

Local Comprehensive Clean Indoor Air Ordinance in Georgia

Overview

Healthy People 2010 Objectives	Establish smoke-free indoor air laws that prohibit smoking or limit it to separately ventilated areas in public places and worksites in every state and the District of Columbia. Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke (ETS).
OSH Indicator	Proportion of jurisdictions with public policies for smoke-free workplaces, including smoke-free restaurants, bars, and other public places.
City/County/Other State	Albany Georgia
Goals	Eliminate Exposure to Secondhand Smoke
Components	Community Policy and/or Program Interventions
Areas of Policy and/or Program Intervention	Clean Indoor Air Policies Local Policy Change
Intervention	Cessation: Expanding Insurance
Audience/Population	Black General Public
Audience/Population	General Public

Policy/Program Objectives of the Intervention

Prevent the weakening or repeal of an enacted clean indoor air ordinance making workplaces, including restaurants smokefree.

Description of the Intervention

The Albany, Georgia ordinance is designed to protect nonsmokers from the health effects of secondhand smoke in workplaces, including restaurants. Over a two-year period, ordinance opponents launched serious challenges to the ordinance, including non-compliance, a threatened legal challenge, and amendments to weaken the ordinance. The Albany Coalition organized a diverse grassroots support network to threaten the ordinance.

Personnel/Key Players/Resources Required for Conducting the Intervention

The Albany Clean Indoor Air Coalition included representatives from the voluntary health organizations (ACS, ALA, AHA), the local public health department, the local hospital, and several key volunteers—two local oncologists and a lawyer.

The coalition also drew upon grassroots support in the faith community, youth, and medical professionals.

Place Where the Intervention was Conducted

Albany, Georgia is a large town in southwestern Georgia. Located on the Flint River, it serves as a regional center of commerce for a predominantly rural area. It has light industry (e.g., Proctor & Gamble, Miller Brewing, M & M Mars, and Merck), as well as a regional medical center, and Albany State University, an historically black college. It is the county seat for Dougherty County.

With a population of about 100,000, Albany is 50% African American. Albany was a key city in the Civil Rights struggle; the Rev. Martin Luther King, Jr. was jailed in Albany in 1961.

Approximate Time Frame for Conducting the Intervention

The local coalition first organized in 1995, as the “Better Breathers” coalition. The coalition approached the city commission with a proposed smoke-free workplace ordinance, which passed in November of 1995. That ordinance, interpreted by the city attorney to apply only to businesses that opened after the effective date, went virtually unenforced. The coalition, disappointed and discouraged by the results of their initial efforts, was dormant until early 1997.

In 1997, the Better Breathers Coalition reconvened as the Albany Clean Indoor Air Coalition. The coalition initially focused its efforts on achieving enforcement of the current ordinance. In January 1998 the city commission voted to amend the 1995 ordinance to cover all businesses, old and new.

Following the amendment, the coalition shifted its focus to defending the ordinance against restaurants determined to overturn the newly expanded ordinance. Throughout 1998 – 1999, multiple citations were issued against non-compliant restaurants, and the coalition organized grassroots supporters several times against threatened amendments to weaken the ordinance.

Summary of Implementation of the Intervention

In early 1997, the American Cancer Society (ACS) hired a tobacco control coordinator. This ACS staff person helped re-energize the “Better Breathers” coalition that had come together in 1995 to pass the original ordinance. Re-formed as the Albany Clean Indoor

Air Coalition, the group decided to focus its efforts on achieving enforcement of the 1995 ordinance.

With the election of two supportive city commissioners in November 1997, and support from the Dougherty County Board of Health and key city staff, the coalition ran a relatively low-key campaign to convince the city commission to amend the 1995 ordinance to apply to all businesses. The amendment passed in January 1998, and went into effect in March 1998.

In July 1998, the city commission held a work session to consider possible amendments to weaken the ordinance. The coalition packed the work session with supporters, and a week later held an “Appreciation Rally” to thank the city commission for passing the ordinance and to demonstrate widespread community support for the ordinance.

In January of 1999, facing threats of a legal challenge, the coalition staged a Smoke Freedom march and candlelight vigil in support of the ordinance on Martin Luther King Day (January 18). The following day it packed the city commission chambers with supporters, urging the council to deny any requests for variances and resist any calls for changes to the ordinance. The coalition also used Black History Month (February) as an opportunity to educate the community, and the commissioners, about tobacco issues in the African American community.

In March of 1999 the coalition learned that a city commissioner was attempting to weaken the ordinance. The coalition mobilized grassroots supporters to attend the city commission work session, and the subsequent public hearing. This attempt failed on a 4 – 3 vote, and was the last serious attempt to weaken or overturn the ordinance.

Summary of Evaluation/Outcome of Intervention

No formal evaluation was done. However a poll conducted by the ACS about 4 months after the ordinance went into effect found that over two-thirds of registered voters in Albany supported the ordinance.

Intervention's Applicability/Replicability/Recommendations for Other Sites

The Albany ordinance was unusual in that the organizing required to enact, and then strengthen the ordinance was relatively low-key. The vast majority of the coalition’s grassroots organizing efforts occurred after the ordinance passed, to defend the ordinance against attacks after it was strengthened in 1998.

Overview Notes

This case study was written by Robin Hobart, an Office on Smoking and Health Consultant, November 2003.

Planning

Was a needs assessment completed?

No

Approach Used

N/A

Planning Models Used

N/A

Planning Notes

Members of the coalition recommend reading the Americans for Nonsmokers' Rights (ANR) publication, *Clearing the Air: Citizens Action Guide for information on how to plan a local smoke-free ordinance campaign* (to order, call 510 841-3032 or go to the ANR Web site, www.no-smoke.org).

Implementation

Implementation Level

Local:

What is the policy and/or program intervention designed to do?

The Albany Coalition for Clean Indoor Air organized a grassroots network which they activated to prevent the weakening or repeal of an enacted clean indoor air ordinance making workplaces, including restaurants, smokefree. The ordinance, strengthened in 1997, but faced several serious threats between 1998 and 1999.

Explain the implementation of the policy and/or program intervention.

In the fall and winter of 1997, the coalition worked to strengthen the 1995 smoke-free workplace ordinance, which had been interpreted to cover only new businesses, and had gone virtually unenforced since its passage. In January of 1998, the city commission amended the ordinance to cover all businesses, and began enforcing the ordinance in March of that year.

A handful of restaurants in Albany were repeatedly non-compliant with the ordinance, and by May 1998, just three months after the effective date, several citations had been issued. In July 1998, the city commission held a work session to consider possible amendments to weaken the ordinance. The coalition packed the work session with close to 150 supporters, many of them wearing surgical masks to visually demonstrate the dangers of secondhand smoke and their support for the ordinance. Following this work session, the coalition worked with members of the Dougherty County Medical Society to publish a letter to the editor in support of the ordinance.

The following week, the coalition held an “appreciation rally” to thank the city commission for passing the ordinance, and to demonstrate widespread community support. The rally featured supporters offering testimonials about the ordinance, and included health care professionals, members of the faith community, a supportive restaurant owner, and youth (who were recruited from a summer asthma camp). During the rally, a 50-yard scroll of petitions in support of the ordinance was rolled out and presented to the mayor and city commissioners. This event generated a great deal of media coverage (TV and print).

During the rally, the coalition released the results of an opinion poll commissioned by the ACS, which found strong support for the ordinance (69% in favor). The polling data was broken out by district, so that the coalition could show each commissioner the level of support for the ordinance in his/her district.

In January of 1999, facing the threat of a legal challenge, the coalition staged a Smoke Free-dom march and candlelight vigil in support of the ordinance on Martin Luther King, Jr. Day (January 18). The candlelight vigil is an annual celebration of MLK Day in Albany, organized by a former state representative. This vigil featured local ministers who spoke about the tobacco industry's targeting of the African American community. As with the appreciation rally, this vigil was wellcovered by the media.

The following day the coalition filled the city commission chambers with over 50 supporters, urging the commission to deny any requests for variances and resist any calls for changes to the ordinance. The commission took no action on the ordinance. The past president of the local American Heart Association helped the coalition analyze the threatened legal challenge, which ultimately went nowhere.

The coalition used Black History Month (February) as an opportunity to continue educating the community about tobacco in the African American community. The coalition held an event, featuring national tobacco control leaders from the African American community: Dr. Robert Robinson (of the CDC Office on Smoking and Health) and the Rev. Jesse Brown (co-founder of the Uptown Coalition, which defeated a test-brand cigarette targeting the African American community in Philadelphia). The coalition also worked with a locally prominent African American surgeon, to place an Op Ed piece in the local paper. This physician also spoke to city commissioners and testified at hearings and work sessions about the hazards of secondhand smoke.

By March 1999, a year after the ordinance had gone into effect, over a dozen hearings had been held regarding no-smoking violations, and several businesses had been issued citations.

In March of 1999 the coalition received a tip that a city commissioner was attempting to quietly place the ordinance on the commission's agenda, to discuss an exemption allowing restaurants to designate themselves as smoking or smoke-free. Once again the coalition mobilized grassroots supporters to attend the city commission work session, and the subsequent public hearing. This attempt failed on a 4 – 3 vote, and was the last serious attempt to weaken or overturn the ordinance.

In the spring of 1999, the coalition produced a 4 ½ minute PR/educational video about the ordinance, featuring a supportive restaurant owner (who had spoken at the 1998 "Appreciation Rally"). The video aired on local television during the summer of 1999.

Background

The nucleus of the Albany coalition came together in 1995, when two local oncologists and a lawyer decided they wanted to do something about clean indoor air. The "Better Breathers" coalition approached the city council with a proposed smoke-free workplace ordinance, which was passed in November of 1995. That ordinance, interpreted by the city attorney to apply only to businesses that opened after the effective date, went

virtually un-enforced. The coalition, disappointed and discouraged by the results of their initial efforts, was dormant until early 1997.

In early 1997, the local ACS hired a tobacco control coordinator. This coordinator helped re-energize the coalition that had come together in 1995 to pass the original ordinance. Re-formed as the Albany Clean Indoor Air Coalition, the group decided to focus its efforts on achieving enforcement of the 1995 ordinance.

The election of two supportive commissioners in November 1997 boosted the coalition's efforts. The coalition held meetings with key city staff: the building inspector responsible for enforcing the ordinance, and the city attorney. The coalition also met with the mayor and supportive city commissioners. With support and encouragement from the coalition, the Dougherty County Board of Health passed a resolution offering its support to the commission to enforce the ordinance.

Through these various efforts, consensus developed that the 1995 ordinance was un-enforceable in existing businesses; the ordinance would need to be amended to cover all businesses. The city commission held a public work session in January 1998 (these sessions are used to craft ordinances before a formal hearing), agreeing to amend the ordinance to apply to all existing and future businesses. This amendment passed at a formal city commission hearing a week later, going into effect in March 1998.

Evaluation

Type(s) of Evaluation Planned or Conducted and Status

What is the status of your evaluation?

- Completed

Do you address process evaluation?

N/A

Do you address outcome evaluation?

N/A

Briefly describe the evaluation design.

Telephone survey conducted by the ACS of 400 registered voters in Albany. The sample was weighted to demographically represent the city's registered voter population.

Data Collection Methods

Telephone Interview/Survey

Data Source

Other: Telephone Survey of 400 Registered Albany Voters

Range of Intended Outcomes

Behavior Change

Policy Change

Increased Knowledge

Attitude Change

Change in Norms

Other: Support for the major elements of the ordinance, and intentions re: dining at smokefree restaurants

List key evaluation findings and/or conclusions for each intended outcome.

The poll was a one-time activity, and therefore didn't track changes in behavior, attitude or knowledge over time. It did demonstrate that more than two-thirds of Albany registered voters supported the key elements of the ordinance:

- 69% supported a smoking ban in the workplace, except in enclosed and separately ventilated smoking rooms.
- 67% supported a smoking ban in restaurants, except in enclosed and separately ventilated smoking rooms.
- 68% supported a smoking ban in public buildings

The vast majority (92%) of Albany registered voters reported that they were more likely (49%) or just as likely (42%) to dine at a restaurant that is smokefree as one that allowed smoking.

Were evaluation findings and/or conclusions disseminated to policy and/or program intervention stakeholders?

The poll results were released at an Appreciation Rally held by the coalition to demonstrate the widespread community support for the ordinance. In addition, coalition members also individually shared the results with the city commissioners. The polling results were broken down by district, so that the coalition could demonstrate to each city commissioner the level of support for the ordinance in his/her district.

Briefly describe how evaluation findings and/or conclusions were used to inform program planning or development?

N/A

Evaluation Notes

N/A

Resources Required

Describe the individuals and groups whose paid or unpaid participation was essential.

Business Community/Organizations—Individual Restaurants
 Coalition Members
 Community Leaders
 Medical and Health Professionals
 Policymakers—City Council Person
 Public Health Professionals—Local Health Dept.
 Voluntary Health Organizations — American Cancer Society, American Heart Association, American Lung Association

Title/ Position	Responsibilities/ Skills Required	Personnel	
		Source	Hours/ Duration
Coalition Coordinator	Organize and oversee all coalition activities.	Project Staff, American Cancer Society Tobacco Control Coordinator	Up to fulltime
Coalition Steering Committee Members	Helped develop strategy, and conduct coalition activities.	Volunteer	Part-time. When things got busy, the steering committee would meet weekly to discuss strategy and plan activities.

Additional Staff and Information:

The coalition coordinator was the tobacco control coordinator for the local ACS. Her time was an in-kind contribution. The local public health district also provided significant in-kind contributions of staff time. The coalition included several key volunteers that were not representing any organization (two local physicians and a local lawyer).

Materials/Resources Required

The local hospital provided lunches for meetings. The ACS sent out action alerts. The local public health district developed fact sheets and other materials, and issued press releases.

The coalition relied heavily on technical assistance and support from Americans for Nonsmokers' Rights (ANR) and Action on Smoking and Health (ASH).

Costs/Funding

Budget

Estimated labor costs	\$ N/A
Estimated cost of materials, promotional efforts, printing, etc.	\$ N/A
Estimated total cost of conducting policy and/or program intervention	\$ N/A

Budget Notes

The coalition had virtually no budget, with the exception of two modest grants totaling \$15,000. All labor was provided on a volunteer and in-kind basis. Both the ACS and the local public health district provided key staff and infrastructure to support the coalition's activities.

A \$10,000 grant from ACS was used to produce and air the PR/educational video, and cover expenses related to bringing Dr. Robinson and Rev. Brown to attend the Black History Month event.

A \$5,000 grant from the state Tobacco Control Coalition, CHARGE, was used to cover media expenses. No information is available on the cost of the poll conducted by ACS.

Funding Sources

RWJF SmokeLess States Grant
Voluntary Agency/ American Cancer Society

Funding Notes

The ACS provided the coalition with a \$10,000 grant. This grant covered the costs of bringing in Dr. Robinson and Rev. Brown for the Black History Month event, and for production of a 4 ½ minute video about the ordinance.

The State Tobacco Control Coalition, CHARGE, provided the coalition with a \$5,000 grant to help with media expenses.

Timeline

Planning

This time line is adapted, in part, from a chronology of events assembled by Scott Hays, Project Director, Factors that Facilitate the Adoption of Municipal Ordinances for Tobacco Control. See the Deliverables section for a complete citation.

Early 1995 Two local oncologists and a local lawyer form “Better Breathers,” a coalition to promote a smokefree workplace ordinance with the Albany City Commission. The coalition finds a supportive city commissioner to sponsor an ordinance.

August 1995 City commission holds public hearing on smoke-free workplace ordinance, including restaurants.

November 1995 City commission passes proposed ordinance. City attorney determines that the proposed ordinance applies only to businesses that open after the ordinance’s effective date.

Early 1997 ACS hires tobacco control coordinator, who helps re-energize the dormant coalition, which reforms as the Albany Clean Indoor Air Coalition.

November 1997 Two supportive city commissioners are elected. Coalition begins meeting with key city staff, Mayor and supportive commissioners. Dougherty Board of Health passes resolution in support of enforcing the 1995 smoke-free ordinance.

January 1998 City commission passes an amendment to strengthen the 1995 ordinance, making it apply to all businesses.

Implementation

March 1998 Strengthened ordinance goes into effect.

May 1998 Three restaurants are issued summons by the Municipal Court for alleged violations of the ordinance.

July 7, 1998 City commission holds work session to consider weakening the ordinance. Coalition packs the session with supporters wearing surgical masks. The commission takes no action on ordinance.

July 7- 8, 1998 ACS commissions polling firm to conduct telephone survey of registered voters.

July 14, 1998 Local paper publishes a letter to the editor from members of the Dougherty County Medical Society, in support of the ordinance.

July 15, 1998 Coalition stages an appreciation rally, inviting the mayor and city commissioners to attend. Results of the ACS poll are released at the rally.

January 18, 1999 In celebration of Martin Luther King, Jr. Day, Coalition holds Smoke Freedom march and candlelight vigil in support of the ordinance.

January 19, 1999 Coalition packs commission chambers with supporters, to defend ordinance against threatened legal challenge and requests for variances from restaurant owners.

February 1999 Coalition hosts an event during Black History Month, featuring national tobacco control leaders from the African American community.

Spring 1999 Coalition works with prominent local African American surgeon to place Op Ed piece in the local paper.

March 1999 Coalition receives tip from city employee that hostile commissioner is trying to 'sneak' the ordinance onto the agenda.

March 16, 1999 City Commission Committee votes on an amendment to the ordinance which would have allowed restaurants to designate themselves as smoking or smoke-free. This recommendation is forwarded to the whole Commission.

March 23, 1999 City commission vote 4 – 3 against proposed amendment.

Late Spring 1999 Coalition produces a 4 ½ minute PR/educational video about the ordinance, featuring a local restaurant owner.

Summer 1999 Video airs on local TV station.

Evaluation

N/A

Lessons Learned

What were the important elements to the intervention's success?

The ACS and the local public health district provided the infrastructure to support the coalition's activities. The two organizations had a mutual understanding of their roles; the local public health district had the resources to gather information, provide technical support and educate, but couldn't lobby. The ACS, and the individual coalition volunteers, could organize/activate grassroots support and lobby.

The coalition was diverse in its membership. Coalition supporters represented the demographics of Albany, and included partners outside the usual health-focused organizations (e.g., youth, the faith community, supportive restaurants). The coalition coordinator was an African American woman with deep roots in Albany.

The coalition had several dedicated volunteers. It also had energetic and committed coordinator, who was a remarkably effective grassroots organizer.

The coalition worked with key city staff members, including the building inspector charged with enforcing the ordinance, and the city attorney. These staff were key to the successful implementation and enforcement of the ordinance. City staff also helped the coalition keep their "ear to the ground", alerting the coalition to important developments on the city commission.

Describe the policy and/or program interventions applicability/replicability to other sites, and include recommendations for other sites.

The Albany Coalition's efforts are relevant to other communities interested in working on local clean indoor air ordinances. Although the bulk of the coalition's activities were organized in defense of their ordinance, these types of events and activities also would be effective in organizing to pass an ordinance.

The Albany Coalition is a good model for coalitions wanting to create a diverse, inclusive membership. Coalition leadership included people of color, and activities (e.g., the Black History month event and the MLK, Jr. march and candlelight vigil,) and framed tobacco issues that were relevant to the African American community. The Coalition engaged African American leadership in the faith community and in the medical community.

Describe the challenges faced, and below each challenge, describe any solutions used to correct or reduce the problem.

Challenge: Responding to business claims that the ordinance would hurt restaurant revenues. Because of the way the state collects tax revenues, advocates could not conduct local analysis of restaurant revenues before and after the ordinance went into effect.

Solutions: Referred to economic impact studies done elsewhere, all of which have found no negative effect on restaurant sales after adopting a smokefree ordinance.

What would you have done differently?

Spent more time developing a grassroots network of supporters before strengthening the ordinance in 1998. One of the coalition volunteers described their efforts as “a constant rear-guard action”, noting that “you can either organize up front to pass the ordinance, or after the fact once it’s been passed to protect it, but you have to organize.” He recommends using the planning and organizing model presented in the Americans for Nonsmokers’ Rights publication “Clearing the Air”.

Lessons Learned Notes

N/A

References/Deliverables

Clearing the Air: Citizen's Action Guide, Americans for Nonsmokers' Rights (call 510 841-3032 to order).

Factors that Facilitate the Adoption of Municipal Ordinances for Tobacco Control. Robert Wood Johnson Foundation, Substance Abuse Policy Research Program Grant #038129, November 1999 to February 2002. Carol E. Hays & Peter F. Mulhall, Principal Investigators, Scott P. Hays, Project Director (sphays@ad.uiuc.edu)