MODIFICATION OF A LOCAL SMOKING ORDINANCE: A CASE-REPORT OF CHIROPRACTIC HEALTH ADVOCACY

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ABSTRACT

Background: Health Promotion may involve assessing the community and assisting in the formation of coalitions that empower a community to reduce health risks.

Objective: To describe an intervention lead by a doctor of chiropractic to reduce exposure to environmental tobacco smoke in one rural southeast Alabama town.

Discussion: A coalition influenced the city council to modify an existing ordinance governing smoking in public places. As a secondary goal, the coalition hoped to use the local media to significantly increase public awareness of the dangers of ETS through positive press coverage of their efforts and general media advocacy. City councilmen and the local media were involved in the coalition to use a political process to change the ordinance. Ten months after initiating the project, the existing ordinance was modified.

Conclusion: Doctors of chiropractic involved as health advocates were able to change the local ordinance pertaining to indoor smoking. (J Chiropr Med 2006;5:32–37)

Key Indexing Terms: Chiropractic; Health Promotion; Health Education; Tobacco Smoke Pollution

INTRODUCTION

Community organization theory contains constructs that deal with community action and empowerment.¹ Included is Rothman's Topology. This focuses the efforts of the health promoter, or advocate on: 1) community development, which is the application of a broad base of people to identify and solve

a problem on their own; 2) social planning in which tasks and goals toward problem resolution are set with expert technical assistance and; 3) social action in which the community seeks to redress social injustices.

In many ways the continuance of smoking in public places is an injustice to the vast majority of citizens that do not smoke nor wish to be exposed to the hazards of environmental tobacco smoke (ETS). Coalitions allow local people to look at a problem and determine what actions they feel are necessary to correct the problems and in addition, allows them to speak to politicians with one voice. This can be a powerful addition to individual actions, or in the case of ordinance modification and smoking in public, it can be stronger than an agency, philanthropy or other small group acting alone. Community organizational theory suggests a broad base of people tackle complex tasks such as ordinance modification. According to the Center for Disease Control, only 23.3% of Americans smoked as of the year 2000.² Therefore, the vast majority of Americans, including those residing in Alabama, do not smoke. However, few towns in Alabama had smoking ordinances at the time of this intervention.

Exposure to ETS increases utilization of health care services and increases time off work for those who are exposed.³ ETS may result in as many as 40 to 68,000 direct deaths in the United States from lung and sinus cancer and cardiovascular disease.^{4,5} It may also result in increased risk of respiratory problems in infants with up to 150,000 to 300,000 children <18 months of age affected each year.⁶

The City of Eufaula, Alabama is situated in Southeast Alabama on the Georgia border and has fewer than 15,000 residents. The population is diverse with agriculture, manufacturing and local, county and state government agencies present as it is a county seat for Barbour County. It has its share of tourists including several fishing tournaments each year on Lake Eufaula which covers part of Alabama

and Georgia in this region. Since the number of smokers in Alabama parallels that of the United States, it is assumed that the City of Eufaula parallels this statistic as well. At the time of this attempt to modify the ordinance the City had approximately 25 restaurants of which 10 were family or privately owned enterprises. Six of those had alcohol licenses and there are approximately 12 bars aside from the restaurants, most of which operate as private clubs under special licenses.

In this case, an existing ordinance was passed in 1990 that remained on the books even though the restaurant community was successful in weakening the ordinance shortly after it became law. The existing ordinance passed in 1990 contained provisions that allowed smoking in all restaurants provided they offered non-smoking sections. Restaurants seating fewer than 50 people did not have to comply. Stores serving the public could ignore the ordinance if they employed 20 or less and hotels were required to reserve only 15% of rooms as non-smoking. Enforcement relied on citizens to summon the police and file a complaint. Posting appropriate signage constitutes compliance among those covered entities.⁷ The author led the efforts for the initial ordinance.

DISCUSSION

Coalition Building Efforts

After solicitation from the City Attorney and others, the writer called on members from the previous 1990 group to assist in forming a coalition that would approach the city council about modification of the ordinance. The group was solicited by the writer and included 2 members that served on the previous task force in 1990. One member was on the local Heart Association Board with the writer in 1990 and the other previous member was a local attorney that had helped in 1990. Since the opposition to the ordinance in 1990 was the restaurant community, 2 current owners of thriving smoke-free restaurants were asked to serve on the current coalition. One was present at the first meeting. The local chamber of commerce liaison to local business was also asked to be present and offered to host the group at their offices. Two staff members from the author's office who had an interest in the activities were also present and were organizational members of the coalition.

The initial steering committee met approximately 4 months prior to attending a council meeting and set the following objectives and goals: 1) ban smoking in all restaurants, bars, retail shops and places serving the public as well as to reduce exposure of environmental tobacco smoke or second-hand smoke exposure in citizens by modification of the local ordinance that regulates where smoking can take place; 2) increase the number of hotel rooms reserved for non-smokers to 75% percent. The existing ordinance required only 15% and; 3) significantly increase the awareness of the dangers of ETS through positive press coverage of this initiative.

Checkoway states that,⁸ "Community can be defined either as an area in which people live or a group of people with close ties and common interests. Community participation can make policies, plans and programs more responsive to the people they serve. It can increase information among groups, reduce opposition to policies and build support for proposed plans. It can affect the cost, quality and accessibility of services. It can democratize the political process, activate the non-participants and strengthen leadership in the community." He contends as well, that legislative advocates lobby legislators on policies and administrative advocates seek compliance with regulations.⁸ The coalition would be representative of all these things in the attempt at changing the local ordinance and chiropractic would be at the forefront of the efforts.

Working With the Media

Prior to the first meeting of the coalition, the editor of the local paper was called and a meeting was arranged with him to discuss the potential objectives and goals of the proposed coalition. The local paper was the only local media outlet but they had a significant website that was of interest to many who voiced their opinions with an Internet handle or by posting their names.

Health communications, properly executed, can motivate those in the media to take a personal stake in the health promotion effort.⁹ Health care providers are often powerful cueing agents for change. With the introduction of the idea of modification of the ordinance, the local paper editor took personal interest in the campaign in this case. He offered a guest editorial opportunity and used the paper's opinion-editorial section to write a positive piece himself that bolstered the efforts of the coalition.

Front-page coverage from day one was given by this paper. Because of this, the coalition grew to over 20 members within the first few weeks of media coverage. Some members worked in restaurants or had allergies to ETS and 1 additional lawyer was added due to his personal interest in the issue.

A press packet was given to the editor that explained the goals of the collation and gave copies of several articles with talking points that could be used to build an editorial or assist in coverage of the issue. Many of these were cited by articles covered in the paper and they were placed on the paper's website as well. By the end of the effort, over 30 articles appeared on the subject in the local paper or a regional paper that picked up the story. The same press data was hand-delivered to the mayor and each councilman at a working session of the council over a month before the coalition formally asked the city to amend the ordinance. Each week for the next 3 weeks other articles and short statements were sent to each council member at their city post office box. During the time frame the coalition was operating, the City of New York, the State of Florida and the City of Montgomery, Alabama all attempted or implemented smoking bans in public places and copies of the actions that were taking place in those cities were sent to the local city council.

Response

Initially, the Council wanted to delay any action. The coalition focused on keeping the media campaign going and launched a letter writing campaign to the council and the paper's website where a considerable amount of exchange was taking place. By the time the council decided to consider modification of the ordinance about 7 months after the first working session, there had been over 160 comments posted on the paper's website. The paper editor tabulated the comments and reported that 70% of those writing favored a ban on smoking in public places. This generated a second and third editorial by the paper's editor supporting the efforts of the coalition. In all, 12 front-page articles, 8 editorials and several letters to the editor were published in the local paper. News coverage of the issue was also reported. Councilmen began to poll their constituents and 2 publicly stated that 95% of their constituents favored a ban.

Several councilmen, the president of the Council, and the Mayor gave their support. Through the

working sessions and phone conversations they continued to state their support for the issue. However, when a first reading of the amendment was offered, 1 of the supporters called the writer with an optional approach. He suggested that businesses be allowed to choose either smoking or non-smoking but, should they choose smoking, they could not allow minors in the business. An effort was made to relay the dangers of ETS to employees but the councilman, aligned with a large business interest group on the state level, opposed this idea. On voting day, he became the swing vote. He voiced his dissatisfaction with the process publicly. His concern was that he did not feel he had a valid say in the process, even though several chances were available to amend the amendment or offer his version of what should be done. The local paper cast the blame of the failure of a modification on this councilman. Another on-line poll was taken and again, demonstrated that 70% of citizens favored a ban.

After several weeks of comments appearing in the local paper and the community abuzz with conversation on the topic, the idea of banning smoking where minors are allowed was brought up by the council. Two restaurant owners came to a public hearing to express opposing views on the subject. The council listened but publicly stated as a group that they were viewing the matter strictly as a public health issue.

Ten months after the council was first approached about modifying the local clean indoor air ordinance, the ordinance was modified to ban smoking in all public places that serve minors. A facility or restaurant that serves the public has the option of being a smoking facility or non-smoking facility. Should they choose to be a smoking facility, they cannot serve minors or allow them in the building. The vast majority of businesses choose to be non-smoking facilities. Hotels and motels have to reserve a minimum of 25% of rooms as non-smoking rooms, although the coalition had requested this number be 75%.

Political Positioning

In addition to changing policy and law, the goal of the coalition was to increase awareness of the dangers of ETS. The significance of restrictions on ETS goes beyond just protecting those in public places. According to the Center for Disease Control's Guide to Community Preventive Services, studies show

that smoking bans in the workplace reduce harmful components of ETS by 72%, and are stronger at reducing dangerous ETS exposure than laws that simply restrict use.¹⁰ But more importantly perhaps, smoking bans reduce the amount of cigarettes smoked and reduce the number of people who continue to smoke.

The local paper, the media part of the effort, generated several positive anti-tobacco articles and letters to the editor along with Internet comments agreed with the efforts promoted by the coalition by a three-fourths margin. All but 1 councilman publicly stated that their constituents were supportive of this effort. Otherwise, it likely would not have passed. Only 2 people spoke in opposition at open council forums and they spoke regarding denial of their personal freedoms to smoke as smokers.

One area that was very difficult to control once the action began with the Council was keeping the issue defined to one of health rather than a smoker versus non-smoker rights issue. While it was the initial intent of the coalition to keep the issue related to the dangers of ETS, some added members made it an "us versus them" issue and this was difficult to prevent. Many website comments noted that it is not the right of any health promoter to infringe on smoker's rights and many non-smokers said it was their right to not have to put up with smokers in general. Some comments could be quite personal in nature and it was often inferred that smokers had a personal problem or bad habit with the blame placed on them for the problem of ETS exposure. While every effort by the advocacy group should be made to keep the issue confined to the dangers of ETS, one would be well advised that in polarized issues such as this, there is a tendency to place blame and make it a non-smoker versus smoker issue.

Another area that should be addressed early on is that of finding a program champion within the legislative body. On a city level, 1 councilman can guide the efforts. However, without a supporter the move to amend or make new policy may never be brought up. On a state level, legislation would never be introduced. This area is critical to the success of any policy modification effort.

The doctor of chiropractic can be a tremendous resource for those initiating a change in smoking policy and in other policies as well. Figure 1 shows a

The chiropractor-health advocate can:

- Serve as a resource person for materials and statistics regarding the dangers of ETS and information on changing public policy.
- Coordinate communication efforts and serve as a conduit for media personnel by preparing and communicating press information packets.
- Serve as a mediator in coalitions to help the committee or group select objectives and goals.
- Direct activities that increase public awareness including media press packets and packets to key decision makers within the community including legislators.
- Keep the focus of the effort on the dangers to public health from ETS rather than allowing a smoker versus non-smoker feud to develop.
- Serve as a general catalyst for social change in areas of health promotion.

Figure 1. Activities for health promotion.

list of activities that the health promotion specialist should focus on in an effort such as modification of smoking ordinances. In the end, policy changes, properly laid out and enforced can protect many more people than other measures and in the case of health promotion efforts it can be time very well spent.

Interpretation

Disease prevention and promotion of health often begin when a hazard is realized that is a threat to the health of people, perhaps at a community level.¹¹ Public policy implementations have taken steps to protect the masses in the case of drinking and driving, mandates for seatbelt and child safety seat usage, helmet laws and gun laws. In this case, personal choice to smoke was still preserved, but a stronger law would have protected those who do not smoke from ETS.

Rich and Sugrue¹² contend that the health promotion or prevention movement can influence public policy. In the case of this policy intervention it was clear early that the city council did not want to deal with the issue until they saw how popular the idea was becoming. Any activity to change laws must be preceded with an awareness campaign that informs the legislative body of the problem just as if they were laypersons. They must be convinced that some action is needed and that a threat to the community exists. In addition, they must have the support of constituents that makes them feel good about what they are doing. It has been the experience of this writer that they do not want to make unpopular

policy decisions, even if it is for the good of the health of the community.

Health communication is said to be,¹³ "... the art and technique of informing, influencing and motivating individual, institutional and public audiences about important health issues." When used properly, it can influence attitudes, awareness, knowledge and the social norms of the region toward positive behavior change.¹⁴

Several key players initially voiced their support. However, 1 councilman changed his position late in the process. Several on-line opinions and letters to the editor blasted him for his political game. It goes without saying that in the political process, anything can happen. However, knowing the councilman and having him give his support to the coalition and then vote against the effort to spite his political foes was difficult to watch. Health promoters of all disciplines should be prepared. They should also realize that politicians seek to gain and stay in power. Behind the scenes activities are always going on, even on a small community level.

While the coalition did not anticipate the type of modification that transpired to the local smoking ordinance, effectively, it did ban smoking in most public places since no one wants to give up the business of minors and families for smoking customers. A safer community will be the end result. Workers in smoking businesses will still suffer. However, a state law could change that. Sooner or later, our society will no longer tolerate smoking in public places.

Chiropractor as Advocate

While assuming a role as an advocate is not for everyone, there is no reason for the doctor of chiropractic who wants to have a positive health impact on his or her community not to become active in this type of endeavor. In this particular case, the medical community was invited to participate alongside the chiropractor and his coalition. Only 1 chose to participate and did so to a limited degree. One medical doctor in the community said some did not participate for fear their smoking patients would retaliate by changing doctors. The writer found the opposite. With a majority of Americans non-smokers, more favored the activities than not. Some people became new patients in the chiropractic of-

fice because of the lead activities of the writer and many people offered verbal support publicly.

It should be noted that a few patients did reduce their frequency of care in the office citing the chiropractor's involvement in the project. Some stated publicly that it was not the chiropractor's role. These patients were smokers. However, most smoking patients either made light comments and continued their usual schedule of visits or said they understood the reasons for banning smoking in public places and typically refrained from it anyway.

In the case of this community, in a 10 year period from passage of a simple ineffective ordinance to eventual passage of this ordinance, which has become a model for other cities, this chiropractor was the only advocate to work toward a change in this policy. Had it not been for those efforts, this town would likely have no ordinance to this day since a rigid state law does not exist in Alabama. At the time of this writing, several larger communities adopted this compromised version of what the coalition envisioned. Today, more than 500,000 people are protected from ETS because a small town chiropractor chose to advocate a change in public policy. Lives have been positively affected, chiropractic has received sole credit for leading the charge and much publicity was generated for the chiropractor and the profession in the process. Chiropractors who want a change in their community can work to establish hiking or bike trails, more parks, can work as a volunteer for the Red Cross in the area of back injury prevention or others and can assist the chamber of commerce in a variety of ways such as becoming a member of the health care committee. The work is not always easy but the rewards seen when a community changes laws or social norms can be enormous. Suggestions for advocates are listed in Figure 1.

CONCLUSIONS

This case demonstrated that health promotion-oriented doctors of chiropractic can successfully modify local clean indoor air ordinances with the help of a concerned citizen coalition and the use of local media when champions within the media and local government are utilized. Political endeavors are very difficult to undertake and can be very frustrating. However, in this case, perseverance was the key to a positive outcome with ultimate modification of local smoking restrictions. As of 2005, no

business has closed due to the ordinance modification and, according to the city, there are very few complaints from citizens or tourists.

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