



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Developing Municipal Smoke-Free Ordinances in Mississippi

Request for Proposals

“Developing Public Health Policies to Reduce Exposure to Secondhand Smoke in Public Places”

The Mississippi State Department of Health, Office of Tobacco Control, in collaboration with the *Mississippi Municipal League* and *Americans for Nonsmokers’ Rights Foundation*, is seeking to increase the number of individuals in the state protected by effective ordinances that prohibit tobacco use in public places.

Mississippi State Department of Health
Office of Tobacco Control
2095 Dunbarton Drive, Suite 202
Jackson, MS 39216

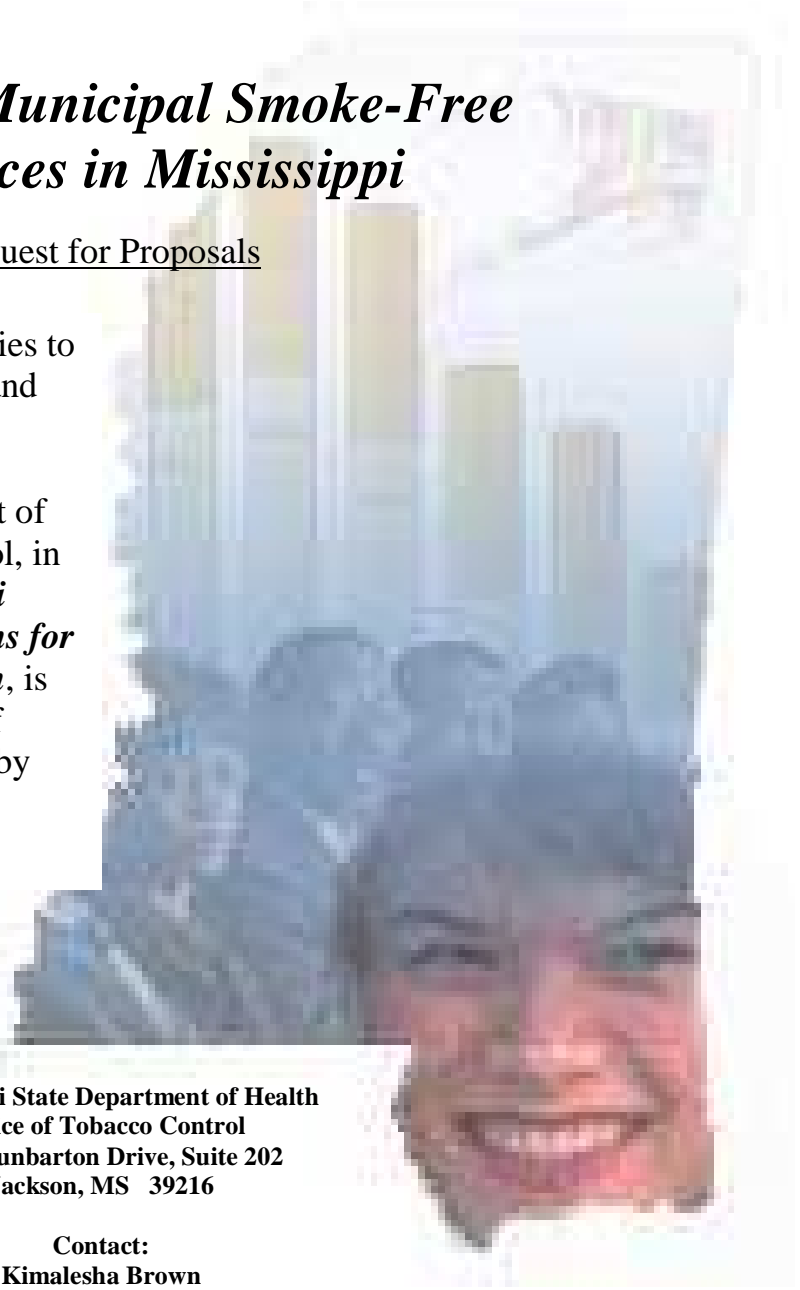
Contact:

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Mississippi Municipal Smoke-Free Ordinance Program

“Developing Public Health Policies to Reduce Exposure to Secondhand Smoke in Public Places”

Request for Proposals

A. Overview

The Mississippi State Department of Health (MSDH) is committed to promoting and protecting the health of all Mississippians. The MSDH Office of Tobacco Control implements a range of integrated programmatic activities to encourage and support tobacco-free lifestyles, including the Developing Municipal Smoke-Free Ordinances in Mississippi to reduce exposure to secondhand smoke in public places.

The MSDH Office of Tobacco Control is requesting proposals from Mississippi cities and towns to implement smoke-free ordinances. Applications are due to the Office of Tobacco Control by 5:00 p.m. Friday, February 26, 2010. The applications will be opened and reviewed the week of March 1, 2010. **Successful applicants will be notified by Friday, March 5, 2010.**

The funding period will be March 8, 2010 – June 30, 2010. Approximate funding levels are as follows:

Level 1: *Approximately \$2,500 for cities or towns with a population less than 20,000*
Level 2: *Approximately \$5,000 for cities or towns with a population greater than 20,000*

A conference call will be scheduled on Wednesday, January 20, 2010, at 2:00 p.m. to discuss the application process and answer questions. The conference call number is 866-921-2204. When prompted to enter the meeting room number, enter *3328550*. (You must enter an * before and after the number)

All contact should be directed to Kimalessa Brown, MSDH Office of Tobacco Control. Contacts or attempts to contact or solicit information from any other party within the MSDH may place your proposal in jeopardy of being disqualified. Ms. Brown may be contacted as follows:

Physical Address: Mississippi State Department of Health
 Office of Tobacco Control
 2095 Dunbarton Drive, Suite 202
 Jackson, MS 39216
Email Address: Kimalessa.brown@msdh.state.ms.us.
Office Telephone: 601-364-5790

B. Eligibility Guidelines

Proposals will be accepted from any city or town in the state of Mississippi that does not prohibit smoking in public places and workplaces.

C. Proposal Requirements

The proposal should be clear, concise, and thorough, and provide sufficient detail so that it can be properly evaluated by the MSDH review committee. It is the proposer’s responsibility to review the entire RFP and ensure response is consistent with requirements.

The proposer must sign a Letter of Agreement with the local Mississippi Tobacco-Free Coalition (MTFC). The Letter of Agreement must include the name of at least one member of city or town government who will work collaboratively with the local MTFC during Phase I and Phase II activities and during the implementation phase. The Letter of Agreement must be attached to the application. (Letter of Agreement - Attachment 2)

1. Proposal Requirement - Cover Page

- Name of city or town
- Office mailing and physical address
- Names and titles of all elected city/town officials
- Name, title, email address, signature and date of signature of the elected official responsible for proposal (must be an elected official)
- Amount of grant requested

2. Proposal Requirement - Project Narrative (Attachment 1)

- Describe the city or town by providing population, ethnic, and economic data
- Identify key business leaders and organizations
- Describe past-efforts, if any, to pass a smoke-free ordinance to include challenges to those efforts and the reason(s) why the ordinance was not passed
- Identify groups or interests most likely to challenge the ordinance
- Identify methods most likely to be used to overcome challenges
- Identify resources needed to implement a smoke-free ordinance (office supplies, signage, postage, legal fees, media ads, etc.)
- Identify reports or resources that will be used to communicate the benefits of a smoke-free ordinance

3. Proposal Requirements – Phase I Activities

The proposer must establish an anticipated timeline for the following activities. This timeline must be submitted with the application. The proposer and the MTFC Project Director will jointly: (Phase I Timeline – Attachment 3)

- (a) Review the model ordinance provided by the Office of Tobacco Control.
- (b) Identify change(s) to the language of the model ordinance, if any, and submit a written request to the Office of Tobacco Control to approve the change(s). The MTFC Director must approve the request before submitting to the OTC.
- (c) Identify key stakeholders in the community with whom a Key Informant Interview will be conducted (Key business leaders, i.e., hospital administrators, attorneys, physicians, business owners). (Key Informant Interview – Attachment 4)
- (d) Schedule appointments with key stakeholders to conduct the Key Informant Interviews.
- (e) Conduct the Key Informant Interviews.

4. Proposal Requirement – Phase II Activities

The successful proposer must establish an anticipated timeline for the following activities. This timeline must be submitted with the application. (Phase II Timeline - Attachment 5)

- (a) Identify the method(s) that will be used to release the results of the Key Informant Interviews to the public. Methods may include a newspaper article, radio/television interview, town meeting/Public Comment Meeting, posters, etc.
- (b) Release the results of the Key Informant Interviews.
- (c) Schedule a date for the Public Comment Meeting
- (d) Prepare an agenda for a Public Comment Meeting. The agenda should allow time for discussion of the model ordinance, the results of the Key Informant Interviews, and audience participation.
- (e) Identify the method(s) to be used to notify the public that the ordinance is being considered and a Public Comment Meeting will be held. Methods may include a newspaper article, radio/television interview, town meeting, posters, etc.
- (f) Invite community members, community leaders and others to speak. Include on the agenda the names/titles of all invited speakers. Examples of invited speakers include parents, pediatricians, health officials, business owners, pharmacists, a member of the MTFC.
- (g) Hold a Public Comment Meeting to discuss the model ordinance.

NOTE: (Must use the model ordinance provided through the OTC or obtain written permission from the OTC to change the language in the model ordinance.) (Model Ordinance – Attachment 7)

- (h) Hold a city/town council meeting to vote on the ordinance.

5. Proposal Requirements – Disclosure

The proposer must submit a disclosure of current or past affiliations or contractual relationships with tobacco companies, owners, affiliates, subsidiaries, holding companies, or companies involved in any way with the production, processing, distribution, promotion, sale, or use of tobacco. **The successful proposer, defined as the government entity that will receive the funds, the elected official responsible for the grant, and/or the city council, will be required not to support, accept funding from, or be in any way affiliated with tobacco companies during the contract term with the MSDH.** (Sample Disclosure Statement – Attachment 6)

D. *Awardee Activities*

Once a proposal has been approved for funding, the awardee must attend a half-day training the week of March 15, 2010, at a date and location to be determined. Trainings will be held in the northern, central and southern regions of the state.

Once a proposal has been approved for funding and the required activities in Phase I have been completed, a Request for Reimbursement of up to fifty (50) percent of funds may be submitted. (Request for Reimbursement, Phase I - Attachment 8)

The following should be attached to the request:

- (a) The completed timeline from Phase I.
- (b) Evidence of collaboration efforts with the Mississippi Tobacco-Free Coalition to conduct the Key Informant Interviews.
- (c) Documentation of request for change(s) to the Model Ordinance, if applicable, and response received from the Office of Tobacco Control.
- (d) Documentation of how the key stakeholders were notified regarding the Key Informant Interviews.
- (e) List of key stakeholders with whom the Key Informant Interview was conducted.

Once the required activities in Phase II have been completed and city/town officials vote to pass and implement a smoke-free ordinance, the awardee should:

- (a) Adopt the ordinance, to be effective no later than sixty (60) days following the date of the vote to approve.
- (b) Provide local businesses a copy of the Smoke-Free Tool Kit for Mississippi Businesses. (Tool kit will be provided at the time of award notification.)
- (c) Submit a Request for Reimbursement of Funds for the remaining fifty (50) percent of funds. (Request for Reimbursement, Phase II - Attachment 9)
- (d) Attach to the request the following:
 - Completed timeline for Phase II
 - Results of the Key Informant Interviews
 - Documentation of how the Public Comment Meeting was advertised
 - A copy of the agenda for the Public Comment Meeting
 - Names and titles of individuals invited to speak at the Public Comment Meeting
 - A copy of the minutes from the Public Comment Meeting to reflect discussion of the model ordinance including the date and names of attendees
 - A copy of the minutes from the city/town council meeting including date of the meeting and the names of officials in attendance
 - Documentation of expenses associated with Phase II of this proposal
 - A copy of the ordinance **(Must use the model ordinance provided through the Office of Tobacco Control or obtain written permission from the OTC to change the language in the model ordinance)**
 - The names and addresses of businesses to which the Smoke-Free Tool Kit for Mississippi Businesses was mailed

Once the required activities in Phase II have been completed and city/town officials do not vote to pass a smoke-free ordinance, the awardee should notify the Office of Tobacco Control that the ordinance was not passed.

E. Grant Use Requirements

Grant funding may be used for activities that pertain to this RFP, to include:

- (a) Public meetings
- (b) Office supplies
- (c) Signage
- (d) Legal fees
- (e) Enforcement of ordinance
- (f) Other expenses directly related to ordinance passage and implementation

Grant funding may not be used for, and proposer will not be funded, for:

- (a) Items deemed inappropriate by the Mississippi State Department of Health's Office of Tobacco Control
- (b) Costs associated with responding to this request for proposals

Grant recipients cannot:

- (a) Accept funding or support from the tobacco industry
- (b) Have individuals in decision-making positions who are associated with tobacco companies

F. Procedures for Submission and Delivery of Response to Request for Proposal

Submission Requirements:

- 12-point, unrounded, Times New Roman font
- Spacing: Double spaced
- Paper size: 8 ½ by 11 inches
- Page margin size: One inch
- Printed on one side of paper
- Forms provided by the OTC as attachments to this RFP

Proposals that do not follow these guidelines will not be reviewed.

Proposers are required to submit one (1) complete original proposal and **five copies of the proposal**. Facsimile (faxes) and electronic submissions will not be accepted. Proposals and materials will not be returned to the proposers.

The original and five copies of the proposal should be signed and all requirements submitted in a sealed envelope or package **no later than 5:00 p.m. CST on February 26, 2010**. Responses received after the deadline will not be considered.

Submit Proposal to:

Mississippi State Department of Health
Office of Tobacco Control
Attn: Kimalesha Brown
2095 Dunbarton Drive, Suite 202
Jackson, MS 39216

All proposals will be opened and reviewed by a committee the week of March 1, 2010.

NOTICE: Proposals that fail to follow the instructions in this document will be declared ineligible. It is the proposer's responsibility to submit a correct and complete proposal. No proposal may be revised, amended, or altered once it is received. MSDH reserves the right to negotiate or reject any or all proposals, or cancel this RFP in its entirety. Submission of a proposal indicates the proposer agrees to the terms and conditions of the RFP.

Except to the extent that specified items of commercial and financial information of a proprietary nature or designated trade secrets are clearly marked or identified as being sensitive data, all materials provided by the proposer including budget and financial data, information concerning business systems and procedures, personnel participation data and personnel qualification information, and other unique program descriptions and intellectual property identified by the proposer will be subject to disclosure by MSDH in accordance with Miss. Ann. Code §§ 25-61-1 et.seq., "Mississippi Public Records Act of 1983."

G. Review and Selection Process

Acceptance of a proposal by the MSDH does not constitute a contractual relationship between the proposer and the MSDH. Successful proposals **may** result in the development of a contractual agreement between the proposer and the MSDH.

Applications will be reviewed for completeness by staff from the Office of Tobacco Control and the Mississippi Tobacco-Free Coalitions. Applications must include all Proposal Requirements of this RFP to be considered for funding. Incomplete applications and applications that are non-responsive to the Proposal Requirements will not advance through the review process. Applicants will be notified if the application did not meet submission requirements.

Applications may be approved but not funded. Those applications may be retained for funding consideration during a subsequent grant review cycle.

H. Anticipated Announcement and Award Dates

Successful applicants will receive a Notice of Award from the Office of Tobacco Control. Unsuccessful applicants will receive notification of the results of the application review by mail, on or before March 19, 2010.

Each proposal will compete within a funding range of (approximately \$2,500 for a city/town with a population less than 20,000 or approximately \$5,000 for a city/town with a population greater than 20,000). Each application should include all **Proposal Requirements** for Phase I and Phase II, as described in this RFP. Funding recommendations for each proposal will be based on merit and quality of the applications received. The Office of Tobacco Control reserves the right to vary funding amounts for individual applications and to withdraw or modify the solicitation at any time.

Each application will be reviewed by a non-biased review committee. Grant awards will be based on the total score given by the review committee. Complete applications will be reviewed against set criteria and scored on a point system.

Applications can receive up to 115 possible points on the application.

Section	Possible Points
Cover Page	Not scored
Project Narrative	25
Phase I Timeline	25
Phase I attachments	20
Phase II Timeline	25
Phase II attachments	20
Total Possible Points	115

All proposers will be notified of the decision regarding their proposal.

I. MSDH Responsibility

- Provide program oversight
- Provide on-going technical assistance
- Process payment in a timely manner

Application Checklist

Applications that are missing any of the listed items will be considered incomplete.

- ___ Cover Page
- ___ Project Narrative
- ___ Phase I Time Line (Must include all activities listed in this RFP for Phase I)
- ___ Phase II Time Line (Must include all activities listed in this RFP for Phase II)
- ___ Disclosure Statement
- ___ Attachments, as indicated in RFP

Proposers are required to submit

- ___ One (1) original hardcopy of the completed application with original signatures
- ___ Five (5) photocopies of the completed application

Submit completed applications before or by Friday, February 26, 2010 by 5:00 p.m., CST to:

Mississippi State Department of Health
Office of Tobacco Control
Attention: Kimalesha Brown
2095 Dunbarton Drive, Suite 202
Jackson, MS 39216

Letter of Agreement
Between
The City of (Insert Name of City/Town)
And
The Mississippi Tobacco-Free Coalition of (Insert County/Counties)

This Letter of Agreement verifies that the City of (Insert Name of City/Town) will work collaboratively with the Mississippi Tobacco-Free Coalition (MTFC) of (Insert County/Counties) during Phase I and Phase II activities and during the implementation phase of the Mississippi Smoke-Free Ordinance Program. The Grantee and the MTFC must agree on the timeline prior to signing this Letter of Agreement.

Phase I Activities:

1. Review the model ordinance provided by the Mississippi State Department of Health (MSDH) Office of Tobacco Control
2. Identify change(s) to the language of the model ordinance, if any, and submit a written request to the MSDH Office of Tobacco Control to approve the change(s).
3. Identify key stakeholders in the community. (Key business leaders i.e., hospital administrators, attorneys, physicians, business owners, etc.).
4. Schedule appointments with key stakeholders to conduct a Key Informant Interview.
5. Conduct the Key Informant Interviews.

Phase II Activities:

1. Identify the method(s) that will be used to release the results of the Key Informant Interviews.
2. Release the results of the Key Informant Interviews.
3. Prepare an agenda for a Public Comments Meeting.
4. Schedule a date for a Public Comments Meeting.
5. Invite community members, community leaders, business owners and others to speak.
6. Identify the method to be used to notify the public that the ordinance is being considered and a Public Comments Meeting will be held.
7. Hold a Public Comments Meeting to discuss the model ordinance.
8. Hold a City/Town Meeting to vote on the ordinance.

Implementation Phase Activities:

1. As requested by the (Insert Name of City/Town).
2. As identified by the Mississippi Tobacco-Free Coalition of (Insert County/Counties).

The undersigned, as authorized representatives of the respective parties, agree to all terms and provisions of this Agreement.

(Name of City Official)

(Title of City Official)

(Name of MTFC Project Director)

Date

**Developing Municipal Smoke-Free Ordinances in Mississippi
Establishing a Smoke-Free Ordinance to Reduce Exposure to Secondhand Smoke in Public Places**

Phase I Timeline

City: _____

Telephone: _____

Address: _____

Email: _____

Web address: _____

Fax: _____

Anticipated Date of Activity	Activity	Person(s) Responsible	Steps to Complete	Date Completed
	Meet with the MTFC Project Director and review the model ordinance provided by the Office of Tobacco Control			
	Identify change(s) to the language of the model ordinance, if any, and submit a written request to the Office of Tobacco Control to approve the change(s)			
	Identify key stakeholders with whom a Key Informant Interview will be conducted			
	Schedule appointments with key stakeholders to conduct the Key Informant Interviews			
	Conduct the Key Informant Interviews			

Authorized by: _____
Print (Name of City Official)

Signature

Developing Municipal Smoke-Free Ordinances in Mississippi
Establishing a Smoke-Free Ordinance to Reduce Exposure to Secondhand Smoke in Public Places

(City)

Smoke-Free Ordinance Key Informant Interview

The City of (Name) is considering a Smoke-Free Ordinance to prohibit smoking in all indoor places and within 25 feet of entrances to indoor public places including workplaces, public buildings, offices, restaurants, and bars. (City) seeks input from key-stakeholders regarding this proposed ordinance. Thank you for meeting with us today to conduct this interview.

1. In general, do you feel that exposure to secondhand smoke is a:
 Serious health hazard
 Moderate health hazard
 Minor health hazard
 Not a health hazard
 Don't know

2. Would you favor or oppose a smoke-free ordinance to cover all workplaces?
 Strongly favor
 Somewhat favor
 Strongly oppose
 Somewhat oppose

3. From what groups/individuals do you expect to have the strongest opposition and why?

4. From what groups/individuals do you expect to have the strongest support and why?

5. What steps can be taken to identify opposition generated and supported by the tobacco industry (i.e. industry funding of local hospitality or front groups)?

6. What individuals and organizations do you believe will have a positive impact in your community and how do you think they should be reached? Please provide a contact name.

<u>Organizations:</u>	<u>Contact Name(s)</u>
<input type="checkbox"/> Restaurant owners/managers Ideas for connecting with them	_____ _____ _____
<input type="checkbox"/> Business leaders (other than restaurants) Ideas for connecting with them	_____ _____ _____
<input type="checkbox"/> Other community leaders Ideas for connecting with them	_____ _____ _____
<input type="checkbox"/> Elected officials Ideas for connecting with them	_____ _____ _____
<input type="checkbox"/> Non-elected public officials Ideas for connecting with them	_____ _____ _____
<input type="checkbox"/> Local media Ideas for connecting with them	_____ _____ _____
<input type="checkbox"/> Unions Ideas for connecting with them	_____ _____ _____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Don't know	

7. Please identify the key media outlets for your community, and the reporter most likely to cover stories related to a smoke-free ordinance.

Media Outlet	Type of Media (TV, radio, print)	Reporter's Name	Supportive of Issue?	Lead time to place an ad?	Specialty (e.g. health, business, editorial)

8. Please identify the non-traditional media in your community and ways to connect with them, including organizational newsletters, listservs, church bulletins, hospital bulletins, payroll stuffers, etc.

These are important, low-cost communication channels that should not be ignored.

Name of Media	Type of Media	Contact person	Supportive of Issue?	Lead time to place an ad or article?

9. Please indicate any issues for which you anticipate needing support.

- Campaign Spokesperson Training
- Tobacco industry interference
- Public education/materials
- Paid Media (ads/PSAs)
- Other: _____

Please indicate whether you agree or disagree with the following:

10. Smoke-free offices, malls, indoor public places, restaurants, and bars are much healthier for customers and employees.

Strongly Agree Agree Disagree Strongly Disagree

11. Smoke-free businesses are healthier for customers and employees.

Strongly Agree Agree Disagree Strongly Disagree

12. Smokers should have a smoking space marked by visible signage.

Strongly Agree Agree Disagree Strongly Disagree

13. No worker in (City) should be exposed to second-hand smoke, including bartenders, waiters, and waitresses.

Strongly Agree Agree Disagree Strongly Disagree

14. My business would benefit from a smoke-free ordinance.

Strongly Agree Agree Disagree Strongly Disagree

15. The right of customers and employees to breathe clean air is more important than the right of smokers to smoke inside public places.

Strongly Agree Agree Disagree Strongly Disagree

Developing Municipal Smoke-Free Ordinances in Mississippi
Establishing a Smoke-Free Ordinance to Reduce Exposure to Secondhand Smoke in Public Places

Phase II Timeline

City: _____

Telephone: _____

Address: _____

Email: _____

Web address: _____

Fax: _____

Anticipated Date of Activity	Activity	Person(s) Responsible	Steps to Complete	Date Completed
	Identify the method(s) that will be used to release the results of the Key Informant Interviews to the public			
	Release the results of the Key Informant Interviews			
	Prepare an agenda for a Public Comments Meeting			
	Schedule a date for the Public Comments Meeting			
	Identify the method(s) to be used to notify the public that the ordinance is being considered and a Public Comments Meeting will be held.			
	Invite community members, community leaders, business owners and others to speak at the Public Comments Meeting.			
	Hold a Public Comments Meeting			
	Hold a city/town council meeting to vote on the ordinance			

Authorized by: _____

Print (Name of City Official)

Signature _____

**MODEL ORDINANCE PROHIBITING SMOKING
IN ALL WORKPLACES AND PUBLIC PLACES
(100% SMOKEFREE)
Revised October 2009**

Sec. 1000. Title

This Article shall be known as the _____ [name of City or County] Smokefree Air Act of _____ [year].

Sec. 1001. Findings and Intent

The _____ [City or County Governing Body] does hereby find that:

The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, has concluded that (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; (2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory problems, ear infections, and asthma attacks, and that smoking by parents causes respiratory symptoms and slows lung growth in their children; (3) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; (4) there is no risk-free level of exposure to secondhand smoke; (5) establishing smokefree workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke; and (6) evidence from peer-reviewed studies shows that smokefree policies and laws do not have an adverse economic impact on the hospitality industry. (U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.)

Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. The National Cancer Institute determined in 1999 that secondhand smoke is responsible for the early deaths of approximately 53,000 Americans annually. (National Cancer Institute (NCI), "Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph 10," *Bethesda, MD: National Institutes of Health, National Cancer Institute (NCI)*, August 1999.)

The Public Health Service's National Toxicology Program (NTP) has listed secondhand smoke as a known carcinogen. (Environmental Health Information Service (EHIS), "Environmental tobacco smoke:

first listed in the Ninth Report on Carcinogens," *U.S. Department of Health and Human Services (DHHS), Public Health Service, NTP*, 2000; reaffirmed by the NTP in subsequent reports on carcinogens, 2003, 2005.)

Based on a finding by the California Environmental Protection Agency in 2005, the California Air Resources Board has determined that secondhand smoke is a toxic air contaminant, finding that exposure to secondhand smoke has serious health effects, including low birth-weight babies; sudden infant death syndrome (SIDS); increased respiratory infections in children; asthma in children and adults; lung cancer, sinus cancer, and breast cancer in younger, premenopausal women; heart disease; and death. (Appendix II Findings of the Scientific Review Panel: Findings of the Scientific Review Panel on Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant as adopted at the Panel's June 24, 2005 Meeting," *California Air Resources Board (ARB)*, September 12, 2005.)

Scientific evidence has firmly established that there is no safe level of exposure to second-hand tobacco smoke, a pollutant that causes serious illness in adults and children. There is also indisputable evidence that implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to secondhand smoke. (World Health Organization (WHO), "Protection from exposure to secondhand smoke: policy recommendations," *World Health Organization (WHO)*, 2007.)

A study of hospital admissions for acute myocardial infarction in Helena, Montana before, during, and after a local law eliminating smoking in workplaces and public places was in effect, has determined that laws to enforce smokefree workplaces and public places may be associated with a reduction in morbidity from heart disease. (Sargent, Richard P.; Shepard, Robert M.; Glantz, Stanton A., "Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study," *British Medical Journal* 328: 977-980, April 24, 2004.) Similar studies have been conducted in Bowling Green, Ohio; Monroe County, Indiana; Pueblo, Colorado; New York State; France; Greece; Italy; and Scotland. All of these studies have reached the conclusion that communities see an immediate reduction in heart attack admissions after the implementation of comprehensive smokefree laws. ([n.a.], "Bibliography of Secondhand Smoke Studies." *American Nonsmokers' Rights Foundation*, February 26, 2008.)

A significant amount of secondhand smoke exposure occurs in the workplace. Employees who work in smoke-filled businesses suffer a 25-50% higher risk of heart attack and higher rates of death from cardiovascular disease and cancer, as well as increased acute respiratory disease and measurable decrease in lung function. (Pitsavos, C.; Panagiotakos, D.B.; Chrysohoou, C.; Skoumas, J.; Tzioumis, K.; Stefanadis, C.; Toutouzas, P., "Association between exposure to environmental tobacco smoke and the development of acute coronary syndromes: the CARDIO2000 case-control study," *Tobacco Control* 11(3): 220-225, September 2002.)

Studies measuring cotinine (metabolized nicotine) and NNAL (metabolized nitrosamine NNK, a tobacco-specific carcinogen linked to lung cancer) in hospitality workers find dramatic reductions in the levels of these biomarkers after a smokefree law takes effect. Average cotinine levels of New York City restaurant and bar workers decreased by 85% after the city's smokefree law went into effect. ([n.a.], "The State of Smoke-Free New York City: A One Year Review," *New York City Department of Finance, New York City Department of Health & Mental Hygiene, New York City Department of Small Business Services, New York City Economic Development Corporation*, March 2004). After the implementation of Ontario, Canada's Smokefree Indoor Air Law, levels of NNAL were reduced by 52% in nonsmoking casino employees and cotinine levels fell by 98%. (Geoffrey T. Fong, et. al.,

"The Impact of the Smoke-Free Ontario Act on Air Quality and Biomarkers of Exposure in Casinos: A Quasi-Experimental Study," *Ontario Tobacco Control Conference, Niagara Falls, Ontario*, December 2, 2006.)

Following a Health Hazard Evaluation of Las Vegas casino employees' secondhand smoke exposure in the workplace, which included indoor air quality tests and biomarker assessments, the National Institute of Occupational Safety & Health (NIOSH) concluded that the casino employees are exposed to dangerous levels of secondhand smoke at work and that their bodies absorb high levels of tobacco-specific chemicals NNK and cotinine during work shifts. NIOSH also concluded that the "best means of eliminating workplace exposure to [secondhand smoke] is to ban all smoking in the casinos." (*Health hazard evaluation report: environmental and biological assessment of environmental tobacco smoke exposure among casino dealers*, Las Vegas, NV. By Achutan C, West C, Mueller C, Boudreau Y, Mead K. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, NIOSH HETA No. 2005-0076 and 2005-0201-3080, May 2009.)

Secondhand smoke is particularly hazardous to elderly people, individuals with cardiovascular disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease. (California Environmental Protection Agency (Cal EPA), "Health effects of exposure to environmental tobacco smoke", *Tobacco Control* 6(4): 346-353, Winter, 1997.) The Americans With Disabilities Act, which requires that disabled persons have access to public places and workplaces, deems impaired respiratory function to be a disability. (Daynard, R.A., "Environmental tobacco smoke and the Americans with Disabilities Act," *Nonsmokers' Voice* 15(1): 8-9.)

The U.S. Centers for Disease Control and Prevention has determined that the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke is non-linear at low doses, increasing rapidly with relatively small doses such as those received from secondhand smoke or actively smoking one or two cigarettes a day, and has warned that all patients at increased risk of coronary heart disease or with known coronary artery disease should avoid all indoor environments that permit smoking. (Pechacek, Terry F.; Babb, Stephen, "Commentary: How acute and reversible are the cardiovascular risks of secondhand smoke?" *British Medical Journal* 328: 980-983, April 24, 2004.)

Given the fact that there is no safe level of exposure to secondhand smoke, the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) bases its ventilation standards on totally smokefree environments. ASHRAE has determined that there is currently no air filtration or other ventilation technology that can completely eliminate all the carcinogenic components in secondhand smoke and the health risks caused by secondhand smoke exposure, and recommends that indoor environments be smokefree in their entirety. (Samet, J.; Bohanon, Jr., H.R.; Coultas, D.B.; Houston, T.P.; Persily, A.K.; Schoen, L.J.; Spengler, J.; Callaway, C.A., "ASHRAE position document on environmental tobacco smoke," *American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)*, 2005.)

During periods of active smoking, peak and average outdoor tobacco smoke (OTS) levels measured in outdoor cafes and restaurant and bar patios near smokers rival indoor tobacco smoke concentrations. (Klepeis, N.; Ott, W.R.; Switzer, P., "Real-time measurement of outdoor tobacco smoke particles," *Journal of the Air & Waste Management Association* 57: 522-534, 2007.)

Residual tobacco contamination, or "thirdhand smoke," from cigarettes, cigars, and other tobacco products is left behind after smoking occurs and builds up on surfaces and furnishings.

This residue can linger in spaces long after smoking has ceased and continue to expose people to tobacco toxins. Sticky, highly toxic particulate matter, including nicotine, can cling to walls and ceilings. Gases can be absorbed into carpets, draperies, and other upholsteries, and then be reemitted (off-gassed) back into the air and recombine to form harmful compounds. (Singer, B.C.; Hodgson, A.T.; Nazaroff, W.W., "Effect of sorption on exposures to organic gases from environmental tobacco smoke (ETS)," *Proceedings: Indoor Air 2002*, 2002.) Tobacco residue is noticeably present in dust throughout places where smoking has occurred. (Matt, G.E.; Quintana, P.J.E.; Hovell, M.F.; Bernert, J.T.; Song, S.; Novianti, N.; Juarez, T.; Floro, J.; Gehrman, C.; Garcia, M.; Larson, S., "Households contaminated by environmental tobacco smoke: sources of infant exposures," *Tobacco Control* 13(1): 29-37, March 2004.)

Unregulated high-tech smoking devices, commonly referred to as electronic cigarettes, or "e-cigarettes," closely resemble and purposefully mimic the act of smoking by having users inhale vaporized liquid nicotine created by heat through an electronic ignition system. After testing a number of e-cigarettes from two leading manufacturers, the Food and Drug Administration (FDA) determined that various samples tested contained not only nicotine but also detectable levels of known carcinogens and toxic chemicals, including tobacco-specific nitrosamines and diethylene glycol, a toxic chemical used in antifreeze. The FDA's testing also suggested that "quality control processes used to manufacture these products are inconsistent or non-existent." ([n.a.], "Summary of results: laboratory analysis of electronic cigarettes conducted by FDA," *Food and Drug Administration (FDA)*, July 22, 2009; <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm> Accessed on: October 22, 2009) E-cigarettes produce a vapor of undetermined and potentially harmful substances, which may appear similar to the smoke emitted by traditional tobacco products. Their use in workplaces and public places where smoking of traditional tobacco products is prohibited creates concern and confusion and leads to difficulties in enforcing the smoking prohibitions.

The Society of Actuaries has determined that secondhand smoke costs the U.S. economy roughly \$10 billion a year: \$5 billion in estimated medical costs associated with secondhand smoke exposure and \$4.6 billion in lost productivity. (Behan, D.F.; Eriksen, M.P.; Lin, Y., "Economic Effects of Environmental Tobacco Smoke," *Society of Actuaries*, March 31, 2005.)

Numerous economic analyses examining restaurant and hotel receipts and controlling for economic variables have shown either no difference or a positive economic impact after enactment of laws requiring workplaces to be smokefree. Creation of smokefree workplaces is sound economic policy and provides the maximum level of employee health and safety. (Glantz, S.A. & Smith, L. The effect of ordinances requiring smokefree restaurants on restaurant sales in the United States. *American Journal of Public Health*, 87:1687-1693, 1997; Colman, R.; Urbonas, C.M., "The economic impact of smoke-free workplaces: an assessment for Nova Scotia, prepared for Tobacco Control Unit, Nova Scotia Department of Health," *GPI Atlantic*, September 2001.)

Hundreds of communities in the U.S., plus numerous states, including Arizona, Delaware, Illinois, Iowa, Massachusetts, New Jersey, New York, Ohio, Utah, and Washington, have enacted laws requiring all workplaces, restaurants, bars, and other public places to be smokefree, as have numerous countries, including Bhutan, France, Iceland, Ireland, New Zealand, Norway, Singapore, Uruguay, and the United Kingdom constituent countries of England, Northern Ireland, Scotland, and Wales.

There is no legal or constitutional “right to smoke.” Business owners have no legal or constitutional right to expose their employees and customers to the toxic chemicals in secondhand smoke. On the contrary, employers have a common law duty to provide their workers with a workplace that is not unreasonably dangerous.

Smoking is a potential cause of fires; cigarette and cigar burns and ash stains on merchandise and fixtures causes economic damage to businesses. (“The high price of cigarette smoking,” *Business & Health* 15(8), *Supplement A*: 6-9, August 1997.)

The smoking of tobacco is a form of air pollution, a positive danger to health, and a material public nuisance.

Accordingly, the _____ [*City or County Governing Body*] finds and declares that the purposes of this ordinance are (1) to protect the public health and welfare by prohibiting smoking in public places and places of employment; and (2) to guarantee the right of nonsmokers to breathe smokefree air, and to recognize that the need to breathe smokefree air shall have priority over the desire to smoke.

Sec. 1002. Definitions

The following words and phrases, whenever used in this Article, shall be construed as defined in this Section:

- A. “Bar” means an establishment that is devoted to the serving of alcoholic beverages for consumption by guests on the premises and in which the serving of food is only incidental to the consumption of those beverages, including but not limited to, taverns, nightclubs, cocktail lounges, and cabarets.
- B. “Business” means a sole proprietorship, partnership, joint venture, corporation, or other business entity, either for-profit or not-for-profit, including retail establishments where goods or services are sold; professional corporations and other entities where legal, medical, dental, engineering, architectural, or other professional services are delivered; and private clubs.
- C. “E-cigarette” means any electronic device composed of a mouthpiece, heating element, battery, and electronic circuits that provides a vapor of liquid nicotine and/or other substances mixed with propylene glycol to the user as he or she simulates smoking. The term shall include such devices whether they are manufactured as e-cigarettes, e-cigars, or e-pipes, or under any other product name.
- D. “Employee” means a person who is employed by an employer in consideration for direct or indirect monetary wages or profit, and a person who volunteers his or her services for a non-profit entity.
- E. “Employer” means a person, business, partnership, association, corporation, including a municipal corporation, trust, or non-profit entity that employs the services of one or more individual persons.

- F. “Enclosed Area” means all space between a floor and ceiling that is enclosed on all sides by permanent or temporary walls or windows (exclusive of doorways), which extend from the floor to the ceiling.
- G. “Health Care Facility” means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including but not limited to, hospitals, rehabilitation hospitals or other clinics, including weight control clinics, nursing homes, long-term care facilities, homes for the aging or chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, psychiatrists, dentists, and all specialists within these professions. This definition shall include all waiting rooms, hallways, private rooms, semiprivate rooms, and wards within health care facilities.
- H. “Place of Employment” means an area under the control of a public or private employer that employees normally frequent during the course of employment, including, but not limited to, work areas, private offices, employee lounges, restrooms, conference rooms, meeting rooms, classrooms, employee cafeterias, hallways, and vehicles. A private residence is not a “place of employment” unless it is used as a child care, adult day care, or health care facility.
- I. “Playground” means any park or recreational area designed in part to be used by children that has play or sports equipment installed or that has been designated or landscaped for play or sports activities, or any similar facility located on public or private school grounds or on [City *or* County] grounds.
- J. “Private Club” means an organization, whether incorporated or not, which is the owner, lessee, or occupant of a building or portion thereof used exclusively for club purposes at all times, which is operated solely for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose, but not for pecuniary gain, and which only sells alcoholic beverages incidental to its operation. The affairs and management of the organization are conducted by a board of directors, executive committee, or similar body chosen by the members at an annual meeting. The organization has established bylaws and/or a constitution to govern its activities. The organization has been granted an exemption from the payment of federal income tax as a club under 26 U.S.C. Section 501.
- K. “Public Place” means an enclosed area to which the public is invited or in which the public is permitted, including but not limited to, banks, bars, educational facilities, gaming facilities, health care facilities, hotels and motels, laundromats, public transportation vehicles and facilities, reception areas, restaurants, retail food production and marketing establishments, retail service establishments, retail stores, shopping malls, sports arenas, theaters, and waiting rooms. A private residence is not a “public place” unless it is used as a child care, adult day care, or health care facility.
- L. “Restaurant” means an eating establishment, including but not limited to, coffee shops, cafeterias, sandwich stands, and private and public school cafeterias, which gives or

offers for sale food to the public, guests, or employees, as well as kitchens and catering facilities in which food is prepared on the premises for serving elsewhere. The term “restaurant” shall include a bar area within the restaurant.

- M. “Service Line” means an indoor or outdoor line in which one (1) or more persons are waiting for or receiving service of any kind, whether or not the service involves the exchange of money, including but not limited to, ATM lines, concert lines, food vendor lines, movie ticket lines, and sporting event lines.
- N. “Shopping Mall” means an enclosed public walkway or hall area that serves to connect retail or professional establishments.
- O. “Smoking” means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, in any manner or in any form. “Smoking” also includes the use of an e-cigarette which creates a vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking in this Article.
- P. “Sports Arena” means sports pavilions, stadiums, gymnasiums, health spas, boxing arenas, swimming pools, roller and ice rinks, bowling alleys, and other similar places where members of the general public assemble to engage in physical exercise, participate in athletic competition, or witness sports or other events.

Sec. 1003. Application of Article to [City-Owned or County-Owned] Facilities

All enclosed facilities, including buildings and vehicles owned, leased, or operated by the _____ [City or County] of _____, shall be subject to the provisions of this Article.

Sec. 1004. Prohibition of Smoking in Enclosed Public Places

Smoking shall be prohibited in all enclosed public places within the _____ [City or County] of _____, including but not limited to, the following places:

- A. Aquariums, galleries, libraries, and museums.
- B. Areas available to and customarily used by the general public in businesses and non-profit entities patronized by the public, including but not limited to, banks, laundromats, professional offices, and retail service establishments.
- C. Bars.
- D. Bingo facilities.
- E. Child care and adult day care facilities.
- F. Convention facilities.
- G. Educational facilities, both public and private.
- H. Elevators.
- I. Gaming facilities.
- J. Health care facilities.
- K. Hotels and motels.
- L. Lobbies, hallways, and other common areas in apartment buildings, condominiums, trailer parks, retirement facilities, nursing homes, and other multiple-unit residential facilities.
- M. Polling places.
- N. Public transportation vehicles, including buses and taxicabs, under the authority of the _____ [City or County], and ticket, boarding, and waiting areas of public transportation facilities, including bus, train, and airport facilities.
- O. Restaurants.

- P. Restrooms, lobbies, reception areas, hallways, and other common-use areas.
- Q. Retail stores.
- R. Rooms, chambers, places of meeting or public assembly, including school buildings, under the control of an agency, board, commission, committee or council of the _____ [City *or* County] or a political subdivision of the State, to the extent the place is subject to the jurisdiction of the _____ [City *or* County].
- S. Service lines.
- T. Shopping malls.
- U. Sports arenas, including enclosed places in outdoor arenas.
- V. Theaters and other facilities primarily used for exhibiting motion pictures, stage dramas, lectures, musical recitals, or other similar performances.

Sec. 1005. Prohibition of Smoking in Places of Employment

- A. Smoking shall be prohibited in all enclosed facilities within places of employment without exception. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles, and all other enclosed facilities.
- B. This prohibition on smoking shall be communicated to all existing employees by the effective date of this Article and to all prospective employees upon their application for employment.

Sec. 1006. Prohibition of Smoking in Private Clubs

Smoking shall be prohibited in all private clubs.

Sec. 1007. Prohibition of Smoking in Enclosed Residential Facilities

Smoking shall be prohibited in the following enclosed residential facilities:

- A. All private and semi-private rooms in nursing homes.
- B. At least 80% of hotel and motel rooms that are rented to guests.

Sec. 1008. Prohibition of Smoking in Outdoor Areas

Smoking shall be prohibited in the following outdoor places:

- A. Within a reasonable distance of _____ [*recommended 15-20*] feet outside entrances, operable windows, and ventilation systems of enclosed areas where smoking is prohibited, so as to insure that tobacco smoke does not enter those areas.
- B. In, and within _____ [*recommended 15-20*] feet of, outdoor seating or serving areas of restaurants.
- C. In all outdoor arenas, stadiums, and amphitheaters. Smoking shall also be prohibited in, and within _____ [*recommended 15-20*] feet of, bleachers and grandstands for use by spectators at sporting and other public events.
- D. In, and within _____ [*recommended 15-20*] feet of, all outdoor public transportation stations, platforms, and shelters under the authority of the _____ [*City or County*].
- E. In all outdoor service lines.
- F. In outdoor common areas of apartment buildings, condominiums, trailer parks, retirement facilities, nursing homes, and other multiple-unit residential facilities, except in designated smoking areas, not to exceed twenty-five percent (25%) of the total outdoor common area, which must be located at least _____ [*recommended 15-20*] feet outside entrances, operable windows, and ventilation systems of enclosed areas where smoking is prohibited.
- G. In, and within _____ [*recommended 15-20*] feet of, outdoor playgrounds.

Sec. 1009. Where Smoking Not Regulated

Notwithstanding any other provision of this Article to the contrary, the following areas shall be exempt from the provisions of Sections 1004 and 1005:

- A. Private residences, except when used as a childcare, adult day care, or health care facility, and except as provided in Section 1007.
- B. Not more than twenty percent (20%) of hotel and motel rooms rented to guests and designated as smoking rooms. All smoking rooms on the same floor must be contiguous and smoke from these rooms must not infiltrate into areas where smoking is prohibited under the provisions of this Article. The status of rooms as smoking or nonsmoking may not be changed, except to add additional nonsmoking rooms.

- C. Outdoor areas of places of employment except those covered by the provisions of Section 1008.

Sec. 1010. Declaration of Establishment as Nonsmoking

Notwithstanding any other provision of this Article, an owner, operator, manager, or other person in control of an establishment, facility, or outdoor area may declare that entire establishment, facility, or outdoor area as a nonsmoking place. Smoking shall be prohibited in any place in which a sign conforming to the requirements of Section 1011(A) is posted.

Sec. 1011. Posting of Signs

- A. “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 public place and place of employment where smoking is prohibited by this Article, by the owner, operator, manager, or other person in control of that place.
- B. Every public place and place of employment where smoking is prohibited by this Article shall have posted at every entrance a conspicuous sign clearly stating that smoking is prohibited. Every vehicle that constitutes a place of employment under this Article shall have at least one conspicuous sign, visible from the exterior of the vehicle, clearly stating that smoking is prohibited.
- C. All ashtrays shall be removed from any area where smoking is prohibited by this Article by the owner, operator, manager, or other person having control of the area.

Sec. 1012. Nonretaliation; Nonwaiver of Rights

- A. No person or employer shall discharge, refuse to hire, or in any manner retaliate against an employee, applicant for employment, or customer because that employee, applicant, or customer exercises any rights afforded by this Article or reports or attempts to prosecute a violation of this Article. Notwithstanding Section 1014, violation of this Subsection shall be a misdemeanor, punishable by a fine not to exceed \$1000 for each violation.
- B. An employee who works in a setting where an employer allows smoking does not waive or otherwise surrender any legal rights the employee may have against the employer or any other party.

Sec. 1013. Enforcement

- A. This Article shall be enforced by the _____ [Department of Health *or* City Manager *or* County Administrator] or an authorized designee.
- B. Notice of the provisions of this Article shall be given to all applicants for a business license in the _____ [City *or* County] of _____.
- C. Any citizen who desires to register a complaint under this Article may initiate enforcement with the _____ [Department of Health *or* City Manager *or* County Administrator].
- D. The Health Department, Fire Department, or their designees shall, while an establishment is undergoing otherwise mandated inspections, inspect for compliance with this Article.
- E. An owner, manager, operator, or employee of an establishment regulated by this Article shall inform persons violating this Article of the appropriate provisions thereof.
- F. Notwithstanding any other provision of this Article, an employee or private citizen may bring legal action to enforce this Article.
- G. In addition to the remedies provided by the provisions of this Section, the _____ [Department of Health *or* City Manager *or* County Administrator] or any person aggrieved by the failure of the owner, operator, manager, or other person in control of a public place or a place of employment to comply with the provisions of this Article may apply for injunctive relief to enforce those provisions in any court of competent jurisdiction.

Sec. 1014. Violations and Penalties

- A. A person who smokes in an area where smoking is prohibited by the provisions of this Article shall be guilty of an infraction, punishable by a fine not exceeding fifty dollars (\$50).
- B. Except as otherwise provided in Section 1012(A), a person who owns, manages, operates, or otherwise controls a public place or place of employment and who fails to comply with the provisions of this Article shall be guilty of an infraction, punishable by:
 - 1. A fine not exceeding one hundred dollars (\$100) for a first violation.
 - 2. A fine not exceeding two hundred dollars (\$200) for a second violation within one (1) year.
 - 3. A fine not exceeding five hundred dollars (\$500) for each additional violation within one (1) year.

- C. In addition to the fines established by this Section, violation of this Article by a person who owns, manages, operates, or otherwise controls a public place or place of employment may result in the suspension or revocation of any permit or license issued to the person for the premises on which the violation occurred.
- D. Violation of this Article is hereby declared to be a public nuisance, which may be abated by the _____ [Department of Health *or* City Manager *or* County Administrator] by restraining order, preliminary and permanent injunction, or other means provided for by law, and the _____ [City or County] may take action to recover the costs of the nuisance abatement.
- E. Each day on which a violation of this Article occurs shall be considered a separate and distinct violation.

Sec. 1015. Public Education

The _____ [Department of Health *or* City Manager *or* County Administrator] shall engage in a continuing program to explain and clarify the purposes and requirements of this Article to citizens affected by it, and to guide owners, operators, and managers in their compliance with it. The program may include publication of a brochure for affected businesses and individuals explaining the provisions of this ordinance.

Sec. 1016. Governmental Agency Cooperation

The _____ [City Manager *or* County Administrator] shall annually request other governmental and educational agencies having facilities within the _____ [City *or* County] to establish local operating procedures in cooperation and compliance with this Article. This includes urging all Federal, State, _____ [County *or* City], and School District agencies to update their existing smoking control regulations to be consistent with the current health findings regarding secondhand smoke.

Sec. 1017. Other Applicable Laws

This Article shall not be interpreted or construed to permit smoking where it is otherwise restricted by other applicable laws.

Sec. 1018. Liberal Construction

This Article shall be liberally construed so as to further its purposes.

Sec. 1019. Severability

If any provision, clause, sentence, or paragraph of this Article or the application thereof to any person or circumstances shall be held invalid, that invalidity shall not affect the other provisions of this Article which can be given effect without the invalid provision or application, and to this end the provisions of this Article are declared to be severable.

Sec. 1020. Effective Date

This Article shall be effective thirty (30) days from and after the date of its adoption.

[MO-04]

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Developing Municipal Smoke-Free Ordinances in Mississippi
Establishing a Smoke-Free Ordinance to Reduce Exposure to Secondhand Smoke in Public Places

Certification of Non-Acceptance of Tobacco Industry Funds and Resources

Please read the following statement, complete and sign the certification

Cities, towns, or individuals affiliated with or receiving funds and/or resources from any tobacco company or subsidiary are not eligible for this proposal.

By signing this statement, the applicant states that no direct or indirect affiliations, contractual relationships, and receipt of funds or resources exist within tobacco companies or owners, affiliates, subsidiaries, holding companies or companies involved in any way in the production, distribution, promotion, sales, or use of tobacco products.

Signature of Elected Official

Date

Printed Name of Elected Official

Date

City/Town Name

Developing Municipal Smoke-Free Ordinances in Mississippi
Establishing a Smoke-Free Ordinance to Reduce Exposure to Secondhand Smoke in Public Places

Request for Reimbursement of Funds – Phase I Activities

City: _____

Telephone: _____

Address: _____

Email: _____

Web address: _____

Fax: _____

Description of Expenses	Comments (be specific)	Amount
Postage		
Travel		
Office Supplies		
Key Informant Interviews		
Newspaper articles/media		
Other		

Documents attached:

- Completed timeline for Phase I
- Evidence of collaboration efforts with the MTFC (notes from meetings, etc.)
- Documentation of request for change(s) to the Model Ordinance, if applicable, and response received from the Office of Tobacco Control.
- Documentation of how key stakeholders were notified regarding the Key Informant Interviews
- List of key stakeholders with whom the Key Informant Interview was conducted

Authorized by: _____

Print Name of City Official

 Signature of City Official

Developing Municipal Smoke-Free Ordinances in Mississippi

Establishing a Smoke-Free Ordinance to Reduce Exposure to Secondhand Smoke in Public Places

Request for Reimbursement of Funds – Phase II Activities

City: _____

Telephone: _____

Address: _____

Email: _____

Web address: _____

Fax: _____

Description of Expenses	Comments (be specific)	Amount
Office Supplies		
Signage		
Legal Fees		
Postage		
Media ads		
Meeting expenses		
Other		

Documents attached:

- | | |
|--|--|
| <input type="checkbox"/> Completed timeline for Phase II
<input type="checkbox"/> Documentation of how the Public Comments Meeting was announced
<input type="checkbox"/> Names and titles of individuals invited to speak at the Public Comments Meeting
<input type="checkbox"/> Minutes from the Public Comments Meeting
<input type="checkbox"/> Documentation of expenses associated with Phase II of this proposal
<input type="checkbox"/> Names and addresses of businesses to which the Tool-Kit for Smoke-Free Businesses was mailed. | <input type="checkbox"/> Results of Key Informant Interviews
<input type="checkbox"/> Copy of the agenda for Public Comments Meeting
<input type="checkbox"/> Copy of minutes from the city/town meeting
<input type="checkbox"/> Copy of the ordinance |
|--|--|

Authorized by: _____
 Print

 Signature

The Benefits of Quitting Smoking

20 minutes after the last cigarette: blood pressure decreases, pulse rate drops and body temperature of hands and feet increases.

8 hours after quitting: carbon monoxide level in blood drops to normal, and oxygen level in blood increases to normal.

24 hours after quitting: chance of a heart attack decreases.

48 hours after quitting: nerve endings start re-growing and ability to smell and taste is enhanced.

After 2 weeks to 3 months: circulation improves: walking becomes easier, lung function increases.

After 1 to 9 months: coughing, sinus congestion, fatigue, shortness of breath decreases.

After 1 year: excess risk of coronary heart disease is decreased to half that of a smoker.

After 5 to 15 years: stroke risk is reduced to that of people who have never smoked.

After 10 years: risk of lung cancer drops to as little as one-half that of continuing smokers; risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases; and risk of ulcer decreases.

After 15 years: risk of coronary heart disease is similar to that of people who never smoked; and risk of death returns to nearly the level of people who never smoked.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Smoke-Free Toolkit for Mississippi Businesses

The Economic Impact of Smoke-free Laws

“Establishing smoke-free workplaces is the simplest and most cost effective way to improve worker and business health.”

The Health Consequences of Involuntary Exposure to Tobacco Smoke, Report of the Surgeon General, 2006

The Good News! Going smoke-free is 100% cost-free and one of the simplest steps you can take to actually reduce business costs, make your customers happier and improve employee health and productivity. All you have to do is remove ashtrays and post a sign designating your business as a smoke-free establishment.

Studies report that after communities implemented smoke-free laws, there was a rapid and sizeable reduction in hospital admissions related to heart attacks. Smoke-free laws can prevent childhood tobacco addiction. By eliminating smoking in workplaces and public places, society has changed the perception of what is “normal” smoking behavior, prompting smokers to quit and contributing to a sharp decrease in smoking rates

Strong, comprehensive smoke-free laws not only protect nonsmokers from secondhand smoke, they also prevent youth tobacco addiction and help smokers who want to quit.

Secondhand smoke contains at least 250 chemicals known to be toxic or carcinogenic. Secondhand smoke causes heart disease and lung cancer in nonsmoking adults and sudden infant death syndrome, acute respiratory infections, respiratory symptoms and slowed lung growth in children.

The Office of Tobacco Control and the (insert local coalition name) Tobacco-Free Coalition are available for technical assistance.

Contact Information

Mississippi State Department of Health

Office of Tobacco Control

Kimalesah Brown

601-364-5790

Kimalesha.brown@msdh.state.ms.us

(local coalition)

(name)

(phone)

(email)

Smoking: The Impact on Your Business

Tobacco Use Hurts Your Bottom Line

Business leaders today are aware that rising healthcare costs are one of the biggest threats to their bottom line. What is not as well known is the significant role of smoking and other tobacco use in driving these costs. In fact, tobacco use is the leading preventable cause of death and disease in the United States. Business bears the burden of tobacco-caused illness and the resulting healthcare bills among employees, family members and even retirees. Reducing tobacco use and its preventable costs is critical to optimizing profits and improving worker health and productivity.

Impact on Worker Productivity

- Non-smokers are healthier workers
- Healthier workers are more productive workers
- Smoke breaks are disruptive, take time away from work, and may be viewed as unfair by fellow non-smoking workers.

Smoking in the Workplace

Businesses that permit smoking experience higher fire and property insurance costs, as well as higher costs of cleaning and maintenance due to smoke damage.

In addition to the direct harms of smoking, secondhand smoke is a serious health hazard that causes lung cancer, heart disease and other ailments in nonsmokers.

Employees exposed to secondhand smoke may suffer from acute respiratory problems, require more outpatient treatment, and tend to be less productive.

Preparing Your Business for the Smoke-Free Ordinance

As of (Date), restaurants, worksites and public places in (City) will be smoke-free. The ordinance ensures that workers and the public can breathe smoke-free air when they eat out, work or shop in our town.

Going smoke-free is 100% cost-free and one of the simplest steps you can take to actually reduce business costs, make your customers happier and improve employee health and productivity. All you have to do is remove ashtrays and post signs designating your business as a smoke-free establishment.

What does the ordinance do?

Effective (Date), all city restaurants, worksites and public places will be required to be smoke-free to protect employees and the public from secondhand smoke. Smoking will also be prohibited within a buffer zone (25 feet is recommended. (A city official should insert the language used in the ordinance) of all entrances and exits, windows that open, and ventilated intakes.

What is secondhand smoke?

In issuing a report on secondhand smoke in June 2006, the U.S. Surgeon General stated, “The debate is over. The science is clear: Secondhand smoke is not a mere annoyance, but a serious health hazard and the third leading cause of premature death in the United States.”

What makes secondhand smoke so dangerous?

Secondhand smoke contains more than 4,000 chemicals, including at least 250 chemicals known to be toxic or carcinogenic. It contains Ammonia, Acetone, Arsenic, Benzene, Carbon Monoxide, Cyanide, Formaldehyde, Methane, Nicotine, and Tar, among other hazardous products. There is no safe level of exposure. Even a little bit of exposure can cause a heart attack.

How will going smoke-free affect my business revenues?

Smoke-free air is great for health and great for business. No legitimate economic impact study has shown a negative impact.

Do I need to post signs?

Yes! Signs prohibiting smoking must be conspicuously posted at each entrance, in prominent locations inside your business, and in outdoor nonsmoking buffer zones. Posting signs will help make the transition to smoke-free air smooth for everyone.

How will the new law be enforced?

Compliance with the law is the responsibility of the owner, manager or other person in charge of the business. (A city official should complete this section to reflect the enforcement provision of the city’s ordinance.)

What are the penalties?

(A city official should complete this section to reflect the provisions of the city’s ordinance)

Am I required to provide a smoking break room for my employees?

No. In fact, the smoke-free ordinance prohibits employers from providing a smoking room. Businesses that currently have a separate room for smoking can no longer allow smoking in these rooms or anywhere else inside. You must simply inform your smoking employees that they must go outside to smoke and that they must do so twenty-five feet (or the buffer zone defined in ordinance) away from an entrance, exit or ventilation intake. Be sure to communicate early and clearly with your employees to ensure they understand how the new smoke-free ordinance applies to both them and your customers.

How do I enforce the “25-Foot Rule”? (Buffer zone as specified in ordinance. It may not be 25 feet)

The most important thing is to train your staff about the new ordinance BEFORE the effective date of the law. The 25-Foot Rule says that smoking is not allowed within 25 feet of entrances, exits, operable windows and ventilation intakes of your establishment.

Won't installing ventilation systems reduce health risks caused from secondhand smoke exposure? What about separately ventilated and enclosed smoking rooms?

Ventilations systems do not work. The U.S. Surgeon General concluded that no ventilation system has ever been designed that can protect the public from the death and disease caused by exposure to secondhand smoke, and that establishing smoke-free environments is the only proven way to prevent exposure.

Patrons frequent your business for the service; not to smoke.

Reducing Smoking Improves Productivity and Profit

Helping your employees who smoke to quit and protecting all employees from secondhand smoke can increase the health of your workforce and your bottom line.

Implement Model Tobacco-Free Policies

There are several ways you can support tobacco control “inside the walls” of your business. A worksite smoke-free policy may encourage employees to quit smoking altogether.

- **Promote the policy widely.** Distribute information about the health risks association with smoking, the consequences of smoking in prohibited areas and the availability of proven quitting aids and programs. Post signs indicating a smoke-free workplace.
- **Support the policy through your company’s infrastructure.** Train supervisors and human resource staff on how to implement and enforce this policy.
- **Make sure employees know the consequences of noncompliance.** Use e-mail, newsletters, payroll inserts and announcements as communication channels to prepare your workforce 60–90 days in advance of your policy implementation date. Send reminder messages with information on programs and services available to help smokers quit.

Provide information about cessation programs

A comprehensive approach includes a workplace smoke-free policy and access to tobacco cessation treatment, such as community programs or telephone quitline services.

The ACT Center at the University of Mississippi Medical Center provides face-to-face treatment services for Mississippians who would like to quit smoking. The program consists of a combination of counseling and medications. The approach of combining counseling and medication has been shown to be one of the most effective options currently available. There are satellite centers throughout the state in addition to the main clinic in Jackson.

The Mississippi Tobacco Quitline. Callers to the Mississippi Tobacco Quitline who want to stop smoking can receive up to eight weeks of the nicotine replacement therapy (NRT) patch or gum at no charge. Callers must complete an intake and agree to participate in cessation counseling in order to receive the products. The approach of combining counseling and medication has been shown to be one of the most effective options currently available. Medical clearance is necessary for the safety of our callers.

The Benefits of Quitting Smoking

20 minutes after the last cigarette: blood pressure decreases, pulse rate drops and body temperature of hands and feet increases.

8 hours after quitting: carbon monoxide level in blood drops to normal, and oxygen level in blood increases to normal.

24 hours after quitting: chance of a heart attack decreases.

48 hours after quitting: nerve endings start re-growing and ability to smell and taste is enhanced.

After 2 weeks to 3 months: circulation improves: walking becomes easier, lung function increases.

After 1 to 9 months: coughing, sinus congestion, fatigue, shortness of breath decreases.

After 1 year: excess risk of coronary heart disease is decreased to half that of a smoker.

After 5 to 15 years: stroke risk is reduced to that of people who have never smoked.

After 10 years: risk of lung cancer drops to as little as one-half that of continuing smokers; risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases; and risk of ulcer decreases.

After 15 years: risk of coronary heart disease is similar to that of people who never smoked; and risk of death returns to nearly the level of people who never smoked.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi tobaccoQUITLINE 1.800.QUITNOW



1.800.784.8669

Callers to the Mississippi Tobacco Quitline who want to stop using tobacco can receive up to eight weeks of nicotine replacement therapy (NRT), patch or gum, at no charge. Callers must complete an Intake and agree to participate in cessation counseling in order to receive the products. Medical clearance is necessary when medications are provided.

The approach of combining counseling and medication has been shown to be the most effective option currently available.

Will I get all eight weeks at one time?

No, once medically cleared to participate, NRT will be ordered in two week increments and delivered to the participant. Cessation counseling is required between the orders.

Who can call the Tobacco Quitline?

Any Mississippian can call the toll-free number from anywhere in the state. 1-800-784-8669.

What are the hours?

The Tobacco Quitline is available from 8:00 am until 8:00 pm, Monday through Friday and 9:00 am until 5:30 pm on Saturday. Voicemail is available.



THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

ACT Center for Tobacco Treatment, Education and Research

The ACT Center provides face-to-face treatment services for Mississippians who would like to quit using tobacco. The program consists of a combination of supportive counseling and medications, as appropriate. The approach of combining counseling and medication has been shown to be the most effective option currently available.

Who can receive treatment at the ACT Center?

Anyone 18 years or older who is a resident of the State of Mississippi.

How much does treatment cost?

There is no charge for treatment services, including medications.

Where is the ACT Center located?

Jackson ACT Center (main site) Jackson Medical Mall

Where are the hospital and clinic satellites?

Booneville	Baptist Memorial Hospital
Fayette	Jefferson County Hospital
Gautier	Singing River Health Systems
Greenville	Delta Regional Medical Center
Gulfport	Memorial Hospital
Hattiesburg	Forrest General Hospital
Marks	Quitman County Hospital
McComb	SW MS Regional Medical Center
Meridian	Riley Memorial Hospital
Oxford	Baptist Memorial Hospital
Picayune	Highland Community Hospital
Ruleville	North Sunflower Medical Center
Senatobia	North Oak Regional Medical Center
Starkville	Oktibbeha County Hospital
Tupelo	North MS Medical Center

How can I get started or get more information?

Call: 601-815-1180 or 1-800-QUIT-NOW

Log on: <http://actcenter.umc.edu>, then click on *Treatment Programs*

The ACT Center is funded in part by a grant from the Mississippi State Department of Health