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Smoke-Free Workplaces/Restaurants & Bars Study
Bloomington Advisory Board of Health
2004

Acknowledgments

The Bloomington Advisory Board of Health is responsible for studying significant public health issues and bringing its findings and recommendations to the City Council for consideration. We extend our appreciation to the City Council for the opportunity to study this important public health issue. Thanks to Bloomington's business and community leaders, local health organizations, and tobacco advocacy groups for participating in our informational interviews and providing us with valuable information and different perspectives. We are grateful to representatives from Duluth, Olmsted County, and Eden Prairie for participating in a panel discussion and sharing "lessons learned" from their experience in proposing local smoking bans. Appreciation is extended to Diann Kirby for facilitating the panel discussion. Thanks also to Bloomington Public Health staff who gathered information, analyzed studies, made presentations, and wrote the final report.

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**Excused absence from the May 25, 2004, Advisory Board of Health meeting when smoking ban recommendations were proposed and approved.*

EXECUTIVE SUMMARY

The Bloomington Advisory Board of Health and the Public Health Division have a long history of working on tobacco control initiatives to prevent tobacco use by youth, reduce illegal sales of tobacco products to underage teens, help adults quit smoking, and reduce the public's exposure to secondhand smoke. Many local strategies have been used to reduce secondhand smoke exposure including public education, media campaigns, workshops, consultation with worksites and restaurants, and the adoption of smoke-free policies in all City-owned buildings and vehicles, entrances, and certain park properties.

In February 2004, the Bloomington City Council requested the Advisory Board of Health study the issue of requiring bars and restaurants in the community to be smoke-free. The Advisory Board of Health held monthly study sessions from March to June.

The goals of the study were:

1. To gain a better understanding of current trends, activities, and research concerning smoke-free workplace policies in restaurants and bars; and
2. To develop recommendations for the City Council's consideration.

During this four-month period, several methods were used to gather data and information including:

- Review of the Public Health Divisions's activities related to smoke-free workplaces/restaurants and bars
- Updating the list of Bloomington's smoke-free restaurants and bars
- Review of local health data about tobacco, health risks, and chronic disease
- Literature review of scientific studies about the health impact of secondhand smoke, economic impact of smoking bans on restaurants and bars and trends regarding smoking bans and public attitudes
- Interviews with representatives from voluntary and health care organizations, businesses, and the hospitality industry about their perspectives and experience regarding smoking bans
- Meeting with representatives from other Minnesota cities who have already proposed smoking bans to hear about their experiences and "lessons learned"
- Review of the Minnesota Clean Indoor Air Act (MCIAA) rules and regulations

Study Findings

The Advisory Board of Health identified the following as key study findings:

1. Bloomington has a long history of implementing proactive tobacco prevention initiatives and has promoted the voluntary adoption of smoke-free policies in workplaces and restaurants.
2. The medical research demonstrating the negative health effects of secondhand smoke is extensive and growing.

- a. There is no safe level of exposure to tobacco smoke.^{1,2}
 - b. According to a Hennepin County population health study,³ 86 percent of Bloomington adults have one or more risk factors for heart disease. Based on a recent CDC recommendation, people with heart disease risk factors should avoid smoky environments.⁴
 - c. Some populations are especially at risk for problems caused by secondhand smoke such as infants, children, and others with chronic diseases (e.g., asthma).
 - d. Employees in workplaces that permit smoking are at increased risk for various health problems.^{5,6}
3. The government's role of protecting the public's health includes the responsibility to implement community-wide measures to improve the health of its residents (e.g., food safety, water sanitation, childhood immunization requirements).
 - a. Several cities in the metropolitan area and Greater Minnesota are proposing smoke-free ordinances or currently studying the issue.
 - b. The number of city and state smoke-free workplace/restaurant and bar ordinances is increasing across the United States.
 4. Numerous well-researched studies report either no impact or a positive economic impact to restaurants and bars in communities that adopt smoke-free workplace ordinances.⁷⁻¹³
 5. Employees and customers of restaurants and bars are not protected from secondhand smoke under the rules of the 1975 Minnesota Clean Indoor Air Act (MCIAA).
 6. Recent polls conducted in Minnesota and Minneapolis show broad public support for implementing smoking bans in public places, including restaurants and bars.

Recommendations

At the Advisory Board of Health meeting on May 25, 2004, the following recommendations were made based on the premise that all employees and customers should be protected from secondhand smoke exposure and be able to work or dine in a smoke-free environment.

The Advisory Board of Health recommends the following:

1. Ban smoking city-wide in the following areas:
 - workplaces, including restaurants and bars (indoor and outdoor)
 - public places, including outdoor bars and eating areas
 - entrances (within 25 feet) to workplaces and public places
2. Continue to allow hotels and motels to designate guest rooms as smoking and non-smoking as provided under the Minnesota Clean Indoor Air Act.

These study findings and recommendations will be presented to the Bloomington City Council for consideration at the June 28, 2004, study meeting.

BACKGROUND

The City of Bloomington and Bloomington Public Health have a long history of being proactive in tobacco prevention efforts and promoting smoke-free environments. In the early 1990's, the City Council passed a local ordinance making it more difficult for underage youth to purchase tobacco products. In 1992, the City of Bloomington adopted a smoke-free policy for all City buildings and City-owned licensed vehicles. In 2001, the City passed an ordinance banning the use of tobacco at Bush Lake Beach, the Family Aquatic Center, and all City-owned athletic fields during youth athletic events. The City also adopted a 25-foot smoke-free zone around all city building entrances.

Advisory Board of Health Study Charge

In February 2004, the Bloomington City Council requested that the Advisory Board of Health study the issue of requiring bars and restaurants in the community to be smoke-free. The goals of the study were to (1) gain a better understanding of the current trends, activities, and research concerning smoke-free workplace policies in restaurants and bars and (2) develop recommendations for the City Council's consideration. The Advisory Board of Health held monthly study sessions from March to June.

Study Methods

The Advisory Board of Health study included the following:

1. A review of health data specific to Bloomington citizens aged 18 and older pertaining to tobacco use and chronic diseases
2. A literature review assessing secondhand smoke and its health effects on populations, the economic impact of smoke-free regulations on restaurants and bars, state and national smoke-free policy trends, and public attitudes regarding smoke-free public places. Because of the volume of published information available on this topic, the review was limited to the most current and scientifically-based research
3. Information about smoke-free workplace activities in metropolitan communities and Greater Minnesota
4. An updated listing of Bloomington's smoke-free bars and restaurants
5. Key informant interviews with local business leaders who would be affected by a smoke-free workplace/restaurant and bar ban and organizations that have worked on community smoke-free workplace bans
6. A panel discussion on May 6, 2004, at Bloomington Civic Plaza with representatives from Duluth, Olmsted County, and Eden Prairie to hear about their experiences and "lessons learned" in proposing a smoke-free tobacco ordinance

Public Health's Smoke-Free Workplaces/Restaurants and Bars Activities

In the past ten years, Bloomington Public Health has conducted many activities to promote voluntary adoption of smoke-free restaurant and bar policies and helped residents locate smoke-free eating establishments. These activities included:

- In 1993, the Smoke-Free Eating Establishment Recognition Program was launched by the Bloomington Heart & Health Program, Advisory Board of Health, and City of Bloomington. Restaurants were recognized during a City Council meeting, with the mayor and the Advisory Board of Health chair presenting the owner or manager with a special recognition plaque. In 1994, approximately 30 percent of Bloomington restaurants were smoke-free. In recent years the recognition plaque has been presented directly to the restaurant's manager/owner.
- Bloomington's Smoke-Free Dining Guide is updated periodically and is available on the City's Web site, at www.tricitypartners.org and in print form.
- Consultation and educational materials on how to implement a smoke-free policy have been provided to interested restaurants and workplaces.
- Bloomington's smoke-free restaurants have been promoted through stories and press releases in the Sun Current, City newsletters, cable TV, paid advertising, and other print pieces.
- Surveys and focus groups with restaurant owners and managers have been conducted to determine smoking status and level of interest in adopting a smoke-free policy.

Current Smoking Status of Bloomington Workplaces/Restaurants and Bars

There is no Bloomington-specific data on the percent of workplaces that are smoke-free. In a 1999 survey, approximately two-thirds (64 percent) of Minnesota's employed population reported that their workplace had an indoor no-smoking policy. The remaining one-third indicated that they either did not have an official workplace policy or had a policy that did not completely eliminate exposure to secondhand smoke.¹⁴ Data from the 2000 U.S. Census was analyzed for trends within smoke-free workplace policies for different occupational groups. In 1999, over three-fourths of white collar workers were covered by smoke-free policies, while less than half (43 percent) of the nation's 6.6 million food preparation and service occupation workers benefited from this protection.¹⁵

According to Bloomington's Licensing Department and the Health Division:

- There are over 250 establishments that serve food and are open to the public, including restaurants, bar/restaurants, coffee shops, food court vendors, and fast food places.
- Eighty-three of these food establishments have a liquor, wine, and/or beer license.
- Excluding the Mall of America (MOA), 68 of Bloomington's restaurants have been identified as smoke-free. (See Appendix A: Smoke-free Dining Guide for Bloomington.) Many of these are fast food chain restaurants such as McDonalds, Subway, Burger King, Wendy's, and Kentucky Fried Chicken and have multiple locations in Bloomington. Coffee shops (e.g., Starbucks, Caribou) are generally smoke-free.
- Five private clubs allow smoking. These are American Legion Post 550, Minnesota Valley Country Club, Knights of Columbus, VFW Post 1296, and Eagles 3208.
- In the Mall of America, 8 restaurants, several coffee shops (e.g., Caribou, Cinnabon), and three food courts with shared dining are smoke-free.
- Eleven MOA restaurants or bar/restaurants allow smoking.

Bloomington Smoking and Health Data

The Survey of the Health of Adults, the Population, and the Environment (SHAPE) is an ongoing health surveillance project that monitors the health of adults in Hennepin County. SHAPE was conducted in 1998 and 2002. The 2002 survey was conducted in collaboration with Bloomington Public Health. The SHAPE 2002 data allow local-level analyses of key health indicators, providing public health officials and policymakers an opportunity to identify emerging issues.

In Bloomington, 17 percent of adults (18 and older) smoke regularly and 83 percent are non-smokers.³ This smoking rate is slightly lower than the state rate of 18 percent.¹⁶

The leading risk factors for heart disease are overweight, physical inactivity, smoking, diabetes, and high blood pressure (hypertension).¹⁷ Table 1 shows the percentages of Bloomington residents ages 18 and older that have 0-5 of these risk factors for heart disease. According to the SHAPE survey, 86 percent of Bloomington adults have one or more risk factors for heart disease.³

Table 1: Percent of Bloomington Residents with Risk Factors for Heart Disease

0 factors	14.1%
1 factor	35.6%
2 factors	33.5%
3 factors	14.6%
4 factors	1.9%
5 factors	0.3%

Source: SHAPE 2002

The Centers for Disease Control and Prevention (CDC) has recommended that people at risk of coronary heart disease (CHD) or with known coronary artery disease should avoid all indoor environments that permit smoking.⁴ This recommendation is based on substantial research indicating that exposure to tobacco smoke, even at low doses, greatly increases the risks of heart attack and CHD.

Table 2: Percent of Bloomington residents who report chronic disease

Asthma	13.5%
Heart disease or angina	7.1%

Source: SHAPE 2002

Over 13 percent of Bloomington adults have been diagnosed with asthma and 7 percent have been diagnosed with heart disease or angina.³ Secondhand smoke is strongly linked to the development of asthma in young children and is also a clearly identified irritant which can precipitate asthma attacks in children and adults who have already developed asthma.^{18,19} Exposure to secondhand smoke also increases the risk of fatal and non-fatal heart disease.^{4,20}

LITERATURE REVIEW

Background on Smoking and Secondhand Smoke

Secondhand smoke, also known as environmental tobacco smoke (ETS), is a complex chemical mixture emitted by a lit tobacco product or exhaled by a smoker. Secondhand smoke contains thousands of chemicals, including more than 50 known cancer-causing agents and 200 known poisons. In 1992 the U.S. Environmental Protection Agency published a major assessment of the respiratory health risks of exposure to secondhand smoke.¹⁸ Secondhand smoke is a human lung carcinogen, responsible for approximately 3,000 lung cancer deaths annually among U.S. nonsmokers.¹⁸ Secondhand smoke has been classified as a Group A carcinogen under EPA's carcinogen assessment guidelines (other carcinogens on this list are asbestos and radon). This classification is reserved for those compounds or mixtures that have been shown to cause cancer in humans, based on studies in human populations.¹⁸

Numerous authorities have determined that secondhand smoke is harmful to human health. These authorities include the U.S. Environmental Protection Agency, the World Health Organization, the American Medical Association, the American Lung Association, the American Cancer Association, the U.S. National Institute of Occupational Safety and Health, the National Academy of Sciences, the U.S. Occupational Safety and Health Administration, and the Office of the U.S. Surgeon General.

Health Effects of Secondhand Smoke on Adults and Children

There is no safe level of exposure to secondhand smoke.^{1,2} Scientific and medical literature has confirmed that exposure to secondhand smoke causes many illnesses in nonsmokers including:

- cancer (lung, nasal sinus, and possibly others)²¹
- heart disease^{17,21}
- asthma,²² and
- low birth weight.²¹

Infants and children are particularly vulnerable to secondhand smoke, which causes:

- respiratory tract infections (chest colds, sinusitis, bronchitis, and pneumonia)^{21,23}
- asthma (including more frequent exacerbations and more severe symptoms)^{21,23}
- middle ear infections (often necessitating surgery to insert ear tubes)^{21,23}
- decreased lung function (coughing, wheezing, increased mucus production)²³
- and possibly adult cancers (leukemia, lymphoma).²³

Secondhand smoke is also linked to sudden infant death syndrome (independent of birth weight and gestational age).^{23,24}

Health Effects of Secondhand Smoke on Employees and Customers

A review of research on restaurant employees found that secondhand smoke is a significant occupational health hazard for food-service workers.⁵ Hospitality employees working in settings with no restrictions on customer smoking are exposed to secondhand smoke on a regular basis at

work. A study of employees found that workers in businesses that permit customer smoking have higher levels of cotinine (a metabolite of nicotine) in their saliva and report a higher prevalence of respiratory and irritation symptoms than employees in smoke-free workplaces.²⁵ Studies have shown that smoke-free workplaces not only protect non-smokers from secondhand smoke, they also encourage smokers to quit or to reduce their consumption.^{14,26}

A recent study conducted in a Minnesota casino found that non-smoking casino patrons had increased levels of a tobacco-specific lung carcinogen in their urine following a 4-hour visit to the casino. These findings demonstrate that exposure of nonsmokers to secondhand smoke in a public, commercial setting results in increased levels of a tobacco-specific lung carcinogen in these individuals.²⁷

Economic Impact of Smoke-Free Regulations on Restaurants and Bars

Extensive research has been conducted on the economic effects of smoke-free regulations on restaurant and bar revenues. When reviewing this research, it is important to consider study methodology, funding source, and publication venue. The best studies for examining economic effects of smoke-free regulations on restaurant and/or bar revenues look at hard data such as municipal tax receipts and/or employment statistics.

Studies funded by the tobacco industry have used less rigorous methodology including anecdotal information and non-representative surveys of restaurant/bar proprietors and patrons. For instance, surveys may indicate that restaurant/bar owners perceive an economic downturn, but only sales tax receipts collected over at least a one-year period can tell the real story.

A review of 97 studies that made statements about economic impact found that 100 percent of well-designed studies reported no impact or a positive impact of smoke-free restaurant and bar laws on sales or employment. The review also found that all of the studies concluding a negative impact were supported by the tobacco industry—94 percent of the tobacco-industry-supported studies found a negative economic impact compared to none of the non-industry-supported studies.⁷ Other research findings:

- In a study comparing a diverse group of cities and counties, municipalities with ordinances requiring smoke-free restaurants and bars (e.g., Aspen and Telluride, Colorado, Sacramento and Palo Alto, California) showed no decrease in revenues compared to municipalities with no such ordinances (e.g., Vail and Steamboat Springs, Colorado, Mountain View and Fresno, California).⁸
- Sales tax data from 81 localities in 6 states consistently demonstrate that ordinances restricting smoking in restaurants have no effect on revenues.⁹
- A study of 3 states and 6 cities found that smoke-free ordinances do not appear to adversely affect, and may increase, tourist business.¹⁰
- A study analyzing sales-tax and mixed-beverage-tax data for 12 years preceding and 1 year following implementation of a smoking ban in El Paso, Texas found that no

statistically significant changes in restaurant and bar revenues occurred after the smoking ban took effect.¹¹

- In a study comparing 5 counties with restaurant smoking ordinances and 5 similar counties with no such ordinances, no adverse economic effects were found on the restaurant industry. This study was conducted in North Carolina, the number one tobacco-producing state in the U.S.¹²
- One year following implementation of a smoking ban in New York City, business receipts for restaurants and bars have increased, employment has risen, virtually all establishments are complying with the law, and the number of new liquor licenses has increased. The vast majority of New Yorkers support the law and say they are more likely to patronize bars and restaurants now that they are smoke-free.¹³

Trends Regarding Minnesota and National Smoke-Free Policies

In Minnesota, smoke-free ordinances have been enacted in Duluth, Cloquet, Moose Lake, and Olmsted County. Cities that have recently proposed smoke-free workplace or restaurants and bars ordinances are Minneapolis, St. Paul, Moorhead and Bemidji. Several other Minnesota cities are also studying this issue. One-quarter of Minnesota restaurants have voluntarily gone smoke-free.

Altogether, there are 291 municipalities, in 25 states, with 100 percent smoke-free coverage in at least one of the three main categories (workplaces, restaurants, and bars). Since some have 100 percent smoke-free coverage in more than one category, the numbers are not mutually exclusive.²⁸

As of April 2004, nine states (California, Connecticut, Delaware, Florida, Idaho, Maine, New York, South Dakota, Utah) had passed laws prohibiting smoking in at least one category (workplaces, restaurants, or bars).²⁷ In Massachusetts, a bill to ban indoor smoking in all workplaces—including bars and restaurants—is awaiting the Governor's signature.³⁰ *Note: In June 2004, this bill was signed into law.*

As of April 2004, 92.3 million Americans (32.8 percent of the population) are covered by 100 percent smoke-free workplace and/or restaurant and/or bar laws.²⁹

Majority of Minnesotans Prefer Smoke-Free Public Places

A Market Strategies survey commissioned by the Minnesota Smoke-Free Coalition in August 2002 found that 79 percent of Minnesota voters would support a law requiring smoke-free workplaces, public buildings, and restaurants. The survey found that support transcends party and ideological differences, with a majority of self-identified Republicans, Democrats, and Independents strongly supporting such legislation.³¹

A November 2001 poll by Hill Research Consultants found that 78 percent of Minnesotans (including 51 percent of smokers) supported a new local law that would make all workplaces

smoke-free; 75 percent (47 percent of smokers) would make all restaurants smoke-free; and 59 percent (22 percent of smokers) would make bars smoke-free. This survey of 1,104 adults also found that 76 percent (55 percent of smokers) agreed that non-smokers' rights come first when discussing smoke in public indoor places.³²

Other Minnesota entities (Duluth, Olmsted County) have conducted local surveys to determine the level of public support for a smoking workplace ban, including bars and restaurants. All have reached the same conclusion: the majority of their residents support smoking bans in workplaces and/or restaurants and bars. On May 27, 2004, the Minneapolis Star Tribune reported the following findings from a random survey of 600 registered voters conducted during May:³³

- Nearly 75 percent of Minneapolis residents favor a proposed smoking ban in most indoor public places. Twenty-five percent said they would oppose it; 3 percent were undecided.
- Four out of five respondents said they think exposure to secondhand smoke is a moderate to serious health hazard and the right of customers and employees to breathe clean air outweighs the rights of smokers.
- Fifty percent of the smokers polled said their right to smoke is secondary to others' right to breathe clean air.
- About one-third of the residents polled said they would be more likely to patronize restaurants and bars if there were a smoking ban. Eight percent said they would be apt to visit a non-smoking establishment less often if there were a smoking ban.

This survey was conducted by the Mellman Group, sponsored by Clean Air Minneapolis and the Hennepin Medical Society, and had a margin of error of plus or minus 4 percentage points.

A survey of 1,224 residents of Olmsted County, conducted before a smoke-free ordinance was enacted, found that 72 percent of respondents said they would choose a smoke-free restaurant over one where smoking is permitted. Seventy percent said they would select a smoke-free bar over one where smoking is permitted. The majority of respondents said they would not dine out or visit bars or nightclubs more often or less often if all restaurants, bars, and nightclubs were smoke-free.³⁴

MINNESOTA CLEAN INDOOR AIR ACT RULES AND ENFORCEMENT REGARDING WORKPLACES, RESTAURANTS, AND BARS

In 1975, the Minnesota Clean Indoor Air Act (MCIAA) was enacted.³⁵ This landmark legislation was passed to protect the public's health by restricting smoking in public places and workplaces. In 1975, secondhand smoke was thought of as more of an annoyance than a health risk. Today there are hundreds of studies and reports documenting the harmful health effects of secondhand smoke.

Since 1975, some of the MCIAA rules have been amended. The latest revision was in 2002, and includes new requirements for offices, factories, warehouses, and similar workplaces. The new rules no longer allow employees to smoke at workstations although smoking is allowed in some areas (e.g., private enclosed office occupied by one person with door closed and strict ventilation requirements).³⁶ Increasingly, more office buildings and other workplaces are voluntarily going smoke-free. The MCIAA does not allow smoking at all in public schools (K-12), day cares, or health care facilities.

No significant changes have occurred with the MCIAA regarding restaurants and bars. The basic requirements are:

- Restaurants must designate at least 30 percent of the total seating capacity as nonsmoking
- Bars must follow restaurant seating requirements unless the bar has a limited food license and seating capacity for 50 people or fewer. If so, the whole bar may be designated as smoking permitted.
- Nonsmoking and smoking-permitted seating must be separated by one of the following:
 - A four-foot-wide space;
 - A physical barrier 56 inches or more in height, or
 - Outdoor (fresh) air ventilation of not less than 15 cubic feet per minute per person (this is not the same as new ventilation requirements for offices, factories, warehouses, or similar workplaces).³⁷

In Bloomington, staff from the Environmental Health Division enforce the MCIAA rules. Environmental Health staff check to see if local bars and restaurants are in compliance with the MCIAA when they do their food safety inspections, which are done four times a year. Enforcement of the MCIAA in other workplaces (offices, warehouses, and similar workplaces) is "complaint based," meaning that if a complaint comes to the Minnesota Department of Health or to the Bloomington Environmental Health Division, staff will go out and assess the situation and help them come into compliance. Warnings are given if there is a violation with corrections noted. If a workplace does not make corrections in a timely manner, an administrative penalty order (i.e., fine) may be given, although this rarely happens in Minnesota and never has happened in Bloomington.

SUMMARY OF KEY INFORMANT INTERVIEWS

In April 2004, interviews were conducted with several individuals to determine opportunities and barriers in passing a local smoke-free workplace ordinance. Bloomington Public Health staff and Advisory Board of Health members conducted the interviews. *These interviews were conducted before the Minneapolis and St. Paul City Councils proposed smoke-free workplace/restaurant and bar ordinances.* The following were interviewed:

Jill Birnbaum, Director of Advocacy, American Heart Association, Greater Midwest Affiliate

Bonnie Carlson, President and CEO, Bloomington Convention & Visitors Bureau

Don Eslinger, Pastor, Normandale Hylands United Methodist Church, member of Bloomington Ministerial Association

Jeremy Hanson, Public Policy Director, Minnesota Smoke-Free Coalition

Neil Peterson, Executive Director, Bloomington Chamber of Commerce

Kevin Sawatsky, General Manager, Ramada Inn Airport & Thunderbird Convention Center

Janel Waldock, Community Policy Project Manager, Blue Cross/Blue Shield of Minnesota

Jeanne Weigum, President, Association for Nonsmokers, Minnesota

Informational Interview Key Findings

- All persons interviewed are very interested in this issue and the outcomes of this study.
- Bloomington is viewed as a progressive community that supports tobacco prevention initiatives. Many believe that if Bloomington enacts a smoke-free workplace/restaurant and bar ordinance, other metro communities will do likewise.
- *On a personal level*, all of those interviewed understand the relationship between secondhand smoke and negative health effects, are aware of the widespread adoption of smoking bans in other cities/states, and appreciate smoke-free environments.
- Most of those interviewed believe that the state will not enact a smoking ban until several communities have done so. “If local government doesn’t do it, it won’t happen.”
- Some interviewees may not publicly support a local ban; but when given a choice between a broad workplace smoking ban, including restaurants and bars, and a narrower restaurant and bar-only smoking ban, all interviewees favored a broader workplace smoking ban to avoid singling out a particular category of business.
- The focus of a local smoking ban must remain on “protecting the public’s health.”
- The success factors identified in gaining support for a local ban were (1) positioning this issue as one the vast majority of the public supports and (2) engaging citizen support in the process.

- The main concerns or barriers in passing a local smoke-free ordinance were identified as (1) the perception by hotels, restaurants, and especially bar owners that they would “lose business” to other communities that allow smoking and (2) the lack of local leadership or the “political will” to pass an ordinance.
- There is some concern by the hospitality industry that they may lose convention business to Minneapolis and St. Paul if those cities allow smoking in restaurants and bars.
- A ban on smoking in the workplace should get strong support from local church leaders and their membership because the religious community generally discourages smoking.
- The organizations that have worked with other communities supporting smoking bans identified different ways the tobacco industry has organized opposition in the communities proposing bans. Communities should be prepared for this.
- Several local voluntary health organizations and health care organizations are willing to provide support and assistance to communities proposing smoke-free workplace ordinances.

LESSONS LEARNED - PANEL DISCUSSION MEETING

The Advisory Board of Health hosted a panel discussion on May 6, 2004 at Bloomington Civic Plaza with representatives from Duluth, Olmsted County, and Eden Prairie to hear about their experiences and “lessons learned” in proposing smoke-free restaurant and bar ordinances.

Panelists: Gary Eckenberg (former Duluth City Council Member and current Deputy Administrator of St. Louis County), Pat McKone (Executive Director, Greater Minnesota American Lung Association), Jean Michels (former Olmsted County Commissioner), Jan Mosman (Eden Prairie City Council Member), Diann Kirby, Moderator (Communications Administrator, City of Bloomington)

Background – Smoking Ban Ordinances in Duluth, Eden Prairie, and Olmsted County

Duluth – In 2000, Duluth passed a smoking ban in restaurants and bars that allowed some exemptions (e.g. hardship, smoking at certain times). Since then the ordinance has changed twice. Currently, smoking is not allowed in restaurants. If restaurants with liquor licenses meet certain requirements including a separate room separately ventilated to the outside, and no one under 18 is allowed to enter the room, smoking is permitted. The ordinance does not pertain to private clubs. This summer, a petition drive is being conducted with the intent of placing a more comprehensive smoke-free workplace proposal on a public ballot this fall.

Eden Prairie – In 2002, a workplace smoking ban was proposed and defeated.

Olmsted County – In 2001, the county passed a smoking ban in all indoor areas and entrances in restaurants, but allows smoking in bars and private clubs.

What are the lessons learned about moving forward with a smoking ban?

Eden Prairie:

- Need to focus on the health issue, not the economic issue.
- Surveying the citizens would have been very helpful; the biggest opposition was from three businesses that threatened to leave.
- Do it right away (don’t draw out the process).
- Many private businesses are going smoke-free because of lawsuit concerns.
- Many employers view employees of bars and restaurants as temporary workers.
- Supporters need to be “out there” in the community.

Duluth:

- Keep it simple; focus on secondhand smoke as a public health issue.
- Government’s role is to protect the public if the private sector will not.
- Avoid strategies to delay actions (i.e., setting up more task forces to study issue).
- Organized grassroots efforts are very important; make sure the public health and medical community are involved.
- Recommend no exemptions, exceptions, or compromises.
- All employees should have equal protection from secondhand smoke.
- Think like the opposition; make sure there are rebuttals.

Olmsted County:

- Need lots of momentum to pass an ordinance.
- Smoking bans take lots of work and partners are needed.

What are your recommendations for a community exploring smoking bans?

- Educate local officials about the issue.
- Be prepared for the tobacco industry to be an influence in the community.
- Need to have at least two champions.
- Keep the educational materials brief, understandable, and use graphics.
- Work with public relations and communications staff.
- If possible, survey citizens about their attitudes regarding smoking bans.

Was a survey done?

Duluth - Several surveys were conducted; they were helpful in showing strong public support for a smoking ban.

Eden Prairie - Two elected officials did an informal survey of the public.

Olmsted County - The newspaper did a survey that was helpful.

Are you measuring economic impact of the ordinance? If so, what has been the economic impact?

Duluth: The city is tracking sales tax revenues from restaurants and bars. A smoking ban ordinance passed in 2000, but was not implemented until 2001.

- 2002 – 5 percent increase in sales
- 2003 – economically flat, no losses, no gains
- 2004 – 17 percent increase in sales

Economic losses to businesses have not occurred as a result of the smoke-free ordinance. New restaurants are opening. Duluth panelist stated that arguing the economics of smoke-free environments is a “no win” issue when considering an ordinance. One negative economic story outweighs all the objective data.

Olmsted County: The panelist did not have access to this information (she is no longer a county commissioner).

Eden Prairie: (The ordinance did not pass.) There were a few large businesses that were strongly opposed to an ordinance; at least one of them is no longer in business.

What are the successes in your community with tobacco issues?

Olmsted County:

- Restaurants are smoke-free; also hope that bars and workplaces go smoke-free.
- Restaurant workers union supported the ordinance.

Duluth:

- “The owner of one restaurant was very angry initially about the ordinance but called and apologized later for his opposition.”

- “It’s a political winner”: 82 percent of Minnesotans are nonsmokers and local polls show overwhelming community support on this issue; in the upcoming referendum 1,000 people requested lawn signs to show support for a stricter smoking ban.
- Restaurant workers called and supported amendment.
- “The guy who brought the smoking ban” maintained his city council seat even when some were campaigning against him.

Eden Prairie:

- They used it as an opportunity for educating people, especially youth.
- Tobacco products are no longer for sale in municipal liquor stores.
- They passed a smoking ban in city-owned parks, vehicles, and facilities.
- There is an ongoing task force that is working on a recognition program for restaurants that are smoke-free.

BEST PRACTICES OF A CLEAN INDOOR AIR ORDINANCE

During recent years, several states and many cities have enacted city-wide smoking bans in workplaces and/or restaurants and bars. Below is a partial list of “best practices” for the development of clean indoor air ordinances collected from experienced organizations such as the American Cancer Society, American Heart Association, American Lung Association, and others. Some of these “best practices” were also identified and discussed during our panel discussion meeting held with representatives from Minnesota communities who have proposed and/or implemented smoking bans.

Keep the ordinance simple; use clear definitions for what places are included in the smoking ban.

Well-defined terms are critical to successful interpretation, implementation, and enforcement of an ordinance.

Try to avoid allowing exemptions for hardship cases and certain types of businesses.

During the first year of Duluth’s ordinance, exemptions were allowed for “hardship” cases for restaurants without liquor licenses. There are many reasons why restaurants and bars do not succeed. There are frequent changes in the restaurant industry (e.g., change of ownership, relocation) so it is difficult to determine why certain businesses do well and others fail. In Duluth, five businesses initially filed “hardship” cases. Three later surrendered their “hardship” cases because patrons complained about the smoking in these businesses. Duluth eliminated this exemption five months after the ordinance was passed. Exemptions can weaken an ordinance and create a lot of confusion.

Places that are designated as smoke-free should remain smoke-free at all times, not only for certain hours or days.

One of Duluth’s early ordinances allowed smoking later in the evening if there were no children present in the restaurant. Feedback from employees and the public was that this policy was confusing and difficult to implement.

Avoid the “accommodation” and ventilation approach promoted by the tobacco industry.

The tobacco companies have developed “accommodation” programs (i.e., non-smokers and smokers should be able to co-exist in the same smoky place). Sometimes “accommodation” is achieved simply by posting signs on the doors of businesses making people aware that smoking is allowed. More recently, the tobacco industry has been promoting the use of newer ventilation systems in bars and restaurants. The American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc. (ASHRAE) is an independent, professional organization responsible for establishing ventilation guidelines. Conclusions reached by ASHRAE’s Standing Standard Project Committee 62 regarding ventilation in smoking permitted areas only address comfort (i.e. odor control) and do not claim to eliminate the health risks of environmental tobacco smoke (i.e., secondhand smoke) since there are no ventilation systems that can eliminate secondhand smoke completely.²

(See Appendix B: Fundamentals of Clean Indoor Air Policy)

RECOMMENDATIONS

At the Advisory Board of Health meeting on May 25, 2004, the following recommendations were made based on the premise that all employees and customers should be protected from secondhand smoke exposure and be able to work or dine in a smoke-free environment.

The Advisory Board of Health recommends the following:

1. Ban smoking city-wide in the following areas:
 - workplaces, including restaurants and bars (indoor and outdoor)
 - public places, including outdoor bars and eating areas
 - entrances (within 25 feet) to workplaces and public places
2. Continue to allow hotels and motels to designate guest rooms as smoking and non-smoking as provided under the Minnesota Clean Indoor Air Act.

These study findings and recommendations will be presented to the Bloomington City Council for consideration at the June 28, 2004, study meeting.

CONCLUSIONS

The Advisory Board of Health spent four months studying the issue of secondhand smoke and considering options for smoking bans in workplaces and/or restaurants and bars. Members of the Advisory Board of Health and public health staff have had numerous discussions with representatives from other cities, organizations, businesses and citizens about the different issues surrounding smoking bans.

Smoking restrictions are being widely debated in council chambers, bars, coffee shops, meetings, and in homes across Minnesota. During the course of this study the cities of Minneapolis and St. Paul began public deliberations on smoking bans. Earlier this year a bill was introduced in the House and Senate that would have greatly modified the Minnesota Clean Indoor Air Act, requiring all workplaces, including bars and restaurants, to be smoke-free. The bill was heard in the Senate but not brought forward in the House. Ten other states and many other cities in the U.S. have eliminated smoking in all workplaces and/or restaurants and bars.

Viewpoints about smoking bans are often polarized. Opponents of smoking bans believe that government should not be involved in decisions affecting private business. Many restaurant and bar owners fear they will lose revenues if they are forced to ban smoking. "Smoker's rights" groups maintain that government should not restrict individuals' rights to smoke where they please.

Proponents of smoking bans are committed to protecting the public's health. They cite the scientific literature that demonstrates conclusively the harmful effects of secondhand smoke to children and adults and that restaurant and bar smoking bans do not cause significant economic loss to businesses. Supporters believe it is government's role and responsibility to enact rules and regulations to protect the health and safety of citizens if private business does not. They

point out that the Minnesota Clean Indoor Air Act passed in 1975 does not protect employees or customers in bars and restaurants from secondhand smoke.

Members of the Advisory Board of Health have listened to the various perspectives. The Advisory Board of Health has reviewed the conclusions of numerous economic and medical research studies, learned from the experiences of other communities who have proposed smoking bans, and explored a variety of policy options. After careful review of all of this information, the Advisory Board of Health has reached the conclusion that decisive action is needed to protect the health of employees and customers in all Bloomington workplaces, including restaurants and bars.

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APPENDICES

- A. Smoke-free Dining Guide for Bloomington, March 2004
- B. Fundamentals of Clean Indoor Air Policy