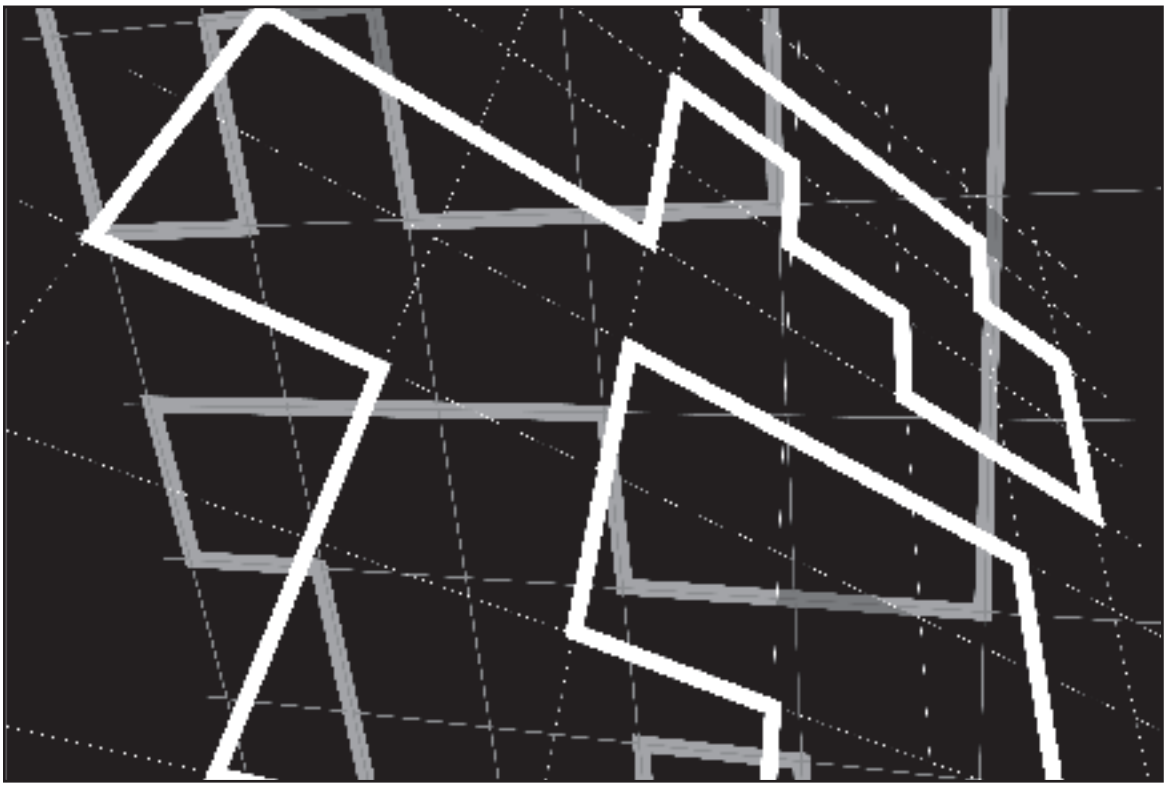
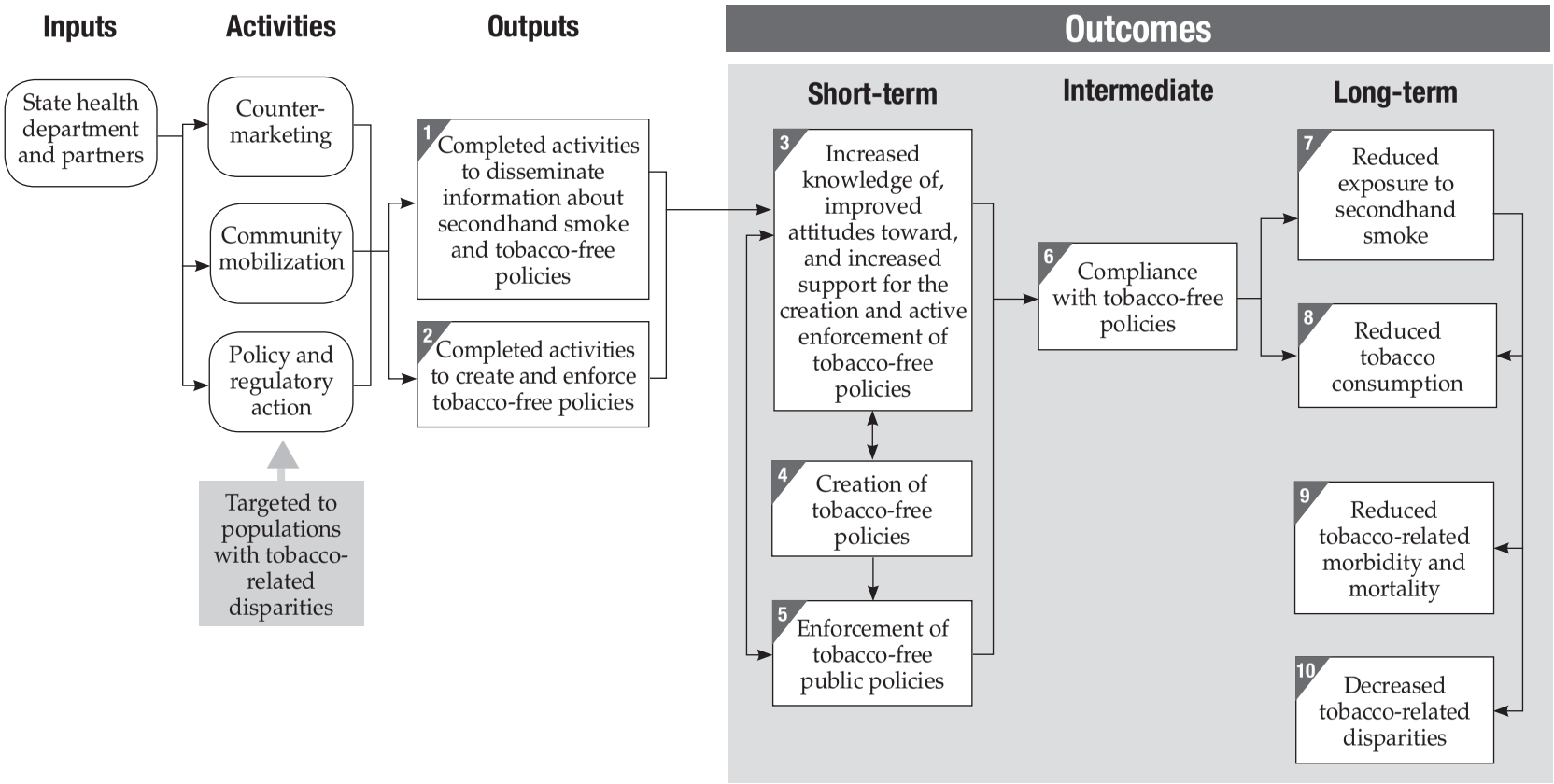
CHAPTER 3

Goal Area 2: Eliminating Nonsmokers' Exposure to Secondhand Smoke



Eliminating Nonsmokers' Exposure to Secondhand Smoke



Eliminating Nonsmokers' Exposure to Secondhand Smoke

Short-term Outcomes

Outcome 3: Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies

- **2.3.1** Level of confirmed awareness of media messages on the dangers of secondhand smoke
- **2.3.2** Level of receptivity to media messages about secondhand smoke
- **2.3.3** Attitudes of smokers and nonsmokers about the acceptability of exposing others to secondhand smoke
- **2.3.4** Proportion of the population willing to ask someone not to smoke in their presence
- **2.3.5** Proportion of the population that thinks secondhand smoke is harmful
- **2.3.6** Proportion of the population that thinks secondhand smoke is harmful to children and pregnant women
- **2.3.7** Level of support for creating tobacco-free policies in public places and workplaces
- **2.3.8** Level of support for adopting tobacco-free policies in homes and vehicles
- **2.3.9** Level of support for active enforcement of tobacco-free public policies
- **2.3.10**[NR] Level of support for creating tobacco-free policies in schools

Outcome 4: Creation of tobacco-free policies

- **2.4.1** Proportion of jurisdictions with public policies for tobacco-free workplaces and other indoor and outdoor public places
- **2.4.2** Proportion of workplaces with voluntary tobacco-free policies
- **2.4.3** Proportion of the population that works in environments with tobacco-free policies
- **2.4.4** Proportion of the population reporting voluntary tobacco-free home or vehicle policies
- **2.4.5** Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies
- **2.4.6** Changes in state tobacco control laws that preempt stronger local tobacco control laws

- **Outcome 5: Enforcement of tobacco-free public policies**
  - **2.5.1** Number of compliance checks conducted by enforcement agencies
  - **2.5.2** Number of enforcement agency responses to complaints regarding noncompliance with tobacco-free public policies
  - **2.5.3** Number of warnings, citations, and fines issued for infractions of tobacco-free public policies

Intermediate Outcomes

- **Outcome 6: Compliance with tobacco-free policies**
  - **2.6.1** Perceived compliance with tobacco-free policies in workplaces
  - **2.6.2** Perceived compliance with tobacco-free policies in indoor and outdoor public places
  - **2.6.3** Proportion of public places observed to be in compliance with tobacco-free policies
  - **2.6.4** Perceived compliance with voluntary tobacco-free home or vehicle policies
  - **2.6.5** Perceived compliance with tobacco-free policies in schools

Long-term Outcomes

- **Outcome 7: Reduced exposure to secondhand smoke**
  - **2.7.1** Proportion of the population reporting exposure to secondhand smoke in the workplace
  - **2.7.2** Proportion of the population reporting exposure to secondhand smoke in public places
  - **2.7.3** Proportion of the population reporting exposure to secondhand smoke at home or in vehicles
  - **2.7.4** Proportion of students reporting exposure to secondhand smoke in schools
  - **2.7.5** Proportion of nonsmokers reporting overall exposure to secondhand smoke

- **Outcome 8: Reduced tobacco consumption**
  - **2.8.1** Per capita consumption of tobacco products
  - **2.8.2** Average number of cigarettes smoked per day by smokers
  - **2.8.3** Smoking prevalence

Outcome 3

Increased Knowledge of, Improved Attitudes Toward, and Increased Support for the Creation and Active Enforcement of Tobacco-free Policies

The theory of change associated with eliminating nonsmokers' exposure to secondhand smoke starts with increasing people's knowledge of the dangers of exposure to secondhand smoke, changing their attitudes toward the acceptability of exposing nonsmokers to secondhand smoke, and increasing their support for passing and enforcing tobacco-free policies. Ideally, such changes should lead to increases in the number of environments with tobacco-free policies and increased compliance with those policies as people become more conscious of the importance of smoke-free air. In reality, passing tobacco-free policies is subject to many inhibiting and facilitating influences and factors. Moreover, adopting a policy does not ensure that the policy will be actively enforced or become self-enforcing.

Experience suggests that interventions intended to increase knowledge of and support for passing or enforcing tobacco-free policies can be effective.[1,2] In addition, experience and logic dictate that sufficient support for tobacco-free policies by either the public or decision makers will lead to the adoption of tobacco-free policies (including voluntary tobacco-free policies).[3]

Experience also shows that policy makers review data on public support for tobacco-free policies carefully before they decide whether to support such policies.[4–7] One study, for example, showed that support for a New York City law requiring that restaurants be tobacco free was associated with compliance with the law.[3] In addition, a study from California showed that exposure to a state media campaign promoting tobacco-free policies and laws was significantly associated with increases over time in reported smoking bans in homes.[8] Other studies show that increased knowledge of the adverse health effects of secondhand smoke is associated with increased efforts by individuals to minimize their exposure to secondhand smoke and with reductions in actual exposure to secondhand smoke.[9,10]

Listed below are the indicators associated with this outcome:

- **2.3.1** Level of confirmed awareness of media messages on the dangers of secondhand smoke
- **2.3.2** Level of receptivity to media messages about secondhand smoke
- **2.3.3** Attitudes of smokers and nonsmokers about the acceptability of exposing others to secondhand smoke
- **2.3.4** Proportion of the population willing to ask someone not to smoke in their presence
- **2.3.5** Proportion of the population that thinks secondhand smoke is harmful

- **2.3.6** Proportion of the population that thinks secondhand smoke is harmful to children and pregnant women
- **2.3.7** Level of support for creating tobacco-free policies in public places and workplaces
- **2.3.8** Level of support for adopting tobacco-free policies in homes and vehicles
- **2.3.9** Level of support for active enforcement of tobacco-free public policies
- **2.3.10**[NR] Level of support for creating tobacco-free policies in schools

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For Further Reading

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Outcome 3

Increased Knowledge of, Improved Attitudes Toward, and Increased Support for the Creation and Active Enforcement of Tobacco-free Policies

Indicator Rating
◀○ ◒ ◓ ● ▶ better

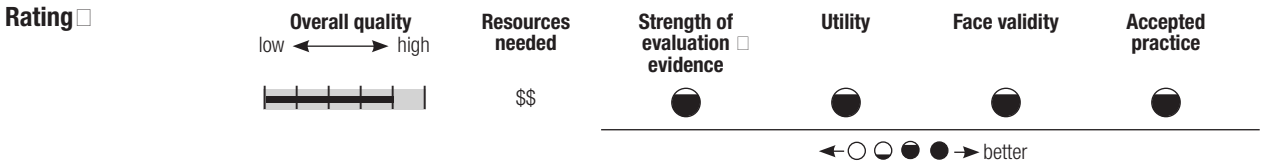
Number	Indicator	Overall quality (low ◀——▶ high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
2.3.1	Level of confirmed awareness of media messages on the dangers of secondhand smoke		$$	◓	◓	◓	◓
2.3.2	Level of receptivity to media messages about secondhand smoke	 †	$$ †	◒	◓	◒	◓ *
2.3.3	Attitudes of smokers and nonsmokers about the acceptability of exposing others to secondhand smoke	 †	$$$ †	◓	◓	◓	● *
2.3.4	Proportion of the population willing to ask someone not to smoke in their presence		$$ †	◓	◓	◓ †	◓ *
2.3.5	Proportion of the population that thinks secondhand smoke is harmful	 †	$$ †	◓	●	◓	●
2.3.6	Proportion of the population that thinks secondhand smoke is harmful to children and pregnant women		$$ †	◓	◓	◓	●
2.3.7	Level of support for creating tobacco-free policies in public places and workplaces		$$ †	◓	●	●	●
2.3.8	Level of support for adopting tobacco-free policies in homes and vehicles	†	$$$	⊘	◓	◓	◓
2.3.9	Level of support for active enforcement of tobacco-free public policies		$$$ †	⊘	◓	◓	◓
2.3.10 NR	Level of support for creating tobacco-free policies in schools		⊘	⊘	⊘	⊘	⊘

* Denotes low reviewer response: that is, greater than 75% of the experts either did not rate the indicator, or gave the criterion an invalid rating (see Appendix B for an explanation).
† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⊘ Denotes no data.
NR Denotes an indicator that is not rated (see Appendix B for an explanation).

Indicator 2.3.1

Level of Confirmed Awareness of Media Messages on the Dangers of Secondhand Smoke

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	Proportion of the target population that can accurately recall a media message about the dangers of exposure to secondhand smoke
Why this indicator is useful	Evaluators should measure exposure to media messages to confirm awareness of these messages by asking respondents to provide specific information about the message.[1] As people increase their knowledge about the health effects of secondhand smoke, the number of their actions to reduce exposure to secondhand smoke should also increase.[2]
Example data source(s)	Legacy Media Tracking Survey (LMTS), 2003 Information available at: http://tobacco.rti.org/data/lmts.cfm
Population group(s)	Young people aged less than 18 years
Example survey question(s)	**From LMTS** Have you recently seen an anti-smoking or anti-tobacco ad on TV that shows _____? ☐ Yes ☐ Maybe, not sure ☐ No ☐ Refused to answer What happens in this advertisement? (DO NOT READ RESPONSE CATEGORIES) _____ What do you think the main message of this ad was? (DO NOT READ RESPONSE CATEGORIES) _____
Comments	The example survey questions could be asked of adults. Evaluators may want to categorize awareness of the medium (e.g., billboard, television, print) through which respondents learned of the anti-tobacco media message. Programs may want to evaluate confirmed awareness of an advertisement by respondents' smoking status (current, former, or never) and addiction level (e.g., light, moderate, or heavy) because awareness levels may differ significantly among groups with different levels of addiction. Evaluators should work closely with countermarketing campaign managers to (1) develop a separate series of questions for each main media message and (2) coordinate data collection with the timing of the media campaign.



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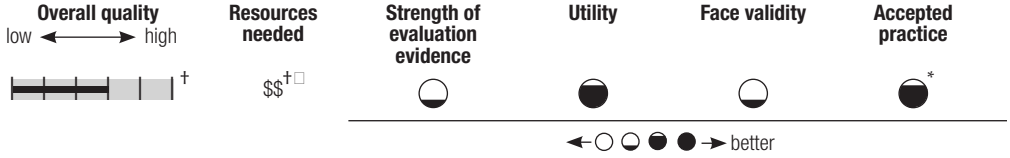
Indicator 2.3.2

Level of Receptivity to Media Messages About Secondhand Smoke

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	The level of receptivity to media messages by the intended audience. Receptivity is generally defined as the extent to which people are willing to listen to a persuasive message. In tobacco control evaluation, however, the definition is narrower; receptivity is the extent to which people believe that the message was convincing, made them think about their behavior, and stimulated discussion with others.[1]
Why this indicator is useful	Message awareness is necessary but not sufficient to change the knowledge of and attitudes toward tobacco-free policies, as well as for increasing support for creating and enforcing such policies. Media campaigns are effective only if their messages reach and resonate with the intended audience. A well-received message helps to ensure campaign effectiveness.[2–5]
Example data source(s)	Legacy Media Tracking Survey (LMTS), 2003 Information available at: http://tobacco.rti.org/data/lmts.cfm
Population group(s)	Young people aged less than 18 years
Example survey question(s)	**From LMTS** Tell me how much you agree or disagree with the following statement: This ad is convincing. Would you say you: ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Have no opinion ☐ Don't know Would you say the ad gave you good reasons not to smoke? ☐ Yes ☐ No ☐ Don't know Did you talk to your friends about this ad? ☐ Yes ☐ No ☐ Don't know
Comments	The example questions could be asked of adults. Evaluators may want to assess receptivity by the medium through which respondents learned of the media message (e.g., television, print, or radio). Evaluators should work closely with countermarketing campaign managers to (1) develop a separate series of questions for each main media message and (2) coordinate data collection with the timing of the media campaign.

Rating



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References
1. Sly DF, Heald GR, Ray S. The Florida "truth" anti-tobacco media evaluation: design, first year results, and implications for planning future state media evaluations. *Tobacco Control.* 2001;10(1):9–15.
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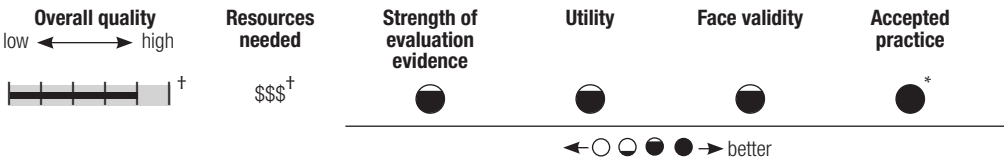
Indicator 2.3.3

Attitudes of Smokers and Nonsmokers About the Acceptability of Exposing Others to Secondhand Smoke

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	The attitudes of smokers and nonsmokers concerning exposing others to secondhand smoke
Why this indicator is useful	Attitudes about the acceptability of exposing others to secondhand smoke are leading indicators of social norms with regard to smoking. Even in places without formal secondhand smoke regulations, changes in attitudes can increase (1) self-regulating behavior by smokers (i.e., they refrain from smoking in places where nonsmokers would be exposed to secondhand smoke) and (2) personal advocacy behavior by nonsmokers (i.e., they ask smokers not to smoke around them).[1,2]
Example data source(s)	National Social Climate Survey of Tobacco Control, 2001 Information available at: http://www.ssrc.msstate.edu/socialclimate
Population group(s)	Adults aged 18 years or older
Example survey question(s)	Smoking should not be allowed in any public place. Do you: ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree **From National Social Climate Survey of Tobacco Control** It is acceptable for parents to smoke in front of children. Do you: ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree
Comments	The authors created the first example question. It is not in any commonly used data source. The example survey questions could be asked of young people.

Rating



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References

1. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.
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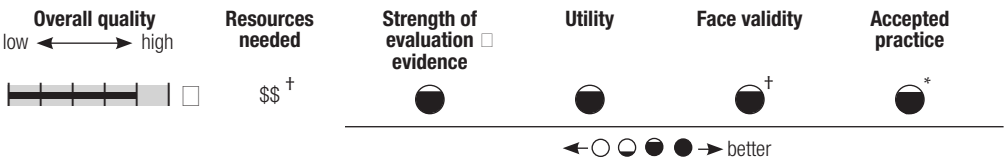
Indicator 2.3.4

Proportion of the Population Willing to Ask Someone Not to Smoke in Their Presence

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	Proportion of the population who report that they have asked or would ask someone not to smoke in their presence (including in homes, vehicles, and public places)
Why this indicator is useful	Compliance with tobacco-free policies and changes in smokers' behavior in places without policies require that nonsmokers be willing to ask smokers to refrain from smoking in their presence.[1,2] Experience in California suggests that nonsmokers' willingness to ask someone not to smoke increases over time and that smokers' responses are usually positive.[3]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section D: Environmental Tobacco Smoke, 2003 ▶ California Adult Tobacco Survey (CATS), 1999 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS** If someone were smoking near you in the nonsmoking area of a restaurant, would you ask them to stop? ☐ Yes ☐ No ☐ Maybe ☐ Don't know/Not sure ☐ Refused In the past 12 months, have you ever asked a stranger not to smoke around you so you wouldn't have to avoid their tobacco smoke? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused **From CATS** In the past 12 months, have you ever asked someone not to smoke? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused *If the answer is "yes," ask the following:* On that same occasion, what was the primary reason you asked that person not to smoke? ☐ Smoke was annoying to you ☐ Concerned about long-term health effects of secondhand smoke ☐ Smoking was illegal ☐ Concerned about the smoker's health ☐ Concerned about your own health (respondent's health) ☐ Other (specify)_____ ☐ Don't know/Not sure ☐ Refused to answer
Comments	The example survey questions could be asked of young people.

Rating



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References

1. Cains T, Cannata S, Poulos R, Ferson MJ, Stewart BW. Designated "no smoking" areas provide from partial to no protection from environmental tobacco smoke. *Tobacco Control.* 2004;13(1):17–22.
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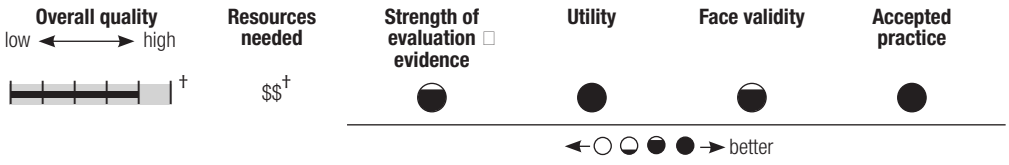
Indicator 2.3.5

Proportion of the Population That Thinks Secondhand Smoke Is Harmful

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	Proportion of the population that believes exposure to secondhand smoke is harmful to one's health
Why this indicator is useful	Several studies found that increased knowledge of the adverse health effects of secondhand smoke was associated with (1) an increased number of actions to reduce exposure to secondhand smoke, (2) reduced exposure to secondhand smoke, and (3) increased intention to quit and higher quit rates among smokers.[1–3] Changes in attitudes and behaviors concerning secondhand smoke are often preceded by an understanding of its ill effects.
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	▶ Adults aged 18 years or older ▶ Young people aged less than 18 years
Example survey question(s)	**From ATS** Do you think that breathing smoke from other people's cigarettes is: ☐ Very harmful to one's health ☐ Not very harmful to one's health ☐ Somewhat harmful to one's health ☐ Not harmful at all to one's health Would you say that breathing smoke from other people's cigarettes causes: ☐ Lung cancer in adults ☐ Respiratory problems in children ☐ Heart disease in adults ☐ Sudden infant death syndrome ☐ Colon cancer in adults **From YTS** Do you think the smoke from other people's cigarettes is harmful to you? ☐ Definitely yes ☐ Probably yes ☐ Probably not ☐ Definitely not
Comments	The example questions could be asked of decision makers or opinion leaders.

Rating



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References

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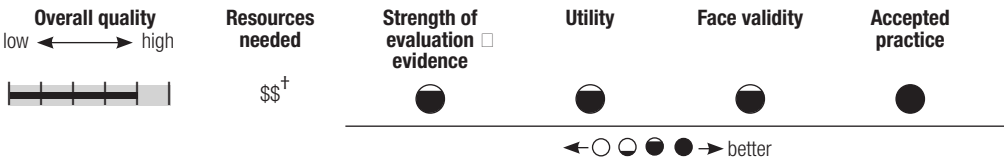
2. Li C, Unger JB, Schuster D, Rohrbach LA, Howard-Pitney B, Norman G. Youths' exposure to environmental tobacco smoke (ETS): associations with health beliefs and social pressure. *Addictive Behaviors.* 2003;28(1):39–53.
3. Glantz SA, Jamieson P. Attitudes toward secondhand smoke, smoking, and quitting among young people. *Pediatrics.* 2000;106(6):E82.

Indicator 2.3.6

Proportion of the Population That Thinks Secondhand Smoke Is Harmful to Children and Pregnant Women

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	Proportion of the population that believes exposure to secondhand smoke is harmful to children and pregnant women
Why this indicator is useful	Exposure to secondhand smoke is especially harmful to children and pregnant women.[1] Increased public awareness of this danger reduces exposure of children and pregnant women to secondhand smoke.[2]
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS** Would you say that breathing smoke from other people's cigarettes causes: ☐ Lung cancer in adults ☐ Heart disease in adults ☐ Colon cancer in adults ☐ Respiratory problems in children ☐ Sudden infant death syndrome Do you agree or disagree with the following statement: Smoke from other people's cigarettes is harmful to children? ☐ Strongly agree ☐ Somewhat agree ☐ Neither agree nor disagree ☐ Somewhat disagree ☐ Strongly disagree ☐ Don't know/Not sure ☐ Refused to answer
Comments	The example survey questions could be asked of pregnant women and young people.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
2. McMillen RC, Winickoff JP, Klein JD, Weitzman M. U.S. adult attitudes and practices regarding smoking restrictions and child exposure to environmental tobacco smoke: changes in the social climate from 2000–2001. *Pediatrics.* 2003;11(1 Pt 1): E55–60.

Indicator 2.3.7

Level of Support for Creating Tobacco-free Policies in Public Places and Workplaces

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	Proportion of adults who support the creation of policies that restrict smoking in public places and workplaces
Why this indicator is useful	Tobacco-free policies are unlikely to be adopted without support among business owners, policy makers, and the general public.[1–4]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section D: Environmental Tobacco Smoke, 2003 ▶ Behavioral Risk Factor Surveillance System (BRFSS): Tobacco Use Prevention Module, 2000
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS: Core** In indoor work areas, do you think that smoking should be allowed in all areas, some areas, or not at all? ☐ Allowed in all areas ☐ Allowed in some areas ☐ Not allowed at all ☐ Don't know/Not sure ☐ Refused **From ATS: Supplemental Section D** In _____, *(Fill blank with each of the following: public buildings, bars and cocktail lounges, day care centers, indoor sporting events)* do you think smoking should be allowed in all areas, some areas, or not allowed at all? ☐ Allowed in all areas ☐ Allowed in some areas ☐ Not allowed at all ☐ Don't know/Not sure ☐ Refused Would you prefer a stronger workplace smoking policy, a weaker workplace smoking policy, or no change? ☐ Prefer stronger policy ☐ Prefer weaker policy ☐ Prefer no change ☐ Don't know/Not sure ☐ Refused **From BRFSS** In the following locations do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

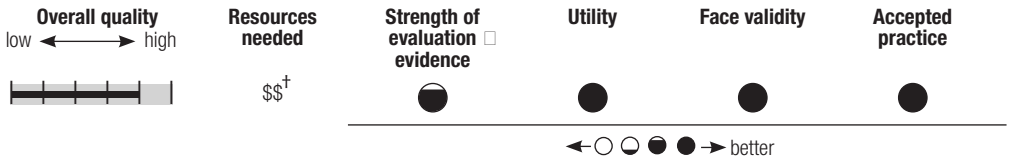
	Allowed in all areas	Some areas	Not allowed at all	Don't know Not sure	Refused to answer
• Restaurants	☐	☐	☐	☐	☐
• Schools	☐	☐	☐	☐	☐
• Day Care Centers	☐	☐	☐	☐	☐
• Indoor Work Areas	☐	☐	☐	☐	☐

Comments

Evaluators may want to analyze the level of support for creating tobacco-free policies according to (1) the smoking status of the responder and (2) the place where the smoking restrictions would or do apply.

These example questions could be asked of decision makers, employers, opinion leaders, or young people.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.
2. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
3. Thomson GW, Wilson N. Public attitudes about tobacco smoke in workplaces: the importance of workers' rights in survey questions [letter]. *Tobacco Control.* 2004;13(2):206–7.
4. Howard KA, Rogers T, Howard-Pitney B, Flora JA, Norman GJ, Ribisl KM. Opinion leaders' support for tobacco control policies and participation in tobacco control activities. *American Journal of Public Health.* 2000;90(8):1283–7.

Indicator 2.3.8

Level of Support for Adopting Tobacco-free Policies in Homes and Vehicles

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	Proportion of adults who support tobacco-free policies that restrict the use of tobacco products in homes and vehicles
Why this indicator is useful	Tobacco-free policies in private homes and vehicles are voluntary. To increase the number of homes and vehicles with these policies, it is necessary to increase the number of adults who support such policies.
Example data source(s)	University of California at San Diego, California Tobacco Survey (CTS): Adult Attitudes and Practices, 1996 Information available at: • http://ssdc.ucsd.edu/tobacco • http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From CTS** I am going to read you some reasons why people have smoke-free homes. For each, please indicate whether it is very important, somewhat important, or not important to you for your household. The reasons are: ☐ To protect a household member who is sensitive to smoke ☐ To protect family from harmful health effects of environmental tobacco smoke ☐ To discourage young people from starting to smoke ☐ To encourage smokers to quit ☐ To avoid unpleasant odor of smoking ☐ Because it annoys others
Comments	Evaluators may want to modify the example question to address tobacco-free policies inside vehicles. Evaluators may want to analyze the level of support for creating tobacco-free policies in homes and vehicles based on the smoking status of the respondent. The example question could be asked of young people.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
—— †	$$$	⊘	●	●	●

◄—○ ◒ ◓ ● —► better

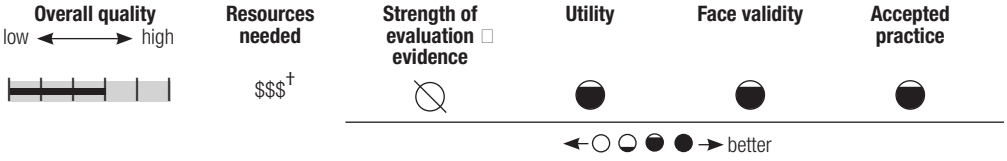
† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⊘ Denotes no data.

Indicator 2.3.9

Level of Support for Active Enforcement of Tobacco-free Public Policies

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	Proportion of adults who support active enforcement of tobacco-free policies. An example of active enforcement is issuing citations for establishments found not to be in compliance with tobacco-free laws.
Why this indicator is useful	Tobacco-free laws have a limited effect if they are not actively enforced. Policies are more likely to be actively enforced when business owners, decision makers, and the general public support them.[1–4]
Example data source(s)	California Independent Evaluation: Adult Survey, 1997 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From California Independent Evaluation** Smoking bans in restaurants, cafeterias, and indoor work places should be strictly enforced. Do you: ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree
Comments	This example question could be asked of decision makers or opinion leaders. More information about how to collect data on this indicator is in reference 5 below.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⦸ Denotes no data.

References

1. Howard KA, Rogers T, Howard-Pitney B, Flora JA, Norman GJ, Ribisl KM. Opinion leaders' support for tobacco control policies and participation in tobacco control activities. *American Journal of Public Health.* 2000;90(8):1283–7.
2. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.
3. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
4. Thomson GW, Wilson N. Public attitudes about tobacco smoke in workplaces: the importance of workers' rights in survey questions [letter]. *Tobacco Control.* 2004;13(2):206–7.
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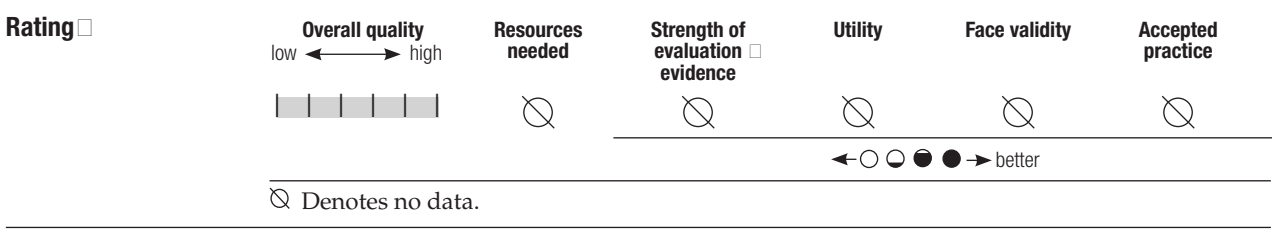
Indicator 2.3.10[NR]

Level of Support for Creating Tobacco-free Policies in Schools

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 3	Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies
What to measure	Proportion of adults who support creating tobacco-free policies in schools
Why this indicator is useful	Young people's attitudes concerning the acceptability of smoking in general, and smoking around nonsmokers in particular, are influenced by what they see their peers and educators doing at school. Strong anti-tobacco school policies require the support of parents, teachers, principals, policy makers, and the general public.[1] High levels of compliance with tobacco-free school policies reduce students' exposure to secondhand smoke and reinforce anti-tobacco social norms.[2]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Supplemental Section F: Policy Issues, 2003 ▶ University of California at San Diego, California Tobacco Survey (CTS): Adult Attitudes and Practices Instrument, 1996 Information available at: http://ssdc.ucsd.edu/tobacco ▶ Behavioral Risk Factor Surveillance System (BRFSS): Tobacco Use Prevention Module, 2000
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS** How strongly do you agree or disagree with the following statement: Tobacco use by adults should not be allowed on school grounds or at any school events. ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ Don't know/Not sure ☐ Refused **From CTS** Do you think schools should prohibit students from wearing clothing or bringing gear with tobacco brand logos to school? ☐ Yes ☐ No **From BRFSS** Do you think that smoking should be allowed in all areas of schools, restaurants, day care, and indoor work areas, some areas, or not allowed at all? ☐ All areas ☐ Some areas ☐ Not allowed ☐ Refused to answer
Comments	The example questions could also be asked of decision makers. Evaluators may want to analyze the level of support for creating tobacco-free policies in schools based on the smoking status of the respondent. This indicator was not rated by the panel of experts, and therefore no rating information is provided. See Appendix B for an explanation.



NR Denotes an indicator that is not rated (see Appendix B for an explanation).

References

1. Task Force on Community Preventive Services Meeting, February 25, 2004. Meeting minutes available at: http://www.thecommunityguide.org.
2. Gilpin EA, White MM, White VM, Distefan JM, Trinidad DR, Lee L, Major J, Kealey S, Pierce JP. *Tobacco control successes in California: a focus on young people, results from the California Tobacco Surveys 1990–2002.* La Jolla, CA: University of California, San Diego; 2003. pp. 348–9. Available from: http://repositories.cdlib.org/tc/surveys/CTC1990–2002/. Accessed December 2004.

Outcome 4

Creation of Tobacco-free Policies

Creating tobacco-free policies in workplaces, other public places, and homes and vehicles not only protects nonsmokers from involuntary exposure to the toxins in tobacco smoke, but also may have the added benefit of reducing tobacco consumption by smokers and increasing the number of smokers who quit.[1–3] Smoking bans and restrictions are effective in reducing secondhand smoke exposure.[1,2]

Smoking bans may be implemented by governments (through legislation or regulation), oversight groups (e.g., the Joint Commission on Accreditation of Healthcare Organizations), individual employers or businesses, or private citizens (e.g., smoking bans in homes and vehicles). By approaching these groups or individuals and encouraging them to develop their own tobacco-free policies, tobacco control programs can protect the public from secondhand smoke. Where state law preempts stronger local laws, tobacco control programs retain the option of mobilizing the private sector to introduce voluntary smoking bans in workplaces and public places. In considering which channel to pursue, programs should take into account (1) the legal authority vested in various entities (e.g., counties, cities, local boards of health), (2) the level of support among relevant decision makers and their constituents, and (3) the feasibility of persuading these entities to implement tobacco-free policies. It is also worth remembering that despite the recent passage of a number of comprehensive state clean-indoor-air laws, comprehensive and strong laws can also be enacted at the local level, where such laws are easier to adopt and enforce.[4]

Experience shows that the education that occurs when a community debates whether it wants a local tobacco-free law—a debate that typically generates extensive media coverage—can greatly facilitate enforcement of the law, sometimes making it largely self-enforcing. Continued education of business proprietors, employers, and the public during the implementation process is also important in this regard. Preemptive laws prevent communities from engaging in the process of public education, mobilization, and debate that occurs when a local ordinance is under consideration, a process that can increase awareness and change social norms.[5] Such laws also pose a barrier to local enforcement because communities and local enforcement agencies may be less likely to enforce state laws that they were not directly involved in adopting than to enforce local ordinances.[5]

Regardless of which route is used to implement them, smoking bans are effective, cost-effective, feasible, and broadly supported by the public.[1,2,6] The dangers of secondhand smoke are well researched and well known, and the growth and spread of this knowledge has been accompanied by a radical reduction in the level of acceptability of smoking in public places and workplaces.[7,8]

Listed below are the indicators associated with this outcome:

- **2.4.1** Proportion of jurisdictions with public policies for tobacco-free workplaces and other indoor and outdoor public places
- **2.4.2** Proportion of workplaces with voluntary tobacco-free policies
- **2.4.3** Proportion of the population that works in environments with tobacco-free policies
- **2.4.4** Proportion of the population reporting voluntary tobacco-free home or vehicle policies
- **2.4.5** Proportion of schools or school districts reporting the implementation of 100% tobacco-free school policies
- **2.4.6** Changes in state tobacco control laws that preempt stronger local tobacco control laws

References

1. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.
2. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.
3. National Cancer Institute. Smoking and Tobacco Control Monograph No. 12. *Population-based smoking cessation: proceedings of a conference on What Works to Influence Cessation in the General Population.* Bethesda, MD: National Cancer Institute; 2000. NIH Publication No. 00-4892.
4. National Cancer Institute. Smoking and Tobacco Control Monograph No. 11. *State and local legislative action to reduce tobacco use.* Bethesda, MD: National Cancer Institute; 2000. NIH Publication No. 00-4804.
5. Centers for Disease Control and Prevention. Preemptive state tobacco-control laws—United States, 1982–1998. *Morbidity and Mortality Weekly Report.* 1999;47 (51 & 52):1112–4.
6. Gilpin EA, Lee L, and Pierce JP. Changes in population attitudes about where smoking should not be allowed: California versus the rest of the USA. *Tobacco Control.* 2004:13(1):38–44.
7. Brownson RC, Eriksen MP, Davis RM, Warner KE. Environmental tobacco smoke: health effects and policies to reduce exposure. *Annual Review of Public Health.* 1997;18:163–85.
8. Brownson RC, Hopkins DP, Wakefield MA. Effects of smoking restrictions in the workplace. *Annual Review of Public Health.* 2002;23:333–48.

For Further Reading

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Creation of Tobacco-free Policies

Indicator Rating
◄○ ◒ ◓ ● ► better

Number	Indicator	Overall quality (low ◄► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
2.4.1	Proportion of jurisdictions with public policies for tobacco-free workplaces and other indoor and outdoor public places		$$$	◓	●	●	●
2.4.2	Proportion of workplaces with voluntary tobacco-free policies		$$	●	◒	◒	●
2.4.3	Proportion of the population that works in environments with tobacco-free policies		$$†	●	●	●	●
2.4.4	Proportion of the population reporting voluntary tobacco-free home or vehicle policies		$$†	◓	●	◒	●
2.4.5	Proportion of schools or school districts reporting the implementation of 100% tobacco-free school policies		$$	◓	●	◒	●
2.4.6	Changes in state tobacco control laws that preempt stronger local tobacco control laws		$	⊘	◒	◒	●

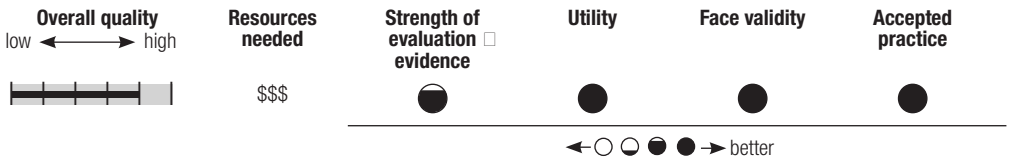
†□Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⊘ Denotes no data.

Indicator 2.4.1

Proportion of Jurisdictions with Public Policies for Tobacco-free Workplaces and Other Indoor and Outdoor Public Places

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 4	Creation of tobacco-free policies
What to measure	Proportion of local jurisdictions that have public policies requiring tobacco-free workplaces, including restaurants, bars, and other indoor and outdoor public places
Why this indicator is useful	Evidence shows that workplace smoking restrictions reduce nonsmokers' exposure to secondhand smoke.[1,2] Policies that restrict smoking in workplaces are also linked to reduced tobacco use by smokers and possibly lower smoking prevalence.[2,3]
Example data source(s)	▶ Policy tracking system ▶ Americans for Nonsmokers' Rights (ANR) Information available at: http://www.no-smoke.org
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring pertinent local tobacco laws, ordinances, and regulations.
Example survey question(s)	Not applicable
Comments	Evaluators may also choose to gather data on the size and demographics of the population affected by the relevant laws or ordinances.

Rating



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1. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.
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3. National Cancer Institute. Smoking and Tobacco Control Monograph No. 12. *Population-based smoking cessation: proceedings of a conference on What Works to Influence Cessation in the General Population.* Bethesda, MD: National Cancer Institute; 2000. NIH Publication No. 00-4892.

Indicator 2.4.2

Proportion of Workplaces with Voluntary Tobacco-free Policies

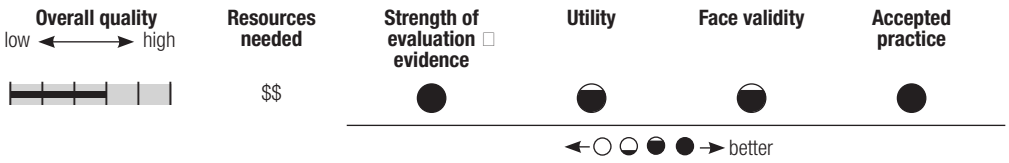
Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 4	Creation of tobacco-free policies
What to measure	Proportion of workplaces (including restaurants and bars) with voluntary tobacco-free policies
Why this indicator is useful	Individual employers may opt to institute tobacco-free policies on their premises. These policies reduce nonsmokers' exposure to secondhand smoke.[1,2]
Example data source(s)	▶ Worksite Survey ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Current Population Survey: Tobacco Use Supplement (CPS TUS), 2003 ▶ Arizona Workplace Survey Information available at: http://www.tepp.org/evaluation
Population group(s)	Employers
Example survey question(s)	**From ATS** Which of the following best describes your place of work's official smoking policy for work areas? ☐ Not allowed in any work areas ☐ Allowed in some work areas ☐ Allowed in all work areas ☐ No official policy ☐ Don't know/Not sure ☐ Refused Which of these best describes your place of work's smoking policy for indoor public or common areas such as lobbies, restrooms, and lunch rooms? ☐ Not allowed in any public areas ☐ Allowed in some public areas ☐ Allowed in all public areas ☐ No official policy ☐ Don't know/Not sure ☐ Refused **From CPS TUS** Does your place of work have an official policy that restricts smoking in any way? ☐ Yes ☐ No **From Arizona Workplace Survey** According to the policy, are employees allowed to smoke in the following areas? ☐ Private offices ☐ Open work and production areas ☐ Reception areas ☐ Break areas and lounges ☐ Cafeterias ☐ Hallways and stairwells ☐ Restrooms ☐ Other areas inside the building ☐ Company vehicles ☐ Immediately outside entrances ☐ The rest of the grounds outside

Comments

Few surveys have been conducted to assess the percentage of workplaces with tobacco-free policies.

More information about how to collect data on this indicator is in reference 3 below.

Rating



References

1. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.
2. U.S. Department of Health and Human Services. *Reducing tobacco use: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2000.
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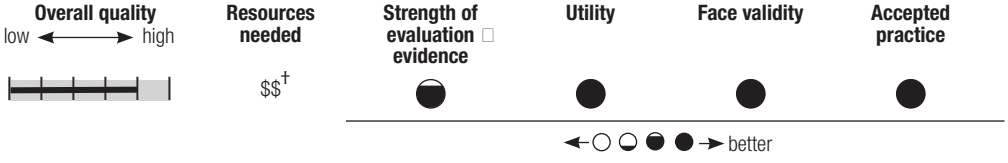
Indicator 2.4.3

Proportion of the Population That Works in Environments with Tobacco-free Policies

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 4	Creation of tobacco-free policies
What to measure	Proportion of adults employed outside the home whose place of work has a tobacco-free policy
Why this indicator is useful	Measuring this indicator shows the degree of protection provided to nonsmoking workers by policies that restrict smoking in the workplace.[1–4] Examples of such polices include a ban on using tobacco on the grounds, a ban on smoking indoors, or permitting smoking only in designated areas.
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Current Population Survey: Tobacco Use Supplement (CPS TUS), 2003
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS** Which of the following best describes your place of work's official smoking policy for work areas? ☐ Not allowed in any work areas ☐ Allowed in some work areas ☐ Allowed in all work areas ☐ No official policy ☐ Don't know/Not sure ☐ Refused Which of these best describes your place of work's smoking policy for indoor public or common areas such as lobbies, restrooms, and lunch rooms? ☐ Not allowed in any public areas ☐ Allowed in some public areas ☐ Allowed in all public areas ☐ No official policy ☐ Don't know/Not sure ☐ Refused **From CPS TUS** Does your place of work have an official policy that restricts smoking in any way? ☐ Yes ☐ No
Comments	Evaluators may also want to categorize the data collected by occupation of the respondents.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

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1. Shopland DR, Gerlach KK, Burns DM, Hartman AM, Gibson JT. State-specific trends in smoke-free workplace policy coverage: the current population survey tobacco use supplement, 1993 to 1999. *Journal of Occupational and Environmental Medicine.* 2001;43(8):680–6.
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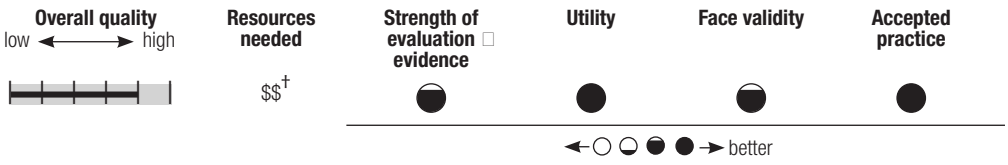
4. Shopland DR, Anderson CM, Burns DM, Gerlach KK. Disparities in smoke-free workplace policies among food service workers. *Journal of Occupational and Environmental Medicine.* 2004;46(4):347–56.

Indicator 2.4.4

Proportion of the Population Reporting Voluntary Tobacco-free Home or Vehicle Policies

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 4	Creation of tobacco-free policies
What to measure	Proportion of adults who report some form of voluntary tobacco-free policy in their homes or vehicles
Why this indicator is useful	Evidence shows that children living in households with smoking bans are exposed to substantially less secondhand smoke than children not protected by such policies.[1,2] This is especially true in households with at least one smoker.[1,2] Examples of such policies are (1) smoking not allowed anywhere in the home, (2) smoking restricted to some places in the home, or (3) smoking restricted to certain times in the home or vehicle.
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS** Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches. ☐ Smoking is not allowed anywhere inside the home ☐ Smoking is allowed in some places or at some times ☐ Smoking is allowed anywhere inside the home ☐ Don't know/Not sure ☐ Refused
Comments	Evaluators could modify the example question to address tobacco-free policies inside vehicles. The example question could be asked of young people.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. Biener L, Cullen D, Di ZX, Hammond SK. Household smoking restrictions and adolescents' exposure to environmental tobacco smoke. *Preventive Medicine.* 1997;26(3):358–63.
2. Wakefield M, Banham D, Martin J, Ruffin R, McCaul K, Badcock N. Restrictions on smoking at home and urinary cotinine levels among children with asthma. *American Journal of Preventive Medicine.* 2000;19(3):188–92.

Indicator 2.4.5

Proportion of Schools or School Districts Reporting the Implementation of 100% Tobacco-free School Policies

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 4	Creation of tobacco-free policies
What to measure	Proportion of schools or school districts that report having a policy that prohibits anyone from using tobacco at all times on school grounds, at all school-sponsored functions, and in school vehicles
Why this indicator is useful	Young people spend much of their time in school. Their attitudes about the acceptability of smoking in general and smoking around nonsmokers in particular are influenced by the actions of their peers and educators at school.[1,2]
Example data source(s)	CDC School Health Profiles: School Principal Questionnaire (Profiles), 2002
Population group(s)	School principals

Example survey question(s)

From Profiles

Has this school adopted a policy prohibiting tobacco use?
☐ Yes ☐ No

Does the tobacco-free policy specifically prohibit use of each of these types of tobacco products for each for the following groups?

Type of tobacco product	Students		Faculty/Staff		Visitors	
	Yes	No	Yes	No	Yes	No
• Cigarettes	☐	☐	☐	☐	☐	☐
• Smokeless tobacco	☐	☐	☐	☐	☐	☐
• Cigars	☐	☐	☐	☐	☐	☐
• Pipes	☐	☐	☐	☐	☐	☐

Does the school's tobacco-free policy specifically prohibit tobacco use during each of the following times for each for the following groups?

Time	Students		Faculty/Staff		Visitors	
	Yes	No	Yes	No	Yes	No
• During school hours	☐	☐	☐	☐	☐	☐
• During non-school hours	☐	☐	☐	☐	☐	☐

Does the school's tobacco prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups?

Location	Students		Faculty/Staff		Visitors	
	Yes	No	Yes	No	Yes	No
• In school buildings	☐	☐	☐	☐	☐	☐
• On school grounds	☐	☐	☐	☐	☐	☐
• In school buses or other vehicles used to transport students	☐	☐	☐	☐	☐	☐
• At off-campus, school-sponsored events	☐	☐	☐	☐	☐	☐

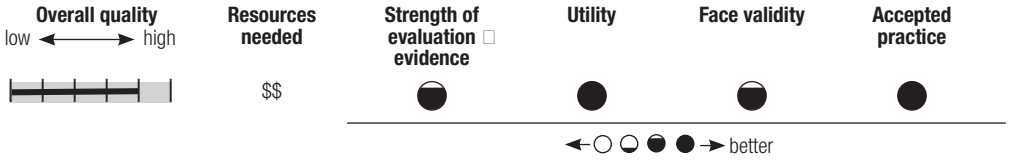
Comments

To measure this indicator fully, evaluators should use all four example questions, not just one or two.

Evaluators may also want to collect information on school districts in order to measure the proportion of students in the district who are covered by anti-tobacco policies.

This indicator can be used to measure progress toward achieving Recommendation 1 of CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction."[1]

Rating



References

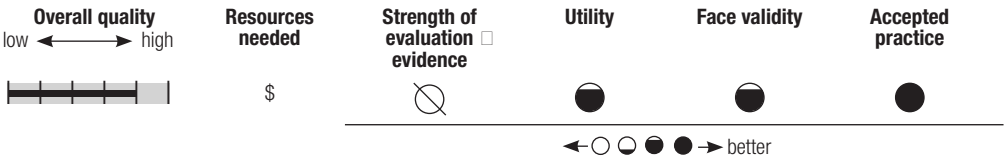
1. Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *Morbidity and Mortality Weekly Report Recommendations and Reports*. 1994;43(RR-2):1–18.
2. U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Indicator 2.4.6

Changes in State Tobacco Control Laws That Preempt Stronger Local Tobacco Control Laws

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 4	Creation of tobacco-free policies
What to measure	Any change in legislation that prevents local jurisdictions from enacting restrictions that are more stringent than the state's restrictions on smoke-free indoor air laws
Why this indicator is useful	Preemptive legislation is the tobacco industry's chief strategy for eradicating local tobacco control ordinances.[1] Because of the striking increase in the number of local tobacco control ordinances from the mid-1980s to the mid-1990s, the tobacco industry aggressively pushed for states to pass legislation that preempted local regulation of tobacco in various areas, including smoke-free indoor air, minors' access, and marketing.[2] As of December 31, 2004, a total of 19 states had at least one type of preemptive provision for smoke-free indoor air legislation.[2] As of December 31, 2004, only two states, Maine and Delaware, had successfully repealed preemption laws in their entirety in any area of tobacco control policy. Preemptive laws prevent communities from engaging in the process of public education, mobilization, and debate that occurs when a local ordinance is under consideration, a process that can increase awareness and change social norms. These laws also pose a barrier to local enforcement because communities may be less likely to enforce state laws that they were not directly involved in adopting.[2]
Example data source(s)	CDC State Tobacco Activities Tracking and Evaluation (STATE) system Data available at: http://www.cdc.gov/tobacco/STATEsystem
Population group(s)	Not applicable. This indicator is best measured by tracking and monitoring state tobacco control laws.
Example survey question(s)	Not applicable
Comments	None

Rating



Denotes no data.

References

1. National Cancer Institute. Smoking and Tobacco Control Monograph No. 11. *State and local legislative action to reduce tobacco use.* Bethesda, MD: National Cancer Institute; 2000. NIH Publication No. 00-4804.
2. Centers for Disease Control and Prevention. Preemptive state smoke-free indoor air laws—United States, 1999–2004. *Morbidity and Mortality Weekly Report.* 2005;54(10):250–3.

Outcome 5

Enforcement of Tobacco-free Public Policies

Experience shows that tobacco-free policies make a difference only when voluntary compliance is adequate or the policies are actively enforced. If the entities that are regulated (e.g., businesses, public agencies) do not experience any pressure to follow newly legislated policies, the policies will contribute little to reducing exposure to secondhand smoke. Although little research has been done on the effects of enforcing tobacco-free policies, research concerning other policies shows that policy enforcement is effective in improving compliance.[1] With the recent trend toward passing comprehensive smoke-free laws that cover bars, the need for active enforcement of those laws is likely to become greater.[2]

Listed below are the indicators associated with this outcome:

- **2.5.1** Number of compliance checks conducted by enforcement agencies
- **2.5.2** Number of enforcement agency responses to complaints regarding noncompliance with tobacco-free public policies
- **2.5.3** Number of warnings, citations, and fines issued for infractions of tobacco-free public policies

References

1. U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 1994.

2. Weber MD, Bagwell DA, Fielding JE, Glantz SA. Long-term compliance with California's Smoke-Free Workplace Law among bars and restaurants in Los Angeles County. *Tobacco Control.* 2003;12(3):269–73.

For Further Reading

Biener L, Cullen D, Di ZX, Hammond SK. Household smoking restrictions and adolescents' exposure to environmental tobacco smoke. *Preventive Medicine.* 1997;26(3):358–63.

Farkas A, Gilpin EA, Distefan JM, Pierce JP. The effects of household and workplace smoking restrictions on quitting behaviours. *Tobacco Control.* 1999;8(3):261–5.

Farkas AJ, Gilpin EA, White MM, Pierce JP. Association between household and workplace smoking restrictions and adolescent smoking. *Journal of the American Medical Association.* 2000;284(6):717–22.

Gilpin EA, Pierce JP. The California Tobacco Control Program and potential harm reduction through reduced cigarette consumption in continuing smokers. *Nicotine and Tobacco Research.* 2002;4(Suppl 2):S157–66.

Gilpin EA, White MM, Farkas AJ, Pierce JP. Home smoking restrictions: which smokers have them and how they are associated with smoking behavior. *Nicotine and Tobacco Research.* 1999;1(2):153–62.

Hopper JA, Craig KA. Environmental tobacco smoke exposure among urban children. *Pediatrics.* 2000;106(4):E47.

Hyland A, Cummings KM, Wilson MP. Compliance with the New York City Smoke-Free Air Act. *Journal of Public Health Management and Practice.* 1999;5(1):43–52.

Jacobson PD, Wasserman J. The implementation and enforcement of tobacco control laws: policy implications for activists and the industry. *Journal of Health Politics, Policy and Law.* 1999;24(3):567–98.

Kegler M, Malcoe LH. Smoking restrictions in the home and car among rural Native American and white families with young children. *Preventive Medicine.* 2002;35(4):334–42.

Lynch BS, Bonnie RJ. *Growing up tobacco free: preventing nicotine addiction in children and youths.* Washington, DC: National Academy Press; 1994.

Pentz MA, Brannon BR, Charlin VL, Barrett EJ, MacKinnon DP, Flay BR. The power of policy: the relationship of smoking policy to adolescent smoking. *American Journal of Public Health.* 1989;79:857–62.

Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

Wakefield M, Banham D, Martin J, Ruffin R, McCaul K, Badcock N. Restrictions of smoking at home and urinary cotinine levels among children with asthma. *American Journal of Preventive Medicine.* 2000;19(3):188–92.

Outcome 5

Enforcement of Tobacco-free Public Policies

Indicator Rating
◂○◒●●▸ better

Number	Indicator	Overall quality (low ◂▸ high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
2.5.1	Number of compliance checks conducted by enforcement agencies		$$$	⦸	◒	◒	◒
2.5.2	Number of enforcement agency responses to complaints regarding noncompliance with tobacco-free public policies	†□	$$$	⦸	◒	◒	◒
2.5.3	Number of warnings, citations, and fines issued for infractions of tobacco-free public policies		$$$	⦸	◒	◒	●

†□ Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⦸ Denotes no data.

Indicator 2.5.1

Number of Compliance Checks Conducted by Enforcement Agencies

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 5	Enforcement of tobacco-free public policies
What to measure	The number of checks conducted by enforcement agencies (e.g., police, health department inspectors, and building inspectors) to assess the level of compliance with laws, regulations, and ordinances related to tobacco-free policies
Why this indicator is useful	An effective means of enforcing tobacco-free public policies is to conduct regular compliance checks. Such checks convey the message that policy makers and the public care about tobacco-free policies and are serious about enforcing them.[1,2]
Example data source(s)	▶ Enforcement Agency Survey ▶ California Independent Evaluation: Policy Enforcement Survey: Exposure to Environmental Tobacco Smoke, 2000 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
Population group(s)	Agency representatives responsible for enforcement

Example survey question(s)

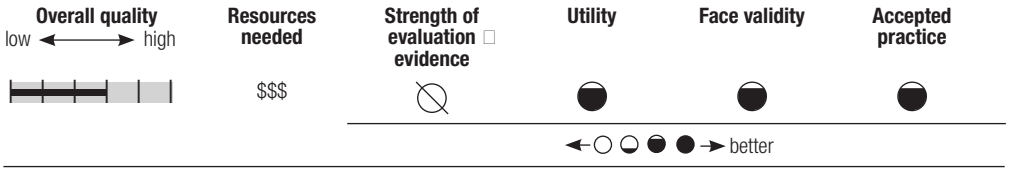
From California Independent Evaluation

In the last year, how often has your agency conducted any of the following types of enforcement activities related to clean indoor air laws?

	1–7, where 1 = never and 7 = very often							Don't know Not applicable
• Responded to inquiries	1	2	3	4	5	6	7	☐
• Responded to complaints	1	2	3	4	5	6	7	☐
• Issued warnings	1	2	3	4	5	6	7	☐
• Issued citations	1	2	3	4	5	6	7	☐
• Issued fines	1	2	3	4	5	6	7	☐
• Conducted compliance checks	1	2	3	4	5	6	7	☐
• Educated business owners about the law	1	2	3	4	5	6	7	☐
• Educated others about the law	1	2	3	4	5	6	7	☐

Comments	Survey respondents may not have access to all requested information.

Rating



⦸ Denotes no data.

References

1. Kiser D, Boschert T. Eliminating smoking in bars, restaurants, and gaming clubs in California: BREATH, the California Smoke-Free Bar Program. *Journal of Public Health Policy.* 2001;22(1):81–7.
2. Weber MD, Bagwell DA, Fielding JE, Glantz SA. Long-term compliance with California's Smoke-Free Workplace Law among bars and restaurants in Los Angeles County. *Tobacco Control.* 2003;12(3):269–73.

Indicator 2.5.2

Number of Enforcement Agency Responses to Complaints Regarding Noncompliance with Tobacco-free Public Policies

Goal area 2

Eliminating nonsmokers' exposure to secondhand smoke

Outcome 5

Enforcement of tobacco-free public policies

What to measure

The number of checks (prompted by outside complaints) by enforcement agencies (e.g., police, health department inspectors, and building inspectors) to assess the level of compliance with tobacco-free public policies

Why this indicator is useful

Recording complaints of noncompliance with tobacco-free public policies is one way of identifying noncompliance with such policies. Such checks convey the message that policy makers and the public care about tobacco-free policies and are serious about enforcing them.[1,2] Following up on these complaints is an easy way of targeting noncompliance. The number of complaints received by enforcement agencies also provides a sense of the public's attitude toward tobacco-free policies.

Example data source(s)

- Enforcement Agency Survey
- California Independent Evaluation: Policy Enforcement Survey: Exposure to Environmental Tobacco Smoke, 2000
  Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm

Population group(s)

Agency representatives responsible for enforcement

Example survey question(s)

From California Independent Evaluation

In the last year, how often has your agency conducted any of the following types of enforcement activities related to clean indoor air laws?

	1–7, where 1 = never and 7 = very often							Don't know Not applicable
• Responded to inquiries	1	2	3	4	5	6	7	☐
• Responded to complaints	1	2	3	4	5	6	7	☐
• Issued warnings	1	2	3	4	5	6	7	☐
• Issued citations	1	2	3	4	5	6	7	☐
• Issued fines	1	2	3	4	5	6	7	☐
• Conducted compliance checks	1	2	3	4	5	6	7	☐
• Educated business owners about the law	1	2	3	4	5	6	7	☐
• Educated others about the law	1	2	3	4	5	6	7	☐

Comments

Survey respondents may not have access to all the requested information.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
†	$$$	⦸	◒	◒	◒

◄○ ◒ ◓ ● ► better

† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⦸ Denotes no data.

References

1. Kiser D, Boschert T. Eliminating smoking in bars, restaurants, and gaming clubs in California: BREATH, the California Smoke-Free Bar Program. *Journal of Public Health Policy.* 2001;22(1):81–7.
2. Weber MD, Bagwell DA, Fielding JE, Glantz SA. Long-term compliance with California's Smoke-Free Workplace Law among bars and restaurants in Los Angeles County. *Tobacco Control.* 2003;12(3):269–73.

Indicator 2.5.3

Number of Warnings, Citations, and Fines Issued for Infractions of Tobacco-free Public Policies

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 5	Enforcement of tobacco-free public policies
What to measure	The number of the warnings, citations, and fines issued to retailers for infractions of tobacco-free public policies
Why this indicator is useful	Compliance with tobacco-free public policies improves when noncompliance has repercussions.[1,2] Issuing warnings or citations sets an example and shows that noncompliance with tobacco-free policies has adverse consequences.
Example data source(s)	▶ Enforcement Agency Survey ▶ California Independent Evaluation: Policy Enforcement Survey: Exposure to Environmental Tobacco Smoke, 2000 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
Population group(s)	Agency representatives responsible for enforcement
Example survey question(s)	**From California Independent Evaluation** In the last six months, please estimate how many citations for violation of clean indoor air laws were • Issued in your jurisdiction? _____(# of citations issued) • Prosecuted in your jurisdiction? _____(# of citations prosecuted)
Comments	The example survey question does not measure warnings given for noncompliance. Evaluators may also want to assess the effects that different penalties (e.g., graduated fines) have on compliance with tobacco-free public policies. Data must be interpreted in context. For example, a low number of citations may indicate either high compliance or low enforcement.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$$	⦸	●	◒	●
			◄○ ◒ ◒ ● ● ► better		

⦸ Denotes no data.

References

1. Centers for Disease Control and Prevention. *Best practices for comprehensive tobacco control programs.* Atlanta, GA: Centers for Disease Control and Prevention; 1999.
2. Task Force on Community Preventive Services. The guide to community preventive services: tobacco use prevention and control. *American Journal of Preventive Medicine.* 2001;20(Suppl 2):1–88.

Outcome 6

Compliance with Tobacco-free Policies

The evidence is clear that exposure to secondhand smoke is harmful and that increasing the number of tobacco-free environments can save lives.[1] Compliance with voluntary tobacco-free policies in homes and vehicles is an important marker of social normative changes that have an effect on the health of children and on tobacco use among young people.[2] Although the need for compliance with tobacco-free policies is apparent, little research has been done specifically on whether increased compliance leads to decreased exposure to secondhand smoke (perhaps because the connection has face validity). Perceived compliance can be measured as that reported by members of a community responding to questionnaires and interviews. Actual compliance can be measured by observation. Observational measures capture a point in time, while population-based surveys capture the perceptions of individuals regarding compliance over a prior period.

Listed below are the indicators associated with this outcome:

- **2.6.1** Perceived compliance with tobacco-free policies in workplaces
- **2.6.2** Perceived compliance with tobacco-free policies in indoor and outdoor public places
- **2.6.3** Proportion of public places observed to be in compliance with tobacco-free policies
- **2.6.4** Perceived compliance with voluntary tobacco-free home or vehicle policies
- **2.6.5** Perceived compliance with tobacco-free policies in schools

References

1. U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.

2. Wakefield M, Chaloupka F, Kaufman N, Orleans C, Barker D, Ruel E. Effect of restrictions at home, at school, and in public places on teenage smoking: cross sectional study. *British Medical Journal.* 2000;321(7257):333–7. Erratum in: *British Medical Journal.* 2000;321(7261):623.

For Further Reading

Lynch BS, Bonnie RJ. *Growing up tobacco free: preventing nicotine addiction in children and youths.* Washington, DC: National Academy Press; 1994.

Pentz MA, Brannon BR, Charlin VL, Barrett EJ, MacKinnon DP, Flay BR. The power of policy: the relationship of smoking policy to adolescent smoking. *American Journal of Public Health.* 1989;79(7):857–862.

U.S. Department of Health and Human Services. *Preventing tobacco use among young people: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 1994.

Outcome 6

Compliance with Tobacco-free Policies□

Indicator Rating
←○ ◒ ◓ ● → better

Number	Indicator	Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
2.6.1	Perceived compliance with tobacco-free policies in workplaces		$$†	⦸	◓	◓	●
2.6.2	Perceived compliance with tobacco-free policies in indoor and outdoor public places		$$$†	⦸	◓	◓	◓
2.6.3	Proportion of public places observed to be in compliance with tobacco-free policies		$$$$†	⦸	◓	●	●
2.6.4	Perceived compliance with voluntary tobacco-free home or vehicle policies		$$†	◓	◓	◓	●
2.6.5	Perceived compliance with tobacco-free policies in schools		$$	◒	◓	◓	●

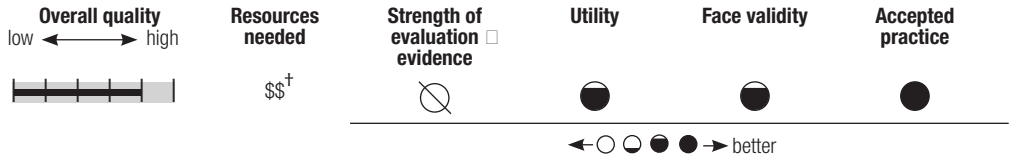
†□Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⦸ Denotes no data.

Indicator 2.6.1

Perceived Compliance with Tobacco-free Policies in Workplaces

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 6	Compliance with tobacco-free policies
What to measure	Proportion of adults employed outside the home reporting employee compliance with their workplace's tobacco-free policies
Why this indicator is useful	Perceived compliance with tobacco-free policies is one measure of actual compliance with these policies.[1,2] If tobacco-free policies are not followed, they are unlikely to protect nonsmokers from the harmful effects of secondhand smoke or change social norms.[1]
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS** As far as you know, in the past 7 days, that is since [fill in date], has anyone smoked in your work area? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused
Comments	Evaluators may also want to gather each company's demographic data (e.g., on the company's size or type of business). Evaluators should determine the scope of the tobacco-free policies before evaluating perceived compliance with them. The example questions could also be asked of employers.

Rating



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⦸ Denotes no data.

References

1. Shopland DR, Anderson CM, Burns DM, Gerlach KK. Disparities in smoke-free workplace policies among food service workers. *Journal of Occupational and Environmental Medicine.* 2004;46(4):347–56.
2. Weber MD, Bagwell DA, Fielding JE, Glantz SA. Long-term compliance with California's smoke-free workplace law among bars and restaurants in Los Angeles County. *Tobacco Control.* 2003;12(3):269–73.

Indicator 2.6.2

Perceived Compliance with Tobacco-free Policies in Indoor and Outdoor Public Places

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 6	Compliance with tobacco-free policies
What to measure	Proportion of adults and young people who report compliance with tobacco-free policies in public places (e.g., bars, restaurants, and sporting arenas)
Why this indicator is useful	Perceived compliance with tobacco-free policies is one measure of actual compliance with these policies.[1,2] If tobacco-free policies are not followed, they are not likely to protect nonsmokers from the harmful effects of secondhand smoke or change social norms.[1]
Example data source(s)	No commonly used data sources were found
Population group(s)	▶ Adults aged 18 years or older ▶ Young people aged less than 18 years

Example survey question(s)

In your community, how many people break the policy that bans smoking in:

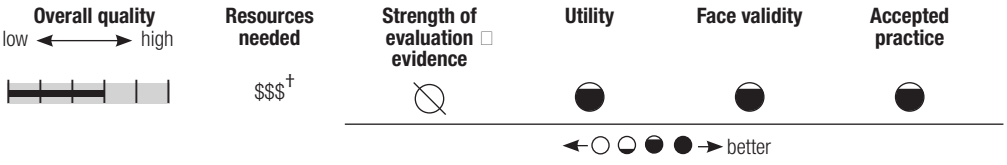
	None	A few	Some	Most	All of them	Don't know Not sure	Not applicable	Refused to answer
• Bars	☐	☐	☐	☐	☐	☐	☐	☐
• Restaurants	☐	☐	☐	☐	☐	☐	☐	☐
• Indoor public places	☐	☐	☐	☐	☐	☐	☐	☐
• Outdoor public places	☐	☐	☐	☐	☐	☐	☐	☐

Comments

The authors created this example question. It is not in any commonly used data source.

Evaluators should determine the scope of tobacco-free policies before evaluating perceived compliance with them.

Rating



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⦸ Denotes no data.

References

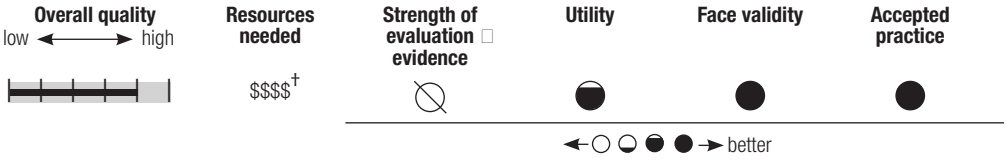
1. Shopland DR, Anderson CM, Burns DM, Gerlach KK. Disparities in smoke-free workplace policies among food service workers. *Journal of Occupational and Environmental Medicine.* 2004;46(4):347–56.
2. Weber MD, Bagwell DA, Fielding JE, Glantz SA. Long-term compliance with California's smoke-free workplace law among bars and restaurants in Los Angeles County. *Tobacco Control.* 2003;12(3):269–73.

Indicator 2.6.3

Proportion of Public Places Observed to Be in Compliance with Tobacco-free Policies

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 6	Compliance with tobacco-free policies
What to measure	Proportion of indoor or outdoor places (e.g., bars, restaurants, and sporting arenas) in a community in which employees and patrons comply with tobacco-free policies
Why this indicator is useful	Observing whether people (employees and patrons) comply with tobacco-free policies is a systematic way to measure compliance at a given place and time.[1] If tobacco-free policies are not followed, they are not likely to protect nonsmokers from the harmful effects of secondhand smoke or change social norms.[2]
Example data source(s)	▶ Direct observation of employees' and patrons' behavior ▶ California's BREATH (Smoke-Free Bars, Workplaces, and Communities Program) Information available at: http://www.breath-ala.org
Population group(s)	Not applicable. This indicator is best measured by observation.
Example survey question(s)	Not applicable. This indicator is best measured by observation.
Comments	In addition to observing smoking-related behavior in public places, evaluators can measure the environmental tobacco smoke in these places by monitoring indoor air quality.[3–5]

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⦸ Denotes no data.

References

1. Weber MD, Bagwell DA, Fielding JE, Glantz SA. Long-term compliance with California's Smoke-Free Workplace Law among bars and restaurants in Los Angeles County. *Tobacco Control.* 2003;12(3):269–73.
2. Shopland DR, Anderson CM, Burns DM, Gerlach KK. Disparities in smoke-free workplace policies among food service workers. *Journal of Occupational and Environmental Medicine.* 2004;46(4):347–56.
3. Cains T, Cannata S, Poulos R, Ferson M, Stewart B. Designated "no smoking" areas provide from partial to no protection from environmental tobacco smoke. *Tobacco Control.* 2004;13(1):17–22.
4. Repace J. *An air quality survey of respirable particles and particulate carcinogens in Delaware hospitality venues before and after a smoking ban.* Bowie, MD: Repace Associates; 2003. Available from: http://www.tobaccoscam.ucsf.edu/pdf/RepaceDelaware.pdf. Accessed December 2004.
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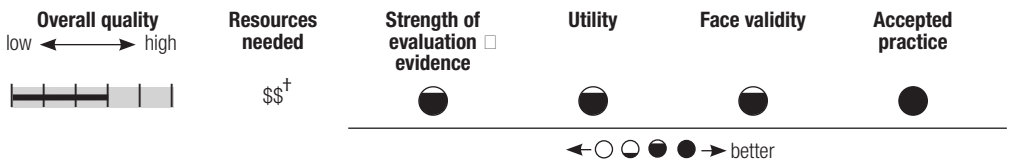
Indicator 2.6.4

Perceived Compliance with Voluntary Tobacco-free Home or Vehicle Policies

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 6	Compliance with tobacco-free policies
What to measure	Proportion of adults and young people who report compliance with tobacco-free policies in their homes or vehicles
Why this indicator is useful	Perceived compliance with tobacco-free policies is one measure of actual compliance with these policies.[1,2] Self-reported data on people's exposure to secondhand smoke at home or in vehicles can be used to measure compliance with tobacco-free policies.[3,4] Compliance with home and vehicle tobacco-free policies is especially important for protecting the health of children and for supporting anti-tobacco social norms.[5,6]
Example data source(s)	Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From ATS** *For respondents who report they have a smoke-free home policy* During the past 7 days (that is, since [fill in date]), how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? ☐ ___ days (0–7) ☐ Don't know/Not sure ☐ Refused
Comments	Evaluators may want to modify the example question to address tobacco-free policies inside vehicles. Evaluators should determine the scope of the tobacco-free policies before evaluating perceived compliance with them. The example survey question could be asked of young people.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. Shopland DR, Anderson CM, Burns DM, Gerlach KK. Disparities in smoke-free workplace policies among food service workers. *Journal of Occupational and Environmental Medicine.* 2004;46(4):347–56.
2. Weber MD, Bagwell DA, Fielding JE, Glantz SA. Long-term compliance with California's smoke-free workplace law among bars and restaurants in Los Angeles County. *Tobacco Control.* 2003;12(3):269–73.
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5. U.S. Environmental Protection Agency. *Respiratory health effects of passive smoking: lung cancer and other disorders.* Washington, DC: EPA Office of Research and Development; 1992. Publication No. EPA/600/6-90/006F.
6. National Cancer Institute. Smoking and Tobacco Control Monograph No. 10. *Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency.* Bethesda, MD: National Cancer Institute; 1999. NIH Publication No. 99-4645.

Indicator 2.6.5

Perceived Compliance with Tobacco-free Policies in Schools

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 6	Compliance with tobacco-free policies
What to measure	Proportion of students who report that the school population is complying with the school's tobacco-free policies
Why this indicator is useful	Perceived compliance with tobacco-free policies is one measure of actual compliance with these policies.[1,2] Compliance with tobacco-free school policies reduces students' exposure to secondhand smoke and reinforces anti-tobacco social norms.[3]
Example data source(s)	▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ▶ CDC Youth Risk Behavior Surveillance System (YRBSS), 2003 ▶ California Independent Evaluation: Youth Survey, 2000 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
Population group(s)	Young people aged less than 18 years
Example survey question(s)	**From YTS and YRBSS** During the past 30 days, on how many days did you smoke cigarettes on school property? ☐ 0 days ☐ 1 or 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip on school property? ☐ 0 days ☐ 1 or 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days **From California Independent Evaluation** Is there a rule at your school that no one is allowed to smoke cigarettes in the school building or on the school yard? ☐ Yes ☐ No ☐ I don't know/I'm not sure Have you seen any students break that rule? ☐ Yes ☐ No ☐ My school does not have a no-smoking rule ☐ I don't know/I'm not sure How many students who are smokers break that rule? ☐ None ☐ A few ☐ Some ☐ Most ☐ All of them ☐ My school does not have a no-smoking rule ☐ I don't know/I'm not sure Have you seen adults break that rule? ☐ Yes ☐ No ☐ My school does not have a no-smoking rule ☐ I don't know/I'm not sure Is there a rule at your school that no one is allowed to use chewing tobacco or snuff in the school building or on the school yard? ☐ Yes ☐ No ☐ I don't know/I'm not sure

Comments

If students report on the YTS or YRBSS instruments (1) the existence of a tobacco-free school policy and (2) having personally used tobacco products more than 1 day on school property, they are considered noncompliant.

Evaluators may also want to categorize data by grade level and type of school (e.g., elementary, middle, high school, private, parochial, public).

Evaluators should determine the scope of the tobacco-free policies before evaluating perceived compliance with them.

The example survey questions could be asked of teachers and principals.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$				

References

1. Shopland DR, Anderson CM, Burns DM, Gerlach KK. Disparities in smoke-free workplace policies among food service workers. *Journal of Occupational and Environmental Medicine.* 2004;46(4):347–56.
2. Weber MD, Bagwell DA, Fielding JE, Glantz SA. Long-term compliance with California's smoke-free workplace law among bars and restaurants in Los Angeles County. *Tobacco Control.* 2003;12(3):269–73.
3. Gilpin EA, White MM, White VM, Distefan JM, Trinidad DR, Lee L, Major J, Kealey S, Pierce JP. *Tobacco control successes in California: a focus on young people, results from the California Tobacco Surveys 1990–2002.* La Jolla, CA: University of California, San Diego; 2003. pp. 348–9. Available from: http://repositories.cdlib.org/tc/surveys/CTC1990-2002. Accessed December 2004.

Reduced Exposure to Secondhand Smoke

There is substantial evidence regarding the harm caused by exposure to secondhand smoke. Secondhand smoke can lead to lung cancer and heart disease in adults and to many serious health problems (e.g., lower respiratory infections, asthma, sudden infant death syndrome, ear infections) in children.[1–3] Evidence also indicates that tobacco smoke is especially harmful to pregnant women and to fetal development.[1,2] Reducing nonsmokers' exposure to secondhand smoke can prevent disease and save lives.[1–4] Median exposure levels and the percentage of nonsmokers in the United States who are exposed to secondhand smoke have decreased significantly.[5]

Listed below are the indicators associated with this outcome:

- **2.7.1** Proportion of the population reporting exposure to secondhand smoke in the workplace
- **2.7.2** Proportion of the population reporting exposure to secondhand smoke in public places
- **2.7.3** Proportion of the population reporting exposure to secondhand smoke at home or in vehicles
- **2.7.4** Proportion of students reporting exposure to secondhand smoke in schools
- **2.7.5** Proportion of nonsmokers reporting overall exposure to secondhand smoke

References

1. U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
2. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General.* Rockville, MD: Office of the Surgeon General; Washington, DC: Government Printing Office; 2001.
3. National Cancer Institute. Smoking and Tobacco Control Monograph No. 10. *Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency.* Bethesda, MD: National Cancer Institute; 1999. NIH Publication No. 99-4645.
4. U.S. Environmental Protection Agency. *Respiratory health effects of passive smoking: lung cancer and other disorders.* Washington, DC: EPA Office of Research and Development; 1992. Publication No. EPA/600/6-90/006F.
5. Changes in secondhand smoke exposure among nonsmokers from different racial/ethnic groups: United States, 1988–1994 and 1999–2000. Data from 1988–1994 NHANES III survey and 1999–2000 NHANES survey. Poster Presentation. 132nd Annual American Public Health Association Meeting, Washington, DC, November 6–10, 2004.

For Further Reading

Mannino DM, Caraballo R, Benowitz N, Repace J. Predictors of cotinine levels in U.S. children: data from the Third National Health and Nutrition Examination Survey. *Chest.* 2001;120(3):718–24.

Pizacani BA, Martin DP, Stark MJ, Koepsell TD, Thompson B, Diehr P. Household smoking bans: which households have them and do they work? *Preventive Medicine.* 2003;36(1):99–107.

Poulsen L. Exposure to teachers smoking and adolescent smoking behaviour: analysis of cross sectional data from Denmark. *Tobacco Control.* 2002;11(3):246–51.

Wakefield M, Banham D, Martin J, Ruffin R, McCaul K, Badcock N. Restrictions of smoking at home and urinary cotinine levels among children with asthma. *American Journal of Preventive Medicine.* 2000;19(3):188–92.

Outcome 7

Reduced Exposure to Secondhand Smoke

Indicator Rating
◄○ ◒ ◓ ● ► better

Number	Indicator	Overall quality (low ◄► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
2.7.1	Proportion of the population reporting exposure to secondhand smoke in the workplace		$$†	◓	●	●	●
2.7.2	Proportion of the population reporting exposure to secondhand smoke in public places	†	$$$	◒	◒	◒	●
2.7.3	Proportion of the population reporting exposure to secondhand smoke at home or in vehicles		$$†	◒	◒	◒	◒
2.7.4	Proportion of students reporting exposure to secondhand smoke in schools		$$$	⦸	◒	◒	◒
2.7.5	Proportion of nonsmokers reporting overall exposure to secondhand smoke		$$	◒	◒	◒	●

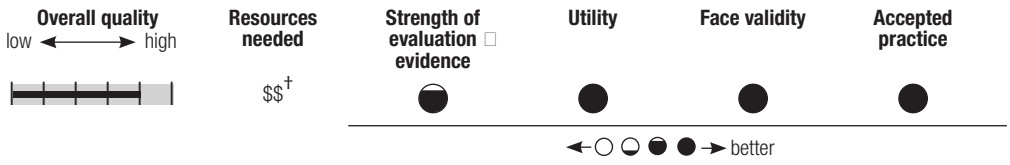
†□Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).
⦸ Denotes no data.

Indicator 2.7.1

Proportion of the Population Reporting Exposure to Secondhand Smoke in the Workplace

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 7	Reduced exposure to secondhand smoke
What to measure	Proportion of adults who are employed outside the home and who report exposure to secondhand smoke in the workplace
Why this indicator is useful	Exposure to secondhand smoke is a major cause of death and disease.[1–4] For nonsmokers who are not exposed to secondhand smoke in their homes, the workplace is typically their greatest source of exposure. Studies show that after only 3 months of decreased workplace exposure to secondhand smoke, nonsmokers' lung function improves and their respiratory symptoms are reduced.[5]
Example data source(s)	California Adult Tobacco Survey (CATS), 1999 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From CATS** During the past two weeks has anyone smoked in the area in which you work? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused
Comments	None

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

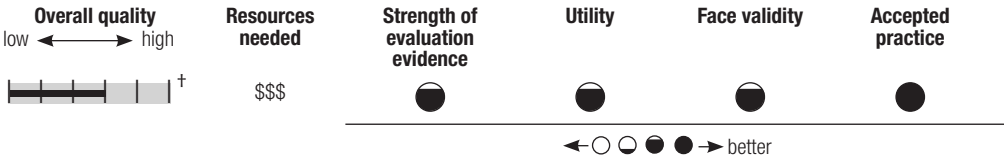
1. U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
2. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
3. U.S. Environmental Protection Agency. *Respiratory health effects of passive smoking: lung cancer and other disorders.* Washington, DC: EPA Office of Research and Development; 1992. Publication No. EPA/600/6-90/006F.
4. National Cancer Institute. Smoking and Tobacco Control Monograph No. 10. *Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency.* Bethesda, MD: National Cancer Institute; 1999. NIH Publication No. 99-4645.
5. Eisner MD, Smith AK, Blanc PD. Bartenders' respiratory health after establishment of smoke-free bars and taverns. *Journal of the American Medical Association.* 1998;280(22);1909–14.

Indicator 2.7.2

Proportion of the Population Reporting Exposure to Secondhand Smoke in Public Places

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 7	Reduced exposure to secondhand smoke
What to measure	Proportion of the population reporting exposure to secondhand smoke in public places, including bars, restaurants, sporting arenas, and concert venues
Why this indicator is useful	Exposure to secondhand smoke is a major cause of death and disease.[1–4] Many studies show that exposure to secondhand smoke leads to lung cancer and heart disease in adults and to multiple health problems, such as severe asthma, lower respiratory tract infections, and ear infections in children.[1–4] The public is exposed to secondhand smoke in many public places. Measuring exposure in public settings is necessary for assessing overall exposure levels.[5]
Example data source(s)	California Adult Tobacco Survey (CATS), 1999 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
Population group(s)	Adults aged 18 years or older
Example survey question(s)	**From CATS** During the past 7 days, when you were some place other than work or home, how many days were you exposed to other people's tobacco smoke?
Comments	The example survey question could be asked of young people.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

1. U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
2. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
3. U.S. Environmental Protection Agency. *Respiratory health effects of passive smoking: lung cancer and other disorders.* Washington, DC: EPA Office of Research and Development; 1992. Publication No. EPA/600/6-90/006F.
4. National Cancer Institute. Smoking and Tobacco Control Monograph No. 10. *Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency.* Bethesda, MD: National Cancer Institute; 1999. NIH Publication No. 99-4645.
5. Centers for Disease Control and Prevention. *Taking action against secondhand smoke.* Atlanta, GA: Centers for Disease Control and Prevention; 2004. Available from: http://www.cdc.gov/tobacco/ETS_Toolkit. Accessed March 2005.

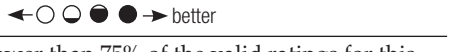
Indicator 2.7.3

Proportion of the Population Reporting Exposure to Secondhand Smoke at Home or in Vehicles

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 7	Reduced exposure to secondhand smoke
What to measure	Proportion of the population reporting exposure to secondhand smoke at home or in vehicles
Why this indicator is useful	Exposure to secondhand smoke at home or in vehicles is a serious health hazard.[1–4] Many studies show that exposure to secondhand smoke leads to lung cancer and heart disease in adults and to multiple health problems, such as severe asthma, lower respiratory tract infections, and ear infections in children.[1–4]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004
Population group(s)	▶ Adults aged 18 years or older ▶ Young people aged less than 18 years
Example survey question(s)	**From ATS** During the past 7 days (that is, since [fill in date]), how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home? ☐ Less than 1 day per week ☐ Rarely ☐ None ☐ ___days (1–7) ☐ Don't know/Not sure ☐ Refused In the past 7 days (that is, since [fill in date]), have you been in a car with someone who was smoking? ☐ Yes ☐ No **From YTS** During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes? ☐ 0 days ☐ 1 or 2 days ☐ 3 or 4 days ☐ 5 or 6 days ☐ 7 days During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes? ☐ 0 days ☐ 1 or 2 days ☐ 3 or 4 days ☐ 5 or 6 days ☐ 7 days
Comments	The ATS and YTS example survey questions can only be used to gather data on exposure to smoke during the previous 7 days and not to quantify exposure level.

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$†				



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

References

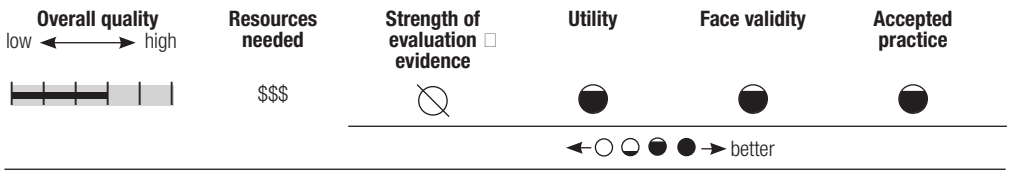
1. U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
2. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
3. U.S. Environmental Protection Agency. *Respiratory health effects of passive smoking: lung cancer and other disorders.* Washington, DC: EPA Office of Research and Development; 1992. Publication No. EPA/600/6-90/006F.
4. National Cancer Institute. Smoking and Tobacco Control Monograph No. 10. *Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency.* Bethesda, MD: National Cancer Institute; 1999. NIH Publication No. 99-4645.

Indicator 2.7.4

Proportion of Students Reporting Exposure to Secondhand Smoke in Schools

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 7	Reduced exposure to secondhand smoke
What to measure	Proportion of students reporting exposure to tobacco smoke while on school grounds, at school-sponsored functions, and in school vehicles (exposure can occur during or after regular school hours)
Why this indicator is useful	Exposure to secondhand smoke is a major cause of death and disease.[1–4] Young people spend many of their waking hours in school, where they might be exposed to secondhand smoke. Compliance with tobacco-free school policies reduces students' exposure to secondhand smoke and reinforces anti-tobacco social norms.[5]
Example data source(s)	No commonly used data sources were found
Population group(s)	Students
Example survey question(s)	When you are at school, are you exposed to smoke from other people's cigarettes, pipes, or cigars? ☐ Yes ☐ No
Comments	The authors created this example question. It is not in any commonly used data source. Evaluators might also want to measure secondhand smoke exposure on college campuses.

Rating



⃠ Denotes no data.

References

1. U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
2. U.S. Environmental Protection Agency. *Respiratory health effects of passive smoking: lung cancer and other disorders.* Washington, DC: EPA Office of Research and Development; 1992. Publication No. EPA/600/6-90/006F.
3. National Cancer Institute. Smoking and Tobacco Control Monograph No. 10. *Health effects of exposure to environmental tobacco smoke: the report of the California Environmental Protection Agency.* Bethesda, MD: National Cancer Institute; 1999. NIH Publication No. 99-4645.
4. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
5. Gilpin EA, White MM, White VM, Distefan JM, Trinidad DR, Lee L, Major J, Kealey S, Pierce JP. *Tobacco control successes in California: a focus on young people, results from the California Tobacco Surveys 1990–2002.* La Jolla, CA: University of California, San Diego; 2003. pp. 348–349. Available from: http://repositories.cdlib.org/tc/surveys/CTC1990-2002/. Accessed December 2004.

Indicator 2.7.5

Proportion of Nonsmokers Reporting Overall Exposure to Secondhand Smoke

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 7	Reduced exposure to secondhand smoke
What to measure	Nonsmokers' level of exposure to secondhand smoke. Such exposure can be caused by family members, co-workers, or strangers in public places.
Why this indicator is useful	Exposure to secondhand smoke is a major cause of death and disease.[1–4] Trends in nonsmokers' overall level of exposure to secondhand smoke are an important gauge of the success of efforts to reduce this exposure.[5–7]
Example data source(s)	▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ▶ California Independent Evaluation: Adult Survey, 2000 Information available at: http://www.dhs.ca.gov/ps/cdic/ccb/TCS/html/Evaluation_Resources.htm
Population group(s)	▶ Adults aged 18 years or older ▶ Young people aged less than 18 years

Example survey question(s)

From YTS

During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
☐ 0 day ☐ 1 or 2 days ☐ 3 or 4 days ☐ 5 or 6 days ☐ 7 days

During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?
☐ 0 day ☐ 1 or 2 days ☐ 3 or 4 days ☐ 5 or 6 days ☐ 7 days

From California Independent Evaluation

During the past 7 days, when you were at home, how many days were you exposed to other family members' or visitors' tobacco smoke?
☐ None ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days
☐ Was not home in the past 7 days

Of those who were exposed on some days, ask the following:
On these days, about how many hours per day were you exposed to other people's smoke?
Write the actual number of hours per day _____

During the past 7 days, when you were at work, how many days were you exposed to other people's tobacco smoke?
☐ None ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days
☐ Was not at work in the past 7 days

Of those who were exposed on some days, ask the following:
On these days, about how many hours per day were you exposed to other people's smoke?
Write the actual number of hours per day_____

During the past 7 days, when you were some place other than work or home, how many days were you exposed to other people's tobacco smoke?
☐ None ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

Example survey question(s) (cont.)	*Of those who were exposed on some days, ask the following:* On these days, about how many hours per day were you exposed to other people's smoke? Write the actual number of hours per day_____
Comments	None

Rating

Overall quality (low ◄——► high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
	$$	●	◒	◒	●
		←○ ◒ ◓ ● → better			

References

1. U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General.* Atlanta, GA: Centers for Disease Control and Prevention; 2004.
2. U.S. Environmental Protection Agency. *Respiratory health effects of passive smoking: lung cancer and other disorders.* Washington, DC: EPA Office of Research and Development; 1992. Publication No. EPA/600/6-90/006F.
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6. International Agency for Research on Cancer. Monographs on the Evaluation of Carcinogenic Risks to Humans, Volume 83. *Tobacco smoke and involuntary smoking: summary of data reported and evaluation.* Lyon, France: World Health Organization; 2002. Available from: http://monographs.iarc.fr/htdocs/indexes/vol83index.html. Accessed December 2004.
7. National Institutes of Health, National Toxicology Program. *10th report on carcinogens, 2000.* Research Triangle Park, NC: National Institute of Environmental Health Sciences; 2002. Available from: http://ehp.niehs.nih.gov/roc/toc10.html. Accessed December 2004.

Reduced Tobacco Consumption

Although the main goal of activities to eliminate exposure to secondhand smoke is protecting nonsmokers, another possible outcome is the reduced cigarette use that may result from cessation by smokers or the decreased number of cigarettes smoked per day by continuing smokers. Research shows that smokers in workplaces with tobacco-free policies may reduce the number of cigarettes they smoke or quit smoking altogether.[1,2] In addition, young people who live in households with tobacco-free policies are less likely to smoke than those who live in households in which people smoke.[3]

Listed below are the indicators associated with this outcome:

- **2.8.1** Per capita consumption of tobacco products
- **2.8.2** Average number of cigarettes smoked per day by smokers
- **2.8.3** Smoking prevalence

References

1. Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal.* 2002;325(7357):188.

2. Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control expenditures on aggregate cigarette sales: 1981–2000. *Journal of Health Economics*. 2003;22(5):843–59. Erratum in: *Journal of Health Economics.* 2004;23(2):419.

3. Farkas AJ, Gilpin EA, White MM, Pierce JP. Association between household and workplace smoking restrictions and adolescent smoking. *Journal of the American Medical Association.* 2000;284(6):717–22.

For Further Reading

Biener L, Cullen D, Di ZX, Hammond SK. Household smoking restrictions and adolescents' exposure to environmental tobacco smoke. *Preventive Medicine.* 1997;26(3):358–63.

National Cancer Institute. Smoking and Tobacco Control Monograph No. 11. *State and local legislative action to reduce tobacco use.* Bethesda, MD: National Cancer Institute; 2000. NIH Publication No. 00-4804.

Outcome 8

Reduced Tobacco Consumption

Indicator Rating
◀○◒◓●▶ better

Number	Indicator	Overall quality (low ◀——▶ high)	Resources needed	Strength of evaluation evidence	Utility	Face validity	Accepted practice
2.8.1	Per capita consumption of tobacco products	▬▬▬▬▬	$	●	●	◓	●
2.8.2	Average number of cigarettes smoked per day by smokers	▬▬▬▬▭	$$†	●	●	◓	●
2.8.3	Smoking prevalence	▬▬▬▬▬	$$†	●	◒	●	●

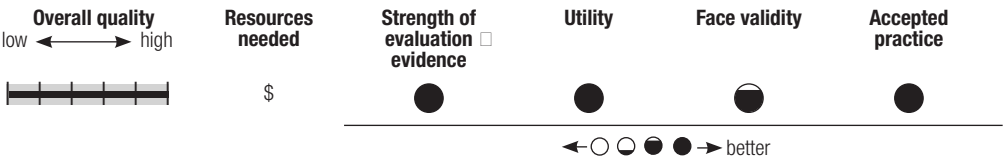
† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

Indicator 2.8.1

Per Capita Consumption of Tobacco Products

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 8	Reduced tobacco consumption
What to measure	The number of cigarette packs sold per adult aged 18 years or older in the state
Why this indicator is useful	In addition to decreasing nonsmokers' exposure to secondhand smoke, smoke-free policies decrease the number of cigarettes smoked.[1]
Example data source(s)	▶ CDC State Tobacco Activities Tracking and Evaluation (STATE) system Data available at: http://www.cdc.gov/tobacco/STATEsystem ▶ State departments of revenue
Population group(s)	Not applicable. This indicator is best measured by examining tax records to assess the state's sales of cigarettes.
Example survey question(s)	Not applicable
Comments	Evaluators need to measure statewide consumption of cigarettes, smokeless tobacco, and other tobacco products separately.

Rating



Reference

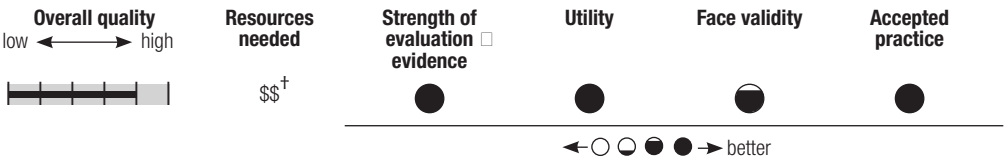
1. Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal.* 2002;325(7357):188.

Indicator 2.8.2

Average Number of Cigarettes Smoked per Day by Smokers

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 8	Reduced tobacco consumption
What to measure	The average number of cigarettes smoked per day by adult and young smokers
Why this indicator is useful	Daily cigarette use by employees who smoke decreases when smoke-free policies are adopted in the workplace.[1] In addition, young people who live in households with tobacco-free policies are less likely to smoke than those who live in households in which people smoke.[2]
Example data source(s)	▶ CDC State Tobacco Activities Tracking and Evaluation (STATE) system Data available at: http://www.cdc.gov/tobacco/STATEsystem ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ▶ CDC Youth Risk Behavior Surveillance System (YRBSS), 2003 ▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003
Population group(s)	▶ Smokers 18 years of age or older ▶ Smokers aged less than 18 years
Example survey question(s)	**From YTS and YRBSS** During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day? ☐ I did not smoke cigarettes during the past 30 days ☐ Less than 1 cigarette per day ☐ 1 cigarette per day ☐ 2 to 5 cigarettes per day ☐ 6 to 10 cigarettes per day ☐ 11 to 20 cigarettes per day ☐ More than 20 cigarettes per day **From ATS** *For everyday smokers* On the average, about how many cigarettes a day do you now smoke? Number of cigarettes _____ *For some-day smokers* On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day? Number of cigarettes _____
Comments	Calculating the average number of cigarettes smoked per day by adults requires combining data for everyday smokers and some-day smokers.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

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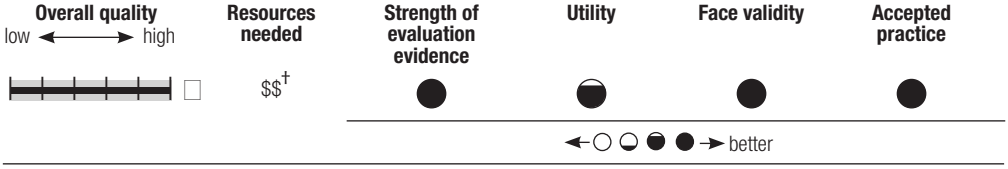
1. Farrelly MC, Evans WN, Sfekas AE. The impact of workplace smoking bans: results from a national survey. *Tobacco Control.* 1999;8(3):272–7.
2. Farkas AJ, Gilpin EA, White MM, Pierce JP. Association between household and workplace smoking restrictions and adolescent smoking. *Journal of the American Medical Association.* 2000;284(6):717–22.

Indicator 2.8.3

Smoking Prevalence

Goal area 2	Eliminating nonsmokers' exposure to secondhand smoke
Outcome 8	Reduced tobacco consumption
What to measure	Proportion of adults employed outside the home who have ever smoked at least 100 cigarettes in their lives and who smoke every day or some days[1] Proportion of young people who have smoked on at least 1 day during the previous 30 days[2]
Why this indicator is useful	Studies show that tobacco-free work policies lead to an increase in the number of employees who quit smoking.[3] In addition, smoke-free workplaces and homes are associated with significantly lower rates of adolescent smoking and an increased likelihood of adolescent smoking cessation.[4]
Example data source(s)	▶ Adult Tobacco Survey (ATS): CDC Recommended Questions: Core, 2003 ▶ Behavioral Risk Factor Surveillance System (BRFSS), 2003 ▶ Youth Tobacco Survey (YTS): CDC Recommended Questions: Core, 2004 ▶ CDC Youth Risk Behavior Surveillance System (YRBSS), 2003
Population group(s)	▶ Adults aged 18 years or older ▶ Young people less than 18 years of age
Example survey question(s)	**From ATS and BRFSS** Have you smoked at least 100 cigarettes in your entire life? ☐ Yes ☐ No ☐ Don't know/Not sure ☐ Refused Do you now smoke cigarettes every day, some days, or not at all? ☐ Every day ☐ Some days ☐ Not at all ☐ Refused **From YTS and YRBSS** During the past 30 days, on how many days did you smoke cigarettes? ☐ 0 days ☐ 1 or 2 days ☐ 3 to 5 days ☐ 6 to 9 days ☐ 10 to 19 days ☐ 20 to 29 days ☐ All 30 days
Comments	To gather more complete data on tobacco use, evaluators may also want to ask questions about the use of other tobacco products such as spit (smokeless) tobacco, bidis, small cigars, and loose (roll-your-own) tobacco.

Rating



† Denotes low agreement among reviewers: that is, fewer than 75% of the valid ratings for this indicator were within one point of each other (see Appendix B for an explanation).

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1. Centers for Disease Control and Prevention. Prevalence of current cigarette smoking among adults and changes in prevalence of current and some day smoking—United States, 1996–2001. *Morbidity and Mortality Weekly Report.* 2003;52(14):303–7.
2. Centers for Disease Control and Prevention. Cigarette use among high school students—United States, 1991–2003. *Morbidity and Mortality Weekly Report.* 2004;53(23):499–502.
3. Farrelly MC, Evans WN, Sfekas AE. The impact of workplace smoking bans: results from a national survey. *Tobacco Control.* 1999;8(3):272–7.
4. Farkas AJ, Gilpin EA, White MM, Pierce JP. Association between household and workplace smoking restrictions and adolescent smoking. *Journal of the American Medical Association.* 2000;284(6):717–22.