

Promoting Clean Indoor Air

University of Wisconsin
Comprehensive Cancer Center
September 2003

INTRODUCTION

Purpose

This paper was written to assist local tobacco control coalitions in Wisconsin to promote clean indoor air ordinances in **municipal buildings, restaurants and other workplaces**. After a general presentation of the evidence on the impact of clean indoor air policies, each of the three environments will be individually addressed.

Why Create Smoke-Free Environments?

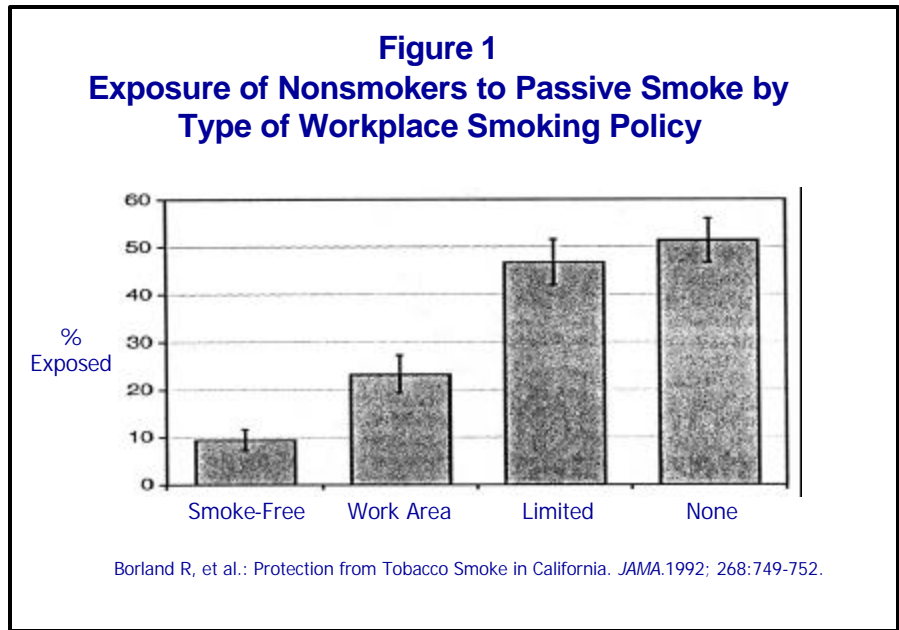
Many state and local governments have created smoke-free workplaces and public places to protect the health and safety of the public and the workforce. While protection from exposure to secondhand smoke (SHS) is currently the priority, many early clean indoor air rules were initially instituted based on safety concerns (e.g., fires, explosions). Since the implementation of the first clean indoor air policies, however, the evidence has continued to mount on the health risks of exposure to SHS. Studies have shown that, in children, exposure to SHS increases the risk of sudden infant death syndrome, respiratory illness, asthma, middle ear disease and reduced lung function growth. In adults, SHS can cause lung cancer, respiratory symptoms, cardiovascular disease and the worsening of asthma (1,2,3,4,5).

What is the Impact of Smoke-Free Policies?

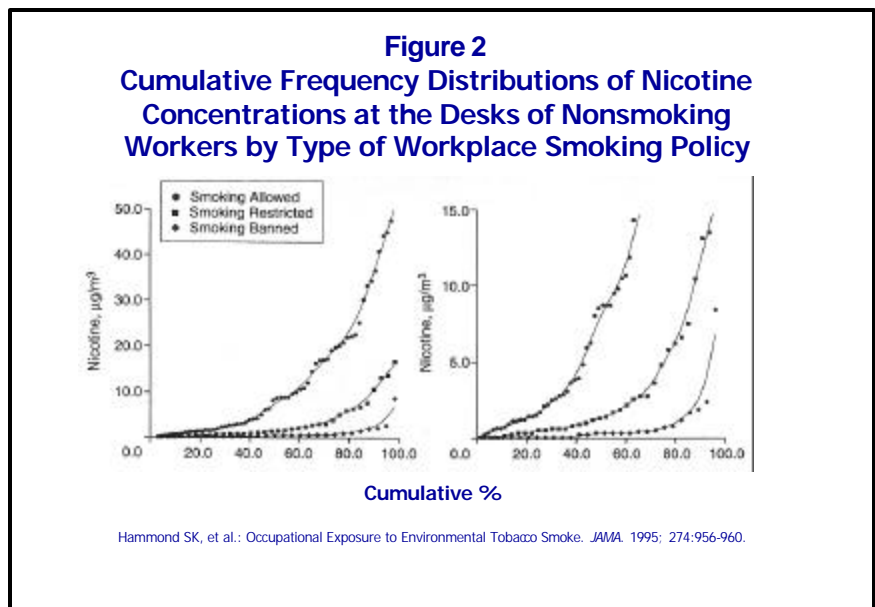
Smoke-free buildings reduce exposure to SHS, but they also often have the significant additional benefit of reducing cigarette consumption as well as smoking prevalence. Further, one small study has documented short-term improvement in health status after the implementation of a smoke-free worksite policy that covered bars. The evidence that is presented in this section refers to impact in workplaces in general, but is also directly relevant to municipal buildings and restaurants.

➤ **Reduced Exposure to SHS**

A number of studies have investigated the impact of worksite smoking policies on exposure to SHS in the workplace; some of these studies assess exposure through survey (self-report), others have taken actual measurements to directly assess exposure levels. An example of the former type was a study conducted by Borland et al. (6) in which weaker smoking policies were associated with greater reported exposure to SHS (Figure 1).



In an example of the latter type of study, Hammond et al., (7) measured nicotine concentrations at the desks of non-smoking workers across a number of different worksites with a range of smoking policies. Again, the worksites with the weakest policies showed the highest levels of nicotine in the environments of non-smoking workers (Figure 2).



The National Institute of Occupational Safety and Health has reviewed the evidence on SHS and its health effects as well as strategies for controlling it in the workplace and has concluded that (8):

“The most direct and effective method of eliminating ETS from the workplace is to prohibit smoking in the workplace.”

➤ **Reduced Consumption and Prevalence**

Numerous studies have demonstrated reductions in the numbers of cigarettes smoked per day as well as increases in the number of persons who quit in response to working in smoke-free environments. A number of review studies have summarized the evidence. Chapman et al. (9) reviewed 19 studies of workplace smoking policies and their impact on worker cigarette consumption or quitting. Of the 19 studies reviewed by the authors, 17 reported decreases in smoking prevalence and 18 reported decreases in consumption (Figure 3).

Figure 3
Changes in Daily Cigarette Consumption and/or Smoking Cessation in Workplaces that Have Banned Indoor Smoking

Study Type	N ^o Studies	D in Cigs/Day	D Prev.
Community	4	- 13-36%	- 7-50%
Worksite, Retrospective	4	- 11-40%	- 4-16%
Worksite, Cross-sectional	2	- 7-20%	- 3-5%
Worksite, Cohort	9	- 11-53%	- 0-23%

Adapted from: Chapman S, et al.: The Impact of Smoke-Free Workplaces on Declining Cigarette Consumption in Australia and the United States. *Am J Public Health*. 1999; 89:1018-1023

A similar review found that the combination of reduced consumption and increased quitting resulted in an overall reduction in smoking of 29%, and that totally smoke-free policies were twice as effective as policies that allowed smoking in some part of the workplace (10).

In another study, Wakefield et al. examined the impact of clean indoor air policies on teenage smoking, and found that stronger restrictions on smoking in public places were associated with students being at an earlier stage of smoking uptake and having a lower 30-day prevalence (11).

➤ **Improved Health Status**

Reducing exposure to SHS provides both short and long-term protection for workers and the public. Although there has been limited research to date on

improvement of health after the institution of clean indoor air policies, one small study of bartenders before and after the implementation of a smoke-free worksite ordinance showed improvement in respiratory symptoms (Figure 4) and lung function in the bartenders after their bars went smoke-free (12).

Figure 4
Prevalence of Respiratory Symptoms in Bartenders Before and After Establishment of Smokefree Bars

Prevalence Of Symptoms

	Baseline, N° (%)	Follow-up, N°(%)
Any resp. symptom	39 (74)	17 (32)
Wheezing	17 (32)	8 (15)
Dyspnea	10 (19)	4 (8)
Cough, morning	28 (53)	12 (23)
Cough, rest of day	26 (49)	6 (11)
Phlegm production	28 (53)	6 (11)

Adapted from Eisner, M, et al.: Bartenders' Respiratory Health After Establishment of Smoke-Free Bars and Taverns . JAMA 1998; 280: 1909-1914.

➤ **Reduced Costs to Taxpayers and Employers**

Smoke-free buildings can also result in important cost-savings for local taxpayers in the case of municipal buildings and employers in the case of private worksites. In smoke-free buildings, maintenance costs are lower, equipment and furniture are replaced less frequently, loss from fire is reduced, and, when smoking employees decrease their cigarette consumption or quit in response to a smoke-free policy, absenteeism and medical care costs decline (13).

How do Clean Indoor Air Campaigns Benefit Communities and Coalitions?

In addition to the direct benefits to those working and accessing smoke-free buildings, many local tobacco control coalitions have found that the process of organizing and working toward a clean indoor air ordinance is, in and of itself, beneficial to the local community and the development of the coalition.

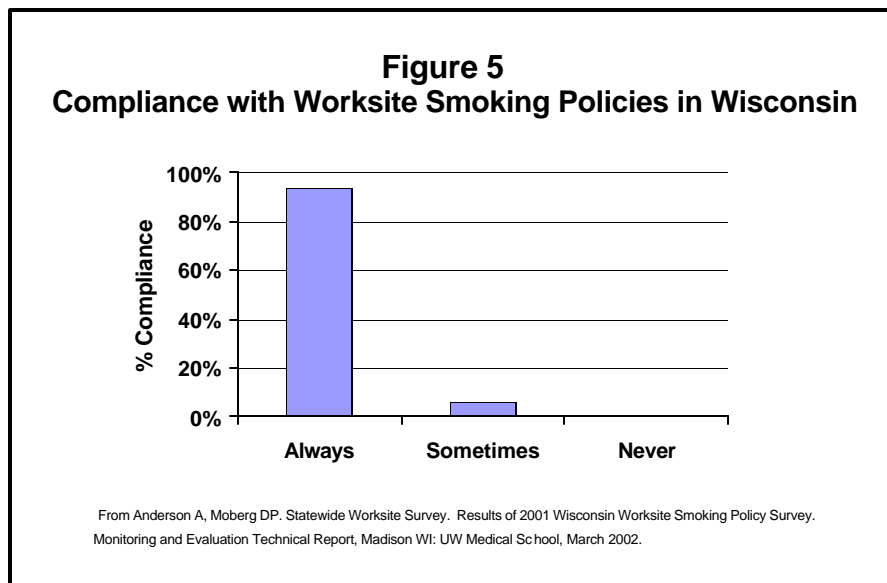
A clean indoor air campaign can raise public awareness of a number of issues including: the health risks of smoking and of exposure to SHS, the benefits of clean indoor air and of quitting, and in some cases, of the strong opposition the tobacco industry and its allies will mount in the face of a local ordinance that it perceives as a threat to cigarette sales.

A tobacco control coalition that successfully works for the passage of a local clean indoor air ordinance is often strengthened in the process. Coalitions that have not previously worked to change policies will learn how policy is made at the city or county level. This includes meeting local elected officials individually and in committees. It also

may require contact with the media and other groups. Perhaps most importantly, changing local policy can provide a “win” to the coalition in an area that provides tangible change and benefits to the local community.

How are Worksite Smoking Policies Enforced?

Public support for clean indoor air in public places and workplaces is very high. This support leads to smooth implementation of worksite smoking policies in almost all cases. In fact, most worksite smoking policies are entirely self-enforcing. A recent survey of Wisconsin worksite smoking policies showed that in over 90% of worksites, employees complied with policies all of the time (Figure 5) (14). Similarly, in another study of adults in Wisconsin, respondents whose worksites did not allow smoking in any public areas reported greater than 95% compliance with the policy (15).



MUNICIPAL BUILDINGS

What is the Status of Smoke-Free Municipal Buildings in Wisconsin?

In Wisconsin, many municipalities have created smoke-free government buildings in response to the growing evidence of the harmfulness of exposure to SHS. Local governments have become smoke-free for a number of reasons, including the following:

- the majority of the public supports clean indoor air in the workplace;

- citizens should not have to be exposed to second hand smoke in order to conduct government business;
- government employees should not have to be exposed to second-hand smoke in order to keep their jobs;
- government has a responsibility to set an example to the public of model health and safety conditions.

➤ **Legal Requirements:** The **Wisconsin Clean Indoor Air Act** is weak. In many cases it allows for exclusions of entire workplaces and where it requires coverage of a workplace it allows exclusion of entire work areas within that workplace. The only indoor areas that are required to be 100% smoke-free are physician's offices, buses, day care centers and the State Capitol. Other workplaces such as government buildings, offices, educational facilities, inpatient facilities and others must be smoke-free except for those areas that are designated as smoking rooms. Entire buildings in these categories covered by the law cannot be designated as smoking buildings, however, specific work areas (e.g., an office) can. It is important to note here that the Clean Indoor Air Act does not require the creation of a designated smoking area and does allow for creating entirely smoke-free buildings. Some worksites, such as county garages and law enforcement buildings, are not covered by the Clean Indoor Air Act, and thus not required by law to be smoke-free. However, the individual or elected body in charge of these facilities not covered by the law can be proactive and designate the area as smoke-free.

Further, the federal **Pro Children Act** requires that smoking not be permitted in any indoor facility that provides health or educational services to children and that receives any federal funds. This applies to health departments that vaccinate children as well as libraries and other services regularly used by children even if they share space with other municipal functions. No exemptions within these facilities are permitted.

➤ **Prevalence of Smoke-Free Municipal Buildings:** According to a survey conducted in September of 2003, 75% of cities, 67% of counties, 58% of villages and

52% of towns were entirely smoke-free (16). Additionally, many other units of government were largely smoke-free, with smoking allowed only in garages or law enforcement facilities. Some allowed “smoking rooms” in office buildings. With a few notable exceptions, most larger cities and counties have smoke-free municipal buildings.

➤ **Labor Unions and Collective Bargaining on Smoking:**

The issue of an employee’s “right to smoke” is often discussed in the context of instituting smoke-free workplaces. Unions represent most non-supervisory county and municipal employees in the state. In some instances unions representing employees have raised objections to the loss of the employees’ “right to smoke.” The state agency overseeing public sector employment relations, Wisconsin Employment Relations Commission, has ruled that employers do not have to negotiate the decision to make a workplace smoke free, if there are no exceptions in that workplace. As a result there is no legal obstacle to making a workplace smoke-free if the policy applies to the entire work place.

How Have Local Communities Gone Smoke-Free in Wisconsin?

Many local coalitions have focused their efforts on making public buildings smoke-free to provide the public and government employees smoke-free facilities and as a precursor to a smoke-free restaurant initiative.

In the City of **Franklin**, the health officer surveyed the smoking status of employees and found that over 80% did not smoke. A group representing each department, including a proportionate group of smokers, met to discuss a suitable policy and made recommendations to the city council. The recommendations noted the extra-break time allotted to smokers (an inequity between employees), higher insurance costs (to the employer-the City) and the pervasive exposure of employees and the public to cigarette smoke. The health officer also noted that the presence of a health clinic and library that served children put the city in violation of the previously mentioned Pro

Children Act. The city council adopted the committee's recommendation to ban smoking in all buildings.

In some cases such as in the City of **Wauwatosa**, the coalition made a number of attempts to change city policy and was finally successful in making city government buildings smoke-free after an influential city manager who opposed the change retired. A similar pattern of "waiting out" an intransigent city official occurred in **Rhineland**.

Oneida County coalition advocates approached providing clean indoor air in public buildings in two parts: the city hall became smoke-free in 1998 and the city garage and other department of public works sites became smoke-free in 2001. The coalition brought the proposal to the city council a number of times before it was successful. Some of the keys to success were frequent meetings with the mayor to win his support (many city officials are initially "lukewarm" to the proposal because they don't understand it and believe that it will engender more opposition than it actually does). Also important to the success of the effort was the support of a city council member who helped prepare the coalition with information and strategic planning.

After the proposal for a smoke-free city hall was introduced, the coalition learned that their city government's policy process required a recommendation from a committee of the council, but that if the proposal passed the committee, it was likely to pass the full council. As a result, the coalition focused much of its energy on winning the support of the committee. During the period of committee and council deliberations, the coalition proposal was the subject of a few newspaper articles on the topic. This increased public discussion and support of the proposal.

The **Trempealeau** County coalition was successful in prohibiting smoking in the courthouse and a twenty-foot area surrounding the courthouse. The Trempealeau County Highway Department, however, still continues to allow smoking in the county garage.

In some instances, county-based coalitions have observed a spillover effect from their work whereby the communities adjacent to those they have helped become smoke-free quickly adopt their own smoke-free policies. This is especially likely when the first city or municipality to adopt a smoke-free ordinance is the largest in the county.

Tobacco control advocates often face the greatest resistance to change in blue-collar work areas such as county highway departments, public works garages and law enforcement buildings. In these worksites, where there are often higher than average smoking rates, it is important to remember that the majority of employees are nonetheless non-smokers and that as a result, many workers are exposed to high levels of SHS (especially when sharing a vehicle with a smoker). Further, there may be reduced managerial pressure for change because the managerial staff is often in smoke-free offices outside of the garage areas. However, given the fact that fumes, volatile liquids and other toxic chemical substances are often present, these workplaces have the greatest need and will enjoy the greatest benefit from being smoke-free. Promoting clean indoor air in these workplaces is most successful if conducted in conjunction with the unions representing municipal employees.

Another potential challenge to creating smoke-free workplaces is the “ventilation” argument. Employers may argue that a “smoking room” accommodates smoking employees while its ventilation eliminates potential harm to other employees and the public. This has been a major barrier to the implementation of a smoke-free policy in **Green Bay** and other cities. In most instances, ventilation removes some or much of the odor; however, it does not remove many of the hazardous chemicals associated with SHS. For more information on problems related to ventilation, visit the website of Americans for Non-Smokers Rights: <http://www.no-smoke.org/ventilation.html>. It is important to note that employers in Wisconsin are not required to provide special on-site or off-site accommodations for smokers.

What are the Key Steps in Implementing Smoke-Free Municipal Buildings?

Each tobacco control coalition is different, as are the communities they represent. This means that there is no single list of activities that can serve as “best practice” for every community. Coalitions can, however, use the strategies of other successful campaigns as a guide for developing their own strategy. This list of key steps should serve as such a guide. Depending upon your community, some of these steps may not be necessary, in other cases some may be missing. Your plan should

build upon what has worked in other communities but also be adapted to your local context.

Getting Started

- Review smoke-free status of your municipalities. (See MEP website: <http://www.medsch.wisc.edu/mep/>, click on 2003 Municipal Government Survey – Results by County).
- Form clean indoor air committee.
- Develop plan with timeline for reaching goal (100% smoke-free municipalities).

Planning

- **Develop Public Awareness Plan**
 - Choose key messages.
 - Write fact sheets, information packets.
 - Recruit spokespersons and prepare talking points.
 - Develop cessation resources kit for affected employees and supervisors.
- **Develop Community Mobilization Plan**
 - Set schedule of community events to attend.
 - Meet with representative group of municipal employees.
 - Meet with union leaders, health department.
- **Develop Policymaker Education Plan**
 - Research city council members, mayor, and other key policy makers.
 - Become familiar with functioning of relevant municipal body (e.g., city council, town or village board) including how a proposal becomes a law.
 - Meet with relevant municipal department heads and identify supporters.
 - Meet with elected officials to assess support.

Action

- **Public Awareness**
 - Place opinion pieces, editorials and letters to the editor.
 - Publicize community cessation resources as complementary to clean indoor air campaign.

➤ **Community Mobilization**

- Continue to recruit organizational/individual support.

➤ **Policymaker Education**

- Send information packet to all elected officials (e.g., council members.)
- Coordinate meetings with elected officials.
- Draft ordinance (see model municipal ordinance: <http://www.tobwis.org/>).
- Prepare for public hearings (testimony, supporting documents, affected employees).

Maintenance

➤ **Public Awareness**

- Hold press conference to announce adoption of ordinance and thank partners and elected officials.

➤ **Community Mobilization**

- Work with municipal workplaces and employees to ensure adequate support for those interested in quitting.

➤ **Policymaker Education**

- Send thank you letters to all supportive elected officials (e.g., council members).

RESTAURANTS/WORKPLACES

What is the Status of Smoke-Free Restaurants and Workplaces in Wisconsin?

Restaurants: To date, thirteen communities across Wisconsin have enacted local smoke-free restaurant ordinances to broaden the scope of smoke-free environments in the state beyond what is covered in the **Clean Indoor Air Act** (smoking prohibited in restaurants with 50 seats or more). Ashland, Eau Claire, Fond du Lac, Holmen, Janesville, Kenosha, Lacrosse, Madison, Middleton, Neenah, Onalaska, Shorewood Hills and West Salem have all enacted ordinances to protect restaurant employees, and patrons from secondhand smoke exposure.

Workplaces: The approach to increasing clean indoor air in Wisconsin workplaces has been primarily one of promoting voluntary policies (this paper deals with ordinance-based clean indoor air initiatives, there are however, a number of resources available relating to voluntary approaches, see, for example:

www.cdc.gov/tobacco/research_data/environmental/etsguide.htm or www.endsmoking.org/). Madison however passed a smoke-free workplace law that went into effect in March of 2002. Madison's law requires that all places of employment are smoke-free, and must include at least one smoke-free entrance. It allows (but does not require) an employer to create a separately ventilated smoking room, as long as it is located in an area that employees do not have to pass through in the normal course of work.

Given that Madison has now set a precedent in passing a citywide smoke-free workplace law, other communities around the state are beginning to consider implementing worksite ordinances that encompass restaurants and other worksites. The key steps for implementing a clean indoor air ordinance listed later in this paper would be applicable to a restaurant or worksite ordinance, or an ordinance campaign that covered both.

➤ **Prevalence of Smoke-Free Restaurants**

The Monitoring and Evaluation Program of the University of Wisconsin conducted a survey in 2002 to describe smoking policies and factors contributing to these smoking policies in restaurants and bars across Wisconsin. According to this survey, 33% of establishments overall were smoke-free. By category, 60% percent of restaurants without bars, 6% of restaurants with bars, and 3% of bars were entirely smoke-free in Wisconsin (17).

➤ **Prevalence of Smoke-Free Worksites**

Another Monitoring and Evaluation Program study conducted in 2002 surveyed over 2,000 worksites in Wisconsin and showed that 74% of worksites with five or more employees banned smoking indoors. Levels of exposure to environmental tobacco smoke were highly dependent upon type of worksite. Those working in

what are traditionally considered “blue collar” and hospitality industry worksites received the least protection, compared to “white collar” employees whose workplaces were most likely to be smoke-free(18).

How have Local Communities Enacted Smoke-Free Restaurant/Workplace Ordinances in Wisconsin?

➤ **Restaurants**

Beginning in 1992 with the Madison ordinance, a number of communities across Wisconsin began to organize campaigns to enact local smoke-free restaurant ordinances. These campaigns have often followed on the heels of initiatives to achieve smoke-free municipal government buildings. Because these campaigns require lobbying of local elected officials, coalitions sought out diverse and unrestricted sources of funding from such organizations as the Campaign for Tobacco Free Kids and the American Cancer Society. Generally, a separate campaign committee (or spin-off group) was created to lead the campaign, including lobbying efforts.

The smoke-free restaurant ordinance in **Madison** (1992) was initiated by a small, informally organized group of advocates. It was quickly endorsed and supported by a significant minority of the city council, although initially opposed by the mayor.

The effort was not financially supported by a health organization or anti-tobacco organization (there were none at the time). In spite of this very limited organizational or institutional support, city aldermen who were “on the fence” received substantial numbers of calls from local residents. By the end of the vote, the mayor reported receiving hundreds of calls from city residents.

The two Madison newspapers heavily covered the local debate and the proposals of health and tobacco control advocates with fairly balanced coverage. By the time of the city council vote, newspaper support for the ordinance was mixed with the larger newspaper giving its support.

The ordinance hearings drew hundreds of supporters and opponents. The original bill that was passed and signed also had numerous exemptions, hardship provisions and a multi-year implementation plan that was later removed. The bill passed by a vote of 13-8-1.

The campaign in Madison was significant in a number of respects. First, it initiated the discussion about secondhand smoke and the need for community policies to protect individuals. Second, it showed advocates throughout the state that by organizing and mobilizing grassroots support, clean indoor air ordinances could be passed. Third, it shaped the terms of the debate in Wisconsin between health advocates and the tobacco industry and their allies.

Shorewood Village (1993), a municipal community within the Madison city limits decided to adopt an ordinance identical to the Madison ordinance. The village adopted the ordinance upon recommendation of a public health physician resident in their community.

Middleton (1996), a suburban community contiguous to Madison also adopted the Madison ordinance with little public debate or controversy.

After several years of no further activity, in 1998, SmokeLess States (which later became Smoke Free Wisconsin) recruited four tobacco control coalitions to work on local smoke-free restaurant ordinances; Fond du Lac, La Crosse, Marshfield and Neenah.

Fond du Lac (1999) County was identified as one of these first communities because of the presence of a long-standing local tobacco control coalition with prior policy experience. Prior to the initiation of the restaurant ordinance, the Fond du Lac coalition had successfully campaigned for a number of policy changes related to youth access and smoke-free buildings at the county and city level. As a result, the Fond du Lac community was aware of tobacco use as a community issue and not only as a problem of individual addiction. Also, the leadership of the coalition was experienced in mobilizing their community and working with an elected council.

The existing tobacco control coalition created a new organization to work exclusively on passing an ordinance. This organization was supported financially by a number of organizations, including SmokeLess States, the Campaign for Tobacco Free Kids and the American Cancer Society. As a result of this support, the local campaign organization was able to hire a part-time coordinator who was experienced in organizing, and build an infrastructure for a lengthy campaign.

Fond du Lac tobacco control advocates, along with a nearly simultaneous campaign in La Crosse, helped establish for the rest of the state the basic methods of organizing for a clean indoor air ordinance. While regularly engaging the community and spurring community debate, the campaign focused intensively on identifying community supporters of the ordinance and encouraging them to contact their council members. Throughout the campaign the organization closely monitored the support of council members for the proposal.

Community supporters of the proposal were identified through a number of methods: petitions, calling people who had a record of voting, and inserting a reply requested postcard on the initiative in the local newspaper. Interested individuals received a call or letter from the coalition and were asked to contact their council member. Through these combined efforts almost 4,000 grassroots supporters were identified.

The Fond du Lac campaign developed an extremely broad and diverse coalition of groups, organizations and businesses. Institutions such as hospitals also played a key role in the effort. Local institutions were important in legitimizing the campaign and bringing to it the additional necessary resources. They also increased the breadth of the campaign organization by bringing together people who might not otherwise come together.

The local newspaper supported the ordinance and provided fair coverage of the debate. At the same time, the local radio station also gave considerable airtime to increasing community awareness and debate on the issue. As a result of the efforts of the coalition, the ordinance passed by a vote of 4-3. Fond du Lac's success was due to their ability to mobilize the community to contact their elected officials and to "stay on message" of the health benefits of smoke-free restaurants.

The **La Crosse** Coalition (1999), a long-standing coalition, was also recruited as one of the first four communities to initiate a smoke-free restaurant ordinance because of its prior experience in attempting to pass a smoke-free restaurant ordinance at the county level.

The successful 1999 La Crosse City ordinance followed an unsuccessful campaign in 1996 in La Crosse County. After a two-year hiatus, the La Crosse Area

Health Initiative (LAHI) decided to establish a spin-off group (Smoke-free Air for Everyone – SAFE) that would focus on an ordinance.

SAFE was supported by SmokeLess States, the Campaign for Tobacco-Free Kids, the American Cancer Society and many of the organizations involved in the La Crosse Area Health Initiative. These resources allowed the ordinance campaign group to hire a half-time community organizer with extensive prior political and organizing experience in the La Crosse area.

One of the major challenges facing the smoke-free effort was the initial weak support in the city council. The long-entrenched leadership of the 18-member council did not support the ordinance, nor did the newly elected mayor. The coalition was successful in building strong community support to change the views of elected officials.

The coalition used voter lists and petition drives to identify supporters. It also had the strong support of the local newspaper. The newspaper covered the campaign, polled voters and published editorials in support of the ordinance.

The La Crosse campaign took a very long time as a result of lengthy parliamentary maneuvers in the city council. At the same time, the campaign was sidetracked by a lengthy but ultimately unsuccessful negotiation with restaurant owners on a “compromise” ordinance.

As a result of diligent grassroots organizing, the coalition was able to win the support of eight new city council members (in addition to their one initial supporter) and pass the ordinance by a vote of 9-8.

The La Crosse area saw a lot of success in smoke-free restaurant ordinances after the city passed its ordinance. To a large extent, proximity to La Crosse itself played an important role in encouraging other communities to enact their own local ordinances. The city of **Onalaska** (2002), was the first and passed an ordinance unanimously. From there, LAHI worked to assist county villages to pass ordinances, starting with the village of **Holmen** (2002). The Holmen Village Board wanted to avoid publicity and phone calls, and rather suggested working with a few community members and members of LAHI. LAHI cautiously agreed and Holmen passed their ordinance without much public controversy or debate. Momentum then brought LAHI to the village of **West Salem** (2003) where a well-run campaign and grassroots efforts convinced the

council that clean indoor air was a good idea. The vote was 6 in favor and 1 against. The La Crosse County Board took note of the increasing number of ordinances in communities across the county. In conjunction with supporters of the previous campaigns, LAHI was able to coordinate a strong community effort. Community supporters contacted their county board members before the vote, and **La Crosse County** (2003) became the first county in Wisconsin to enact a smoke-free dining ordinance. While not accounting for a large percentage of establishments in the county (county ordinances only apply to unincorporated townships), the county ordinance ensured that all restaurants not already covered by a local municipal ordinance would be smoke-free.

In **Ashland** (2000) two members of the nine-member city council initiated a smoke-free restaurant ordinance after reading about ordinances in other communities. Once the council members introduced the ordinance, the local coalition began its support activities.

The coalition's part-time coordinator mobilized community members to work for and provide public support for the ordinance. The SmokeLess States Program, in the very late stages of the process and just prior to the council vote, established a phone bank to contact every voter in the city and identify their level of support for the ordinance. Local coalition members then contacted supporters and encouraged them to contact their council representative and urge them to vote for the ordinance. Voters made an overwhelming number of contacts with their council members and the measure passed the council unanimously. Local members of state organizations such as the American Heart Association and Cancer Society also advocated for the ordinance in conjunction with staff of the local hospital.

As occurred in several other campaigns, community members reported receiving phone calls from Philip Morris urging them to oppose the ordinance. This backfired when the local newspaper wrote a front-page story exposing the industry's tactics (entitled "Butt Out Philip Morris") and editorialized against the tobacco companies and in favor of the ordinance. The Ashland effort was a successful example of a local coalition taking the lead from a non-coalition entity (local elected officials), and successfully mobilizing sufficient grassroots support to win the ordinance.

Similarly, in **Eau Claire** (2000), two members of the city council also initiated their smoke free restaurant ordinance. One member was a newly elected and well-known Republican, the other was the council's 'elder statesman', a highly regarded former school principal. The two members were persuaded to slow their effort down to allow time for community education and building support for the ordinance. Working in conjunction with SmokeLess States and staff of the local health department, local coalition members formed a new organization dedicated exclusively to winning a smoke-free restaurant ordinance for Eau Claire. The new organization identified supporters in the community, including spokespersons that discussed their own difficulties with second hand smoke. Local physicians also played an important and very visible role as spokespersons during the community discussion.

The local restaurant association very vigorously opposed the Eau Claire ordinance. While this has occurred in other communities, the vehemence of the opposition was unusual. As the community debate progressed, more supporters were identified through regular calling of voters and use of a newspaper insert.

At the same time, additional members of the city council began supporting the measure. One of these new council supporters initiated an amendment to expand the ordinance to cover a greater number of restaurants (all those with less than 50% of sales accounted for by alcohol) and to eliminate an exemption for full service bar areas, making the Eau Claire ordinance the strongest at that time and a model for future ordinances.

Adding to the controversy surrounding the ordinance was the fact that the vote was held a few months before the local council election. This made the ordinance a dominant campaign issue.

Local media coverage of the ordinance was balanced and very intensive. It regularly made the front page of the newspaper, and opinion polls were conducted of the community and members of the Council. By the end of the campaign, the *Eau Claire Leader Telegram* endorsed the proposal.

The Eau Claire Council passed the ordinance by a 7-2 margin. One council member who ultimately voted for the ordinance stated he personally opposed the

ordinance but had to vote for it because of the overwhelming support he heard from his constituents.

The ordinance campaign in Eau Claire benefited from using each of its strengths to the maximum benefit. They worked closely with their supporters on the council to focus their grassroots effort, they worked with a broad community of supporters, collaborated with the city-county health department that was highly credible and respected in their community and used media advocacy as a community education and mobilization strategy.

Neenah (2000) was another of the four original communities recruited by the SmokeLess States program because the mayor spoke in support of further regulation of smoking while signing an ordinance eliminating smoking in public buildings and vehicles. A long-time member of the city council who had previously introduced a smoke-free restaurant ordinance that was defeated, was also a strong supporter and sponsor of the ordinance in Neenah.

The Neenah effort became a drawn out and very contentious campaign. It lasted approximately two-and-a-half years and spanned two local elections. Over the course of the campaign period, turnover among campaign organizers meant that local volunteers were left to hold the campaign together for intermittent periods of time. Council members resigned causing votes to be postponed. One council member initially indicating support changed positions. After approximately a year-and-a-half the ordinance was voted on and narrowly defeated.

Subsequently, local volunteers had an opportunity to support a former council member who was running for election against a recently appointed staunch opponent of the ordinance. The election of the former council member, an ordinance supporter, set the stage for a majority vote in favor. The defeated alderman, however, blamed the ordinance campaign members for his defeat. The sponsor of the ordinance, in an attempt to maintain collegiality among council members, asked the campaign committee to wait several months before bringing the ordinance back, hoping that negative feelings on the council would subside. The committee complied, but when they came back, a

move to call for a referendum gained the support of the mayor and all but one member of the council.

The Appleton Post Crescent editorialized numerous times in support of the ordinance and against the council taking it to referendum, accusing them of shirking their responsibility as elected officials. But the National Smokers' Alliance (a front group initiated by Philip Morris in 1993) also got involved and Philip Morris did phone banking. One council member offered the ubiquitous "red light-green light" NSA proposal (these are "accommodation" provisions whereby businesses simply post their establishment as allowing, restricting or prohibiting smoking) and was accused by the campaign of working with the tobacco industry.

The issue went to referendum, with most council members promising to vote based on the outcome of the referendum. The referendum passed with 60% of the votes supporting smoke-free restaurants, and was adopted by an overwhelming council vote.

The smoke-free ordinance campaign in **Kenosha** (2000) was initiated by a small group of individuals who had worked with the local tobacco-free coalition. They formed a new organization that focused exclusively on the passage of an ordinance. The organization was supported with resources from SmokeLess States, the American Cancer Society and the other voluntary organizations. The new organization hired a part-time coordinator and conducted a voter survey. It also interviewed members of the city council and identified supporters, opponents and undecided members.

Proponents of the proposal benefited from regular coverage and strong editorial support from the local newspaper. The proposal, however, was attacked on an almost daily basis by the hosts of a popular local "call-in" radio program. Despite the frustration this presented, it did little to reduce public support for the measure.

Polling by the daily newspaper found substantial public support for the position that the ordinance would not reduce income to restaurants. The lack of smoke-free restaurants in the community made many restaurant owners skeptical and strongly opposed to the proposal. Further, Philip Morris conducted phone banking, calling smokers in the city and urging them to attend the city council meeting.

The coalition was also faced with the problem of an influential city attorney who clearly opposed the ordinance. Like many city attorneys, he attempted to influence the terms of the ordinance, its scheduling and the terms of the debate. The coalition supporters on the council and in the city were able to overcome his influence and pass the ordinance.

The Kenosha coalition was able to overcome substantial opposition from the restaurant industry, a few organized and very vocal opponents and a city attorney opposed to the measure. This was accomplished by organizing a broad group of active supporters from different segments of the community including union members, retirees, and representatives of health organizations and youth groups. Most important were the highly enthusiastic individuals who were not affiliated with any organization but strongly supported the measure. Despite the temptation to debate many of the issues with opponents, supporters of the ordinance kept to the central message of the health benefits of a smoke-free ordinance.

Janesville (2002) adopted a smoke-free restaurant ordinance that became the strongest in Wisconsin due to its requirement that owners provide verification from a certified public accountant of their alcohol and food sales percentages, and because it included a strict and enforceable hardship clause. These provisions were considered important in achieving the desired impact of the ordinance. Experiences in other communities have shown that without these provisions, restaurants were able to achieve exemptions by declaring alcohol sales that would classify them as taverns and not restaurants, or by claiming that the ordinance caused their business economic hardship without providing legitimate documentation.

The local newspaper, the Janesville gazette, played an important role in promoting the smoke-free restaurant ordinance. The paper ran editorials both encouraging action and later urging council members not to pass weakening amendments.

Two members of the city council initiated the Janesville ordinance. In spite of concerns that the community had not had sufficient time to prepare, the council members were insistent on immediate introduction of the ordinance with a public hearing and vote immediately scheduled over the course of one month. SmokeFree

Wisconsin and the American Cancer Society worked together to implement a direct mail and phone bank program, using ACS volunteer and donor lists to identify supporters for the ordinance. The local coalition organized members and youth to call the identified supporters to attend the public hearing and to contact the seven members of the city council (elected at-large).

These efforts resulted in a strong turnout at the council meeting in which they held a public hearing and took a vote. Feedback from friendly council members also indicated that council members were receiving many contacts and overwhelming support for the ordinance. The council voted 4-3 to enact the ordinance, but delayed the implementation date for several months to acquiesce to restaurant owners' demand for more time to provide suggested amendments to council members. This effectively extended the campaign three more months.

In this second stage of the campaign, SmokeFree Wisconsin hired a part-time community organizer who coordinated media relations, contact with the city council members and city administration, supporter contact to council members and speakers for a public hearing on proposed weakening amendments. The continued strong support generated in the community persuaded council members to reject all weakening amendments except several technical changes and the final vote for adoption was 6-1.

➤ **Workplaces**

To date, **Madison** (2001) is the only municipality to enact a smoke-free worksite ordinance in Wisconsin. Madison's effort to create smoke-free workplaces was initiated in the fall of 1997. After more than two years of revisions and debate on the ordinance, the attempt failed. An alternate strategy was proposed subsequently by an alderperson and then City of Madison Mayor, Susan Bauman. This new strategy aimed to obtain a series of incremental changes or updates, which were successfully made to Madison's smoking ordinance over an additional 16-month period of time. These changes included coverage of common areas of city-owned apartment buildings, public areas in retail stores, making all campuses of Madison public schools entirely smoke-free, as well as day care centers, areas in public parks such as beaches, and outdoor areas surrounding public buildings. These incremental "tune-ups" and a change in the composition of Madison's city council in spring 2001 set the stage for adoption of

Madison's workplace ordinance amendments, which were passed in late 2001 and became effective in March 2002.

What are the Key Steps in Implementing Smoke Free Restaurant/Workplace Ordinances?

The following key steps, similar to those outlined for implementing smoke-free municipal buildings, should be used as a guide, and adapted to the context of your local coalition. This timeline reflects an "average" clean indoor air ordinance campaign, lasting approximately nine months, and following the progression of community education, coalition building, grassroots development, media advocacy and lobbying of council members. Activities are broken out by months as follows:

Short term: Months 1, 2 and 3 are devoted to creating the spin-off group which will focus exclusively on the ordinance, beginning coalition development activities, beginning grassroots development and initiating a community education campaign.

Medium Term: During months 4, 5 and 6 the campaign completes the bulk of its coalition building, grassroots development, community education and an initial assessment of council members. In addition the earned media component is planned and initiated including the press conference publicly announcing the effort.

Long-term: During months 7, 8 & 9 the campaign focus shifts to lobbying and earned media. The coalition and grassroots are mobilized to lobby members of the council and the organizer works with council members to sponsor and support ordinance language.

Month 1

- Identify a local person (community organizer) to staff campaign efforts and secure office space and technology
- Develop message and theme for campaign
- Develop hand bill (flier) and two-page fact sheet promoting the campaign
- Put together 8-10 page informational packet
- Develop power point or overhead presentation for public speaking
- Begin setting up meetings with individual Tobacco-Free (T-F) Coalition organizational members requesting their active support
- Put together list of organizations with key contacts likely to support the coalition

- Begin obtaining mailing lists of individuals who are likely supporters i.e. coalition members, ACS/ALA/AHA volunteers, WISH members, SFW data-base

Month 2

- Recruit and train official spokespersons for the campaign who are committed to the issue of clean indoor air (e.g., a local physician, a community member who has been personally affected by SHS-related illness, etc)
- Complete meetings and obtain endorsements of T-F Coalition organizations
- Begin coalition building by meeting with local organizations such as health care providers, educators and youth groups unaffiliated with the T-F Coalition
- Begin public education campaign—presentations to local meetings utilizing power point presentation and informational materials
- Begin petition drive (obtain 200 signatures)
- Profile elected officials and Common Council rules
- Direct mail to volunteer mailing lists asking for their support and how they can participate in the campaign

Month 3

- Begin meetings with elected officials to determine attitudes regarding SHS and gauge support for an ordinance
- Continue speakers bureau (making presentations to local groups)
- Continue coalition building
- Continue petition signature drive (reach 400 signatures)

Month 4

- Continue coalition building
- Continue speaking bureau
- Continue petition drive (obtain 600 signatures)
- Complete meetings with elected officials
- Hold coalition meeting and begin development of data base of volunteers
- Meet with reporters who may cover an ordinance campaign and provide information regarding SHS.

Month 5

- Plan for announcement of the Smoke-Free Campaign with a press conference, listing organizational sponsors and spokespersons for the campaign
- Organize free media effort: letter to editor, press releases, op-ed, meeting with editorial board, radio talk shows and call in opportunities
- Continue coalition building
- Continue speaking bureau
- Continue petition drive (reach 800 signatures)
- Continue developing database of volunteers

Month 6

- Hold press conference to make public announcement of the Smoke-Free Ordinance Campaign, release list of organizational sponsors and spokespersons for the campaign (*only if a majority of council members are supportive and neutral*)
- Develop and deliver informational packets to: public officials, media outlets and restaurant owners
- Continue speakers' bureau
- Continue coalition building
- Continue petition drive (reach 1,000 total signatures)
- Get ordinance drafted with involvement of legal technical assistance
- Begin free media activities including letters to the editor

Month 7

- Direct mail to frequent spring voters on importance of clean indoor air
- Phone (educational) calls made to same frequent voters
- Newspaper Insert with return card
- Direct mail to petition signers
- Continue free media, letters to the editor
- Identify city council ordinance sponsor(s)**
- Mobilize contact to public officials from all supporting organizations**
- Mobilize contact to public officials from data base and the general public**

Month 8

- Ask sponsor to introduce ordinance (if within one or two votes of a majority on the council and have undecided council members)**
- Meet with individual committee members**
- Mobilize people to contact council members on the committee that will take up the ordinance**
- Organize a large turnout at committee public hearing with strong testimony from a diverse group of speakers
- Meet with editorial boards requesting their support and providing them with informational packet
- Generate letters to the editor, press releases, radio talk shows and other free press
- Public Hearing on Ordinance

Month 9

- Meet with individual council members to get headcount**
- Mobilize contact to public officials from all supporting organizations with special focus on undecided council members**
- Mobilize contact to public officials from volunteers and the general public with special focus on undecided council members**
- Have paid radio and newspaper ads about the campaign and the date of ordinance vote to generate public support and pressure on elected officials

- Generate letters to the editor, press releases, radio talk shows and other free press

**Activities not funded with public funds or government dollars. These activities will either be funded through the match, local unrestricted funds or in-kind contributions or by coalition members who are not funded with restricted dollars.

Ordinance Vote

Post-Vote

While in most cases, the majority of the controversy surrounding a clean indoor air ordinance dissipates after passage; there have been situations where an opponent or opponents do not accept the outcome of a council vote. To safeguard the victory, local coalitions and ordinance advocates must remain vigilant after the vote and particularly during the period leading up to implementation of the ordinance (Implementation dates can range from 30 days to six months from the date of the vote.)

In the Wisconsin cities that have enacted ordinances we have seen the following examples of residual opposition after council adoption of an ordinance:

- Council members who attempt to have the ordinance 'reconsidered' at the next meeting. This can only occur if a council member who voted for the ordinance moves for reconsideration. In some cases, an opponent who realizes an ordinance will pass with or without their vote will vote in favor so he or she will be able to move for reconsideration.
- In another city, a group began circulating petitions, attempting to use a state law allowing for a legislative initiative, in an attempt to force the council to undo the ordinance. The petitions were determined to be improperly collected and the effort failed. It is likely the effort would have been ruled an inappropriate use of the legislative initiative law that specifies initiatives can only be used for new local laws, not previously acted upon laws.

- Restaurant owners who continue to complain publicly and in the media, and threaten to not abide by the ordinance or to talk about loopholes that they believe will exclude them from the ordinance (most commonly stating that their alcohol sales exempt them).
- Several instances where health departments did not aggressively implement or enforce the ordinance either intentionally or through lack of understanding.
- And finally, adopted ordinances have sometimes become election issues in subsequent city council elections with candidates (usually challengers or candidates in open seats) stating they will work to overturn the ordinance if elected.

Coalitions and advocates have often worked to make the implementation as smooth as possible by publicly asking supporters and the public to patronize restaurants, publicly thanking council members and maintaining a small media campaign stating support for clean indoor air policies. Coalitions have also offered to assist health departments with implementation by paying for signage and working with restaurants on enforcement.

References

1. California Environmental Protection Agency and Office of Environmental Health Hazard Assessment. Health effects of exposure to environmental tobacco smoke. California Environmental Protection Agency; 1997.
2. National Research Council and Committee on Passive Smoking. Environmental tobacco smoke: measuring exposures and assessing health effects. Washington, DC National Academy Press; 1986.
3. UK Scientific Committee on Tobacco and Health. Report of the Scientific Committee on Tobacco and Health. The Stationery Office. March 1998; 0 11 322124X.
4. US Department of Health and Human Services. The health consequences of involuntary smoking. A Report of the Surgeon General Washington, DC: US Government Printing Office; 1986.
5. US Environmental Protection Agency. Respiratory health effects of passive smoking: lung cancer and other disorders. Washington, DC: US Government Printing Office; 1992; EPA/600/006F.
6. Borland R, et al.: Protection from Tobacco Smoke in California. *JAMA*.1992; 268:749-752.
7. Hammond SK, et al.: Occupational Exposure to Environmental Tobacco Smoke. *JAMA*. 1995; 274:956-960.
8. US NIOSH Current Intelligence Bulletin 54, Environmental Tobacco Smoke in the Workplace: Lung Cancer and Other Health Effects, June 1991.
9. Chapman S, et al.: The Impact of Smoke-Free Workplaces on Declining Cigarette Consumption in Australia and the United States. *Am J Public Health*. 1999; 89:1018-1023.
10. Fichtenberg CM, Glantz SA. Effect of Smoke-Free Workplaces on Smoking Behaviour: Systematic Review. *BMJ*. 2002; 325:188-194.
11. Wakefield MA, Chaloupka FJ, Kaufman NJ, Orleans CT, Barker DC. Effect of Restrictions on Smoking at Home, at School, and in Public Places on Teenage Smoking: Cross Sectional Study. *BMJ*. 2000; 321: 333-337.
12. Eisner, M, et al.: Bartenders' Respiratory Health After Establishment of Smoke-Free Bars and Taverns. *JAMA*. 1998; 280: 1909-1914.
13. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention Office on Smoking and Health, American Cancer Society, American Heart Association, and American Lung Association. Making Your Workplace Smokefree, A Decision Maker's Guide, 1996.
14. Anderson A, Moberg DP. Statewide Worksite Survey. Results of 2001 Wisconsin Worksite Smoking Policy Survey. Monitoring and Evaluation Technical Report, Madison WI: UW Medical School, March 2002.

15. US Department of Commerce, Census Bureau, 2001. National Cancer Institute Sponsored Tobacco Use Supplement to the Current Population Survey 1998-1999.
16. Hill B, Moberg DP. Results of 2003 Survey of Tobacco Policies in Wisconsin County and Municipal Buildings. Monitoring and Evaluation Program, Madison, WI. UW Medical School, October 2003.
17. Renfro-Sargent M, Riemer A, Christiansen AL. Results of a 2002 Wisconsin Restaurant and Bar Smoking Policy Survey. Monitoring and Evaluation Program Brief, Madison, WI: UW Medical School, August 2002.
18. Hill B, Anderson A, Moberg DP, Christiansen A. *Results of 2001 Wisconsin Worksite Smoking Policy Survey*. Monitoring and Evaluation Program Brief, Madison, WI: UW Medical School, March 2002.