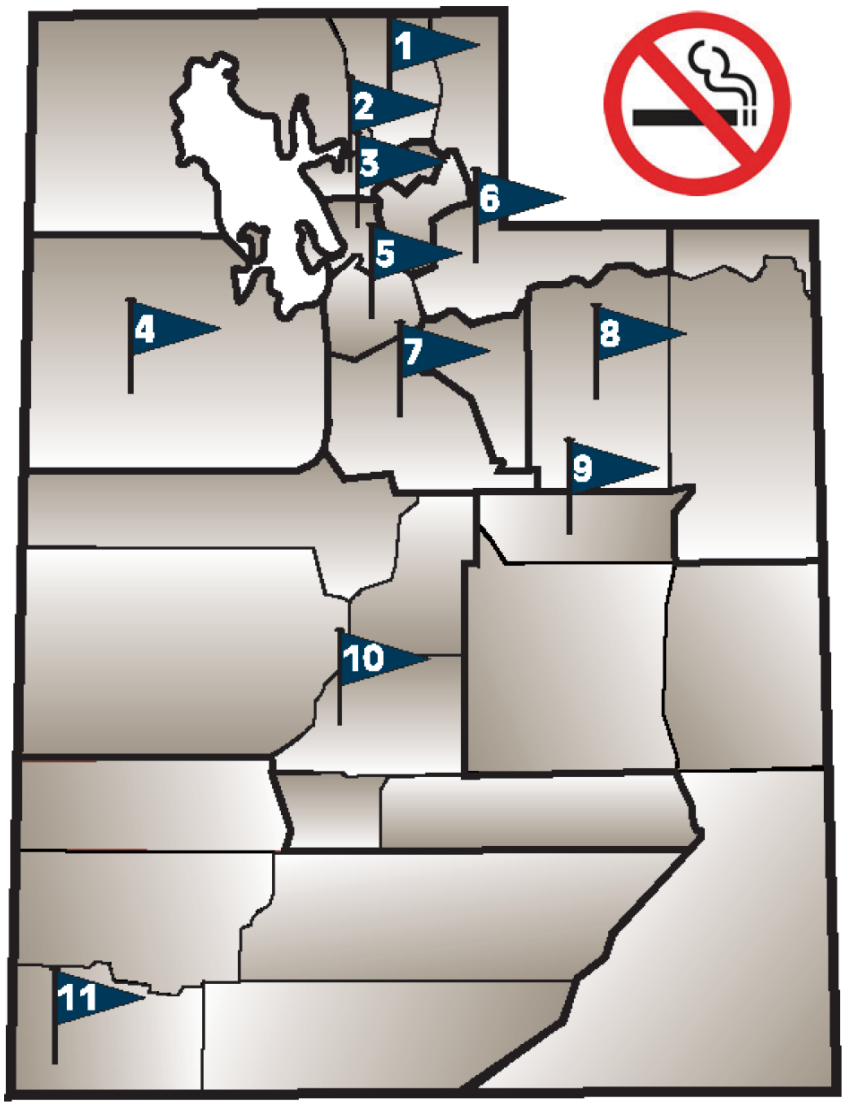
Source: Adapted from Tobacco Technical Assistance Consortium Implementation Resources List, http://www.ttac.org/resources/laws/Implementation-Resources-List.pdf

Attachment C: Utah Policy Map

Local Policies Protect Utahns From Secondhand Smoke

Fact: Policies creating completely smoke-free environments are the most economical and efficient approach to providing protection from involuntary exposure to tobacco smoke.[17]

In the past few years, increasing numbers of Utah communities, housing units, educational institutions, and businesses developed or expanded voluntary smoke-free policies. The map shows policies that were developed due to increased awareness about the risks of secondhand smoke and policies developed in partnership with tobacco prevention and control programs across the state.



The list at right contains information about the numbered flags. Some of these items are smoking policies in apartments, townhouses and condominium units which vary in strength. They range from smoking bans in the unit itself to bans anywhere on the premises. Since 2005, more than 2,500 Utah housing units went smoke-free.

1. Cache County: First night of county fair smoke-free (2006); Logan and Hyde Park City pass smoke-free parks ordinances (2005); two worksites strengthen tobacco policies (2005-2006).
2. Ogden: 93 housing units smoke-free (2006); 1 business smoke-free (9/2006).
3. Davis County: 117 units smoke-free (2005); 240 units smoke-free (2006); Clinton City ordinance restricts smoking in public parks (2003); Head Start bans smoking in vehicles (2006).
4. Tooele County: Bans smoking in all county-owned vehicles (2005); restricts smoking in county-owned places (2006); softball team bans smoking (2006).
5. Salt Lake County: 1,607 units smoke-free (2006); Salt Lake Community College bans smoking inside, near buildings (2006); Utah State Fair Rodeo bans tobacco ads (2006); Sandy City parks, baseball fields smoke-free (2004); West Jordan restricts smoking in rodeo arena, parks (2004); Salt Lake Valley Board of Health calls for smoke-free outdoor venues (2005); Utah State Fair designates smoke-free zones (2004-2005); Midvale City prohibits smoking in parks, outdoor areas (2006); Riverton City bans smoking in playgrounds, sports fields (2006); five bars, clubs ban smoking ahead of statewide ordinance (2006); University of Utah Hospital restricts smoking (2006).
6. Summit County: Smoke-free areas in fairgrounds (2006).
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Introduction

There have been substantial reductions in secondhand smoke exposure since the original Surgeon General's Report on secondhand smoke in 1986. However, more than 126 million nonsmoking Americans are still exposed to secondhand smoke in their homes and workplaces, the predominant locations for exposure to secondhand smoke.[1, 2, & 3] The 2006 Surgeon General's Report declares "The debate is over. The science is clear. Secondhand smoke is not a mere annoyance but a serious health hazard."[4] The report goes on to state that since there is no safe level of exposure to secondhand smoke eliminating smoking in indoor places fully protects nonsmokers from exposure to secondhand smoke.[5] The alternative, separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke."[6,7] A Massachusetts study found that, compared to employees in workplaces that had implemented 100 percent smoke-free policies, employees in workplaces with no smoking restriction were more than ten times as likely to report exposure to secondhand smoke on the job and were exposed for more that six times as long. Workers in workplaces with designated smoking areas were almost three times as likely to report exposure to secondhand smoke on the job and were exposed for almost twice as long as workers in smoke-free workplaces.[8] Secondhand smoke exposure among U.S. nonsmokers has declined substantially since the publication of the 1986 Surgeon General's Report on The Health Consequences of Involuntary Smoking.[9]

Homes and workplaces are the primary locations where nonsmokers are exposed to secondhand smoke. Secondhand smoke exposure continues to occur in public places such as restaurants and bars and in private vehicles.[10] Since people spend most of their waking hours at work, smoking in the workplace causes tremendous destruction to employers and employees alike.[11]

In a national 2005 Gallup poll the majority of Americans favor smokefree public places.[12] According to National Health Interview Survey data from 2000 87 percent of respondents reported an employer workplace policy restricting smoking some fashion, compared with only 44 percent in 1992. By 2000, 92 percent of workers who reported an employer workplace policy to restrict smoking described the policy as a smoking ban in all work areas.[13] However, the percentage of workers protected under a Smoke-Free policy varies by state. (American Lung Association Fact Sheet SHS (http://www.lungusa.org/tobacco.html), even though the CDC's National Health Interview Survey in 2000, indicates more than 80 percent of the respondents aged 18 years or older believe that secondhand smoke is harmful and nonsmokers should be protected in their workplaces.[14] The number of Utah indoor workers aged 18 years or older who reported smoke-free workplace smoking policies increased from 65.4 percent in 1992-1993 to 84.86 percent in the 2001-2002 reporting period, the highest for any state.[15]

The health and economic impact of secondhand tobacco smoke includes property damage, illness and discomfort in nonsmokers exposed to passive smoke, [16] and lost productivity.[17] (See ***Attachment A***)

The purpose of the Worksite Section is to encourage leaders of businesses, government agencies, and organizations to review their current workplace smoking policies, implement a smoke-free worksite environment, and to offer tobacco cessation resources to their employees. A worksite

tobacco policy is a means of conveying tobacco use standards to all employees, vendors, and visitors to private businesses, government agencies, or organizations. The primary goal of a Smoke-Free workplace policy should be the creation of a safe and healthful workplace.[18] "Establishing smoke-free workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace." [19, 20, 21] Research reviewed in the 2006 Surgeon General's Report indicates that smoke-free policies are also the most economic approach for providing protection from exposure to secondhand smoke.[22] Workplace smoking restrictions also have the bonus effect of leading to less smoking among covered workers.[23, 24] Even where permitted by law, many developers, building owners, and operators do not allow smoking. For instance, BOMA International has taken the position that secondhand smoke should not be allowed in buildings and supports legislation to ban smoking in buildings.[25]

There are five key reasons for introducing smoking restrictions in the workplace:

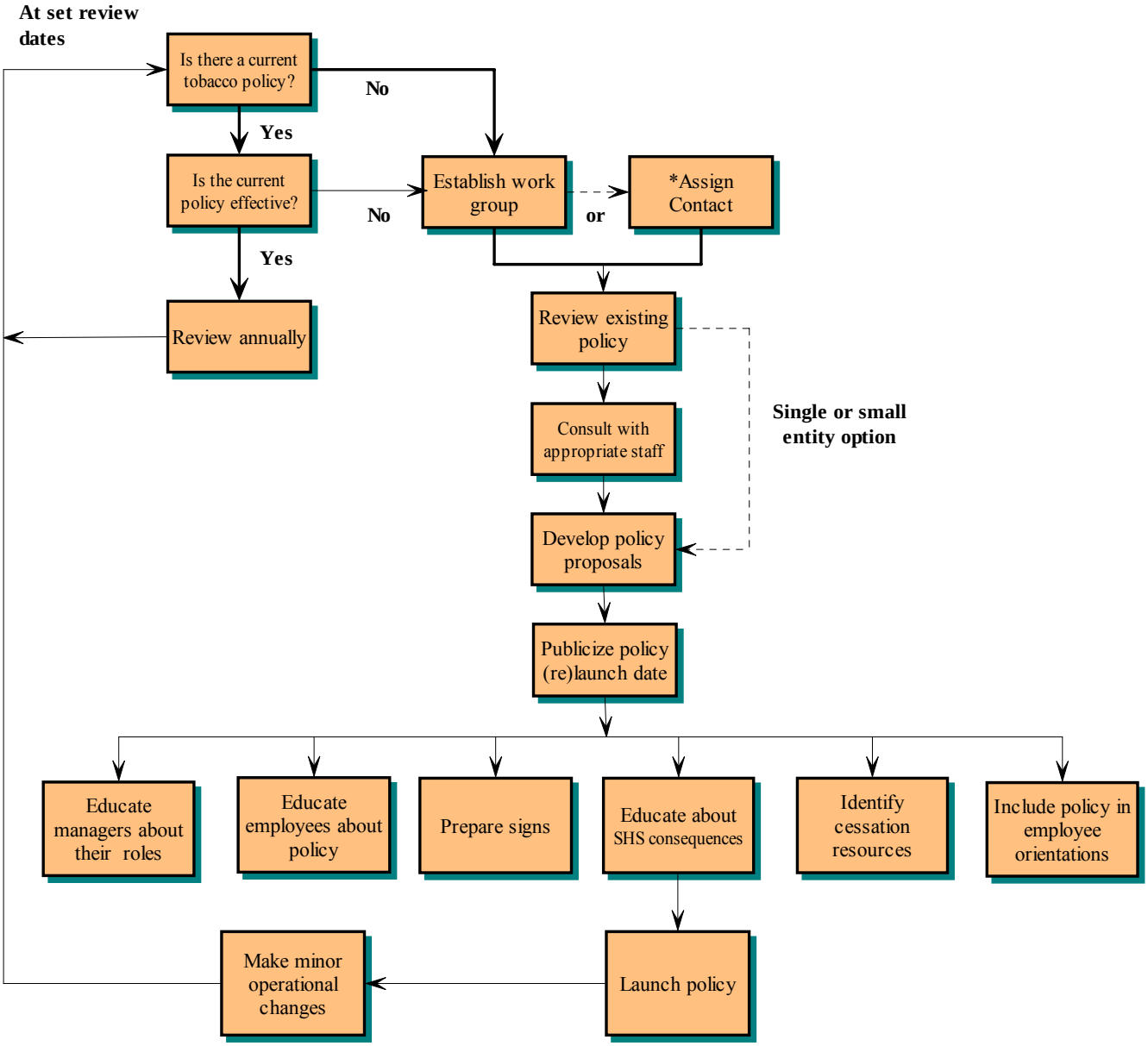
1. Better health
2. Better business
3. Complying with legislation
4. Employee satisfaction
5. Avoiding litigation[26]

As previously mentioned, secondhand smoke is a recognized workplace hazard.[27] Smoke-free policies create safer workplaces. They are the simplest and most cost effective way to improve worker and business health.[28] A good policy should maximize employee and visitor health and safety by eliminating exposure to the toxic effects of secondhand tobacco smoke. It should also include a spit (smokeless) tobacco restriction to avoid potential health, hygiene, and safety problems associated with its use. A totally Smoke-Free policy will save money, increase levels of job satisfaction, and decrease direct health care costs to the company or organization.[29] (See ***Attachments B and C***)

While the number of deaths caused by chronic exposure to secondhand smoke is substantially less that the number caused by active smoking, the public health concern is elevated because secondhand smoke deaths are occurring among individuals who have decided not to smoke, and thus their increased risk for disease and death is involuntary.[30] Even being around secondhand smoke for a short time can hurt your health. Some effects are temporary but others are permanent.[31] Secondhand smoke is composed of sidestream smoke (the smoke released from the burning end of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker).[32] Cigarette smoke contains more than 4,000 chemical compounds. Secondhand smoke contains many of the same chemicals that are present in smoke inhaled by smokers. Because sidestream smoke is generated at lower temperatures and under different conditions than mainstream smoke, it contains higher concentrations of many of the toxins found in cigarette smoke.[33] The National Toxicology Program estimates that at least 250 chemicals in secondhand smoke are know to be toxic or carcinogenic.[34] Prohibiting smoking in the workplace can have an immediate and dramatic impact on the health of workers and patrons. A study in Helena, MT, found that the number of heart attacks fell by 40 percent during a six-month period in 2002 when the city's comprehensive smoke-free law was in effect.[35] Researchers attributed much of the sharp decline in acute myocardial infarctions (AMI) to a near-elimination of the effects of secondhand smoke on blood platelets and the arteries that supply blood to the heart.[36]

The basic process for developing a worksite tobacco policy is shown in Figure I below.

Figure I. Major Steps in Developing a Comprehensive Workplace Tobacco Policy



*Small businesses, government agencies, or other organizations may only be able to assign one person to conduct this part of the process.

Adapted from Tobacco in the Workplace: Meeting the Challenge, A Handbook for Empolyers[37]

ACTION STEPS

Action Step 1: Gather Relevant Facts and Information
Action Step 2: Identify Your Audience and Assess Community Readiness
Action Step 3: Plan Your Campaign
Action Step 4: Implement the Policy
Action Step 5: Get the Word Out and Gain Support
Action Step 6: Evaluate Your Efforts[38]

Action Step 1: Gather Relevant Facts and Information

How to Research Businesses, Government Agencies, and Organizations and Choose High Priority Sites

Due to the sheer number of businesses, government agencies, and other organizations, it is necessary to prioritize which of these entities to approach first. Higher levels of (secondhand smoke) exposure have profoundly negative consequences for the health and safety of workers, who have no choice over whether or not to be exposed.[39] Secondhand smoke is, like asbestos, a Class A (Known Human) Carcinogen that has no safe level of exposure.[40] Secondhand smoke becomes a form of double jeopardy in some workplaces. When combined with tobacco smoke, other chemicals (associated with a worksite) can become even more dangerous. For example, exposure to tobacco smoke multiplies the danger of exposure to asbestos. It can also transform existing chemicals into more harmful ones.[41] Secondhand smoke also combines with other workplace toxins to result in a greater harmful effect to those exposed, increasing the chances for disease.[42]

There have been major gains in reducing exposure to secondhand smoke in the general population. However those in blue-collar and service jobs- such as craft workers, laborers, and hospitality workers- are still disproportionately exposed at the workplace.[43] Blue collar and service employees are less likely than white collar indoor workers to be covered by smoke-free policies.[44] Blue Collar and service workers are more frequently exposed to secondhand smoke at their worksite than are white-collar workers.[45]

According to one study that measured serum cotinine levels, which is a measure of exposure to secondhand smoke, the following occupational categories are at highest risk of secondhand smoke exposure at work:

- Waiters, waitresses
- Laborers
- Textile, apparel, furnishings machine operator
- Motor vehicle operators
- Miscellaneous food prep and service
- Vehicle and mobile equipment mechanics and repairers
- Construction trades
- Cleaning and building services
- Machine operators[46]

In a ranking of 38 major occupations, food service workers ranked at the bottom of those workers protected by smoke-free workplace policies, with more than half of the nation's food

service workers exposed t secondhand smoke. The study noted that these individuals are less likely to have access to quality healthcare and smoking cessation resources, compounding the problem.[47] Nationally, exposure to secondhand smoke continues in restaurants, bars, casinos, gaming halls, and vehicles.[48] Restaurant workers are far less likely than other workers to be protected by smoke-free workplace policies, more likely than other workers to have these policies violated where they do exist and are more likely to be exposed to high level o secondhand smoke on the job. Only 28 percent of wait staff and 13 percent of bartenders work under smoke-free workplace policies.[49] In one study levels of secondhand smoke in restaurants and bars [that allow smoking] were found to be 2 to 5 times higher than in residences with smokers and 2-6 times higher than in office workplaces.[50] Another study found that smoky bars, pool halls and casinos can have over 2 times more pollution in the air than roads clogged with diesel trucks at rush hour, an amount far exceeding what the government allows outdoors on roadway. Even with high-tech ventilation systems, a worker would breathe air that violated federal outdoor air quality standards.[51] The chemical concentration of second-hand smoke is, on average, four to six times higher in bars and up to two times higher in restaurants where smoking is permitted.[52] In one study of food service workers, bartenders were discovered to have rates of lung cancer higher than firefighters, miners, duct workers and miners.[53] In another study, it was estimated that bar and restaurant employees face a 50% greater risk of lung cancer; a greater risk than virtually any other occupation, including firefighters and miners. Waitresses have the highest level of lung cancer rates among working women.[54]

In a projective Utah study covering roughly 700 occupations that focuses on the number of annual job openings between 2004 and 2014.

- Office and administrative support (clerical) occupations will have the largest growth during this time period followed by:
- Sales
- Food Prep and Serving
- Construction/Extraction
- Production
- Transportation/Material Moving[55]

Note: These are typically high-risk occupations for high amounts of smoking

The Utah Department of Workforce Services maintains a list of Utah businesses on its website: http://jobs.utah.gov/firmfind/pgIndustry.asp,

The Utah Department of Workforce Services also provides a list of employers by occupation which can help identify which businesses, government agencies, and organizations are most likely to have higher employee tobacco use rates.

Other At-Risk Workplaces

During the preliminary assessment process, do not overlook workplaces that are exempt from the Utah Indoor Clean Air Act (UICAA) as potential opportunities for advocating for pro-health policies that eliminate secondhand smoke exposure. For example, even though taverns licensed on or before May 15, 2006 are exempt from the UICAA until January 1, 2009, individual taverns could establish their own policies that prohibit smoking by their employees and patrons.

Likewise, nothing in the UICAA would preclude a construction company from developing a policy that its employees cannot smoke on the property, in company vehicles, or in any buildings of a construction site where they are working.

? Track your Progress

- Have you identified the types of businesses, government agencies, and organizations in your community?
- Have you determined criteria for targeting specific businesses, government agencies, or organizations?
- Did you compile a list of businesses, government agencies, or organizations?
- Have you developed a plan for contacting these businesses, government agencies, or organizations?

Action Step 2: Identify Your Audience/Assess Community Readiness

Making Contact: What Works Best?

Generally speaking, mass mailings would be better reserved to promote resources and services, such as tobacco cessation programs, than as the first means of identifying that you specifically need to work with to promote tobacco free worksite policies. Once a specific business, government agency, or organization has been identified, it is time to contact that entity. After contact has been made and a rapport established, follow-up letters are recommended.

Start by calling the selected worksite to identify a contact person with whom you can discuss health and safety issues. During that call, you will want to briefly share who you are, that you want to schedule a meeting with the person or persons who make decisions about a tobacco policy, and set up a time that is mutually acceptable. Another method is to make a "cold call." This involves making an initial contact in person without an appointment with the goal of introducing yourself and scheduling a later meeting. If you choose this method, be mindful of the contact person's time, since you don't have an appointment. You should also be prepared to deliver part or all of your original presentation if it turns out the contact actually has time for you to meet with them.

Determining whether the business, government agency, or organization already has a tobacco policy and how well it is currently functioning is the most important step in developing a new policy or modifying an existing policy. Early in the process, it is essential to gather information and ideas from employees, supervisors, external sources, and from your own observations. Health Canada's Guidebook on Tobacco Reduction: Working Together for a Healthier Workplace lists several ways to gather information from employees:

- Information meetings or interviews
- Focus group discussions
- Employee assemblies (or staff meetings)
- Employee surveys

The information you collect will help answer these questions:

- "Who are the tobacco users in our workplace? What do we need to know about them?
- "What do our employees (and management) know about secondhand smoke?
- "What are the factors that contribute to workplace smoking?"
- "What are the major barriers to implementing a smoking reduction plan?"[56]

For sample survey tools, see ***Research Tool 1, Research Tool 2, and Research Tool 3***.

As a starting point, check the existing policy on smoking and/or tobacco use, union contracts (if applicable), insurance coverage, fire laws, and anything else that might be affected by the policy changes.[57]

Review the Cessation Benefits the Business Provides

Do you know what the worksite offers to help tobacco users quit? Review the benefits offered through the business's health plan to find out if a tobacco cessation benefit is offered. The Utah Tobacco Prevention and Control Program maintains a list of private health plans that offer a tobacco cessation benefit on its website at:
http://www.tobaccofreeutah.org/tobcessbenprivins.html
An evidence-based benefit package includes counseling and U.S. Food and Drug Administration (FDA) approved medications (nicotine replacement therapy, buproprion SR, and varenicline.

? Track your Progress

- Did you contact the businesses you plan to target?
- Did you assess support for tobacco policies among employers, supervisors, and employees?
- Did you review documentation such as existing policies, union contracts, insurance coverage, etc.?
- Did you conduct observational assessments?
- Did you find out how existing tobacco policies are enforced?

Action Step 3: Plan Your Campaign

Once current practices have been reviewed, it is important to develop a plan to achieve the desired policy outcomes. The process is the same whether you are developing a new policy, modifying an existing policy, or maintaining an existing policy. A checklist for action is provided below to help facilitate the implementation of a smoke-free worksite policy. A more extensive checklist for action is provided in ***Research Tool 4.***

*Management Checklist for Implementing a Worksite Policy
Has a review of the current situation been undertaken?
Has a multi-disciplinary work group or key coordinator for developing and implementing the policy been established?
Have communication and consultation mechanisms with employees been established?
Are updates and reminders been periodically given?
Have the details of the policy been decided?
Is the workplace going to be totally tobacco-free?
If not, have restrictions on smoking been identified?
If not, are the smoking permitted areas consistent with those allowed by the Utah Indoor Clean Air Act?
If not, are the location, HVAC, and other criteria for a smoking permitted area as specified by the Utah Indoor Clean Air Act statute and rule been addressed and met?
If not, have the restrictions on spit (smokeless) tobacco use been clarified?
Are non-smoking (and smoking permitted) areas clearly signed as required by the Utah Indoor Clean Air Act (statute and rule)?
Will the policy be monitored and reviewed? If so, have dates been set?
Are measures in place to help smokers quit smoking?

Adapted from Tobacco in the Workplace: Meeting the Challenge, A Handbook for Employees.[58]

Establish a Work Group

A formal workgroup creates the structure needed to develop an action plan and makes a clear statement that smoking and/or other tobacco use is an issue that is being taken seriously by senior management. It also indicates that the issue of smoking and/or tobacco use is a priority in the organization. Makeup of the group should be broad and should include smokers as well as nonsmokers and ex-smokers. A typical work group may include representatives from:

- Senior management
- Occupational health
- Human resource management
- Safety/security officers
- Trades unions (if applicable)
- Employees (Where possible, try to obtain representation from high-risk occupations and culturally diverse employees representative of specific worksites.)[59]

Small companies may not have the staff to form formal work groups. Nonetheless, every effort should be made to gather employee and manager input as a policy is developed.

As the evidence of the danger of secondhand smoke continues to escalate, organized labor is getting more and more involved in efforts to protect their member form the hazards of secondhand smoke. When unions have opposed smokefree policies, their opposition has generally focused on the process by which the policy was adopted, rather than the content of the policy. Their concern has been that management had breached its duty to bargain with the union regarding the adoption and implementation of the policy.[60]

Establish a Timeline

Establishing a timeline for the implementation of a smokefree worksite policy is critical. Timelines can be developed by listing the items that the group identifies are necessary steps in developing a policy and then estimating how much time it will take to accomplish those activities. A timeline of three to six months from announcement of the new policy through complete implementation is generally adequate; though this figure can vary from organization to organization.[61] For an example of a timelines worksheet, see ***Attachment D***.

Identify and Discuss General Ideas

Basic Considerations.
After assessing the current status and identifying issues and concerns, it is time for companies, government agencies, or other organizations to start addressing them. At this stage, there are three basic areas that need to be discussed:

Policy: Where and how will smoking and/or other tobacco use be restricted?
Communication activities: What information will be given to employees, and how will it be communicated?
Cessation assistance: How will you help smoking employees quit?

A typical draft plan should contain the following sections:

- An introduction and a summary of information gathered
- A list of objectives to be achieved by the plan
- Recommendations regarding:
  - Smoking/tobacco restrictions and policy
  - Information activities
  - Cessation assistance
- A list of available resources and a list of additional resources that are needed to implement the plan
- A list of who is responsible for which part of the plan[62]

Providing support for employees who wish to cut down or quit smoking is an important part of a comprehensive tobacco control policy. It's not only good for the bottom line; it also demonstrates the employer's commitment to enhancing the health of all employees. This kind of corporate philosophy is one that can be shared by unions, employee groups and management.[63] creating a supportive environment that enables smokers to quit will help to ease tensions between smokers and non-smokers, and between management and smoking employees. It also projects an image of a business that cares about the safety and health of all employees.[64]

Impact of implementing a tobacco-free policy will be most immediate for employees who use tobacco. They can be helped by:

- Informing them in advance of the new policy and implementation date
- Letting tobacco users know you appreciate their efforts to comply with the policy.[1]
- Offering tobacco use cessation assistance and providing employees with information about local cessation programs, websites, and quit lines.
- Offering to pay for tobacco cessation programs for employees and their covered dependents
- Including pharmacotherapy for tobacco use and dependence as a covered health benefit.[65]

"Paying for tobacco use cessation treatments is the single most cost-effective health insurance benefit for adults that can be provided to employees."[66] 70% of those who smoke want to quit, but few succeed without support.[67] Tobacco cessation treatment doubles the rate of successful quit attempts. Quitting reduces the risk of expensive health problems, including heart disease, stroke, many caners, respiratory diseases, pre-term delivery and low birth-weight.[68] Cost analysis has shown tobacco cessation benefits to be either cost-saving or cost-neutral. Overall, cost expenditure to employers equalizes at three years and benefits exceed costs by five years. It is also important to note that tobacco cessation is more cost-effective than most other common and covered disease prevention interventions, such as treatment of hypertension and high blood cholesterol.[69]

Assisting Worksites in Designing a Tobacco Cessation Benefit

If the business does not have a tobacco cessation benefit through their health plan, encourage the worksite staff to talk to health plan representatives about the need for such resources. Because tobacco users are more likely to quit with the aid of both counseling and medications combined, and because some individuals respond better to nicotine replacement therapy and others respond better to bupropion SR or varenicline, an evidence-based benefit package includes ALL of the following elements:

Counseling

Evidence shows that person-to person counseling works best for helping people quit tobacco.

- Person-to-person counseling – individual, by telephone, or in groups – is most effective.
- Services that provide only educational or self-help materials have not been shown to be effective.
- Smokers are more likely to use telephone counseling than participate in individual or group counseling sessions.
- The effectiveness of counseling increases with more or longer sessions.[70,71]

The Utah Tobacco Quit Line (1-888-567-TRUTH (8788) provides telephone-based counseling, support materials, referrals, and nicotine replacement therapy when appropriate.

Attachments F, G, and H will provide information about tobacco cessation resources available to Utahns, the Utah Tobacco Quit Line, and Utah QuitNet (a computer-based quitting approach).

Pharmacotherapy

The U. S. Food and Drug Administration have approved seven first-line medications to help people quit tobacco. Some may be purchased over the counter and others require a prescription.

- **Nicotine Replacement Therapy (NRT)** NRT is a medication containing a low dosage of nicotine, without any of the other harmful substances found in tobacco. It helps quitters alleviate withdrawal symptoms and is not as addictive as tobacco. It is sold over-the-counter in the form of patches, gum and lozenges or by prescription only in the form of inhalers or nasal sprays.

- **Bupropion SR (Zyban)** Bupropion SR is a nicotine-free prescription antidepressant medication, which helps quitters alleviate withdrawal symptoms. Make sure your health plan authorizes coverage for bupropion SR as a tobacco Cessation aid; some only authorize its use for the treatment of depression, even though the FDA has approved it for both purposes.

- **Varenicline (CHANTIX)** Varenicline is a prescribed nicotine-free pill that works in two ways: by providing some nicotine effects to ease the withdrawal symptoms and by blocking the effects of nicotine from cigarettes if people resume smoking. The approved course of CHANTIX treatment is 12 weeks, a period that can be double for people who successfully quit to increase the likelihood they will remain smoke free.[72,73]

Benefit Design

Tobacco cessation benefits that have been found most effective do the following:

- Pay for counseling and medications, together or separately.
- Cover counseling services, including telephone and individual counseling. While classes are also effective, few smokers attend them.
- Offer several counseling sessions over a period of several weeks to be most effective.
- Offer the FDA-approved medications, including prescription and over-the-counter nicotine replacement medications, bupropion, and varenicline.

Employers can show their employees that they want to help them quit and understand the chronic nature of tobacco dependence by designing a benefit that makes it easier for them.

- Require employees to pay no more than the standard co-payment. Data show that smokers rarely use cessation services inappropriately and are much more likely to quit when no co-payment is required.
- Provide at least two courses of treatment – both medication and counseling - per year.74

How much would an effective tobacco-cessation benefit cost?

Number of employees: _____
29 cents per member, per month**: _____
Total cost per year: _____

**Cost of pharmacotherapy and/or telephone counseling, assuming the standard co pay and 5 percent employee use.

Adapted from the Tobacco-Free Oregon Employer's Toolkit

Don't Forget Smokeless Tobacco

Consider establishing a tobacco-free policy not just one targeting smoking. Smokeless tobacco:

- Contains 28 cancer-causing agents (carcinogens)
- Is a know cause of human cancer, including cancers of the oral cavity
- Causes major oral health problems including recession of the gums
- Can lead to nicotine addiction and dependence[75]

When developing a policy consider language that reiterates your company, government agency, or organizational break privileges. In a recent Michigan study it was estimated that smokers typically take three smoking breaks each workday averaging 13 minutes a piece.[76] From Utah experience, this is an issue when ex and non-smoking employees observe their smoking counterparts getting extra break time. Extra time for smoking breaks, beyond those required by law and allowed by the company, government agency, or organization, also affect the bottom line. For example, a full time employee who takes an extra 15 minutes of breaks per day will accrue an extra 60-65 hours of non-productive extra break time in a year's time.

The table below provides an overview of the pros and cons of a smoke-free policy.

Smoke-Free Policy	Benefits	Challenges
Smoking not allowed inside buildings or company vehicle. If allowed, smoking is only permitted at designated outdoor smoking locations.	• Complies with all laws and ordinances • Greatly reduces secondhand smoke exposure for all employees • May reduce the number of cigarettes smoked by employees • May encourage employees to quit smoking • Decreases maintenance costs • Low cost to implement	• Requires smokers to modify their behavior • Some costs may be incurred if outside smoking shelters are constructed • Employee smoking directly outside building impacts image and is illegal in Utah closer than • 25 feet from entrances • If not carefully managed employees who smoke may take additional breaks causing morale problems in other employees

Adopted from Source [77]

Written Policies

Once the parameters have been established, it is important to put the policy in writing. The benefits of a written document include:

- Setting out a clear statement from the business, government agency, or other organization of the intent to eliminate or restrict secondhand tobacco smoke exposure at the worksite.
- Creating a solid framework for future action.
- Removing any possibility of misunderstanding the organization's position on tobacco use and clearly differentiating any differences in interpretation in multi-site organizations.
- Providing a document which all employees, both existing and new, managers, contractors, etc. can refer to in the future to verify status in specific situations and to prevent misinterpretation that may occur when there are verbal-only tobacco use policies.
- Demonstrating (organizational) commitment to the health of everyone in the workplace
- Justifying the allocation of resources to workplace tobacco control activity.[78]

Special Policy Considerations for Small Businesses, Government Agencies, or Other Organizations

While it may not be possible to form a large work group or, in some cases, any formal work group at all, it is still important that small businesses develop a smokefree policy. Small businesses have as much responsibility to protect their workers and businesses as large employers do—and they are faced with the same liability issues. Furthermore, in privately owned businesses, liability can fall directly upon the owner.[79]

As a small business, government agency, or other organization it is sometimes more difficult for employees to remain anonymous in a small workplace than larger ones when giving their input on policy issues. Consider one-on-one interviews as a substitute for group discussions if this is a problem. Written questionnaires help avoid peer pressure and assure employee anonymity.[80] The draft plan does not have to be long or complex. Even a few brief notes can suffice, as long as the three key areas are addressed: policy, information, and cessation. In addition, a small business plan should list where and how smoking will be restricted, as well as how the word will be disseminated to employees. In many cases, it may not be possible for a business, government agency, or other organization to offer tobacco cessation counseling at the worksite. However, there are a number of cessation services available in Utah through state and local health departments, voluntary health agencies, and private businesses. The Utah Tobacco Cessation Resource Guide is available from the Tobacco Prevention and Control Program and is accessible through the web at http://www.tobaccofreeutah.org.

While it may initially seem that developing a written policy will be arduous and time-consuming, this need not be the case. As long as the key aspects of your specific policy are represented, you can use one of the samples listed in ***Attachment E*** of this guide to cut down on the amount of work and time it will take. Written policies are also handy in a small business setting because a copy can be included in the employee handbook or be distributed to them during their initial orientation.

? Track your Progress

- Have you established a diverse workgroup or partnership to support your campaign?
- Has the workgroup developed a draft plan outlining goals, objectives, and resources needed?
- Has the workgroup developed a timeline to carry out the policy initiative?
- Has the workgroup identified who is responsible for which part of the plan?

Action Step 4: Implement the Policy

Once general ideas regarding policy, information activities, and cessation assistance have been discussed and a draft plan developed, it is time to expand them into detailed action plans that will provide a blueprint for the actual implementation.

Workplace Policy

It is recommended that a workplace policy include the following components:

- The purpose of the policy (e.g., protects employees from the harmful effects of SHS, conform to Utah Indoor Clean Air Act requirements).
- A tie between the secondhand smoke policy and cessation support.
- Clear statements on where smoking is prohibited (by the Utah Indoor Clean Air Act, local ordinance, and by the agency, company, or organizational policy).
- Clear statement of where smoking is permitted (if at all) in buildings, on the premises, or both.
- Clear statement on enforcement and consequences of noncompliance, including who will enforce the policy and the process that will be followed when violations occur.
- Clear statement of support to employees who smoke, including the purchase of health plans that provide cessation services. (Counseling and pharmacotherapy).
- The name and phone number of a person who can answer questions about the policy.[81]

Steps to take in implementing a workplace policy:

- Obtain a copy of the Utah Indoor Clean Air Act (statute and rule) and review it with a focus on how it will impact the ideas that were generated. Complete copies of the statute and rule can be accessed by going to http://www.tobaccofreeutah.org/uicaastat&rule.html or by telephone at: 1.877.220.3466.
- Contact your state or local health department regarding any questions you have.
- Decide on the details of your workplace policy based on analysis of the information gathered, the desired approach of senior management, and employee feedback.

If smoking is going to be permitted on the premises the following should be considered:

- Area should be quipped with ashtrays or non-combustible covered receptacles for the disposal of waste.
- The areas should not be by the entrances to a building where non-smokers have to pass by to enter the building.

- The areas should be a separate area, sheltered overhead if desired (but not fully enclosed since that would make it an enclosed structure subject to Utah Indoor Clean Air Act smoking restrictions)[82]

In the few cases where designated smoking rooms (DSRs) are still allowed (by the Utah Indoor Clean Air Act) workplaces need to be fully aware of location, ventilation, and other requirements of the statute and rule.

For sample policies, see ***Attachment E***.

To measure compliance with UICAA, see ***Research Tool 5. Attachment J.***

Smoking Privileges and the American Disabilities Act

One of the concerns some have is whether or not employees who smoke have a right to smoke that could prevent the implementation of a smoke-free worksite. To date there has not been any court action that identifies smoking as a constitutionally protected activity. On the contrary, the number of suits filed by nonsmokers has increased over the years. Furthermore, the American Disabilities Act (ADA) prohibits discrimination against individuals with disabilities in matters of private employment, public transportation, and public accommodations. Breathing disabilities are protected by the ADA and, as such, require protection by employers. Prudent employers, owners, or managers should bear in mind that:

- The ADA clearly permits claims of disability due to secondhand smoke exposure
- Determinations of disability and discrimination are made on an individual-by-individual basis
- Potentially millions of Americans have tobacco smoke-related disabilities that may qualify them to take action pursuant to the ADA.[83]

In many instances, employer responsibilities associated with the ADA will preclude extending smoking privileges to employees.[84] If an individual has a disability meeting the definition, the ADA protects him or her from discrimination related to the impairment. The form of discrimination for tobacco purposes relates to either a failure to make reasonable accommodations in the workplace or a failure to make reasonable modifications in policies and procedures in public areas.[85]

More information about the American Disabilities Act and how the complaint process works can be found at the U.S. Department of Justice Americans with Disabilities Act website: http://www.ada.gov/.

Communication Activities

It is important to give people time to get prepared for a new policy. Alerting employees to the new or modified policy implementation date well in advance increases the likelihood of acceptance.[86]

The following tips are offered to maximize communication activities:

- Use different information activities for different groups for employees.
- Present information to build awareness and commitment to the new or modified policy, as well as information to motivate current smokers to quit.
- Build in continuous reminders about the policy on an ongoing basis.
- Provide cessation assistance. A list of Utah tobacco cessation resources is available in ***Attachment F***.
- Decide what cessation assistance will be offered to smoking employees.
- Consider offering cessation assistance to family member of employees.
- Consider covering the cost of one-time nicotine replacement therapy (through the benefit plan or through direct costing).[87]
- focus on smoke, not the smoker
- Focus on health and safety, not on individual rights
- Emphasize the benefits of a clean air policy for both smokers and non-smokers.[88]

Signs

Signs are excellent visual mediums that allow employees and visitors alike to immediately determine whether smoking is allowed at a particular worksite location. Liberal posting of signs is the key to ensuring compliance with a tobacco use policy. Signs also act as a constant and impartial reminder that smoking is prohibited.[89] Samples of signs for buildings, offices, and receptacles can be found on the Tobacco Prevention and Control Program website at http://www.tobaccofreeutah.org/uicaa-busguide-signs&announcements.htm

Ventilation

The issue of ventilation as a solution to smoking at the workplace comes up quite frequently. Simply stated, ventilation provides no feasible solution to the problem of exposure to second-hand tobacco smoke.[90] A noted expert on secondhand smoke risk assessment, James Repace, concludes that dilution ventilation would have to improve by a factor of 20,000 and displacement ventilation by a factor of 2,000 in order to meet the level of public health protection normally expected against environmental contaminants. These systems are expensive to operate and cannot ensure smokefree workplaces and, therefore, should not be a policy option.[91] Tobacco smoke pollutes indoor air in much the same fashion as auto and factory exhaust pollutes outdoor air. In fact, the level of indoor pollution due to tobacco smoke is higher than that of most outdoor pollution. Current heating, ventilating, and air conditioning systems alone cannot control exposure to secondhand smoke. [92] Conventional air-cleaning systems can remove large particles, but not the smaller particles or gases found in secondhand smoke. [93] Attempts to control the toxic and carcinogenic properties of secondhand smoke by ventilation are futile, and would require tornado-strength rates of air flow.[94] In mixed smoker and non-smoker settings such as unrestricted smoking in homes, dormitories, casinos, bingo parlors, small workplaces, and open plan office spaces air cleaning, ordinary dilution ventilation and displacement ventilation can provide some reduction in exposure but they cannot minimize adverse health effects, nor odor and sensory irritation for nonsmokers in general.[95] Separating smokers from

nonsmokers, leaning the air, and ventilating buildings cannot eliminate secondhand smoke exposure.[96] The operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout the building.[97] If ventilation were increased, one would expect that the health risk from secondhand smoke would be markedly decreased. However, this is not the case. It has been stated that in order to achieve acceptable cancer risk for nonsmokers, the ventilation rates would have to be increased 270 times.

For many businesses, government agencies, or other organizations this would be cost prohibitive and disruptive to normal workplace practices. The U.S. Office of Technology Assessment concludes "physical modification of the workplace or use of additional ventilation would be substantially more expensive than establishing policies concerning smoking in the workplace."[98]

The American Society of Heating and Refrigeration Air-Conditioning Engineers conclude that:

- At present, the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity.
- No other engineering approaches, including current and advanced dilution ventilation or air cleaning technologies, have been demonstrated or should be relied upon to control health risks from ETS (secondhand smoke) exposure in spares where smoking occurs. Some engineering measure may reduce that exposure and the corresponding risk to some degree while also addressing to some extent the comfort issues of odor and some forms of irritation.
- Because of ASHRAE's mission to act for the benefit of the public, it encourages elimination of smoking in the indoor environment as the optimal way to minimize ETS (secondhand smoke) exposure.[99]

Enforcement

Compliance with carefully thought out smokefree policies has not been a problem in most companies, government agencies, or other organizations[100,101] This is particularly true for totally smoke-free policies rather than complex policies that allow smoking in some places but not in others.[102] In one study of smoke-free policies among 38 major occupations compliance with workplace restrictions was not a significant human resources issue because only 3.8% of workers reported that someone had violated a smoke-free policy at their worksite.[103]

Problems, if they happen at all, are most likely to occur early on. Most workplaces experience few compliance issues.[104] However, as with other workplace policies, a smoking policy should contain disciplinary elements in case there is a violation. It is recommended that a staged approach be used rather than an all-or-nothing approach in order to give employees time to adapt to the changes required by the policy. For example, if upon initiation of a new policy employees breach the policy, they would be subject to a verbal warning by their supervisors. If they progress to a second violation, a written warning would be placed in their employee files, and so on for future violations until possible termination could occur. In matters where the smoking behavior of an employee would compromise the safety of other employees, such as smoking around flammable or toxic materials, then other safety-related policies or regulations could also come into play.[105] Whatever the approach determined to deal with violations, sanctions for violation should be clearly delineated through the normal means of updating employees and

supervisors of similar policy requirements.[106] It is imperative to ensure fair and equal enforcement of the policy in all areas and among all employees.[107] Active enforcement of policies also reduces morale problems associated with employee perceptions of fairness.

Early on in the process, it should be decided who will handle complaints, address violations, and actively enforce the policy. Training, with a focus on the negative health impacts of secondhand smoke, should be given to those who are expected to conduct disciplinary actions.[108] Train middle managers and other employees who interact with the public and are involved in enforcement, health and safety, human resources and employee assistance programs. Role-plays scenarios such as how to advise visitors of the policy and what to do with non-compliance and complaints.[109]

As mentioned earlier, one of the most effective ways to prevent disciplinary problems is to post signs liberally and use staff meetings, new employee orientations, etc. to inform everyone about why the policy is necessary and when they will be expected to comply. By doing so, many disciplinary actions can be avoided.

Who Enforces the Law?

Building owners, agents, or operators of places where smoking is prohibited under §26-38-3(1) of the Utah Indoor Clean Air Act [110] are required to enforce the law by asking persons to extinguish any lighted tobacco products where smoking is prohibited. If the person refuses, he/she must be asked to leave the premises as per §26-38-7 of the Act.[111]

Employers also have a duty to make sure that employees comply with workplace smoking policies and Utah Indoor Clean Air requirements.[112]

Local health departments and the Utah Department of Health are charged with investigating complaints regarding violations of the Utah Indoor Clean Air Act and for enforcing it.[113] When a complaint is lodged; the respective health department dispatches staff to conduct an inspection of the location. If violations of the Act are discovered, an order to correct the situation(s) that is (are) out of compliance is issued. For a list of state and local health department contacts go to: http://www.tobaccofreeutah.org/violationsuicaa.html

Penalties for Violations

An individual in possession of a lighted tobacco product in a smoking prohibited area as per 26-38-3 and 4) is subject to a civil penalty of not more than $100 for the first violation and not less than $100 but no more than $500 for subsequent violations.[114]

The Utah Indoor Clean Air Act Administrative Rule also places responsibilities on building owners, agents, and operators to assure compliance with the Utah Indoor Clean Air Act statute and rule.[115]

In cases of non-compliance, local or state health departments may impose a civil penalty of $5,000 per occurrence against businesses, government agencies, and other organizations who refuse to comply.[116]

? Track your Progress

- Was a written policy document produced?
- Did you check with appropriate state or local health department authorities to make sure that the policy complies with the Utah Indoor Clean Air Act?
- Does the policy include clear statements on where smoking is prohibited/permitted and appropriate placement of signs?
- Does the policy include clear statements regarding enforcement and consequences of non-compliance?
- Does the policy include plans for tobacco users who need support in quitting?
- Does the policy include contact information for questions about the policy?
- Does the policy address its purpose?
- Has a detailed marketing plan for a new policy been developed?

Action Step 5: Get the Word Out/Gain Support

Effective communication of a new or revised policy is crucial in order to win initial support and ensure sustainability.[117] When people are asked to change significant behaviors, they respond best if they understand why a change is necessary. Providing employees with education and opportunities to be involved with the implementation process will facilitate compliance with the new smokefree policy. The emphasis of communication should focus on protection of employee health and safety.[118] The Chief Executive Officer or similar high-profile officer should announce the plan to demonstrate that it is a priority issue.[119]

The approach you select to inform your employees that a new or revised policy is being implemented will depend on the size of your organization and the amount of education needed, as determined by your employee survey. It is important to educate employees about the hazards of secondhand smoke before introducing a policy so they understand the rationale for the policy.

The following are some ways to inform employees of the new policy:

- Intranet
- Payroll stuffers (brochures, relevant articles, flyers)
- Regular articles in the company newsletter
- Posters, displays, buttons
- Presentations
- Speakers
- Information kits
- Brown bag lunches[120]

Employee orientations, staff, and management meetings are also good ways to inform employees about a new policy. They provide opportunities for discussion and questions to be addressed. Sample language that can be placed in an employee handbook is contained in ***Attachment I.***

Impact of Workplace Smoking Policy Changes on Businesses

The Surgeon General of the U.S. determined that if all U.S. workplaces implemented a 100% smokefree policy, it would result in "1.3 million smokers quitting, 950 million fewer cigarette packs being smoked, 1,540 myocardial infarctions and 360 strokes being averted, and $49 million in direct medical cost savings being realized all within one year." And these cost savings would increase over time.[121] A 2002 review of 26 studies concluded that a complete smoking ban in the workplace reduces smoking prevalence among employees by 3.8 percent and daily cigarette consumption by 3.1 cigarettes among employees who continue to smoke.[122]

Monitoring the impact of the change on their business and employees may motivate employers to implement and enforce the smoking policy. Possible aspects to monitor include reductions in tobacco-using employees, the amount they smoke, and their intentions to do so.[123] Additional evaluation outcomes that can occur are listed in ***Research Tool 6***. In order to ensure that the momentum continues, it is recommended that a review of these measures be conducted every 12 to 18 months. Staff, either directly or through representation, should be involved in this process.[124]

Dealing with Dire Economic Projections

There has generally been no controversy regarding the economic impact of smokefree laws on private workplaces. Instead, the debate on the economic impact of such laws has centered around the effect that they have on the hospitality industry, particularly restaurants and bars.[125] One of the primary contentions of those opposed to implementing smokefree policies is the projected impact on business receipts. This has especially been true for businesses such as restaurants, other types of eateries, bars, and taverns. When reviewing impacts on hospitality businesses it is important to note, "It's normal that some restaurants and bars lose money or go out of business (in the hospitality industry). The restaurant/bar business has extremely high turnover. A bar or club that was trendy last year might not be trendy this year."[126]

The typical assertion is that passage of smoke-free policies will result in dire losses of income to these types of establishments. Typically, these claims are postulated on asking proprietors what they believe the impact will be or has been on their business when a smoke-free policy is passed. Seldom are these reports backed with impartial sources of data to support the claims. The results of all credible peer-reviewed studies show that smokefree policies and regulations do not have a negative impact on business revenues.[127] "No peer-reviewed study using objective indicators such as sales tax revenues and employment levels found an adverse economic impact of smoke-free laws on restaurants and bars." Studies that found otherwise relied on proprietor prediction or estimates, rather than on actual sales or revenue data.[128] For example, a major study was conducted to review all studies in English prior to August 31, 2002 indicated that studies supported by the tobacco industry were significantly more likely to conclude there was or would be a negative economic impact associated with implementing smoke-free policies. It is important to distinguish between favorable studies conducted by independent researchers and academics and unfavorable studies sponsored by the tobacco industry, which have tended to rely solely on anecdotal information and predictions.[129] Furthermore, lower quality studies were much more likely to conclude that smoke-free policies adversely impact the hospitality

industry.[130] Several reports, based on tax receipts paid by these types of establishments, simply do not support typical predictions of business loss. Some even indicate increases in business as indicated by tax receipts.

There are numerous instances where economic impact has been studied in relation to the passage of pro-health legislation or ordinances that do not permit smoking. Among them:

Results for the following states indicate that smoke-free laws are good for business:

California-

- Taxable sales receipts for bars and restaurants have increased every year since 1997 (the year before the law took effect) through 2002. Total employment at bars and restaurants has also increased every year since 1997.[131]
- Despite tobacco industry claims that tourists would resent California's smoke-free policies reports from the California Department of Tourism showed that smoke-free workplace laws did not have an adverse affect on visitor activity or spending.[132]

Delaware-

- Business remained steady one year after the state's Clean Indoor Air Act went into effect in November 2002. Data from the Delaware Department for Labor showed that employment in the state's food service and drinking establishments and liquor consumption also increase in the year after the smokefree laws went into effect.[133]

Florida-

- The state's voter-approved smoke-free law, which took effect July 1, 2003, has not hurt sales or employment in the hotel, restaurant and tourism industries (the Florida law exempts stand-alone bars).[134, 135]

Massachusetts-

- A study conducted by researchers at the Harvard School of Public Health of the Commonwealth of Massachusetts' found that "Analyses of economic data prior to and following implementation of the law demonstrated that the Massachusetts statewide law did not negatively affect statewide meals and alcohol beverage excise tax collections.
- The number of employees in food service and drinking places and accommodation establishment, and keno sales were not affected by the law.[136]
- Studies conducted in New York City and Boston, both popular tourist destinations, concluded that neither city experienced a decline in sales following adoption of their early ordinances limiting smoking in restaurants.[137]

Rhode Island-

- Tax revenue from bars and restaurants rose 20 percent since a strong clean indoor air laws was enacted in March of 2005.[138]

New York-

- The Zagat survey of New York City restaurants found that restaurant openings easily outpaces closings.[139]
- The following conditions were noted at the end of New York City's first year of Smoke-Free workplaces legislation:
    1. Workers are breathing cleaner air.
    2. On January 5, 2004, the Department of Finance reported tax revenues from bars and restaurants increased 12% over the same period a year earlier,

3. On December 15, 2003, USA Today reported that tourism in New York is booming.
4. Hotel revenues are up for the first time in three years.
5. On July 23, 2003, 2003, the Department of Labor reported 1,500 new jobs in city bars and restaurants since the Smoke-Free workplace law went into effect.
6. On October 20, 2003, Zagat Survey reported that 96% of diners were eating out the same amount or more often (23% more often and 73% the same). Only 4% were eating out less.[140]

- A New York City study found that business receipts for restaurants and bars had increased .7 percent, employment has risen (2,800 seasonally adjusted jobs), and cotinine levels (a marker for smoke exposure) in non-smoking workers decreased by 85 percent since the smoking ban was put in place.[141]

El Paso-

- No declines in total restaurant, bar, or mixed beverage revenue were observed in El Paso, Texas during the first year after that city adopted a smoking ban in all workplaces a public places, including restaurants and bars.[142]

? Track your Progress

- Was worksite management involved in announcing the new policy?
- Were all members of the targeted business informed of the new worksite tobacco policy?
- Were all members of the targeted business informed about the health and economic impacts of secondhand smoke?
- Did you measure the impact of the policy on the worksite?

Follow-Up and Maintenance:

- Monitor the policy implementation and evaluate compliance, employee satisfaction, participation in cessation activities, and complaints and praise.
- Evaluate the success of any activities or initiatives offered to help employees quit smoking.
- Evaluate long-term outcomes such as changes in absenteeism, cost reductions (maintenance, productivity improvements), employee and customer satisfaction changes in revenues or number of customers (if your business involves the public).
- Revise the policy if necessary, Reinforce the change
- Continue to include smoking cessation services in ongoing health promotion activities for all employees.[143]

Action Step 6: Evaluate Your Efforts

Many of the businesses, government agencies, and other organizations in Utah are small in size. The evaluation process for smaller worksites need not be formal. Even informal conversations over lunch can provide useful information about how successful a new policy is. Furthermore, asking employees their opinions reminds them that their opinions matter.[144] In addition, conducting observational walk-throughs to make sure the policy is being complied with can produce useful information about compliance and the need for more signs, more explanation, etc. The tools provided in this section are intended to help you document the process and the initial

outcomes of your tobacco policy project. This documentation will be crucial in planning future projects and sharing project outcomes with tobacco prevention and control partners.

1. To fill in the Process Evaluation Worksheet, use the progress tracking questions and the data collection tools provided with each Action Step. Fill in the information requested under each Action Step as you complete the Action Step. If a question does not apply to your project, mark the question as N/A and specify the reason.

2. To fill in the Evaluation Outcomes and Recommendations Table, use the findings listed on the Process Evaluation Worksheet and other pertinent project information.

Process Evaluation Worksheet

Action Step 1: Gather Relevant Facts and Information

- Have you identified the types of businesses, government agencies, and organizations in your community? Yes No

- Have you determined criteria for targeting specific businesses, government agencies, or organizations? Yes No If yes, please list the criteria: _____
_____
_____
_____

- List the businesses you are planning to target (by name and type of business):
_____
_____
_____

- Have you developed a plan for contacting these businesses? Yes No
If yes, briefly describe your plan: _____
_____
_____
_____

Action Step 2: Identify Your Audience/Assess Community Readiness

- Did you contact the businesses you plan to target? Yes No
If yes, briefly describe the methods you used:
_____
_____
_____
_____

- How many of the contacted businesses are willing to work on a worksite tobacco policy initiative? _____

(If you will be working with more than two or three complexes, may want to make multiple copies of the remaining documentation sections to ensure that you have enough space to record detailed information for each complex.)

- Did you conduct assessments of tobacco policy support with…
  employers supervisors employees other_____
- List important findings: _____
  _____
  _____
  _____
  _____
  _____
- Did you review documentation such as existing policies, union contracts, insurance coverage, etc.? Yes No
- List important findings: _____
  _____
  _____
  _____
- Did you conduct observational assessments? Yes No
- List important findings: _____
  _____
  _____
  _____
- Did you find out how existing tobacco policies are enforced? Yes No
- List important findings: _____
  _____
  _____
  _____

Action Step 3: Plan Your Campaign

- Have you established a diverse workgroup or partnership to support your workplace tobacco policy campaign? Yes No
  If yes, who is represented on the workgroup? _____
  _____
- Has the workgroup developed a draft plan outlining goals, objectives, and resources needed? Yes No
  If yes, briefly describe major components of the plan:
  Goals:
  _____
  _____
  Objectives:
  _____
  _____

Resources Needed:

_____

_____

Briefly describe the timeline and who is responsible for carrying out major components of the plan.

Task	Person Responsible	Timeline

Action Step 4: Implement the Policy

- Was a written policy document produced? Yes No
- Does the policy comply with Utah law? Yes No
- Does the policy address the purpose of the policy? Yes No
  If yes, briefly describe: _____
- Does the policy include clear statements on where smoking is prohibited and/or permitted and plans to post appropriate signs? Yes No
  If yes, who will post the signs (position)? _____
- Does the policy include clear statements regarding enforcement and consequences of non-compliance? Yes No
  If yes, who will enforce the policy? _____
  Briefly list consequences of non-compliance:
  _____
  _____
  _____
- Does the policy include plans to help tobacco users who need support in quitting?
  Yes No List cessation referral programs offered: _____
  _____
- Does the policy include contact information for questions about the policy?
  Yes No If yes, list the contact (position): _____
- Has a detailed marketing plan for a new policy been developed? Yes No
  Briefly describe the marketing plan: _____
  _____

Action Step 5: Get the Word Out

- Was worksite management involved in announcing the new policy? Yes No
- Were all members of the targeted business informed of the new work-site tobacco policy?
  Yes No If yes, briefly list methods to inform members of the business:
  _____
- Were all members of the targeted business informed about the health and economic impacts of secondhand smoke? Yes No
  If yes, briefly list methods to inform members of the business: _____
  _____

- Have you assessed any changes resulting from the policy change? Yes No
  What did you learn? _____
  _____

Evaluation Outcomes and Recommendations Table

Outcomes
Did the organization(s) adopt the policy change? Describe policy changes.
Describe any new or improved partnerships resulting from this effort.
If you measured the impact of the policy on the business, describe impact.
Lessons Learned
What factors contributed to success?
What barriers limited or threatened success?
How were barriers addressed?
What were the relative costs (including staff time) and results of different aspects of your efforts? Did some activities appear to work as well as others but cost less?

Recommendations
What are the next steps to support implementation and enforcement of the new policy (if passed) or future passage (if not)?
What will you do differently the next time you attempt to change a workplace secondhand smoke policy?
Which activities and strategies should be continued the next time you attempt to change a workplace secondhand smoke policy?

Source: Utah Department of Health, Tobacco Prevention and Control Program.[145]

Action Step 7: Ensuring Policy Sustainability

Once a policy is implemented there are important steps to take to assure its continued success.

Include Information About the Tobacco Policy at All New-Hire Orientations

Make sure all new employee orientations include information about the tobacco policy and any quitting resources available by the company, agency, or organization and their insurance. This would also be a good time to make new hires aware of state quitting resources that are available to them. More information about these resources can be found on the web at: http://www.tobaccofreeutah.org/utah_tobacco_cessation_resource_directory-introduction-1.htm

Post Signage

The most important way to publicize your tobacco free policy is by posting signs. Signs are an excellent way to remind employees about the policy. In addition, customers, vendors, and delivery companies are easily made aware of the policy, eliminating the need for company, agency, or organization staff to educate visitors about the policy. If you have not done so already, contact the Utah Department of Health, Tobacco Prevention and Control Program for free signs. Call 1.877.220.3466 or go to http://www.tobaccofreeutah.org/uicaa-busguide-signs&announcements.htm#samsigns to view signage examples and download an order form.

Before you purchase and post signage keep the following items in mind:

- What is your budget for signage?
- How many signs do you need? (The Utah Indoor Clean Air Act requires that you post signs at all entrances and exits to buildings where smoking is prohibited AR 392-510-13)
- What type of material should your sign be constructed from (i.e., wood, metal, plastic)?
- Are there state or local requirements about signs? (The Utah Indoor Clean Air Act requires that signs contain a universal no-smoking symbol, print that states "No smoking is permitted in this establishment" or similar language, and print that is at least 1.5 inches high AR 392-510-13).
- Does the signage need to be approved by the local government or state before it is printed?
- Consider multiple-language signage if there if there are a large number of employees and/or customers who are bilingual.
- What is the timeline? Signage should be posted when the policy first takes effect or when there are any subsequent changes that take place.
- Strategically place signage. Make sure high-risk areas where cheating or slippage may occur contain prominent signs that remind employees and visitors about the policy. High-risk areas include: areas closer than 25 feet to entrances, restrooms, little traveled hallways, company vehicles, and break rooms.

Continue Educating Managers and Staff About the Policy and Resources Available to Help Employees Quit.

Management and employees should be reminded about the tobacco policy at staff meetings, via newsletters and emails, and in one-on-one communications. This is especially helpful when a company, agency, or organization is represented by a large number of management and employees who have migrated to Utah from states where smoking policies and laws are lax or less protective. From time-to-time insert pro-health information about non-smoking and non-secondhand smoke exposure in newsletters, e-mails, etc. in order to help management and employees better understand the health implications of tobacco use and secondhand smoke exposure.

Make Adjustments When Necessary.

As with any policy change, it may be necessary to tweak the tobacco policy once it has been in effect for a time. Typical tweaks include: more signs posted in high risk slip or cheat areas, written tobacco policies (if not originally written), increased emphasis on the policy during new-hire orientations, strengthening quitting resources available to employees. When adjustments are made, management and employees should be informed as quickly as possible.

Celebrate!

Celebrate the new change in the company, agency, or organization. Highlighting successful quitting efforts by management and employees, focusing on the cleaner and fresher smelling workplace environment, or similar meaningful efforts can do this.

Evaluation.

Now that the policy is in place, how is it working? Consider developing a plan to monitor how your policy is being implemented and evaluate the results. With this information, you can strengthen your policy and increase its effectiveness and impact over time.

Evaluation Checklist:

- Have staff members been informed about the policy and been instructed about how to support the tobacco-free policy? If so, how many. Determine the amount of knowledge they have through a survey assessment.
- Is signage prominently displayed? How many? Take pictures of signage for reference.
- Have staff/employees effectively addressed violations of the policy? How many violations do you have a month?
- Were conflicts anticipated and handled appropriately? Document dates of conflicts.
- Are their resources available at company, agency, or organization offices for those who want to quit using tobacco products?
- Has tobacco-related litter noticeably decreased? Collect observational assessments of smoking and littering. If necessary, increase signage on receptacles or other areas where litter is still a problem.

Research Tool 1: Employer Smoking Policy Survey

Date:
Type of workplace: ❑ Government ❑ Business ❑ Other Organization
Name:
Address:
Person Contacted: **Phone Number:**

1. Does your agency, business, or organization have a tobacco use policy?
   - ❑ Yes
   - ❑ No
2. Does the policy:
   - ❑ Prohibit smoking anywhere inside facilities (100% Smoke-Free).
   - ❑ Permit smoking in designated areas only.
   - ❑ Prohibit smoking inside facilities and within 25 feet of entrance and exit ways, air intakes, and open windows.
   - ❑ Prohibit smoking inside facilities and on all premises owned/managed by the agency, business, or organization.
3. Does your agency, business, or organization post signs indicating where smoking is prohibited?
   - ❑ Yes
   - ❑ No
4. Does your agency, business, or organization prohibit smoking while in vehicles used to conduct job-related functions?
   - ❑ Yes
   - ❑ No
5. Is there a process in place to inform customers, visitors, vendors, and employees about the smoking policy that is in effect at agency, business, or organizational facilities/premises/vehicles?
   - ❑Yes—Describe process _____
   - ❑No
6. How would you perceive support for a Smoke-Free environment at your agency, business, or organization?
   - ❑ High
   - ❑ Medium
   - ❑ Minimal
7. Would you like more information about implementing a smoking policy?
   - ❑ Yes
   - ❑ No
8. Would you like more information about tobacco cessation resources available to help employees quit using tobacco?
   - ❑ Yes
   - ❑ No

Source: Utah Department of Health, Tobacco Prevention and Control Program.[146]

Research Tool 2: Workplace Smoking Policy Survey – Employee Survey

1. **Is there an official policy that restricts smoking at your worksite?**
   - ❑ Yes
   - ❑ No
   - ❑ Not sure

2. **During the past TWO WEEKS, has anyone smoked in the area in which you work (indoors or outdoors)?**
   - ❑ Yes (please list the location(s)) _____
   _____
   _____
   - ❑ No

3. **Which of the following statements BEST describes your attitude toward your workplace smoking policy?**
   - ❑ I don't know my company's workplace smoking policy.
   - ❑ I would prefer a less restrictive workplace smoking policy.
   - ❑ I would prefer a more restrictive workplace smoking policy.
   - ❑ I am satisfied with the current policy.

4. **Have you smoked at least 100 cigarettes in your life?**
   - ❑ Yes
   - ❑ No
   - ❑ Not sure

5. **Do you now smoke every day, some days, or not at all?**
   - ❑ Every day
   - ❑ Some days
   - ❑ Not at all

6. **Do you currently use any other tobacco products such as cigars, pipes, or chewing tobacco?**
   - ❑ Yes
   - ❑ No

7. **Does your employer offer a quit tobacco program or any other help for employees who want to quit using tobacco?**
   - ❑ Yes
   - ❑ No
   - ❑ Not sure

8. **Do you feel that you smoke less tobacco per day because of your workplace smoking policy?**
   - ❑I don't smoke
   - ❑Definitely yes
   - ❑Probably yes
   - ❑Probably not
   - ❑Definitely not

9. **Would you like to stop smoking tobacco?**
I don't smoke
   - ❑Yes
   - ❑No
   - ❑Not sure

10. **Do you think that it is okay for a person to smoke around nonsmokers in the following settings:**
    a) **Close to the entrance of businesses and public buildings?**
    - ❑Yes
    - ❑No

    b) **In outdoor work areas?**
    - ❑Yes
    - ❑No

    c) **In company vehicles?**
    - ❑Yes
    - ❑No

    d) **At outdoor community events, such as fairs, rodeos, and concerts?**
    - ❑Yes
    - ❑No

    e) **At outdoor public places, such as the zoo, playgrounds, or on college campuses?**
    - ❑Yes
    - ❑No

11. **What is your age?** _____

Comments:
_____
_____
_____

Thank you for completing this survey!

Source: Utah Department of Health, Tobacco Prevention and Control Program[147]

Research Tool 3: Tobacco Observation Log

Obtain permission to visit all smoking and nonsmoking areas of the property, including outdoor areas, during hours when employees and clients are present to answer the questions below. Complete signage observations once per assessment. Repeat smoking observations at multiple regularly scheduled intervals during your assessment. Make extra copies of smoking observation logs as necessary.

Signage Observations

• Date of Observation		
• Number of entrances		
• How many building entrances have signs indicating that no smoking is allowed within 25 feet of the entrance?		
• How many of the entrances without signs have double vestibule doors (i.e., two sets of doors that close after entry)?		
• How many building entrances have ashtrays located within 25 feet of building entrances?		
• How many ashtrays located within 25 feet of the entrances are marked with signs stating, "For extinguishing purposes only" or similar language?		
• Are all smoking and nonsmoking areas designated with signs?	Yes	No
• Is the "No Smoking" language at least 1 ½ inches high and do the signs contain a universal no-smoking symbol?	Yes	No
• If not, which areas are missing signs?		

Smoking Observations (Repeat the following observations at regularly scheduled intervals.)

• Date of Observation		
• Time of Observation: a.m. / p.m. until a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

• Date of Observation		
• Time of Observation: a.m. / p.m. until a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

• Date of Observation		
• Time of Observation: a.m. / p.m. until a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

• Date of Observation		
• Time of Observation: a.m. / p.m. until a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

• Date of Observation		
• Time of Observation: a.m. / p.m. until a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

Source: Utah Department of Health, Tobacco Prevention and Control Program.[148]

Research Tool 4: Tobacco Policy Checklist

Developing a new tobacco policy or revising an existing policy requires determination and a means to gauge progress. The following checklist is provided to help those efforts.

1. ____ The existing policy is out-of-date or ineffective or there is no existing policy.
2. ____ Management has made the decision to develop/revise a tobacco policy.
3. ____ Establish a work group with an appropriate mix of smokers and nonsmokers, employees and management, and clearly delineate their charge and authority. (In the case of small businesses, government agencies, or other organizations there may not be enough staff to form a work group. In this case it may be necessary to assign one person who carries out the development or revision of a tobacco policy under the auspices of management.)
4. ____ Develop a timetable for revising the existing policy or developing a new one.
5. ____ If there is an existing policy, review it and identify and list know or possible gaps.
6. ____ Review the existing policy in conjunction with Utah Indoor Clean Air statute and rule and identify any parts of the policy that may need to be updated to comply with requirements of the law (e.g. a smoking permitted room is desired but not allowed by law).
7. ____ Gather input from employees, management, and, if possible, customers to determine their needs and to involve them in the process. Information may include:
   - ❑ Economic, social, and health impact of smoking
   - ❑ Samples of policies in place in similar businesses, agencies, or other organizations.
   - ❑ Employee smoking status (smokers, nonsmokers, ex-smokers)
   - ❑ Employee questions and concerns about smoking at the worksite.
   - ❑ Current agreements and legal issues, (e.g. leases) which may influence policy considerations.
8. ____ Develop a draft revised or new tobacco policy and submit the document for appropriate legal review and final management approval.
9. ____ Publicize the policy and implementation date.
   - ❑ Training sessions for managers.
   - ❑ Employee orientations and staff meetings.
   - ❑ Use posters, newsletters, paycheck stuffers, etc.
   - ❑ Post highly visible signs with clear wording about the tobacco policy at all locations the policy will effect. (In cases where the premises are tobacco-free, it may be necessary to erect signage at entrances to the property.)
   - ❑ Remove ashtrays and do not allow replacements in smoking-prohibited areas.
   - ❑ Remove cigarette vending machines. (If providing vending machines is contemplated for smoking permitted areas, be aware that Utah Code 76-10-105.1 strictly regulated if and where machines can be placed.)
10. ___ Offer tobacco cessation programs or refer employees to statewide resources.
11. ___ At set times, evaluate and refine the policy as warranted.

Source: Utah Department of Health, Tobacco Prevention and Control Program.[149]

Research Tool 5: Utah Indoor Clean Air Act Compliance Checklist

****All Applicable Items Should Be Checked ****

The Utah Indoor Clean Air Act Compliance Checklist was developed to highlight key points that business managers, supervisors, and employees particularly need to be aware of. It is not designed to replace or supersede requirements stated in Utah Code 26-38-1 to 9 or Administrative Rule 392-510-1 to 16. The statute and rule can be accessed on the Utah Tobacco Prevention and Control Program website at http://www.tobaccofreeutah.org/uicaastat&rule.html.

Note: Smoking permitted areas, even in areas that are exempted, <u>are not</u> required under the Utah Indoor Clean Air Act. §26-38-2(1) (o) and R392-510-4

1._____ Smoking is prohibited in all enclosed indoor places of public access. §26-38-3(1)" Public access is any enclosed indoor place of business, commerce, banking, financial service, or other service-related activity, whether publicly or privately owned..., to which persons not employed at the place have general and regular access or which the public uses." § 26-38-2(1) (Includes buildings, offices, shops, elevators, restrooms restaurants, shopping malls, arenas, theaters)

2._____ Smoking is not allowed in any publicly owned buildings and offices. (Libraries, courthouses, etc.)

3._____ Outside smoking designated areas are not allowed within 25 feet of building entrances, exits, air intakes, or windows. (e.g. - Ashtrays closer are signed "No Smoking", "For extinguishing cigarettes only- No Smoking", or similar)R 392-510-9(1)

4._____ There is an employee policy in place that prohibits employees from smoking within 25 feet of building entrances, exits, air intakes, or windows. R 392-510-9(2)

5._____ In a place where smoking is prohibited entirely, a sign using the words "No Smoking is permitted in this establishment" or a similar statement, which includes a universal no-smoking symbol, must be posted. Signs must be easily readable and unobscured. The words "No Smoking" must be not less than 1.5" in height. R392-510-13

6._____ If smoking is permitted, (only allowed if section §26-38-3(2) (a), (b), (c), (d), and (e) conditions are met), smoking areas must be clearly indicated by appropriate HVAC, signage, and other requirements of §26- 38-1 to 9 and R392-510 1 to 16.

7._____ Exemptions for taverns and private clubs as per §26-38-2(c) and (d) begin to phase out according to the following schedule: (1) Taverns and Class D private clubs licensed after May 15, 2006; (2) Class A, B, and C private clubs on January 1, 2007; (3) Taverns and Class D Private Clubs licensed on or before May 15, 2006 on January 1, 2009.

8.____ Smoking permitted areas are designed and operated to prevent the drift of smoke outside the area R392-510-6(1). (If you can smell active tobacco smoke outside the area, assume drift is occurring).

9.____ Smoking may be allowed in guest rooms of lodging facilities but smoking is prohibited in the common areas of these facilities, including dining areas, lobbies, laundry facilities, club houses, etc. §26-38-3(2)(b)

10.____ Smoking is prohibited at all times in public and private elementary or secondary school buildings and the property on which those facilities are located. §26-38-2(1) (k)

11.____ Smoking is prohibited at all times at buildings operated by social, fraternal, or religious organizations when used solely by the organization members or their guests. §26-38-2(1) (l)

12.____ Smoking is prohibited at any facility rented or leased for private functions from which the general public is excluded and arrangements for the function are under the control of the function sponsor. §26-38-2(1) (m)

13.____ If you provide childcare, smoking is not allowed when any child, other than the child of the provider, is present. 26-38-2(1) (j)

14.____ An employer does not discriminate or take adverse action against an employee or applicant because: that person has sought enforcement of provisions of law (Title 26, Chapter 38, R392-510), and/or the smoking policy of the workplace, and/or otherwise protested the smoking of others.

This checklist is designed to answer general questions that commonly arise and to help businesses, government agencies, and other organizations comply with the Act. It does not list all requirements of the statute and rule. For more specific and detailed information refer to the Utah Indoor Clean Air Act Statute §26-38-1 to 9 and Rule 392-510-1to 16. Copies of the statute and rule are available on the web at http://www.tobaccofreeutah.org/uicaastat&rule.html**.** You can also call your local health department or the Tobacco Prevention and Control Program 1.877.2466 or (801) 538.6260 or the Office of Epidemiology (801) 538.6754. This checklist is current to 12-27-2006.

Source: Utah Department of Health, Tobacco Prevention and Control Program.[150]

Research Tool 6: Outcomes That Can Be Expected

Outcomes That Can be Expected
❑ **Decrease in exposure to ETS (secondhand smoke) in the work environment**
❑ **Increased number of employees attending cessation activities or using self-help materials**
❑ **Increased awareness of the ETS (secondhand smoke) policy**
❑ **Change in employee attitudes toward ETS (secondhand smoke) policy and cessation activities**
❑ **Improved employee morale**
❑ **Less conflict between smokers and nonsmokers**
❑ **Enhanced quality of work**
❑ **Improved job satisfaction**
In The Long Term
❑ **Decrease in the number of employees who smoke**
❑ **More successful cessation activities**
❑ **Decrease in health risks for smokers and nonsmokers**
❑ **Enhanced corporate image**
❑ **Improved employee attitudes toward health**
❑ **Reduced absenteeism**
❑ **Reduced health care costs**
❑ **Lower accident rate**
❑ **Decline in turnover**
❑ **Fewer sick days taken**
❑ **Improved productivity**

Source: Making Your Workplace Smoke-Free: A Decision Maker's Guide.[151]

Attachment A: Health Impact of Secondhand Tobacco Smoke

Scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke. Breathing even a little secondhand smoke can be harmful to your health.[152] The effects of even brief exposure (minutes to hours) to secondhand smoke are often nearly as large (average 80-90%) as chronic active smoking.[153] Brief exposure to SHS can trigger respiratory symptoms, including cough, phlegm, wheezing, and breathlessness.[154] Breathing secondhand smoke for even a short time can have immediate adverse effects on the cardiovascular system, interfering with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of heart attack.[155] Secondhand smoke changes how your heart, blood, and blood vessels work in many ways. Adults who breathe 5 hours of secondhand smoke daily have higher "bad" cholesterol that clogs arteries.[156]

Health problems associated with exposure to secondhand smoke include:

- Lung cancer
- Higher death rates from cardiovascular disease in nonsmokers
- Acute symptoms from the irritant effect, particularly eye irritation, among allergic persons
- Headaches
- Irritation of the eye, nose, and throat
- Irritation of the lungs leading to coughing, excess phlegm, and reduced lung function
- Dizziness or nausea in nonsmokers
- 150,000-300,000 lower respiratory infections in children
- 200,000-1,000,000 asthma attacks in children
- 8,000-26,000 new cases of asthma in children
- Respiratory symptoms of irritation in children
- Significantly reduced lung function in children

Source: National Cancer Institute.[157, 158]

For more information about the health effects of secondhand smoke go to:

- The TRUTH fact sheet on secondhand smoke
  http://www.tobaccofreeutah.org/secondhandsmoke.pdf
- The U.S. Surgeon General's report on The Health Consequences of Involuntary Smoke Exposure
  http://www.surgeongeneral.gov/library/secondhandsmoke/report/
- The Americans for Nonsmokers' Rights Bibliography of Secondhand Smoke Studies
  http://www.no-smoke.org/pdf/SHSBibliography.pdf

Attachment B: Economic Impacts of Smoking at the Worksite

The impacts of smoking and secondhand smoke on the bottom line of worksites are significant. They include:

- **Absenteeism at higher rates than those of nonsmoking employees**
  - Employers that hire smokers bear indirect costs, including more employee absenteeism,[159,160] productivity losses ($92 billion) and increased early retirement due to smoking-related illness.[161]

- **Higher health insurance and life insurance costs and claims**
  - Additional cost of medical care before retirement- smokers have more hospital admission, longer average length of stay, and made six more visits to health care facilities per year.[162,163,164]
  - Additional cost for life insurance.[165,166,167]
  - Increased early retirement due to ill health.[168]
  - Society of Actuaries issued a 2005 report finding that secondhand smoke costs the U.S. economy roughly $10 billion a year; 5 billion in estimated medical costs associated with secondhand smoke exposure.[169]

- **Higher workers compensation payments because of accidents and fires**
  - Additional cost for Worker's Compensation (more claims and more costly claims) -
  - Businesses pay an average of $2,189 in workers' compensation for smokers compared to $176 for nonsmokers.[170]
  - Workers have been awarded unemployment, disability and worker's compensation benefits for illness and loss of work due to exposure to secondhand smoke.[171,172]
  - Higher fire insurance premiums.[173]

- **Property damage**
  - Additional cost for fire insurance losses- in 1998, smoking resulted in 8,700 fires in non-residential structures resulting in $60.6 million in direct property damage; fire insurance is commonly reduced 25-30% in smokefree business [174]
  - A Business Owners and Management Association Fire Safety survey found that smoking was cited as the number one cause of fires. Of the fires that occurred in non-residential buildings, 26% were attributed to smoking.[175]
  - Higher risk of fire damage, explosions and other accidents related to smoking.[176]
  - The National Fire Protection Association Found that in 1998 smoking materials caused 8,700 fires in non-residential structures resulting in direct property damage of $60.5 million.[177]
  - Smoking was also cited as the number one cause of fires on a Business Owners and Management Association fire safety survey.[178]

- **Increased cleaning and maintenance costs due to smoke pollution**
  - Additional cost for ventilation.179
  - Survey of businesses by the Building Owners and Management Association (BOMA) International found that the elimination of smoking from building reduced cleaning

expenses by and average of 10%. "A property with no smoking policy would eliminate the need to clean ashtrays and cigarette butts; reduce the number of filter changes and cleanings; reduce the need for wall cleaning and painting; reduce the frequency of all horizontal dusting; and reduces vacuuming frequencies."[180]
- Higher maintenance and cleaning costs.[181]
- The U.S. Environmental Protection Agency (EPA) estimates that smokefree restaurants can expect to save about $190 per 1,000 square feet each year in lower cleaning and maintenance costs.[182]
- lower maintenance expenses (carpets, drapes, cloths, paintwork).[183]
- The Organization for Economic Cooperation and Development estimates that construction and maintenance costs are seven percent higher in buildings that allow smoking than in buildings that are smoke-free.[184]

- **Illness and discomfort in nonsmokers exposed to passive smoke**
  - Additional Cost for Illness absences from work- Smokers miss an average of 6.16 days per year, compared to 3.86 for nonsmokers.[185]
  - One study found that people who were exposed to smoke in the workplace were 17 percent more likely to develop lung cancer than those who were not exposed.[186]
  - Exposure to secondhand smoke in the workplace is significantly associated with all types of respiratory symptoms and current asthma.[187]
  - Even the most conservative estimates say that workers in bars, bowling alleys, and billiard halls, betting establishments and bingo parlors have a three to four times greater risk of developing lung cancer. The concentration of chemicals in these businesses is 2 to 18 times higher than in offices or residences and 1 to 12 times higher than in restaurants.[188]
  - Regular exposure to secondhand smoke, such as in restaurants, heightens one's chance of stroke by 50 percent.[189]
  - People who already have heart disease are at especially high risk of suffering adverse effects from breathing secondhand smoke, and should take special precautions to avoid even brief exposure.[190]

- **Lost productivity**
  - Additional Cost for Smoking breaks and lost productivity- Smokers have two times more lost production time; smoking is a greater determining variable in lost production time than alcohol consumption, family emergencies, age or education.[191]
  - A 2000 survey in Michigan found that the average employee who smokes takes three smoking breaks each workday averaging 13 minutes for each break.[192]
  - Decreased productivity on-the-job.[193]
  - Cigarette smoking and secondhand smoke cost $92 billion in productivity losses annually, according to the U.S. Centers for Disease Control and Prevention.[194]
  - Society of Actuaries issued a 2005 report finding that secondhand smoke costs $4.6 billion in lost wages. This estimate doe not include youth exposure to secondhand smoke.[195]
  - Experience two times as much lost production time (LPT) per week for smokers as for workers who never smoked.[196]

- **Recruitment and retraining costs for replacement employees**
  - Cost of smoking in workplace includes premature death of smokers.[197]

- **Employee morale problems**
  - Extra break time for smoking employees
  - Pressure on non- and ex-smoking employees to put up with non-complying employee smoking.

- **Increased legal liability problems**
  - Legal liability- There are five types of cases: Common law suits, ADA/disability discrimination suits, wrongful termination suits, unemployment compensation claims, and workers' compensation claims.[198]
  - The number of lawsuits based on exposure to secondhand smoke and the likelihood of success for those exposed has increased. These cases fall under a number of categories and include negligence, worker's compensation and disability benefits, and discrimination based on disabilities.[199]

- **Corporate image problems**
  - (88 % of Utahans and almost 80% of other U.S. citizens do not smoke)

Source: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, BRFSS [200,201]

Attachment C: Benefits of a Smoke-Free Worksite: In a Nutshell

Benefits for the Employee
❑ **A Smoke-Free environment is an important element in a safe and healthy workplace.**
❑ **A carefully implemented Smoke-Free policy shows employees and their families that the company or organization cares about them.**
❑ **Workers will have protection from exposure to Secondhand Smoke at the worksite, where many spend most of their waking hours.**
❑ **It is much clearer to those employees who smoke than no policy at all or one that is comprised of a hodge podge of exceptions.**
❑ **It will reduce management stress, especially if the policy provides them with a mechanism for addressing violations of the policy.**
❑ **Reduction in daily cigarette consumption.**
❑ **Better health.**
❑ **Increased levels of job satisfaction.**
Benefits for the Employer
❑ **A Smoke-Free environment is an important element in an employer's ability to provide a same and healthy workplace.**
❑ **Direct health care costs to the company or organization will be reduced.**
❑ **Eliminating smoke, matches, and cigarette butts from the premises reduces maintenance costs.**
❑ **Office equipment, carpets, and furniture will last longer and provide a more positive image.**
❑ **It may be possible to negotiate lower, health, life, and disability coverage as employee smoking is reduced.**
❑ **The risk of fires is lower.**
❑ **Higher employee productivity**
❑ **Less employee absenteeism**
❑ **Lower employee sickness**
❑ **Less early retirement of employees due to ill health (caused by SHS exposure and smoking)**

Adapted from Making Your Workplace Smoke-Free: A Decision Makers Guide,[202] and Why Smoking in the Workplace Matters: An Employee's Guide.[203]

Attachment D: Timelines Worksheet

Worksite Tobacco Policy Timelines Worksheet		
Task	**Activities**	**Due Date(s)**
Step 1 -Assessment		
1. Form Work Group or *Assign Primary Coordinator 2. Review Existing Policy	1. 2. 3. 4. 5. 6.	
Step 2- Development		
1. Develop policy components (new) or modify existing policy. 2. Seek draft review approvals from agency, corporate, or organizational management. 3. Modify as indicated by management reviews (if necessary)	1. 2. 3. 4. 5. 6.	
Step 3 Pre-Implementation Publicity		
1. Determine methods to notify staff about new or modified policy implementation. 2. Be sure to include information about tobacco cessation resources that will be available. 3. Post announcements about the implementation date. 4. Educate supervisors and employees about SHS health impact	1. 2. 3. 4. 5.	
Step 4 Policy Implementation		
1. Launch policy/modified policy. 2. Include review of policy in all employee orientations. 3. Include review of policy a minimum of 2 times per year.	1. 2. 3. 4. 5. 6.	
Step 5 Policy Adjustments		
1. After several months review impact of policy. 2. Make adjustments in signage, announcements, etc.	1. 2.	

*In small agencies, companies, or organizations only one or two people may responsible for reviewing, modifying, and implementing tobacco policies.

Source: Utah Department of Health, Tobacco Prevention & Control Program.[204]

Attachment E: Sample Policies

Sample Policy I. Model Smoke-Free Policy for a Smoke-Free Workplace American's for Nonsmoker's Rights

ABC Company No Smoking Policy

ABC Company is dedicated to providing a healthy, comfortable, and productive work environment for our employees.

The United States Surgeon General in his 1986 report on Involuntary Smoking concluded: Involuntary Smoking is a cause of disease, including lung cancer, in health nonsmokers. The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke.

In 1993, the Environmental Protection Agency (EPA) classified environmental tobacco smoke as a Group A carcinogen, that is, a substance known to cause cancer in humans. The EPA recognizes no safe level of exposure for Group A carcinogens.

In light of these findings, ABC Company shall be entirely smoke free effective (date)

Smoking will be strictly prohibited within company buildings including offices, hallways, waiting rooms restrooms, lunchrooms, elevators, meeting rooms and all community work areas. This policy applies to all employees, clients, contractors, and visitors.

Copies of this policy shall be distributed to all employees. Signs shall be posted at all buildings entrances.

This policy is being announced 3 months in advance in order to facilitate a smooth transition. Those employees who smoke and would like to take this opportunity to quit are invited to participate in the cessation program being offered by this company.

The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing this policy.

_____

Signature of CEO or President

Source: American's for Nonsmoker's Rights.[205]

Sample Policy II. Model Smoke-Free Policy

Policy
Due to the acknowledged hazards arising from exposure to environmental tobacco smoke, it shall be the policy of _____ to provide a smokefree environment for all employees and visitors. This policy covers the smoking f any tobacco product and the use of smokeless or "spit" tobacco and applies to both employees and non-employee visitors of _____.

Definition

1. There will be no smoking of tobacco products within the facilities at any time.

   The decision to provide or not provide designated smoking areas outside the building will be at the discretion of management or other decision-making body.

   The designated smoke areas will be located at least 25 feet from the main entrance, other exits and entrances, open windows, or air intakes.

   All materials used for smoking, including cigarette butts and matches, will be extinguished and disposed of in appropriate containers. Supervisors will ensure periodic cleanup of the designated smoking area. If the designated smoke area is not properly maintained (for example, if cigarette butts are found on the ground), it can be eliminated at the discretion of management or other decision-making body.

   [For a policy that extends Smoke-Free to include company property, substitute the following: There will be no smoking of tobacco products within the facilities or on the property of _____ at any time.]

2. There will be no smoking in any _____ vehicle.

   There will be no smoking in _____ vehicles at any time.

   There will be no smoking in personal vehicles when transporting persons on _____ authorized business.

3. Breaks
   Supervisors will discuss the issue of smoking breaks with their staff. Together they will develop effective solution what do not interfere with the productivity of the staff.

Procedure

1. Employees will be informed of this policy through signs posted in _____ facilities and vehicles, the policy manual, and orientation and training provided by their supervisors.
2. Visitors will be informed of this policy through signs, and their host will explain it.
3. The _____ will assist employees who wish to quit smoking by facilitating access to recommended smoking cessation program and materials.
4. Any violations of this policy will be handled through the standard disciplinary procedure.

Source: Making Your Workplace Smoke-Free: A Decision Maker's Guide.[206]

Sample Policy III. Template for a Model Smoking Policy

1. **Rationale**
   Statement of Intent- Background Information
   This should briefly explain why the company/organization is introducing a formal approach to tobacco in the workplace and some key data and facts about the company/organization's previous stance (if any) and the dangers of smoking. Include the date that the policy will be introduced (or reinitiated).

2. **Objectives (of the policy)**
   - To minimize exposure of employees to tobacco smoke while on the company premises or while engaged in the organization's business.
   - To consider the welfare of all employees.
   - To provide a consistent approach to break entitlements for smokers and non-smokers.

3. **Application of the policy**
   Clearly, state that the policy applies to all employees, sub-contractors, and visitors.

4. **Non-smoking provision**
   Clearly, indicate precisely where (if at all) smoking is permitted on company sites(s) - including buildings, car parks, company vehicles, and other external areas. Also, state when smoking is permitted during working time- for example in designated breaks, or with agreement of individual line managers.

5. **Employee welfare/cessation support**
   Outline how cessation support will be available to staff either internally or externally- and how it can be accessed.

6. **Failure to comply**
   Indicate the process for dealing with employees who breach the policy.

7. **Review**
   Set a date for formal review and state this in the written policy. Formal reviews should take place every 12-18 months.

Source: Tobacco in the Workplace: Meeting the Challenges, A Handbook For Employers.[207]

Attachment F: Tobacco Cessation Resources Available To Utahans

Cessation programs are relatively low-cost and yield. One study indicates that worksite smoking cessation program found an average quit rate after 12 months of 13%, much higher than the national average among all smokers of 2.5% (1990 study data) Quit rates were even higher for heavy smokers. Cessation programs are relatively low-cost and are highly cost-effective. The financial returns over the long run that far outweigh their costs.208
There are a number of places you can go to get help. Some help, such as the Utah Quit Line, is available without even having to leave your home.

Utah Tobacco Quit Line: 1-888-567-TRUTH

The Utah Tobacco Quit Line is a statewide, toll-free telephone based resource available to all Utahans interested in support for quitting tobacco. Relatives or friends are also able to receive assistance in how to help their loved one/friend quit tobacco. This service provides screening, counseling, support materials, and referral to additional cessation assistance when appropriate. (TTY — 1.877.777.6434; Spanish — 1.877.624.1585).

Hours:
6am-10pm Monday-Sunday

For more information call 1.888.567.TRUTH (8788)

Utah QuitNet

The Utah QuitNet is a state-of-the-art quit smoking support program, which combines personalized information with peer and expert support. The site tracks each person's progress and makes suggestions about next steps. Major sections of the site include "My Quit," "Community," "Resources," "Expert Support" and "Quit Med Support," etc. Additionally, QuitNet members have the option of receiving daily "Quit Tips" from the QuitNet via email. For more information go to: http://www.utahquitnet.com.

Tobacco Free Resource Line: 1.877.220.3466

The Tobacco Free Resource Line is a statewide, toll-free telephone based resource available to all Utahans seeking information about tobacco. This service provides information about health effects, secondhand smoke, statistics, tobacco laws, teaching materials, tobacco cessation self-help materials, etc. It is also a toll-free link to the Tobacco Prevention & Control Program staff. Hours of operation: Monday – Friday: 8am – 5pm.

Utah Tobacco Cessation Resource Directory

The directory is a statewide listing of tobacco cessation programs and information. If you are currently using tobacco and want to stop, you will find a number of resources available to help you. For more information go to:
http://www.tobaccofreeutah.org/utah_tobacco_cessation_resource_directory-introduction-1.htm

Tobacco Programs for Medicaid and PCN Clients

Services available through the Medicaid and the Utah Primary Care Network.
For more information go to:
http://www.tobaccofreeutah.org/healthcare-medicaid&pcnprograms.html

State of Utah/Association for Utah Community Health Partnership Association for Utah Community Health (AUCH) community health centers services **free of charge** to their uninsured clients. For more information go to: http://www.tobaccofreeutah.org/state_of_utah-association_for_Utah_Community_Health_Partnership.html

Teen Quitting Resources

END (Ending Nicotine Dependence) Utah's premier youth cessation program
For more information go to: http://www.tobaccofreeutah.org/end.html

The Utah Tobacco Quit Line is a way for teens to get help quitting tobacco over the telephone.
For more information go to: http://www.tobaccofreeutah.org/utahteenquitline1.htm

Sources: Utah Department of Health, Tobacco Prevention and Control Program. [209,210]

Attachment G: Utah Tobacco Quit Line Facts

Telephone number

1-888-567-TRUTH
(1-888-567-8788)
TTY: 1-877-777-6534
Spanish:
1-877-629-1585

Hours of operation

Monday -Sunday:
6 a.m. to 10 p.m.

Target population

Teen and adult tobacco users in Utah.

Intervention descriptions

Callers to the Quit Line are eligible for one or more of the levels of service described below. Eligibility for adults is determined by the caller's insurance coverage, readiness to quit and caller's preference. Eligibility for teen callers is determined by the caller's readiness to quit and preference.

Level 1: Information and referral

For callers not interested in quitting in the next 30 days, or those looking for referral information only, resources and materials will be provided. A comprehensive database allows for callers to be referred directly to local cessation programs.

All callers are offered a free Quit Kit with cessation information.

Level 2: Brief intervention and counseling

Callers who are not yet ready to set a quit date in the next 30 days will speak with a trained Cessation Specialist for up to 15 minutes. The Specialist will help the caller explore reasons for quitting and steps to take toward a successful quit attempt.

Level 3: Single in-depth intake and counseling.

Callers who are ready to quit may speak with a trained Cessation Specialist for up to 40 minutes. The Specialist will explore the caller's pattern of tobacco use, barriers to successfully quitting, and strengths that would contribute to a successful quit attempt.

Callers interested in additional follow-up beyond the single call intervention will have the option of enrolling in the Quit Line's intensive program.
Callers not interested in additional follow-up will be encouraged to call the Quit Line again, visit utahquitnet.com and will receive information by mail (or via email depending on the person's preference).

Level 4: Intensive cessation program

Callers interested in receiving follow-up services can enroll in the Quit Line's intensive telephone-based program. They will receive a series of four additional calls over the next three months with the timing of the calls dependent upon the caller's quit date and availability. A Cessation Specialist will provide a focused, purposeful intervention designed to enhance motivation and to facilitate behavior change.

Adults enrolled in intensive services may be eligible for nicotine replacement therapy through the quit line.

Teens receive participation incentives upon completion of call three and after completion of the intensive program.

About the Quit Kit

The Adult Quit Kit was developed by Free & Clear, Inc. in 2005. The kits are tailored based on a caller's readiness to quit and pilot tested before being widely distributed. The Teen Quit Kit is used with the permission of the California Quit Line. It was developed by researchers at the University of California at San Diego, and tested in a randomized trial.

Operating the Quit Line

The Utah Department of Health has contracted with *Free & Clear*, Inc. to operate the Utah Tobacco Quit Line.

Free & Clear, Inc. holds primary responsibility for the development, implementation, and evaluation of health promotion and preventive care programs for work sites, members, and the community at large.

Free & Clear, Inc. currently operates statewide Quit Lines for several other states including Georgia, Hawaii, Maine, Minnesota, Missouri, New Mexico, Oklahoma, Oregon, Washington, and Connecticut, North Carolina, as well as Utah. *Free & Clear*, Inc. has been actively engaged in tobacco cessation and prevention work for over 15 years. *Free & Clear* received the American Association of Health Plans' first place award for Managed Care Achievements in Tobacco Control, Public/Private Partnerships in 1999 and 2000.

How the Quit Line was developed

The Quit Line was modeled after The Center for Health Promotion, Inc.'s *Free & Clear*® telephone-based tobacco cessation program. In a randomized research trial funded by the National Cancer Institute (1991), *Free & Clear*®, combined with self-help materials, was shown to boost quit rates by over 50% compared to controls. The effectiveness of telephone-based interventions was endorsed by the Public Health Service in its tobacco cessation Clinical Practice Guideline Treating Tobacco Use and Dependence (June 2000).

How the Quit Line is evaluated

A formal evaluation of the Quit Line is performed annually. A telephone survey of several hundred callers is conducted six months after their initial Quit Line inquiry. The survey includes questions to determine caller satisfaction with Quit Line services and their current tobacco use status.

For more information on services available to help people quit their tobacco use, visit: http://www.tobaccofreeutah.org

Attachment H: UtahQuitNet.com Facts

Hours of Operation:

24 hours a day, 7 days a week

Target Population:

Teens and Adults in Utah

Utah QuitNet is a partnership between QuitNet and the Utah Department of Health. QuitNet is host to a thriving online community. Thousands of messages are posted each day on the site. The Utah QuitNet partnership provides all QuitNet services to Utah residents 24 hours a day, 7 days a week at no cost to the user.

Services Available

My Quit: Personal Quitting Plan

A Road Map for Each User: Each time a user logs into Utah QuitNet, his/her starting point is a personalized "My Quit" page. This page summarizes site features s/he has used, makes suggestions as to what his/her next steps should be, and presents the user with links to quitting information matching his/her stage of readiness and a variety of other self-assessment summaries and tools.

Quit Date Wizard: This key tool walks users through the process of setting a Quit Date. The quit date is combined with other diagnostic data provided by the smoker to generate personalized information, such as a tailored Quitting Calendar & Journal. The Q-Gadget uses the quit date to calculate the savings in money and life expectancy for people who quit.

Community

Support Day and Night: QuitNet is home to the world's largest online community of smokers and ex-smokers helping each other to quit and stay quit. This mutual support exists through user-defined Clubs, threaded discussion areas called Forums and small groups of "Buddies" who decide to support each other because of similarities in their personal profiles, quit dates or use of quitting medication.

Resources: Tailored to Utah Users

QuitNet's Quitting Guide features an individually tailored introduction and a comprehensive guide to quitting based on using stage of change and demographic information provide by the user. Users may also search for programs in their area using their zip code.

Expert Support: Individual Counseling

Expert Advice: State certified counselors are on duty 7 days a week. They provide primary treatment, much like phone counselors. Counselors staff two expert forums for general questions and another for medication-related questions. Counselors are on call to answer user questions, and other users can see the discussion. One-to-one counseling is also available to any registered user. Individual questions are typically answered within a few hours. Registrants may have up to 14 individual counseling exchanges per year. One-to-one counseling is available in Spanish. The Utah QuitNet partnership provides this service at no cost to Utah residents.

Frequently Asked Questions: Users can search over 350 frequently asked questions and answers. These valuable snippets of content are all subject and stage of change coded, so that they can be displayed to users when they most need to read them.

Self-Assessment Tools: Utah QuitNet provides protocol-based questionnaires that enable a smoker to assess his/her readiness to quit, level of addiction and stage of quitting. The user's answers trigger personalized responses and suggestions from the system.

Personalized Email Support: Users who have quit or who have set a quit date may elect to receive tailored Quit Tips and Anniversary

Messages via email. Utah QuitNet's Quit Tips email service is delivered over a six-month time period. The emails include the user's quitting statistics (quit date, money and lifetime saved, site usage), quitting advice and information based on the user's stage of change, an NRT tip and coupon based on the user's reported.

Medication use, QuitNet community management tools, and tobacco news. Anniversary messages are delivered over an 18-month period and celebrate all milestones.

Quit Med Support: Counseling, Facts & Discounted NRT

Medication Guide: QuitNet's easy-to-read guide helps users sort out the pros and cons of different options in plain English!

Medication Wizard[SM]: The Wizard helps the user determine which, if any quitting medication is best for him/her, and provides dosing and usage information.

Discounted NRT: A coupon delivery system delivers targeted coupons to those who select the nicotine gum, nicotine patch or nicotine lozenge in their medication plan.

Expert Counseling: Special support forums and one-on-one counseling services are available for those who want assistance with medication related issues.

History of QuitNet

Operational since 1995, QuitNet is host to the world's largest community of smokers and ex-smokers helping each other quit. QuitNet is based on up-to-date scientific research including the most recent US Surgeon General guidelines QuitNet's service model is based on "stages of change" and contingency management theories, and the clinical literature showing the effectiveness of combined therapy of counseling, intensive support and pharmaceuticals in quitting smoking.

Utah QuitNet has a simple, but important mission: to help people in Utah quit using tobacco.

On average, a support message is posted every minute of every day.

On QuitNet, you are never alone.

Text for this fact sheet was provided by QuitNet (http://QuitNet.com/) [212]

UTAH QUITNET®
QUIT ALL TOGETHER
utahquitnet.com

Attachment I: Suggested Employee Orientation/Handbook Tobacco Policy Information

For many employees, supervisors, and managers the first opportunity to become aware of a company, agency, or organizational policy takes place during orientations. Listing the policy, resources available to help tobacco using employees quit, and consequences for violating the policy is important in order to avoid unnecessary time being consumed relevant to employees unwittingly violating the policy because they are unaware of what it entails. The following is offered as a guideline for developing an orientation/handbook tobacco policy education piece.

Tobacco Use

1. (Insert name of the business, agency, or organization) strives to provide and maintain a safe workplace for all of its employees and includes preventing exposure of its employees to secondhand smoke as part of this effort

2. All new employees will be educated about the tobacco policy effective at all (insert name of business, agency or organization) facilities, premises, vehicles, and <company/agency/organizational>-sponsored activities.

3. Whenever feasible, (insert name of business, agency or organization) will participate in tobacco-free awareness activities, e.g. - The Great American Smokeout, supervisor trainings, to promote a tobacco-free worksite.

4. (Insert name of business, agency or organization) will provide employees with or refer employees to tobacco cessation programs.

5. Any employee who violates the tobacco policy will be subject to disciplinary proceedings, which may result in action ranging from verbal/written warnings, referral to tobacco education or cessation programs, or termination of employment.

6. Employees are encouraged to contact supervisors and/or the human resources office if they believe other employees are exposing them to secondhand smoke during their work duties. It shall be the policy of (insert name of business, agency or organization) to respond to complaints in order to assure compliance with pertinent safety, tobacco policy, and Utah Indoor Clean Air Act requirements.

*The suggested language is offered as a general sample only. Potential users are encouraged to reformat the wording and content to meet their own business, agency, or organizational requirements and may want to solicit human resource and/or legal advisor input before finalizing specific language used in employee orientations or handbooks.

Source: Utah Department of Health, Tobacco Prevention and Control Program.[213]

Attachment J: How to Meet the 25-Foot Requirement of the Utah Indoor Clean Air Act

One of the most often asked questions about the Utah Indoor Clean Air Act is "25 foot Rule." The rule was developed to protect the air used for ventilation in buildings from becoming contaminated with Secondhand Smoke. It stipulates specific requirements regarding smoking permitted areas within 25 feet of a building and employee smoking within 25 feet of a building. It is important to note that while the rule requires a 25-foot limit, building owners can establish broader perimeters, including a total ban on property as a whole, not just the buildings.

The Administrative Rule states that:

"(1) The building owner, agent, or operator of a place may not designate an outdoor smoking permitted area within 25 feet of any entrance-way, exit, open window, or air intake of a building where smoking is prohibited". AR R392-510-9(1). The rule goes on to say "Ashtrays may be placed near entrances only if they have easily readable signage indicating that the ashtray is provided for convenience only and the area around it is not a smoking area." AR R392-510-9(1) (c).

and

"(2) An employer must establish a policy to prohibit employee smoking within 25 feet of any entrance- way, exit, open window, or air intake of a building where smoking is prohibited. If the location of an entrance-way, exit, open window, or air intake to any smoking prohibited area or the location of a barrier, such as a wall, property line, parking lot or street, makes the 25-foot requirement impossible to meet, the policy must maximize the distance between the smokers and the entrance-way, exit, open window or air intake." AR R 392-510-9(2).

While they may sound similar, the first requirement relates to a smoking area relative to anyone visiting a building while the second relates to employees of buildings.

If the location makes the 25-foot requirement impossible to meet the rule allows some leeway:

"If the location of an entrance-way, exit, open window or air intake to any smoking prohibited area or the location of a barrier, such as a wall, property line, parking lot or street, makes the 25-foot requirement impossible to meet, the policy must maximize the distance between the smokers and the entrance-way, exit, open window or air intake."
AR R 392-510-9(1) (a)

There are exemptions available for nursing home and similar facilities and for building entranceways or exits that have double vestibule doors. See AR R 392-510-9(1) (b) and AR R 392-510-9(3) for more information about these exemptions.

Posting clear and concise signs indicating the smoking status of an area is one of the easiest ways for building managers to obtain compliance. Samples of signs are posted on the Utah Tobacco Prevention and Control Program website at http://www.tobaccofreeutah.org/uicaa-busguide-signs&announcements.htm. Limited quantities of signs are available by calling the Tobacco Resource Line at 1-877-220-3466.

Source: Utah Department of Health, Tobacco Prevention and Control Program.[214]

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Introduction

Secondhand Smoke in Apartments and Condominiums

The smoking of neighbors poses a health threat to residents of apartments and condominium complexes. The thought of cancer-causing chemicals circulating throughout their apartments and condominiums can be quite unsettling. According to the 2006 Surgeon General's Report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke", there is no risk-free level of exposure to secondhand smoke. [1]

Children exposed to secondhand smoke are at an increased risk for asthma and worsening of asthma symptoms, sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma.[2] Smoking by parents causes respiratory symptoms and slows lung grow in their children. These effects can last a lifetime.[3]

In Utah, 22,100 or 2.8 percent of children (ages 0 –17) live in households where someone smokes inside the home. Of the children who live in rented homes, 5.1% (6,900 children) are exposed to secondhand smoke. Since 2001, the overall number of children exposed to secondhand has decreased by 53%. The percentage of children exposed to secondhand smoke in rented homes decreased from 12.6% in 2001 to 5.1% in 2005. [4]

Ventilation systems in apartments and condominiums cannot filter and circulate air well enough to eliminate secondhand smoke. Blowing smoke away from children, going into another room to smoke, or opening a window may help reduce children's exposure, but will not protect them from the dangers of secondhand smoke. The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), the preeminent U.S. body on ventilation issues, has concluded that ventilation technology cannot be relied on to control health risks from secondhand smoke exposure. At present, the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity. [5]

Benefits of Smoke Free Apartments and Condominiums

Here are some reasons to change the smoking policies of multiple dwelling units:

- Secondhand smoke (SHS) is hazardous to one's health.
- Secondhand smoke drifting from other units is a problem for many renters and owners.
- There is a market for smoke-free rental units in a wide spread of prices and for various types of renters or buyers.
- Landlords or condominium associations who ignore the issue of smoking face a growing likelihood of suits by victims of SHS exposure. Landlords or condominium owners who choose to offer no-smoking options or to limit smoking may reduce their risks of such suits without exposing themselves to civil rights claims by smokers.
- Residents are protected from the dangers of SHS exposure.
- Surroundings will smell better.
- Food will taste better.
- Smoke-free apartment or condominium buildings may have an increased re-sale value.

- Pets will be healthier. (For example, dogs exposed to SHS have an increased risk of cancer.)

Making rental units smoke free can save money:

- Landlords and apartment managers can save money by reducing the damage that smoke causes (e.g., extra cleaning bills, paintings costs, and property damage such as cigarette burns on carpets).
- Smoke-free units reduce fire danger, which may also reduce insurance costs.
- Smoking materials (i.e., cigarettes, cigars, etc.) is the leading cause of home and total fire deaths in the United States. Fire cost due to smoking in the U.S. was estimated at 25,600 structural fires resulting in direct property damage at approximately $481 million.[6]

Creating a Smoke-Free Apartment or Condominium

A smoke-free apartment or condominium community can be accomplished in two ways: through a voluntary policy or through an ordinance.

Voluntary policy

A voluntary policy is a policy made by an owner, manager(s), or a property management company in which they voluntarily decide to prohibit smoking in an individual unit or in an entire building that may be rented, leased, or owned. A voluntary policy could also prohibit smoking in common areas, hallways, patios, balconies, or on the premises. A voluntary policy is also a resident that decides to prohibit smoking in his or her own unit by taking a smoke-free home pledge. For more information, see the Homes Section of this guide.

Here are some tips to making your apartment or condominium community smoke free:

- Talk about it! Sit down with tenants living in your apartment or condo and discuss ways to make the complex smoke free.
- Don't allow smoking in your apartment or condo. Politely ask people--even houseguests--to smoke outside.
- Make it clear that you are keeping your apartment or condo smoke free to protect others in the community complex, from the harmful effects of SHS, not as a punishment to someone who smokes.
- If you provide for smokers, make the smoking area as comfortable for them as possible.
- Do not allow babysitters or other people who work for you to smoke in the apartment or condo or around your children.
- Thank friends and family for helping to keep the apartment or condominium community smoke free.
- Amend the rental lease, or condominium association agreement to prohibit smoking in the units, patios, balconies, and common areas.
- Make signs available to tenants that indicate a smoke-free apartment or condominium community.

- Offer incentives to support a smoke-free policy. A landlord or apartment manager can offer non-smoking tenants an opportunity to move into vacated units that have been freshly painted or cleaned. This will help to create a smoke-free building.
- Promote resources to help smokers quit (e.g., Utah Quit Line at 1-888-567-TRUTH or Utah QuitNet at http://www.utahquitnet.com/

Ordinances

An ordinance is a law enacted by local city, county or state authorities. A local government entity may pass an ordinance to define and regulate conduct that is detrimental to the public health, safety, or welfare of its community. Enacting local laws for a smoke-free apartment or condominium community is usually more a realistic option than enacting state laws that prohibit smoking in these types of communities. Also, local laws are often easier to enforce than state laws.

The State of Utah did enact the Secondhand Smoke Amendments which established that smoking is a nuisance under the law, and gave condominium and apartment complexes the authority to prohibit smoking in units, common areas, or on the premises.

ACTION STEPS

Action Step 1: Gather Relevant Facts and Information
Action Step 2: Identify Your Audience and Assess Community Readiness
Action Step 3: Plan Your Campaign
Action Step 4: Select Your Materials
Action Step 5: Get the Word Out and Gain Support
Action Step 6: Implement the Policy
Action Step 7: Evaluate Your Efforts

Based on Taking Action Against Secondhand Smoke: An Online Toolkit – Employee and Employer Action Steps, Centers for Disease Control and Prevention (CDC)

Action Step 1: Gather Relevant Facts and Information

According to the Utah Census 2000, renter-occupied housing accounted for 28.5% or nearly one third of the population.[7] In addition, the number of condominiums is growing in Utah. Renters and condominium owners are vulnerable to secondhand smoke entering their apartments or condominiums from another apartment or condominium or other units, from hallways or common areas, and from patios and balconies outside the building.

As the public's understanding of the damaging health effects of secondhand smoke has grown, so too has concern regarding unwanted exposure to secondhand smoke in apartment buildings and condominiums. More people are voicing concerns that the tobacco smoke produced by neighbors is seeping into their own homes, often causing annoyance, discomfort, and even illness. These concerns are best resolved amicably through discussion and reconciliation between neighbors and building managers. When this is not possible, legal action may be warranted. Such actions

have been brought across the United States, resulting in some out-of-court settlements, and some favorable verdicts.

The first step in starting a smoke-free apartment or condominium campaign is to become knowledgeable about secondhand smoke and the laws or regulations affecting it at the federal, state, and local level.

Secondhand Smoke Amendments

The Utah State Legislature passed the Secondhand Smoke Amendments (SHSA) in 1997. They specifically apply to tobacco smoke that drifts into any residential unit a person rents, leases, or owns from another residential or commercial unit.

The Secondhand Smoke Amendments:

- Give authority to condominium associations to restrict smoking in units, common areas, and yard space §57-8-16-7(a) (b).
- Give authority for apartment rental contracts to include prohibitions on smoking in units, on the premises, or both §57-22-5-1(h).
- Establish that any tobacco smoke that drifts into any residential unit a person rents, leases, or owns is a nuisance under the law. The smoke must drift in more than once in each of two or more consecutive seven-day periods §78-38-1(3).
- Provide that residents of condominiums, apartments, or private homes may seek injunctive relief and/or damages if exposed to nuisance tobacco smoke §78-38-1(3).
- Exempt rental units, such as for vacations or available for only 30 days or less at a time, from the nuisance tobacco provisions §78-38-1(4) (5). These units are not exempt from restrictions placed by a condominium association §57-8-16-7(a) (b).
- Provide authority for an apartment renter to file a nuisance action under §78-38-1(1) even if the renter has signed away his rights to file a nuisance.

For complete information on Utah's Secondhand Smoke Amendments, link to http://www.tobaccofreeutah.org/sechndsmokeam.html

Housing Laws

The right of nonsmokers to be free from exposure to secondhand smoke is protected by both legislation and judicial rulings. There are federal, state, and local laws protecting nonsmokers, but the strongest and best-enforced laws are generally at the local level. Many judicial rulings have applied general laws relating to the workplace, housing, and even prisons to protect nonsmokers. Although many of these court rulings will not provide a direct legal precedent for your situation, they may nevertheless provide some ideas for a legal strategy to pursue.[8]

It is legal for landlords and property management companies to make rental units smokefree:

- Smokers are <u>not</u> considered a protected group under anti-discrimination laws.

- Smoking is not considered a "constitutional right." Therefore, a landlord or building manager has the right to restrict or prohibit smoking in the building, just as he/she could choose not to allow pets.
- Asking prospective tenants to acknowledge on month-to-month rental contracts or longer lease agreements that they will not smoke or allow smoking in their units is legal.
- In federally subsidized housing, one cannot refuse to rent to a smoker, but can prohibit smoking in the unit. The policy is acceptable only if it targets the behavior, not the smoker. That is, smokers can rent, but they are not allowed to smoke in the units.

Federal Fair Housing Act (1988)

The federal Fair Housing Act (FHA) prohibits discrimination based on race, color, religion, sex, family status, national origin, or disability. The FHA prohibits discrimination against people with disabilities, including those with severe breathing problems. The FHA prohibits such discrimination by owners and operators of most housing, including apartments and Section 8 and other HUD assisted housing. For more information link to: http://www.usdoj.gov/crt/housing/title/8.htm

The following are rights of disable tenants:

- A nonsmoker with a serious breathing disability or smoke allergy, such as asthma or cardiac disease, has legal protection. The Federal Fair Housing Act requires that "reasonable accommodations" be made in rules, policies, practices, or services to ensure equal access to and enjoyment of a dwelling unit.[9]
- The Americans with Disabilities Act can be used by people with asthma and other smoke-sensitive breathing problems to require landlords to make public access areas of their buildings smoke-free.[10]

HUD Housing

HUD's Office of Fair Housing and Equal Opportunity administers federal laws and establishes national policies to ensure that individuals have equal access to housing. Its mission is to create housing opportunities that prohibit discrimination in housing on the basis of race, color, religion, sex, national origin, age, disability, or familial status. For information on HUD housing in Utah, please contact:

Salt Lake City Field Office
Department of Housing & Urban Development
125 S State Street, Suite 3001
Salt Lake City, Utah 84138
(801) 524-6070
http://www.hud.gov/local/index.cfm?state=ut

In order to help landlords make more educated decisions about smoking policies in their buildings, the Smoke-Free Environments Law Project (in Michigan) requested information from the Housing & Urban Development (HUD) field office in Detroit about this issue. According to HUD, managers and owners can prohibit smoking and make common areas and units smoke free. HUD's legal Counsel Letter of July 2003 states that apartment owners are free under federal

law to make their buildings totally smoke free, so as long as they grandfather current residents who are smokers. For more information on the HUD Legal Counsel opinion, link on: http://www.mismokefreeapartment.org/hudletter.pdf

Additional information for Developers and Managers of Affordable Housing can be found at: http://www.smokefreeapartments.org/Case%20for%20Smokefree%20Housing.pdf

National Alliance of HUD Tenants

Established in 1991, the mission of the National Alliance of HUD Tenants (NAHT) is to preserve and improve affordable housing, protect tenants' rights, develop tenant empowerment, promote resident control and ownership, improve the quality of life in HUD-assisted housing and to make HUD accountable to its constituents, HUD tenants. For more information on NAHT link on: http://www.saveourhomes.org/

Ventilation Issues and Secondhand Smoke

Shared ventilation systems are a major concern for those living in apartment and condominiums.

Consider these facts:

- Commercial air filtering systems are designed to remove the odor, not the cancer-causing substances.
- Shared ventilation systems can cause tobacco smoke to blow from one room to another.
- Secondhand smoke can seep into and out of open windows and doorways,
- Secondhand smoke lingers in a room long after the smoking has stopped.

The U.S. Surgeon General's 2006 report concludes that eliminating smoking in indoor spaces fully protects nonsmokers from exposures to secondhand smoke. Separating smokers from nonsmokers, cleaning the air and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke. [11]

Additionally ASHRAE, the international standard setting body that sets the standard for indoor air quality has stated that the only means of effectively eliminating health risks associated with indoor exposure is to ban smoking activity. ASHRAE recommends the elimination of smoking in the indoor environment as the optimal way to minimize ETS exposure. For ASHRAE's complete position document, Environmental Tobacco Smoke, Positional Document, Approved by ASHRAE Board of Directors, June 30, 2005, link to: http://www.ashrae.org/content/ASHRAE/ASHRAE/ArticleAltFormat/20058211239_347.pdf

For additional information regarding ventilation issues, visit the Americans for Nonsmokers' Rights' website at http://www.no-smoke.org/getthefacts.php?dp=d20.

Legal Issues

Significant precedent exists for pursing remedies under the common law theory. Owners of apartment buildings and condominiums may choose to adopt a smoking policy, which requires

all, or part of a building to be smoke free, including individuals units. Condominium owners may require no smoking when the condominium is being rented or leased to a tenant, under Utah law. For specific information on legal cases involving secondhand smoke, see ***Attachment A*** and ***Attachment B.***

Resources

For a list of excellent resources to provide more information on smoke-free apartments and condominiums, as well as more facts on secondhand smoke, see ***Attachment C.***

Once you are familiar with laws, regulations, and other issues concerning secondhand smoke in multiple dwelling units, it is important to learn about community characteristics, local housing units, and local laws and regulations.

Community Characteristics

The basic demographics of your community identify the unique qualities of the population. These qualities can impact the choice of your target audience and the development of a plan of action. Specific demographic information to collect includes the average education level of the population, the average household income, the major type of workforce (i.e., blue-collar or while-collar), and issues related to tobacco use prevalence. Then, using this community demographic information, you can determine high-risk and priority areas for your intervention.

The Utah Community Health Indicator Report is a report that examines the health status of communities at the smallest possible level of geography will allow and, depending on the measure, is reported for a small area, the local health district, or the state.[12] Childhood Exposure to SHS is found under the Environmental Quality Section. The ranking indicates which areas in Utah have a higher percentage of children being exposed to SHS. This report could be useful in identifying high-risk or priority areas that can later be used to target apartment complexes and HUD housing in those areas. The report can be accessed at http://health.utah.gov/opha/publications/CommunityHealth/CHI/CHI_Report.htm

For demographic information on your community, go to http://www.governor.utah.gov/dea/Census2000Data.html. [13] Your city's website or city administrator's office may also have information on the demographics of the community you are targeting.

Existing Multiple Dwelling Units and Policies

What types of multiple dwelling units exist in your community? To determine types of multiple dwelling units, get information from property management companies or your city or county zoning office.

Are there existing apartment or condominium complexes with non-smoking policies in place? To learn about existing policies, contact the managers of some of the properties in your areas (e.g., public housing agencies, condominium associations, and property management companies). For

an example of interview questions, see ***Research Tool 1: Apartment and Condominium Initial Interview Guide***. Ensure that you interview managers of complexes in high risk/priority areas as determined by your assessment of community characteristics. Ask about existing policies, number of people affected, and support for a policy change. Visit the Utah Smoke-free Apartment and Condominium Guide and Statewide Directory for apartment communities that already support smoke-free policies. The directory can be accessed at: http://www.tobaccofreeutah.org/aptcondoguide-dir.htm.

Is there a college or university that has a smoking policy for campus housing? Contact campus-housing offices to learn about existing smoking policies.

Are there existing local laws or policies that address the issues? To determine local laws and policies, get information from your local health department or your city or county attorney's office. They are usually located in the government section of your local telephone directory.

? Track Your Progress

- Are you familiar with the federal, state, and local laws regarding the rights of tenants, landlords, and disabled persons?
- Have you researched general community characteristics?
- Have you used your community profile to determine high risk/priority areas?
- Have you determined what types of multiple dwelling units exist in your community?
- Have you determined if smoke-free policies exist in some of the facilities you might want to target?
- Have you determined which facility's management would be supportive of a policy change?
- Have you chosen facilities for your tobacco policy intervention?

Action Step 2: Identify Your Audience and Assess Community Readiness

The purpose of the following assessments is to gain knowledge about an apartment or condominium complex. A detailed and accurate assessment is a very important tool to use in your smoke-free campaign and will help you:

- Determine the readiness of the target apartment or condominium complex for a smoke-free campaign.
- Determine whether or not a smoke-free policy campaign is right for your coalition.
- Assist in building a coalition's organizational capacity, and aid in the development of its strategies to achieve its mission and goals.
- Examine the key influences in your community's decision to become smoke free.
- Outline the steps necessary to change policies in a given multiple dwelling unit (contract changes, bylaw changes, etc.).

Resources

The following links are excellent resources to help with identifying your audience and assessing your community readiness:

APPEAL – The Community Stages of Readiness Model – This model is a resource tool that can be used to address a community's readiness with tobacco control.
http://www.appealforcommunities.org/pages/Stages_of_Readiness_Model26.php?project_id=26

The Community Tool Box – This is a resource tool that contains information about how assess community needs and resources. http://ctb.ku.edu/tools/en/part_B.htm

Assess Capacity of Targeted Units

Assessing capacity involves collecting essential information about the political environment, social environment, and local smoke-free advocacy. The information gathered will be a guide for determining your apartment or condominium community's level of readiness for a smoke-free policy campaign and is the first step towards a smoke-free policy or ordinance.

Tobacco control advocates and local partners: To learn about potential partners for your project, consider the following questions:

- Is there an existing local tobacco coalition?
- Who are the members of the coalition?
- What is the coalition's history in secondhand smoke awareness efforts and other tobacco policy campaigns?
- What potential resources does the local coalition have available?
- Are there relationships in the community with the health organizations?

Leaders and Opinions-Shapers

Knowing what issues and activities the movers and shakers of the community spend their time on is an important piece of information for all community organizers. If you know which causes (e.g., church groups, schools, youth recreational centers/leagues, service clubs, etc.) the community leaders devote their time to, you can focus your energies on endorsing or collaborating with them on these issues. Remember, the same people who get things done in the school system or on their church's social justice committees are the same individuals that you need to secure the community's commitment to smoke-free policies. This information is best obtained through one-on-one interviews with individual community leaders.

- Who are the potential allies and/or opinion shapers in the community?
- What are the characteristics of the community's leaders?
- Who makes decisions regarding secondhand smoke policies, and how are these decisions made?
- Who is expected to be the strongest opposition?

- What are the positions of apartment managers, property management staff, and condominium associations on tobacco control issues?

Knowing your opposition before committing to a policy campaign can be very helpful in strategy development. Conduct individual interviews with supportive community and coalition leaders to get an idea of who is expected to be the strongest opposition to a smoke-free policy and their reasons for opposing the policy. Identifying the reason for opposition is just as important as identifying the individuals or organizations.

Media and Communications

Identify communication outlets and key media staff in your target community.

- Identify newspapers, radio, TV/cable, and websites that serve as information outlets for your community.
- Identify reporters, editors, and opinion columnists who cover health, local government, or tobacco-related issues.
- Identify newspaper editorial page support or lack thereof.
- Identify community organization updates, publications, and newsletters.
- Identify local apartment rental and real estate publications.

Community Support and Polling

Attitudes regarding tobacco smoke may encourage or discourage behaviors in the community. There are many levels of awareness. Some community members may have vast knowledge regarding secondhand smoke, while others have limited or no knowledge and require education. Determine whether the state health department or other tobacco prevention organization have surveyed the community on tobacco control issues. If not, conduct a brief survey of community members to determine their level of awareness of secondhand smoke issues

Conduct Key Informant Interviews with Targeted Multiple Dwelling Units

Having detailed knowledge of each complex's existing policy and process for changing policies is crucial in planning your project. Start by reviewing the results of your apartment and condominium initial interview guide, completed in Action Step 1 for general information about which areas allow smoking and which are smoke-free. Follow up by discussing current smoking policies in more detail with the complex manager or owner. Ask if current smoking policies are enforced by tenant contracts, written rules, signs, or by other methods. If written rules or contracts describe the policy, ask to review copies of those documents. Also, inquire about the degree of compliance among tenants to the current policy. Then discuss the process of changing policies in the complex. Who would need to approve a new policy? Would the policy need to be phased in over time in order to incorporate it into new tenants' contracts? Is there a resident council or committee that would need to be involved in the change?

Conduct a Tenant Survey at Targeted Locations

There are many levels of awareness about secondhand smoke issues. Some tenants may have knowledge regarding secondhand smoke, while others have limited or no knowledge and require education. Conduct a brief survey of residents to determine their level of awareness of secondhand smoke issues. Conduct a door-to-door survey at the apartment(s) or condominium(s) you are targeting to determine the attitudes and beliefs toward secondhand smoke and to help assess what kind of policy should be pursued.

Research Tool 2 is an example of a tenant survey that can be adapted to your particular project. You may want to offer some type of an incentive, such as a raffle ticket or gift card, to encourage residents to complete the survey. When preparing your survey, keep in mind that questions should cover the following subject matter:

- Tenants' attitudes about smoking.
- Smoking rules within each household.
- Tolerance to secondhand smoke and smoking.
- Preference or support for smoke-free buildings and establishing smoke-free policies within the buildings.

For examples of survey results, see ***Attachment D***.

? Track Your Progress

- Did you find out about existing tobacco prevention and control coalitions and potential partners?
- Did you conduct key informant interviews at each complex to find out about existing policies and processes used to change these policies?
- Did you assess potential support and opposition from community leaders, apartment management, and the condominium association?
- Did you research local media channels?
- Was a tenant survey conducted to determine readiness for a smoke-free policy in apartment or condominium complexes?
- Did you determine whether to seek voluntary policy change or ordinance change?

Action Step 3: Plan Your Campaign

The goal of your smoke-free campaign or project is to reduce exposure to secondhand smoke among the children and adults living in apartment and condominium complexes by increasing the number of voluntary smoke-free policies implemented in multiple dwelling units. Encouraging smoke-free policies reduces exposure to the harmful effects of secondhand smoke among tenants, including young children and adults with health conditions exacerbated by secondhand smoke.

Local health departments and community organizations should work with residents, managers, landlords/owners, property management companies and Homeowner Associations (HOA's) to

encourage the designation of smoke-free common areas, units and buildings for the health and enjoyment of their residents. Not only is it legal to designate all or part of the complex as smoke free, but also it is legal to refuse to rent or sell to individuals who smoke, just as it is legal to refuse to rent or sell to individuals who have pets.

Build or Maintain Coalitions or Workgroups

Building and maintaining a coalition or workgroup can be one of the most effective approaches in addressing your smoke-free campaign. This coalition or workgroup should consist of tobacco control advocates, the property owners/manager of a given complex, and residents who are concerned about drifting secondhand smoke within multiple dwelling units. A diverse coalition has a better chance of representing the community you are targeting and of gaining its support.

For more information on building and maintaining coalitions, link to:

The Tobacco Technical Assistance Consortium (TTAC) – TTAC is a resource tool to help you with building and maintaining your tobacco control coalitions.
http://ttac.tobaccocontrolpartners.org/learning/comp01/01_comp.asp

The Community Tool Box
http://ctb.ku.edu

For a checklist on building and maintaining your coalition, link to:
http://ctb.ku.edu/tools/coalitions/expand/maintainingcoalition.jsp

Plan Your Strategy

Before beginning your smoke-free apartment or condominium campaign, you need to consider your campaign goals, audiences, message and delivery, resources, first steps, and evaluation. The information and assessments completed in Action Step 1 and 2, along with the following planning tool discussed below will help you to develop your plan.

A Strategy Planning Tool for Advocacy Campaigns--Nine Questions

1. Goals: What do you want?
   What are the long and short-term goals and what are the short-term goals? What are the content goals (e.g., policy change) and what are the process goals (e.g., building community among participants)?

2. Audience: Who can give it to you?
   An effective advocacy effort requires you to have a clear understanding of your audiences. Who are the people and organizations that will help effect the change? (e.g., tenants, managers, landlords/owners, property management companies, HOA's)?

3. Message: What do they need to hear?
   Messages need to be tailored differently depending on what that audience needs to hear. Advocacy messages have two basic components: an appeal to what is right and an appeal to the audience's self-interest.

4. Messengers:
   Who are the most credible people to bring your smoke-free message to your different audiences?

5. Delivery: How can you get your audience to hear your message?
   There are many ways to deliver a message, depending on the situation. Evaluate your message and apply it appropriately to your audience.

6. Resources: What resources do you have?
   What are the advocacy resources that are already there to build on?

7. Gaps: What do you need to develop?
   Identify resources you need that are not currently available. Identify alliances that need to be built.

8. First Steps: How do you begin?
   What are some short-term goals or projects that would bring the right people together?

9. Evaluation: How do you tell if your smoke-free policy campaign is working? Your strategy needs to be evaluated, revisiting each question addressed above.

Adapted from the Centers for Disease Control's "A Strategy Planning Tool for Advocacy Campaigns - Nine Questions" [14]

Develop a Timeline

Develop a timeline for your smoke-free policy campaign to keep you on track and moving forward. Be flexible. You may encounter unforeseen events that could affect your original plan. Changing policies and attitudes in an apartment or condominium environment takes time and may be hard work. To be successful, your coalition will need to dedicate time to the effort. For an example of a smoke-free campaign timeline, see ***Attachment E.***

? Track Your Progress

- Have you built a coalition or workgroup to support your smoke-free campaign?
- Has the coalition addressed the nine questions from the Strategy Planning Tool?
- Has the coalition used the data collected in Action Steps 1 and 2 to develop a plan?
- Has the coalition developed a strategy and timeline to carry out the plan?

Action Step 4: Select Your Materials

When beginning an initiative or project, serious consideration should be given to the types of educational materials needed. The way your message is framed and delivered plays a major role in reaching your goal, whether it is a behavioral/attitude change, a policy change, or increased awareness of your issue. The purpose of selecting materials is to help inform tenants, managers, owners/landlords, property management companies and HOA's of the dangers of secondhand smoke within apartment and condominium communities and to help them make informed decisions about the benefits of creating smoke-free environments.

If you are planning to use existing materials or adapt portions of existing materials, be aware that you need to address copyright issues before using the materials. You need to seek and obtain permission to use someone else's material or information.

Before developing your materials:

- Get to know your audience.
- Define a clear educational objective.
- Specify a limited number of key points.
- Check budget and deadlines.
- List potential local resources.

Cultural sensitivity is understanding and appreciating the cultural differences and similarities within, between, and among groups. Input is necessary from people of the same ethnic and racial groups as the intended audience. Avoid stereotypes and biases while ensuring that values, norms, symbols, and ways of living that are consistent with those of the intended audience are reflected in the materials.

The Utah Department of Health/Environmental Sanitation Program has developed educational materials for residents, landlords/owners and managers. For examples of these educational materials, see the following attachments:

Attachment F: Secondhand Smoke in Apartments and Condominiums: A Guide for Residents
Attachment G: Secondhand Smoke in Apartments and Condominiums: A Guide for Owners/Managers
Attachment H: Secondhand Smoke Guidance for Apartments and Condominiums
***Attachment I*:** Smoke-free Housing in Utah
***Attachment J*:** Helping Nonsmokers Deal with Problems of Smoking in Condominiums and Apartment Buildings.

? Track Your Progress

- What is the educational objective of the materials to be used?
- Did you develop materials or use existing materials? Did you follow the TPCP media protocol to approve new materials or use of existing materials, if applicable?

- Did you ensure that your materials were appropriate for your target audience (e.g., tenants or property management companies)?
- Are your materials culturally sensitive?

Action Step 5: Get the Word Out and Gain Support

In order to pursue a smoke-fee multiple dwelling unit campaign, you need to educate your community on the issues and information you have gathered regarding secondhand smoke in apartments and condominiums. The extent of your community education outreach will be determined by the results of your community assessment. The way your message is framed and delivered plays a significant role in reaching your goal, whether it is a behavioral/attitude change, increased knowledge, or raised awareness. All target audiences need to be considered, including the media and the general public. However, the ultimate focus should always be on the decision makers who have the power to enact the desired policy.

Getting the Word Out

Consider these ways of getting the word out about your campaign or policy change:

- Post flyers in mailboxes.
- Post flyers in common areas (e.g. laundry room, fitness center).
- Go door to door and post flyers on individual doors throughout the apartment or condominium complex.
- If there is resident newsletter, post information to notify residents, etc
- Hold a meeting to inform residents of your campaign and solicit support. For an example letter to hold a meeting, see ***Attachment K***.
- Advertise your apartment or condominium community as going smoke free and send a press release to get free publicity about your campaign or policy change.

Working with the Media

Publicity through media relations is a powerful tool. Media coverage of your efforts, whether you are seeking voluntary policy or ordinance change, can build awareness and influence public opinion, creating a positive climate for smoke-free apartments and condominiums. The tips in this section are designed to familiarize you with the communications tools that are available to inform the media and the public about the dangers of secondhand smoke.

Goal and Key Messages

Start by knowing what you want to say. The goal is to protect people's health by reducing exposure to the dangerous and deadly effects of secondhand smoke. You can achieve this by educating tenants, managers, landlords, condominium owners, and property management companies about secondhand smoke. Inform them that secondhand smoke cancer, heart disease, sudden infant death syndrome, and other life-threatening diseases.

The key messages are simple:

- Secondhand smoke is deadly - it kills about 50,000 nonsmokers each year.
- Scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.
- Everyone has the right to breathe clean indoor air.
- Ventilation engineers confirm that even the most modern ventilation systems cannot remove the cancer-causing chemicals in secondhand smoke.

Connecting with local media

Contact the list of editors and reporters (print) and assignment editors and news directors (television and radio), local newspapers, radio stations, and television stations that were identified in Action Step 2 to promote the success of your campaign efforts and the new policy(s) that were implemented.

When you contact the media:

Never call a reporter late in the day. Everyone in the newsroom is on deadline and will not have time to talk. Make your calls in the morning.

Before calling, practice 2-3 sentences that summarize why you are calling and why your story is important. Focus on two or three points you want to emphasize. Realize that reporters are busy and receive many calls from people with story ideas.

When you call, get to the point quickly. If you leave a message, be sure to leave a phone number.

Tips on Dealing with the Media:

Designate a key media spokesperson. Limiting who will speak to the media will allow one person to become polished in this area and the message you want to convey is more likely to get across in the news story.

- Never go "off the record." Consider everything you say "on the record."
- Never lie. If you make a mistake, correct yourself. If you don't know the answer to a question, admit it and if appropriate, say you will check and call back.
- Don't let the media hurry you. It's important to be timely but you don't have to answer on the spot. If a reporter calls, ask for their deadline. Tell them you are busy at the moment but will call back by a certain time. Take time to gather information, and then get back to them by the time you stated.
- Anticipate questions: Formulate succinct and concrete answers to questions like: Why is this issue important? What is the solution to the problem?
- Be prepared to respond to breaking news. Breaking news stories set the news agenda.
- Prepare a contact sheet and fact sheet for reporters. The contact sheet should include phone numbers for your spokesperson as well as names of local doctors who can talk about the dangers of secondhand smoke and victims of secondhand smoke, such as

people with asthma or parents with children who have chronic breathing problems. The fact sheet should lay out the facts about the health effects and economic benefit of smoke-free policies.

Media Interviews

Interviews are opportunities for you to convey your message. By helping reporters with their stories, you can establish yourself and your coalition as a reliable and credible source for information. Before an interview:

- Practice the messages you want to convey.
- Try to humanize your messages such as a personal story that can illustrate the dangers of secondhand smoke.
- Have someone ask you sample questions.
- Practice answering the tough questions.
- Practice giving clear and succinct answers.
- Be ready to support what you say with examples and facts.
- Don't use technical language, such as "ETS" or "environmental tobacco smoke." The general public is not familiar with those terms.

Adapted from: Minnesota Smoke-Free Coalition.[15]

? Track Your Progress

1. What media are available in your community? Did you determine which media are most appropriate for your audience? What and how many media messages were placed? Who was reached?
2. How many flyers/pamphlets/posters/other materials were distributed to tenants, landlords/owners, and property management? What were their reactions? As a result of the information they received, are tenants supportive of your efforts?

Action Step 6: Implement the Policy

When your apartment or condominium community decides to develop a policy to prohibit or restrict smoking, it is time to develop a plan to help with implementation of the policy. Below are suggestions to implement a smoke-free policy in new and existing building(s).

For New Buildings

Implementing a smoke-free policy should be fairly easy in a new community, as your residents have no pre-existing expectations. Simply follow these steps to create a healthy and safe policy for your new property:

1. Register your apartment or condominium complex on Utah's Smoke-free Apartment and Condominium Guide and Statewide Directory at http://www.tobaccofreeutah.org/aptcondoguide.html#smoke/. This will help persons looking for smoke-free apartments find you.

2. Advertise your property as smoke free in the newspaper and real estate magazine ads. This will set you apart from other multiple dwelling units that allow smoking. It will also make it easier for you to deal with questions regarding the policy since potential residents will know what to expect.

3. Include smoke-free provisions in your lease/rental agreements, or, in the case of condominiums, in the declaration. Placing smoke-free language in your lease or declaration makes it enforceable. You should consult your legal advisor about the terms and language of rental agreements or declarations. For examples of model policies, see ***Attachment L, Attachment M, and Attachment N.***

4. Advertise your condo as smoke free. Contact your local media and submit a news article or a press release, to get free publicity for your community. You may want to develop a waiting list for individuals who are interested in smoke-free housing. See ***Attachment O***, for an example of news article.

5. Post "Smoke-free Area" or "No Smoking" signage in designated areas. This will make enforcement of the smoke-free policy in common areas a lot easier. For sample signs visit: www.tobaccofreeutah.org

6. Educate employees on how to answer questions regarding the smoke-free policy. The more knowledgeable your employees are about the law and policy, the easier it will be to deal with any problems that may arise.

Adapted from the Smoke-free Housing TOOLKIT developed by the Tobacco Public Policy Center http://www.law.capital.edu/tobacco/tobaccointhehome/owners_toolkit.pdf-[16]

For Existing Buildings

If you would like to implement a new smoke-free policy in an existing building, consider these helpful tips:

1. Make a plan. There are several types of smoke-free policies:

   - Phase in
     While it is not recommended from a health viewpoint, some policies phase in smoke-free units. When a smoker vacates, the unit becomes smoke-free. This will decrease opposition to the policy; however, it delays implementation indefinitely until all smokers' leave or die.

   - Designate specific areas as smoke free
     Separate sections, patios or hallways can be designated smoke free. Select the area with the fewest number of smokers to become the nonsmoking section. If there is more than one building, possibly one building could be designated as smoke free.

- Prohibit smoking in common use areas
  Designate common use areas such as lobbies, hallways, balconies, laundry facilities, playgrounds, clubhouses, swimming pool, and spa areas, as smoke free.

2. Post "Smoke-Free Area" or "No Smoking" signage in designated areas. This will make enforcement of the smoke-free policy in common areas a lot easier. For examples of signs visit: www.tobaccofreeutah.org

3. Remove ashtrays and place receptacles for smoking materials at least 25 feet away from entrances together with signs, indicating smoking is allowed. This will encourage residents and guests to smoke away from common areas.

4. Discuss decisions to implement a smoke-free policy with residents to secure their support. Hold a meeting that is open to all residents. It is natural to have some resistance, but emphasize the known dangers of secondhand smoke and the fact that secondhand smoke drifts from unit to unit. You may want to survey your tenants to find out what buildings can be most easily made smoke-free, and then seek to relocate non-smoking residents to those buildings. Offer an incentive, such as a free month of rent, to encourage residents to relocate.

5. Announce the change to all residents in the form of a letter. See ***Attachment P*** for an example of a letter to residents. Require residents to sign a copy stating their intent to comply with the new policy. Leases should be updated with the new smoke-free lease language, which becomes effective upon renewal. Placing smoke-free language in your lease makes it enforceable. You should consult your advisor about the terms and language of rental agreements.

6. Post flyers in mailboxes and in common areas. If there is a resident newsletter, post information about the new policy changes to notify residents. Promote resources to help smokers quit (e.g., Utah Quit Line at 1-888-567-TRUTH or Utah QuitNet at http://www.utahquitnet.com/

7. Educate employees on how to answer questions regarding the smoke-free policy. The more knowledgeable your employees are about the law and policy, the easier it will be to deal with any problems that may arise.

8. If smoking is allowed in some portion of the building, provide your maintenance staff with proper equipment such as door sweeps and caulking materials to deal with drifting smoke. However, be aware that sealing treatments provide only marginal benefits in reducing secondhand smoke exposure.

9. Promote your smoke-free community. Advertise your property as smoke free in the newspaper and real estate magazine ads. Send a press release to get free publicity and develop a waiting list for individuals interested in your community. See ***Attachment Q*** for an example of a press release. This will set you apart from other multiple dwelling units that allow smoking. Register your apartment or condominium complex on Utah's

Smoke-free Apartment and Condominium Guide and Statewide Directory at http://www.tobaccofreeutah.org/aptcondoguide.html#smoke/. This will help persons looking for smoke-free apartments find you.

Adapted from the Smoke-free Housing TOOLKIT developed by the Tobacco Public Policy Center http://www.law.capital.edu/tobacco/tobaccointhehome/owners_toolkit.pdf -[17]

The key elements of a smoke-free lease or declaration are as follows:

- The unit should be defined as a smoke-free residence.
- The resident's responsibility is to inform guests of the no smoking policy and to prohibit smoking by household members or guests while on the premises. Smoking by the residents, household members, or guests is a violation of the lease.
- The landlord, property manager, or condominium association's responsibility is to post "smoke-free" or "no smoking" signs.

? Track Your Progress

1. What type of policy is being implemented?
2. Was a tenant survey conducted to determine if relocating residents to a smoke-free building necessary?
3. Did you develop and send out a letter to residents announcing the policy change?
4. Did you amend the lease agreement, the HOA's rules and regulations or the declaration to reflect the smoke-free policy?
5. Did you post signs in designated areas?

Action Step 7: Evaluate Your Efforts

The tools provided in this section are intended to help you document the process and the initial outcomes of your tobacco policy project. This documentation will be crucial in planning future projects and sharing project outcomes with tobacco prevention and control partners. Following are two forms designed to help you evaluate your efforts: the Process Evaluation Worksheet and the Outcomes and Recommendations Table.

1. Process Evaluation Worksheet: Fill out sections of this worksheet as you work on your project, ideally after you complete each Action Step. Use the progress tracking questions (? Track Your Progress) and the Research Tools suggested in the Action Steps, where applicable. Some questions may not apply to your project. In that case, mark the question as not applicable (N/A) and briefly explain why it is not applicable.

2. Outcomes and Recommendations Table: Use your notes from the Process Evaluation Worksheet and any other pertinent information to complete this table.

You are not required to submit either of these forms, but they are designed to assist you in reporting your progress to TPCP.

Process Evaluation Worksheet

Action Step 1: Gather Relevant Facts and Information

- Are you familiar with federal, state, and local laws regarding rights of tenants, landlords, and disabled persons? Yes No

- List high risk/priority areas as determined by your community profiles:

  _____
  _____
  _____

- List multiple dwelling units that exist in your community (locations, types):

  _____
  _____
  _____

- Data source(s):

  List the complex you interviewed for initial policy assessments and check whether each complex is smoke free, supportive of a change in its tobacco policy, and whether you will target a unit for further intervention:

Name/Type of Complex:	Number of Units:	Smoke-free?	Supportive of Change?	Project Partner?	Comments:

Action Step 2: Identify Your Audience/Assess Community Readiness (If you will be working with more than two or three complexes, you may want to make multiple copies of the next documentation sections to ensure that there is enough space to record detailed information for each complex.)

- List existing tobacco prevention and control coalitions and potential partners.

  _____
  _____
  _____

- List community leaders who support or oppose your policy initiative.

  Support: _____
  Oppose: _____
  List local media. _____
  _____
  _____

- Did you conduct an Apartment and Condominium Initial Interview at each complex to learn about existing policies and processes used to change these policies? Yes No

  If yes, list important findings: _____
  _____
  _____
  _____

- Was a tenant survey conducted to determine readiness for a smoke-free policy in apartment or condominium complexes? Yes No

  If yes, list important findings: _____
  _____
  _____

- Will you seek voluntary policy change or ordinance change?_____

  Why?_____
  _____
  _____

Action Step 3: Plan Your Campaign

- Have you formed a coalition or workgroup to support your smoke-free campaign?
  Yes No

  If yes, who is represented on the coalition? _____
  _____
  _____

- Has the coalition addressed the nine questions from the Strategy Planning Tool?
  Yes No

- Has the coalition used the data collected in Action Step 2 to develop a plan?
  Yes No

If yes, briefly describe major components of the plan and your time-line:

Component	Expected Completion Date	Completion Date

Action Step 4: Select Your Materials

List the educational objective(s) of your materials: _____
_____
_____
_____

- Did you develop materials or use existing materials? Developed new materials
  Used existing materials (Source: _____)
- Did you follow the TPCP media protocol to approve new materials or use of existing materials, if applicable? Yes No

  How did you ensure that your materials were appropriate for your target audience and that they were culturally sensitive? _____
  _____
  _____
  _____

Action Step 5: Get the Word Out/Gain Support

- List the media used to promote the tobacco policy project (newspapers, etc.), the target audience for each media source, and the number of people reached:

Media	Target Audience	Number Reached

- List the materials provided to tenants and property management:

Type of Material	Target Audience	Number Distributed

- Did you assess how your messages were received? Yes No
  If yes, how did you make the assessments? _____
- Please describe your findings: _____
  _____
  _____
- As a result of the information provided, are tenants supportive of your efforts?
  Yes No Data source: _____

Action Step 6: Implement the Policy

- What type of policy was implemented? How was it determined what type of policy would be implemented?
  _____
  _____
  _____
- Was a tenant survey conducted to determine readiness for a smoke-free policy in the apartment or condominium? Yes No
  If yes, list important findings: _____
  _____
  _____
- How many letters were sent to current residents? _____
- Attach a copy of each policy implemented or revised as a result of your efforts.

Evaluation Outcomes and Recommendations Table

Outcomes
List the number of complexes you worked with and how many of those adopted a policy change. Please describe any policy changes or attach a copy of new or revised policies.
Describe any new or improved community partnerships resulting from this effort:
Lessons Learned
What factors contributed to success?
What barriers limited or threatened success?
How were barriers addressed?
What were the relative costs (including staff time) and results of different aspects of your efforts? Did some activities appear to work as well as others but cost less?
Recommendations
What are the next steps to support implementation and enforcement of the new policy (if passed) or future passage (if not)?
What will you do differently the next time you attempt to change a smoking policy?
Which activities and strategies should be continued the next time you attempt to change a secondhand smoke policy with multiple dwelling units?

Action Step 8: Ensuring Policy Sustainability

Post Signage.

The most important way to publicize your smoke-free policy is by posting signs. Long after a smoke-free policy has been adopted, updating and reposting signs reinforces residents, guests, and prospective tenants that the apartment or condominium complex is smoke free. If you have not done so already, contact the Utah Department of Health, Tobacco Prevention and Control Program for signage template examples.

Before you purchase and post signage keep the following items in mind:

- Where are you prohibiting smoking?
- How many signs do you need?
- Do you signs need to include information regarding the UICAA?
- What type of material should your sign be on (i.e., wood, metal, plastic)?
- Does the property management logo need to be on the sign?
- Does the signage need to be approved by the property management?
- Does the signage need to be in a different language?
- What is the timeline?

The following locations are suggested place for posting your signs:

- Common areas such as walkways, hallways, etc
- Play areas
- Pool area
- Parking garages
- Patios and Balconies
- Clubhouse
- Picnic areas

Celebrate!

Celebrate all of your hard work and success! Invite those who made the policy change possible to celebrate with an event such as a luncheon, to thank the community for making the apartment or condominium complex a healthier place to live, work and play. This could be the start "kick off" to educating the community about the new policy.

Educate the community about the new policy.

Educating the residents, guests, and prospective tenants about the new policy will be a big part of ensuring that the policy creates change. This is especially important for enforcement reasons. Depending on the policy language, management or community members may be the ones enforcing the policy. This self-enforcement will only happen if the community is made aware of the changes. This could include media outreach, community events, newsletters, etc. Most likely, this education phase will happen jointly with the *Action Step 5: Get the Word Out and Gain Support* activities.

Education Checklist:

- Educate management and maintenance employees on how to answer questions regarding the smoke-free policy.
- Revise your lease/rental agreements to include the smoke-free provisions.
- Announce the change to residents in a form of a letter, or a newsletter. This is a great opportunity to educate residents about Utah's cessation resources. Post announcements reflecting the new policy.

Evaluation.

Now that the policy is in place, how is it working? Consider developing a plan to monitor how your policy is being implemented and evaluate the results. With this information, you can strengthen your policy and increase its effectiveness and impact over time. A good monitoring plan can also provide proof of success to board members and other communities.

Evaluation Checklist:

- Have management and maintenance employees been informed about the new policy and been instructed about how to enforce the smoke-free policy?
- How were residents, management and owners notified of the new policy change?
- Were there conflicts anticipated and handled appropriately? Document dates of conflicts.
- Are signs displayed in appropriate places? How many? Take picture of signage for reference.
- Are resources available in the sales/rental office for those who want to quit using tobacco products?

Share progress.

Throughout the process make sure you take the time to share your progress with other property management companies, HOA's and the Utah Apartment Association. It is important that those who were involved in passing the policy see continued success. Share results with city and county officials, state agencies, law enforcement, and other organizations that are trying to pass similar policies.

Research Tool 1: Apartment and Condominium Initial Interview Guide

Interviewer Name: _____ Interview Date: _____
Respondent Name: _____ Phone: _____
Respondent's Position: ❑ Owner ❑ Manager ❑ Other _____
Company or Complex: _____

Hello, my name is _____ and I am calling from _____. I am conducting a survey of property owners and managers about smoking policies in their buildings. This survey should take about 10 minutes. Are you available to complete this survey now?
(If not) Could I call you another time? When would be a good time to call?

1. What types of multiple dwelling units do you own/manage?
   Check on below
   ❑ Apartments ❑ Condo/Town homes ❑ Dormitories ❑ Other _____

   Check one below
   ❑ Rentals ❑ Owner-Occupied ❑ Combination ❑ Other _____

2. How many complexes do you manage in this County? _____

3. How many buildings in total do you manage? _____

4. How many residential units in total do you manage? _____

5. Is smoking prohibited anywhere on your properties? __Yes __No *(Skip to 7)*

6. Where is smoking prohibited on your properties?
   _____Everywhere, both indoor and outdoors
   _____Everywhere, both indoors and outdoors, except for a designated smoking area
   _____All residential units _____Certain residential units
   _____Lobby/Clubhouse _____Hallways _____Laundry rooms
   _____Patios/Balconies _____Stairwells _____Playgrounds _____Pool
   _____Lawn/Gardens _____Parking lots _____Other_____
   (Ask only if smoking is not currently banned in units)

7. Would you support implementing any (or any additional) smoking restrictions on the property? ____Yes ___No (If no skip to question 11)

The following three questions ask more specifics about what kind of restrictions you would support.

8. Would you support implementing a smoking ban, so that smoking would not be allowed in:
    a. All residential units
    b. Some residential units or
    c. Not in any of the residential units

(Ask only if smoking is not currently banned in indoor common areas)

9. Would you support implementing a smoking ban, so that smoking would not be allowed in:
    a. All indoor common areas
    b. Some indoor common areas or
    c. Not in any of the indoor common areas

(Ask only if smoking is not currently banned in outdoor areas)

10. Would you support implementing a smoking ban in
    a. All outdoor areas
    b. Some outdoor areas or
    c. Not in any of the outdoor areas.

11. Would you like information about the health and economic benefits of smoke-free housing?
    ___Yes ___No

12. This is the end of the interview, is there anything you would like to add?
Thank you for your time.

(If the interview was positive you could add: "You will hear more about this project soon, and we are looking forward to working with you.")

Research Tool 2: Tenant Survey

1. What is your age? _____

2. What is your gender? ☐ female ☐ male

3. Are you a .... ☐ Current tobacco user ☐ Former tobacco user ☐ Non- tobacco user

→Do you currently use ☐ Cigarettes ☐ Chewing tobacco ☐ Cigars or pipes

4. Does the smoke from other people's cigarettes bother you?
☐ A lot ☐ Somewhat ☐ A little ☐ Not at all

5. Do you think that breathing smoke from other people's cigarettes is...
☐ Very harmful to one's health
☐ Somewhat harmful to one's health
☐ Not very harmful to one's health
☐ Not harmful at all to one's health

6. Does anyone who lives with you now smoke? ☐ Yes ☐ No

7. Which statement best describes the rules about smoking inside your apartment? (CHECK ONE)
☐ Smoking is not allowed anywhere inside your apartment
☐ Smoking is allowed in some places or at some times
☐ Smoking is allowed everywhere inside your apartment
☐ There are no rules about smoking inside your apartment

8. Please indicate what kind of tobacco policies you would support at your apartment/condominium complex: (CHECK ONLY ONE ANSWER FOR EACH LOCATION)

INDOOR COMMON AREAS	OUTDOOR COMMON AREAS	RESIDENTIAL UNITS
☐ Ban smoking	☐ Ban smoking	☐ Ban smoking in all units
☐ Limit smoking to a designated area	☐ Limit smoking to a designated area	☐ Ban smoking in certain buildings
☐ Have no restrictions on smoking	☐ Have no restrictions on smoking	☐ have no restrictions on smoking
☐ Other _____	☐ Other _____	☐ Other _____

Comments:

Attachment A: Legal Cases on Secondhand Smoke for Property Management

The following information summarizes actual lawsuits filed by residents in various apartment dwellings throughout the country. The data presented can provide property management companies, managers, and interested individuals with support for making a safe living environment.

See Utah Laws 1997, chapter 230; Utah Code Annotated, 1953, sec. 78-38-.5; Groskind, N., "Q&A: Smoke Distresses Condo Owner," Boston Globe, April 26, 1998, F4; White, E., "Today, Where There's Smoke, There's a Neighbor's Lawsuit," Wall Street Journal, July 13, 1998, B1, B6; Hansen, M., "Smoke Gets in Your High-Rise," American Bar Association Journal, November 1998, 24; Tansey, B., "In Pursuit of Smoke-Free Living Space; Apartment Dwellers Fear Health Risk from Neighbors' Cigarettes," San Francisco Chronicle, June 28, 1999, A1; Walsh, J., "Breath of Fresh Air," Multifamily Executive, January 2000, 26, 86; Kline, R., "Smoke Knows No Boundaries: Legal Strategies for Environmental Tobacco Smoke Incursions Into the Home Within Multi-Unit Dwellings," Tobacco Control, June 2000, 201-205; Silverman, F.,

"A Kick in the Butts: Why Condos, Rentals May Not Let You Light 'Em Up Even in Your Unit," Hartford Courant, September 7, 2003, J5; and Martin, A., "On Tobacco Road, It's a Harder Sell," New York Times, February 8, 2004.

Lipsman v. McPherson, 6.2 TPLR 2.345, 19 M.L.W. 1605 No. 90-1918, (Middlesex, MA, Superior Court 1991). A nonsmoking tenant sued a smoking tenant of an apartment in the same building, alleging nuisance and negligence because the smoke from the defendant's apartment regularly seeps into plaintiff's apartment, causing him annoyance, discomfort and increasing his risk of physical harm due to exposure to secondhand tobacco smoke and of fire. Defendant filed a motion to dismiss; on September 11, 1990, the motion was allowed as to negligence and risk of fire but denied as to private nuisance (Botsford, J.). A jury-waived trial took place from March 11 through 13, 1991. The court (Lauriat, J.) entered judgment for the defendant, ruling that the "annoyance" of smoke from 3 to 6 cigarettes per day "is not substantial and would not affect an ordinary person" and that the "plaintiff may be particularly sensitive to smoke, but an injury to one who has specially sensitive characteristics does not constitute a nuisance." See "He May Have Lost Out This Time, But She Better Not Burn the Toast," Wall Street Journal, June 14, 1991, B1. Shortly after this decision, the Defendant moved out.

Donath v. Dadah, et al., No. 91-CV179 (Worcester Cty., MA, Housing Court Dept. 1991). On April 23, 1991, a woman sued her landlord for nuisance, breach of warranty of habitability, breach of the covenant of quiet enjoyment, negligence, battery and intentional infliction of emotional distress due to exposure to secondhand tobacco smoke in her home coming from the second floor (where the defendants live) of the building in which she lives. Plaintiff alleges that she has suffered asthma attacks, labored breathing, wheezing, prolonged coughing bouts, clogged sinuses and frequent vomiting due to the exposure to secondhand smoke in her home. Plaintiff moved out of the apartment shortly after filing the lawsuit. The case was settled for an undisclosed sum of money in December 1992.

Fox Point Apt. v. Kippes, No. 92-6924, (Lackamas County (OR) Dist. Ct. 1992). A landlord moved a known smoker into the apartment below a nonsmoking tenant who began to suffer nausea, swollen membranes and respiratory problems as the cigarette smoke entered her apartment. The tenant sued, alleging that the landlord had breached its statutory duty to keep the premises habitable and the covenant of peaceful enjoyment which the common law implies in every rental agreement. The six-person jury

unanimously found a breach of habitability, reduced rent by 50% and awarded the tenant an amount of money to cover her doctor's bill. The landlord moved for the judge to enter a judgment notwithstanding the verdict, claiming that protection from cigarette smoke is outside the intended scope of the law.

Contract Management Services, Inc., et al. v. Kuykendahl Joint, Inc. and Kamen Management, Inc., Dist. Ct. Harris County (TX), 61st Jud. Dist., No. 93-006228 (1993). Defendants, companies that lease and manage office space, were sued by a company (known as CMSI) and the manager of CMSI's Harris County office, Kathleen Thomas, for breaching a lease in that it did not prevent smoking by other tenants. The smoke produced by those tenants "was continually coming into CMSI's space and making ill Kathleen Thomas and other employees of CMSI." The plaintiffs allege that they have expended about $3000 in an attempt to prevent the smoke from affecting their offices and have "suffered damages including for lost profits from lost contracts, lost profits from continuing contracts, lost profits from contracts Kathleen Thomas would have obtained from CMSI, for lost employee working time, and for expenses of moving the office in September 1994." The case was scheduled for trial on April 24, 1995.

Dworkin v. Paley, 638 N.E.2d 636, 93 Ohio App. 3d 383, (Ohio App. 8 Dist. 1994). A nonsmoking tenant, Dworkin, entered into an one-year lease with the Paley to reside in a two-family dwelling; the lease was later renewed for an additional one-year term. During the second year, the Paley, a smoker, moved into the dwelling unit below Dworkin's. Two weeks later, Dworkin wrote to Paley that her smoking was annoying him and causing physical discomfort, noting that the smoke came through the common heating and cooling systems shared by the two units. Within one month, Dworkin vacated the premises; eight months later, he brought an action to terminate the lease and recover his security deposit from Paley. The suit, which alleged that Paley had breached the covenant of quiet enjoyment and the statutory duties imposed on landlords (including doing "whatever is reasonably necessary to put and keep the premises in a fit and habitable condition") was dismissed on a motion for summary judgment. The Court of Appeals, Cuyahoga County, reversed the dismissal, concluding that a review of the affidavits "reveals the existence of general issues of material fact concerning the amount of smoke or noxious odors being transmitted into appellant's rental unit." The case was thus remanded for further proceedings.

Pentony v. Conrad et al., NJ Super. Ct. (1994). The plaintiffs sought to enjoin their downstairs neighbors from smoking between 4:00 P.M. and 9:00 A.M. (when the Pentonys would be home from work) in their apartment because the secondhand smoke seeped throughout the Pentony's apartment. After a two-hour hearing on April 28, 1994, a judge ordered the apartment complex directors to try to resolve the dispute out of court. See "2 Smokers Are Sued by Neighbors in Apartment Above Them," New York Times, April 28, 1994, B6; "US Couple Sue Downstairs Neighbours for Smoking, The Times, April 29, 1994; Gold, J., "Judge Rejects Bid to Stop Neighbors Smoking," The Record (Bergen County, NJ) S06; Hanley, R., "Judge Turns Down Couple in Quest of Anti-Smoking Order Against Their Neighbors," New York Times, April 29, 1994, B5; "Couple Whose Neighbors Smoke Sent to Co-op Board," Orlando Sentinel, April 30, 1994, A18; "Judge: Neighbors' Smoking Dispute Must be Resolved by Board," The Legal Intelligencer, May 2, 1994, 8; "Complex Orders Repairs in Fight Over Smoking," The Record (Bergen County, NJ), May 13, 1994, A27; "Truce Is Reached in a Co-op Clash Over Smoking," May 13, 1994, B4; Boronson, W., "Love Thy Neighbor: Different Ways to Cope with the Nuisance Next Door," The Record (Bergen County, NJ), May 15, 1994, R1; and "Upstairs, Up in Smoke," National Law Journal, May 23, 1994, A23. The neighbors settled their dispute in 1995; the terms of the settlement remain confidential. See "Neighbors Settle Smoking Dispute," The Record (Bergen County, NJ), March 2, 1995, C12.

Snow v. Gilbert, Middlesex Cty. (MA) Superior Ct., Docket No. MICV94-07373 (1994). A woman suffering from pulmonary fibrosis and CREST, a form of scleroderma, won a temporary injunction against her landlord to prevent him from renting the units below hers to smokers, at least until she succeeds in her efforts to find another apartment elsewhere. Despite an earlier agreement not to rent the

units to smokers, the landlord, who was about to sell the building, informed his tenants that they could smoke in their apartments. The smoke from those units seeped into the plaintiff's apartment, causing a severe reaction, since she suffers from multiple chemical sensitivities.

Rathbun v. Will County Public Building Commission, No. 95 MR 02782 (Cir. Ct., 12th Jud. Cir. Will County, IL 1995). An attorney filed suit alleging that smoking in a cafeteria/coffee shop located within the county courthouse is a public nuisance. The shop has been designated as the only smoking area in the four-story building. See Merrifield, B., and Presecky, W., "Lawyer Aims to Clear Courthouse Air," Chicago Tribune, June 1, 1995, sec. Metro Southwest, p. 2.

Platt v. Stella Landi, et al., No. BC 152452, Calif. Super. Ct., Los Angeles County, (1996). A nonsmoking owner of a condominium unit sued his downstairs neighbor and the condo association because of the cigarette smoke that drifts through his open windows from the unit below. He sought to prohibit his neighbors from smoking anywhere in the development or from smoking in their condominium, except with the windows closed and under certain conditions. Platt also wanted the landlords to refrain from renting the neighboring condominiums to smokers. See Liss, R., "Non-Smoker Sues Neighbors," Los Angeles Daily Journal, June 28, 1996; and Simon, S., "Smoke and Ire: Man's Suit Over Neighbors' Cigarettes Could Open New Front in War on Tobacco," Los Angeles Times, July 5, 1996, B2.

The trial court dismissed Platt's causes of action at the pleading stage. Platt appealed. Platt has sold his unit and no longer lives in the building. The Court of Appeal, Second Appellate District, and Division One ruled on August 17, 1999, that since both Platt and the Landis have moved from the building, the case is moot. Also, the court did not overturn the trial court's ruling awarding attorneys' fees to the defendants, pursuant to language in the Declarations of Covenants, Conditions and Restrictions.

Layon et al. v. Jolley, et al., Case No. NS004483, Superior Ct. of Calif., Los Angeles County, (1996). Plaintiffs' brought an action seeking an injunction prohibiting harassment. According to the complaint, plaintiffs' condominium sits above a garage where the defendants have been smoking marijuana, cigarettes and cigars. The exposure to ETS has forced the plaintiffs "to evacuate our own home for hours every time the defendant goes in his garage to smoke." The court issued a restraining order, specifying, "Defendant must stay away from his garage while smoking." See Russell, K., "Court Clears the Air," Press-Telegram, April 26, 1996.

In re: U.S. Department of Housing and Urban Development (HUD) and Kirk and Guilford Management Corp. and Park Towers Apartments, HUD Case No. 05-97-0010-8, 504 Case No. 05-97-11-0005-370 (1998). Two complaints were filed in September 1996 by Nancy V. Kirk under Section 504 of the Rehabilitation Act of 1973, as amended, and the Fair Housing Act of 1968, as amended against Guilford Management Corp. and Park Tower Apartments which are located in Loves Park, Illinois. Ms. Kirk has a respiratory condition aggravated by her neighbors' secondhand tobacco smoke entering her apartment at Park Tower, which is a HUD-subsidized high-rise for the elderly and the disabled. A conciliation agreement was entered into by the parties in late 1997 and approved by HUD in January 1998. The terms of the agreement provide that Park Tower will go smoke-free, beginning with new tenants moving in on or after March 15, 1998. [The no-smoking policy will not affect current tenants.] Park Tower will not preclude smokers from moving in as long as they agree to comply with the no-smoking policy. Violators of the no-smoking policy will receive written warnings; after the issuance of three warning letters to a violator within an one-month period, eviction proceedings shall begin. Since the transition to a smoke-free building will take many years, Park Tower agrees to inquire of several tenants currently residing in an area of the building having fewer smokers as to their willingness to be relocated to another apartment, thereby vacating an apartment to allow Kirk to move into a less smoke-filled area.

50-58 Gainsborough St. Realty Trust v. Haile, et al., 13.4 TPLR 2.302, No. 98-02279, Boston Housing Court (1998). A nonsmoker who lives with her husband in an apartment directly above a smoky bar was sued by her landlord for failure to pay rent. The tenant had withheld the rent, alleging that the amounts of smoke seeping into her apartment deprived her of the quiet enjoyment of that apartment. A Housing Court judge (Daher, J.) ruled that the amount of smoke from the bar below had made the apartment "unfit for smokers and nonsmokers alike." The judge further ruled that "the evidence does demonstrate to the Court the tenants' right to quiet enjoyment was interfered with because of the second-hand smoke that was emanating from the nightclub below." See Estes, A., "Tenant Wins Suit over Smoky Home," Boston Herald, June 10, 1998, 1, 4; and "Judge: Landlord Must Stop Secondhand Smoke," The Recorder (Greenfield, MA), June 11, 1998, 9.

Weil, Gotshal & Manges LLP v. Longstreet Associates, L.P., et al., 13.4 TPLR 3.188, Supreme Court of the State of New York (1998). A law firm in a large New York office building filed suit against the landlord and a tenant located one floor below its offices. The law firm alleges that the secondhand smoke emanating from the floor below has caused some of the firm's partners, associates and employees "illness, discomfort, irritation and endangerment to their health and safety" and prevented some of their personnel from being able to use or occupy their offices. The firm alleges that the landlord breached its contract and constructively evicted the plaintiff and further alleges that both defendants permitted a nuisance, engaged in trespass and were negligent. See Gregorian, D., "Law Firm Smokin' Mad at Neighbors," New York Post, June 23, 1998 22; and Arena, S., "Lawsuit Raises Stink Over Cigar Smoking," Daily News (New York), June 23, 1998, 17. The law firm later dropped the suit because the owner and the tenant agreed to remedy the smoke problem. See "Law Firms Drops Smoking Lawsuit," Crain's New York Business, September 14, 1998, 1.

Gottlieb, et al., v. Marquardt, et al., 99-CV-100, Waukesha (WI) County Circuit Court (1999). A nonsmoking couple sued their former landlord, alleging that large amounts of cigarette smoke poured into their condo unit for many months. They also allege that faulty construction of their condo was a contributing factor to the smoke seepage. See "Pair Sues Over Condo Smoke; Defendants Deny Their Allegations," Capital Times (Madison, WI), January 21, 1999, 7A.

Babbitt v. DiPuzo, et al., Superior Court of California, County of Riverside Desert Judicial District, Indio Branch, No. 029645. According to Dipuzo's cross-complaint, Babbitt "routinely and regularly smokes cigars on the exterior of the patio" of his condo and that "cigar smoke is allowed to waft into the windows of the DiPuzo Condo." In May 2002, Babbitt claimed that DiPuzo had assaulted him. A temporary restraining order against DiPuzo was dissolved by the court after a hearing. DiPuzo claims that he has suffered a diminution of value of his condo in excess of $50,000 as a result of the presence of the cigar smoke. See Carmony, D., "Home Smoker Facing Lawsuit, "Press-Enterprise (Riverside, CA), February 19, 2003; and Mahr, C., "Cigar Smoke Suit Moves Toward Trial," The Desert Sun (Palm Springs, CA), March 3, 2003.

McCormick v. Moran, 182 Misc. 2d 568, 699N.Y.S. 2d 273, 1999 N.Y. Misc. LEXIS 505, Small Claims #5176, City Court of New York, Watertown (1999). Plaintiff tenant entered into a written lease with the defendant landlord. Upon the end of the lease, the plaintiff vacated the premises and sued for a refund of the security deposit. The defendant filed a counterclaim, seeking costs in connection with extensive cleaning due to the smoke residue left by McCormick's heavy smoking. The Court found that "the plaintiff's conduct of excessive smoking while in the house caused the tobacco smoke residue to collect on various surfaces of the house creating an offensive odor and a potential health risk that may arise to others who may use the premises."The defendant was awarded $455.64 for the cost to clean the house of tobacco smoke residue, with the plaintiff entitled to an offset for the $375 security deposit.

Donnelly v. Cohasset Housing Authority, Norfolk County (MA) Civil Action No. 01-00933, 16 Mass. L. Rptr. 318, 2003 WL 21246199 (2003). A nonsmoking tenant filed suit, claiming that the defendant housing authority committed negligence and breach of the covenant of quiet enjoyment by not responding to her complaints regarding infiltration of her apartment of tobacco smoke from a downstairs apartment. A Superior Court judge awarded the defendant summary judgment on the basis of the plaintiff's failure to prove the presence of smoke in her apartment and any defect for which the defendant should be held liable. "The evidence of smoke in the plaintiff's apartment is, in essence, that the plaintiff and others smelled smoke there, and that she experienced symptoms that she attributed to smoke. Notably absent from the record is any evidence that anyone has ever tested the air in the plaintiff's apartment for the presence of cigarette smoke. Evidence is similarly lacking of the existence of any defect, of which the Housing Authority had notice, resulting in smoke infiltration," the Court ruled.

On October 1, 2004, the Appeals Court of Massachusetts, at 62 Mass. App. Ct. 1104, 815 N.E.2d 1103, 2004 Mass. App. LEXIS 1114, reversed summary judgment on counts I, II and III of the complaint and affirmed summary judgment of Count IV.

Heck v. Whitehurst Co., 200 Ohio 4366; 2004 Ohio App. LEXIS 3972. A tenant claimed that excessive cigarette smoke had been entering his apartment and that the landlord had not made the repairs necessary to keep the apartment in a fir and habitable condition. Based on a magistrate's recommendation, the trial court ordered the landlord to correct the problem within 21 days, granted the tenant a 50 percent rent abatement and ordered the landlord to pay the tenant $639. The landlord appealed. The Court of Appeals of Ohio, Sixth Appellate District, affirmed the trial court's judgment, noting that "the trial judge is best able to view the witnesses and observe their demeanor, gestures and voice inflections."

Zangrando v. Kuder, (Summit County (OH) Court of Common Pleas, 2004). Plaintiff and his wife owned a condominium that is part of a 28-unit condo association. In May 2002, the defendant and her husband rented the unit next to the plaintiff's unit. Several times per day, the defendant smoked on a small, shared front porch that joins her unit with the plaintiff's unit. The plaintiff often asked the defendant to move about 30 feet away to smoke; the defendant refused. The plaintiff then wrote letters to the condo Association's trustees to try to resolve the problem; the officials refused. In April 2003, the plaintiff hired an attorney to try to negotiate a resolution to the problem. After that effort failed, the plaintiff filed a lawsuit in January 2004, seeking $25,000 in compensatory damages and $100,000 in punitive damages and an order that the defendant not be allowed to smoke on the porch. In July 2004, the defendant and her family moved to another residence. In September 2004, a jury rendered a verdict for the defendant. See Farkas, K., "Man Sues Smoker in Next Condo; She Will Puff in Back Yard Till Trial," Plain Dealer (Cleveland, OH), January 29, 2004, A1, Farkas, K., "Assault-by-Smoke Trial Fires Up Today," Plain Dealer(Cleveland, OH), June 28, 2004, Farkas, K., "Secondhand-Smoke Suit Fumes in Court," Plain Dealer (Cleveland, OH), September 20, 2004, Chancellor, C., "Smoking Dispute Goes Before Jury," Beacon Journal (Akron, OH), September 21, 2004, Miller, M., "Smoker Defends Actions," Beacon Journal (Akron, OH), September 22, 2004, Trexler, P., "Smoking Opponent Criticized As Whiner," Beacon Journal (Akron, OH), September 23, 2004, Trexler, P., "Neighbor Kept Track of Smoking Incidents," Beacon Journal (Akron, OH), September 24, 2004, Trexler, P., "Man Illustrates Case against Ex-Neighbor," Beacon Journal (Akron, OH), September 25, 2004, Farkas, K., "Nonsmoking Jury Sides with Smoker in Lawsuit," Plain Dealer (Cleveland, OH), September 28, 2004, Trexler, P., "Smoker Cleared in Civil Lawsuit," Beacon Journal (Akron, OH), September 28, 2004, A-1, Schunk, A., Stow (OH) Sentry, October 3, 2004, 1.

The Court of Appeals of Ohio, Ninth Appellate District, Summit County, at 2006 Ohio 1549, 2006 Ohio App. LEXIS 1442, affirmed the judgment, ruling that plaintiff had received a fair trial and that the trial court's jury instructions were not in error.

Paul, CPA, PC, v. 370 Lex, L.L.C., et al, 794 N.Y.S. 2d 869, 2005 N.Y. Misc. LEXIS 477 (Sup. Ct. NY, NY Cty. 2005). The Plaintiff, a professional corporation having an office at 370 Lexington Avenue, sued pursuant to a lease. Plaintiff is seeking damages for breach of the covenant of quiet enjoyment, violation of the New York City Smoke-Free Air act, and nuisance. Plaintiff alleges that smoke from an adjoining suite seeped into its office; make its employees suffer from the ill effects of secondhand smoke and making certain rooms in the plaintiff's suite totally unusable. After receiving complaints about the smoke, defendant Murray Hill, which is the managing agent for the building, assured Mr. Paul that the problem would be resolved. Defendant Anderson continued to smoke in his office. Plaintiff eventually moved to another building and is seeking damages for its moving costs and for its inability to use the rooms in plaintiff's suite. Defendants moved for summary judgment on all claims. The Supreme Court of New York, New York County ruled that "plaintiff has demonstrated that there are issues of fact for trial on the cause of action for breach of the covenant of quiet enjoyment," and that the New York City Smoke-Free Act does not provide for an individual cause of action. The Court also ruled that the plaintiff has a nuisance cause of action against the smoker, Anderson, but not against the owner (370 Lex, L.L.C.) or the managing agent. See Lin, A., "Lawyer's Lawsuit Against Smoking Neighbor Proceeds," New York Law Journal, March 7, 2005.

Harwood Capital Corp. v. Carey, (Boston Housing Court Docket No.05-SP-00187, 2005). A landlord sought to evict two tenants after receiving complaints from abutting residents about the strong smell of smoke emanating from their apartment. The tenants' lease did not mention smoking. The tenants worked out of the unit; they combined to smoke about 40 to 60 cigarettes per day, After a three-day trial, a jury returned a verdict that the Carey had breached his lease under a clause in the standard Greater Boston Real Estate Board lease prohibiting tenants from creating a nuisance or engaging in activity that substantially interfered in the rights of other building occupants. The jury also ruled that, therefore, the landlord was entitled to possession of the unit. See Scally, J., "Jury Finds Tenants Can Be Evicted for Smoking in Unit," Massachusetts Lawyers Weekly, June 13, 2005, 1, 31, Ranalli, R. and Saltzman, J., "Jury Finds Heavy Smoking To Be Grounds for Eviction," Boston Globe, June 16, 2005, B1, B11, Blumberg, D., "Even Home Isn't Haven for Smokers," Christian Science Monitor, June 22, 2005, 17, Shaffer, S., "Lighting Up in Your Condo? Think Again," National Law Journal, July 4, 2005, 6 and White, N., "Tenants Evicted for Smoking," Lawyers Weekly USA, July 4, 2005, 1.

Merrill v. Bosser, (County Court of the 17th Judicial Circuit, Broward County, FL 2005). The Plaintiff and her family purchased a condominium. The defendant, who smokes about one pack of cigarettes per day, was living in a unit one floor up and one unit over from the Plaintiff. The smoke from that unit was not a problem for the Plaintiff and her family until the Defendant acquired a tenant who smoked heavily. After that tenant moved in, the health of the Plaintiff and her family deteriorated; on one occasion, the Plaintiff's smoke detector went off while on several other occasions, they had to move out. After numerous complaints, the association advised the defendant that the tenant had to move out. After the tenant left, the smoke problem stopped. The Plaintiff sued seeking damages under the theories of trespass, common law nuisance and breach of covenant. The court found the Defendant liable, ruling that the "unique facts" of this case indicate that the amount of smoke gave rise to a "disturbance of possession." The facts of this case "demonstrate an interference with property on numerous occasions that goes beyond mere inconvenience or customary conduct. The court, which awarded the Plaintiff $1000 in damages and $275 in costs, concluded that the case is not about secondhand smoke but, rather, "about excessive secondhand smoke."

Duntley v. Barr, 2005 N.Y. Misc. LEXIS 2041, 20.6 TPLR 2.873, No. 2005/00131 SC, N.Y. Sup., Syracuse Co.). A nonsmoking apartment resident sought to recover $5000 in damages for harm to his apartment allegedly caused by Barr's smoking. The court ruled that the Legislature specifically exempted private residences from the Public Health Law that regulates smoking in certain public areas.

Birke v. Oakwood Worldwide, et al., (Calif. Superior Court, Los Angeles County, Northwest District, Docket No. LC075094, 2006). A father sued on behalf of his 5-year-old asthmatic daughter, alleging in a "Complaint for Public Nuisance," that "Defendants have allowed, encouraged and approved a toxic, noxious, hazardous, offensive - and in fact carcinogenic – condition to be present in all of the outdoor common areas of the [apartment] complex, including enclosed areas." See "Asthmatic's Father Sues Over Secondhand Smoke, Los Angeles Times, June 30, 2006, B4. On December 5, 2006, a judge dismissed the lawsuit, ruling that the girl did not have the legal standing needed for the lawsuit to proceed. The judge also gave Sohigian two months to file an amended complaint or appeal the ruling.

Poyck v. Bryant, et al., 2006 N.Y. Misc. LEXIS 2278, 2006 N.Y. Slip Op. 26343. The Bryants had lived in condominium unit 5-D for three years when new neighbors moved in next door. The new neighbors constantly smoked in their unit 5-C and in the common fifth floor hallway. The smoke penetrated the Bryants' unit. The Bryants complained to Poyck, who was the owner and lessor of the condominium. The landlord took no action to curtail the neighbors' smoking. The Bryants decided to vacate the premises due to the incessant secondhand smoke entering their unit. The landlord then sued the tenants for unpaid rent; the Bryants counterclaimed for constructive eviction due to the secondhand smoke. The landlord moved to strike the Bryants' affirmative defenses and counterclaims. The Civil Court of the City of New York denied the landlord's motion to strike and/or dismiss, ruling that "in the context of implied habitability, secondhand smoke is just as insidious and invasive as the more common conditions such as noxious odors, smoke odors, chemical fumes, excessive noise and water leaks and extreme dust penetration." See Romano, J., "New Impetus to Ban Secondhand Smoke," New York Times, October 1, 2006.

Christiansen, et al., v. Heritage Hills #1 Condominium Association, No. 06CV1256, Jefferson County (CO) District Court. The Plaintiffs, who are smokers, brought an action seeking declaratory and injunctive relief, specifically that the court find invalid an amendment of the Association's declaration banning smoking within the boundaries of the Project. The property is an older building subdivided into four multilevel condominium units with split entries. The Association's Declaration of Covenants, Conditions and Restriction states that "[n]o nuisance shall be allowed on the Property, nor shall any use or practice be allowed which is a source of annoyance to residents or which interferes with the peaceful possession and proper use of the Property by its resident."

Ms. Christensen received complaints about her smoking in her unit and did not agree with a proposed compromise of her having to smoke outside the building. A nonsmoking neighbor spent thousands of dollars trying to seal her unit to keep the smoke out of her unit. After a heated meeting of the Association, three of four owners passed an amendment to ban smoking. After a two-day trial, the Court found for the Defendant, ruling that the "smoking ban was reasonably investigated, drafted and passed by three out of four owners after years of trying to address the problem by other means. There can be no finding that the passage was arbitrary or capricious or done in bad faith." See Schrader, A., "Couple's Smoking at Home Snuffed," Denver Post, November 16, 2006.

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Adapted from Edward L. Sweda, Jr., Senior Attorney, Tobacco Control Resource Center.[18]

Attachment B: Regulating Tobacco Smoke in Apartments- Summary of Legal Options

S.A.F.E Smokefree Air For Everyone

Protecting People From Secondhand Smoke through Information and Advocacy

10722 White Oak Avenue, #5, Granada Hills, CA 91344 • Phone: 818-363-4220 • FAX: 818-363-2260
Website: www.smokefreeapartments.org Email: smokefreeapartments@pacificnet.net
S.A.F.E. is a project of Community Partners

Regulating Tobacco Smoke in Apartments – Summary of Legal Opinions

Highlights from the Opinion of the Legislative Counsel of California on Smoking Bans: Residential Rental Property - #21547 (September 23, 1999)

"A local ordinance that authorizes residential rental agreements to include a prohibition on, or the allowance of smoking tobacco products within the rental unit would not be prohibited by state law."

"Discrimination against smokers by landlords serves legitimate business interests by potentially reducing the risk of fire damage, and, in turn, reducing insurance and maintenance costs. Based on these factors, we think that a court would find that smokers are not a protected class under the California Fair Employment and Housing Act."

"We have found no cases where the smoking addiction itself, has been found to be a 'disability' for purposes of any law. Illegal drug addiction and alcoholism are protected disabilities under the Americans with Disabilities Act."

"Section 6404.5 of the California Labor Code applies to the Common areas of an apartment or condominium complex if those are enclosed and are places of employment."

Opinion of Seth Merewitz, Special Counsel, Thousand Oaks Redevelopment Agency

"We have not identified specific laws, regulations or precedents that would prohibit a restriction on smoking within a publicly-assisted rental residential project. In fact, to the contrary, there is limited state statutory authority that authorizes local government agencies to regulate smoking." (June 17, 2003)

"Smoking has not been identified as a fundamental liberty interest or as affording a 'right to privacy' by the Supreme Court. Smokers have not been considered a 'suspect class' under equal protection law, such that they would receive constitutional protection against discrimination. Smokers are also not identified as a protected class under any federal or California civil rights or anti-discrimination law." (February 5, 2004)

HUD Regulations re Smoking

"Currently there is no HUD policy, by statute, regulation, handbook, or otherwise that restricts landlords from adopting a prohibition of smoking in common areas or in individual units. (Letter from Sheila Y. Walker, Chief Counsel, HUD, Detroit, Michigan, July 18, 2003.)

"At this time there are no statutory provisions or regulations addressing the question of smoking in HUD-assisted units." (Letter from Willie Spearmon, Director, Office of Housing Assistance and Grant Administration, U.S. Department of Housing & Urban Development, Washington, D.C., July 23, 2003)

(This material was made possible by funds from the Proposition 99 tobacco tax initiative from the Los Angeles County Department of Health Services.) [19]

S.A.F.E. Advisory Board: Albert J. Benson, Steven Gallegos, Gerardo Guzman, Paul Montanchez, M.P.H., C.H.E.S.,
AE-C, Lou Moench, Shira Paskin, Herm Perlmutter, C.H.E.S., Jacque Petterson, Andrea Portenier, M.S.P.H, Esther Schiller, Barry J. Stone, C.P.A., Annell Swilley, Peggy Toy, and Alan Zovar, R.P.T.

Attachment C: Resources for Addressing Secondhand Smoke in Apartments and Condominiums

Any of the links listed below are excellent resources for more information on smoke-free apartments and condominiums, as well as more facts on secondhand smoke:

Action on Smoking and Health (**ASH**) takes legal action on behalf of the nonsmoking community, bringing or joining in legal actions concerning smoking. It also serves as an advocate of nonsmokers' rights movement. http://www.ash.org

Americans for Nonsmokers' Rights provides excellent advocacy information on such topics as smoke-free apartments, clean indoor air ordinances, and tobacco industry activity. http://www.no-smoke.org

Association for Non-smokers-Minnesota collaborated with the Center for Energy and Environment (CEE--an independent nonprofit agency) and other organizations in conducting surveys with owners, managers, and tenants on their opinions on smoke-free rental housing. For complete information on these surveys and additional information about smoke-free multi-unit housing in Minnesota, link on http://www.ansrmn.org

CDC Website provides SHS fact sheets, CDC ETS Toolkit, and links to other agencies and resources. http://www.cdc.gov/tobacco/ETS_Toolkit/index.htm

Go Smoke Free Canada- "Make Your Home and Car Smoke-free: A Guide to Protecting Your Family From Secondhand Smoke" can be ordered or downloaded by visiting www.gosmokefree.ca and clicking on "Reports and Publications".

MISmoke-Free Apartment is a website that encourages helps landlords to go smoke free and provides landlords and tenants with smoke-free information and support. http://www.mismokefreeapartment.org

Smoke-Free Apartment Registry has policy suggestions for solving the problem of secondhand smoke in apartments and condos, and provides sample smoke-free lease and condominium agreements information and referrals to individuals in crisis because of secondhand smoke. http://www.smokefreeapartments.org

Smoke Free Environment Law Project (SFELP) is a website that is a compilation of extensive materials on secondhand smoke in apartments and condominiums for all parties involved: tenants, owners, and managers. http://www.tcsg.org/sfelp/home.htm. The website includes separate sections for apartments http://www.tcsg.org/sfelp/home.htm and condominiums http://www.tcsg.org/sfelp/home.htm.

Smoke-free Housing – Maine http://www.smokefreeforme.org/

Tobacco Control Legal Consortium (TCLC) - TCLC is a national network supporting tobacco control policy change by giving advocates better access to legal expertise. TCLC has developed summaries of various issues regarding secondhand smoke in multiple dwellings. Individuals with questions regarding application of the law to specific facts should consult a qualified legal advisor familiar with laws in Utah.

- There is No Constitutional Right to Smoke. A synopsis explaining why smoking is not a constitutionally protected right. http://www.wmitchell.edu/tobaccolaw/resources/No+Constitutional+Right+to+Smoke.pdf

- Secondhand Smoke and the Family Courts: The Role of Smoke Exposure in Custody and Ventilation Decisions. An overview of when and how family courts have considered a child's exposure to secondhand smoke when making custody and visitation decisionshttp://www.wmitchell.edu/tobaccolaw/resources/family%20law.pdf

- The Americans with Disabilities Act: Effective Legal Protections Against Secondhand Smoke Exposure. A synopsis of the law describing when exposure to secondhand smoke qualifies as a disability under the ADA, the scope and constitutionality of Titles I and II of the ADA, as well as remedies under the ADA for smoking-related discrimination. http://www.wmitchell.edu/tobaccolaw/resources/Douglas.pdf

- Infiltration of Secondhand Smoke into Condominiums, Apartments and Other Multi-Unit Dwellings. A synopsis summarizing the legal remedies for landlords, condominium associations and tenants of multi-unit dwellings concerned about secondhand smoke infiltration. http://www.wmitchell.edu/tobaccolaw/resources/SchoenmarklinWeb.pdf

- Legal Options for Condominium Owners Exposed to Secondhand Smoke. A synopsis of legal options for condominiums. http://tclconline.org/documents/lawsynopsis_schoenmarklin.pdf

Technical Assistance Legal Center (TALC) - TALC is funded by the California Department of Health Services. The center provides California communities with free technical assistance on tobacco control policy issues and can be linked at: http://talc.phi.org/

- "How Landlords Can Prohibit Smoking in Rental Housing," answers common questions about how landlords can make both common areas and individual units in a building nonsmoking. The document can be linked at: http://talc.phlaw.org/pdf_files/0076.pdf

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General – June 27, 2006. This report updates the 1986 report The Health Consequences of Involuntary Smoking, and provides a detailed review of the epidemiological evidence of the health effects of involuntary exposure to tobacco smoke. http://www.surgeongeneral.gov/library/secondhandsmoke/

The Utah Department of Health's Tobacco Prevention and Control (TPCP) website provides valuable information pertaining to SHS in the home and in the workplace, Utah laws, and other resource links. http://www.tobaccofreeutah.org/ets.html

Utah Smoke-Free Apartment and Condominium Guide, which is designed to promote smoke-free housing for Utah residents. The Guide contains information for apartment and condominium owners and managers as well as those seeking housing that is smoke free. http://www.tobaccofreeutah.org/aptcondoguide.html

Utah Smoke-Free Apartment and Condominium Statewide Directory, a listing of rental properties that provide smoke-free housing. This listing is provided as a free service to managers, owners and renters. http://www.tobaccofreeutah.org/aptcondoguide-dir.htm

Attachment D: Smoke-free Housing Surveys

Utah – Black Hawk Condominiums

The thought of having a smoke-free environment at Black Hawk Condos is very appealing indeed, at least for the majority of the residents. This desire became evident when a survey was administered to all residents. The survey, for all intents and purposes, was quite successful. The Black Hawk HOA Board mailed surveys to 500 residents of which 200 surveys were returned. Seventy-nine percent of respondents own their condo. The survey found that:

- 63 percent of respondents said that smoke from other people's cigarettes bothered them
- 80 percent believed that breathing secondhand smoke from other people's cigarettes is very harmful to one's health
- 94 percent said that smoking is not allowed anywhere inside the condo
- 61 percent were in support of a smoking ban inside the residential units at Black Hawk, 18 percent supported limited smoking in a designated area, and 42 percent supported no restrictions on smoking
- 33 percent were in support of a smoking ban in outside common areas (including patios and porches), 87 percent supported a designated outdoor smoking area, and 19 percent supported no restrictions

Black Hawk Condominiums, Logan Utah

Minnesota

The Association for Nonsmokers Minnesota surveyed 600 rental households in 2001 by phone and by mail. The results of the survey showed that:

- Seventy-one percent of rental households in multi-family buildings in the survey areas had no smokers.
- Forty-eight percent of the respondents reported that at times tobacco smoke odors get into their apartment from somewhere else. Ten percent reported that this occurs "most of the time" or "often." Sixty percent of renters reported having a problem with drifting secondhand smoke in a current or previous apartment.
- Five percent of those experiencing secondhand smoke transfer said it was so bad that they were thinking of moving and 32% said it bothered them a lot.
- Sixty-three percent of the households with no smokers expressed interest in living in a building where smoking is not allowed anywhere. The interest was consistent across income levels, rent levels, age groups, and whether a family had children or not.
- Thirty-four percent of renters said they would be willing to pay more to live in a smoke-free building, with a majority being willing to pay up to $50 a month more.

For more information on this survey, link to the "Survey of Minnesota Renters Regarding Secondhand Smoke Movement in Apartment Buildings and Interest in Smoke-Free Buildings" [20] http://www.ansrmn.org.

The Smoke-free Environment Law Project, Public Opinion on Smoke-free Environments has a section on surveys regarding apartments and smoking. For more information link to: http://www.tcsg.org/sfelp/home.htm.

Attachment E: Example of a Smoke-Free Campaign

Overview of a Smoke-Free Campaign

Below is a sample outline of a secondhand smoke-free campaign. It has been roughly organized in a nine-month timeline, but the time needed to build a coalition and mount a smoke-free campaign will vary from community to community. Still, the basic activities are laid out below. This overview is meant to help your local coalition or work group to develop its own plan of action and is not set in stone.

Month One

- Hold first meeting of core team
- Talk to key organizations (tenants, landlord/owners, managers, property management companies, HOA's) to gauge/gather support
- Identify and secure local staff for campaign effort
- Identify and secure funding; finalize budget
- Establish strategy, set timeline
- Profile property manager and/or condominium association board members
- Read the declaration, bylaws and rules of the condominium association and the rules and regulations of the apartment complex
- Determine coalition structure, including leadership and spokesperson

Month Two

- Develop campaign theme and messages
- Produce brief fact sheet on smoke-free apartments and condominiums
- Assemble information packet
- Establish database and collect lists from coalition or workgroup members
- Create list of community events to educate and build support
- Create media list
- Develop presentation and recruit speakers
- Create list of potentially supportive organizations & contacts
- Begin attending community events (e.g., apartment tenant meetings, condominium associations meetings, community events) for petitions & supporters

Month Three

- Continue collecting signatures, identify supporters
- Meet with more tenants, landlord/owners, managers, and property management companies to solicit support
- Begin voter/supporter ID phone bank
- Develop and mail newspaper postcard insert
- Begin volunteer recruitment

Month Four

- Meet with more tenants, owners/landlords, managers, and property management companies to solicit support
- Continue collecting signatures, identify supporters
- Continue voter/supporter ID phone bank
- Finish campaign website, email newsletter
- Meet with 2-3 likely supportive board members or managers
- Continue volunteer recruitment

Month Five-Six

- Continue volunteer recruitment
- Continue voter/supporter phone bank
- Obtain new petition signatures or supporters
- Press conference announcing campaign and strong public support (if applicable)
- Send information packet to all members
- Arrange editorial board visits
- Place ads in the local or city newspaper
- Letters to the editor
- Arrange constituent meetings with all members

Month Seven: Leading up to Final Push

- Phone bank and petition lists entered into database
- Local phone bank to supporters encouraging lobbying & attendance at hearings by tenants, etc.
- Guarantee support

- Generate calls and letters to tenants, landlords/owners, managers, property management companies, and others who support smoke-free multiple dwellings
- Press conference on final ordinance and authors

Month Eight: Final Push

- Prepare testimony and public support for council meetings, tenant meetings, and condominium association meetings
- Place newspaper ads focusing on community support and endorsements
- Arrange constituent meetings
- Send information packets to council members, tenants, and condominium association members

Month Nine: Post Ordinance

- Educate your community on the provisions of the smoke-free ordinance
- Watch for repeal efforts, such as referendum and legal challenge, and counter any attempt as it arises
- Ensure Enforcement and Compliance with managers, tenants, landlords/owners, and property management companies

Adapted from the Minnesota Smoke-Free Coalition.[21]

Attachment F: Secondhand Smoke in Apartments and Condominiums: A Guide for Residents

What is Secondhand Smoke?

The smoke of neighbors can bother residents living in apartment complexes and condominiums. Those most affected by SHS (secondhand smoke) are children.

Did you know?

- SHS has over 4,000 chemicals, 43 of which are known to cause cancer.[1]
- SHS kills 53,000 people every year nationally.[2]
- SHS exposure increases health concerns in children such as coughing, upper respiratory (lung) infections and asthma.
- SHS can affect nonsmokers by causing eye irritation, headaches, nausea, and dizziness. [3,4]

- Ventilation systems alone will not protect you from SHS exposure. The only solution is to make your apartment or condo smoke-free.

Did you know that SHS may drift into your apartment or condo from other units?

How to Reduce Secondhand Smoke

There may be some things you can do to help reduce your exposure to SHS. You may be able to do some repairs yourself; others may require approval from your manager. Refer to your rental agreement to determine what is allowed.

The following changes can help to reduce SHS, but they will not make your unit 100% smoke-free.

- Fill openings in floors and walls.
- Install fans and open windows. This will help to remove smoke or bring in fresh air.
- Weatherproof doors and windows. Smoke from hallways and windows can enter through poorly sealed areas. You can use weather stripping on doors and windows to help SHS from getting in.
- Kindly ask smokers not to smoke. You can ask them not to smoke near openings of windows or doors. Some smokers may honor your request, others may not.
- Post "No Smoking" signs on your door and ask your manager or landlord to post signs in areas where smoking is not allowed.

Post No Smoking Signs

Smoke-free Community

How to Handle Drifting Smoke?

You can protect yourself from being exposed to SHS and live in a smoke-free environment. Below are some suggestions of how to begin:

- Seek smoke-free housing.
- Ask if there is a smoke-free policy for all tenants.
- Try to find out where the smoke is coming from.
- Keep track of days and times SHS drifts into your unit.
- If you feel comfortable, talk to your neighbors about the problem.
- Notify the manager in writing about the drift of smoke and ask them to talk to your neighbors.
- If you are unable to solve the problem alone, you may wish to consult with your legal advisor regarding the drift of SHS in your unit.

Attachment G: Secondhand Smoke in Apartments and Condominiums: A Guide for Managers

A Guide for Managers and Owners

Fifty-three thousand people die each year as a result of SHS exposure. [1] Additionally, hundreds of thousands of people exposed to SHS suffer various other illnesses, such as asthma, and bronchitis.

SHS from one housing unit may seep through cracks, or travel by a shared ventilation system and enter into the living space of another. Ventilation systems in apartments and condos usually do not filter and move air well enough to stop SHS.

Secondhand smoke contains 4,000 chemicals, 43 of which are cancer causing. [2]

Blowing smoke away from other people, going into another room to smoke or opening a window may help to reduce exposure, but will not protect residents from the dangers of SHS.

Here are some reasons to change the smoking policies in your apartments or condominiums:

- SHS drifting between units is a problem for many residents.
- There is a market for smoke-free apartment units and buildings. [3]
- Landlords who ignore the issue of smoking face a growing likelihood of lawsuits by tenants suffering from SHS exposure.

Benefits of a Smoke-Free Apartment or Condominium

The greatest benefit of a smoke-free apartment or condo complex is the elimination of the health risks associated with secondhand smoke. In addition, smoke-free units may:

- Save money by reducing the damage that smoke causes (e.g. costs associated with cleaning carpets, walls, and repairing property from burns).
- Reduce fire risk, which may also reduce insurance costs. Smoking materials (e.g. cigarettes, cigars, lighters, matches, etc.) are the leading cause of home and total fire deaths in the United States. In 2001, there were 31,200 smoking-material structural fires. These fires resulted in 830 deaths, 1,770 injuries and $386 million in direct property damage. [4]

Smoke-free Community

Creating a Smoke-Free Environment

In 1997, the State of Utah enacted the SHS Amendments which established smoking is a nuisance under the law, and gave condominium and apartment complexes the authority to ban smoking in units, common areas, or on the premises.

Implementing Smoke-free Policies

The following are suggestions to establish smoke-free policies:

Phase In: Consider phasing in smoke-free units in all or part of the building(s).

- Talk about going smoke-free. Discuss with your tenants ways to make the building smoke-free.
- Don't allow smoking in unit. Politely ask people-even house guests– to smoke outside, away from entrances and air intakes.
- Make it clear that you are keeping your apartment or condo smoke-free to protect yourself and others in the building from harmful SHS.

Post No Smoking Signs

Attachment H: Secondhand Smoke: Guidance for Apartments and Condominiums

Creating a Smoke-free Apartment or Condominium

A smoke-free apartment or condominium can be accomplished in two ways: a voluntary policy or through an ordinance.

Voluntary Policy

A voluntary policy is a policy made by an owner, manager(s) or property management company in which they vountariliy decide to prohibit smoking in an indiviudal unit, or in an entire building that may be leased, owned or rented. A voluntary policy could also prohibit smoking in common areas, patios, and balconies.

Ordinances

An ordinance is a law that is enacted by state and local city or county authorities. A local entity may pass an ordinance to define and regulate conduct that is detrimental to the public health safety and well being of its community.

In 1997, the State of Utah enacted the Secondhand Smoke Amendments which established that smoking is a nuisance under the law, and gave apartments and condominiums the authority to prohibit smoking in units common areas, or on the premises.

Voluntary Policy

* Talk about going smoke-free. As a manager or owner you can discuss with your tenants ways to make their environment smoke-free.
* Don't allow smoking in your apartment or condominium. Politely ask individuals to smoke outside, away from entrances and air intakes.
* Amend the rental lease, or condominium association agreement. Include language so tenants are aware of the smoking policy and their obligations not to smoke or allow others to smoke in the unit.
* If you allow smoking, specify in the lease where smoking is allowed.
* Make signs available that indicate a smoke-free environment. Remember you are targeting a behavior that annoys other tenants and causes health problems. If there is more than one building in a complex, designate buildings as "smoking" and "non-smoking."
* Offer incentives to support a smoke-free policy. For example, moving into a freshly painted unit helps to create a smoke-free building.

Implementing A Voluntary Policy

There are numerous ways to implement a voluntary policy in your unit or complex.

Phase In: Consider phasing in smoke-free units in all or part of the building(s). When a smoker vacates, simply rent as a "smoke-free" unit. Smoke-free policies can also be grandfathered in.

Designate specific areas as smoke-free: Separate levels, patios, areas where children play or hallways can be designated for smokers and non-smokers. Select the area with the smallest number of smokers to become the non-smoking area.

Prohibit smoking in common areas: Common use areas such as hallways, balconies, doorways, playgrounds, swimming pool areas etc., can be designated smoke-free.

Include an additional security deposit: Require an additional security or cleaning deposit for smokers. This will cover additional cleaning expenses caused by smoke damage.

Secondhand Smoke Amendments

The secondhand smoke amendments were passed by the Utah State Legislature in 1997. These amendments apply specifically to tobacco smoke that drifts into any residential unit a person rents, leases, or owns from another residential or commercial unit.

The amendments:

* Give authority to condominium associations to restrict smoking in units, common areas, and yard space §57-8-16-7(a)(b).
* Give authority for apartment rental contracts to include prohibitions on smoking in units, on the premises, or both §57-22-5-1(h).
* Establish that any tobacco smoke that drifts into any residential unit a person rents, leases, or owns is a nuisance under the law §78-38-1(3).
* Provide that residents of condominiums, apartments, or private homes may seek injunctive relief and/or damages if exposed to nuisance tobacco smoke §78-38-1(3).
* Exempt rental units, such as for vacation or available for only 30 days or less at at time, from the nuisance tobacco provisions §57-8-16-7(a)(b).
* Provide authority for an apartment renter to file a nuisance action under §78-38-1(1) even if the renter has signed away his rights to file a nuisance.

Steps for Promoting Smoke-free Policies

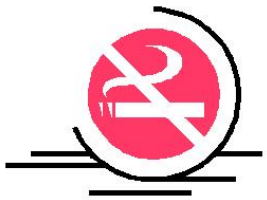
* Know the facts about the dangers and health effects of secondhand smoke.
* Talk to residents and building owners. Find out their overall attitudes about smoking and if they support smoke-free areas. Consider a door-to-door survey.
* Raise awareness about the problem of SHS in apartments and condos.
* Include tenants in developing a plan to eliminate SHS. Present survey results and facts on the harmful effects of secondhand smoke.
* Notify tenants of the plan. Send each unit a written notice of the new policy.
* Implement the new policy. Post the policy in common areas and include the smoke-free requirements in rental and/or lease agreements.
* Post "No Smoking" signs in appropriate areas.

Talk to residents to determine overall attitudes about smoking

How to Reduce Secondhand Smoke

As an owner or manager, there are repairs and changes that may reduce your tenants exposure to SHS. These changes will help to reduce the health risks associated with SHS exposure, but **will not** eliminate the drift of smoke **100%**.

* Post "No Smoking" signs in areas where smoking is not allowed.
* Weatherproof doors and windows to help stop smoke from getting in or out.
* Install pads and seals around outlets and switches.
* Fill openings in floors and walls: Foam is good for filling and sealing cracks and gaps around openings.
* Ask smokers to restrict smoking by not smoking near openings or windows.



Post "No Smoking" signs in areas where smoking is not allowed

Utah Department of Health

Utah Department of Health
Environmental Epidemiology Program
P.O. Box 142104
Salt Lake City, Utah 84114-2104

For more information:
Phone: (801) 538-6754
(801) 538-6260
http://www.tobacoofreeutah.org

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The TRUTH

Frequently asked questions about Smoke-Free Housing

1. Why are smoke-free apartments legal? The rights of non-smokers to be free from exposure to SHS is protected by both legislation and laws. There are federal and state laws protecting non-smokers. Advertising "smoke-free" or "no-smoking" is also legal.

2. Would a smoke-free policy legally and unfairly discriminate against smokers? No. The privilege to smoke or not to smoke is not a right that is protected under the Civil Rights Act because smokers are not a protected class under federal law.

3. Would I lose money if I implement a smoke-free policy? You could actually save money with a smoke-free policy. Smoking is the cause of a variety of expensive property damages, ranging from extra cleaning costs to fire-related repairs. It can cost up to twice as much to prepare or repair a unit to rent that a smoker has lived in.

4. Would a smoke-free policy instigate a lawsuit from an angry smoker? You will more likely face a lawsuit from a frustrated non-smoker than from a smoker. Legal cases involving various apartment dwellings throughout the U.S. have been filed and won by tenants.

Smoke-free housing is legal under the law

5. Would enforcement of a smoking ban be difficult?

Once you implement a policy, smoking would be so noticeable that others would report it. You would use the same policy you use for other violations of the rules.

References:

1. www.CDC.gov/tobacco
2. Glantz, S.A. & Parmley, W., "Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry," *Circulation*, 1991; 83(1): 1-12.
3. http://www.tcsg.org/sfelp/home.htm

Attachment I: Smoke-free Housing in Utah

UTAH DEPARTMENT OF HEALTH

April 2006

Volume 1, Issue 1

Smoke-free Housing in Utah

Utah's Smoke-free Apartment and Condominium Guide

Inside this issue:

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What should your lease say?	2
Utah Secondhand Smoke Amendments	3
Going Smoke Free - Black Hawk Condominiums	3
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Apartment and condominium residents, managers, and owners can now breathe easier. The Utah Smoke-Free Apartment and Condominium Guide, an online resource, promotes smoke-free housing in Utah. Nationally, 50,000 people die each year as a result of secondhand smoke (SHS) exposure. Additionally, hundreds of thousands of people exposed to it suffer various other illnesses, such as asthma and bronchitis. While many Utahns appear to be taking steps to avoid SHS, recent UDOH data show more than 25,000 children still live in homes where they are exposed. "Smoke-free policies not only protect tenants' health, but they are also a sound business practice," says Cassandra Fairclough, Health Program Specialist, UDOH. "Adopting smoke-free policies is simple and inexpensive. These policies can reduce fire hazards, cleaning and maintenance costs, and time spent addressing tenant complaints about smoke drifting from unit to unit. Insurance costs may also go down for those housing units that are smoke-free." The Utah Smoke-Free Apartment and Condominium Guide includes useful tools for managers and owners to help create smoke-free environments. The advantages of smoke-free units/buildings; how to eliminate drifting smoke; and types of smoke-free policies are just a few of the resources available to managers. The Web site also provides tenants with information about the health effects of SHS, ways to reduce exposure to SHS, tips on what one should know before renting, and how to resolve problems.

Did You Know?

The Utah Department of Health has a resource guide available for those interested in implementing secondhand smoke policies in multiple- dwelling units. The Utah Secondhand Smoke Policy and Implementation Guide can be viewed at

http://www.tobaccofreeutah.org/shsguide.html

Smoke-free Apartment and Condominium Statewide Directory

The Smoke-free Apartment and Condominium Statewide Directory is a list of properties that provide smoke-free environments. The listing is provided as a free service to managers, owners, and renters. There are two types of listings in the directory:

- All buildings and units of the complex are smoke-free.
- One or more of the buildings of a complex are smoke-free.

If you are interested in listing your smoke-free property in the directory, visit http://www.tobaccofreeutah.org/aptcondoguide-lom.htm#housing for an online application. A Spanish version is also available.

Surveys: Tenants Support Smoke-free Housing

As a manager or owner considering implementing smoke-free policies, you may be concerned about how your residents feel toward smoke-free policies. Numerous surveys over the past few years indicate that there is a market for smoke-free apartments and condominiums. For example, the American Lung Association of California's Center for Tobacco Policy and Organizing surveyed 602 residents throughout California. The survey found that:

69% of Californian tenants surveyed support non-smoking policies.

- 46 percent of respondents had experienced secondhand smoke drifting in their apartment
- 59 percent said they believe that secondhand smoke can drift from one apartment to another
- 72 percent said they believe that secondhand smoke can drift in an apartment from the outside
- 69 percent of respondents favored regulations requiring all apartment buildings to offer non-smoking sections where all apartments, patios, and balconies are non-smoking.

For additional survey results, see Smoke-free Law Project at http://www.tcsg.org/sfelp/public.htm.

What Should Your Lease Say?

To implement a smoking ban in your complex, you'll need to put the ban into your lease agreement, says James H. Dean, a Utah attorney. You can put a clause in your new leases and add one to the leases of renewing residents, depending on the type of smoke-free policy you are implementing. For example, if the entire community is going smoke-free or only certain areas, you will need to adjust your clause accordingly.

Your clause should do three things:

1. **Prohibit smoking in or near the building**. The lease might say "that residents can't smoke in the building or within 25 feet of it." This wording will help to solve the problem of people gathering right outside their doors or leaning out their windows.
2. **Make residents responsible.** Just as you hold residents responsible for the misbehavior of family and friends, hold residents responsible for their smoking as well.
3. **Grandfather current smokers.** Inform new residents that you do have a no-smoking policy, but that current residents who do smoke will be able to continue smoking until their current lease expires. You should state in the lease that smoke may drift and you are not responsible to enforcing until the lease expires.

"Residents can't smoke in the building or within 25 feet of it"

Sample Model Policy

Due to the increased risk of fire and the known health effects from secondhand smoke exposure, smoking is prohibited in your apartment building or within 25 feet of the building. Residents are responsible for ensuring all guests comply with this rule. Residents acknowledge all new leases are smoke-free and that some residents may continue to smoke until their lease expires.

Post "No Smoking" Signs

Signs available by calling

1-888-220-3466

Utah Secondhand Smoke Amendments

The secondhand smoke amendments were passed by the Utah State Legislature in 1997. These amendments apply specifically to tobacco smoke that drifts into any residential unit a person rents, leases, or owns from another residential or commercial unit.

The amendments:

* Give authority to condominium associations to restrict smoking in units, common areas, and yard space §57-8-16-7(a)(b).
* Give authority for apartment rental contracts to include prohibitions on smoking in units, on the premises, or both §57-22-5-1(h).
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* Provide authority for an apartment renter to file a nuisance action under §78-38-1(1) even if the renter has signed away his or her rights to file a nuisance.

Going Smoke-free—Black Hawk Condominiums

The thought of having a smoke-free environment at Black Hawk Condos is very appealing indeed, at least for the majority of the residents. This desire became evident when a survey was administered to all residents. The survey, for all intents and purposes, was quite successful. The Black Hawk HOA Board mailed surveys to 500 residents of which 200 surveys were returned. Seventy-nine percent of respondents own their condo. The survey found that:

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- 80 percent believed that breathing secondhand smoke from other people's cigarettes is very harmful to one's health
- 94 percent said that smoking is not allowed anywhere inside the condo
- 61 percent were in support of a smoking ban inside the residential units at Black Hawk, 18 percent supported limited smoking in a designated area, and 42 percent supported no restrictions on smoking
- 33 percent were in support of a smoking ban in outside common areas (including patios and porches), 87 percent supported a designated outdoor smoking area, and 19 percent supported no restrictions

It's possible that the first major factor that led the HOA to this course of action was when a young couple presented their 'case' to the board. The couple's one-year old son had developed breathing problems believed to be caused by secondhand smoke drifting in as a result of their neighbor's smoking. The board discovered that 80 percent of the smoking complaints in Cache Valley, as reported to Bear River Health Department, came from Black Hawk Condos.

"The couple's one-year old son had developed breathing problems.."

As the nuisance of smoking was contemplated in-depth, such factors as cleanliness/litter, resale value, fire hazard, smoke in common and limited common areas, and smoke drifting from unit to unit were all uncovered and/or discussed.

The issue is being actively pursued as we continue to work with the State of Utah, our attorney, and the residents in the community in the exploration of options to become a smoke-free community.

--The Black Hawk HOA Board

Black Hawk Condominiums
Logan, Utah

Utah Department of Health

Utah Department of Health
Environmental Epidemiology Program
P.O. Box 142104
Salt Lake City, Utah 84114-2104

For more information:
Phone: (801)538-6754

Http://www.tobaccofreeutah.org

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The TRUTH

Utah Department of Health

The mission of the Utah Department of Health is to protect the public's health through preventing avoidable illness, injury, disability and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.

Frequently Asked Questions About Smoke-free Housing

1. Why are smoke-free apartments legal? The rights of non-smokers to be free from exposure to SHS is protected by both legislation and laws. There are federal and state laws protecting non-smokers. Advertising "smoke-free" or "no-smoking" is also legal.

2. Would a smoke-free policy legally or unfairly discriminate against smokers? No. The privilege to smoke is not a right that is protected under the Civil Rights Act because smokers are not a protected class under federal law.

3. Would I lose money if I implement a smoke-free policy? You could actually save money with a smoke-free policy. Smoking is the cause of a variety of expensive property damages, ranging from extra cleaning costs to fire-related repairs. It can cost up to twice as much to prepare or repair a unit to rent that a smoker has lived in. Additionally, more individuals are requesting smoke-free housing in multiple-dwelling units.

4. Would a smoke-free policy instigate a lawsuit from an angry smoker? You will more likely face a lawsuit from a frustrated non-smoker than from a smoker. Legal cases involving various apartment dwellings throughout the U.S. have been filed and won by tenants.

5. Would enforcement of a smoking ban be difficult?

Once you implement a policy, smoking would be so noticeable that others would report it. You would use the same policy you use for other violations of the rules.

Smoke-free housing is legal under the law

Attachment J: Helping Nonsmokers Deal with Problems of Smoking in Condominiums and Apartment Buildings

The Utah Department of Health and local health departments continue to receive an increasing number of phone calls from people complaining about secondhand smoke from neighbors--smoke that is seeping into their apartment or condominium causing frustration, irritation, and sometimes even illness.

Although we cannot provide legal advice (and the law varies from jurisdiction to jurisdiction), a national legal antismoking organization--Action on Smoking and Health (ASH)--provides some general suggestions for dealing with this problem. The following information has been adapted from the ASH website at http://www.ash.org, and it offers suggestions to help nonsmokers deal with secondhand smoke in an apartment or condominium.

1) EXAMINE YOUR LEASE OR CONDOMINIUM AGREEMENT

Most such documents contain covenants, conditions, or terms prohibiting persons living in a building from engaging in activities -- even within their own apartment -- which unreasonably interfere with another tenant or owner's enjoyment of his or her apartment. Playing music too loudly, having late-night parties, or cooking foods which generate very unpleasant odors are common examples of such activities.

Smoking may be another such prohibited activity, particularly where it can be shown that the smoke is being carried by the ventilating system, or by other means, into the apartment of another person who finds it objectionable. In such situations the matter should be brought to the attention of the landlord or condominium management as what lawyers call a "breach of the covenant of quiet enjoyment."

2) KNOW, AND TELL OTHERS, ABOUT THE HEALTH DANGERS

People who might not otherwise be concerned about tobacco smoke may view it quite differently if you can demonstrate to them that it causes lung cancer, heart disease and other illnesses in nonsmokers, and that it causes thousands of deaths among nonsmokers each year. If you do not already have this information, download some of it from ASH's web site, or write to ASH.

Once you have such information, you can provide copies to neighbors, post copies on bulletin boards, slip it under apartment doors or in mail boxes (to the extent permitted), and perhaps even have it printed in a condo or apartment newsletter or flyer.

3) OBTAIN MEDICAL DOCUMENTATION IF POSSIBLE

If you (or someone in your apartment) have asthma, emphysema, sinusitis, hay fever, allergies, pulmonary or cardiac disease, or other conditions which make you unusually sensitive to tobacco smoke, you can make your case stronger by obtaining a letter to that effect from a physician. A copy of the physician's letter can then be sent by CERTIFIED MAIL, RECEIPT REQUESTED

to the landlord or condominium management -- and possibly to the persons who are smoking -- to put them on legal notice of your condition.

Even if you do not have a recognized medical condition like emphysema, you may still be able to obtain such a letter by demonstrating to a physician that you suffer specific problems (such as headache or sore throat) after exposure to tobacco smoke.

4) SEEK OUT OTHER NONSMOKERS FOR SUPPORT

"United we stand, divided we fall" goes the saying, and it is true in this situation as well. It is possible that you are not the only nonsmoker who is being inconvenienced, and a common complaint coming from many people in a building is more likely to be taken seriously than a complaint from only one person.

Try to contact other nonsmokers, not only on a one-to-one basis, but also by speaking out at tenant meetings, writing an article for an apartment newsletter, and posting notices in elevators and on apartment bulletin boards. Even those who do not suffer from the problem may nevertheless be sympathetic and lend valuable support; particularly once they know that exposure to secondhand tobacco smoke can trigger heart attacks as well as cancer in nonsmokers.

5) SEEK HELP FROM LOCAL ANTI-SMOKING ORGANIZATIONS

Local anti-smoking groups are often in the best position to advise you concerning local laws, to help you find doctors and other witnesses who can assist you, to help obtain publicity about your plight, to put pressure on the management, and if necessary to help you find a cooperating attorney.

You should contact the local or state chapters of the American Cancer Society, American Heart Association, American Lung Association, and other local antismoking groups for help. You can also use the ASH web site to find other nonsmokers' rights groups.

6) REASSURE MANAGEMENT THAT THERE IS NO SUCH THING AS A RIGHT TO SMOKE

The landlord or condominium management may assume there is nothing they can do about smoking in individual apartments, but that is certainly not the law. Many activities which occur in one apartment, but which cause annoyance, irritation, or health problems in another, can be regulated or prohibited outright. Common examples are the playing of loud music, the storage of paint or other flammable materials, playing ball or other activities that cause excessive vibrations, etc. The law is clear that there is no constitutional or other legal right to smoke, even in one's own dwelling.

7) CONSIDER AND PROPOSE DIFFERENT REMEDIES

While it may be possible to order a person not to smoke in an apartment, or to smoke only in certain rooms or with a window open, there may be other steps which can also be taken, and which should be suggested to the landlord or condominium management. These include installing a continuous ventilation system, adding more fresh air into the intake; changing, cleaning, or installing better filters; and increasing ventilation in the smoke's unit and preferably in the non-smoker's unit as well.

8) CONSIDER ADVISING MANAGEMENT OF THEIR POTENTIAL LEGAL LIABILITY

It is unfortunately true in our society that people often refuse to act unless legal consequences are suggested. Therefore, if all else fails, you may wish to advise the landlord, condominium management, or even the individual members of the condominium board of possible legal liability for failing to take reasonable steps to protect your health, especially once the problem has been formally brought to their attention. Such notification can best be made politely but firmly in a CERTIFIED MAIL RECEIPT REQUESTED letter sent by you, a local antismoking group, or an attorney.

9) DETERMINE IF STATE AND LOCAL BUILDING CODES ARE BEING OBSERVED

One tenant's investigation revealed that the presence of a defective party wall caused his apartment to fill with tobacco smoke from the adjoining apartment. When the wall was properly reconstructed, the problem ceased.

10) SUGGEST LANDLORDS ESTABLISH SMOKE-FREE BUILDINGS

Some landlords with several buildings have arranged for smoke-free and smoking buildings.

11) IF ALL ELSE FAILS, CONSIDER LEGAL ACTION

As a last resort, you may wish to seek the advice of an attorney to represent you concerning this matter, and to consider the feasibility of bringing legal action against the offending tenant, the landlord or condominium, or both, under theories of breach of the covenant of quiet enjoyment, negligence, nuisance, etc.

For legal reasons, neither ash nor its attorneys can serve as your attorney or provide individual legal advice. ASH may, however, be able to assist to an attorney -- but only to an attorney -- contacting us on your behalf.

The information in this attachment has been adapted from ASH: Action on Smoking and Health. http://www.ash.org[22]

Attachment K: Example of a Letter to Hold a Resident Meeting

Date: April 7, 2003

TO: All Residents

FROM: Darrell

RE: Town Hall Meetings April 14, 2003 and April 23rd

PURPOSE: Discuss the Possibility of via Pacifica Gardens becoming a Smoke Free Facility.

There will be two town hall meetings held on **Monday April 14th and Wednesday April 23rd at 4:30 p.m.** This is to give everyone the opportunity to express his or her feelings about this important decision in a controlled non-threatening environment on whichever day best meets your schedule.

Everyone has an opinion concerning the possibility of Via Pacifica Gardens becoming a smoke free facility, and we want to honor everyone's right to express those opinions/feelings in an environment that respects each resident. A format will be used, and explained at the beginning of the two meetings, that will allow everyone who wishes to speak without interruption for a four minute period, while you may not agree with the speakers position no disrespect or verbal abuse of any person will be allowed, and no one will be allowed to speak twice before everyone has a chance to speak once. **It is very important that you be at one of the meetings (or both if you choose) to hear what your friends here at Via Pacifica Gardens have to say, and to also express your feelings about this issue as well.**

It is important for everyone here to be aware that should VPG become a Smoke Free facility that **those who currently are residents that smoke will be allowed to continue to smoke in their apartments or at the designated smoking area.** It should also be noted that if they have guests they would also be allowed to smoke in the resident's apartment or the designated smoking area. However, guests of a non-smoking resident will not be allowed to smoke anywhere on the property.

Should this become a reality every resident will be required to sign a lease attachment acknowledging that we are now a Smoke Free Facility, and all applicants on the Waiting List would need to sign an acknowledgement of that position and agree to not smoke anywhere on the property, and all new residents would also sign a lease attachment stating that they would not smoke anywhere on the property.

Shortly after the two Town Hall Meetings a ballot will be distributed to every resident giving them an opportunity to vote on this issue. A simple majority of those voting will then determine the direction that we will take on this important issue.

Source: Via Pacifica Gardens: Seascape Housing Board

Attachment L: Model Policy for a Smoke-Free Condominium or Apartment

The following language can be used to implement a smoke-free policy in a multiunit dwelling. In apartment complexes, the provisions can be added to the lease. This is most easily done gradually, as new individuals apply to become tenants. For condominiums, the language can be added to declaration and implemented immediately or at a specified future date.

Include in the "Definitions" section of the lease or CC&Rs, or other governing documents.

SMOKING: The term "Smoking" means inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, or other tobacco product in any manner or in any form.

Include in the restrictions section of the lease or CC&Rs, or other governing documents.

SMOKING: Due to the increased risk of fire, and the known adverse health effects of secondhand smoke, smoking is prohibited in any area of the property, both private and common, whether enclosed or outdoors. This policy applies to all owners, tenants, guests, employees, and servicepersons.

Adapted from the American Nonsmokers' Rights Foundation [23]

Attachment M: Example of a No Smoking Policy

ATTACHMENT No. 9

VIA PACIFICA GARDENS
NO SMOKING POLICY

The ultimate objective of this policy is to eventually have a smoke free facility, while at the same time respecting the rights of current residents who are smokers.

Out of concern for the effects that second hand smoke has on those with respiratory, or other health related conditions, the Seascape Senior Housing Board of Directors have approved the following policy.

A. REGULATIONS OF SMOKING INDOORS:

1. Smoking shall be prohibited in all enclosed areas of Via Pacifica Gardens. This includes, but is not limited to, the Community Building, all common areas, individual apartments, hallways, stairs, elevators, restrooms, motor vehicles owned or leased by Via Pacifica Gardens, and any other enclosed areas.

2. If there are current residents of Via Pacifica Gardens who are both a) residents of Via Pacifica Gardens and b) current smokers prior to the adoption date of this smoking regulation, these residents shall be designated as "Grand fathered residents."

3. Notwithstanding any other provision of this regulation to the contrary, smoking shall be prohibited in all enclosed areas of Via Pacifica Gardens except that "Grand fathered residents" shall be allowed to smoke only in their individual apartments and the designated smoking area. Smoking by "Grand fathered residents" shall be prohibited in all areas as noted above in Item #1 including all non-Grand fathered residents' apartments.

B. REGULATION OF SMOKING OUTDOORS:

1. Notwithstanding the above prohibition on smoking in enclosed areas, Via Pacifica Gardens shall also prohibit smoking in all outdoor areas, including individual apartment decks and patios, except that a designated smoking area will be provided in the Green Belt area behind Building #2. This is an area that is physically accessible to all residents, and located a reasonable distance from any apartment to ensure that tobacco smoke does not enter the enclosed areas of Building #2.

2. Residents and guests are allowed to use the outdoor designated smoking area at any time, but must not infringe on any resident's right to the quiet enjoyment of their apartment.

C. COMMUNICATION OF NO SMOKING POLICY

1. The no smoking policy of Via Pacifica Gardens shall be communicated by the Administrator to all current employees, residents, and applicants at least 60 days prior to its effective date, and at the time of employment for all employees, and prior to admission and/or prior to the signing of a lease for any new resident.

2. The effective date of this no smoking policy will be 60 days following the approval by the Seascape Senior Housing Board of Directors.

Approved by the Seascape Senior Housing Board: July 9, 2003
Date

NO SMOKING POLICY AGREEMENT

I understand that Via Pacifica Gardens has a No Smoking Policy that prohibits smoking in any of the common areas, within any enclosed areas of the complex including individual apartments, and individual decks and patios of the complex. I also understand that there is a designated smoking area behind Building #2 that residents and guests who smoke may use.

I have received and read a copy of the Via Pacifica Gardens No Smoking Policy, and agree to abide by its provisions.

_____ _____
Resident/Applicant Signature Date

_____ _____
Administrator Date

Source: Via Pacifica Gardens: Seascape Housing Board

Attachment N: Sample Petition for Smoke Free Condominiums

Inasmuch as there are great health, safety and property resale benefits to a 100% smoke free condominium complex, we, the undersigned members of the _____ _____ Condominium Association, hereby petition the association of directors to amend the bylaws to designate that all condominium buildings become 100% smoke free as of (date), and to prohibit smoking within 25 feet* of a condominium building.

This 100% smoke free policy shall be extended to all public enclosed spaces owned by the Condominium Association.

Current condominiums can be exempted from this requirement, but in the event any condominium property under the jurisdiction of the association is to be sold, rented or leased to another person, the current condominium owner shall be required to notify the new owner/tenant of the 100% smoke free policy. (Wisconsin Initiative on Smoking and Health, Smoke Free Condominiums)

*The UICAA requires that smoking must be at least 25 feet from any entrance-way, exit, open window, or air intake of a building where smoking in prohibited. Although, this rule applies to places of public access, this requirement may be used as a guideline when establishing smoking policies within an apartment or condominium complex.

Adapted from the Wisconsin Initiative on Smoking and Health.[24]

Attachment O: Example of a News Article

Condo complex bans all smoking

By Emilie H. Wheeler, Herald Journal staff writer, Logan, Utah. [25]

Residents of the Blackhawk Condominium complex will no longer be able to light up — inside nor out — after its homeowner's association board voted to approve a resolution banning tobacco use in the community.

Citing smoking related complaints from residents inside the southern Logan community, fire hazards, litter, health liabilities and resale values, the Blackhawk Homeowner's Association sent copies of a resolution to owners notifying them of the change this week

Association President Jeremy Jones said health issues are the No. 1 concern for the board. Several complaints have come in within the past couple of years, including one that threatened a lawsuit, because of Blackhawk residents' smoking habits, he said.

Jones also cited a community-wide survey conducted earlier this year asking residents about smoking.

"The response was positive of becoming a smoke-free community," he said.

The new policy goes into effect on Oct. 1, but those under lease contracts can continue to smoke until their lease runs out. Residents are also invited to the monthly board meeting on Sept. 19 to learn more about the new policy.

This is a first for Cache Valley, Jones said, and something the board is aware of. Some cities have banned tobacco use in public places, including Smithfield most recently, but this is the first housing development to make the ban. Jones said they are expecting some backlash but believe the long-term effects will be good.

Attorney John Richards, who represents the Blackhawk Homeowners Association Board, said he has seen association boards in Utah County make the same move.

"Anytime you have condominium units in close proximity to each other," Richards said, "often time, that smoke transfers to an adjoining or neighboring unit."

Richards, of the Richards Law Office in Salt Lake City, said he has heard that some in the community are "starting to raise some eyebrows" about the new policy, but he defends its legalities.

There is a covenant, or restriction on use, in Utah condominium law that states residents can't do anything that causes them to be a nuisance to their neighbors, Richards said. Secondhand smoke qualifies as a nuisance, he said, allowing the provision to be placed in Blackhawk's policies.

Because of secondhand smoke effects, there's always the threat of a lawsuit, Richards said.

"They're in a tough situation," he said, adding that while health issues are a concern there will also be people who raise property rights debates.

Jones said because of the amounts of smoking-related complaints the Bear River Health Department receives about Blackhawk; representatives were invited to a meeting earlier this year when a state health department representative attended.

The actual policy was approved Aug. 15, but the six-member board has been discussing it since as early as December 2005, working with the Utah Department of Health as well as its attorney. In the letter sent out this week, the association said 80 percent of the Bear River Health Department's complaints come from Blackhawk.

That was true two years ago, Bear River Health Department spokesperson Mike Weibel said, but the percentage has dropped to about 50 percent in 2005 and 20 percent this year.

Attachment P: Example of Policy Notification

NO-SMOKING POLICY
VIA PACIFICA GARDENS

PLEASE NOTE:

On July 9, 2003 the Seascape Senior Housing Board of Directors approved a No-Smoking Policy for Via Pacifica Gardens that will become effective on **September 9, 2003**. Smoking will no longer be allowed in individual apartments. Smoking will only be allowed in a special designated smoking area on the property or off the property.

Enclosed with this notice you will find a copy of the No-Smoking Policy. This policy will now be an attachment to our lease, and you will need to be willing to abide by this policy should you choose to live here.

Source: Via Pacifica Gardens: Seascape Housing Board

Attachment Q: Example Press Release

]

News Release

For immediate release

Contact:
Your name,
Phone numbers
E-mail

Sierra Apartment Complex Adopts No Smoking Policy

The Helper Smoke-free Coalition Urges More Owners to Follow Suit

HELPER, Utah, March. 5, 2006 – George Saperstein, owner of the Sierra Apartments, 795 South 300 East in Helper, has adopted a smoke-free policy for his 100-unit apartment complex. The policy will take effect on June 30, 2006, giving smoking tenants nearly four months to either quit smoking or move out. Saperstein will provide a $100 rent rebate to all tenants who quit smoking before the deadline.

The Helper Smoke-free Coalition has been working with Saperstein to adopt the policy, providing guidelines for the measure and offering free smoking cessation classes for tenants who want to quit.

“Going smoke free is just the right thing to do,” said Saperstein. “Not only is smoking an irritant for non-smoking tenants, but secondhand smoke can cause lung cancer, heart disease, and illness in children. I couldn’t in good conscience allow smoking in my property any longer.”

Glenda Foreman, chairperson of the Helper Smoke-free Coalition said, “We are so pleased that George was willing to let us present the idea to him last fall. He has been working with us ever since to develop a new tenant policy and action plan to allow time for his smoking tenants to quit or move. This was not an easy thing to do, but he has adopted a policy that will benefit people for many years to come.”

The Helper Smoke-free Coalition is encouraging other apartment owners to adopt similar policies and will provide free advice and an outline of procedures that apartment owners can follow. The coalition will also provide smoking cessation classes for tenants. For more information call 987-2576.

In Utah, 25,800 Utah children age 17 and under live in a home where somebody smokes inside the home. Secondhand smoke causes thousands of new childhood asthma cases annually and is linked to 10,000 cases of low birth weight every year in the US. More than 50,000 Americans die from secondhand smoke every year. Of that, 3,000 American non-smokers die from lung cancer caused by secondhand smoke, and 35,000 non-smokers die from heart disease related to secondhand smoke. The Environmental Protection Agency classifies secondhand smoke as a Class A carcinogen, the most dangerous category of cancer-causing agents. A 2004 study by The British Medical Journal found that exposure to secondhand smoke is more dangerous than previously thought and increases the risk of heart disease among non-smokers by as much as 60 percent.

# # #

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Introduction

Secondhand Smoke in Your Home

Because most people spend a lot of time in their homes, secondhand smoke (SHS) inside the home is extremely dangerous. In June 2006 the Surgeon General released a major report on involuntary exposure to secondhand smoke, which declares that the home is becoming the predominant location for exposure of children and adults to secondhand smoke.[1] In 2005, 49,200 Utahns were exposed to secondhand smoke in the home, including 22,100 children. Utah children who live in rented apartments or houses are more than twice as likely to be exposed to secondhand smoke in their homes as children who live in owned homes.[2]

The following guide is to help conduct a smoke-free homes campaign in your area. You may tailor the information and materials to fit your area and to focus on your target population.

The goal of the smoke-free homes campaign is to reduce child exposure to secondhand smoke in the home. The campaign will focus on educating the public about the risks of exposure to second-hand smoke and promoting smoke-free homes. Distribute secondhand smoke materials to the public at every opportunity. Become a secondhand smoke resource center for your community. Distribute resources to doctors, dentists, pharmacists, occupational health nurses, fitness and wellness centers, heart health networks, parenting groups, schools, child care centers, libraries, and information and community centers.

Reasons to Choose Smoke-Free Homes:

1. **Secondhand smoke causes death and disease.**
   Secondhand smoke contains thousands of chemicals, many of which cause cancer. SHS can also cause irritation of the lungs, which leads to coughing, excessive phlegm, and chest discomfort. It is estimated that around 50,000 excess deaths result annually from exposure to secondhand smoke.[1]

2. **Secondhand smoke in the home puts children at risk.**
   The dangerous effects of SHS are even more harmful to children than to adults. Children are more susceptible to decreased lung function when exposed to secondhand smoke. Children who breathe secondhand smoke are more likely to develop asthma, the leading serious chronic childhood disease in the U.S.[3] additionally; the 2006 Surgeon General Report finds a causal relationship between secondhand smoke exposure and Sudden Infant death Syndrome (SIDS).[1]Fortunately, rules about not smoking in the home can substantially reduce health risks to children who live with smokers.[4] In fact, household bans on smoking have proven to reduce SHS exposure in adolescents who live with a smoker by 92%.[5]

3. **Tobacco-free policies in the home persuade smokers to quit.**
   Home smoking restrictions and family preferences that smokers not smoke have shown to be associated with reports of quit attempts and intention to quit. Additionally, it has been found that smoke-free homes prolong the time to relapse following cessation.[6]

4. **Tobacco-free policies in the home prevent adolescent smoking and model healthy behavior for children and visitors.**

Adolescents who live in smoke-free households have been found to be at a decreased risk for smoking when compared to adolescents who live in households with no smoking restrictions.[7]

Smoking in the home harms pets.

Growing evidence shows that pets exposed to secondhand smoke suffer adverse health effects, just as humans do. In dogs, an association exists between secondhand smoke and nasal cancer. Additionally, dogs with long noses have a greater risk of nasal and sinus cancer than dogs with short noses. Dogs with short noses have a higher risk of lung cancer.[8] Cats exposed to secondhand smoke have more than double the risk of lymphoma. Pets do more than just breathe in secondhand smoke toxins; they also lick it off their fur as they groom themselves.[9]

5. **Smoke-free homes have numerous benefits.**

Besides the benefits previously mentioned (support for those trying to quit, prevention of adolescent smoking, and prevention of inhabitant, child, visitor, and pet exposure to disease-causing secondhand smoke), additional gains result from smoke-free homes policies:

- Your home will smell better when it is smoke-free.
- The air in your home will be fresher, cleaner, and smell better.
- You will lower the chances of fire in your home
- Your food will taste better.
- Less time and money will be spent cleaning carpets, windows, walls, and mirrors.
- Your insurance rates may be lower.
- The resale value of your home may be greater

ACTION STEPS

Action Step 1: Gather Relevant Facts and Information
Action Step 2: Identify Your Audience and Assess Community Readiness
Action Step 3: Plan Your Campaign
Action Step 4: Develop Your Materials
Action Step 5: Get the Word Out and Gain Support
Action Step 6: Evaluate Your Efforts
Action Step 7: Ensure Policy Sustainability

Based on Taking Action Against Secondhand Smoke: An Online Toolkit – Employee and Employer Action Steps, Centers for Disease Control and Prevention (CDC).

Action Step 1: Gather Relevant Facts and Information

One of the most important steps in conducting a smoke-free homes project is to be informed and prepared. First, find out all the information you can about SHS and existing smoke-free homes campaigns. Here are some helpful resources for collecting SHS information and existing home policy information:

- **TPCP Website:** Provides information about SHS in the home, current laws, and links to other helpful resources: http://www.tobaccofreeutah.org/ets.html

- **EPA Smoke-Free Homes Community Action Kit:** Provides a step-by-step process of how to enact a smoke-free home campaign. The kit includes suggested outreach activities and resources, including links to related EPA material such as the smoke-free homes pledge and planning guide for pledge events. The kit can be accessed online at: http://www.epa.gov/smokefree/pdfs/community_action_kit.pdf. To order hard copies of the kit call the U.S. EPA Smoke-free Home Pledge Hotline at 1-866-SMOKE-FREE. Additional EPA materials related to smoke-free homes can be accessed at http://www.epa.gov/smokefree/publications.html.

- **CDC Website:** Provides fact sheets and secondhand smoke articles, as well as links to other resources and agencies. http://www.cdc.gov/tobacco/ETS_Toolkit/PublicPlaces/secondhand-smoke.htm or http://www.cdc.gov/tobacco/ETS_Toolkit/PublicPlaces/organizations.htm

- **Health Canada:** The Canada federal department of health has a number of resources about secondhand smoke, namely the guide *Make Your Home and Car Smoke-Free: A guide to Protecting your Family From Secondhand Smoke***.** The guide is a helpful tool for families working toward smoke-free homes. It can be accessed at http://www.hc-sc.gc.ca/hl-vs/pubs/tobac-tabac/second-guide/index_e.html.

- See ***Attachment A*** for an example project.

? Track your Progress

- Did you use the resources provided to learn about secondhand smoke and example projects?
- Did you identify gaps in these resources?
- Did you locate additional resources to address these gaps?

Action Step 2: Identify Your Audience and Assess Community Readiness

Assess Community Makeup

Learn all you can about your community so that you know who your target audience is and how to focus your efforts toward that audience. Identify and keep track of where the high-risk areas are in your community (low income areas, areas of high tobacco use in the home, ethnic minorities, etc.).

If you need help identifying your target audience or would simply like statistical information about the population you will work with, resources are available. Data and reports about smoking in specific geographical regions and among specific population groups are available through the Utah Tobacco Prevention and Control Program website,

http://www.tobaccofreeutah.org/. Further geographic and population data can be found through the Census Bureau, http://www.governor.state.ut.us/dea/Census2000Data.html.

Assess Community Readiness

Now that you have defined your community, you can assess the readiness of the community. Conducting outreach to community members at different stages of readiness may require varied strategies. Using *Research Tool 1*, you can assess which stages of readiness the population members are in. *Research Tool 1* is a survey that can be adapted to your community so you can learn more about community members' attitudes and behaviors related to smoking in the home, as well as their feelings about having a smoke-free campaign in their community. With permission of organizers, you can offer this survey to people at events in your community or other places where the public gathers. This will be a "convenience" sample and not necessarily representative of your community, but can offer some insights into community readiness.

Use the information collected using *Research Tool 1*to identify which of the following stages the target population falls into. This information will assist you in tailoring your strategies in *Action Step 3: Plan your Campaign.*

Five Stages of Community Readiness:

Pre-Contemplation: Community members have not thought about having smoke-free homes policies.

Contemplation: Community members have begun to think about smoke-free homes policies.

Preparation: Community members develop appropriate strategies to implement smoke-free homes policies.

Action: Community members implement smoke-free homes policies and promote the policy to visitors of the home.

Maintenance: Community members have implemented a policy, maintain the policy, and encourage others to do so.

? Track your Progress

- Did you complete a demographic assessment of your community?
- Did you choose target groups based on the results of your assessments?
- Who are your target groups?
- Did you use *Research Tool 1* to identify community readiness?

Action Step 3: Plan Your Campaign

The Background Work

Meet with those people who will help implement the campaign to discuss the following things:

- Review ***Attachment B***: "Nine Questions--A Strategy Planning Tool for Policy and Environmental Change."

- What are the media and communication outlets in your community? This may include community newsletters, newspapers, radio, TV, and Internet sites that serve as information outlets for your community. Identify reporters, editors, and opinion columnists who cover health or tobacco-related issues.
- Will community representatives and opinion leaders support your smoke-free homes campaign? Have these leaders supported tobacco control or public health initiatives in the past? Do they feel that the community is ready to hear a message about smoke-free homes?
- How will you ensure that the campaign successfully refers participants to cessation services?
- Are there opponents to the campaign?
- Are there any resources or networks that you can tap into through the workgroup members?

Identify Opportunities to Interact with the Public

Community events, doctors' offices, schools, and daycare centers are all venues at which you can interact with the public. You may want to link SHS with asthma or other related health problems that occur with SHS exposure. To identify how to best outreach your target population, use the specific stages of community readiness you identified in *Action Step 2* and the table below. Specific examples of activities are listed following the table.

Strategies to Advocate Smoke-Free Homes Based on Community Readiness
Pre-Contemplation Small group discussions with community about secondhand smoke and smoke-free homes policies. Educational outreach to community groups interested in sponsoring programs related to health. One-on-one discussions and educational outreach on the dangers of secondhand smoke.
Contemplation Media activities such as letters to the editor or publishing articles in community newsletters. Educational outreach activities highlighting national data and including local incidents that illustrate harmful effects of secondhand smoke.
Preparation Educational outreach programs to community groups and leaders to communicate harmful effects of secondhand smoke in the home. Continued media efforts Technical assistance provided to community groups on how to initiate smoke-free homes programs. Create flyers, posters, pledge certificates, and any other materials needed for the program.
Action In-service training for community group staff members on harmful effects of secondhand smoke, local community smoking information, evaluation processes, and program implementation. Publicity efforts such as press releases to announce kick-off of the program Meet with community leaders to update and inform them about community activities.

Maintenance
Evaluation of educational outreach, program outcomes, etc.
Recognition for local supporters of the program.
Continue in-service training for staff
Update materials as needed
Continue assessment of home smoking policies.

Activities and Ideas:

- Educate! Use every opportunity to teach the community about the dangers of SHS. For example, you could make presentations at PTA meetings and community events.
- Find smoke-free homes and highlight them in community newspapers or events.
- Write newspaper articles on the dangers of SHS, leaving contact information for those that would like more information on your project.
- Create a secondhand smoke display (for use at community events, malls, schools, and conferences) that can be used to promote smoke-free homes.
- Obtain (or make) and distribute smoke-free home stickers.
- Build partnerships and coalitions. Contact groups to find out about work currently being done in your area and how you could get involved. Partner with other local coalitions/initiatives (tobacco control, asthma, or childhood health) in your area to work on childhood exposure to secondhand smoke together. Start a local second-hand smoke coalition in your community, involving health professionals, affiliates of national partners, state and local government, and any other interested parties. This will bring about social change within your community.
- Involve local health care providers. Work with local WIC (Women, Infants and Children) employees who do home intervention education to see if they talk to mothers about smoking around their children. Work with home extension service agents who do IAQ (indoor air quality) training and home education on nutrition and other health-related practical issues.
- Work with Head Start programs to do education/intervention in the home.
- Write a secondhand smoke article, or ask a doctor to, and place it in a health care provider/hospital newsletter.
- Arrange training for local pediatricians on secondhand smoke and kids. Find a local pediatrician willing to conduct a community presentation using the American Academy of Pediatrics (AAP) speaker's kit. Connect your local pediatrician to the AAP network.
- Work with hospitals. Arrange training at a hospital for obstetricians, pediatricians, pediatric personnel, and lactation specialists. Check with local hospitals that do classes for new parents to see if they include health risks to children from second-hand smoke in the curriculum. If not, see if they would start.
- Work with the local media to deliver your secondhand smoke message to the public.
    - Have your local newspaper or broadcasters do a story about childhood health effects of secondhand smoke, perhaps linking it to asthma or other childhood health issues.
    - Secure commitments from local broadcasters (radio, TV, and local access cable) to air your PSA.

Prepare Your Message

In your secondhand smoke messages, include related health messages on topics such as asthma and indoor air quality (IAQ) in schools. Incorporating other health topics related to the dangers of SHS can be very effective and might raise interest. Make sure the message targets your audience. If other languages are spoken in your area, provide materials in those languages. Do not make smokers the target. If they feel like the enemy, they are less likely to change their habits. Allow them to make the decision to go smoke-free. (See "Conducting Successful Outreach Programs" in the EPA toolkit for more details on how to plan your campaign.)

Before getting started, take a look at this research done by the Consumer Federation of America Foundation. These are good points to keep in mind:

- 70% of those surveyed would be receptive to a message or a request to smoke outside.
- When asked to cite a good reason for taking their smoking outside, the answer that appeared most often was the children's health.
- Logic and facts are not enough.
- Use words like "choice" and "option" instead of "should" and "must."
- It is important to acknowledge the difficulty of quitting.

*Research conducted by the Consumer Federation of America Foundation

Remember to include information about tobacco cessation in your messages. Refer those that would like to quit smoking completely to the Utah Quit Line (1-888-567-TRUTH), Utah QuitNet <http://www.utahquitnet.com>, or the Utah Tobacco Prevention and Control Website <http://www.tobaccofreeutah.org>, where they can find cessation programs in their area, tips to quitting, and general information about quitting.

? Track your Progress

- Has your workgroup reviewed the "Nine Questions" document?
- Has your workgroup reviewed the stages of readiness and corresponding outreach strategies for the campaign?
- Has your workgroup developed a plan for conducting the smoke-free homes campaign?

Action Step 4: Select Your Materials

- Decide on the materials you need, then compile or create materials that would best suit your target audience. Many materials are available through the local health department or state health department. Resources to use in developing your own materials for your community include SHS fact sheets, pamphlets, and other materials. See ***Attachment C, D,*** and ***E*** for an example materials. Additional secondhand smoke materials can be found at http://www.tobaccofreeutah.org/tob_related_res.html or by calling the Tobacco-Free Resource Line: 1-877-220-3466.

- **Tobacco Prevention and Control Website**
  Direct access to all materials available through the Utah Department of Health, including cessation materials to be distributed with smoke-free homes materials http://www.tobaccofreeutah.org/.

- **Smoke-free home pledge** (See ***Attachment H*** for an example smoke-free home pledge)

- **Newspaper articles (**See ***Attachment F*** for an example of a news article)

- **Letters/newsletters** (Look for examples in Section 3 of the EPA toolkit, http://www.epa.gov/smokefree/pdfs/community_action_kit.pdf)

- **"Benefits of a Smoke-Free Home/Tips for Making Your Home Smoke-Free"** (See ***Attachment G.*** Use this in presentations or for handouts.)

- **EPA Smoke-Free publications** *(English and Spanish)*
  Obtain copies of the Smoke-Free Home Kit if you are using the EPA's Smoke-Free Homes Campaign. This and other materials are available at http://www.epa.gov/Smoke-Free/publications.html.

? Track your Progress

- Have you located or developed materials to use for the campaign?
- Did you follow the TPCP Media Approval Process for approving new resources or using existing resources?
- Did you review the materials with the target audience?
- Did you adjust the materials accordingly?

Action Step 5: Get the Word Out and Gain Support

Follow the steps in your action plan to make presentations to communities and distribute pledge cards. Remember to use the opportunities identified in *Action Step 3: Plan your Campaign* to talk with families about the importance of keeping their homes smoke-free, distribute brochures, and ask people to take the smoke-free home pledge. If you have chosen to implement the EPA Smoke-Free Homes Campaign, give the individuals a Smoke-Free Home Kit or keep track of contact information so that EPA can send out a Kit.

Make an event log to keep track of the number of pledges you receive and other information that you want to remember. Encourage families who are not yet ready to think about the health benefits of smoke-free homes. Encourage them to take your brochure with them.

You may use *Research Tool 2* to evaluate your presentations and *Research Tool 3* to evaluate community events. Also, use the media to promote your message.

Additional ways to get the word out:

- Post flyers in common areas such as grocery stores.
- Mail out postcards with SHS information.
- Mail pledge cards with SHS information.
- Go door to door and leave flyers at individual houses.
- Use word of mouth, especially in smaller communities.

Working with the Media

Publicity through media relations is a powerful tool. Media coverage of your efforts can build awareness and influence public opinion, creating a positive climate for smoke-free homes. The tips in this section are designed to familiarize you with the communications tools that are available to inform the media and the public about the dangers of secondhand smoke. Your workgroup can help you decide which methods are best to reach your target population.

Goal and Key Media Messages

Start by knowing what you want to say. Our goal is to protect people's health by reducing exposure to the dangerous and deadly effects of secondhand smoke. We can achieve this by educating adults, opinion leaders, and public officials that secondhand smoke is fatal. It causes cancer, heart disease, sudden infant death syndrome, and other life-threatening diseases.

The key messages are simple:

- Secondhand smoke is deadly - it kills around 50,000 nonsmokers each year.
- Everyone has the right to breathe clean indoor air.
- Ventilation engineers confirm that even the most modern ventilation systems cannot remove the cancer-causing chemicals in secondhand smoke.
- Cessation services are available to tobacco users who want to quit, including the Utah tobacco Quit Line (1-888-567-TRUTH) and QuitNet http://www.utahquitnet.com/.

Connecting With Local Media

Develop a contact list of editors and reporters (print) and assignment editors and news directors (television and radio). Contact your local newspapers, radio stations, and television stations to obtain the correct contact names, addresses, and fax and phone numbers.

When you contact the media:

- Never call a reporter late in the day. Everyone in the newsroom is on deadline and will not have time to talk. Make your calls in the morning.
- Before calling, practice 2-3 sentences that summarize why you are calling and why your story is important. Realize that reporters are busy and receive many calls from people with story ideas.

- When you call, get to the point quickly. If you leave a message, be sure to leave a phone number.

Tips on Dealing with the Media:

- Designate a key media spokesperson. Limiting who will speak to the media will allow one person to become polished in this area and the message you want to convey is more likely to get across in the news story.
- Never go "off the record." Consider everything you say "on the record."
- Never lie. If you make a mistake, correct yourself. If you don't know the answer to a question, admit it and if appropriate, say you will check and call back.
- Don't let the media hurry you. It's important to be timely but you don't have to answer on the spot. If a reporter calls, ask for their deadline. Tell them you are busy at the moment but will call back by a certain time. Take time to gather information, and then get back to them by the time you stated.
- Anticipate questions: Formulate succinct and concrete answers to questions like: Why is this issue important? And, what is the solution to the problem?
- Be prepared to respond to breaking news. Breaking news stories set the news agenda.
- Prepare a contact sheet and fact sheet for reporters. The contact sheet should include phone numbers for your spokesperson as well as names of local doctors who can talk about the dangers of secondhand smoke and victims of secondhand smoke, such as people with asthma or parents of children who have chronic breathing problems. The fact sheet should lay out the facts about the health effects and economic benefit of smoke-free policies.

Media Interviews

Interviews are opportunities for you to convey your message. By helping reporters with their stories, you can establish yourself and your coalition as a reliable and credible source for information. Before an interview:

- Practice the messages you want to convey.
- Try to humanize your messages such as a personal story that can illustrate the dangers of secondhand smoke.
- Have someone ask you sample questions. Practice answering the tough questions.
- Practice giving clear and concise answers.
- Don’t use technical language, such as "ETS" or "environmental tobacco smoke." The general public is not familiar with those terms.
- Be ready to support what you say with examples and facts.

Taken from the Minnesota Smoke-Free Coalition.[10]

Other Resources

Check out these resources to find more information on getting the word out:

- **TPCP Media Binder:** Call the Tobacco Free Resource Line at 1-877-220-3466.

- **Media Advocacy** from ANR's (Americans for Nonsmokers' Rights) website: http://www.no-smoke.org/pdf/workingwithmedia.pdfhttp://www.no-smoke.org/media.html

? Track your Progress

- Did you research and select the media available in your community?
- Did you track the reach of your media messages?
- Did you track the number of materials produced and distributed?
- Did you track the number of homes contacted?
- Did you track attendance at community presentations (number of presentations, number of attendees)?
- Did you use evaluation tools to monitor the success of presentations and events?

Action Step 6: Evaluate Your Efforts

The tools provided in this section are intended to help you document the process and the initial outcomes of your tobacco policy project. This documentation will be crucial in reporting your progress; planning future projects and sharing project outcomes with tobacco prevention and control partners. Following are two forms designed to help you evaluate your efforts: the Process Evaluation Worksheet and the Outcomes and Recommendations Table.

1. Process Evaluation Worksheet: Fill out sections of this worksheet as you work on your project, ideally after you complete each Action Step. Use the progress tracking questions (? Track Your Progress) and the Research Tools suggested in the Action Steps, where applicable. Some questions may not apply to your project. In that case, mark the question as not applicable (N/A) and briefly explain why it is not applicable.

2. Outcomes and Recommendations Table: Use your notes from the Process Evaluation Worksheet and any other pertinent information to complete this table.

You are not required to submit either of these forms, but they are designed to assist you in reporting your progress to TPCP.

Process Evaluation Worksheet

Action Step 1: Gather Relevant Facts and Information

- Did you educate yourself about secondhand smoke and conducting policy change projects? Yes No

Action Step 2: Identify Your Audience/Assess Community Readiness

- Please name the community in which you are working. Provide the general boundaries of the community if they are not obvious.

_____

_____

- Did you assess your community's demographic profile? Yes No
- Which priority groups are you planning to target and why? _____
  _____
  _____
- Please list the organizations you partnered with and describe how you worked together.
  _____
  _____
  _____
- Did you complete a workgroup inventory (*Research Tool 2*)? Yes No
  - If yes, please attach a copy.
- Have you formed a workgroup to support your smoke-free campaign? Yes No
  If yes, who is represented on the coalition? _____
  _____
  _____
- Did you assess community readiness for the campaign? Yes No
  If yes, please describe how you made that assessment and list important findings:
  _____
  _____
  _____
  _____

Action Step 3: Plan Your Campaign

- Has the workgroup reviewed the "Nine Questions" document? Yes No
- Has the workgroup developed a plan for conducting the smoke-free homes campaign? Yes No

  If yes, briefly describe major components of the plan (time-line, tasks, and responsibilities):

Task	Person Responsible	Completion Date Expected/ Actual	Comments

Action Step 4: Develop Your Materials

- Did you develop or select materials to use in your campaign? Yes No

- Did you develop any materials or obtain materials from sources other than TPCP?
  Yes No

  If yes, did you follow the TPCP media protocol for approving new resources?
  Yes No

- Did you adjust materials to meet the needs of your target audience? If so, how?
  _____
  _____

Action Step 5: Get the Word Out/Gain Support

6. Please use the table below to describe how you "got the word out" about your project.

Media (i.e. flyers, newspaper, etc.)	Audience	Number Reached

- Please use the table below to describe how you approached households about going smoke-free (telephone calls, presentations, etc.):

Type of Contact	Number of Homes	Number of Pledges Signed*

*Please describe if you used some other way of documenting a household's move towards creating a smoke-free policy.

- Please use the table below to describe the attendance/outcomes of community presentations:

Location of Presentation	Number of People Who Attended	Number of Pledges Signed*

*Please describe if you used some other way of documenting a household's move towards creating a smoke-free policy.

- Do you think the events/presentations attracted the right audience for your project? Yes No

  Please explain your answer. _____
  _____
  _____

- Did you evaluate the presentations and/or events? Yes No

  If yes, how did you evaluate them? Please check all that apply.
  - ❑ Surveys
  - ❑ Informal interviews
  - ❑ Observations during the event
  - ❑ Other: _____

- What did you learn from the evaluations you conducted? How can that information improve future presentations and other community outreach? _____
  _____
  _____
  _____

Evaluation Outcomes and Recommendations Table

Outcomes
Please use this table to document the outcome of your work. Number of individuals that signed smoke-free pledges: _____ Number of homes represented by those pledges: _____ Number of smoke-free home kits distributed: _____ Number of homes with children living in them: _____ Total number of children: _____ Number of pledges signed by respondents of the following ethnic/racial categories: _____ African American _____ Hispanic _____ Asian American _____ Pacific Islander _____ American Indian/Alaskan Native _____ White _____ Unknown _____ Other (please specify) _____
Comments:

About how many people that you asked were not willing to sign pledges? _____.

What reasons, if any, did they give for not signing the pledge? Please check all that apply:

- ❑ Doesn't think SHS exposure is harmful.
- ❑ Lives alone or only with other smokers.
- ❑ Wants to be able to smoke indoors.
- ❑ Doesn't think it is the right time to go smoke-free.
- ❑ Doesn't think the smokers in the household will comply.
- ❑ Other: _____

Comments:

Describe any new or improved community partnerships resulting from this effort:

Lessons Learned

What factors contributed to success?

What barriers limited or threatened success?

How were barriers addressed?

Think about the relative costs (including staff time) and results of different aspects of your efforts? Did some activities appear to work as well as others but cost less?

Recommendations
What are the next steps to promoting smoke-free home policies?
What will you do differently the next time you promote smoke-free home policies?
Which activities and strategies will you continue the next time you promote smoke-free home policies?

Action Step 7: Ensure Policy Sustainability

Post Signage.

The most important way to publicize a tobacco free policy is by posting signs. Long after a smoke-free home pledge has been taken, updating and reposting signs reinforces the pledge and reminds visitors not to smoke. If you have not done so already, contact the Utah Department of Health, Tobacco Prevention and Control Program for signage template examples.

Before you purchase/print and post signs keep the following items in mind:

- How many signs do you need?
- Does the signage need to be in a different language?
- What is the timeline?

The following locations are suggested place for posting your signs:

- On the kitchen refrigerator
- In the window
- In any area visitors will notice before entering the home

Celebrate!

Celebrate all of your hard work and success! Invite those who worked on the campaign and those who took the pledge to celebrate with an event/luncheon etc. to thank the community for making the venue a healthier place to live, work and play. This could be the “kick off” to the following step, educating the community about the campaigns success and future projects.

Educate the community about the campaign success.

Educating the community about the campaign success will be a big part of ensuring that the policy changes norms and promotes others to take the smoke-free home pledge. This could include media outreach, community events, business outreach, direct mail, collateral materials, law enforcement, etc. Most likely, this education phase will happen jointly with the *Action Step 5: Get the Word Out and Gain Support* media activities.

Evaluation.

Now that the policy is in place, how is it working? Consider developing a plan to monitor how your policy is being implemented and evaluate the results. With this information, you can strengthen your policy and increase its effectiveness and impact over time. A good monitoring plan can also provide proof of success to board members and other communities.

Evaluation Checklist:

- ✓ Are signs displayed? How many? Take pictures of signage for reference.
- ✓ Were conflicts anticipated and handled appropriately? Document dates of conflicts.
- ✓ Are their resources available at appropriate community centers, businesses, and organizations for those who want to quit using tobacco products?

Share progress.

Throughout the process make sure you take the time to share your progress with local and state partners. It is important that those who were involved in supporting the campaign see continued success. Share results with the city and county officials, state agencies, law enforcement, schools, parent organizations (PTA) and other organizations that are trying to implement similar campaigns.

Research Tool 1: Example Intervention Survey

(Write your questions on a 3 x 5 card or print on a half sheet of paper and ask people to fill it out before talking to them about SHS.)

Are you: **Male** **Female**

How old are you? _____

1. Do you think secondhand smoke is harmful to your health? **Yes** **No**

2. Do you smoke? **Every day** **Some days** **Not at all**

3. Do you smoke in your home? **Yes** **No**

4. Does anyone else smoke in your home? **Yes** **No**

5. Are there rules that limit or forbid smoking inside your home? **Yes** **No**

   5a. If **no,** have you ever considered making rules that limit or forbid smoking inside your home? **Yes** **No**

Thank you for your time and your valuable input.

Source: Michigan Department of Health.[11]

Research Tool 2: Feedback Form

Do you use tobacco? ____Yes ____No
Does anyone else in your household use tobacco? ____Yes ____No
List two things you learned from the presentation/outreach.

1.
2.

List two suggestions for improving the presentation/outreach.

1.
2.

Feedback Form

Do you use tobacco? ____Yes ____No
Does anyone else in your household use tobacco? ____Yes ____No
List two things you liked best about the training.

1.
2.

List two suggestions for improvement.

1.
2.

Research Tool 3: Smoke-Free Homes Community Event Checklist

This checklist is to be filled out by each person who promotes smoke-free homes at community events. Use the questions below to record the numbers of people contacted during the event.

Event: _____ Date: _____ Time: _____am/pm to _____am/pm

1. How many people did you personally talk to about smoke-free homes? _____

2. Of the people you talked to:
   a. How many said they currently smoke? _____
   b. How many said that they smoke inside their homes? _____
   c. How many said that another person smoke inside their homes? _____
   d. How many said they have a policy about smoking inside their homes? _____
   e. How many said they have considered a policy about smoking inside their homes? _____

3. How did the majority of people react to your smoke-free home message?
   ☐ Very interested ☐ Somewhat interested ☐ Not interested ☐ Hostile

4. How many smoke-free home pledges did you collect? _____

5. List any interesting observations you made or comments from people you talked to (Please attach a separate sheet if necessary.):

_____
_____
_____

6. Did you see anyone smoking at the event? ☐ No, No one ☐ Yes, Less than half
   ☐ Yes, About half ☐ Yes, More than half ☐ Yes, All or nearly all

7. Do you think this event/presentation attracted the right audience for your smoke-free message?
   ☐ Yes ☐ No
   Please explain your response: _____
   _____
   _____

8. What was the approximate age of the majority of the people you talked to?
   ☐ 17 or younger ☐ 18- 40 years old
   ☐ 41-65 years old ☐ 66 and older ☐ A mix of ages _____

9. Based on your experience, how can this intervention be improved?

_____
_____
_____
_____

Attachment A: Example Project

Detroit Clean Air Network
No Doubt, Smoke-Out: Smoke-Free Homes Campaign

The No Doubt, Smoke-Out: Smoke-Free Homes Campaign is a Detroit campaign sponsored by the Detroit Clean Air Network (D-CAN). D-CAN is a community-based organization comprised of Black Caucus Foundation of Michigan, Black Family Development, Inc., Detroit Urban League, Inc., Detroit Health Department/Tri-Cities Tobacco Reduction Coalition, Northwest Community programs, American Lung Association and American Cancer Society. The goal of the No Doubt, Smoke-Out: Smoke-Free Homes campaign is to increase the awareness of families regarding the dangers of secondhand smoke to children in their homes throughout the city of Detroit and to obtain a commitment from these families to make and keep their homes smoke-free.

In the city of Detroit, there is a high asthma burden, especially among African-American children. The hospitalization rate for Detroit children (1-14 years) was three times higher than for the rest of the state. Within Detroit, both the mortality and hospitalization rates for African American children were twice that of white children. Because of this high burden, this campaign integrated asthma in its messages to increase the public's knowledge about asthma and as a way assist with the education of secondhand smoke.

The campaign-utilized faith based organizations and trained youth to assist in delivering messages regarding secondhand smoke to parents in a non-threatening manner. The presentations conducted by youth and adults, gave information about secondhand smoke and asthma and asked for a commitment to make and keep their home and car smoke-free by signing the smoke-free home pledge. The participants were given the opportunity to turn in their pledge to the presenter at the time of the presentation as a method to increase participation. Presentations were conducted in churches, schools, community based agencies and local area events.

The campaign kicked off on March 8, 2002 with a press conference at Children's Hospital in Detroit. In support of the campaign, a secondhand smoke radio spot developed by the Michigan Department of Community Health (MDCH) and the Michigan Association of Broadcasters that ran from March 8, 2002 through the end of the campaign May 31, 2002. The radio spot consisted of a call to action, where listeners could contact the MDCH's clearinghouse to order the brochure "First Hand Facts on Secondhand Smoke".

A survey for the campaign has been developed that consists of a non-scientific pre-opinion survey that was conducted during February 2002 and a post-opinion survey that was conducted from June through August 2002. The opinion survey will measure the knowledge, attitude, and behaviors of the people of Detroit regarding secondhand smoke.

The MDCH Tobacco Section and DCAN will conduct an evaluation starting in September 2002. The purpose of the evaluation will be to determine signing the pledge helped participants make or keep their homes and cars smoke-free, and whether signing the pledge helped motivate any smokers living in the home to quit smoking. Eight months following the program launch (November 2002), a random sample of participants who signed the smoke-free home pledge will be surveyed via telephone, and will be invited to participate in exploratory focus groups approximately three weeks after completing the survey.

These focus groups will consist of six to twelve participants who signed the pledge and non-participants, defined as those who did not sign the pledge and have requested cessation assistance from local agencies. The purpose of the exploratory focus groups will be to gather feedback about the program and compare differences between participants and non-participants. A 12-month follow-up survey (May 2003), via telephone or face-to-face interview, will be conducted among participants to collect data on the smoke-free status of their home and car, in addition to collecting cessation information.

The Smoke-Free Homes program has also recently been implemented among faith-based communities in Grand Rapids and Flint, and will be conducted among the Michigan Multi-Cultural Networks in winter 2002. An evaluation of the program will also be conducted according to the program timelines in these areas.

Cost of the Campaign

Paid for by a Michigan Department of Community Health grant from CDC "Addressing Asthma from a Public Health Perspective."

Brochure – 20,000	$4,500
Radio Spot - development	$2,834
Poster Board	$129
Banner	$216
Total	**$7,679**

Source: Michigan Department of Health.[12]

Attachment B: "Nine Questions" A Strategy Planning Tool for Policy and Environmental Change

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1. What do we want? (GOALS)

Any policy or environmental change effort must begin with a sense of its goals. Among these goals, some distinctions are important. What are the long-term goals and what are the short-term goals? What are the content goals (e.g. policy change) and what are the process goals (e.g. building community among participants)? These goals need to be defined at the start, in a way that can launch an effort, draw people to it, and sustain it over time.

2. Who can give it to us? (AUDIENCES)

Who are the people and institutions you need to move? This includes those who have the actual formal authority to deliver the goods (i.e. policymakers). This also includes those who have the capacity to influence those with formal authority (i.e. the media and key constituencies, both allied and opposed). In both cases, an effective policy effort requires a clear sense of who these audiences are and what access or pressure points are available to move them.

3. What do they need to hear? (MESSAGE)

Reaching these different audiences requires crafting and framing a set of messages that will be persuasive. Although these messages must always be rooted in the same basic truth, they also need to be tailored differently to different audiences depending on what they are ready to hear. In most cases, policy or environmental change messages will have two basic components: an appeal to what is right and an appeal to the audience's self-interest.

4. Who do they need to hear it from? (MESSENGERS)

The same message has a very different impact depending on who communicates it. Who are the most credible messengers for different audiences? In some cases, these messengers are "experts" whose credibility is largely technical. In other cases, we need to engage the "authentic voices," those who can speak from personal experience. What do we need to do to equip these messengers, both in terms of information and to increase their comfort level as advocates?

5. How can we get them to hear it? (DELIVERY)

There is wide variety of ways for advocates to deliver message. These range from the genteel to the in-your-face. The most effective means varies from situation to situation. The key is to evaluate them and apply them appropriately, weaving them together in a winning mix.

6. What have we got? (RESOURCES)

An effective policy or environmental change effort takes careful stock of the resources that are already there or need to be built on. This includes past policy work that is related, alliances

already in place, staff and other people's capacity, information and political intelligence. In short, you don't start from scratch; you start from building on what you've got.

7. What do we need to develop? (GAPS)

After taking stock of the resources you have, the next step is to identify the resources you need that aren't there yet. This means looking at alliances that need to be built, and capacities such as outreach, media, and research that is crucial to any effort.

8. How do we begin? (FIRST STEPS)

What would be an effective way to begin to move the strategy forward? What are some potential short term goals or projects that would bring the right people together, symbolize the larger work ahead, and create something achievable that lays the groundwork for the next step?

9. How do we tell if it's working? (EVALUATION)

As with any long journey, the course needs to be checked along the way. Strategy needs to be evaluated, revisiting each of the questions above (i.e. are we aiming at the right audiences, are we reaching them, etc.) It is important to be able to make mid-course corrections and to discard those elements of a strategy that don't work once they are actually put into practice.

Note: A common confusion in the development of advocacy strategy is the difference between "strategy" and "tactics." ***Tactics*** are specific actions -- circulating petitions, writing letters, staging a protest, etc. – that are the building blocks of advocacy. ***Strategy*** is something larger, an overall map that guides the use of these tools toward clear goals. Strategy is a hard-nosed assessment of where you are, where you want to go, and how you can get there.

© 2001 Advisory Institute, Washington D.C.[13]

Attachment C: Smoke-Free Home Pledge Brochure

How do you get the smoke out?

SOME WAYS TO QUIT

Cold turkey

Some people quit smoking completely and never look back. You might also try a more gradual approach—tapering back on the number of cigarettes you smoke, delaying the time of day you first light up, or eliminating the places you smoke.

Support

You greatly improve your chances of quitting for good if you quit with a friend or family member. Also, support groups prove to be very helpful for many people who want to quit.

Medication

There are many medications to help you quit. Nicotine patches and gum can help reduce cravings for cigarettes, as can the prescription medicine Zyban®.

For more information or for help quitting, call the Utah Tobacco Quit Line at 1-888-567-TRUTH.

Utah Tobacco Quit Line
1-888-567-TRUTH
(1-888-567-8788)

Hours
Monday-Thursday 8am-10pm
Friday 8am-8pm
Saturday & Sunday 7am-5pm

Resources
Tobacco Free Resource Line
1-877-220-3466
Utah Department of Health
Tobacco Prevention and Control Program
PO Box 142106
Salt Lake City, UT 84114-2106

The TRUTH

You work hard for your kid's future.

DON'T LET IT GO UP IN SMOKE.

The TRUTH
About Secondhand Smoke

How does secondhand smoke harm your family?

IT'S TOXIC

Secondhand smoke contains more than 4,000 chemicals like lead, carbon monoxide, toluene, and formaldehyde. Many are known to cause cancer or other conditions like heart disease and lung disease.

If you're exposed to any of these chemicals at work, you take the proper precautions to protect yourself. So, please, take the proper precautions to protect your family. Quit smoking or, at the very least, don't smoke or let others smoke in your house or in your car.

The Environmental Protection Agency classifies secondhand smoke as a "Group A" carcinogen— ***the most dangerous category of cancer-causing agent.***

IT'S EXPENSIVE

It costs around $1,500 every year for a pack-a-day habit. Clearly, smoking takes a big bite out of your family budget. If you quit that pack-a-day habit and put the money in a college fund with a 6% annual return, 15 years from now you'd have at least $28,000 dedicated to your child's future.

Besides the amount you pay for packs of smokes, tobacco also socks it to your pocketbook through increased healthcare costs. Research shows that children of smokers get sick more often, which means more co-pays, more time off for trips to the doctor, more sick days, and higher insurance premiums.

IT HURTS CHILDREN

Secondhand smoke increases the risk that your children will get ear infections, asthma, bronchitis, and pneumonia. Even worse, it can kill them. Fact is, more young children in the U.S. die from the effects of secondhand smoke than from all unintentional injuries combined.

Secondhand smoke can harm babies even before they're born. For example, secondhand smoke causes over nine thousand premature births in the U.S. every year. Secondhand smoke is also linked to stillbirth, low birth weight and Sudden Infant Death Syndrome (SIDS).

Attachment D: Example Sign

Attachment E: Secondhand Smoke Facts Sheet

Secondhand Smoke

What are the dangers of secondhand smoke (SHS)?

- There is no risk-free level of secondhand smoke exposure. Even brief exposure can be dangerous.[2]
- Over 4,000 **chemicals** are found in a single puff of smoke, including more than 50 carcinogens.[8]
- 430 American newborns die each year from Sudden Infant Death Syndrome (SIDS) caused by SHS. [9]
- About 10% of all SIDS cases are attributable to postnatal exposure to secondhand smoke.[2]
- 3,000 Americans die each year from **lung cancer** caused by SHS.[2]
- **Secondhand smoke can cause lung cancer in healthy nonsmokers.** A nonsmoker who lives with a smoker has a 20-30% greater associated risk of developing lung cancer.[2]
- About 46,000 Americans die each year from **heart disease** caused by SHS.[2]
- Exposure to secondhand smoke increases the risk of heart disease among non-smokers by about 25-30 percent.[2]
- SHS causes ear problems, acute respiratory infections, and wheeze illnesses in children, slows their lung growth, and makes asthma more severe.[2]
- Secondhand smoke exposure is responsible for an estimated 150,000–300,000 new cases of bronchitis and pneumonia in children aged less than 18 months, resulting in 7,500–15,000 hospitalizations.[10]
- SHS can affect nonsmokers by causing **eye irritation, headaches, nausea, and dizziness.** [11, 12]
- SHS is linked to 10,000 cases of **Low Birth Weight** every year in the U.S.[4]
- SHS causes middle ear disease in children.[2]

How can a smoker protect their child from secondhand smoke?

- **Smoke outside**, at least 25 feet from the house.
- **Do not smoke in the car** with children or other passengers. [4]
- **Quit smoking** when you are pregnant (see "Smoking and Pregnancy" fact sheet).
- Ask adults who care for your child, or who visit your home, **not to smoke near your child**. Encourage them to take it outside for your child's sake. [4]
- Make a rule that smoking is not allowed inside your home.[2]

Secondhand Smoke in Utah

- 25,800 Utah children age 17 or under (3.34%), live in a home where somebody smokes inside the home.[13]
- 59% of Utah youth are exposed to secondhand smoke in outdoor settings every week. [14]

For help quitting, call the Utah Tobacco Quit Line at 1.888.567.TRUTH or visit utahquitnet.com

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[12] Canadian Cancer Society, http://www.cancer.ca/ccs/internet/standard/0,3182,3172_13127__langId-en,00.html Accessed August 2006
[13] Utah Health Status Survey, 2004
[14] TPCP Youth Media Survey, 2005
Updated August 2006

The TRUTH

Attachment F: Example Press Release

For Immediate Release:
Wednesday, February 14th, 2006
Media Contact:
Your Name
(Area Code) Phone number
E-mail

News Release

[Local Health Department] Invites Locals to Show They Care by Going Smoke-Free

(City, UT) — It's an easy way to show your loved ones they matter: Stop smoking in your home and save your children's health - perhaps even their lives. That's the goal of the Smoke-Free Homes Campaign sponsored by the [Local Health Department] and [partners]. The campaign aims to make local residents healthier by publicizing the effects of secondhand smoke and encouraging them to pledge to make their homes smoke free.

Secondhand smoke is dangerous to everyone, but infants and children are at greatest risk because their lungs are still developing. Breathing secondhand smoke is associated with many illnesses in children, including sudden infant death syndrome (SIDS), middle ear infections and bronchitis. It also contributes to the development of new cases of asthma in healthy children, and those who breathe secondhand smoke have more frequent and more severe asthma attacks. The Surgeon General has said that there is no safe level of exposure to secondhand smoke.

The smoke-free homes campaign is designed to educate parents about the dangers of secondhand smoke and to challenge them to make a commitment to starting—and keeping—tobacco products out of the house. Smoke-free home and car kits with brochures, stickers, and air fresheners and Pledge Cards are available to help them keep that commitment. Youth from the [Local Youth Group] and the [Local Health Department] will be distributing these and conducting outreach to churches, schools, and community-based agencies over the next few months.

"More than 22,000 Utah children are exposed to secondhand smoke in their homes each year," said [Representative], [Job Title], [Local Health Department]. "They need to be protected from

this hazard. When parents are informed about the facts, we believe they will be more than willing to make their homes smoke-free."

Jim Robinson, of [city] agrees. "I'm still trying to quit, but we made our home smoke free a year ago. I smoke outside, and ask our friends to do the same – and our kids haven't been sick as much this year," said Robinson. "Going smoke free is the best thing you can do for the health of your family."

For more information on volunteer opportunities, a free smoke-free car kit, or to take the pledge, please call [Phone Number].

# # #

Attachment G: Benefits of a Smoke-Free Home and Tips for Making Your Home Smoke-Free

Benefits of a Smoke-Free home

The greatest benefit of having a Smoke-Free home is that you will remove the health risks associated with secondhand smoke. In addition:

- Removal of health risks associated with SHS.
- Home smoking restrictions promote smokers to quit.
- Youth are less likely to begin smoking.
- Your home will smell better when it is smoke-free.
- The air in your home will be fresher, cleaner, and smell better.
- You will lower the chances of fire in your home
- Your food will taste better.
- Less time and money will be spent on cleaning your carpets, windows, walls, and mirrors.
- Your insurance rates may be lower.
- The resale value of your home may be greater
- Your pets will be healthier. For example, secondhand smoke increases the risk of cancer in dogs.

Tips for making your home Smoke-Free

- Talk about it! Sit down with everyone living in your home and discuss ways to make your home smoke-free.
- Don't allow smoking in your home. Politely ask people to smoke outside, even house guests.
- Make it clear that you are keeping your home smoke-free to protect others in your home, not as a punishment to someone who smokes.
- Make the smoking area as comfortable for them as possible.
- Do not allow babysitters or other people who work in your home to smoke in the house or around your children.
- Thank your friends and family for helping to keep your home smoke-free.
- Make a sign or put up a sticker that indicates that you have a smoke-free home.
- If you smoke, or another person in the house smokes, make the commitment to take it outside or quit altogether. Here are some quitting resources:

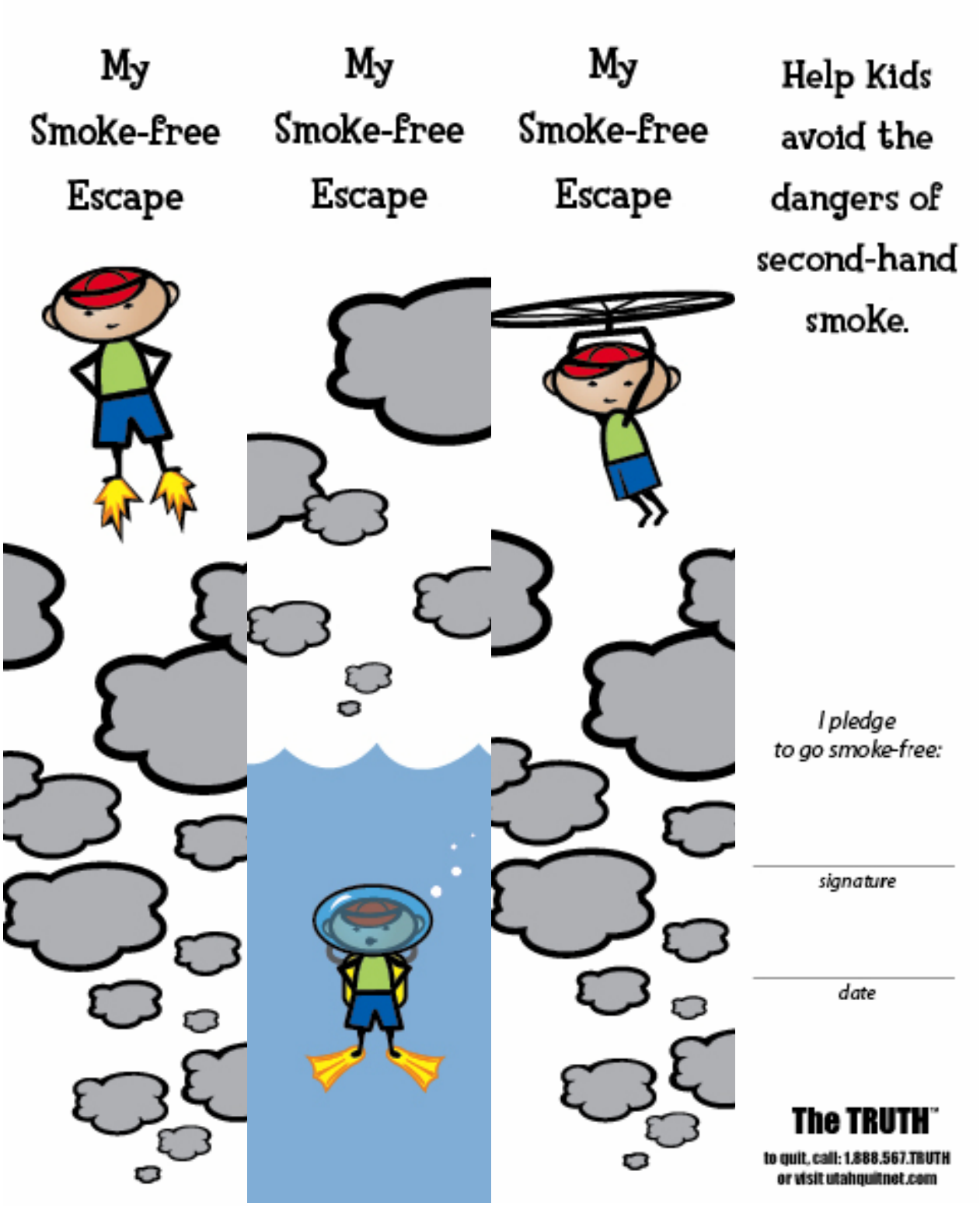
Quit Line: English: 1-888-567-TRUTH (8788)
Spanish: 1-877-629-1585
TTY: 1-877-777-6534

QuitNet: http://www.utahquitnet.com/

Tobacco Free Resource Line: 1-877-220-3466 (to obtain information on harmful effects of tobacco use, and self-help materials)

Cessation Directory: http://www.tobaccofreeutah.org/utah_tobacco_cessation_resource_directory introduction-1.htm (to find available cessation programs in your area)

Attachment H: Example Smoke-Free Home Pledge



Mi Escape del Humo

Mi Escape del Humo

Mi Escape del Humo

Ayuda a los niños a evitar los peligros del humo de segunda mano.

Prometo no fumar:

_____
firma

_____
fecha

The TRUTH™

para dejar el tabaco llame al 1.877.629.1585

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Based on Taking Action Against Secondhand Smoke: An Online Toolkit—Employee and Employer Action Steps, Centers for Disease Control and Prevention (CDC).

Action Step 1: Gather Relevant Facts and Information

The first thing to do is become familiar with the policy changes that can be implemented in healthcare settings which can range from developing a smoke-free hospital campus policy to a clinic institutionalizing the U. S. Public Health Service Guidelines. This section addresses all possible policy changes within a healthcare setting. What policy change you start with depends on the healthcare organization and their readiness for change. For example, in some healthcare settings, it may be easier to start with a patient education component (Public Health Service Guidelines) than advocate for a smoke-free policy. Once a relationship is developed with the healthcare organization, it may then be appropriate to advocate for a smoke-free policy. Policies and procedures in healthcare settings should incorporate:

- A smoke-free environment that is safe for clients, employees, and visitors.
- Systems and procedures for educating current and expecting parents about the harmful effects of their tobacco use on their children.
- Systems and procedures for assisting clients to quit using tobacco.
- Systems and procedures for encouraging clients who are experiencing or who are at high risk for tobacco-related complications to avoid secondhand smoke.

Not only does prohibiting smoking protect nonsmokers from exposure to secondhand smoke and reduce the risk of fire, it benefits smokers by reducing the risk of adverse effects of tobacco on care, treatment, or services.[1]

The Coalition for a Tobacco Free Utah

The Coalition for a Tobacco Free Utah (CTFU) is a collection of concerned citizens, businesses, and nonprofit organizations, agencies and healthcare professionals who are working to improve the health and quality of life for all Utahns by minimizing and reducing the health risks associated with tobacco use and exposure. CTFU is comprised of several different committees. The Healthcare Committee meets once a month and coordinates tobacco efforts among healthcare providers statewide. Getting involved with this committee is an excellent way to stay

connected with statewide goals and resources in your work with healthcare providers. Email ctfutah@gmail.com to learn more.

Professional Association Anti-Tobacco Initiatives

There are a number of healthcare professional associations that have made tobacco treatment a priority. Some examples include: the American Academy of Family Physicians, the American Dental Hygienists' Association, and the American Medical Association. Go to http://www.tobaccofreeutah.org/healthcarelinks.html to find out if the healthcare group you are working with has adopted tobacco control as a priority. You will be able to maximize your work by knowing more about and linking with these national initiatives.

The Utah Indoor Clean Air Act

At a minimum, Utah healthcare settings are required to limit smoking at their facilities in compliance with the Utah Indoor Clean Air Act (UICAA). However, healthcare organizations are encouraged to go beyond the minimum requirements of the Utah Indoor Clean Air Act and make their facilities completely smoke-free.

The Utah Indoor Clean Air Act (UC 26-38-1 to 8) and its accompanying rule (R 392-510-1 to 16) make the following legal requirements about smoking at Utah healthcare settings. The law provides minimum requirements; organizations may voluntarily choose to impose stricter rules, such as banning all tobacco use on the whole campus.

- **In general, smoking is prohibited in all publicly owned buildings and in all indoor places of public access.** Privately owned buildings are considered publicly accessible if people who are not employed there have regular access to the building. Publicly accessible places include common areas of nursing homes, residential health care facilities, assisted living facilities, and hospitals. Lobbies, hallways, elevators, restaurants, cafeterias, dining areas, and restrooms are all considered common areas. Nursing homes, residential health care facilities, assisted living facilities, and hospitals may legally have designated enclosed areas where smoking by residents is permitted, but these areas must be designed and operated to prevent secondhand smoke exposure to people outside of the designated smoking area. Nonresidents, including employees and visitors, may not smoke indoors according to Utah law.
- **Employees and visitors may not smoke closer than 25 feet from entryways, exits, air intakes, or open windows.** Nursing homes, residential health care facilities, assisted living facilities, small health care facilities, and hospitals with a certified swing-bed program may legally create designated outdoor smoking areas within 25 feet of entryways, exits, air intakes, or open windows for residents only. However, if the healthcare organization does choose to create such a designated outdoor smoking area, it may not allow anyone besides facility residents to smoke in the designated area. There is a legal exception to this prohibition for entryways with double vestibule doors.
- **All smoking and nonsmoking areas must be designated with signs.** In general, signs must include both words and the international "smoking" or "no smoking" symbols. On nonsmoking area signs, the words "No Smoking" must be at least 1 ½ inches in height.[6]

For instructions on how to comply with the signage rule, see the Utah Indoor Clean Air Act Business Guide—Signs and Announcements at http://www.tobaccofreeutah.org/uicaa-busguide-signs&announcements.htm

JCAHO Standards for Designated Smoking Areas

While Utah law does permit indoor designated smoking areas for residents at residential healthcare facilities, organizations that choose to create such smoking areas should follow the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 2004 Standards for Management of the Environment of Care. These standards include the following:

- **Maximize the safety of the designated smoking area.**
  - The designated smoking area must be environmentally separate from care, treatment, or service areas.
  - The organization must take measures to minimize fire risks.
- **Limit the persons who are allowed to use the designated smoking area.**
  - Only residents may smoke in designated smoking areas, not employees or visitors.
  - The organization may never permit tobacco use by child or adolescent residents.
  - Residents are only permitted to smoke in the designated area if they meet criteria set by organization leadership. (Such standards may include making smoking at the facility a last resort if other options to combat withdrawal symptoms are inappropriate.)
- **Discourage residents from smoking, even where permitted.**
  - Even if residents are permitted to smoke in the facility's designated smoking area, residents who do smoke should be discouraged from doing so and be provided with tobacco education, including information about options for smoking cessation.[7]

Some of the Risks of Continued Smoking to Medical Patients

The U.S. Public Health Service points out that smoking cessation programs are cost-effective for hospitalized patients. Successful tobacco abstinence not only reduces general medical costs in the short-term, but also reduces the number of future hospitalizations.[2]

- Among cardiac patients, second heart attacks are more common in those who continue to smoke.
- Lung, head, and neck cancer patients who are successfully treated, but who continue to smoke, are at elevated risk for a second cancer.
- Smoking negatively affects bone and wound healing.[3]

An Opportunity for Cessation

The illness resulting in hospitalization may have been caused or exacerbated by smoking, highlighting the patient's personal vulnerability to the health risks of smoking. Meanwhile,

temporarily housing the client in a smoke-free environment can be used to initiate the quitting process. Together, the patient's medical condition combined with living in a smoke-free environment can be a powerful motivator to quit.

In order to take advantage of this opportunity, promote the following strategies to healthcare organizations:

- Ensure that all sections of the hospital are entirely smoke-free.
- Post signage and remove ashtrays.
- Ask each patient on admission if he or she uses tobacco, and document tobacco use status.
- For current tobacco users, list tobacco use status on the admission problem list and as a discharge diagnosis.
- Identify one or more clinicians to deliver tobacco dependence inpatient consultation services for every hospital.
- Provide advice and assistance on how to quit smoking during hospitalization and remain abstinent after discharge.
- Use counseling and pharmacotherapy to assist all tobacco users to quit, maintain abstinence, and treat withdrawal symptoms. Referring to the Utah Tobacco Quit Line may provide counseling: 1-888-567-TRUTH (8788), (for Spanish) 1-877-629-1585, or (TTY) 1-877-777-6534.
- Reimburse providers for tobacco dependence in-patient consultation services.
- Expand hospital formularies to include FDA-approved tobacco dependence pharmacotherapies, which are nicotine replacement therapy (NRT), bupropion SR (Zyban), and varenicline (CHANTIX).
- Educate hospital staff that first-line medications may be used to reduce withdrawal symptoms; even if the patient does not intend to quit.[4, 5]

Educate Parents about Secondhand Smoke and Encourage Them to Quit

A meta-analysis of several studies showed that informing parents about the harmful effects of exposing children to secondhand smoke reduces childhood exposure to secondhand smoke and may reduce parental smoking rates. Furthermore, even less than three minutes of advice to quit smoking by a health care provider, using the Public Health Service "5 A's" method outlined in *Clinical Practice Guideline for Treating Tobacco Use and Dependence*, has been proven to significantly increase tobacco abstinence rates. Therefore, clinicians have an important role in limiting secondhand smoke exposure to children.[8]

Encourage Clients to Avoid Secondhand Smoke

Use the 5 A's with Nonsmokers

The 5 A's counseling approach can be applied to nonsmokers to help them eliminate their exposure to secondhand smoke.[14] To learn how to adapt the 5 A's approach to talk with nonsmokers about their secondhand smoke exposure, see ***Attachment D***.

Counsel Groups at High Risk for Secondhand Smoke-Related Complications

Secondhand smoke is harmful to everyone, and all patients should be encouraged to avoid exposure. However, emphasis should be placed on counseling patients who are experiencing smoke-related problems or for whom secondhand smoke poses the greatest risks. Pregnant women should be advised to stop smoking and to avoid secondhand smoke from the very beginning of pregnancy, as secondhand smoke exposure harms the fetus even during early pregnancy.[15] This smoke exposure can lead to an unhealthy birth and to disease or death after the baby is born. Since children also suffer more negative consequences due to secondhand smoke exposure than the average adult, their guardians should be counseled to protect them from secondhand smoke. Several medical conditions interact with secondhand smoke, leading to substantially higher risks of complications. For some examples of groups at high risk for secondhand smoke-related complications, see ***Attachment E***.

Guidelines for Pediatricians

With regard to tobacco, the U.S. Public Health Service *Clinical Practice Guideline for Treating Tobacco Use and Dependence* makes the following recommendations for pediatricians and other clinicians that serve children:

- Clinicians should screen pediatric and adolescent patients, and their parents, for tobacco use and provide a strong message regarding the importance of totally abstaining from tobacco use.
- Clinicians in a pediatric setting should offer smoking cessation advice and interventions to parents to limit children's exposure to secondhand smoke.[9]

JCAHO affirms the responsibility of pediatric healthcare providers to educate their patients' parents about exposing them to secondhand smoke. In January 2004, JCAHO implemented a performance measurement system called ORYX. One standard to be measured is whether pediatric healthcare providers consistently counsel the caregivers of children with community-acquired pneumonia to stop smoking.[10] To learn more about this standard, see ***Attachment A***.

Guidelines for Prenatal and Postpartum Care Providers

The U.S. Public Health Service *Clinical Practice Guideline for Treating Tobacco Use and Dependence* makes the following recommendations for clinicians that serve pregnant women who smoke:

- "Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered extended or augmented psychosocial interventions that exceed minimal advice to quit."
- "Although abstinence early in pregnancy will produce the greatest benefits to the fetus and expectant mother, quitting at any point in pregnancy can yield benefits. Therefore,

clinicians should offer effective smoking cessation interventions to pregnant smokers at the first prenatal visit as well as throughout the course of pregnancy."

- "Pharmacotherapy should be considered when a pregnant woman is otherwise unable to quit, and when the likelihood of quitting, with its potential benefits, outweighs the risks of the pharmacotherapy and potential continued smoking."[11]

The PHS Guideline provides this rationale for following these recommendations:

> Smoking in pregnancy imparts risks to both the woman and the fetus. Cigarette smoking by pregnant women has been shown to cause adverse fetal outcomes, including stillbirths, spontaneous abortions, decreased fetal growth, premature births, low birth weight, placental abruption, sudden infant death syndrome (SIDS), cleft palates and cleft lips, and childhood cancers. Many women are motivated to quit smoking during pregnancy, and health care professionals can take advantage of this motivation by reinforcing the knowledge that cessation will reduce health risks to the fetus and that there are postpartum benefits for both the mother and child.
>
> It is important to note that smoking cessation is also cost-effective in special populations such as hospitalized patients and pregnant women. Smoking cessation interventions for pregnant women are especially cost-effective because they result in fewer low birth weight babies and perinatal deaths, fewer physical, cognitive, and behavioral problems during infancy and childhood, and also yield important health benefits for the mother.[12]

While it is important to emphasize the risks of smoking during pregnancy, healthcare providers should also begin during pregnancy to talk with the future parents about the effects of secondhand smoke on their child after the child is born. During pregnancy, prospective parents, especially prospective mothers, are highly motivated to stop smoking. Many quit and stay quit throughout pregnancy. However, even women who have maintained total abstinence from tobacco for six or more months during pregnancy have a high rate of relapse in the postpartum period. Postpartum relapse may be decreased by continued emphasis on the relationship between maternal smoking and poor health outcomes of secondhand smoke on infants and children such as SIDS, respiratory infections, asthma, and middle ear disease. Relapse prevention should start during pregnancy and should continue after the child is born and while receiving pediatric care.[13]
To learn more about prenatal and postpartum care, see ***Attachment B*** and ***Attachment C***.
First Step is a cessation program for pregnant a woman that is administered by local health departments. For a First Step contact in your area, please visit:
http://www.tobaccofreeutah.org/firststep.html

Select Healthcare Organizations for Partnership

Evaluate State and Local Data

Prior to making a decision about which healthcare organizations to work with, you will want to consider which populations in your area are most affected by secondhand smoke. You can use this information to help you choose healthcare organizations that have access to subpopulations most affected by tobacco-related problems. Here are some resources that will help you:

Utah Tobacco Facts and Figures
Look at this web page first. It will provide you with valuable resources to learn about current tobacco use rates, secondhand smoke exposure rates, and health care provider rates of implementing the 5 A's through resources such as the Utah Facts sheet and legislative reports.
http://www.tobaccofreeutah.org/facts.html
Another resource that may be helpful to you is "Barriers to Tobacco Cessation Counseling Among Healthcare Providers in Utah" report found at:
http://www.tobaccofreeutah.org/hcpreport.pdf

Working Together to Bridge the Gap: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities in Utah
This report lists groups recognized as disparately affected by tobacco use in Utah and explains the statewide plan to reduce these disparities. http://www.tobaccofreeutah.org/strategicplan.pdf

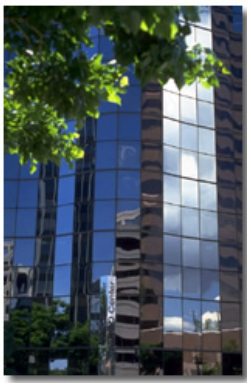
IBIS-PH
On this website, you can search for Utah and local census data, smoking rates, ETS exposure rates, and the number of Utah births to women who smoked during pregnancy. Many fields can be queried by subpopulations. http://ibis.health.utah.gov/index.html

Utah Census Information
This site provides demographic information.
http://www.governor.state.ut.us/dea/Census2000Data.html

Assess Potential Healthcare Organization Partners

A phonebook is a simple tool you can use to assess the kinds and number of organizations available in your area. Consider these questions to narrow the list of organizations you consider working with:

- Does the organization have clinicians that treat tobacco-related problems, such as dentists, prenatal care providers, general practitioners, respiratory therapists, pediatricians, etc.?
- Does the organization have local authority to change tobacco-related policies and procedures?
- Where is the organization located?
- Does the organization serve populations disparately affected by tobacco use?
- What is the history of the organization's partnership with the health department?



? Track your Progress

- Are you familiar with existing healthcare guidelines or laws about clean air policies, educating parents about secondhand smoke, and encouraging people to avoid secondhand smoke?
- Which populations in your area are most affected by secondhand smoke?
- What criteria will you use to select healthcare organizations for partnership?

Action Step 2: Make Your Case

Identify Potential Champions

Identify a person in the organization who may be willing to get a smoke-free policy considered and adopted, initiate the process of organizing systems for tobacco-related treatment, and influence others in the organization to change treatment practices.[16] You will need someone who has the time and inclination to work with you and someone who has authority in the organization—if you are lucky, you may find one person who meets both descriptions. If not, you may need two champions: one who has time to help you follow the action steps in the guide, and another who has power to implement policy change after you and your other champion have done the legwork.

Approach Potential Champions

Share the information about secondhand smoke policies from Action Step 1 with your potential champion(s). If you have not worked with this person or organization before, it may be helpful to share information on all aspects of the PHS Guideline rather than focusing specifically on secondhand smoke, in order to approach tobacco-related policy change holistically. Offer resources to the organization, such as cessation programs for its patients and materials for its clinics. Ask if he/she would be willing to work with you to assess current policies and procedures in the organization and implement policy changes if necessary. Partner with this person to follow the action steps listed in this section.

Overcome Barriers

You may need to help healthcare providers resolve their concerns before they are ready to become champions. The following table lists some common barriers to tobacco-related treatment among healthcare providers, along with ideas to overcome them. If a person is still highly concerned after attempting resolution, you may consider finding someone else to be your champion who is more enthusiastic about tobacco control. Though you will eventually need to convince less enthusiastic people in the organization in order to achieve policy change, your initial champion needs to be a strong advocate for your cause.

Concern	Resolution
I don't have time.	Tell them that the 5 A's intervention is only 3 minutes long and that those 3 minutes can be divided among multiple staff. Also, reassure them that healthcare providers are only expected to refer patients to cessation counseling services; healthcare providers do not need to provide the counseling themselves.[18, 19]
I don't know how.	Offer training on the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence.

Concern	Resolution
It doesn't do any good.	Share with them the evidence in the U.S. Public Health Service Clinical Practice Guideline demonstrating a significant increase in tobacco cessation after advice from a healthcare provider. Also, help them understand that since tobacco dependence is a chronic disease, it often takes several attempts before a person quits for good. However, each attempt increases the likelihood of success on the next attempt.[20]
I don't want to offend my patients.	Share with them research demonstrating that patients believe that tobacco-related advice is a healthcare provider's job, and that tobacco users want and expect such advice.[21, 22]
My patients can't afford cessation treatment	Inform them about free resources available to Utah residents, such as the Utah Tobacco Quit Line and Utah QuitNet.
It's too inconvenient.	Explore options for systems changes in their clinic to make tobacco-related treatment easier. For example, they could change the medical record form, use chart stickers to identify tobacco users, or implement the fax referral system.
This isn't my job.	Many respected professional organizations have declared that tobacco control is an important part of their fields. See some of these position statements at http://www.tobaccofreeutah.org/healthcarelinks.html#Professional%20Association%20Anti-Tobacco%20Initiatives

? Track your Progress

- What organizations did you approach?
- Who are your champions? What are their positions in their organizations?
- How did you approach potential champions?
- How did you address any barriers?

Action Step 3: Assess the Organization's Readiness

Assess Willingness

Before you can successfully implement a new policy or protocol, you should find out if current management and clinicians are open to new tobacco control activities. This assessment can be informal in nature. Here are some example questions to ask your champion:

- Does this organization treat tobacco-related problems (e.g., dental, prenatal, etc.)?
- Is there concern among clinicians and staff about the prevalence of tobacco use among your clients or in your community?
- Are any departments or clinicians already working on tobacco-related activities?
- Are senior leaders and decision makers (i.e., a physician, medical director, or opinion leader) supportive of developing new efforts to reduce and prevent tobacco-related problems?
- Can you identify other professionals in the organization who would be willing to serve on a tobacco program planning committee?

- If the organization is a health plan, do purchasers in your area express interest in tobacco treatment for their employees (i.e., do they ask about this in RFPs)?
- Is your organization interested in performance report cards (i.e., HEDIS, FACCT, etc.) and/or accreditation through NCQA, JCAHO, or other organizations? [23]

Assess Current Policy and Practices

With your champion, learn about and document the current policies and procedures in the organization. Thoroughly understanding current policies and procedures helps you avoid wasting time promoting policies that are already in place, or worse, stirring up controversy about polices that currently favor tobacco control. You can learn about them by first reviewing any existing written policies and protocols and then by informally interviewing your champion for information that cannot be discovered through documents. The Tobacco Prevention and Control Program Clinic Policy Assessment is one tool you might use to guide you through this process. This assessment measures all aspects of tobacco dependence treatment. If appropriate, you may limit your assessment to questions 13-15 and 27-29a to focus on secondhand smoke issues. For a copy of the assessment tool, see ***Research Tool 1.*** In addition, ***Research Tool 6*** will help you conduct observations to assess evidence of smoking on premises and existing tobacco practices. Use ***Research Tool 6*** after your policy has been implemented to document evidence of changes in tobacco use on the premises.

Prioritize Policies and Procedures to Change

Compare the policies and procedures to the ideals recommended in Action Step 1, and discuss the differences with your champion. With your champion, select a few policy change goals based on feasibility, organizational support, and the needs of the population served by the organization.

? Track your Progress

- Which organizations were open to new tobacco control activities?
- Which were not? Why not?
- Of the organizations that were open to change, which ones worked with you to assess current policy?
- Based on the assessments, what gaps in policies and procedures were discovered?
- Which policies or procedures were prioritized for change? Why were these selected?

Action Step 4: Organize Your Approach

Plan for Program Success

According to the American Association of Health Plans, six factors are critical to successful planning of tobacco control programs in healthcare systems. These aspects should be incorporated into your strategic plan:

1. **Use a population-based perspective and data.**
   - Recognize tobacco use as a key health indicator.
   - Focus on the needs of your population and be evidence-driven.
   - Know the results of relevant scientific research and apply those results.
2. **Obtain broad organizational support.**
   - Seek support at all levels of the organization (i.e., CEO, middle managers, customer service staff, etc.).
   - Figure out departmental self-interest and work with it.
   - Set a high goal and interim objectives for reaching it.
3. **Provide adequate support for clinical activity.**
   - Remove financial and organizational barriers to effective tobacco dependence treatment.
   - Rigorously and comprehensively, evaluate to be prepared for internal and public scrutiny.
   - Integrate the tobacco control program into other quality improvement, disease management, and guideline projects.
   - Communicate the availability of the program through numerous channels (i.e., newsletters, direct mailings, company advertisements, etc.).
   - Form lasting partnerships between tobacco control program staff and clinical staff.
4. **Establish local ownership.**
   - Identify and support local leadership.
   - Share data and progress reports.
5. **Empower and support local healthcare teams.**
   - Solicit opinions and feedback from healthcare professionals.
   - Wherever appropriate, make changes based on healthcare teams' suggestions.
6. **Provide organizational support for policy and community-based activities.**
   - Apply organizational weight to policy and community initiatives.
   - Engage physicians in policy advocacy.[24]

Tailor Your Strategy to the Organization

Find out the process for changing policies and procedures in that healthcare organization. Tailor an approach to fit the size, type, and culture of the organization. Discuss the following questions with your champion:

- What process would this organization need to go through to adopt new SHS policies and procedures? Identify the necessary steps.
- How can we help make that process happen?
- Who has power to make changes in this organization?
- What is the best way to approach these individuals?

Consider these questions to further guide your strategic plan: "Nine Questions: A Strategy Planning Tool for Advocacy Campaigns" at
http://www.cdc.gov/tobacco/ETS_Toolkit/9questions.htm

? Track your Progress

- Do you have a written plan outlining how you will persuade organization leadership to effect policy change?
- Does the plan encompass all of the "critical factors for program planning success"?
- Did you consider CDC's "Nine Questions" when creating your plan?
- Did your champion actively participate in creating the plan?
- Does your champion believe the plan is appropriately tailored for his/her organization?

Action Step 5: Educate Clinicians and Staff

Teach Clinicians and Staff the 5 A's

Educate clinicians and staff on how to implement the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence by utilizing the TRUTH Network materials at: http://www.tobaccofreeutah.org/providerguide.pdf. You will need to work with your champion to determine the best way to train your group, but here are some general guidelines:

- Always provide resources to assist clinicians in implementing what you teach them. Tobacco training for healthcare providers has been proven effective when combined with resources, but has not been proven effective without.[25]
- Adapt the training module to your audience. Consider their area of specialty. For example, if you are speaking with prenatal care providers, talk about the special issues associated with treating pregnant tobacco users; if you are speaking with dental hygienists, highlight the effects of tobacco on oral health. Also, consider how much time the clinicians have to counsel patients and whether or not they have the authority to prescribe medications. Shift the focus of your training accordingly.
- Be flexible and considerate of clinician time. The length of time needed to teach the 5 A's varies, depending on how much detail is provided. Since it is only a 3-minute intervention, it is possible to explain the basics of the intervention in a short meeting rather than in a formal training, as long as you leave supplementary materials to remind the clinician of your discussion.
- In general, attendance at formal trainings is better when it is incorporated into existing staff meetings, trainings, or conferences rather than being scheduled as an extra meeting for people to attend. You may also consider using an online course instead of in-person training. You can find links to on-line courses at http://www.tobaccofreeutah.org/healthcare.html
- Look for incentives to encourage participation such as continuing education credit, refreshments, and complimentary resources. Publicize these incentives before the training takes place.

Discuss these questions with your champion as you plan the training:

- How do clinicians in this organization usually obtain training?
- Does this organization have standing meetings or trainings into which tobacco training could be incorporated?
- What incentives would motivate clinicians in this organization to participate in training?
- Are these clinicians interested in continuing education credit? If so, how could we arrange for continuing education credit to be offered for participating in the training?
- Would clinicians in your organization prefer in-person or online training?

During trainings, you may distribute an attendance log to help you evaluate the number and type of clinicians that attended and brief feedback forms to get ideas from attendees about how to improve your trainings in the future. See ***Research Tool 2*** and ***Research Tool 3***.

Assign Roles

The 5 A's may be and should be divided or shared among multiple members of the healthcare organization. With your champion, encourage organization leadership to form a multidisciplinary team to define the implementation plan. This team should consist of a variety of disciplines, such as dentists, physicians, administrators, hygienists, physical therapists, pharmacists, nurses, respiratory therapists, and other professionals, if such a variety is part of the healthcare organization. If applicable, it is also important to include members of the quality improvement and staff education teams.[26] Facilitate a discussion about who should implement which procedures. Ensure that someone is responsible for each aspect of the 5 A's intervention. After the group reaches a consensus, encourage leadership to formally assign roles to various individuals and incorporate these roles into written protocols or job descriptions. Administrators can reinforce these roles by discussing them at performance reviews and offering feedback on tobacco dependence treatment in staff meetings and bulletins. The following are some examples of role assignments:

University of Minnesota, Division of Periodontology, "Program Responsibilities"
http://www1.umn.edu/perio/tobacco/respncbl.html

Addressing Tobacco in Managed Care: A Resource Guide for Health Plans, "Case Study: Kaiser Permanente Northwest"
https://www.freeclear.com/~content/~downloads/ATMC-ResourceGuideForHealthPlans.pdf
(After clicking on the link, use the Acrobat Reader arrows in the lower left-hand corner to scroll to page 27.)

You may use ***Research Tool 4***, the Role Assignment Worksheet, to assist you in documenting the implementation plan and to ensure that all aspects of the 5 A's intervention are assigned.

? Track your Progress

- Were trainings conducted? How were they conducted?
- What incentives were used to encourage participation?
- How many clinicians and staff were trained? What kinds of clinicians and staff were trained?
- Was pertinent staff missing from your training?
- What kind of feedback did you receive from clinicians? Did they have any good suggestions for future trainings?
- Did the organization assign roles? Did you participate in this process, or did the organization handle it internally? If you participated, how did you participate?
- Are there any gaps in role assignments?

Action Step 6: Implement the Policy

Implement the Clean Air Policy

Help the organization plan for adequate time for publicity and education before implementing a change in policy. Ongoing education is also needed for long-term reinforcement and because of staff turnover. An important part of this education campaign is publicizing resources available to support patients and staff who wish to quit smoking or need pharmacotherapies to relieve withdrawal symptoms.[27] Offer to help the organization communicate the policy and its rationale to staff, patients, and visitors through letters to staff physicians, letters to patients scheduled for elective procedures or admissions, newsletters, staff meetings, presentations, etc. For examples of policies, communicating the smoke-free message, providing systematic assistance with cessation and other helpful resources, please view:

Smoke-Free Hospital Toolkit Resources
http://www.uams.edu/coph/reports/SmokeFree_Toolkit/downloadpage.asp

It is not necessary to phase in the policy (i.e., to provide gradually more restricted smoking areas). The full policy can be implemented at the outset. If a smoking area is for some reason deemed unavoidable, it should be physically distant from the main campus so as not to compromise the smoke-free campus standard. Ideally, there should not be any smoking areas anywhere on hospital grounds; experience in Michigan has shown that this type of policy is easiest to enforce. The policy should specifically include parking lots, but it is not necessary to include smoking in private vehicles.[28]

A mechanism should be specified in which special exceptions to the policy would be considered in the case of rare extenuating circumstances, such as a decision by a committee of two or three individuals. In practice, institutions have found that exceptions are rarely, if ever, needed. The purpose of setting up such a mechanism is to avoid allowing individual physicians or others to grant routine exceptions.[29]

Once established, the best way to inform patients and visitors of a smoke-free policy is to post prominent signs in all smoking and nonsmoking areas.[30] Such signs is legally required by the UICAA administrative rule.[31] For instructions on how to comply with the signage rule, see:

The Utah Indoor Clean Air Act Business Guide—Signs and Announcements
http://www.tobaccofreeutah.org/uicaa-busguide-signs&announcements.htm

Removing ashtrays from smoke-free areas, if possible, should also reinforce the policy. Their absence demonstrates the nonsmoking norm.[32] Legally, organizations may leave ashtrays in outdoor areas within 25 feet of door and windows, but only if they are labeled with a sign such as "For extinguishing only" (R392-510-9(1)(c)).[33] Removing them completely is a much better way to discourage smoking than labeling them. The organization might further reinforce the policy by posting anti-tobacco posters and flyers. Such materials may be obtained at this website:

Free Tobacco Cessation Resources for Clinicians
http://www.tobaccofreeutah.org/free_resources_for_clinicians.html

You may use ***Research Tool 5***, the Healthcare Organization Clean Air Policy Critique, to assess whether the proper policy details and implementation steps are in place to facilitate implementation and enforcement of a smoke-free healthcare setting and whether or not the policy meets Utah law requirements and JCAHO standards.

Implement the 5 A's

Clinicians and staff are more likely to implement the 5 A's intervention, including educating parents about the harmful effects of their tobacco use on their children and encouraging clients to avoid secondhand smoke, when appropriate systems are in place to facilitate tobacco dependence treatment.[35] For recommended system changes, see:

The Utah Tobacco System and Treatment Guidelines
http://www.tobaccofreeutah.org/uthlthcaretobsysguide.html

Many of these systems changes require that resources be available in the healthcare setting, such as chart stickers to identify tobacco users, quit cards and pamphlets for distribution to patients, and reminders of the 5 A's intervention. The Tobacco Prevention and Control Program offers several resources to healthcare providers to assist them in implementing the 5 A's. The TRUTH Network: Treating Tobacco Dependence" guide explains the 5 A's of tobacco control, pharmacologic therapies, statewide cessation programs and fax referral to the Utah Tobacco Quit Line. Two pamphlets to share with patients accompany the guide, one for orienting patients to the Quit Line (when they fill out a fax referral form) and another to motivate patients who are not ready to quit.
For a complete list of available resources and for instructions on how to order them, see:

Free Tobacco Cessation Resources for Clinicians
http://www.tobaccofreeutah.org/free_resources_for_clinicians.html

You may use the Role Assignment Worksheet (***Research Tool 4***) to assist you in documenting how systems tools will be incorporated into the implementation plan.

? Track your Progress

- Were any changes made to the policy as a result of your intervention?
- Does the clean air policy comply with Utah law?
- Does the policy comply with JCAHO standards?
- Are there any areas in which the policy could still be improved?
- How does the organization publicize its policy? Did you participate in this process? If you participated, how did you participate?
- What systems changes were implemented to facilitate physician interventions?

Action Step 7: Enforce the Policy

It is not necessary to actively enforce organization policies about clinician practices, such as educating parents about the harmful effects of their tobacco use on their children or encouraging clients to avoid secondhand smoke. Promote clinician implementation of these policies through clinician education as described in Action Step 5, combined with frequent evaluation and feedback and appropriate systems changes as described in Action Step 6.

However, clean air policies must be strictly enforced in order to be effective. Regardless of whether the healthcare organization is completely smoke-free or creates smoking designated areas, the clean air policy must be supported by procedures for handling violations. Instead of being strictly punitive, such procedures should include help for violators, i.e., referrals to cessation services.

Legal Obligation to Enforce

Utah Code 26-38-7 requires owners of smoking-prohibited places, or their employees or agents, to ask anyone with a lighted tobacco product in the smoking-prohibited area to extinguish it. If that person refuses, the owner, employee or agent is required to ask the smoker to leave the premises. If the smoker still refuses, they may receive monetary penalties through the local health department and criminal charges through local law enforcement.[36] According to Utah Code 26-23-6 any person, association, or corporation that refuses to enforce smoke-free areas as legally required by the UICAA may be subject to a civil penalty of $5000 per occurrence.[37]

JCAHO Standards for Enforcement of Clean Air Policies

JCAHO's 2004 Standards for Management of the Environment of Care include the following standards for enforcement of clean air policies:

- The organization must identify and implement a process for monitoring compliance with the policy.
- The organization must develop strategies to eliminate the incidence of policy violations when identified.[38]

General Enforcement Procedures

The security staff's important role in enforcement should be emphasized and reinforced. Security managers should ensure that enforcement is delivered consistently and, as much as possible, with a helpful positive approach. All hospital staff should be encouraged and expected to participate in enforcement as well. A recommended mechanism is to use a widely available pre-printed card that staff would present to offenders in the case of violations, specifying available enforcement measures. For visitors, these measures could include the possibility of being escorted by security from the grounds of the healthcare setting. For staff, these measures could ultimately include dismissal for repeat violators. These measures have rarely, if ever, been carried out at institutions that use this method. The purpose of such written policies is not necessarily to carry them out, but to communicate the fact that the policy is a formal and serious one. In practice, 95 to 98% (not necessarily 100%) compliance is expected and easily achieved with education and reinforcement methods only.[39]

Cultural Sensitivity

Patients, employees, and visitors are more likely to comply with smoke-free policies or be motivated to quit smoking when information is presented in their language, in a manner sensitive to their culture. For more information, see:

The Provider's Guide to Quality and Culture
http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English

Enforce the Policy among Employees

According to the Centers for Disease Control and Prevention, inserting the following statement into the employee handbook sufficiently addresses enforcement of the smoking policy among employees:
Any violation of this workplace smoking policy will result in disciplinary actions, up to and including discharge under (insert name of organization) progressive discipline policy. Smoke-free policies are enforced among employees similarly to drug-free policies. Structure your policy with the following points in mind:

- Enforce the policy in a fair and equitable manner.
- Distribute written information on the policy to all current and new employees.
- Provide a form to be kept in each employee's personnel file that states that the employee has received a copy of the policy and enforcement procedures, and that he/she has agreed to abide by the company's smoke-free workplace policy.
- Decide which department or individuals will handle complaints, address infractions, and enforce the new policy (e.g., department managers, human resources, risk management). Whatever you decide, make sure that these designated officers are trained in enforcement procedures, handling of filed complaints and conflict management.
- Provide all personnel with the names and contact information of the personnel responsible for enforcing the policy.[40]

Legal Penalties for Violators

People who smoke in legally defined smoking-prohibited areas are subject to civil penalties of $100 or less for their first violation and $100 to $500 for subsequent violations (Utah Code 26-38-8). Smoking in indoor areas where the proprietor or manager of the area has voluntarily posted a "No Smoking" sign, even if the area is not legally required to be smoke-free, is subject to the same fines as smoking in areas required to be smoke-free by the UICAA (Utah Code 26-38-2(1)).[41]

Refer Tobacco Users to Cessation Services

Organization leaders can make adhering to a smoke-free policy easier for their employees and patients by offering and referring them to cessation services. Refer all patients and employees who have been caught violating the clean air policy, those who desire quitting services, or those who find it difficult to follow the smoke-free policy because of nicotine addiction, to the Utah Tobacco Quit Line and Utah QuitNet. Also, the organization should choose a health plan for its employees that include cessation medications and cessation counseling as covered benefits; then advertise the availability of this coverage to its employees.

The following services are offered free of charge to Utah residents. Healthcare organizations can obtain referral cards and posters advertising these programs by calling the Tobacco Free Resource Line at 1-877-220-3466 or emailing TheTRUTH@utah.gov.

Services to Help Utahns Quit

Utah Tobacco Quit Line
1-888-567-TRUTH

Spanish Quit Line: 1-877-629-1585
TTY: 1-877-777-6534

- A personal plan for quitting, developed by you and your qualified Quit Coach
- A connection to benefits provided by your health insurance or programs in your area
- A Quit Guide to walk you though the quitting process step by step
- Nicotine Replacement Therapy if eligible and appropriate

To learn more about the Utah Tobacco Quit Line, see: http://www.tobaccofreeutah.org/quitline.htm

UTAH QUITNET
The TRUTH UTAHQUITNET.COM

- Tools to walk you through the process of quitting
- Access to the world's largest online community of smokers and ex-smokers helping each other quit
- A medication guide to help you determine which, if any, Nicotine Replacement Therapy option is right for you
- Special support forums and one-on-one interaction with quitting experts

To learn more about Utah QuitNet, see: http://www.utahquitnet.com

The Fax Referral System

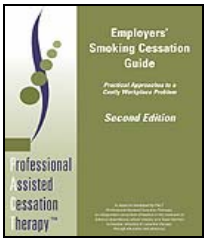
Clinicians may refer patients and employees to the Quit Line by simply giving the tobacco-user the Quit Line's toll free phone number. However, some people are uncomfortable initiating contact with the Quit Line and others lose the phone number before they have an opportunity to call. Instead, clinicians can directly refer tobacco-users with the Utah Tobacco Quit Line Fax Referral Form. After obtaining the patient's signature of consent, the organization faxes the completed referral form to the Utah Tobacco Quit Line. The Quit Line proactively calls referred clients to help them quit. Then the Quit Line faxes intervention results to the referring agency, providing useful information for the patient's health record and facilitating follow-up with the client. The Fax Referral System was designed to facilitate referral of patients to the Quit Line by healthcare providers, but may be used to refer organization employees as well.

An additional advantage of recommending the fax referral system is that the Quit Line tracks the organization's use of the system and creates reports that are accessible to local health department staff. This is a valuable evaluation tool to examine the implementation of cessation referrals in the organizations you work with. Clinicians can download a Fax Referral Form personalized for their clinics at: http://www.tobaccofreeutah.org/utqlprofax.html

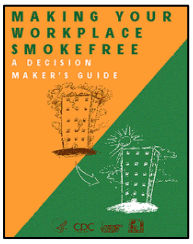
It is helpful if you download the form on behalf of clinics you work with in order to save them a step before they start implementing the program. For information about how local health departments should present the form, see http://www.tobaccofreeutah.org/profaxrefsyslhd.htm.

Employee Cessation Benefits

Employers should purchase health plans for their employees that include cessation benefits, inform them that these benefits are available, and encourage them to use these services. These benefits should include FDA-approved tobacco dependence pharmacotherapies, including NRT, bupropion SR, and varenicline as well as group or individual counseling. Group or individual counseling should last 90 to 300 minutes and involve at least 4 sessions.[42] To learn more about how you can help employees in need of cessation services, go to the following resources:



Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem
http://www.freeclear.com/~content/~downloads/PACTEmployersSmokingCessationGuide.pdf



Making Your Workplace Smoke-Free: A Decision Maker's Guide
Chapter 4: Support for Employees who Smoke
http://www.cdc.gov/tobacco/research_data/environmental/chap4.pdf

You may use the ***Research Tool 5***, the Healthcare Organization Clean Air Policy Critique, to assess whether the proper policy details and implementation steps are in place to facilitate implementation and enforcement of a smoke-free healthcare setting and whether or not the policy meets Utah law requirements and JCAHO standards. Observation logs are a good way to monitor adherence to the smoking policy. (See ***Research Tool 6***.)

? Track your Progress

- Were any changes made to the enforcement and cessation referral protocol as a result of your intervention?
- Are there any areas in which the protocol could still be improved?
- Did you assess compliance to the smoking restrictions? Was there any evidence of noncompliance?

Action Step 8: Ensuring Policy Sustainability

Post Signage

The most important way to publicize your smoke-free policy is by posting signs. Contact the Utah Department of Health, Tobacco Prevention and Control Program, for signage template examples.

Before you purchase and post signage keep the following items in mind:

- What is your budget for signage?
- How many signs do you need?
- What type of material should your sign be on (i.e., wood, metal, plastic)?
- Which logo(s) need to be on the sign?
- Does the signage need to be approved by the administration before it is printed?
- Does the signage need to be in a different language?
- What is the timeline?

Celebrate

Celebrate all of your hard work and success! Invite those who made the policy change possible to celebrate with an event/luncheon etc. to thank partners for making the venue a healthier place to live, work and play. This could be the start "kick off" to educating the community about the new policy.

Educate the Community about the New Policy

Educating the community about the new policy will be a big part of ensuring that the policy creates change. This is especially important for enforcement reasons. Depending on the policy language, staff members may be the ones enforcing the policy. This self-enforcement will only happen if the community is made aware of the changes. This could include media outreach, community events, business outreach, direct mail, collateral materials, law enforcement, etc.

Education Checklist:

- Educate staff and volunteers during meetings and trainings and explain how to enforce the smoke-free policy.
- Add the smoke-free policy and it's rational to the organization policy manual.
- Create small notification cards explaining the policy, to be distributed by staff to those using the venue.
- Submit articles to a local newspaper.
- Publish articles in organization newsletters.
- Distribute policy statements to administration, staff, patients, and visitors.
- Post information on organization websites.
- Announce the policy over intercoms.
- Hold a kick off celebration or community event with smoke-free educational activities.

Share Progress

Throughout the process make sure you take the time to share your progress with local and state partners. It is important that those who were involved in passing the policy see continued success. Share results with stakeholders and those in the healthcare community that are trying to pass similar policies or might be interested in passing similar policies.

Action Step 9: Evaluate Your Efforts

The tools provided in this section are intended to help you document the process and the initial outcomes of your tobacco policy project. This documentation will be crucial in reporting your progress, planning future projects and sharing project outcomes with tobacco prevention and control partners. Following are two forms designed to help you evaluate your efforts: the Process Evaluation Worksheet and the Outcomes and Recommendations Table.

3. Process Evaluation Worksheet: Fill out sections of this worksheet as you work on your project, ideally after you complete each Action Step. Use the progress tracking questions (? Track Your Progress) and the Community Tools suggested in the Action Steps, where applicable. Some questions may not apply to your project. In that case, mark the question as not applicable (N/A) and briefly explain why it is not applicable.

4. Outcomes and Recommendations Table: Use your notes from the Process Evaluation Worksheet and any other pertinent information to complete this table.

You are not required to submit either of these forms, but they are designed to assist you in reporting your progress to TPCP.

Process Evaluation Worksheet

Action Step 1: Learn Relevant Facts and Information

- Please check which of the following you are familiar with:
  - ❑ existing healthcare guidelines or laws about clean air policies
  - ❑ strategies for educating parents about secondhand smoke
  - ❑ strategies for encouraging people to avoid secondhand smoke
  - ❑ available cessation services

- What criteria will you use to select healthcare organizations for partnership?
  List criteria:

  _____
  _____
  _____
  _____

Action Step 2: Make Your Case

- What organizations did you approach, how did you approach them, who did you try to recruit as a champion, and what was that person's position in the organization?

Organization	Approach	Champion	Position

- What barriers did you encounter and how did you resolve them?

Barrier	Resolution

Action Step 3: Assess the Organization's Readiness

- Which organizations were open to new tobacco control activities? Which of these organizations worked with you to assess current policy?

Organization	Assessed current policy?

(If you will be working with more than two or three organizations, you may want to make multiple copies of the remaining documentation sections to ensure enough space to record detailed information for each organization.)

Did you complete the Community Tobacco Policy Assessment (Research Tool 1) ☐ Yes/ ☐ No
Did you complete any observations to assess smoking behavior? ☐ Yes/ ☐ No

- Based on your assessments, what gaps in policies and procedures were discovered?

  _____
  _____
  _____
  _____
  _____
  _____

- Which policies or procedures did you prioritize for change? Why did you select these?

Prioritized policy/procedure	Reason for selection

To assist with future efforts, please report which organizations were <u>not</u> open to new tobacco control activities? (Please list the organizations and their reasons for not considering new activities.)

_____
_____
_____
_____
_____

<u>Action Step 4: Organize Your Approach</u>

- Do you have a written plan outlining how you will persuade organization leadership to effect policy change? ☐ Yes ☐ No

- Does the plan encompass all of the "6 critical factors for program planning success"?
  ☐ Yes ☐ No

- Did you consider CDC's "Nine Questions" when creating your plan?
  ☐ Yes ☐ No

- Did you tailor your plan to fit the healthcare setting you chose to target? ☐ Yes ☐ No

- Did your champion actively participate in the creation of the plan? ☐ Yes ☐ No
  If yes, please describe the participation:
  _____
  _____
  _____
  _____

- Does your champion believe the plan is appropriately tailored for his/her organization?
  ☐ Yes ☐ No

  If not, please explain why you chose to continue with this plan.
  _____
  _____
  _____

Action Step 5: Educate Clinicians and Staff

- How many trainings were conducted? _____

- Did you track attendance at the trainings? ☐ Yes / ☐ No

Please complete the following table to describe the trainings that were conducted. Add additional rows if necessary.

Trainings	Date	Location	Facilitator	Attendance	Goal	Comments
1.						
2.						
3.						

What incentives were used to encourage participation?
_____
_____

- How many clinicians and staff were trained in total?
  Clinicians: _____
  Staff: _____

- What kinds of clinicians and staff were trained?
  Clinicians: _____
  _____
  _____

  Staff: _____
  _____
  _____

  Was pertinent staff missing from your training(s)?
  _____

- Did you seek feedback from attendees? ☐ Yes/ ☐ No

  What kind of feedback did you receive from clinicians and staff? Did they have any good suggestions for future trainings?
  _____
  _____
  _____
  _____

- Did the organization assign roles for implementing the 5 A's? ☐ Yes ☐ No
  If yes, did you participate in this process, or did the organization handle it internally?
  ☐ I participated. (Please describe how.) _____
  _____
  ☐ The process was handled internally.

- Are there any gaps in role assignments?
  ☐ Yes (Please describe gaps.) _____
  _____
  ☐ No

Action Step 6: Implement the Policy

- Does the new or revised policy comply with Utah law? ☐ Yes ☐ No

- Does the policy comply with JCAHO standards? ☐ Yes ☐ No

- Are there any areas in which the policy could still be improved?
  ☐ Yes (Describe suggestions for improvements.) _____
  _____
  ☐ No

  How does the organization publicize its policy? (Describe methods.)
  _____
  _____

Did you participate in this process?
☐ Yes (Describe how.) _____

_____

☐ No

Action Step 7: Enforce the Policy

- Are there any areas in which the protocol could still be improved?
  ☐ Yes (Describe improvements.) _____

  _____

  ☐ No

- Did you assess compliance to the smoking restrictions?
  ☐ Yes / ☐ No

  If yes please provide dates of observations in relation to policy implementation or describe other ways you assessed compliance.

  _____

  _____

  _____

Did you gather any evidence of noncompliance? ☐ Yes / ☐ No
If yes, please describe the evidence.

_____

_____

_____

Evaluation Outcomes and Recommendations Table

Outcomes
Were any changes made to the policy as a result of your interventions? Describe policy changes.
What systems changes were implemented to facilitate physician interventions?
Did your efforts lead to an increase in clinician implementation of tobacco-related interventions? (You may use fax referral reports to assess implementation.) Please describe the increase and any documentation you have for it.

Did your efforts lead to improved partnerships between the healthcare organization and the health department? If so, please describe.
Were any changes made to the enforcement protocol as a result of your interventions? If so, please describe.
Lessons Learned
What factors contributed to success?
What barriers limited or threatened success?
How were barriers addressed?
What were the relative costs (including staff time) and results of different aspects of your efforts? Did some activities appear to work as well as others but cost less?
Recommendations
What are the next steps in continuing your partnership with this healthcare organization?
What will you do differently the next time you work with a healthcare organization to improve SHS policies and procedures?
Which activities and strategies should be continued the next time you work with a healthcare organization to improve SHS policies and procedures?

Source: Utah Department of Health, Tobacco Prevention and Control Program.[43]

Research Tool 1: Clinic Tobacco Policy Assessment

Instructions

Step 1: Ask a key informant, such as a clinic administrator, for permission and assistance to complete this assessment. DO NOT give this assessment to informants to fill out themselves—it is not a survey. This assessment should only be used in clinics that treat tobacco-related problems (e.g., dental, family practice, ob-gyn, etc.) and that have agreed to work with you to improve their tobacco-related policies, protocols, and systems.

Step 2: Throughout the assessment, look for and follow *italicized* special data collection instructions.

Step 3: Request copies of clinic documents related to tobacco from the key informant: the clinic smoking policy, tobacco cessation treatment protocols, tobacco-use status documentation forms (request forms that have not been filled out yet to avoid patient privacy issues), etc.

Step 4: Use these documents to fill in all the answers you can. Attach copies of these tobacco documents to the assessment.

Step 5: Interview the key informant for information that cannot be answered using documents.

Step 6: Compare current practice in the clinic to the PHS Guideline and Utah tobacco policy recommendations. With your key informant and other clinic personnel, prioritize areas for improvement.

Step 7: After working with the clinic to improve in the selected areas, evaluate your efforts by reporting which ones have changed and which have not. (E.g. "At the initial assessment, Clinic A answered no to question 16; they had no designated place to record tobacco use status. Clinic A selected documentation as an area for improvement. Three months later, clinic A is using chart stickers for documentation.")

Clinic_____Date_____

Person interviewed_____Title_____

Documents Reviewed and Attached: o Tobacco cessation protocol o Tobacco use status documentation forms o Clinic smoking policy

o Tobacco cessation monitoring/evaluation tools o Others (explain)_____

A. Tobacco Treatment Protocol

1. Does the clinic have a written tobacco cessation protocol for treating tobacco use and dependence? Yes_____ No_____

Note: *Do not mark yes in column "C" unless the assignment is documented in written job descriptions or protocols. The job description or protocol should be attached to the assessment to validate all "yes" answers.*

Task	a. Is this task done at this clinic?	b. Who does this? Please list their title(s).	c. Is this task formally assigned to them (part of written job descriptions or protocols)?	d. Describe how this task is implemented.	e. Describe how implementation of this task is documented, monitored, and/or evaluated.
2. Identify and document tobacco use status for every patient.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		(See Question 16)
3. Advise every tobacco user to quit.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
4. Ask all tobacco-using patients if they are willing to make a quit attempt.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
5. Discuss the risks of tobacco use, rewards of quitting, and solutions to barriers with all tobacco-users who do not want to quit.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
6. Briefly teach tobacco users who are ready to quit methods for quitting successfully.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		

Task	a. Is this task done at this clinic?	b. Who does this? Please list their title(s).	c. Is this task formally assigned to them (part of written job descriptions or protocols)?	d. Describe how this task is implemented.	e. Describe how implementation of this task is documented, monitored, and/or evaluated.
7. Help patients who are willing to quit select a quit date within 2 weeks after their appointments.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
8. Prescribe bupropion SR, varenicline, or NRT to all adult patients who desire to quit, except when contra-indicated.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
9. Refer patients to the Utah Tobacco Quit Line, Utah QuitNet, or to another cessation counseling service.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
10. Give patients cessation materials, such as self-help manuals or brochures.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
11. Schedule follow up for patients who have set a quit date within 2 weeks (either in person or by phone).	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		

Task	a. Is this task done at this clinic?	b. Who does this? Please list their title(s).	c. Is this task formally assigned to them (part of written job descriptions or protocols)?	d. Describe how this task is implemented.	e. Describe how implementation of this task is documented, monitored, and/or evaluated.
12. Follow up with patients about 2 weeks after they have set a quit date (either in person or by phone).	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
13. Enforce nonsmoking areas.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
14. Ask guardians of pediatric patients if they smoke. If they do smoke, advise them to quit or avoid exposing the child to SHS.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		
15. Encourage clients who are experiencing or are at high risk for tobacco-related complications to avoid SHS.	❑ Yes, consistently ❑ Yes, sometimes ❑ No		❑ Yes ❑ No		

B. Training and Feedback in PHS Guidelines

Note: *Interview your key informant to answer items 16, 16a, and 16b. It is unlikely that you can answer these questions using documents.*

16. How many clinicians and staff are trained in the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence?____out of___

16a. When were they trained? _____

16b. Who trained them?_____

17. Does the clinic provide feedback to clinicians and staff on their performance at treating tobacco use? Yes_____ No___

17a. If so, how is feedback provided?_____

_____

_____

C. Documentation of Tobacco Use Status

Note: *Do not mark "yes" to item 18 unless there is a space or field specifically about tobacco use on the form or computer prompt system, or there is a sticker or stamp to make recording easier. (For example, doctors may write about tobacco use status in the chart if they choose to, but if there is no specific space on any chart or other form that says "Tobacco User" to check, or there is no sticker/stamp to make it easier for them, the answer to question 18 is "no." A copy of the form/sticker/computer-based prompt should be attached to the assessment.)*

18. Does the clinic routinely document tobacco use status in a designated place? Yes____ No____ (If no, go to Question 20.)

18a. Which of the following systems does the clinic use to document tobacco use status? Mark all that apply.

- ❑ Stickers or stamps placed in patient charts
- ❑ Medical history form
- ❑ Computer-based reminder systems
- ❑ Other (explain)_____

Note: *Answer items 19-22 by analyzing a copy of the form, sticker, or computer prompt. For example, a chart sticker that only says "Smoker" does not help clinicians identify chewers, and so you would answer "no" to item 19. Do not use interviews to answer these items.*

19. Does the documentation system identify all tobacco users, including those that are not smokers (e.g., chewers)? Yes___ No___

20. Does the documentation system identify former tobacco users who have quit, as well as current tobacco-users? Yes___ No___

21. Does the documentation system indicate when former tobacco-users quit using tobacco? Yes___ No___

22. Are pregnant women asked about tobacco use status using the multiple-choice format recommended by PHS? Yes___ No___

How often are these records updated for:

23. adolescent patients?_____

24. adult tobacco-using patients?_____

25. adult former tobacco users?_____

25a. The clinic continues to regularly update the tobacco use status records of former tobacco users until they have maintained abstinence for _____. (Specify length of time.)

D. Cessation Materials

Note: *Interview your key informant to answer question 26. It is unlikely that you can answer this question using documents.*

26. Which of the following materials are currently maintained and/or distributed at this clinic?

- ❑ *The U.S. Public Health Service Clinical Practice Guidelines for Treating Tobacco Use and Dependence*
- ❑ "5 A's" reminders (e.g. laminated cards)
- ❑ Utah Tobacco Quit Line referral cards
- ❑ Utah Tobacco Quit Line Fax Referral Forms
- ❑ The Utah Tobacco Cessation Resource Directory
- ❑ Tobacco cessation insurance benefits information
- ❑ Tobacco cessation self-help manuals
- ❑ Anti-tobacco brochures and handouts
- ❑ Preprinted prescription pads for tobacco-related prescriptions
- ❑ Anti-tobacco posters
- ❑ Other tobacco materials (explain) _____
  _____

E. Clean Air

Note: *Do not mark "yes" to item 27 unless there is a written policy or posted signage. If the smoking policy is only implied or understood, the answer is "no." The smoking policy should be attached to the assessment.*

27. Does the clinic have a written policy that restricts smoking at the clinic? Yes_____ No_____

28. Is smoking allowed in the following areas? Please check all that apply.

- ❑ 28a. Any areas inside the buildings (specify) _____

  _____

- ❑ 28b. Any areas within 25 feet of building entrances, exits or windows (specify)_____

  _____

- ❑ 28c. Any other outdoor areas (specify)_____

  _____

Source: Utah Department of Health, Tobacco Prevention and Control Program[44]

Research Tool 2: Tobacco Dependence Treatment Training Attendance Log

Location_____ Instructor_____

Date_____

	Name	Job Title	Organization
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			

Source: Utah Department of Health, Tobacco Prevention and Control Program[45]

Research Tool 3: Tobacco Dependence Treatment Training Feedback Form

List two things you liked best about the training.

List two suggestions for improvement.

……

Tobacco Dependence Treatment Training Feedback Form

List two things you liked best about the training.

List two suggestions for improvement.

Source: Utah Department of Health, Tobacco Prevention and Control Program[46]

Research Tool 4: Role Assignment Worksheet

Task	Person(s) Responsible List title(s).	Additional Implementation Details
1. Identify and document tobacco use status for every patient.		❑ Documentation System: ❑ Stickers or stamps placed in patient charts ❑ Medical History Form ❑ Computer-based reminder systems ❑ Other (explain) How often are these records updated for: adolescent patients?_____ adult tobacco-using patients?_____ adult former tobacco users?_____ ~Continue to regularly update the tobacco use status records of former tobacco users until they have maintained abstinence for_____ (Specify length of time.)
2. Advise every tobacco user to quit.		
3. Ask all tobacco-using patients if they are willing to make a quit attempt.		
4. Discuss the 5 R's with all tobacco-users who do not want to quit.		
5. Briefly teach tobacco users who are ready to quit methods for quitting successfully.		
6. Help patients who are willing to quit select a quit date within 2 weeks after their appointments.		
7. Prescribe bupropion SR, varenicline, or NRT to all adult patients who desire to quit, except when contra-indicated.		
8. Refer patients to the Utah Tobacco Quit Line, Utah QuitNet, or to another cessation counseling service.	Responsible for referring: Fax Referral contact person:	Fax Referral System? ____Yes ____No Quit cards? ____Yes ____No

Task	Person(s) Responsible List title(s).	Additional Implementation Details
9. Give patients cessation materials, such as self-help manuals or brochures.	Responsible for distributing: Responsible for maintaining stock:	Distribution protocol: Items to be distributed:
10. Schedule follow-up for patients who have set a quit date within 2 weeks (either in person or by phone).		
11. Follow up with patients about 2 weeks after they have set a quit date (either in person or by phone).		
12. Enforce nonsmoking areas.		
13. Ask guardians of pediatric patients if they smoke. If they do smoke, advise them to quit or avoid exposing the child to SHS.		
14. Encourage clients who are experiencing or are at high risk for tobacco-related complications to avoid SHS.		
15. Document, monitor, and/or provide feedback.		Utilize Fax Referral System reports? ____Yes ____No

Source: Utah Department of Health, Tobacco Prevention and Control Program[47]

Research Tool 5: Healthcare Organization Clean Air Policy Critique

Instructions: Mark **"F"** on all statements that are **NOT** true for the organization. Leave true statements unmarked. Statements with an **"F"** are potential areas for improvement.

- ◆ Legal minimum requirement for non-residential healthcare organizations[48]
- ▲ Legal minimum requirement for residential healthcare organizations[49]
- ● JCAHO standard[50]

Mark "F" if FALSE	Smoking Restrictions		
❑	1. The organization has a written policy that clearly states where smoking is permitted and where it is prohibited.		
❑	2. A mechanism is specified in which special exceptions to the policy would be considered in the case of rare extenuating circumstances, such as a decision by a committee of two or three individuals.		
❑	3. The policy requires the whole healthcare organization campus to be smoke-free. IF YES, SKIP TO "Signage."		
❑	4. Smoking is prohibited in all indoor areas. IF YES, SKIP TO #15.	◆	
❑	5. Smoking is prohibited in all lobbies.	▲	
❑	6. Smoking is prohibited in all hallways.	▲	
❑	7. Smoking is prohibited in all elevators.	▲	
❑	8. Smoking is prohibited in all restaurants, dining areas, and cafeterias.	▲	
❑	9. Smoking is prohibited in all restrooms.	▲	
❑	10. Only residents may smoke in enclosed, designated smoking areas, not employees or visitors.	▲	●
❑	11. Residents are only permitted to smoke in the designated area if they meet criteria set by organization leadership.	●	
❑	12. Designated smoking areas are designed and operated to prevent secondhand smoke exposure to people outside of the designated smoking area, including the ventilation and HVAC system requirements listed in R392-510-6-9.	▲	
❑	13. The designated smoking areas are environmentally separate from care, treatment, or service areas.	●	
❑	14. Measures have been taken to minimize fire risks in designated smoking areas.	●	
❑	15. Smoking is prohibited in all areas within 25 feet of all windows, air intakes, exits, or entryways, including areas within 25 feet of double vestibule doors. IF YES, SKIP TO 'Signage."		
❑	16. Smoking is prohibited in all areas within 25 feet of windows, air intakes, exits, or entryways, except for those with double vestibule doors.	◆	

Mark "F" if FALSE	Smoking Restrictions		
❑	17. Employees and visitors may not smoke within 25 feet of all windows, air intakes, exits, or entryways, including areas within 25 feet of double vestibule doors. IF YES, SKIP TO #19.		
❑	18. Employees and visitors may not smoke within 25 feet of windows, air intakes, exits, or entryways, except for those with double vestibule doors.		▲
❑	19. Residents are only permitted to smoke within 25 feet of windows, air intakes, exits, or entryways, if they are in a designated resident outdoor smoking area. IF YES, SKIP TO "Signage."		
❑	20. Residents are only permitted to smoke within 25 feet of windows, air intakes, exits, or entryways if they are in a designated resident outdoor smoking area or if the exit or entryway has double vestibule doors.		▲

Mark "F" if FALSE	Signage		
❑	1. All nonsmoking areas are designated with signs.	◆	▲
❑	2. All smoking areas are designated with signs.	◆	▲
❑	3. There are no ashtrays in nonsmoking areas. IF YES, SKIP TO "Enforcement Procedures."		
❑	4. Ashtrays in nonsmoking areas are labeled with signs such as, "For extinguishing only."	◆	▲

Mark "F" if FALSE	Enforcement Procedures		
❑	1. Employees are required to ask anyone with a lighted tobacco product in a nonsmoking area to extinguish it.	◆	▲
❑	2. If a smoker refuses to extinguish a tobacco product in a smoking prohibited area, employees are required to ask the smoker to leave the premises.	◆	▲
❑	3. The organization has identified and implements a process for monitoring compliance.	●	
❑	4. The organization has developed strategies to prevent repeat policy violations after primary offenses are discovered.	●	
❑	5. The policy clearly states the consequences of noncompliance by visitors, patients, and employees and the process for administering them.		
❑	6. One or more persons are assigned to handle complaints, address infractions, and administer consequences.		
❑	7. The organization provides immediate follow-up on all questions, concerns, or complaints that employees, patients, and visitors have about smoking.		
❑	8. The organization has developed a card or letter to present in the case of violations, explaining the policy and available enforcement measures.		

Mark "F" if FALSE	Cessation Referral Process
❑	1. The organization refers patients and employees who have been caught violating the clean air policy to the Utah Tobacco Quit Line, Utah QuitNet, or the employee health plan cessation programs.
❑	2. The organization purchases health plans for employees that include Nicotine Replacement Therapy (NRT).
❑	3. The organization purchases health plans for employees that include Bupropion (Zyban).
❑	4. The organization purchases health plans for employees that include group or individual cessation counseling.
❑	5. The organization informs employees of health plan cessation benefits and encourages them to use these services.

Mark "F" if FALSE	Employee Education Plan
❑	1. Written information on the policy is distributed to all new employees.
❑	2. All personnel have the names and contact information of the personnel responsible for enforcing the policy.
❑	3. Employees assigned to enforce the policy are trained in enforcement procedures, handling of filed complaints, and conflict management.
❑	4. Ongoing education on the policy occurs at staff meetings or through other appropriate means as needed.

Source: Utah Department of Health, Tobacco Prevention and Control Program[51]

Research Tool 6: Tobacco Observation Log

Obtain permission to visit all smoking and nonsmoking areas of the property, including outdoor areas, during hours when employees and clients are present to answer the questions below. Complete signage observations once per assessment. Repeat smoking observations at multiple regularly scheduled intervals during your assessment. Make extra copies of smoking observation logs as necessary.

Signage Observations

• Date of Observation		
• Number of entrances		
• How many building entrances have signs indicating that no smoking is allowed within 25 feet of the entrance?		
• How many of the entrances without signs have double vestibule doors (i.e., two sets of doors that close after entry)?		
• How many building entrances have ashtrays located within 25 feet of building entrances?		
• How many ashtrays located within 25 feet of the entrances are marked with signs stating, "For extinguishing purposes only" or similar language?		
• Are all smoking and nonsmoking areas designated with signs?	❑ Yes	❑ No
• Is the "No Smoking" language at least 1 ½ inches high and do the signs contain a universal no-smoking symbol?	❑ Yes	❑ No
• If not, which areas are missing signs?		

Smoking Observations (Repeat the following observations at regularly scheduled intervals.)

• Date of Observation		
• Time of Observation: a.m. / p.m. until a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	❑ Yes	❑ No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	❑ Yes	❑ No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	❑ Yes	❑ No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	❑ Yes	❑ No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees, patients, or visitors?		

Smoking Observations		
• Date of Observation		
• Time of Observation: a.m. / p.m. until a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	❑ Yes	❑ No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	❑ Yes	❑ No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	❑ Yes	❑ No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	❑ Yes	❑ No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers, employees, patients, or visitors?		

Smoking Observations		
• Date of Observation		
• Time of Observation: a.m. / p.m. until a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	❑ Yes	❑ No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	❑ Yes	❑ No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	❑ Yes	❑ No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	❑ Yes	❑ No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers, employees, patients, or visitors?		

Utah Department of Health, Tobacco Prevention and Control Program[52]

Attachment A: JCAHO ORYX Performance Measurement Initiative

Hospitals and long-term care, home care, and behavioral healthcare organizations submit performance measurement data to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as part of the ORYX initiative. Previously, more than 200 measurement systems met the Joint Commission's ORYX requirements. However, healthcare organizations must use the same measures to be comparable. To address this problem, standardized set of valid, reliable, evidence-based "core" measures are being implemented by the Joint Commission beginning with January 1, 2004 discharges. Currently, these measures are centered on treatment of four conditions:

- Acute myocardial infarction (AMI), including coronary artery disease
- Community-acquired pneumonia (CAP)
- Heart failure (HF)
- Pregnancy and related conditions, including newborn and maternal care (PR)

Three of the four measurement sets include indicators for tobacco cessation advice and treatment.

ORYX Performance Measures Related to Tobacco

Adult smoking cessation advice/counseling (Measurements AMI-4, CAP-4a, and HF-4)

Numerator: Adult patients with the medical condition who receive smoking cessation advice or counseling during the hospital stay. "Adult Smoking Counseling" is defined as documentation indicating the patient received one of the following:

- Advice to stop smoking, whether or not the patient is a current smoker
- A viewing of a smoking cessation video
- Brochures or handouts on smoking cessation
- A smoking cessation aid such as Nicoderm or Zyban

Denominator: Adult patients with the medical condition and a history of smoking cigarettes anytime during the year prior to hospital arrival.

Pediatric smoking cessation advice/counseling (Measurement CAP-4b)

Numerator: Pediatric CAP patients and/or their caregivers who receive smoking cessation advice or counseling during the hospital stay. **"**Pediatric Smoking Counseling" is defined as documentation indicating the patient and/or caregiver received one of the following:

- Advice to stop smoking, whether or not the patient and/or caregiver is a current smoker
- A viewing of a smoking cessation video
- Brochures or handouts on smoking cessation
- A smoking cessation aid such as Nicoderm or Zyban

If both patient and caregiver smoke, both must receive counseling to meet this indicator.

Denominator: Pediatric CAP patients and/or their caregivers with a history of smoking cigarettes during the year prior to hospital arrival.

For more complete information about the ORYX initiative or about these specific core measures, visit the JCAHO website: http://www.jointcommission.org/

Source: Joint Commission on Accreditation of Healthcare Organizations (JCAHO).[53]

Attachment B: U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence, Pregnancy

Recommendations

- ➔ Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered extended or augmented psychosocial interventions that exceed minimal advice to quit. (Strength of Evidence = A*)
- ➔ Although abstinence early in pregnancy will produce the greatest benefits to the fetus and expectant mother, quitting at any point in pregnancy can yield benefits. Therefore, clinicians should offer effective smoking cessation interventions to pregnant smokers at the first prenatal visit as well as throughout the course of pregnancy. (Strength of Evidence = B*)
- ➔ Pharmacotherapy should be considered when a pregnant woman is otherwise unable to quit, and when the likelihood of quitting, with its potential benefits, outweighs the risks of the pharmacotherapy and potential continued smoking. (Strength of Evidence = C*)

* Strength of the Evidence" is the degree to which the recommendation is substantiated by research, according to the PHS Guideline panel.

Clinical Practice when Assisting a Pregnant Patient in Smoking Cessation

1. **ASK Assess the pregnant woman's tobacco use status using a multiple-choice question.**

Research has shown that the use of a multiple choice question, as opposed to a simple yes/no question, can increase disclosure among pregnant women by as much as 40 percent. For example, which of the following statements best describes your cigarette smoking?

a. I smoke regularly now -- about the same, as before finding out I was pregnant.
b. I smoke regularly now, but I've cut down since I found out I was pregnant.
c. I smoke once in a while.
d. I have quit smoking since finding out I was pregnant.
e. I wasn't smoking around the time I found out I was pregnant, and I don't currently smoke cigarettes.

2. **ADVISE Give clear, strong advice to quit as soon as possible.** Quitting early in pregnancy provides the greatest benefit to the fetus.

3. **ASSESS Ask, "Are you willing to quit?"**

4. **ASSIST Motivate quit attempts by providing educational messages about the impact of smoking on both the woman's and the fetus' health.** Suggest the use of problem-solving methods. Provide social support and pregnancy-specific self-help materials. Clinicians may choose to consider pharmacotherapy for pregnant smokers who have been unable to quit using psychosocial interventions. In such cases, the clinician and pregnant smoker must contrast the risks and unknown efficacy of pharmacotherapy in pregnant women with the substantial risks of continued smoking. If the clinician and pregnant or lactating patient decide to use NRT pharmacotherapy, the clinician should consider monitoring blood nicotine levels to assess the level of drug delivery. In addition, the clinician should consider using medication doses that are at the low end of the effective dose range, and consider choosing delivery systems that yield intermittent, rather than continuous, drug exposure (e.g., nicotine gum rather than the nicotine patch).

5. **ARRANGE FOLLOW-UP Arrange for follow-up assessments throughout pregnancy, including further encouragement of cessation.** Quitting smoking prior to conception or early in the pregnancy is most beneficial, but the woman and her fetus will benefit even when quitting occurs late in pregnancy. Therefore, a pregnant smoker should receive encouragement and assistance in quitting throughout her pregnancy. Congratulate those smokers who have quit to encourage continued abstinence. Prevent postpartum relapse. In the early postpartum period, assess for relapse and use relapse prevention strategies, recognizing that patients may minimize or deny tobacco use. Even women who have maintained total abstinence from tobacco for six or more months during pregnancy have a high rate of relapse in the postpartum period. Postpartum relapse may be decreased by continued emphasis on the relationship between maternal smoking and poor health outcomes in infants and children such as SIDS, respiratory infections, asthma, and middle ear disease. Relapse prevention may start during pregnancy.

Source: Treating Tobacco Use and Dependence: Clinical Practice Guideline.[54]

Attachment C: Helping a New Mother Avoid Postpartum Tobacco Relapse

Risk Factors for Postpartum Relapse

Most women who quit smoking during pregnancy start using tobacco again after giving birth. Therefore, postpartum care for all former tobacco users should include tobacco relapse prevention. The following types of patients are at even higher risk for relapse than other ex-smokers:

- Patients who have smoked longer or who were heavier smokers.
- Patients who have a partner who smokes. (Intervention is recommended for the partner as well.)
- Patients with significant pregnancy weight gain or who use smoking for weight control.
- Other risk factors include being of African American descent, having more than one child, having late or no prenatal care, undergoing stressful events, and attending social events where people are smoking.[55]

Guideline for Preventing Tobacco Relapse

The U.S. Public Health Service *Clinical Practice Guideline for Treating Tobacco Use and Dependence* recommends the following actions to prevent patients who have quit using tobacco from relapsing:

- Congratulate the patient for quitting tobacco use.
- Briefly, discuss the benefits the patient derived from quitting, such as giving birth to a healthy baby.
- Encourage the patient to stay tobacco-free. For women that have given birth, this often involves explaining that secondhand smoke continues to negatively affect their children after they are born.
- Ask about any problems encountered or anticipated threats to continued abstinence from tobacco.
- Help the patient resolve these problems.[56]

Example
A 32-year-old patient has just delivered her first child. At an early prenatal visit, a staff nurse practitioner identified her as a smoker and advised her to quit. Although she had smoked for many years, including throughout her two earlier pregnancies, she quit during this pregnancy.

Congratulations	Clinician: I'm really proud of you for quitting! I know it was very hard.
Benefits from quitting	Because you quit, your baby was born at a healthy, normal weight and was able to come home with you from the hospital. She was able to get more oxygen when you quit, which helped her grow. You have also done yourself a favor. You will be able to breathe better, too, and you will have more energy to enjoy your baby.
Encouragement to stay tobacco-free	Continue not to smoke, and your baby will continue to benefit as she grows up. The air will be clean in your house, so your baby and your other children will be less likely to develop breathing problems.

Asking about problems	Is there anything I can do to help you stay smoke-free?
	Patient: I'm concerned about how much weight I've put on. Also, I still really want to smoke—especially when I'm around friends who smoke.
Helping the patient resolve problems	Clinician: It's normal to put on weight when you are pregnant, and it's best to not try to lose weight too fast. You have made a very healthy lifestyle change by quitting smoking. I can offer you materials to help you continue to improve your health by making good food choices, like avoiding high-fat foods. Also, remember that you started taking walks as a way to take your mind off smoking? Continuing to do this will help keep your mind off smoking and will help you stay healthy. The more you move around, the more calories you burn.
	Patient: What about when I'm around other smokers? My excuse for asking them not to smoke before was that I was pregnant, but now that the baby is here, that excuse won't work.
	Clinician: If you need an excuse to ask your friends not to smoke around you, tell them that your doctor has told you that your baby should not be around smoke. Even though you are not smoking yourself, your baby's health is still affected when she is around smoke. Also, remember all of the coping mechanisms you used while you were pregnant and you visited your friends who smoke. You made a list of things to distract yourself. Let's talk about some of the things you did that helped you the most.
	The clinician and the patient review coping strategies to help her stay smoke-free, and the clinician provides the patient with self-help material about nutrition and weight management. The clinician plans for a staff nurse to call the patient in a week to ask how she is doing. To ensure continuity of care now that the patient has delivered her baby, the clinician sends a letter to the patient's pediatrician stating that the patient has successfully quit smoking, but still needs follow-up during this high-risk postpartum period.[57]

Source: American College of Obstetricians and Gynologists[58] and Treating Tobacco Use and Dependence: Clinical Practice Guideline.[59]

Attachment D: Help Clients Avoid Secondhand Smoke with the 5 A's

1. **ASK** Ask if anyone smokes around your clients and find out where (home, car, work, friend's house, etc.). Be sure to document the source and frequency of secondhand smoke exposure in the patient record.

You Could Say:	"I want to talk to you briefly about how you are handling those who smoke around you (and your child)." "Does anyone smoke around you?" (Spouse/partner, family member(s), friend(s), coworker(s), other) "Where do others smoke around you?" (Your home, car, friend's home, relative's home, bars/clubs, work, other)

2. **ADVISE** Provide clear and strong advice to eliminate exposure to secondhand smoke. Educate on the risks of secondhand smoke exposure to themselves and their children (if pregnant or parenting). Provide educational materials on secondhand smoke. Emphasize the benefits of eliminating exposure to secondhand smoke, not just the health risks.

You Could Say:	"I'm concerned about your health (and the health of your child) when you breathe in secondhand smoke (from other people's cigarettes, cigars, and pipes)." "Why do you think it is a good idea to avoid breathing in secondhand smoke?" "Your reasons for avoiding others' smoke are important because . . . (list some reasons)."

3. **ASSESS** Assess if they are willing to make an effort to eliminate exposure to secondhand smoke. In order to eliminate exposure, they may need to make changes to their daily activities and be willing to talk to smokers about not smoking around them.

You Could Say:	"Would you be willing to talk to the people who smoke around you (spouse, family members, friends, etc.)? And ask them not to smoke in your home and car?" "Would you be willing to avoid places that allow smoking (homes where smoking is allowed, bars, clubs, etc.)?"

4. **ASSIST** Help them to think of ways to avoid situations where they might be exposed to secondhand smoke. Discuss how they could talk to their spouse/family member/friend about not smoking around them.

You Could Say:	"What do you think makes it difficult for you to avoid being exposed to secondhand smoke?" "What makes it difficult for you to avoid places where smoking is allowed?" "Does talking to your spouse/partner about his smoking raise a particularly difficult situation for you?" "What would make it easier for you to talk to your spouse/partner about not smoking around you? Do you think there is something that I could do to help you with this?" Here are some suggestions on how you might avoid being exposed to secondhand smoke <u>inside</u>

your home:

- Ask others to smoke outside.
- Keep a "No Smoking" sign in the house.
- Ask your health care provider, friend, or family member to talk to the smoker about not smoking around you.
- Ask the smoker to read a brochure about the effects of secondhand smoke on pregnancy/the baby.
- Do not allow others to smoke around you and the baby.
- Do not allow a babysitter or child-care worker to smoke when caring for your baby/child.
- Here are some suggestions on how you might avoid being exposed to secondhand smoke outside of your home:
- Try to avoid places where smoking is allowed.
- Go to smoke-free bars, clubs, and events and/or ask to sit in the non-smoking section in places where smoking is allowed.
- Ask those who are smoking around you to stop, for your and the baby's health.
- Write a letter to the management of your workplace, bars, clubs, outdoor venues, etc. about making them smoke-free.
- Do not allow a child-care worker to smoke when caring for your baby/child.

5. **ARRANGE FOLLOW-UP** Taking the time to arrange follow-up shows that eliminating secondhand smoke exposure is very important for the client's (and his/her child's) health. Ask about secondhand smoke exposure at every visit. Be sure to document all secondhand smoke counseling activities in the patient record.

If clients are not willing or not ready to make the changes that are necessary to eliminate secondhand smoke exposure, give them a brochure on secondhand smoke to review at home. Ask them what they thought about the brochure at their next visit. See if they are willing to discuss how to avoid secondhand smoke.

If clients are willing and ready to make the changes necessary to eliminate secondhand smoke exposure, then you should discuss how they eliminated their exposure during follow-up visits.

You Could Say:	• "Here is some information on secondhand smoke for you to read at home. We can talk about it at your next visit." • "What we discussed today is very important. I'll make a note in your chart to follow up with you at your next visit." • "Here is the list of what you said you wanted to do to eliminate your exposure to secondhand smoke. Please keep it handy as a reminder."

Source: Women and Tobacco Coalition for Health (WATCH).[60]

Attachment E: Conditions Complicated by Secondhand Smoke

Please note that this list is not comprehensive. You may search for other conditions complicated by secondhand smoke in search engines such as PubMed and Ebscohost.

Pregnancy

- Exposure to secondhand smoke (SHS) during pregnancy is linked to an increased risk of premature birth.[61]
- Exposure to SHS during pregnancy increases the risk for Sudden Instant Death Syndrome (SIDS).[62]
- Maternal exposure to SHS is a risk factor for persistent pulmonary hypertension of the newborn.[63]
- Prenatal exposure to tobacco smoke is the main modifiable risk factor for lower respiratory tract diseases in the first three years of life.[64]

Childhood

- Babies of mothers who smoke are up to five times more likely to be at risk from SIDS.[65]
- Passive smoke exposure reduces natural killer-cell activity in infant immune systems. This could explain the increased incidence of lower respiratory tract viral infection and childhood cancer observed in infants exposed to passive smoke.[66]
- Exposure of children to environmental tobacco smoke (ETS) increases the risk of having night cough and respiratory infections such as bronchitis, bronchiolitis, and pneumonia.[67]
- SHS is a risk factor in meningococcal disease and tuberculosis in young children.[68]
- Recurrent ear infections in children are associated with exposure to SHS.[69]
- SHS exposure increases children's risk of dental caries.[70]

Asthma

- Exposure to SHS increases the symptoms of asthma. In patients with asthma, exposure to ETS is not only associated with more severe symptoms, but also with lower quality of life, reduced lung function, and increased health care utilization for asthma, including hospital admissions.[71]

HIV

- Side-stream cigarette smoke induces increasing oxidative stress, reduces nutrient concentrations, and suppresses immune function, potentially accelerating AIDS progression.[72]

Sickle Cell Disease

- Children with sickle cell disease who are exposed to tobacco smoke in the home suffer more complications from the disease than children living in a smoke-free environment.[73]

Cardiovascular Conditions

- Nonsmokers occasionally exposed to cigarette smoke have a 26% higher risk of acute coronary syndromes compared to nonsmokers not exposed to smoke, while regular exposure is associated with 99% higher risk. These risks increase progressively by between 15% and 256% if one or more cardiovascular risk factors (i.e., hypertension, hypercholesterolemia, diabetes mellitus, sedentary lifestyle, and family history of premature coronary heart disease) are present.[74]

Source: Utah Department of Health, Tobacco Prevention and Control Program.[7]

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Introduction

Tobacco-free policies for outdoor venues make sense for the following reasons:

1. **Secondhand smoke harms everyone and kills thousands every year.**
   Exposure to secondhand smoke is a leading cause of preventable death in the United States, killing approximately 50,000 people every year. (SGR 2006) Smoke-Free policies protect nonsmokers and smokers from the risks associated with SHS. Since children are disproportionately affected by SHS and Utah has a higher number of children, effective SHS policies are particularly important. SHS policies include voluntary and mandatory smoking restrictions in public places, workplaces, homes, cars, and recreational areas.

2. **Secondhand smoke is harmful in outdoor settings.**
   According to Repace Associates <http://www.repace.com>, the country's leading secondhand smoke experts, SHS levels in outdoor public places can reach as high as those found in indoors facilities where smoking is permitted.

Teen Advocates of Summit County (T.A.S.C) youth group members advocate for a smoke-free Summit County Fair. Their presentation to Fair Board resulted in the designation of smoke-free areas throughout the fair grounds to promote a "family friendly environment." (2006)

3. **Tobacco-free policies help change community norms.**
   Tobacco-free policies establish the community norm that tobacco use is not an acceptable behavior for young people or adults within the entire community.

4. **Tobacco-free policies help break the connection between tobacco and sports.**
   For years, the tobacco industry has sponsored sporting events and has advertised at recreational events, misguiding young peoples' perception of tobacco use. Research indicates that sporting events expose youth to extensive tobacco use by people they view as positive role models.
   95% of Utah's high school students believe that smoke from other people's cigarettes is harmful to them (Utah YTS 2003).

5. **Citywide policies create a consistent tobacco-free policy for all recreational facilities in the community.**
   A tobacco-free policy for city-owned youth recreational facilities creates continuity and eliminates confusion about which facilities are tobacco free. A tobacco-free policy also supports recreational organizations that already have an existing policy and use the city's facilities.[1]

REASONS FOR BANNING SMOKING IN CERTAIN PUBLIC OUTDOOR AREAS
(Prepared as a public service by Action on Smoking and Health (ASH), 2013 H St., NW, Washington, DC 20006, (202) 659-4310. ASH is a national tax-exempt legal-action organization concerned with the problems of smoking and protecting the rights of nonsmokers. For more information, please see; <http://ash.org/>. Comments and suggestions are appreciated.)

1. Careful scientific studies – based upon both highly accurate mathematical modeling techniques as well as actual real-life measurements – have shown that concentrations of secondhand tobacco smoke in many outdoor areas are often as high or higher than in some indoor areas and that the risks posed by such outdoor exposure, while small to most individuals, are well beyond generally accepted norms when large numbers of people are involuntarily exposed. Indeed, for these very reasons, the State of California – in a report summarizing much of this evidence – was preparing and has now declared OUTDOOR tobacco smoke as a "toxic air pollutant."

2. Drifting tobacco smoke, even outdoors, can trigger asthmatic attacks, bronchial infections, and other serious health problems in nonsmokers. This is especially true for the almost 100 million Americans who have asthma, chronic bronchitis, chronic sinusitis, emphysema, and other breathing related conditions which make them especially susceptible to secondhand tobacco smoke.

3. Even for people without such respiratory conditions, breathing drifting tobacco smoke for even brief periods can be deadly. For example, the Centers for Disease Controls [CDC] has warned that breathing drifting tobacco smoke for as little as 30 minutes (less than the time one might be exposed outdoors on a beach, sitting on a park bench, listening to a concert in a park, etc.) can raise a nonsmoker's risk of suffering a fatal heart attack to that of a smoker. The danger is even greater for those who are already at an elevated risk for coronary problems: e.g., men over 40 and postmenopausal women, anyone who is obese, has diabetes, a personal or family history of heart or circulatory conditions, gets insufficient exercise, has high blood pressure, cholesterol, etc.

4. In cases where drifting tobacco smoke was present and a nonsmoker suffered a heart attack, asthmatic attack, or other similar problems, the municipality which owns and operates the beach, park, playground, etc. could be liable since it was on notice of the known health dangers but failed to take the "reasonable" step of banning smoking as taken by many other outdoor areas.

5. Society recognizes that people have a right not to be involuntarily exposed to known carcinogenic substances, even if only to small amounts and for brief periods. That's why, for example, extensive and very expensive precautions are taken when asbestos is removed from buildings. This insures that people outside are not exposed even to minute amounts as they pass by. Similarly, we would not tolerate someone who filed down old brake drums in a playground, thereby releasing even tiny amounts of asbestos into the air. Secondhand tobacco smoke is officially classified by the federal government as a "known human carcinogen" – exactly the same category as asbestos.

6. Even aside from health hazards, being forced to breathe tobacco smoke is annoying and irritating to most people, especially the almost 100 million Americans who have chronic conditions like asthma and bronchitis which make them especially susceptible to tobacco smoke, and young children who are also especially sensitive. It should be noted that many activities are banned in public places simply because they are annoying or irritating, even if they do not pose a health hazard. Common example are playing loud music on portable radios or boom boxes, engaging in sexually provocative activity, using profanity, dressing in inappropriately scanty attire, drinking alcoholic beverages, etc.

7. Many of the 96 million Americans who have chronic conditions like asthma and bronchitis which make them especially susceptible to tobacco smoke have been held to be entitled to protection under the Americans with Disabilities Act [ADA]. Thus, if their medical conditions mean that they cannot enjoy lying on a blanket at the beach or in a park for a concert where smoking is generally permitted, they may be entitled by law to a reasonable accommodation, presumably one which protects them from drifting tobacco smoke.

8. The reason for banning smoke around building entrances is simple. People should not be forced to be exposed to known carcinogenic substances for even the briefest periods of time, and because even brief exposure can also be annoying and irritating to many people, nonsmokers should not be forced to "run a gauntlet" of smokers gathered around the exits and entrances to their workplaces, or other buildings which they are likely to frequent.

9. Large buildings ordinarily have air intakes to replace the air which is exhausted by their ventilation systems. Occasionally, the air intake will be located near a doorway to the building, or in some other area where smokers might tend to congregate. Therefore, to prevent this smoke-filled air from entering and being circulated throughout the building where it can create a health risk as well as annoyance and physical irritation, it may be necessary to prohibit smoking outdoors around such air intakes.

10 .Cigarette butts discarded by smokers constitute the overwhelming majority of litter on beaches, as well as in many other public places like parks, playgrounds, and sidewalks. Smoking bans have been shown to substantially reduce the litter and therefore the costs of cleaning up beaches and other outdoor areas, as well as to improve the overall appearance and attractiveness of the area.

11. Cigarettes are a major source of burns to youngsters, including to their faces, when smokers hold their cigarettes at their sides and young children inadvertently come too close. This can happen easily when children are at play or otherwise distracted on a beach , waiting on a line while their parents wait to buy tickets, to use an ATM machines, etc. – and once again there may be legal liability;

12. Discarded cigarettes – which are designed to continue to burn for several minutes when dropped and not puffed upon – are also a major fire hazard, threatening piers, boardwalks, and wooden structures in parks and playgrounds, etc., as well as outdoor park and recreation areas.

13 Young children playing in the sand at a beach or in playground sandbox may be tempted to put cigarette butts – which contain concentrated amounts of carcinogens and other toxic chemicals trapped from tobacco smoke – into their mouths, and even older children may touch the cigarette butts and then put their fingers in or near their mouths, eyes, etc.

14 Discarded cigarette butts may also be harmful to birds and other wildlife which nibble on or even swallow them, especially on a beach or park, but also even on a public sidewalk. Indeed, one of the first domestic bans on outdoor smoking was enacted to protect wildlife rather than human beings.

15. Activities and images which might be inappropriate for young children and/or which might lead them into bad habits are often prohibited in public places, even if they pose no health risk and might even be appropriate in areas visited voluntarily only by adults. For example, virtually all municipalities have long prohibited consumption of alcoholic beverages in public places like parks and beaches. The purpose is obviously not to prevent drunkenness or driving while intoxicated – since people can easily get drunk drinking in their parked cars, in bars, and at home. Rather, bans are imposed because drinking sets a bad example for young children to see it done openly – even if the same children might see it in their own homes. Similarly, prohibiting smoking in outdoor places frequented by the public – like parks, playgrounds, beaches, etc. – shields young children from seeing smoking as a common adult behavior to be emulated, even if some may observe smoking by the parents and other adults in private homes. Other examples where activities are prohibited in public places because of their possible impact on children include sexually suggestive movements (permitted on dance floors but prohibited in parks and on sidewalks), gambling (permitted in casinos and tracks but not in public places), displays of pictorial nudity (permitted in art galleries but not on sidewalks), etc.

16. In addition to all of the above reasons, it has now become clear that restrictions on smoking are a major factor in helping to persuade smokers to quit, and to help those who want to stop smoking to do so. The result can be an enormous saving of lives, in the prevention of disability, and in a dramatic reduction in health care costs – most of which are borne by nonsmokers who otherwise are forced to pay higher taxes and inflated health insurance premiums. Smoking bans – including outdoors as well as indoors – encourage and support quitting by making it more inconvenient for a person to remain a smoker. Every ban on smoking also sends a very clear educational message to the smoker that his conduct is not desirable – and indeed is found to be annoying and irritating if not repugnant – by a large majority of others. Finally, smoking bans help those already trying to quit by tending to assure that they will not be tempted by being in the presence of a smoker, smell the "tempting" aroma of tobacco smoke, etc. While not the primary argument or purpose in enacting outdoor smoking bans, this additional significant effect of such bans may well be a factor in deciding to support such public health measures.

SUMMARY

More than 350 jurisdictions have successfully prohibited smoking in outdoor areas – such as beaches, parks, playgrounds, near building entrances, while waiting in lines, etc. – without legal challenges, problems of enforcement, loss of patronage or taxes, etc. Such bans appear to be so successful that more jurisdictions are sure to be added. Indeed, as smoking is being banned in an ever growing number of indoor areas, people are beginning to expect freedom from these toxic

fumes, and to expect air unpolluted by tobacco smoke wherever they may congregate. Very strong recent evidence of this trend is the overwhelming vote by the citizens of the State of Washington to ban smoking not only in all bars and restaurant, but to also require that building entrances be smokefree, and to prohibit smoking within 25 feet of doorways, windows, and ventilation ducts of smokefree establishments. This vote comes on the heels of a poll by the New York State Health Department which showed that the public support for banning smoking in many outdoor areas is even stronger than similar support for a 2003 bill banning indoor smoking.

ACTION STEPS:

Action Step 1: Gather Relevant Facts and Information
Action Step 2: Identify Your Audience and Assess Community Readiness
Action Step 3: Plan Your Campaign
Action Step 4: Develop Your Materials
Action Step 5: Get the Word Out and Gain Support
Action Step 6: Evaluate Your Efforts
Action Step 7: Ensuring Policy Sustainability

Based on Taking Action Against Secondhand Smoke: An Online Toolkit – Employee and Employer Action Steps, Centers for Disease Control and Prevention (CDC).

Action Step 1: Gather Relevant Facts and Information

Become well-versed and knowledgeable about secondhand smoke, its health effects, and its impact on your community.

Rodeos

1. Familiarize yourself with local rodeo information. This could include a variety of things, such as the number of rodeo facilities, number of youth who participate in local activities, number of parents who participate, etc.
2. Find out if there is a local rodeo tobacco policy? If there is an existing policy, proceed to the next step. If there is not an existing policy, skip to Step 5.
3. Obtain a copy of the rodeo's current tobacco policy.
4. Review the tobacco policy.
5. Review a model ordinance. In order for the policy to be comprehensive, it should incorporate the following areas:[2]
   - Distribution or sale of tobacco products
   - Use of a tobacco brand name to describe livestock
   - Tobacco industry scholarships and sponsorships
     (EXAMPLE) The _____ (insert name of the rodeo) shall not accept or allow any tobacco-related sponsorship or advertising. This policy prohibits accepting money or other compensation from a tobacco company, including for a purse, point fund, or scholarship program. The policy prohibits accepting or allowing any other benefit (such as the scoreboard) that promotes a tobacco brand, product, or company name. The distribution or sale of tobacco products and promotional items identified with a tobacco company or brand on the premises also shall be prohibited.

This policy prohibits the use of a tobacco brand, product, or company name to describe livestock in the event program or schedule, or the announcement of livestock with tobacco-related names over the public address system.

- Application of policy to renters and lessees
  (EXAMPLE) It is the policy of the _____ (insert the name of the rodeo) that smoking will be allowed only in the _____ (name the locations); all other areas of _____ (rodeo/property/premises) shall be Smoke-Free. This policy extends to any entity that leases, rents, or otherwise holds events on the property. (Insert this sentence if the rodeo has the authority to bind other events on the property.)

Samples of policies restricting tobacco sponsorship at rodeos in the U.S. and California are located at http://www.bucktobacco.org/policy/index.html

6. Use available resources to help you make the best case for tobacco-free rodeos and to find out how other states and communities have passed similar legislation.
7. Use the information you gathered to determine which rodeo facilities to target.

"Thank you for the opportunity to represent the Tobacco Free Champion Program with High School Rodeo. Keeping tobacco out of High School Arenas will help our young rodeo athletes be champions, tobacco free."
Joanie Schena – 2005-2006 Utah High School Rodeo Queen.

Parks and Recreation

NOTE: As of January 2007, there is NO State Parks and Recreation Policy.

1. Familiarize yourself with local parks and recreation information. This could include such things as the number of parks and recreation facilities, number of youth that participate in local activities, number of parents that participate, etc. This information may be located in many different areas, but a good place to start is your local Parks and Recreation Department, either via phone or email. Research local entities (city government, county government, etc.) that may be interested in passing local ordinances to regulate tobacco use at recreational areas.

   (EXAMPLE) This is an example of the 7 parks in Clinton City: [3]

   CLINTON CITY PARK
   1906 West 1800 North

At the heart of Clinton, this 33-acre park is the largest and most heavily used park in the park system. City Park includes lighted, adult softball fields with a recreation and concessions building, little league fields, rest rooms, playground equipment, basketball courts, sand volleyball court, bowery, and picnic areas.

KIWANIS PARK
1000 West 1800 North
This small 2-acre park area is made more useable by its location and by a cooperative agreement with Clinton Elementary. Restrooms, a bowery, and picnic area make this a popular site for family reunions and gatherings.

MEADOWS PARK
575 West 2300 North
Located in the northeast part of the city, this 26-acre park includes a bowery, rest rooms, mile walking track, baseball fields, tennis courts, basketball courts, sand volleyball court, and playground equipment.

POWERLINE PARK
1750 West 1700 North
Located to the east of the public works department, this 11-acre park is highlighted by a skateboard facility and BMX bike course. This park is also used for T-ball and soccer programs, and includes a mile-walking track.

HERITAGE PARK
1000 West 1300 North
Currently under construction and future home to an amphitheater, bowery, and rest rooms, this 5-acre park is foreseen as a heavily landscaped, pristine area with aesthetic water features and decorative structures.

WEST CLINTON PARK
2650 West 2000 North
Currently under construction, this 6-acre park will include a four-diamond little league baseball complex with scorekeeper tower, bowery, rest rooms, playground equipment, and picnic areas, and will provide access to the nature trail.

CLINTON CITY POND PARK
3000 West 2500 North
This pristine park area will be the future home of a 4-acre pond that will be stocked with fish and will allow non-motorized craft use. Swimming will NOT be allowed.

2. Find out if there is a city and/or county local parks and recreation tobacco policy. If there is an existing policy, proceed to the next step. If there is not an existing policy, skip to Step 7.

3. Obtain a copy of the parks and recreation tobacco policy. Following is an example of what you could find on your city's website:

(EXAMPLE) **Clinton City Parks Ordinance**
Chapter 3. No Smoking Zones
- 19-3-1. Definitions.

- 19-3-2. Creation of no smoking areas in City Parks and Recreational Areas.
- 19-3-3. Penalties.

19-3-1. Definitions. "Smoke" or "Smoking" means possession, carrying, or holding a lighted pipe, cigar or cigarette of any kind, or any other lighted smoking equipment or the lighting or emitting or exhaling of smoke of a pipe, cigar, cigarette, or other lighted smoking equipment. History: 1/03

19-3-2. Creation of no smoking areas in City Parks and Recreational Areas. In Clinton City public parks, smoking is prohibited within 50 feet of areas where playground equipment has been installed for public use by children, play pits, play structures, bleachers, backstops, sports fields, ball diamonds, basketball courts, tennis or volleyball courts, concession stands, skateboard area, BMX area, boweries, pathways for walking, waterfront around fishing and boating areas, and other assembly areas. History: 1/03

19-3-3. Penalties. The violation by any person of the provisions of this chapter is a class C misdemeanor. History: 1/03

4. Review the tobacco policy.

5. Find out local definitions of "public park," "outdoor venue," and "recreational facility." This step is needed to determine what your city classifies as a public park because each city definition is different.

6. Review a model ordinance. See **Attachment A**[4] and **Attachment B**[5] for examples.

7. Review copies of passed Utah policies. See **Attachment C.**

8. Use available resources to help you make the best case for clean outdoor venues and to find out how other states and communities have passed similar legislation.

9. Use the information you gathered to determine if you will partner with local government entities to work toward passing a local ordinance or whether you will target individual parks or recreational facilities.

Bear River Governing Youth Council members Jonathan El-Bakri, Mallory Poole, Amy Nielsen, Marissa Nielsen, and Patrick Risk (left to right) promoted smoke-free Cache County Fair. As a result of youth advocacy and education, the 2006 Cache County Fair began with a smoke-free family night.

Resources

Secondhand Smoke Links: http://www.cdc.gov/tobacco/ETS_Toolkit/[6]

Utah Tobacco Facts: http://www.tobaccofreeutah.org/facts.html[7]

The Master Settlement Agreement: http://caag.state.ca.us/tobacco/pdf/1msa.pdf[8]

Utah Indoor Clean Air Act (UICCA) State Law:
http://www.tobaccofreeutah.org/uicaastat&rule.html[9]

- In regards to outdoor venues, the UICCA applies only to areas that are considered enclosed (e.g., rest rooms; food service buildings; rodeo announcement booths that are enclosed by windows, doors and a roof; etc.). The 25-foot rule applies to the entranceways, air intakes, and open windows of these areas. This rule applies in two ways: employees of the event or function would need to have a policy in place prohibiting smoking within 25 feet of these areas, and there could not be a smoking permitted area within 25 feet of these areas.
- The state definition of "place of public access" (Title 26-38-2) is "any enclosed indoor place of business, commerce, banking, financial service, or other service-related activity, whether publicly or privately owned and whether operated for profit or not, to which persons not employed at the place of public access have general and regular access or which the public uses."

Rodeo Toolkit: Local "Buck Tobacco" projects are pursuing tobacco promotion and use (including "chew/spit" tobacco and cigarettes) at rodeos and related events such as rodeo-themed "bar nights." The target audiences are rodeo-organizing committees, business owners in the communities surrounding rodeos, and community members concerned about tobacco. The project consists of three major components, including a media advocacy campaign, a public engagement/social marketing campaign, and local-level policy development projects.
http://www.bucktobacco.org/resources/[10]

Professional Rodeo Cowboy Association (PRCA) Tobacco Policy: There is no official policy.

National High School Rodeo Association: The National High School Rodeo Association is an international, non-profit organization dedicated to the development of sportsmanship, horsemanship, and character in the youth of our country through the sport of rodeo. It also is responsible for planning the National High School Finals Rodeo each year. www.nhsra.org

National High School Rodeo Tobacco Policy: This consists of the rules, bylaws, and constitution of the National High School Rodeo Association, as well as the Code of Conduct.
http://www.nhsra.org/fameset.html[11]

Utah High School Rodeo Association: The Utah High School Rodeo Association is a state non-profit organization dedicated to the development of sportsmanship, horsemanship, and character in the youth of our country through the sport of rodeo. It also is responsible for the planning the

Utah High School Finals Rodeo, and for organizing the royalty, high school clubs, and wrangler all stars each year. http://www.uhsra.com[12]

? Track your Progress

- Did you use the resource materials provided to learn about issues related to secondhand smoke at rodeos, parks, or other outdoor venues?
- Did you research outdoor venues and existing policies in your community?
- Did you use the information you gathered to determine if you will partner with a local government entity or if you will work with individual venues?
- If you decided to work with individual venues, have you developed an initial list of priority venues in your area?

Action Step 2: Identify Your Audience and Assess Community Readiness

1. Conduct key informant interviews. If you plan to work with a local government entity, consider interviewing local policy makers (mayors, city council members, county commissioners, etc.). If you plan to target individual venues, collect information from venue management. This will help to identify upfront important barriers and challenges that could affect your policy campaign. Who are the leaders of your community? Are they supportive of your campaign? What additional information will help them support your campaign? Don't just list the visual leaders of your community like the mayor, but also think of the outspoken farmer or homemaker who is thought of as a respected member of your community. For an example of key informant interview questions, see ***Research Tool 1***.

2. Track the support of community leaders and decision makers.

3. Identify where to conduct your community assessments (e.g., community event, rodeo barbecue, ethnic festivals, fairs, etc.). When planning your community assessments, be sure to collect information that is relevant to decision makers.

4. Conduct community assessments to learn about your community, its tobacco control history, its existing tobacco control policies, the political climate, and likely allies, supporters, and opponents. See ***Research Tool 2*** for an example of a resource to use in conducting your community assessments.

5. To learn and share more about actual smoking behaviors at targeted venues, consider conducting observational assessments at these venues. For a sample observation survey, see ***Research Tool 3.*** Then review and evaluate your assessment results.

6. Before planning your campaign, ask yourself these three questions:
   - Why do tobacco-free outdoor recreation facilities make sense?
   - Why are tobacco-free policies for outdoor recreation facilities so important?
   - Why will tobacco-free policies be effective?

? Track your Progress

- Did you contact and interview community leaders or key informants?
- Did you document support of community leaders and key informants?
- Did you conduct and analyze community assessments and/or observations at targeted venues?
- Did you document community support?

Action Step 3: Plan Your Campaign

1. Identify partners. Determine which organizations, community leaders, and businesses can help in your campaign. Try to interest a local newspaper or television station reporter in covering your story, or try to interest a local physician in championing this issue to add credibility to your campaign. There may be groups willing to support your efforts in various ways and help make your job easier.

2. Recruit community support.

3. Support existing partners and explore new opportunities.

4. Use the Advocacy Institute's Strategy Planning Tool at http://www.cdc.gov/tobacco/ETS_Toolkit/ to answer important questions about campaign goals, audiences, message and delivery, resources, first steps, and evaluation.

5. In collaboration with your partners, identify the tactics you will use to reach your goal (e.g., media advocacy, communications with policymakers, presentations to community organizations, etc.).

6. Develop a time line for your campaign to keep you on track and moving forward. Review the Sample Monthly Time Line at http://www.cdc.gov/tobacco/ETS_Toolkit/ for guidance in developing one that is more specific to your activities. Be flexible. You may encounter unforeseen events that affect your original plan. Make sure to allow plenty of time to achieve your goal. Changing community policies and norms takes time and hard work. To be successful, coalition members and staff will need to devote extensive time to the effort. Be realistic about the time commitment involved.

7. Determine upfront how you will evaluate your activities. Your evaluation should focus on documenting what you did, the outcome of your work, and the quality of that outcome. You can use logs and other documentation tools to track your activities. Track whether you have implemented your activities as planned and whether you have achieved your process objectives. Doing this as you, go along will help you be more effective in current and future activities.

8. Develop contingency plans. You should expect to face significant opposition as you move forward with your clean air policy campaign. It is important to anticipate and plan for this. Opposition could come from various groups, including business owners, community members, and the Tobacco Industry and local or state organizations affiliated with it.

Resources

Utah Parks and Recreation Department Contact information. (See **Attachment D**)

A Dozen Reasons to Focus on Recreation as a Tobacco Prevention Tool. (See **Attachment E** *pages 5-7*)[13]

Addressing Policy Myths: The Truth Behind Tobacco-Free Recreation (#1-#5). (See **Attachment E**, page 29)[14]

? Track your Progress

- Did you identify diverse partners?
- Did you form partnerships or a workgroup?
- Did you collaborate with your partners to identify campaign plans, goals, objectives, and strategies?
- Did you develop a project time-line?

Action Step 4: Develop Your Materials

Determine which of these materials fits your audience needs. It is essential that your coalition and community help with the research and development of your materials.

1. Fact Sheets
   These are usually one-page bulleted data sheets that contain your most important information. They also include sources for each piece of information. Fact sheets are often used in information kits or as handouts.

2. Posters and Billboards
   These are creative displays of your campaign message that can be posted almost anywhere with the appropriate permission or permits. See **Attachment F** for local poster examples.

3. Information Kits
   These usually consist of folders with a label or logo on the front identifying the organization that is presenting the information inside. Consider using this format to provide information for policymakers that will echo, reinforce, and augment the information you give them orally. Provide a manageable amount of information — don't overwhelm policymakers with reams of paper. Each of the materials in the packet should deliver a key message in a clear, succinct manner that is understandable to laypersons. Be

consistent in your use of your slogan, logo, and colors. Make sure to provide a contact person and a way to get in touch with that person. See **Attachment G** for local examples.

4. Identify coalition members who possess special computer skills (e.g., experience with graphic design, etc.) who can help create materials. Take advantage of your nearest copy shop, many of which offer design and other production services.

5. Newspaper Advertisements

Newspaper advertising sales departments can give you rates for advertisements of different sizes. They will tell you how you need to format your ad. Others may offer a discount for ads placed by nonprofit organizations (such as voluntary health agencies) or for running an ad multiple times.

Typically, however, most of your newspaper coverage — and all of your media coverage, for that matter — will be earned through media advocacy, rather than paid media. In most clean indoor air policy efforts, paid ads are generally reserved for key moments (e.g., the week or day before the local policymaking body is scheduled to vote on the proposed policy).

- ☐ What are the local newspapers in your area?
- ☐ Who at the newspaper does stories on local issues, health etc?
- ☐ What is their contact information?
- ☐ What is the cost to place a local ad? Size, length of time, etc.

6. Letters to the Editor

One member of a group on behalf of the entire group can sign letters submitted to the editorial department of a newspaper. The letters can be powerful tools for influencing local policymakers, either indirectly (by influencing their constituents) or directly. They should be submitted to the newspaper that policymakers and community residents are most likely to read. They should be brief and to the point, and should focus on communicating one or two key messages. For more guidance on how to make the most of this important form of communication, see Tips for Writing Letters at http://www.no-smoke.org/tsletters.html.[16] See **Attachment H** for local examples.

7. Television or Radio Advertisements and Public Service Announcements (PSAs)

A number of professionally produced television and radio ads are available through the Media Campaign Resource Center for Tobacco Control which may be accessed at http://www.cdc.gov/tobacco/ETS_Toolkit/publicplaces/action-steps.htm[15] You can try asking television and radio stations that broadcast to your community to air these messages at no cost as PSAs. However, you do not control when PSAs air, which often are at times when few people are exposed to them.

- What are the local TV stations in your area?
- What are the local radio stations in your area? What radio station do the locals listen to?
- Who at the TV station or radio station does stories on local issues, health etc?

- What is their contact information?
- What is the cost to place a local TV ad or radio ad?
- What is the TV station or radio station willing to donate or match?

8. Alternatively, you can try to purchase an ad. However, this is typically quite expensive. You may be able to piggyback on television or radio ads that have been placed by outside organizations. These could include ads placed by your state's tobacco control program as part of a statewide media campaign or ads placed by the American Legacy Foundation.

? Track your Progress

- Did you research media available in your community?
- Have you determined which media to use to promote the policy change?
- Have you determined campaign messages?
- Have you developed materials that meet the needs of your target audience?
- Did you follow the TPCP media protocol for approving new resources or using existing resources?

Action Step 5: Get the Word Out and Gain Support

To lay the groundwork for an outdoor venue policy, you first need to educate your community on the issues and information you have gathered. The extent of your community education outreach will be determined by the results of your community assessment. All target audiences need to be considered, including the media and the general public. However, the ultimate focus should always be on the decision makers who have the power to enact the desired policy. This education will lay the groundwork for support of the proposed policy change. Again, it is essential that your coalition and community take the lead role in laying the groundwork and educating the community.

Now that you know your audience, determine the best strategies to reach them with your message. The resources below can give you some ideas on how to do that.

- Who are your local leaders?
- What is their contact information?
- What is the best way to reach them?
- What are their platforms or key issues? How can your issue be integrated into their existing issues?

Example: Letter from Salt Lake Valley Health Department youth group (TAAT) to local partners/opinion leaders.

Anti-Tobacco Youth Group

Working to flip around the false images of the Tobacco Industry.

Salt Lake Valley Health Department
2001 S. State Street S2400
Salt Lake City, Utah 84190-2150
Phone 801.468.2506
Fax 801.468.2350

Dear Partners,

As part of an ongoing effort to promote healthy lifestyles in our community, Teen Advocates Against Tobacco and Salt Lake Valley Health Department recommend that all city parks and outdoor recreational areas post no smoking/no tobacco signs.

Postage of no smoking/no tobacco signs would benefit the community by:

- Decreasing tobacco related litter
- Increasing cleanliness of park and aroma
- Improving park atmosphere
- Decreasing the risk of negative health effects related to secondhand smoke
- Increasing patron satisfaction

The following are recommended wording for signage:

- No smoking within 50 feet of children's play area or park entrance
- No smoking except in designated smoking areas
- No Tobacco use
- Thank you for not smoking here

Teen Advocates Against Tobacco and Salt Lake Valley Health Department would like to thank you for taking time to consider these recommendations, and for helping us promote healthy lifestyles by protecting all from the dangers of secondhand smoke.

Sincerely,

Teen Advocates Against Tobacco,
A Salt Lake Valley Health Department Program

Resources

Working With Elected Officials http://www.cdc.gov/tobacco/ETS_Toolkit/: This gives you ideas for working with elected officials through telephone calls, letters, or e-mail messages. http://www.cdc.gov/tobacco/ETS_Toolkit/publicplaces/action-steps.htm: This website shows you how to find Utah elected officials.

Tips for Writing Letters http://www.cdc.gov/tobacco/ETS_Toolkit/: This will help you craft effective letters to policymakers.

Tips for Testifying http://www.cdc.gov/tobacco/ETS_Toolkit/: This will help you prepare well-organized, clear, compelling testimony at public hearings.

Sample Speaking and Writing Points http://www.cdc.gov/tobacco/ETS_Toolkit/: This will help you with your communications.

Tips to writing local news releases http://www.publicityinsider.com/release.asp, http://tldp.org/LDP/Linux-Media-Guide/html/writing_releases.html, http://www.canadaone.com/promote/newsrelease2.html.

Tips to writing PSA's http://ctb.ku.edu/tools/EN/sub_section_main_1065.htm.

Outdoor Signage Guidelines and Template. See **Attachment I** for template example.

Outdoor Signage Guidelines:

Utah Department of Health- Tobacco Prevention and Control Program

Thank you for providing your community with tobacco-free signage. These signs are a great way to let people know about your local policies, and to encourage smoke-free environments. Here are some guidelines for using the sign templates:

- Your logo may be placed above The TRUTH logo.
- A text box has been included in the template- you may modify the text in this box to meet your local needs.
- Use a clear, simple font (Ideally Impact, or Times New Roman).
- Text should be black on white.
- Use concise wording; the text should be no less than 12-point font on the small template, and 20 point on the large template.
- Use simple wording, such as "This park is tobacco free according to (city policy or Utah Code number)," "This bar is smoke free," or "This tavern is smoke free by order of the management".
- The sign can be black and white, or black, red and white as in the template.
- One large and one small template have been provided. Signs should be no smaller than the small template. Sign size should be suited to the venue (e.g. larger signs are appropriate in open areas where they may be less noticeable).

? Track your Progress

- Did you track the materials that were distributed?
- Did you track the media sources used to promote your campaign?
- Did you track the reach of your messages (audience characteristics, #s)?

Action Step 6: Evaluate Your Efforts

The tools provided in this section are intended to help you document the process and the initial outcomes of your tobacco policy project. This documentation will be crucial in planning future projects and sharing project outcomes with tobacco prevention and control partners.

1. To fill in the Process Evaluation Worksheet, use the progress tracking questions and the data collection tools provided with each Action Step. Fill in the information requested under each Action Step as you complete it. If a question does not apply to your project, mark the question as N/A and specify the reason.

2. To fill in the Evaluation Outcomes and Recommendations Table, use the findings listed on the Process Evaluation Worksheet and other pertinent project information.

Process Evaluation Worksheet

Action Step 1: Gather Relevant Facts and Information

- Did you use the resources provided to learn about issues related to secondhand smoke at outdoor venues? Yes No

- Please name the community you are working in and briefly note its boundaries.

_____

- What will be the focus of your campaign?
  - ☐ To promote tobacco policies at outdoor venues through local ordinances
  - ☐ To work with the management of individual venues to promote changes at these venues
  - ☐ Other _____

- List all the outdoor venues in your community. Check each venue that you plan to target and describe existing policies at that venue.

Venue	Brief Description of Existing Policy	Target

Action Step 2: Identify Your Audience/Assess Community Readiness

- Did you conduct key informant interviews? Yes No

- If yes, list community leaders/key informants who support your policy initiative (list positions and affiliations):
  _____
_____
_____

- List community leaders/key informants who oppose your policy initiative (list positions and affiliations):
  _____
_____
_____

- Briefly describe your plans to make use of key informant support:
  _____
_____
_____
_____

- Briefly describe your plans to overcome key informant opposition:
  _____
_____
_____
_____
_____

- Did you conduct community assessments? Yes No
  If yes, briefly describe your target audiences, the number of people surveyed or interviewed, and major findings:

Target Audience	Number of People Surveyed	Major Findings

- Did you conduct observations? Yes No
  If yes, briefly describe major findings:

Venue	Major Findings

Action Step 3: Plan Your Campaign

- List potential partners you contacted and their affiliations:
  _____
  _____
  _____
  _____

List partners/workgroup members recruited and their roles/responsibilities in supporting the project:

Partner/Workgroup Member	Role/Responsibility

- Briefly describe your intervention plan:

Targeted venue(s):
Goal:

Objectives:
Strategies:
Timeline:

Action Step 4: Develop Your Materials

- List the media available in your community and check the ones selected to promote your intervention:

Type of Media	Media was Selected to Promote Intervention

- Did you develop/select materials to promote your campaign message?
  ☐ Yes ☐ No If yes, list the materials:

Description	Form of Distribution	Message	Target Audience

- Did you follow the TPCP media protocol for approving new resources or using existing resources?
- How did you ensure that your materials were appropriate for your target audience?

_____

_____

Action Step 5: Get the Word Out/Gain Support

7. List the types and numbers of materials distributed:

Material Description	Number Distributed	Form of Distribution

8. Did you assess how the media messages were received? ☐ Yes ☐ No
   If yes, please describe your findings: _____
   _____
   _____
   _____
   _____

   Data Source: _____

Evaluation Outcomes and Recommendations Table

Outcomes
Did the jurisdiction or organization adopt the policy change? Describe policy changes:
Describe any new or improved community partnerships resulting from this effort.
Lessons Learned
What factors contributed to success?
What barriers limited or threatened success?

How were barriers addressed?
What were the relative costs (including staff time) and results of different aspects of your efforts? Did some activities appear to work as well as others but cost less?
Recommendations
What are the next steps to support implementation and enforcement of the new policy (if passed) or future passage (if not)?
What will you do differently the next time you attempt to change an outdoor venue secondhand smoke policy?
Which activities and strategies should be continued the next time you attempt to change an outdoor venue secondhand smoke policy?

Source: Utah Department of Health, Tobacco Prevention and Control Program.[17]

Action Step 7: Ensuring Policy Sustainability

Post Signage.

The most important way to publicize your tobacco free policy is by posting signs. If you have not done so already, contact the Utah Department of Health, Tobacco Prevention and Control Program for signage template examples.

Before you purchase and post signage keep the following items in mind:

- What is your budget for signage?
- How many signs do you need?
- What type of material should your sign be on (i.e., wood, metal, plastic)?
- Does the city/state logo need to be on the sign?
- Does the signage need to be approved by the city/state before it is printed?
- Does the signage need to be in a different language?
- What is the timeline?

The following locations are suggested place for posting your signs:

- Fencing around playgrounds and fields
- Backstops
- Picnic shelters
- Restrooms
- Concession stands
- Parking lot entrances
- Hiking trail entrances

Celebrate!

Celebrate all of your hard work and success! Invite those who made the policy change possible to celebrate with an event/luncheon etc. to thank the community for making the venue a healthier place to live, work and play. This could be the start "kick off" to educating the community about the new policy.

Educate the community about the new policy.

Educating the community about the new policy will be a big part of ensuring that the policy creates change. This is especially important for enforcement reasons. Depending on the policy language community members or venue staff may be the ones enforcing the policy. This self-enforcement will only happen if the community is made aware of the changes. This could include media outreach, community events, business outreach, direct mail, collateral materials, law enforcement, etc.

Education Checklist:

- √ Educate recreation staff and volunteers during meetings and trainings and explain how to enforce the tobacco use policy.
- √ Add the tobacco-free policy and it's rational to the organization policy manual.
- √ Create small notification cards explaining the policy, to be distributed by park staff or community members to those using the venue.
- √ Articles in a local newspaper, as the result of news release or reporter's coverage of city council meetings.
- √ Articles in venue (park and recreation department, city, county) newsletters.

- √ Rulebook or policy statements that are distributed to sports league administrators, coaches, officials, parents and participants.
- √ Postings on venue website.
- √ Public address announcements at recreation events or public service announcements on local radio stations or public access cable channels.
- √ Kick off celebration or community event with tobacco-free pledges activities, etc.

Evaluation.

Now that the policy is in place, how is it working? Consider developing a plan to monitor how your policy is being implemented and evaluate the results. With this information, you can strengthen your policy and increase its effectiveness and impact over time. A good monitoring plan can also provide proof of success to board members and other communities.

Evaluation Checklist:

- √ Have staff members been informed about the policy and been instructed about how to support the tobacco-free policy? If so, how many. Determine the amount of knowledge they have through a survey assessment.
- √ Is signage prominently displayed? How many? Take pictures of signage for reference.
- √ How have staff/employees effectively addressed violations of the policy? How many violations do you have a month?
- √ Did the recreation program/city/county receive public support and letters of thanks for the policy change? Document dates and keep copies of the letters/emails. This information will give you a feel about whether the policy is being understood and accepted.
- √ Are public-address system messages made on a regular basis at the outdoor recreation-sponsored events? How many messages are read? How often are they read? How many people are reached by the messages?
- √ Were conflicts anticipated and handled appropriately? Document dates of conflicts.
- √ Are their resources available at the recreation programs/city/county offices for those who want to quit using tobacco products?
- √ Collect observational assessments of smoking and littering. Compile results for state and local reports. Has littering gone down? Has that saved the venue money? If so, how much?
- √ If possible, document business impact – monitoring sales, tax revenue, hotel room counts, etc. However, keep in mind that there are other overarching factors that impact these numbers (e.g. the overall state economy)
- √ Follow up on a regular basis with facility management, maintenance and law enforcement.
- √ Media follow up stories. How many and when? Keep copies of the stories.

Share progress.

Throughout the process make sure you take the time to share your progress with local and state partners. It is important that those who were involved in passing the policy see continued

success. Share results with the city council that passed the policy, county officials, state agencies, law enforcement, park and recreation departments, schools, parent organizations (PTA) and other cities that are trying to pass similar policies.

Research Tool 1: Sample Key Informant Interview Guide to Assess Support for Tobacco Policy Change at Outdoor Venues

Please note: The questions need to be adapted to match your target audience and project plan.

Introduction: *My name is _____; I work for _____. We are planning a project to make our communities healthier and safer by strengthening policies that limit exposure to secondhand smoke in X (parks and recreational areas/rodeos), especially in areas where children are present. We would be very interested in working with X (city councils) on this issue and we would like to learn more about Xs' (city council members') views of tobacco-free policies.*

Scheduling: *Would you allow me a few minutes of your time to ask some questions about this issue? Is this a good time for you? (Yes: conduct interview / No: ask for more convenient time and call back.)*

Questions:

1) What is your opinion about smoking/tobacco use in parks or other outdoor *recreational areas/rodeos/other*?

2) What do you think about non-smokers being exposed to secondhand smoke?

3) What do you think about children in particular being exposed to secondhand smoke?

4) Do you think secondhand smoke is a problem in any particular outdoor areas of our community?

5) Do you think that littering of cigarette butts is a problem in any particular parts of our community?

6) Would you support a change in smoking policies for any of those problem areas or any other areas our community?
   - If yes, how strict of a policy would you support? (e.g., ban all smoking, have designated smoking areas, only allow smoking 50 feet away from any play area, pavilion, sporting events, etc.)
   - If no, why not?

7) As I mentioned earlier, we would like to work with the *city councils/other* to pass stricter smoking policies in parks. What kind of information would the *city council/other* need to support this effort?

   If the respondent is not very positive:
   - Would it be helpful to know if the community supports this effort?
   - Would it be helpful to have information on the number of kids affected by exposure to tobacco smoke in *x location* on a given day?

- Would it be helpful if we provided more information on the health and behavioral [? some word besides normative would be best] effects of children's exposure to secondhand smoke?
- What other information is important to you?

8) Can you think of *(other)* barriers that we may encounter in working with your *city council /other* to change tobacco policies in local parks?
    - If yes, what could we do to overcome these barriers?

Thank you for your time and your help. (If the interview was positive, you could add, "You will hear more about this project soon, and we are looking forward to working with you."

Source: Utah Department of Health, Tobacco Prevention and Control Program.[18]

Research Tool 2: Tobacco Policy Survey

We would like to know what you think about tobacco-free recreational places. Please answer the following questions:

What is your age? ☐ 6-10 ☐ 11-17 ☐ 18-24 ☐ 25-39 ☐ 40-50 ☐ 51+

What is your gender? ☐ female ☐ male

Are you a …. (Check all that apply)
☐ Current tobacco user → Do you currently use… ☐ Cigarettes
☐ Former tobacco user ☐ Chewing tobacco, snuff, or dip
☐ Non-tobacco user ☐ Cigars or pipes

Please indicate what kind of tobacco policies you would support at the following places:
(CHECK ONLY ONE ANSWER FOR EACH PLACE)

RODEOS
☐ Ban all tobacco use (including chew)
☐ Ban smoking
☐ Limit smoking to a designated area
☐ Have no restrictions on tobacco use
☐ Other _____

PARKS
☐ Ban all tobacco use (including chew)
☐ Ban smoking
☐ Limit smoking to a designated area
☐ Have no restrictions on tobacco use
☐ Other _____

OUTDOOR SPORTS FACILITIES
☐ Ban all tobacco use (including chew)
☐ Ban smoking
☐ Limit smoking to a designated area
☐ Have no restrictions on tobacco use
☐ Other _____

POW-WOWS
☐ Ban all tobacco use (including chew)
☐ Ban smoking
☐ Limit smoking to a designated area
☐ Have no restrictions on tobacco use
☐ Other _____

OUTDOORS FESTIVALS/FAIRS
☐ Ban all tobacco use (including chew)
☐ Ban smoking
☐ Limit smoking to a designated area
☐ Have no restrictions on tobacco use
☐ Other _____

OTHER _____
☐ Ban all tobacco use (including chew)
☐ Ban smoking
☐ Limit smoking to a designated area
☐ Have no restrictions on tobacco use
☐ Other _____

In your view, is secondhand smoke mostly just irritating to nonsmokers, or do you think that it can cause health problems like cancer and heart disease?

☐ Just irritating ☐ Causes health problems ☐ Neither ☐ Both ☐ Undecided

Source: Utah Department of Health, Tobacco Prevention and Control Program.[19]

Research Tool 3: Observational Survey for Outdoor Venues

Location: _____ Date: _____ Observation Period: ____ am/pm to ____ am/pm

1. Which age group is mostly present at this venue today? (Check one)
   _____Adults (18+) _____ Teenagers (13-17 years) _____ Children (12 years and under)

2. During your observation period, mark a ✓ for each person you see smoking or using chew tobacco. Circle the ✓ if children (17 years and younger) are within 25 feet of the tobacco user.

Adult Smoker																										
Youth Smoker																										
Adult Chewer																										
Youth Chewer																										

3. Did you see any cigarette butts at this venue? YES NO

   If yes, how many? (Check one)
   ____ less than 20 ____ between 21 & 50 ____between 51 & 100 _____more than 100

4. Did you witness any tobacco advertising at this venue (billboards, shirts/hats with tobacco logos [being distributed or worn by individuals?], etc.)? YES NO

   If yes, describe a) what advertisements and b) the number of advertisements you saw

   _____
   _____
   _____
   _____
   _____

5. Did you see any restrictions on tobacco use at this venue (No Smoking signs, etc.)?
   YES NO

   If yes, did most tobacco users follow the restrictions? YES NO

Comments:

Source: Utah Department of Health, Tobacco Prevention and Control Program.[20]

Attachment A: City-Owned Outdoor Recreational Facilities: *Model Tobacco-Free Policy*

WHEREAS, the City believes that tobacco use in the proximity of children and adults engaging in or watching outdoor recreational activities at City-owned or operated facilities is detrimental to their health and can be offensive to those using such facilities; and

WHEREAS, the City has a unique opportunity to create and sustain an environment that supports a non-tobacco norm through a tobacco-free policy, rule enforcement, and adult peer role modeling on City-owned outdoor recreational facilities; and

WHEREAS, the City believes parents, leaders, and officials involved in recreation are role models for youth and can have a positive effect on the lifestyle choices they make; and

WHEREAS, the tobacco industry advertises at and sponsors recreational events to foster a connection between tobacco use and recreation; and

WHEREAS, cigarettes, once consumed in public spaces, are often discarded on the ground requiring additional maintenance expenses, diminish the beauty of the City's recreational facilities, and pose a risk to toddlers due to ingestion; and

WHEREAS, the City Park & Recreation Board determines that the prohibition of tobacco use at the City's recreational facilities serves to protect the health, safety, and welfare of the citizens of our City.

Section 1: Tobacco use prohibited in outdoor recreational facilities
No person shall use any form of tobacco at or on any City-owned or operated outdoor recreational facilities, including the restrooms, spectator and concession areas. These facilities include [insert specific facilities here, e.g. playgrounds, athletic fields, beaches, aquatic areas, parks, and walking/hiking trails].

Section 2: Enforcement
1. Appropriate signs shall be posted in the above-specified areas.
2. The community, especially facility users and staff, will be notified about this policy.
3. Staff will make periodic observations of recreational facilities to monitor for compliance.
4. Any person found violating this policy may be subject to immediate ejection from the recreation facility for the remainder of the event.

Section 3: Effective Date
This policy statement is effective immediately upon the date of adoption.

_____ _____
Appropriate City Official **Date**

Source: Tobacco-Free Youth Recreation, Association for Nonsmokers - Minnesota.[21]

Attachment B: Youth Recreational Organization *Model Tobacco-Free Policy*

COMMITMENT

As an organization whose goal is to provide a safe, healthy youth recreational environment, we recognize that there are numerous health hazards resulting from the use of tobacco products, including smoking, the breathing of secondhand smoke, and the use of smokeless tobacco. We understand our responsibility to the participants of our program to model and promote healthy, tobacco-free lifestyles. We also realize that the tobacco industry strives to make a connection between recreation and tobacco, and we promise to refuse any compensation, either monetary or goods, from any tobacco industry-sponsored program, promotion, or advertisement.

We stress to leaders, teachers, coaches, officials, administrators, parents, spectators, and all others involved the importance of maintaining a tobacco-free environment while working with young people and encourage everyone to be a positive, tobacco-free role model. Therefore, we will provide an environment that is free of tobacco at all events.

POLICY

The use or possession of any form of tobacco during all activities sanctioned by or in which our organization participates is prohibited. This includes, but is not limited to, all league games, tournaments, competitions, organization-sponsored events, and all other performances. This policy applies to all participants: players, leaders, teachers, coaches, managers, club officials, administrators, and spectators.

DEFINITION

Tobacco use is the possession or ingestion of tobacco in any form, regardless of the quantity.

ENFORCEMENT

Violation of this rule will result in a verbal and written warning. A second violation may cause the individual to be removed from the activity or game.

Authorized signature: _____

Title: _____

Date: _____

Source: Tobacco-Free Youth Recreation, Association for Nonsmokers - Minnesota.[22]

Attachment C: Samples of Utah Policies

SALT LAKE CITY ORDINANCE

No. 81 of 2006

(No Smoking in City Parks, Recreational Areas, and Cemeteries, and Near Mass Gatherings)

AN ORDINANCE ENACTING CHAPTER 15.30 OF THE SALT LAKE CITY CODE, PROHIBITING

SMOKING IN CITY PARKS, RECREATIONAL AREAS, AND CEMETERIES, AND NEAR MASS

GATHERINGS.

WHEREAS, Salt Lake City Corporation (the "City") has authority to protect the public health, welfare, and sanitation; and

WHEREAS, based on the findings of the Utah Legislature in Utah Code Section 78-38-.5, the City hereby finds that the U.S. Environmental Protection Agency (EPA) has determined that environmental tobacco smoke is a Group A carcinogen, in the same category as other cancer causing chemicals such as asbestos; and

WHEREAS, the EPA has determined that there is no acceptable level of exposure to Class A carcinogens; and

WHEREAS, the United States Surgeon General has determined that the scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke; and

WHEREAS, reliable studies have shown that breathing side stream or secondhand smoke is a significant health hazard, in particular for elderly people, individuals with cardiovascular disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease; and

WHEREAS, the Americans with Disabilities Act, which requires that disabled persons have access to public places and work places, deems impaired respiratory function to be a disability; and

WHEREAS, the 2004 Behavioral Risk Factor Surveillance Survey indicates that 87% of Salt Lake County residents would support smoking restrictions at parks; and

WHEREAS, cigarette butts are not biodegradable and discarding cigarette butts and tobacco onto the ground in places such as city parks, recreational areas, and cemeteries, and at the locations of mass gatherings is unsightly, unclean, and particularly hazardous to small children and animals who handle and sometimes ingest them, which can lead to serious health effects; and

WHEREAS, littering in city parks and near mass gatherings, including littering of cigarette butts, shall not be tolerated; and

WHEREAS, smoke free parks are important for the health of children and adults; and

WHEREAS, because children imitate adult behavior, the elimination of smoking in places such as city parks, recreational areas, and cemeteries, and near mass gatherings furthers the goal of reducing youth smoking; and

WHEREAS, the Salt Lake Valley Board of Health, as a policy-making body designated by statute to protect the public's health, has deemed it prudent, reasonable, and necessary to support, advocate, and urge that municipal legislative bodies in Salt Lake County adopt an ordinance: (1) protecting the public health and welfare by prohibiting smoking in public parks, gathering places, recreational areas, and plazas; and (2) guaranteeing the right of nonsmokers to breathe smoke-free air, and to recognize that the need to breathe smoke free air shall have priority over the desire to smoke; and

WHEREAS, the City finds that the prohibition of smoking in the City's parks, recreational facilities, and cemeteries, and near mass gatherings serves to protect the health, safety, and welfare of persons in the City.

NOW, THEREFORE, be it ordained by the City Council of Salt Lake City, Utah:

SECTION 1. That Chapter 15.30, Salt Lake City Code, be, and the same hereby is, enacted to read as follows:

Chapter 15.30 Smoking Prohibited in City Parks, Recreational Areas, and Cemeteries, and Near Mass Gatherings

15.30.010. Definitions

A. "City park" means and includes city-owned parks, public squares, ball diamonds, golf courses, soccer fields, and other recreation areas, Library Square, city-owned cemeteries and trails, but not designated smoking areas specified by the city.

B. "Mass gathering" means an outdoor assembly of 100 or more people on city-owned property that reasonably can be expected to continue for two or more hours.

C. "Smoke" or "smoking" means and includes: possession, carrying, or holding a lighted pipe, cigar, or cigarette of any kind, or any other lighted smoking equipment, or the lighting or emitting or exhaling of smoke of a pipe, cigar, or cigarette or any kind, or of any other lighted smoking equipment.

15.30.020. Prohibitions

Smoking is hereby prohibited in city parks, light-rail train stations, within twenty-five (25) feet of bus stops, and within fifty (50) feet of mass gatherings. A violation of this ordinance is an infraction punishable by a fine not to exceed twenty-five dollars ($25.00) but not by imprisonment. Police officers shall have the discretion to issue a "warning" if they deem it is in the best interests of the city for the first offense.

15.30.030. Exceptions

A. American Indian/Alaska Native Ceremonies

1. A person is exempt from the restrictions of this chapter if the person:

a. Is a member of an American Indian/Alaska Native tribe whose members are recognized as eligible for the special programs and services provided by the United States to American Indians/Alaska Natives who are members of those tribes;

b. Is an American Indian/Alaska Native who actively practices an American Indian/Alaska Native religion, the origin and interpretation of which is from a traditional American Indian/Alaska Native culture;

c. Is smoking tobacco using the traditional pipe of an American Indian/Alaska Native tribal religious ceremony, of which tribe the person is a member, and is smoking the pipe as part of that ceremony; and

d. The ceremony is conducted by a pipe carrier, American Indian/Alaska Native spiritual person, or medicine person recognized by the tribe of which the person is a member and by the American Indian/Alaska Native community.

2. A religious ceremony using a traditional pipe under this section is subject to any applicable state or local law, except as provided in this section.

B. First Amendment Activities

A person is exempt from the restrictions of this chapter if the person is smoking or using smoking materials to exercise protected First Amendment activity, such as smoking or use of materials for bona fide religious purposes.

15.30.040. Posting of Signs

No smoking signs or the international No Smoking symbol (consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it) shall be clearly and conspicuously posted in every city park.

SECTION 2. EFFECTIVE DATE. That this Ordinance shall take effect on the date of its first publication.

Passed by the City Council of Salt Lake City, Utah, this 14th day of November, 2006.

Bill No. 81 of 2006
Published: December 2, 2006.

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Tooele County ORDINANCE 2006-12

AN ORDINANCE PROHIBITING SMOKING WITHIN 25 FEET OF PLAYGROUNDS, PLAY PITS, SPORTING AREAS, CHILDREN AND ANIMAL VENUES, GATHERING PLACES, CONCESSION STANDS, AND PATHWAYS

WHEREAS, this commission finds that the public health, convenience, and necessity require the adoption of an ordinance restricting secondhand smoke exposure in certain public places; and

WHEREAS, this commission held a public hearing and found that those in attendance were in favor of the general terms of this ordinance;

NOW, THEREFORE, BE IT ORDAINED BY THE LEGISLATIVE BODY OF TOOELE COUNTY, UTAH that Title 6, Chapter 22 of the Tooele County Code is hereby enacted to read as follows:

CHAPTER 22

SMOKING IN PUBLIC PLACES

6-22-1. Smoking prohibited.

In the unincorporated areas of Tooele County, smoking is prohibited within 25 feet of public playgrounds, play pits, sporting areas, children and animal venues, gathering places, concession stands, and pathways. It shall be permissible to smoke in public parking areas at such venues.

6-22-2. Definitions.

As used in this chapter:

(1) "Playground" means any park or recreational area specifically designed to be used by children that may have play equipment installed, or any similar facility located on public grounds.

(2) "Play Pit" means any designated play area within a public park for use by children, where the area is not contained by a fence. The boundary of a play pit shall be defined by the edge of the resilient surface of safety material, such as concrete or wood, or any other material surrounding the play pit.

(3) "Sporting Area" means any public area used for sporting events, including, but not limited to, bleachers, backstops, sports fields, ball diamonds, basketball courts, tennis or volleyball courts, skateboard areas, swimming pools, and BMX areas.

(4) "Gathering Place" means any public area where people congregate or assemble, including, but not limited to, boweries, pavilions, amphitheaters, picnic tables, and booths.

(5) "Concession Stand" means any place intended for the distribution of goods and services in a public area.

(6) "Pathway" means any pathway located in a public area intended for walking, jogging, or biking.

(7) "Public Park" means any park operated by a public agency.

(8) "Smoke" or "Smoking" means the carrying of a lighted pipe, cigar, or cigarette of any kind, or the lighting of a pipe, cigar, or cigarette of any kind, including, but not limited to, tobacco, or any other weed or plant.

(9) "Tobacco" means cigarette and tobacco products as defined in Utah Code Section 59-14-102.

6-22-3. Violation.

Any person, association, corporation, or the officers of the association or corporation who violates any provision of this chapter shall be:

(1) On the first violation guilty of a class C misdemeanor; and

(2) On the subsequent similar violation within two years, guilty of a class B misdemeanor.

IN WITNESS WHEREOF the Tooele County Commission, which is the legislative body of Tooele County, passed, approved, and enacted this ordinance this 28th day of March, 2006.

ATTEST: **TOOELE COUNTY COMMISSION:**

_____ _____
DENNIS D. EWING, Clerk DENNIS ROCKWELL, Chairman

(S E A L)

Commissioner Rockwell voted _____
Commissioner Lawrence voted_____
Commissioner Johnson voted _____

APPROVED AS TO FORM:

_____
DOUGLAS J. AHLSTROM
Tooele County Attorney

****

MIDVALE CITY

ORDINANCE NO. 04/18/2006 O-3

AN ORDINANCE AMENDING TITLE 9 OF THE MIDVALE MUNICIPAL CODE TO PROHIBIT SMOKING IN CITY PARKS, RECREATIONAL AREAS AND CEMETERY

WHEREAS, Midvale City Corporation is empowered to establish programs to protect the public health, welfare and sanitation; and

WHEREAS, the City hereby finds that the U.S. Environmental Protection Agency (EPA) has determined that environmental tobacco smoke is a Group 'A' Carcinogen, in the same category as other cancer causing chemicals such as asbestos; and

WHEREAS, children exposed to secondhand smoke have an increased risk of asthma, respiratory infections, bronchitis, pneumonia, sudden infant death syndrome, developmental abnormalities, and cancer; and

WHEREAS, reliable studies have shown that breathing side stream or secondhand smoke is a significant health hazard, in particular for elderly people, individuals with cardiovascular disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease; and

WHEREAS, the Americans with Disabilities Act, which requires that disabled persons have access to public places and work places, deems impaired respiratory function to be a disability; and

WHEREAS, the health care costs and lost productivity incurred by smoking related disease and death represent a heavy and avoidable financial drain on our community; and

WHEREAS, preliminary studies indicate exposure to secondhand smoke in outdoor places may reach levels as high as indoor venues; and

WHEREAS, discarding cigarette butts and tobacco onto the ground in places such as city parks, recreational areas, and cemetery is unsightly, unclean and particularly hazardous to small children who handle and sometimes ingest them; and

WHEREAS, because children often model adult behavior, the elimination of smoking in places such as city parks, recreational areas, and cemetery furthers the goal of reducing youth smoking.

NOW, THEREFORE, BE IT ORDAINED BY CITY COUNCIL OF MIDVALE, UTAH:

Section 1. The Midvale City Council hereby amends Title 9 of the Midvale Municipal Code as follows:

9.34.085 Smoking Prohibited in City Parks, Recreational Areas, and Cemetery

Smoking is hereby prohibited in all city parks, recreational areas, and cemetery. A violation of this ordinance is an infraction for the first offense and a Class C misdemeanor for any subsequent offenses. Police Officers shall have the discretion to issue a "Warning" if they deem it is in the best interests of the City for the first offense.

City parks, recreational areas, and cemetery shall be defined as city-owned ball diamonds, pocket parks, soccer fields, linear parks/trails and any other city-owned property with the exception of city streets, sidewalks, and designated smoking areas.

Section 2. This ordinance shall become effective after passage and upon at least one publication in a newspaper of general circulation in Midvale City, State of Utah.

APPROVED AND ADOPTED this 18th day of April, 2006.

_____
JoAnn B. Seghini, Mayor

ATTEST:

_____
Rori L. Clark, CMC
City Recorder

Date Published: _____

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ORDINANCE 2005-03

AN ORDINANCE PROHIBITING THE USE OF TOBACCO PRODUCTS ON ALL PARKS AND RECREATIONAL AREAS OWNED AND LEASED BY HYDE PARK CITY, UTAH

WHEREAS, the safety, health and welfare of Hyde Park City residents is a concern of the Hyde Park City Council; and,

WHEREAS, Utah Code Annotated *78-38-5, indicates that the Utah State Legislature relies on findings from the Environmental Protection Agency (EPA) regarding environmental tobacco smoke, also known as second hand smoke, as a Group A carcinogen; and,

WHEREAS, environmental tobacco causes an increase in respiratory diseases and disorders among exposed persons; and,

WHEREAS, the EPA has found that environmental tobacco smoke is responsible for approximately 3,000 lung cancer deaths each year in nonsmoking adults and impairs the respiratory health of hundreds of thousands of children; and.

WHEREAS, in order to protect it's citizens, the Hyde Park City Council desires to lead by example in preventing adults and youth from being subjected to the effects of second hand smoke.

NOW THEREFORE, BE IT ORDAINED, by the City Council of Hyde Park, Utah, as follows:

> **Smoking or carrying lighted cigarettes, pipes, cigars, and other tobacco products on all publicly owned or leased areas where playground equipment has been installed for public use by children, play pits, play structures, bleachers, backstops, sports fields, ball diamonds, basketball courts, tennis or volleyball courts, concession stands, skateboard areas, BMX areas, boweries, and pathways for walking, is prohibited.**

PENALTY. The violation by any person of the provision of the ordinance is a Class "C" Misdeamer.

SEVERABILITY. If any part of this ordinance shall be deemed invalid, such parts shall be severed and the invalidity thereof shall not affect the remaining parts of this ordinance.

EFFECTIVE DATE. This ordinance shall become effective immediately after passage by the Hyde Park City Council.

PASSED AND ADOPTED by the City Council of Hyde Park City, State of Utah, this 15th day of February, 2005.

HYDE PARK CITY, A Municipal Corporation

David N. Kooyman – Mayor

ATTEST:

Marsha W. Hymas – City Recorder

CITY OF HYDE PARK CORPORATE Seal

Attachment D: Parks and Recreation Departments

Bear Lake Parks & Recreation
1030 N. Bear Lake Blvd.
Garden City, UT
(435) 946-3343

Brigham City Parks & Recreation
20 N. Main Street
Brigham City, UT
(435) 734-2013

Carbon County Recreation
65 S. 100 E.
Price, UT
(435) 636-3263

Cedar City Parks & Recreation
286 N. Main Street
Cedar City, UT
(435) 865-9223

Clearfield Parks & Recreation
55 S. State Street
Clearfield, UT

Clinton City Recreation Department
Director: Lee Ann Powell
1906 W. 1800 N.
Clinton City, UT 84015
(801) 774-2666

Green River State Park
PO Box 637
Green River, UT
(435) 564-3633

Heber Parks & Recreation
777 State Route 319 #3
Heber City, UT
(435) 649-9109

Hyrum Parks & Recreation
405 W. 300 S.
Hyrum, UT
(435) 245-6866

Logan Parks & Recreation
195 S. 100 W.
Logan, UT
(435) 750-9877

Moab City Recreation
195 S. 100 W.
Logan, UT
(435) 259-2255

Millard County Recreation
81 Manzanita Ave.
Delta, UT
(435) 864-1470

Midway Parks & Recreation
Deer Creek
Midway, UT

Ogden Parks & Recreation
Manager: Annette Cottle
(801) 629-8253

Peoa Parks & Recreation
9040 N. State Hwy 302
Peoa, UT
(435) 336-2241

Provo Parks & Recreation
351 W. Center St.
Provo, UT
(801) 852-6600

Salt Lake Parks & Recreation
Salt Lake City, UT
(801) 483-5473 or
(801) 270-7260

Sandy City Parks & Recreation
440 East 8680 South
Sandy, UT 84070
(801) 568-2900

St. George Parks Division
340 W. 200 S.
St. George, UT
(435) 634-5869

Tooele Parks & Recreation
90 N. Main Street
Tooele, UT
(435) 843-2140

Source: Utah Department of Health, Tobacco Prevention and Control Program.[23]

Attachment E: Creating Healthy Communities: Using Recreation as a Tool for Tobacco Prevention

Insert PDF File Outdoor Venue

Source: Tobacco-Free Youth Recreation, Association for Nonsmokers – Minnesota.[24]

Attachment F: Salt Lake Valley Health Department Poster

So, you're trying to improve your well-being with a little fresh air and outdoor recreation? Turns out the air you're breathing might not be as fresh as you thought. Secondhand smoke in outdoor public places can reach levels as high as those found in indoor facilities where smoking is permitted. Help make our parks clean and smoke-free.

SLVHD Salt Lake Valley Health Department

SMOKE-FREE PARKS FOR THE HEALTH OF OUR CHILDREN

The TRUTH™

Do you see a park or an ashtray?

It takes years. Years for trees to grow and years for cigarette butts to decompose. In the meantime, they're not only a blot on the landscape, but a hazardous threat to children and animals. If ingested, they can lead to dangerous reactions, including irregular heartbeats and seizures. Help make our parks clean and smoke free.

SLVHD Salt Lake Valley Health Department

SMOKE-FREE PARKS FOR THE HEALTH OF OUR CHILDREN

The TRUTH™

Attachment G: Samples of local information kits

1) Salt Lake Valley Health Department Brochure

Animals

Animals are susceptible to the same health related effects of secondhand smoke as humans are.

Effects on Animals[12]

- 4 out of 5 animals exposed to secondhand smoke will have a shorter life span.
- Animals with long noses are at an even greater risk of developing certain nasal and sinus cancer, as they expose more tissue to the carcinogens when they inhale.
- Chemicals from cigarette smoke can be found in animals' bodies for long periods of time.
- Measurable levels of carcinogens can be found in dogs' hair and urine for months after exposure.
- Cats exposed to secondhand smoke have an increased chance of developing a type of oral cancer commonly found in smokers, possibly because the carcinogens in smoke can settle on cats' fur which they can pick up as they groom themselves.

SMOKE-FREE PARKS
FOR THE HEALTH OF OUR CHILDREN

www.slvhealth.com

Environment

The Environment and Cigarette Butts

- Several trillions of cigarettes are littered worldwide each year. They are the most littered item in the world.[13]
- Cigarette butts are not biodegradable. The filter tips take many years to decompose.[13]

Harmful Effects of Cigarette Butts

- In 2002, the American Association of Poison Control Centers received 7,866 reports of nicotine ingestion among children. Eating a tobacco product can lead to severe effects such as irregular heartbeat and seizures.[14]
- Cigarette filters which contain harmful plastic and toxic chemicals have been found in the stomachs of fish, birds, whales and other animals.[15]
- Cigarette butts are a major cause of fires. The Yellowstone National Park fire in 1998 burned more than 400,000 acres caused by a discarded cigarette butt.[16]

SMOKE-FREE PARKS
FOR THE HEALTH OF OUR CHILDREN

www.slvhealth.com

Children

Youth and Tobacco

- Everyday about 6,000 youth try smoking cigarettes. More than 3,000 of these young people will become regular smokers.[8]
- More than 5 million current U.S. minors will die prematurely from tobacco related causes.[9]
- The perception that tobacco use is normal is one factor that encourages adolescent tobacco use.[10]

Health Effects on Children

- Exposure to secondhand smoke increases children's risk of ear infections, wheezing, cough, pneumonia and bronchitis.[11]
- An estimated 2,000 cases of Sudden Infant Death Syndrome (SIDS) are caused from secondhand smoke each year.[6]
- Every year 8,000 new cases of asthma and as many as 1 million cases of exacerbated asthma in children are diagnosed from secondhand smoke.[6]

SMOKE-FREE PARKS
FOR THE HEALTH OF OUR CHILDREN

www.slvhealth.com

Health

Secondhand smoke is a mixture of the smoke given off by the burning end of a cigarette, pipe, or cigar and the smoke emitted at the mouthpiece and exhaled from the lungs of a smoker.

Dangers of Secondhand Smoke

- The Environmental Protection Agency has classified secondhand smoke as a group "A" carcinogen, meaning there is no safe level of exposure.[1]
- Secondhand smoke has been found to be more toxic than mainstream smoke, which is the smoke inhaled by a smoker.[4]
- Secondhand smoke in outdoor public places can reach levels as high as those found in indoor facilities where smoking is permitted.[2]
- Even five minutes of exposure to secondhand smoke can cause negative health effects.[1]

Health Effects of Secondhand Smoke

- Secondhand smoke is the third leading cause of preventable death in the United States. Between 38,000 and 65,000 nonsmokers die each year from diseases caused by secondhand smoke such as coronary heart disease and lung cancer. Among those deaths, 6,000 occur in children.[5,6]
- Secondhand smoke contains over 4,000 chemicals; at least 2,000 are poisons and 43 are cancer causing.[7]

SMOKE-FREE PARKS
FOR THE HEALTH OF OUR CHILDREN

www.slvhealth.com

Why Are Smoke-Free Parks Important

Throughout Salt Lake County there are over 300 parks that children frequent to use playground equipment, play team sports, or spend time with family and friends. Parks should be clean, safe places that protect our children from danger and health hazards, including secondhand smoke.

The Environmental Protection Agency has classified secondhand smoke as a group A carcinogen, meaning there is no safe level of exposure.[1] Secondhand smoke in outdoor public places can reach levels as high as those found in indoor facilities where smoking is permitted.[2] Even five minutes of exposure to secondhand smoke can cause negative health effects.[1] Secondhand smoke can also become a nuisance to those using the park. In Utah 84.6% of adults are non-smokers.

Cigarette litter also poses a hazard in Salt Lake County. Several trillions of cigarettes are littered worldwide each year, making them the most littered item in the world. Cigarette butts are not biodegradable; the filter tips take many years to decompose.[3] Cigarette litter can also be ingested by children and animals, which can lead to serious health effects.

Smoke-free parks are important "For the Health of Our Children".

SMOKE-FREE PARKS
FOR THE HEALTH OF OUR CHILDREN

www.slvhealth.com

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2) The Tooele PowerPoint that was used with Tooele Board of Health

SMOKE-FREE PARKS IN TOOELE COUNTY?

Smoke Free Parks and Recreation Areas Background

Secondhand smoke, EPA classified as a group A carcinogen
'no safe level of exposure'

Secondhand smoke in outdoor public places can reach levels as high as those found in indoor facilities where smoking is permitted

Butts are the most littered item in the world, several trillions

American Association of Poison Control Centers received 7,866 reports of nicotine ingestion among children in 2002

Cigarette butts are the major cause of fires - Yellowstone

Health Effects of Second Hand Smoke

General Population

3rd leading cause of preventable death in the United States

Up to 65,000 nonsmoker deaths every year
6,000 of them children

Children

Increased risk of ear infections, wheezing, cough, pneumonia and bronchitis

8,000 new cases of asthma

Up to **1 million** cases of exacerbated asthma in children each year

Animals

4 out of 5 animals exposed to secondhand smoke will have a shorter life span

National Trends

– 27 of the 50 states in the U.S have communities with outdoor tobacco/smoke free air ordinances/regulations/policy at parks, zoos, youth sports, trails, and/or beaches.

Following are states with policies:

Alabama	Arizona	Arkansas
California	Colorado	Delaware
Florida	Hawaii	Iowa
Louisiana	Maine	Minnesota
Maryland	Massachusetts	Michigan
Nebraska	Nevada	New Jersey
New Mexico	New York	North Dakota
Oregon	Rhode Island	Texas
Utah	Vermont	Washington

State Trends

Current Known Policies Within Utah

1. Clinton, Utah - Clinton Cities 7 parks have banned tobacco use 50 feet from playground equipment, play pits, play structures, bleachers, backstops, sports fields, ball diamonds, basketball courts, tennis or volleyball courts, concession stands, skateboard areas, BMX areas, boweries, pathways for walking, waterfront around fishing and boating areas, and other assembly areas.

2. West Jordan, Utah - Smoking is prohibited 30ft from all public seating.

3. Sandy, Utah - As defined by Sandy City rules and regulations, smoking is prohibited during games on city fields and school fields.

Policies In-Progress

10 out of the 12 health districts in Utah are working to make parks in their counties tobacco/smoke-free.

State Outcomes BRFSS Report

Attitudes and Beliefs

- 97% believe secondhand smoke is harmful.
- 86% are bothered by other people's smoke.
- 85% believe that seeing others use tobacco leads children to smoke.

Support for Smoke-free Policies

- 79% would support a law banning smoking in bars, taverns and private clubs.
- 88% support smoking restrictions at parks.
- 89% support smoking restrictions at rodeos.
- 91% support smoking restrictions at outdoor sports venues.
- 92% support smoking restrictions at zoos and amusement parks.

SLVHD Proposed to SL Co. Board of Health

A health regulation, which would prohibit tobacco use in SL Co. within 50' of …

- playgrounds
- play pits/sandboxes
- sporting areas
- children & animal venues
- gathering places
- concession stands
- pathways.

78% of SL park directors would support 50'

Tooele Trends

Current Use Rate

Adults 18+ (2001-03)	19.1%
Youth in grades 9-12 (2003)	6.4%
Children exposed to smoke at home (2003)	1,200

Tooele Trends

Tooele County Survey Results

Completed: 591 M:257/ F:334 Use: Current 62 Former 58 Non 471

	Rodeos	Parks	Outdoor Sports Facilities
Ban all tobacco Use	233	272	253
Designated Area	232	194	216
Ban Smoking	70	68	67
No restrictions	49	53	49
Other	7	4	6

In your view is secondhand smoke irritating or does it cause health problems?

Just irritating: 39
Causes Health Problems: 248
Both: 254
Neither: 14
Undecided: 36

*Surveys were conducted Fall 2003 in Grantsville City, Tooele City and Tooele County Fair.

Plan of Action and Direction

1. Gather Relevant Facts and Information
   - Currently there are **NO** county policies restricting tobacco use within Tooele County Outdoor Venues except Deseret Peak Swimming Pool.
2. Assess Community Readiness
   - Observational Surveys have been conducted at Tooele City Parks, Tooele County Fair, Tooele Derby, Youth Baseball games. Result show smoking within 25ft of youth at all these events.
   - 591 Surveys have been conducted within Tooele County Parks and Recreation
3. Plan Campaign
   - Media (newspaper), Bulletin Boards, Pamphlets at public gathering places, etc.
4. Get the Word Out and Gain Support
   - Public Forum, Contact Youth Agencies, Other Agencies
5. Develop Policy, Take to Board of Health for Review

Attachment H: Outdoor Venue Signage Template

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