

Systems Thinking: Up in Smoke

A Case Study in Policy Development



The Mid-America Regional Health Leadership Institute
April 2006

Team Indiana: Deep Purple

Jamie Broderick

Craig Wesley

Carol DeArmitt

Michelle Lindley

Robert McLaughlin

Yasenska Peterson

James Vest

Marilyn Eber

Systems Thinking: Up in Smoke
Jamie Broderick, Craig Wesley, Carol DeArmitt, Michelle Lindley, Robert McLaughlin,
Yasenska Peterson, James Vest, and Marilyn Eber

Abstract

The high rates of smoking and smoking-related disease in Indiana have led to a push for local smoke free air policies across the state. As of December 2006, Indiana had passed the second most smoke free air workplace ordinances in the country. State funded local coalitions led the way in educating their communities and community leaders on the negative health effects of secondhand smoke and the importance of comprehensive smoke free air policies. This case study is an account of the Marlboro Smoke Free Air Coalition's campaign to eliminate secondhand smoke from all workplaces in Marlboro County. Smoke free air campaigns, a complicated political process, often pit business owners and politicians against local and state public health leaders. This case study will examine the political process in Marlboro County and the resulting policy passed by the Marlboro County Commissioners.

Systems Thinking: Up in Smoke

Jamie Broderick, Craig Wesley, Carol DeArmitt, Michelle Lindley, Robert McLaughlin,
Yasenka Peterson,

History

By the summer of 2006, twenty-three community wide smoke free air ordinances had passed in the state of Indiana. A trend had begun led by local advocates throughout the country to end exposure to second hand smoke in the workplace. Entire states had passed legislation to curb the health risks associated with secondhand smoke, and Indiana had joined the fight with community and minority based coalitions leading the way in most counties throughout the state. The state of Indiana had allocated its Master Settlement dollars to the creation of a quasi-state run agency, Indiana Tobacco Free (ITF), to support prevention and cessation efforts and assist in the development of local coalitions in all ninety-two counties. Marlboro County had created just such a coalition led by the Youth Empowerment Agency in 2001. The Youth Empowerment Agency was responsible for the management of the state grant and hired a program coordinator, Ms. Anita Cleanaire, to organize the smoke free efforts in Marlboro County. The Marlboro Smoke Free Air Coalition was formed, and its mission was to educate the community on the health effects of second hand smoke and smoking, provide cessation classes, and advocate for a healthier community. The coalition consisted of representatives from RJR Hospital, the American Cancer Society, American Heart Association, the Clean Air Respiratory Health Center, the Area Health Education Center (AHEC), the Marlboro Mental Health Association, and multiple sub-contractors funded by the Youth Empowerment Agency. Sub-contracts were used to partner with other community based organizations to provide cessation and prevention to residents in the county, as well as, to network with other organizations to advance the mission of educating the community to improve health and well-being.

Marlboro Smoke Free Air Campaign

During the spring of 2006, the Marlboro Coalition had begun to hear rumblings from the Marlboro County Board of Health that the county should pass a countywide public and workforce clean indoor air ordinance. The Board of Health had been influenced by RJR Hospital to respond to the growing concerns regarding second hand smoke. Two weeks earlier, RJR Hospital and five other Marlboro health care businesses had begun a ban on smoking inside and outside their facilities. The hospital had also called for other area businesses to do the same. Dr. Lance Galahad, the CEO of RJR Hospital, was quoted in the local newspaper as saying, “What we’re doing is not cutting edge. But the timing is right for RJR Hospital, and the timing is right for Marlboro.” The mayor of Winston, the largest city in Marlboro County praised Dr. Galahad for “being willing to endure criticism and e-mails, even though those same people are always very willing to seek help with health care.” The mayor even proclaimed July as “Clean the Air” month in Winston. Ms. Cleanaire feeling that a countywide ordinance was eminent immediately called her regional director, Ms. Iwana Lively, from ITF and set up a coalition meeting to inform the state and coalition members about the possibility of an

ordinance. The following week, Ms. Lively presented the “Fundamentals of Smoke Free Air Policy Development for Hoosier Communities” to the coalition at a poorly attended coalition meeting. Only ATF, the American Cancer Society, and the Clean Air Respiratory Health Center made the meeting. The document was created from input from multiple statewide agencies including the American Cancer Society, the American Heart Association, the American Lung Association, the Hoosier Faith and Health Coalition, Indiana Academy of Family Physicians, the Indiana Latino Institute, the Indiana Public Health Association, the Indiana State Medical Association, and Indiana Tobacco Free. The document provided guidelines for local coalitions to follow during smoke free air campaigns. Ms. Lively began the presentation emphasizing the need to begin researching the backgrounds of the three county commissioners in Marlboro who would be voting on the clean indoor air ordinance. At this point, the coalition had not spoken to the commissioners and was unaware if any of the commissioners would support a clean indoor air ordinance. Ms. Lively suggested that the coalition listen to the presentation, and then set up a meeting with the county commissioners to educate them on the fundamentals document.

Ms. Lively provided Ms. Cleanaire with an Indiana Smoke Free Model Ordinance. This ordinance would provide a good starting point for the commissioners ensuring that they would not start with a compromised ordinance from a different community. Indiana had passed a few smoke free air ordinances by this time, but not all were ordinances that effectively reduced the risk of secondhand smoke. It was essential that policy makers start with a comprehensive ordinance with no exemptions. The fundamentals document outlined pitfalls to avoid in smoke free air policy development. These pitfalls which are often supported by the tobacco industry included: avoid the minors only trap, avoid accommodation through ventilation, avoid accommodation through smoking rooms or sections, avoid accommodation through red light/green light provisions, avoid hours provisions, avoid consent provisions, avoid hardship exemptions, avoid long phase-in provisions, minimize exemptions, and work from the inside out. Ms. Lively emphasized the need to focus on workers, not youth. This is a workers issue, not a patron issue. If the coalition focused on youth, they would miss the opportunity to provide a safe working environment for all residents in Marlboro County. Ms. Lively provided research based evidence to the coalition that the use of ventilation systems and smoking rooms do not protect workers from the health effects of secondhand smoke. Ms. Cleanaire would be able to take these documents with her when she met with the county commissioners.

The next day Ms. Cleanaire set up meetings with the three county commissioners in Marlboro. She had heard from supporters that two of the three commissioners supported the clean indoor air ordinance. Commissioner Flip Flopman was questioned by a local reporter about the RJR Hospital policy. Mr. Flopman said, “I’m not a smoker myself, and I don’t condemn people that do smoke. The health is a main concern, but I wouldn’t want to put a hurt on some businesses in Marlboro.” Ms. Frida Change also was quoted as supporting RJR Hospital, “I think it was a good and positive move, and I admire them for doing it. I would vote for a countywide smoking ordinance. The benefit of the whole thing is people’s health.” Mr. George Rightston, the president of the commission, however disagreed. Mr. Rightston said he would vote against any smoking ordinance and went on to say, “I’m kind of against government telling businesses what

they can and what they can't do. Most employees at taverns smoke, too. And a waitress's exposure by working the smoking area of a restaurant would be minimal." Ms. Cleanaire was concerned about Mr. Rightston's comments, but felt confident she could persuade the other two council members with the materials and knowledge she had gotten from ITF and Ms. Lively. However, after meeting with all the council members separately, Ms. Cleanaire quickly realized that supporting the clean indoor air ordinance publicly did not mean they understood the need for a comprehensive ordinance. The county commissioners had already met with the Marlboro County Health Commissioner, Dr. Steven McLost, and had penned an ordinance that allowed for smoking rooms in restaurants and bars. Restaurants and bars would have to have separate ventilation systems for drinking areas where smoking is allowed. The ordinance would not allow for smoking in all other workplaces. Mr. Flopman provided Mrs. Cleanaire with a copy of the Marlboro Health Department Ordinance and informed her about a public hearing on the topic. She was concerned during all of her meetings that she was being dismissed as a health nut, and none of the commissioners seemed interested in the Indiana Smoke Free Model Ordinance nor in the mounds of studies she had brought along to provide proof of her talking points.

Ms. Cleanaire again rushed to set up a coalition meeting to strategize a plan to counter the flawed ordinance. This time, the majority of the coalition attended the meeting. Ms. Cleanaire shared her concerns with the coalition. Ms. Lively suggested that the coalition decide what they would accept as a tolerable ordinance. The coalition needed to create a list of deal breakers. These are exemptions that if included in the ordinance would force the coalition to actively oppose the ordinance. The Marlboro Mental Health Association (MMHA) suggested that the coalition accept the ordinance as it was written. The majority of workers would be covered in businesses other than restaurants and bars. MMHA had always been concerned with the "no smoking advocates'" agendas. They believed smoking helped with some mental illnesses, and there was no need to stigmatize patients who needed to smoke any more than they already were being stigmatized with their mental health diagnosis. Ms. Lively countered that this ordinance would set a bad precedent in not only Marlboro, but throughout the state of Indiana. The science proving the health risks of secondhand smoke is overwhelming, and the coalition needed to garner grassroots support from leaders throughout Marlboro. Ms. Lively told the coalition to reach out to faith based leaders, physicians, health care workers, restaurant and bar employees, Marlboro residents who had been affected by secondhand smoke or smoking related illness, and any and all community leaders. The county commissioners had set a time and date for a public hearing. Ms. Lively stressed the importance of community support and that all coalition members must be on the same page before the public hearing. The coalition needed to make sure that the public hearing had community and public health leaders and as many smoke free air supporters as possible. Ms. Lively informed the coalition that ITF had conducted a random-digit-dial telephone survey of Marlboro County residents about their current tobacco use knowledge and behaviors and their attitudes regarding smoking in public places. The poll showed:

- Eighty-three percent of Marlboro County's residents agreed that all Marlboro County workers should be protected from exposure to secondhand smoke in the workplace. Of the self-identified regular smokers, 58% agreed as well.
- Eighty percent of Marlboro County's residents agreed that restaurants and other public places would be healthier for customers and employees if they were smoke free. Of the self-identified regular smokers, 48% agreed public places would be healthier.
- Eighty-two percent of Marlboro County's residents agreed that it would be nice to go out and enjoy Marlboro County's restaurants without smelling like smoke when you get home. Of the self-identified regular smokers, 46% agreed it would be nice.
- Sixty-five percent of Marlboro County's residents indicated that they would support a law in Marlboro County prohibiting smoking in all workplaces including restaurants
- Fifty percent of Marlboro County's residents indicated that passage of a law in Marlboro County prohibiting smoking in most indoor places such as restaurants would have no effect on the frequency with which they eat out at restaurants. Thirty-five percent said they expected to eat out more often should such a law ever be passed.
- Seventy-five percent of Marlboro County's residents believe the rights of customers and employees to breathe clean smoke free air in restaurants and other public places outweigh the rights of smokers to smoke inside those restaurants and public places.
- Seventy-seven percent of those who are indoors while at work said that their employers forbid smoking in any indoor work areas. Sixteen percent said their employers permit smoking in at least some indoor work areas.
- Sixty-three percent of Marlboro County's residents believe exposure to secondhand smoke is a serious health hazard. Another 20% said secondhand smoke exposure exposes a moderate health hazard.

The results of the poll would be good to use during the public hearing and proved the community supported the coalition's efforts. However, Ms. Cleanaire did not feel the coalition members would be prepared for the arguments presented at the public hearing. She was concerned that the coalition did not have the public health support it needed and that the coalition members lacked passion for a comprehensive smoke free air policy. At the close of the meeting, the coalition tentatively agreed to oppose any ordinance with smoking rooms or ventilation language in it.

The First Reading

In April 2006, the Marlboro County Commissioners convened their monthly meeting. The county clerk read the Marlboro County Health Department Ordinance into the minutes. The commissioners did not provide any comments and immediately opened the floor for public testimony. As Ms. Cleanaire had thought, the coalition had not been

prepared for the opposition's arguments. Even though a public notice had been issued about the night's meeting, The Marlboro Tavern Association (MTA) had been warned by Mr. Rightston that a clean indoor air ordinance would be discussed. Mr. Rightston had provided the MTA with counter argument materials from Phillip Morris and RJ Reynolds, tobacco companies with strong incentives to oppose smoke free air ordinances. The MTA was prepared to argue each point in detail. The first speaker was Mrs. Ima Smoker, the owner of Smokehouse Bar and Grill. Mrs. Smoker argued, "I don't see where the government gets off, telling me what I do with my business. If people don't want to smoke, they ought to stay out of here. I will lose money if you pass an ordinance that eliminates smoking in my business." Mr. Benjamin Freeman followed arguing that the government needed to stop taking people's rights away. "This is America isn't it, not Nazi Germany? I am not advocating cigarettes or smoking in any way. What I am advocating is freedom of choice. Why not let the market decide? If the general public is crying out for smoke-free facilities, then those who promote such an environment should do well, while those that smell like an ash tray won't. If smoking is such a menace to mankind, and the government is just out to protect us, then why is the product not outlawed? Do we need government to act as an all-powerful parental institution, protecting us from ourselves?" Mr. Joe Patton, a veteran of the Vietnam War, was dressed in his military uniform and addressed the council. "I didn't go to Vietnam, to lose my rights back home. I avoid cigarette smoke as much as possible. I can't tell you the last time my clothes reeked of cigarette smoke, and my throat, eyes, and sinuses burned from the stench of secondhand smoke. That's because I avoid places where I know large numbers of people will be smoking. See. I utilize my own freedom of choice." His speech was followed by a loud applause from the crowd.

After ten speakers opposed to the ordinance spoke, finally the Marlboro Smoke Free Air Coalition got to the podium to address the council. A respiratory therapist from the Clean Air Respiratory Health Center spoke, "I work with miners with black lung disease. Secondhand smoke increases the health complications associated with black lung disease. As human beings and Americans, we understand that with freedom comes responsibility. And with responsibility, comes change. If we are going to have a positive change, we have to enact ordinances that will make sure the change happens." Ms. Cleanaire thought this was a good start to counter the arguments presented by MTA, but she quickly realized that the majority of her coalition was not standing up to speak. RJR Hospital had not even shown at the hearing, and they were the reason secondhand smoke had even become a concern in the community. Ms. Lively from ITF spoke, as did the representatives from the American Cancer Society and the American Heart Association. They all addressed the health risks associated with secondhand smoke. They emphasized that this is really about the health of restaurant and bar workers. The public can choose where they want to eat, but employees cannot. However, the opposition pointed out that these representatives were not from Marlboro County, and therefore were outsiders that were not in tune with the community.

Ms. Cleanaire wrapped up the meeting by imploring the council to read over all of the studies she had given them. The materials included the public opinion poll, studies proving that businesses do not lose money when smoke free air ordinances pass, and scientific-based evidence that smoking rooms and ventilation do not reduce the health threat of secondhand smoke. She pleaded, "All workers should be protected from

secondhand smoke while on the job. Loopholes such as walled off smoking sections and rooms are nothing more than a smoke screen.” By the end of the meeting, forty-five speakers had testified and more than half were restaurant and bar owners against the ordinance.

Second Reading

The next reading of the clean indoor air ordinance was to be held on the first Thursday in May. Ms. Cleanaire had decided that something drastic had to be done. Even the council members she thought were on her side had changed their minds and decided to stick with the smoking room and ventilation ordinance. Ms. Cleanaire met with Dr. McLost at the health department, and he told her that there was no need to continue the fight, “This is all we can get here in Marlboro County. It is a good first step.” Ms. Cleanaire knew from the presentation Ms. Lively had given at the last coalition meeting that compromised ordinances were not good first steps because they didn’t protect people from secondhand smoke. They gave the public a false sense of security. Ms. Cleanaire met with ITF. Together they agreed the best way to attack the problem was through an all out media campaign. ITF brought in a comedian familiar with Indiana smoke free air campaigns to do a show and interviews in Winston. Ms. Joy Laughsalot had been diagnosed with lung cancer five years ago. She lost a lung to the disease and had never smoked a day in her life. Doctors attributed the cause of the disease from secondhand smoke inhaled while working in comedy clubs. The event was held at the local library, and a large amount of local media attended. Joy was quoted as saying, “It is interesting that there would be exemptions for bars, taverns and restaurants. Obviously, there is something about the cosmic air, in a bar, restaurant and tavern, that makes people feel like I’ve got to smoke here. I would encourage that this ordinance be rejected and that a better one be passed for all of Marlboro County. If we are going to do this, we should do it once and do it right.” Ms. Cleanaire was optimistic after seeing all of the coverage Ms. Laughsalot had received with her quick one day media blitz. She was sure the county commissioners had seen the press coverage and would change their minds about the ineffective ordinance currently on the table.

The May council meeting came to order with little discussion surrounding the clean indoor air ordinance. Ms. Cleanaire had tried to meet with the county commissioners prior to the meeting, but she had not received a call back. She had little information about the format of this hearing and was unsure if the council members would allow the public to speak. Mr. Rightston brought the meeting to order and began talking about RJR Hospital’s plan to build an extension on county owned property. Ms. Cleanaire was struck with the thought that this could be why the hospital had not come out publicly in support of the ordinance. Could this be the reason? After two hours of county government happenings, Mr. Rightston began discussion of the clean indoor air ordinance. Ms. Change and Mr. Flopman mentioned that they didn’t think restaurants and bar owners could afford the pricey ventilation systems and suggested they be removed from the ordinance. Mr. Flopman also stated that he thought bars should be exempted all together. “There is no need for smoking sections in a bar. Children can’t go in there anyway.” Mr. Rightston agreed, but thought that if restaurants were going to

spend the money to build walls then there should be a five year moratorium on amendments or addendums to the ordinance. Without any discussion from the public, the commissioners voted 3-0 to push the ordinance on to the third and final vote.

Third Reading

At this point, Ms. Cleanaire thought there was little she could do to stop this ordinance from passing. ITF pushed to have the ordinance voted down all together. Maybe in the future they could go back and try again. But Ms. Cleanaire was sure there was no way of stopping the ordinance from passing. At this point, she felt they wanted to pass something in order to not have to address the problem again. However a week before the final vote, the Surgeon General released a report on the “Health Consequences of Involuntary Exposure to Tobacco Smoke.” This was just the push Ms. Cleanaire needed to turn this campaign around. She was sure Dr. McLost and Dr. Galahad would have to ask the councilors to reconsider the ordinance now. The report had five major findings:

- There is no safe amount of secondhand smoke. Breathing even a little secondhand smoke can be dangerous.
- Breathing secondhand smoke is a known cause of sudden infant death syndrome (SIDS). Children are also more likely to have lung problems, ear infections, and severe asthma from being around smoke.
- Secondhand smoke causes heart disease and lung cancer.
- Separate “no smoking” sections DO NOT protect you from secondhand smoke. Neither does filtering the air or opening a window.
- Many states and communities have passed laws making workplaces, public places, restaurants, and bars smoke free. But millions of children and adults breathe secondhand smoke in their homes, cars, workplaces, and in public places.

Ms. Cleanaire requested a meeting immediately with all three commissioners. ITF suggested a press release from the Marlboro Smoke Free Air Coalition. The commissioners again did not respond to the request so Ms. Cleanaire mailed each of them a copy of the entire report, a 685 page book. She did not feel she had enough time to put together a press release. The third reading was scheduled for June 30, 2006.

Mr. Rightston called the meeting to order and immediately began discussion regarding the clean indoor air ordinance. None of the commissioners mentioned the Surgeon General’s Report. Ms. Cleanaire couldn’t believe her ears. Mr. Rightston continued his comments about the rights of business owners and that he thought this ordinance was a good compromise. Ms. Change and Mr. Flopman agreed. The final vote was 3-0. The ordinance had passed.

The ordinance read:

No person shall smoke in any public place except:

- a) Established restaurants must have a designated smoking area in a separate room enclosed on all sides by continuous floor to ceiling walls, interrupted only by closeable doors by July 1, 2007.
- b) Restaurants established after the clean indoor air ordinance is signed into record must have a separate designated smoking room enclosed on all sides by continuous floor to ceiling walls, interrupted only by closeable doors, and separately ventilated to the outside with negative air pressure.
- c) Bars as defined by section 2 are exempt from amendments or addendums to ordinance for five years after July 1, 2007.
- d) The bar area of a bar/restaurant:
 - 1) The bar area must be separately enclosed on all sides by continuous floor to ceiling walls interrupted only by closeable doors by July 1, 2007; and
 - 2) The bar area of restaurant/bar established after the clean indoor air ordinance is signed into record must be enclosed on all sides by continuous floor to ceiling walls, interrupted only by closeable doors, and separately ventilated to the outside with negative air pressure in relation to dining areas; and
 - 3) Minors are not permitted in the bar area at any time.
- e) A civic organization, service club, fraternal or patriotic organization or similar private membership organization, when admission to the organization is limited to members and members' guests, provided that this exception shall not apply to any organization established to avoid compliance with this ordinance.

Closing

This is a fictional account of a smoke free air ordinance campaign. The lack of grassroots support, coalition building, and public health leadership resulted in a compromised smoke free air ordinance that did not protect the health of the community. There is no scientific doubt that secondhand smoke is a threat to the health and well-being of a community. The nature of political compromises makes the passing of smoke free air laws even more difficult. Local coalitions must prepare for tough opposition in order to persuade policy makers that the community as a whole supports secondhand smoke policies. Coalitions cannot rely on the hope that policy makers will read materials or that public health leaders in the community will always support public health issues. One champion alone cannot carry the weight of an entire coalition. For effective smoke free air policy development, coalitions must begin coalition building early and educate policy makers and community leaders months or years before campaigns begin. Organizing national, state, and local public health professionals is essential in countering the concerns of business owners and the marketing tactics of the tobacco industry.

Teacher's Guide

1. Were public health professionals in the case study effective leaders?
2. What more could have been done by the local coalition or state public health leaders to prepare for the campaign?
3. Was the media used effectively by the local coalition?
4. Were the fiscal concerns raised by the businesses properly addressed by the coalition?
5. What alternative strategies could the coalition have used to pass a more comprehensive ordinance?
6. In what ways were systems thinking ignored in this case study?
7. What are some of the barriers Ms. Cleanaire encountered in building an effective coalition?
8. How could the Marlboro Smoke Free Air Coalition have slowed down the political process and regained control of the campaign?

