



*A Policy Research Partnership
to Reduce Youth Substance Use*

**Local Governments and
Tobacco Control Policies:
Role Variations and Sources of Data**

February 1999

UIC University of Illinois at Chicago

*ImpactTeen is part of Bridging the Gap: Research Informing
Practice for Healthy Youth Behavior, supported by
The Robert Wood Johnson Foundation and
administered by the University of Illinois at Chicago.*

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LOCAL GOVERNMENTS AND TOBACCO CONTROL POLICIES: ROLE VARIATIONS AND SOURCES OF DATA

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Introduction. Throughout the 1990s, there has been extensive discussion about the potential for state and local government efforts to decrease tobacco use. CDC's Office on Smoking and Health has developed the State Tobacco Activities Tracking and Evaluation (STATE) system to monitor relevant state legislation, but little data has been available about the content of current local policies² or even about the relevance of local governments in the overall structure of tobacco control. Are local governments active in tobacco control? We might envision some states, for example, in which state-level agencies and their regional offices implement a wide array of tobacco prevention and control programs, while local governments play no role. Other states may display the opposite picture, with widespread local activity but state-level inertia. Finally, there may be states where **both** state and local levels are active, and states where **neither** level is active.

To document current "tobacco control policy" in each of the fifty states, we therefore need to know policies at both state and local levels. We also need to know, within each state, **which** local

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2. Over the past twenty-two years, the American Nonsmokers' Rights Foundation (ANRF) has developed the only national database which systematically tracks and analyzes local tobacco control ordinances in the U.S. ANRF's database has been utilized by the National Cancer Institute as the basis for two monographs on local tobacco control legislation in the U.S. ANRF proactively solicits ordinances from health organizations and tobacco control advocates from throughout the U.S., and scans electronic news and communication networks for newly enacted ordinances. While the ANRF database is very extensive, it does not include ordinances of which it cannot obtain copies or, of course, of which it is not aware. It is also important to note for research purposes that the ANRF database does not record the *absence* of ordinances -- researchers cannot verify through ANRF's database, for example, that Cities X, Y, and Z do not have ordinances prohibiting tobacco sales to minors.

governments are relevant to tobacco control issues. In some states, for example, counties may be the most important unit of sub-state government insofar as tobacco control is concerned, while other states may rely on cities, towns, and villages. Further complicating this structural complexity, policies adopted by these general purpose governments may be complemented or frustrated by the efforts of special purpose districts such as boards of health, school boards, or park districts.

Setting aside issues relating to local implementation of state and federal policies (e.g., when local police conduct youth access inspections for the U.S. Food and Drug Administration, or the city health department cites building owners for violations of the state Clean Indoor Air Act), this report focuses on local government roles in enacting tobacco control policies. Using a national survey of state officials and health advocacy organizations, our specific goals were to determine in each state:

- Which types of local governments, if any, enact tobacco control policies? Are counties more active than municipalities (cities, towns, villages)? If neither counties nor municipalities are active, is that due to state legislation directly or indirectly foreclosing local options, or are the localities simply not enacting tobacco control policies?

- Where local policy-making is legally possible, what proportion of counties and municipalities have enacted tobacco control policies?

- In addition to the actions of general purpose governments (counties and municipalities), are tobacco control policies also being enacted by special purpose units of governments (boards of health, school boards, park districts, etc.)?

- Finally, do state-level government agencies and/or private organizations maintain databases on local tobacco control policies in their states?

Methodology. In 1996, a University of Illinois at Chicago survey of state tobacco control programs documented variations in the ways states organize their tobacco control efforts. ASSIST and IMPACT programs are based in state health departments, for example, but responsibility for implementing Synar regulations is assigned to a variety of agencies. Some states assign tobacco enforcement responsibilities to the commission which regulates alcoholic beverages. Tobacco vendor licensing and excise tax collection often are assigned to a revenue department. State agencies also vary in their relationships with counties and localities: some state agencies have long-standing partnerships with local governments to distribute funds and technical assistance, while others work in isolation from the localities. In some states, well-funded coalitions (at times supported by either ASSIST or SmokeLess States grants) integrate the efforts of government agencies and non-profits; other states' tobacco control agencies work more independently. The 1996 survey also suggested that information about a state's local tobacco control policies might be scattered among a number of state-level agencies and organizations. (Downey, Gardiner, and Kreps, 1996)

Because of the diversity shown in our 1996 study, we decided for our 1998 study to collect data on local policies not only from each state's ASSIST or IMPACT program, but also from agencies

responsible for implementing Synar regulations, SmokeLess States Initiative groups, and other coalitions, anti-tobacco groups such as GASP or DOC, and state affiliates of the American Cancer Society, American Heart Association, or American Lung Association. In October of 1998, we sent a brief questionnaire to 3-5 agencies or organizations in each state. Many who received these letters replied they had no information about local policies, but identified other sources of information or “called around” to find answers for us. After many follow-up calls, we secured a total of 131 responses, with responses from every state. At least three responses were returned from 30 states; in the 20 states where only one or two responses were secured, other contacts told us that our respondents were in fact the best sources of information in the state (e.g., the Synar agency would say that the IMPACT coordinator was the state’s best source of information on local policies, or vice-versa), or would confirm a report that the state had no local ordinances.

The final question in the first survey asked “Does anyone have information about the policies (or lack of policies) of individual counties or municipalities?” Sixty-six agencies or organizations in forty-two states identified potential sources; respondents in eight states said they were unaware of such data sources. The nominated groups were then sent a second questionnaire about their databases. Sixty-five agencies from 41 states responded to this second survey. Twenty-four respondents reported that they in fact had no information about their localities. Forty-one respondents from 32 states provided detailed analyses; one organization never responded despite repeated follow-up calls. This report is therefore based on 131 responses to our first survey and 65 responses to the second survey. After responses were compiled, at least one respondent in each state reviewed a draft of this report.

Findings. In this section of the report, we will summarize our findings from these two surveys. We will close with recommendations on strategies to improve data on local tobacco control policies and with suggestions for future research. Appendix A reports state-by-state findings from the first survey. Appendix B gives detailed descriptions of the 41 local tobacco control ordinance databases which were documented in our second survey, and Appendix C provides contact names and addresses for each of the databases. N.B., throughout this report, the units of analysis are states, not individual respondents.

● **“What types of sub-state government are most active regarding tobacco issues?”** Table One shows that municipal governments (cities, villages, and towns) are more active in passing tobacco control ordinances in seventeen states, while counties are more active in two states.³ Nineteen states labeled both municipalities and counties as being active, not saying which was more

3. As a secondary issue about the roles of local governments, we also were curious about relationships between counties and municipalities. If counties have tobacco ordinances, can municipalities act independently, or must they comply with county policies? Ten states reported that a county-level ordinance would govern the entire county, superceding municipal ordinances, while fourteen states reported that only unincorporated areas would be subject to the county ordinance. Twenty-two states reported that the question was inapplicable because of preemption or because there was no county-level legislation in their states; four states’ did not know.

active, while three states said that neither type was active. Nine states (Kentucky, Louisiana, Nevada, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, and Virginia) reported that the question was inapplicable because of preemption, and three states (Idaho, New Hampshire, and Vermont) reported that even without preemption, their local governments were not involved in tobacco control policymaking.

TABLE ONE: MOST ACTIVE GOVERNMENTS

RESPONSE	NUMBER OF STATES
Most local tobacco-related policies are enacted by cities, villages and towns	17
Both counties and municipalities are active	19
Most local tobacco-related policies are enacted by counties	2
Neither counties nor municipalities are active	3
Inapplicable because state legislation preempts <u>all</u> local activity related to tobacco	9

● **State preemption of local policy-making.** Throughout the 1990s, state restrictions on the power of local governments to legislate their own tobacco policies have been praised by those favoring “statewide uniformity” and condemned by those who feel both that state laws should not impede localities from passing stronger tobacco control ordinances, and that stronger tobacco control policies at the local level should not be superseded by future state laws. Underlying these abstract arguments has been an assumption by many health advocates that state-level policies are more likely to favor the tobacco industry while local policies are more likely to support restrictions on tobacco. A recent study of preemptive legislation since 1982 (“defined as legislation that prevents any local jurisdiction from enacting restrictions that are more stringent than the state law or restrictions that may vary from the state law”) concluded that some form of preemptive legislation has been enacted in thirty-one states.”During the 1980s, nine states passed 11 preemptive laws covering 21 provisions. From 1993 to June 1996, 20 states passed 24 preemptive laws covering 82 different provisions. Since July 1996, no preemptive tobacco-control laws have been enacted.” (Centers for Disease Control and Prevention, 1999: 1112)

The issue of preemption complicates our analysis of local ordinances in several ways. Some states have preempted future legislation by their localities, but “grandfathered” any ordinances existing at the time of preemption, allowing their continued enforcement. Other preemption statutes, however, have simultaneously invalidated all existing ordinances. Some states explicitly preempt ordinances addressing one or more tobacco issues. In other states, however, the Constitution only allows localities to legislate on topics specified by the legislature; unless the legislature has explicitly authorized tobacco control ordinances, the localities may not act.

Reports issued by CDC’s Office on Smoking and Health and the American Lung Association provide very detailed analyses of the terms of state preemption legislation on various policy issues.

CDC's STATE legislative database reports preemptive legislation on clean indoor air (smoking in government work sites, private work sites, and restaurants), sales of tobacco products to minors, and tobacco advertising as of September, 1998.⁴ (Centers for Disease Control and Prevention, 1996 and 1998). ALA's *State Legislated Actions on Tobacco Issues* also covers preemptive language, in effect as of late 1997, dealing with youth tobacco possession or use of tobacco, excise taxes on tobacco products, and requiring tobacco vendors to secure special licenses. (Welch, 1997)

As we have mentioned, a state may preempt ordinances on all aspects of tobacco policy or on one or more specific issues. When we asked survey respondents to gauge the level of local activity in their state on six tobacco issues (reported below), one possible answer was that activity was impossible because of preemption. Table Two shows both states' preemption status as listed in the ALA or CDC reports, and the status reported by respondents: between eight and fifteen states reported preemption on each policy area. (Appendix A shows for each state both survey responses and the ALA or CDC preemption ratings on each policy area.)

TABLE TWO: STATE PREEMPTION OF LOCAL POLICIES

TOBACCO POLICY	NUMBER OF STATES WITH PREEMPTION	
	ALA/CDC ANALYSIS	SURVEY RESPONSES
Clean Indoor Air	18	15
Tobacco Excise Taxes	2	15
Tobacco Sales to Youth	18	12
Youth Tobacco Possession or Use	7	8
Tobacco Vendor Licensing	2	15
Tobacco Advertising Restrictions	4	11

The disparities shown in Table Two between our respondents' answers and the CDC or ALA assessments might come from several factors. Some reflect legislative changes since the ALA and CDC ratings were prepared. The disparities relating to excise taxes and vendor licenses most likely come from general statewide limitations on local government taxing and licensing authority. An attorney for the state of Connecticut, for example, told us that the legislature has not specifically barred local taxes on tobacco; localities are barred from adopting any tax other than the property tax. The disparities relating to tobacco advertising restrictions, however, might come from respondents referring not to a state preemption but to the federal preemption dating from the Public Health Cigarette Smoking Act of 1969. This law required manufacturers to post warning labels on cigarette packages but preempted state action on tobacco advertising "based on smoking and health." (See Garner and Whitney, 1997) Future research on preemptions should seek to clarify, in each state, the *source* of restrictions on local legislation.

4. Current data is available from the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. State Tobacco Activities Tracking and Evaluation (STATE) System.

● **“How active have your counties, cities, and towns been on tobacco issues (on a scale of 0 to 4, with 0 representing ‘no activity’ and 4 representing ‘a great deal of activity?’”** This question gave respondents wide latitude both in defining “activity” and in measuring its extent. In follow-up telephone conversations with respondents, we learned that some based their answers on efforts to enact ordinances, some only considered *successful* efforts, and some included all local tobacco-related activities including implementation of state and federal programs. We also received varying scores from respondents from the same state. (In such cases, we simply averaged the scores received; e.g., if two respondents gave a score of “3” and one gave a “2,” we entered a score of “2.67.”) Future research to obtain more precise scores should both separate legislative efforts from legislative successes, and separate the enactment of ordinances from the implementation of tobacco programs. “Little” vs. “a great deal” might be replaced with “percent of local governments.”

Table Three repeats the preemption data from Table Two and then divides the remaining states into those judged to have no or little activity (0-2.0) and those with average scores higher than 2.0. For example, with regard to clean indoor air, respondents from fifteen states reported that local ordinances were preempted. Fourteen states reported levels of activity between “none” and “2.0,” and twenty-one states reported activity greater than 2.0. Highest levels of activity were reported on tobacco sales to youth and clean indoor air; excise taxes and vendor licensing showed the lowest levels of activity.

TABLE THREE: LEVELS OF LOCAL ACTIVITY

TOBACCO POLICY	PREEMPTION	LEVEL OF ACTIVITY		
		0-2.0	2.1-4.0	Don’t Know
Clean Indoor Air	15	14	21	--
Tobacco Excise Taxes	15	32	2	1
Tobacco Sales to Youth	12	13	25	--
Youth Tobacco Possession or Use	8	26	15	1
Tobacco Vendor Licensing	15	28	7	--
Tobacco Advertising Restrictions	11	30	9	--

● **“How active have other local governing bodies been on tobacco issues?”** The previous tables have dealt with the roles of general purpose units of governments, such as counties, cities, villages, and towns. To complete our survey, we asked respondents about other governing bodies, specifically mentioning boards of health, boards of education, and park districts. Table Four classifies the level of activity for each type of governing body. While it is not surprising that boards of health were the most active “other” body, several other findings might be noted:

First, several respondents noted that the status of boards of health varies among states. In some states, the boards have the authority to issue regulations which have the force of law; in other states, the boards can only make recommendations to general-purpose county boards or city councils. A third

group of states simply does not have independent boards of health; health policies are implemented by health departments of the county or municipality but are enacted by their legislative bodies. States without local boards of health were listed under “Not Applicable.”

Second, the number of states citing low levels of activity by boards of education was surprising. Since the 1994 federal Pro-Kids Act required every state to declare school campuses smoke-free, we had expected most school boards to be listed as having a great deal of activity. One respondent who labeled the boards of education as inactive said, “Yes, they ratified the state’s smoke-free campus law, but they haven’t done anything since then.” It may be that our health-oriented respondents were not in regular contact with the education agencies, but further research will be required to document the roles of these bodies.

TABLE FOUR: OTHER LOCAL GOVERNING BODIES

GOVERNING BODY	PREEMPTION	LEVEL OF ACTIVITY		
		0-2.0	2.1-4.0	Not Applicable
Boards of Health	8	20	15	7
Boards of Education	8	36	6	--
Park Districts	7	37	1	5
Other	7	2 ⁵	–	41

The Second Survey: Data Sources on Local Tobacco Control Policies. We asked all respondents to our first survey to identify “agencies or organizations which may have collected information about tobacco policies established by local governments.” While many respondents checked “I am unaware of such a data source in this state,” sixty-eight names from forty-two states were suggested to us. We sent them a letter asking for information⁶ about four issues: the **source** of their data, the **scope** of their database, the types of tobacco **policies** which are covered, and the **form** of information and **access** policies.

Sixty-five organizations in 41 states responded to the second survey. Their responses indicate that 41 organizations in 32 states collect some form of information on local tobacco control policies

5. Alaska cited the role of Native American Tribal Councils; California cited the activities of transit districts and the boards which operate county fairs.

6. Rather than defining “database,” our second letter began, “We are trying to compile a nationwide inventory of state-level databases on the tobacco control policies of local governments, to assist tobacco control specialists and researchers. We have been informed that you have compiled such information for your state. Do you have information on local tobacco policies?”

in their state.⁷ Arizona, Kansas, Maryland, Massachusetts, New York, Oregon, and Rhode Island have two organizations with databases, and Illinois has three. Appendix B reports the data received from each organization which reported having a database. The following comments summarize these findings.

● **Sources of Data.** Mechanisms for data collection vary, and some states only solicit data from localities over a certain minimum population.⁸ Of the 41 organizations with databases, twenty-one collect ordinances sent to them, seven solicit information by phone, and another twelve organizations report conducting surveys by mail. Sixteen organizations report receiving information by other means.⁹ (Many organizations report collecting data through multiple means.) Of those who conduct phone or mail surveys, five report having conducted surveys within the last four years.

How valid is the data collected in these databases? When asked, "Do you independently verify the information provided to you?", seventeen organizations checked "Yes, the localities send us their ordinances and we code the data into our database." Others checked "No, we simply input the information provided to us by the localities," or did not answer. (See Appendix B for details.)

● **What governments are covered in the databases?** Table Five compares the coverage of each state's database with the type of governments labeled most active in tobacco policy-making (see Table One). Understandably, most databases cover the jurisdictions (cities, counties, or both) which the state listed as being most active, and half (9 of 18) of the states without databases say that there is preemption or no activity. How comprehensive is the coverage of these databases? Sixteen of 41 respondents report that their databases cover 100% of their counties, six cover 50-75% of their counties, and two cover 25-30% of their counties. Ten respondents report that 100% of municipalities are covered; an additional six include more than 50% of their municipalities, and nine include 2-39%. Nineteen respondents left part or all of this question blank, and did not estimate the extent of coverage. In addition to their coverage of general-purpose governments, eleven databases include policies adopted by boards of health, while six include boards of education.

TABLE FIVE: COVERAGE OF DATABASES

7. In the first survey, no names were suggested for eight states. The lead-off question in the second survey, "Do you have information on local tobacco policies?" was answered "No" by respondents from twelve additional states. We therefore have no database information regarding the states of Delaware, Georgia, Idaho, Iowa, Kentucky, Maine, Mississippi, Montana, Nevada, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, or Washington.

8. IMPACT of Alabama surveys populations over 2,000. The American Cancer Society of Arkansas surveys populations over 10,000. The Missouri Bureau of Health surveys populations over 1,000.

9. In this category, the most common response was collection of data through collaborative networks. Colorado, Illinois, Michigan, Nebraska, New Hampshire, New York, and Oregon collect information through collaboration with coalitions, advocates, and local public health contacts.

MOST ACTIVE GOVERNMENTS	DATABASE COVERS*			NO DATABASE
	CITIES	BOTH	COUNTIES	
CITIES	AK, AZ, CT, MA, ND, OH, RI	AZ, NJ, UT, WY	FL	DE, IA, ME, MS, TX
BOTH	MO	AL, AR, CA, CO, IL, IN, KS, MD, MI, MN, NM, NY, OR, WI		GA, MT, PA, WA
COUNTIES			HI, WV	
NEITHER	NH			ID, VT
PREEMPTION		LA, NC		KY, NV, OK, SC, SD, TN, VA

* Nebraska did not indicate the coverage of its database. Arizona's two databases have different coverage policies.

● **What types of policies are included in these databases?** Thirty-six databases include legislated ordinances passed by the city council or county board, while seventeen include administrative regulations (e.g., regulations approved by the board of health); sixteen databases include both. The majority of databases, twenty-eight, include only enacted policies; eight also include information on those governments which have not enacted policies.

Table Six shows the number of databases which include information on different tobacco policy areas, and on enforcement agencies and activities. When compared to state estimates of the policy areas showing the greatest levels of activity, most databases tend to cover the same areas. Less than one-half, however, collect information regarding the agencies which enforce tobacco policies or their activities (youth access inspections, informational campaigns, penalties issued, etc.)

TABLE SIX: POLICY AREAS INCLUDED IN DATABASE

TOBACCO POLICY	INCLUDED	NOT INCLUDED	NO ANSWER	N/A
Clean Indoor Air ordinances	35	3	3	0
Youth Access ordinances (sales, possession/use, licensing)	35	3	3	0
Tobacco excise taxes	14	16	8	3
Tobacco advertising	21	11	8	1
Enforcement Agencies	15	14	11	1
Enforcement Activities	17	15	9	0

● **Information storage and access.** The vast majority of organizations, thirty-seven, store collected data in hard copy files. Eleven organizations maintain electronic databases, including two with abstracts of ordinances. Software for the electronic databases varies; the most common software is Microsoft ACCESS. Although most states will share database information without charge, a few organizations charge for data contained within their databases. Database details and contact names are contained in Appendix B and Appendix C.

Conclusions and recommendations. We undertook this pilot research both to explore local government roles in tobacco control and to identify state-level sources of data about local activities. Despite our somewhat open-ended data collection process, and the problems in terminology we have identified, it is clear that local tobacco-control efforts range from states with very systematic, multi-intervention partnerships involving local, state, and federal agencies, to states with essentially non-existent local efforts. (Table Three suggests these variations in effort both among states and among tobacco policy areas.) Before it will be possible to judge the effectiveness of various policy interventions in changing tobacco use patterns in each state, however, data systems must be developed which will include the policies of *all* levels of government impacting each area.¹⁰

It is also clear that the states vary in the breadth and depth of their current local tobacco-control databases. Eighteen states have *no* database. Only five states reported having systematically surveyed their local governments within the last five years. Only seventeen states built their databases on texts of ordinances; the others accept sources' statements of the coverage of local ordinances. The greatest weakness, however, was the failure of most databases to track policy *implementation*: most state databases have no information on the agencies (if any) assigned to implement tobacco-control policies or on the steps they are taking (if any) to publicize policies and penalize violators.

10. As part of its comprehensive evaluation of the ASSIST program, the National Cancer Institute will try to measure, for both ASSIST and IMPACT states, the extent of tobacco-control funding and coalition-formation in each state. The evaluation will seek to construct measures of the strength of tobacco control in each state in 1993 (when ASSIST started), 1996, and 1999.

We recommend that future federal tobacco-control funding require in each state systematic efforts to record state and local policy interventions and their levels of funding. Specific components of this surveillance system should include:

1) Biennial inventories of state and local tobacco control policies. The inventories should include all enacted policies of state, county, city, and special district (e.g., boards of health and boards of education) legislative bodies, and the policies of other entities which use administrative rule-making procedures. Inventories should be compiled using proactive survey techniques (mail or telephone), collecting the texts of ordinances to verify statements about their contents. For inventories designed to capture nuances in legislation, the detailed classification system developed by the American Nonsmokers' Rights Foundation for its ordinance database may serve as a valuable prototype. In preemption states which have grandfathered existing ordinances, inventories should include those policies which continue in effect. Finally, databases should record negative as well as positive information; minimizing ambiguities, this will identify for policy advocates the localities which require further encouragement.

2) Supplementing data on "official" policies, each state should establish systematic programs to measure their implementation. Starting with a simple **organization chart** (Policy #1 is directly implemented by the Cancer Prevention Branch of the State Department of Health; Policy #2 is implemented by county health departments with funding provided by the State Department of Substance Abuse Prevention, etc.), the implementation database will need data on the **resources** available for each policy's implementation. Resources will include **funding** (continuing revenue from general funds, excise taxes earmarked for tobacco control, project grant funds, national settlement funds, etc.), **staffing** (both funded and volunteer), and such unquantifiable factors as expertise and familiarity with local customs and participants. In many states, the implementation efforts of government employees are supported by voluntary associations, often linked through coalitions.

3) Policies, organization charts, and resources provide the framework for **activities and programs**. Unless a tobacco policy is regarded as merely symbolic, it will need to be translated into educational programs (for current users, for potential users, for retailers, for building owners, etc.), inspections programs to measure compliance, technical assistance programs to facilitate voluntary compliance, and so forth.

4) Finally, state databases should begin to think about **measures of effectiveness or impact**. The range of near-term and long-term measures is great. Are tobacco use rates decreasing among teenagers and adults? Are vendors refusing to sell tobacco to minors? Are building owners adopting smokefree policies? Are tobacco advertisements less visible? Are adults and adolescents more supportive of tobacco-control measures?

Obviously, tobacco control technology is new, and few interventions have been evaluated over large populations. Since national tobacco settlement awards will soon give many states their first substantial funding, it is crucial that they be prepared to monitor how their resources are being used and their effects on target audiences.

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APPENDIX A

TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

Each column on the following pages presents data received from a state; the column heading lists the number of responses received from that state. As indicated in the text, if there were only one or two responses, other contacts confirmed that they represented the most knowledgeable sources of information in the state.

The first row “Most active sub-government” shows state responses to the question “**Could you tell us what types of sub-state government are most active regarding tobacco issues in your state?**” Suggested answers were “Most local tobacco-related policies are enacted by **counties**,” “Most local tobacco-related policies are enacted by **cities, villages, and towns**,” “**Both** counties and localities are active,” or “Inapplicable because state legislation preempts all local activity related to tobacco.” A number of respondents replied that there was “no activity” even though there was no preemption.

The rows headed “Localities’ policy activity” show responses to the question **How active have your counties, cities, and towns been on tobacco issues (on a scale of 0 to 4, with 0 representing “no activity” and 4 representing “a great deal of activity”)?** Six policy areas were listed: Clean indoor air, Tobacco excise taxes, Tobacco sales to youth, Youth tobacco possession or use, Tobacco vendor licensing, and Tobacco advertising restrictions. Since, as discussed in the text, there appears to be disagreement on the status of preemption, the first row on each policy area reports the preemption evaluation reported in either CDC’s STATE database (CDC, 1998) or the American Lung Association’s *State Legislated Actions* report (Welch, 1997). (The CDC and ALA reports include details about each state’s legislation which go beyond a simple preemption/no preemption label. For example, some states preempt local action on vending machines but not on other youth access issues) The second row on each policy area reports the survey respondents’ replies -- either “preemption” or the average of the respondents’ scores. Looking at California and clean indoor air, for example, CDC reports “preemption” but the three survey respondents who answered the question report an average activity level of 3.67 (a great deal of activity). When we received varying scores from respondents from the same state, we simply averaged the scores received; e.g., if two respondents gave a score of “3” and one gave a “2,” we entered a score of “2.67.”

The last three rows report responses to the question **How active have other local governing bodies been on tobacco issues (on a scale of 0 to 4, with 0 representing “no activity” and 4 representing “a great deal of activity”)?** N/A indicates a response of “not applicable,” indicating that the state does not have this form of government. Numbers represent the average score of the respondents from that state. Looking again at California, the three respondents who answered the question reported that there were no independent boards of health, but the average level of activity reported for boards of education was 2.0.

Additional information provided by individual states is presented in footnotes.

APPENDIX A: TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

STATE (# of responses)		ALABAMA (2)	ALASKA (3)	ARIZONA (2)	ARKANSAS (2)	CALIFORNIA (3)	COLORADO(2)
MOST ACTIVE SUB-GOVERNMENT		both	cities	cities	both	both	both
LOCALITIES' POLICY ACTIVITY							
Clean Indoor Air	CDC	no preemption	no preemption	no preemption	no preemption	preemption**	no preemption
	survey	3.00	1.67	3.00	2.50	3.67	3.50
Excise Taxes	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	1.00	0	2.00	0.50	0	0****
Sales to Youth	CDC	no preemption	no preemption	no preemption	no preemption	preemption	no preemption
	survey	2.00	2.50	4.00	3.50	3.00	3.00
Youth Poss.or Use	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	1.00	2.00	3.50	1.00	2.67	2.00
Vendor Licensing	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	0	1.00	3.00	2.50	2.67	2.00
Advertising	CDC	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	0	0	0	2.50	2.33	2.00
OTHER GOVERNING BODIES' ACTIVITY			*			***	
Boards of Health		2.00	1.67	2.50	2.50	N/A	1.00
Boards of Education		1.50	1.00	1.00	3.00	2.00	2.00
Park Districts		0	0	0.50	0	0.67	0

* In Alaska, tribal councils are also active with regard to tobacco control policies.

** California law prohibits ordinances which are weaker than the state statute. E.g., the Clean Indoor Air Law requires worksites to be 100% smoke-free, including bars and casinos, but has twelve minor exceptions, including workplaces with no employees, tobacco shops, and truck cabs. Counties and municipalities may enact ordinances stricter than the state statute. Preemptive language in one state statute regarding sales to youth and possession by youth has been successfully challenged in the courts. A statute regarding placement of vending machines specifically authorizes localities to enact additional restrictions. The statute prohibiting distribution of free samples contains anti-preemption language.

*** In California, County Fair Boards restrict smoking, distribution, sponsorship, and advertising at fairs; Transit Boards regulate advertising.

**** In Colorado, localities are free to adopt a tax, but if a home rule community imposes the tax it would have to forego its revenue from the state tax.

APPENDIX A: TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

STATE (# of responses)		CONNECTICUT (3)	DELAWARE (4)	FLORIDA (3)	GEORGIA (1)	HAWAII (4)	IDAHO (2)
MOST ACTIVE SUB-GOVERNMENT		cities	cities	cities	both	county***	no activity
LOCALITIES' POLICY ACTIVITY							
Clean Indoor Air	CDC	preemption	preemption	preemption	no preemption	no preemption	no preemption
	survey	preemption*	preemption**	preemption	3.00	3.00	0
Excise Taxes	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	3.50	2.00	1.00	0	0	0
Sales to Youth	CDC	no preemption*	preemption	no preemption	no preemption	no preemption	no preemption
	survey	3.00	2.50	4.00	1.00	0	0
Youth Poss.or Use	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	2.50	1.50	3.50	0	1.00	0
Vendor Licensing	ALA	no preemption*	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	3.00	0.50	preemption	1.00	0.25	preemption****
Advertising	CDC	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	2.33	0	3.00	1.00	3.00	0
OTHER GOVERNING BODIES' ACTIVITY							
Boards of Health		1.67	N/A	3.50	2.00	N/A	0
Boards of Education		2.00	2.00	3.00	1.00	2.25	0
Park Districts		1.33	0	1.00	0	N/A	0

* A Connecticut state attorney reported that clean indoor air is the only tobacco policy explicitly preempted by state law. However, state law forbids any municipal tax other than a property tax (so there can be no local excise tax on tobacco) and no locality can legislate on a topic covered by state law (so ordinances dealing with sales to minors or vendor licensing would be invalid).

** In Delaware, ordinances on clean indoor air in Dover and Wilmington are grandfathered.

*** Hawaii does not have municipalities; and there are no health departments at the county level. Bills were introduced in the state legislature in 1997 and 1998 to give tobacco vendor licensing authority to the county liquor commissions; the bills did not pass.

**** In Idaho, vendor licensing preemption is contained in a statute effective January 1, 1999. All other tobacco statutes explicitly permit local ordinances.

APPENDIX A: TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

STATE (# of responses)		ILLINOIS (3)	INDIANA (2)	IOWA (2)	KANSAS (3)	KENTUCKY (3)	LOUISIANA (3)
MOST ACTIVE SUB-GOVERNMENT		both	both	cities	both	preemption	preemption**
LOCALITIES' POLICY ACTIVITY							
Clean Indoor Air	CDC	preemption	no preemption	preemption	no preemption	preemption	preemption
	survey	preemption*	2.00	1.00	2.67	preemption	2.33
Excise Taxes	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	1.67	0	preemption	preemption	preemption	1.33
Sales to Youth	CDC	no preemption	preemption	preemption	no preemption	preemption	preemption
	survey	2.67	preemption	2.00	2.67	preemption	3.00
Youth Poss.or Use	ALA	no preemption	preemption	no preemption	no preemption	no preemption	preemption
	survey	2.67	preemption	2.00	2.00	preemption	2.00
Vendor Licensing	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	2.00	preemption	1.00	1.67	preemption	1.67
Advertising	CDC	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	2.00	preemption	3.50	1.00	preemption	2.00
OTHER GOVERNING BODIES' ACTIVITY							
Boards of Health		1.67	1.00	2.00	1.67	preemption	3.00
Boards of Education		1.00	1.00	1.00	1.67	preemption	2.00
Park Districts		0.67	0	1.00	0.33	preemption	N/A

* In Illinois, clean indoor air ordinances existing prior to preemption are grandfathered.

** In Louisiana, approximately 10 parishes enacted clean indoor air and/or youth access laws prior to the 1993 arrival of preemption. These parishes still have some freedom to create their own laws, but all other parishes are preempted.

APPENDIX A: TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

STATE (# of responses)		MAINE (1)	MARYLAND (2)	MASSCHSTS (3)	MICHIGAN (1)	MINNESOTA (3)	MISSISSIPPI (3)
MOST ACTIVE SUB-GOVERNMENT		cities	both	cities*	both	both	cities
LOCALITIES' POLICY ACTIVITY							
Clean Indoor Air	CDC	no preemption	no preemption	no preemption	preemption	no preemption	no preemption
	survey	3.00	4.00	2.67	2.00	1.00	1.67
Excise Taxes	ALA	no preemption	no preemption	no preemption	preemption	no preemption	no preemption
	survey	0	3.50	0	don't know	0	preemption
Sales to Youth	CDC	no preemption	no preemption	no preemption	preemption	no preemption	preemption
	survey	3.00	2.50	3.33	preemption	3.67	2.33
Youth Poss.or Use	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	preemption
	survey	3.00	2.00	1.67	1.00	3.67	1.33
Vendor Licensing	ALA	no preemption	no preemption	no preemption	preemption	no preemption	no preemption
	survey	0	preemption	3.00	preemption	4.00	preemption
Advertising	CDC	no preemption	no preemption	no preemption	preemption	no preemption	no preemption
	survey	3.00	2.00	0.67	2.00	1.33	preemption
OTHER GOVERNING BODIES' ACTIVITY							
Boards of Health		N/A	2.50	4.00	2.00	2.00	N/A
Boards of Education		1.00	1.50	2.00	1.00	1.33	2.00
Park Districts		0	don't know	1.00	0	0	0.50

* In Massachusetts, counties have no policy role.

APPENDIX A: TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

STATE (# of responses)		MISSOURI (3)	MONTANA (2)	NEBRASKA (4)	NEVADA (3)	NEW HAMPSH (3)	NEW JERSEY (2)
MOST ACTIVE SUB-GOVERNMENT		both	both	cities	preemption	no activity	cities
LOCALITIES' POLICY ACTIVITY							
Clean Indoor Air	CDC	no preemption	no preemption	no preemption	preemption	no preemption	no preemption
	survey	2.67	3.50	2.00	preemption	0.67	1.50
Excise Taxes	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	preemption*	0	preemption**	preemption	0	0
Sales to Youth	CDC	no preemption	preemption	no preemption	preemption	no preemption	no preemption
	survey	2.00	preemption	2.25	preemption	0.67***	4.00
Youth Poss.or Use	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	1.00	3.00	3.75	0	0.67***	1.00
Vendor Licensing	ALA	no preemption	preemption	no preemption	no preemption	no preemption	no preemption
	survey	1.00	preemption	1.50	preemption	0	0.50****
Advertising	CDC	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	1.67	1.00	1.50	preemption	0	2.00
OTHER GOVERNING BODIES' ACTIVITY							
Boards of Health		2.00	2.00	1.75	preemption	0	3.00
Boards of Education		2.33	1.50	0.75	preemption	0.67***	2.00
Park Districts		1.00	0	1.00	0	0.33***	0

* In Missouri, excise taxes existing prior to preemption were grandfathered.

** The Nebraska excise tax on tobacco is set at the state level.

*** A few New Hampshire towns enforce the state statutes on sales and possession. Boards of education and park districts enact policies consistent with state statutes, but there has been little enforcement.

**** New Jersey localities have been very active in banning tobacco vending machines.

APPENDIX A: TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

STATE (# of responses)		NEW MEXICO (3)	NEW YORK (3)	N. CAROLINA (2)	N. DAKOTA (3)	OHIO (3)	OKLAHOMA (3)
MOST ACTIVE SUB-GOVERNMENT		both	both**	preemption	cities	cities*****	preemption
LOCALITIES' POLICY ACTIVITY							
Clean Indoor Air	CDC	no preemption	no preemption	preemption	no preemption	no preemption	preemption
	survey	3.67	3.67	preemption****	2.67	2.00	preemption
Excise Taxes	ALA	no preemption	no preemption	no preemption	no preemption	no preemption****	no preemption
	survey	0	1.5***	0	2.00	0	preemption
Sales to Youth	CDC	preemption	no preemption	preemption	no preemption	no preemption	preemption
	survey	preemption*	3.33	preemption	3.67	2.00	2.00
Youth Poss.or Use	ALA	no preemption	no preemption	preemption	no preemption	no preemption	preemption
	survey	0.33	0.33	preemption	3.00	3.00	2.00
Vendor Licensing	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	2.00	1.33	preemption	3.33	1.00	preemption
Advertising	CDC	no preemption	no preemption	no preemption	no preemption	no preemption	preemption
	survey	2.00	3.00	preemption	1.67	1.33	preemption
OTHER GOVERNING BODIES' ACTIVITY							
Boards of Health		1.00	2.33	preemption	2.33	3.00	preemption
Boards of Education		1.50	1.00	preemption	2.00	1.67	preemption
Park Districts		0.50	0	preemption	0.33	0.67	preemption

* In New Mexico sales to youth have been preempted by state law, however, cities are proceeding with policy anyway.

** In New York, counties are most active regarding clean indoor air policies, however, localities are more active regarding policies on advertising restrictions.

*** In New York, policies regarding excise taxes at the local level need state approval; a county tax ordinance proposed in 1998 was killed by legislative opposition.

**** In North Carolina, in the three months prior to the effective date of preemption, 89 new ordinances were passed on clean indoor air, however, most of the board of health ordinances have been suspended due to a court of appeals ruling.

***** In Ohio, counties have no legislative authority. Regarding excise taxes, state law sets the maximum allowable local tax, uses for the tax revenue, the duration of the tax (up to twenty years), and requires approval of both county commissioners and voters; the tax may only cover cigarettes. Only Cuyahoga and Hamilton Counties (Cleveland and Cincinnati) have adopted excise taxes, both to fund sports facilities.

APPENDIX A: TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

STATE (# of responses)		OREGON (3)	PENNSYLVANIA (2)	RHODE ISLAND (4)	S. CAROLINA (3)	S. DAKOTA (1)	TENNESSEE (3)
MOST ACTIVE SUB-GOVERNMENT		both	both	cities***	preemption	preemption	preemption
LOCALITIES' POLICY ACTIVITY							
Clean Indoor Air	CDC	no preemption	preemption	no preemption	preemption	preemption	preemption
	survey	2.67	preemption**	2.50	preemption	preemption	preemption
Excise Taxes	ALA	no preemption	no preemption	no preemption	no preemption	preemption	no preemption
	survey	0	0	0	preemption	preemption	preemption
Sales to Youth	CDC	no preemption	no preemption	no preemption	no preemption	preemption	preemption
	survey	3.33	2.50	3.67	preemption	preemption	preemption
Youth Poss.or Use	ALA	no preemption	no preemption	no preemption	no preemption	preemption	preemption
	survey	2.33	don't know	0.67	preemption	preemption	preemption
Vendor Licensing	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	1.67	0	1.50	preemption	preemption	preemption
Advertising	CDC	no preemption	no preemption	no preemption	no preemption	preemption	preemption
	survey	1.33	1.00	1.75	preemption	preemption	preemption
OTHER GOVERNING BODIES' ACTIVITY							
Boards of Health		N/A*	2.50	N/A	preemption	preemption	preemption
Boards of Education		2.67	1.00	1.33	preemption	preemption	preemption
Park Districts		0.67	N/A	2.25	preemption	preemption	preemption

* In Oregon, there are no independent boards of health with policy making authority.

** In Pennsylvania, Pittsburgh is grandfathered in on clean indoor air policy.

*** In Rhode Island, there are five counties but no county governments.

APPENDIX A: TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

STATE (# of responses)		TEXAS (3)	UTAH (2)	VERMONT (4)	VIRGINIA (2)	WASHINGTON (3)	W. VIRGINIA (4)
MOST ACTIVE SUB-GOVERNMENT		cities	cities	no activity	preemption	both	county
LOCALITIES' POLICY ACTIVITY							
Clean Indoor Air	CDC	no preemption	preemption	no preemption	preemption	no preemption	no preemption
	survey	2.00	preemption	0.50	preemption	preemption	3.75
Excise Taxes	ALA	no preemption	no preemption	no preemption**	no preemption	no preemption	no preemption
	survey	0	0	preemption	preemption****	0	preemption
Sales to Youth	CDC	no preemption	no preemption	no preemption	no preemption	preemption	no preemption
	survey	2.67	0	0.75	preemption*****	4.00	1.25
Youth Poss.or Use	ALA	no preemption	no preemption	no preemption	no preemption	no preemption	no preemption
	survey	3.00	2.00	0.75	preemption	3.00	0.75
Vendor Licensing	ALA	no preemption	no preemption*	no preemption	no preemption	no preemption	no preemption
	survey	0	0	0.50	preemption*****	1.67	0
Advertising	CDC	no preemption	no preemption*	no preemption	no preemption	no preemption	no preemption
	survey	0.50	preemption	0.50	preemption*****	3.33	1.25
OTHER GOVERNING BODIES' ACTIVITY							
Boards of Health		0.67	3.00	1.00***	preemption	4.00	4.00
Boards of Education		0.33	1.00	2.00	preemption	1.33	2.67
Park Districts		0.33	0	N/A	preemption	1.00	0

* In Utah, a state preemption on sale, placement, display, and advertising of cigarettes and smokeless tobacco took effect on January 1, 1999. Tobacco vendors must have a state license, but a county or municipality may also require a license.

** In Vermont, the state constitution gives the state the sole power to levy taxes. Localities can only levy taxes when authority is ceded by the state legislature. It has only ceded the power to levy property taxes.

*** In Vermont, the boards of health have ratified the state statute on smoke-free campuses, but have not enacted other policies.

**** In Virginia, independent cities are allowed to levy taxes, but counties must secure permission from the state legislature.

***** There is no specific preemption of ordinances regarding sales to youth, but the state statute on sales is in the section of the Code of Virginia covering "powers retained by the state," thereby preempting local action.

***** Virginia does not have any form of vendor licensing per se, but some localities with excise taxes require vendor registration.

***** In Virginia, billboards and other site-specific advertising may be regulated locally, but not the electronic media.

APPENDIX A: TOBACCO CONTROL ROLES OF LOCAL GOVERNMENTS

STATE (# of responses)		WISCONSIN (2)	WYOMING (1)
MOST ACTIVE SUB-GOVERNMENT		both*	cities
LOCALITIES' POLICY ACTIVITY			
Clean Indoor Air	CDC	no preemption	no preemption
	survey	2.50	2.00
Excise Taxes	ALA	no preemption	no preemption
	survey	0**	preemption
Sales to Youth	CDC	preemption	preemption
	survey	preemption	2.00***
Youth Poss.or Use	ALA	no preemption	no preemption
	survey	preemption	3.00***
Vendor Licensing	ALA	no preemption	no preemption
	survey	2.00	1.00
Advertising	CDC	no preemption	no preemption
	survey	2.00	0
OTHER GOVERNING BODIES' ACTIVITY			
Boards of Health		3.00	1.00
Boards of Education		1.50	1.00
Park Districts		N/A	0

* In Wisconsin, counties are more active on clean indoor air policies, however, localities are more active on youth access policy.

** In Wisconsin, localities cannot add to the excise tax if it is being collected by the state, resulting in the effective preemption of this policy.

*** In Wyoming, localities can pass youth access ordinances, but the ordinances cannot permit either sales to youth or youth purchase, possession, or use.

APPENDIX B

DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

Appendix B contains the responses from each organization which indicated that it maintained a database on local tobacco control ordinances within the state. As discussed in the text, we did not locate local ordinance databases in the states of Delaware, Georgia, Idaho, Iowa, Kentucky, Maine, Mississippi, Montana, Nevada, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, or Washington.

Each column presents data received from an organization. The column heading indicates the state in which each organization operates; for those states with more than one response, the total number of organizations is indicated in parenthesis.

The first row indicates the name of the organization whose data is recorded in each corresponding column. These names are abbreviated as follows: **Health** is the State Department of Health, **ALA** is the American Lung Association, and **ACS** is the American Cancer Society. **Smokeless, Smoke Free**, and **Tobacco Free** are coalitions operating in some states which responded to this survey. (The full name of the organization is contained in Appendix C.) Other specific organizations which were contacted include the Behavioral Sciences Section at the University of Arizona (**U of Arizona**), **ANR** (the Americans for Nonsmokers' Rights Foundation, based in Berkeley, California); **FDBPR** (the Florida Department of Business and Professional Regulation); **ILCC** (the Illinois Liquor Control Commission); **Municipal Assoc.** (the Massachusetts Municipal Association); and **Ros Park Cancer** (the Roswell Park Cancer Institute in Buffalo, New York).

Rows headed "Source of Data" show responses to the question, **How is data collected for your database?** Suggested answers were "local governments send us their **ordinances**," "we survey all local governments by **telephone**," "we survey all local governments by **mail**," or "other. Respondents were also asked to indicate the date of their most recent survey. If a survey date was given, it is listed in parentheses next to the corresponding collection method. Finally, each respondent was asked to respond "**yes**," "**no**," or "**other**" to the question, **Do you independently verify the information provided to you?**

Several rows indicate responses regarding specific information contained in their database. Rows headed "Coverage" show responses to the question, **What governments are covered in your database?** Suggested responses were: "**counties**," "**municipalities**," "**boards of health**" (B of H), "**boards of education**" (B of E), and "**other**." Rows headed "Includes" shows responses to the question, **What types of policies are included in your database?** Possible answers include: "**legislated ordinances** passed by the city council or county board," "**administrative regulations**," and "**other**." Rows headed "Enacted Ordinances Only?" include responses to the following question: **Does your database include governments which have no policies as well as governments which do?** Respondents were also asked to estimate the percent of the state covered by their database, broken into **counties** covered and **municipalities** covered. Finally, respondents were asked to indicate whether their database included data on each of four policy areas: clean indoor air ordinances (bans or limitations on smoking), youth access ordinances (vending machines, tobacco samples, licensing, single-cigarette sales, youth purchase or possession), tobacco excise taxes, and tobacco

advertising, and on enforcement agencies and enforcement activities.

Each organization was asked to indicate the form in which data are stored: **hard copy** files, **electronic** (with coded data on each locality and each variable), or **electronic text** (including the full text of ordinances). Respondents who indicated electronic storage were further asked to indicate the software used.

Finally, each respondent was asked, **Are outsiders, including tobacco control specialists and researchers, allowed access to the information in your database?** If the answer was yes, each was asked to indicate the method for access, whether it be through their **website** or by contacting them at the **address** indicated; and if any **fee** applies to obtain the data. Contact addresses for each organization with a database are included in APPENDIX C.

Additional information provided by each organization responding to this survey is contained in the endnotes.

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

STATE	ALABAMA	ALASKA	ARIZONA (2)		ARKANSAS
NAME OF ORGANIZATION	Health	ALA	Tobacco-Free	U of Arizona	ACS
SOURCE OF DATA	sent ordinances mail survey (1997) (1)	sent ordinances telephone survey mail survey	sent ordinances	sent ordinances telephone survey	telephone survey (3)
VERIFY DATA?	yes	no	no	yes	yes
COVERAGE	counties municipalities	municipalities	municipalities	counties municipalities B of E	counties municipalities
INCLUDES:	legislated ord	legislated ord admin regs	legislated ord	legislated ord	legislated ord
ENACTED ORDINANCES ONLY?	also not enacted	only enacted ord	also not enacted	only enacted ord	only enacted ord
COUNTY COVERAGE	100%	no answer	no answer	100%	30%
MUNICIPALITY COVERAGE	100%	no answer	no answer	100%	30%
POLICIES: CIA	yes	yes	no	yes	yes
YOUTH ACCESS	yes	yes	no	yes	yes
EXCISE TAXES	no	yes	no	yes	no
ADVERTISING	no	yes	no	yes	no
ENF. AGENCIES	yes	yes	no	yes	no
ENF. ACTIVITIES	yes	yes	no	yes	no
STORAGE OF DATA	hard copy	hard copy	hard copy	electronic and electronic text (2)	hard copy
SOFTWARE/OTHER	Table in WP			Excel	
ACCESS TO DATA	address	address	no answer	website	no policy
FEE FOR DATA?	chart for free	no fee	no answer	no fee	cost reimbursement for large requests

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

STATE	CALIFORNIA	COLORADO	CONNECTICUT	FLORIDA	HAWAII
NAME OF ORGANIZATION	ANR	Health	Attorney General	FDBPR	Health
SOURCE OF DATA	sent ordinances mail survey (1998) (4)	other (coalitions)	sent ordinances	mail survey	telephone survey(1998)
VERIFY DATA?	yes	yes	no	yes	yes
COVERAGE	counties municipalities	counties municipalities B of E	N/A municipalities	counties	counties
INCLUDES:	legislated ord	legislated ord admin regs other (6)	legislated ord (7)	other (8)	legislated ord
ENACTED ORDINANCES ONLY?	only enacted ord	only enacted ord other (6)	only enacted ord	other (8)	only enacted ord
COUNTY COVERAGE	100%	no answer	no answer	100%	100%
MUNICIPALITY COVERAGE	100% (5)	no answer	no answer	no answer	N/A
POLICIES: CIA	yes	yes	yes	no answer	yes
YOUTH ACCESS	yes	yes	yes	no answer	yes
EXCISE TAXES	yes	yes	no	no answer	N/A
ADVERTISING	yes	yes	yes	no answer	yes
ENF. AGENCIES	yes	yes	no	no answer	yes
ENF. ACTIVITIES	yes	yes	no	no answer	yes
STORAGE OF DATA	hard copy and electronic	hard copy and electronic text	hard copy	no answer	hard copy
SOFTWARE/OTHER	Access	Access (summary)		Internet database in development	
ACCESS TO DATA	address	address	address	not available	address
FEE FOR DATA?	negotiate based on request	no fee	no fee	no answer	no fee

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

STATE	ILLINOIS (3)			INDIANA	KANSAS (2)
NAME OF ORGANIZATION	ALA	Health	ILCC	Health	Smokeless
SOURCE OF DATA	sent ordinances other (9)	sent ordinances	sent ordinances mail survey(1998)	other (11)	sent ordinances telephone survey
VERIFY DATA?	other (10)	no	no	other (12)	yes
COVERAGE	counties municipalities	no answer	counties municipalities	counties municipalities	counties municipalities B of E
INCLUDES:	legislated ord	no answer	legislated ord admin regs	legislated ord	legislated ord other (13)
ENACTED ORDINANCES ONLY?	only enacted ord	no answer	also not enacted	only enacted ord	only enacted ord
COUNTY COVERAGE	no answer	no answer	75.50%	no answer	50%
MUNICIPALITY COVERAGE	no answer	no answer	60.30%	no answer	20%
POLICIES: CIA	yes	no answer	no	yes	yes
YOUTH ACCESS	yes	no answer	yes	yes	yes
EXCISE TAXES	yes	no answer	yes	yes	no
ADVERTISING	yes	no answer	yes	yes	yes
ENF. AGENCIES	yes	no answer	yes	yes	yes
ENF. ACTIVITIES	yes	no answer	yes	no answer	yes
STORAGE OF DATA	hard copy	hard copy	hard copy and electronic	hard copy	hard copy
SOFTWARE/OTHER			SPSS		
ACCESS TO DATA	address	no answer	website and address	not available	address
FEE FOR DATA?	no fee	no answer	no fee	not available	no fee

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

STATE	KANSAS cont'd	LOUISIANA	MARYLAND (2)		MASSACHUSETTS (2)
NAME OF ORGANIZATION	Health	ALA	Smoke Free	Health	Health
SOURCE OF DATA	mail survey (1995-96)	sent ordinances	other (14)	sent ordinances	sent ordinances mail survey (1995) (15)
VERIFY DATA?	no	no	yes	no	yes
COVERAGE	counties municipalities	counties municipalities	counties municipalities B of E	counties municipalities	municipalities B of H
INCLUDES:	legislated ord admin regs	legislated ord	legislated ord	legislated ord	legislated ord admin regs
ENACTED ORDINANCES ONLY?	only enacted ord	only enacted ord	only enacted ord	only enacted ord	also not enacted
COUNTY COVERAGE	50%	no answer	100%	75%	N/A
MUNICIPALITY COVERAGE	no answer	no answer	no answer	20%	75%
POLICIES: CIA	yes	yes	yes	yes	yes
YOUTH ACCESS	no answer	yes	yes	yes	yes
EXCISE TAXES	no answer	yes	yes	yes	no answer
ADVERTISING	no answer	no	yes	no answer	yes
ENF. AGENCIES	no answer	no	yes	no answer	no answer
ENF. ACTIVITIES	no answer	no	yes	no answer	yes (16)
STORAGE OF DATA	hard copy	hard copy	hard copy	hard copy	hard copy and electronic
SOFTWARE/OTHER					Access
ACCESS TO DATA	no answer	address	address	address	address
FEE FOR DATA?	not complete enough to distribute	fees for mailing and photocopying	no fee	no policy	no fee

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

STATE	MASSCH. Cont'd	MICHIGAN	MINNESOTA	MISSOURI	NEBRASKA
NAME OF ORGANIZATION	Municipal Assoc.	Health	Health	Health	Tobacco Free
SOURCE OF DATA	sent ordinances	other (coalitions)	other (18)	other (20)	other (coalitions)
VERIFY DATA?	other (17)	no	yes	yes	no
COVERAGE	municipalities B of H	counties municipalities B of H	counties municipalities	municipalities	no answer
INCLUDES:	legislated ord admin regs	legislated ord admin regs	legislated ord	legislated ord admin regs	no answer
ENACTED ORDINANCES ONLY?	only enacted ord	only enacted ord	also not enacted	also not enacted	only enacted
COUNTY COVERAGE	N/A	95%	100%	no answer	25%
MUNICIPALITY COVERAGE	50%	no answer	11% (19)	90%	25%
POLICIES: CIA	yes	yes	no	yes	yes
YOUTH ACCESS	yes	yes	yes	yes	yes
EXCISE TAXES	no	no	no	yes	no
ADVERTISING	no	yes	no	yes	yes
ENF. AGENCIES	no	no	yes	yes	no
ENF. ACTIVITIES	no	no	no	no	yes
STORAGE OF DATA	hard copy	hard copy and electronic	hard copy and electronic	electronic	hard copy
SOFTWARE/OTHER		Summary table in WP	SAS	Access	
ACCESS TO DATA	address	address	address	no	address
FEE FOR DATA?	no fee	no fee	no fee	fee, \$0.50/page	no fee

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

STATE	NEW HAMPSHIRE	NEW JERSEY	NEW MEXICO	NEW YORK (2)	
NAME OF ORGANIZATION	Health	GASP	Health	Tobacco Free	Ros Park Cancer
SOURCE OF DATA	other (21)	sent ordinances	sent ordinances	telephone survey	sent ordinances
		mail survey	telephone survey	other (advocates)	mail survey (1997)
		other (23)			other (requests copies)
VERIFY DATA?	no	yes	no	yes	no
COVERAGE	municipalities	counties	counties	counties	counties
		municipalities	municipalities	municipalities	municipalities
		B of H		B of H	B of H
INCLUDES:	other (22)	legislated ord	legislated ord	legislated ord	legislated ord
		admin regs		admin regs	admin regs
ENACTED ORDINANCES ONLY?	other (22)	only enacted ord	only enacted ord	also not enacted	only enacted ord
COUNTY COVERAGE	100%	100%	67%	100%	100%
MUNICIPALITY COVERAGE	100%	100%	26%	no answer	75%
POLICIES: CIA	yes	yes	yes	yes	yes
YOUTH ACCESS	yes	yes	no	yes	yes
EXCISE TAXES	no	no	no	yes	yes
ADVERTISING	no	yes	no	yes	yes
ENF. AGENCIES	no	no answer	no	no answer	no
ENF. ACTIVITIES	no	no answer	no	no answer	no
STORAGE OF DATA	hard copy	hard copy and electronic	hard copy	hard copy	hard copy
SOFTWARE/OTHER		summary in pamphlet			website in development
ACCESS TO DATA	no answer	address	address	address	address
FEE FOR DATA?	no ordinances	\$1 for "Local Laws on Tobacco in New Jersey"	no fee	no fee	no fee

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

STATE	NORTH CAROLINA	NORTH DAKOTA	OHIO	OREGON (2)	
NAME OF ORGANIZATION	Health	Health	ACS	Tobacco Free	Health
SOURCE OF DATA	sent ordinances	sent ordinances	mail survey (25)	other (coalitions)	mail survey other (26)
VERIFY DATA?	yes	other (24)	no	yes	yes
COVERAGE	counties municipalities B of H	municipalities	municipalities B of H	counties municipalities	counties municipalities N/A B of E
INCLUDES:	legislated ord admin regs	legislated ord	legislated ord admin regs	legislated ord	legislated ord other (27)
ENACTED ORDINANCES ONLY?	only enacted ord	only enacted ord	only enacted ord other (pending)	only enacted ord	only enacted ord
COUNTY COVERAGE	100%	N/A	N/A	100%	100%
MUNICIPALITY COVERAGE	100%	100%	100%	100%	100%
POLICIES: CIA	yes	yes	yes	yes	yes
YOUTH ACCESS	yes	yes	yes	yes	yes
EXCISE TAXES	N/A	N/A	no answer	no answer	no
ADVERTISING	yes	N/A	yes	no answer	yes
ENF. AGENCIES	yes	N/A	no answer	no answer	no
ENF. ACTIVITIES	yes	no	no answer	yes	no
STORAGE OF DATA	hard copy	hard copy	hard copy	hard copy	electronic
SOFTWARE/OTHER					SPSS
ACCESS TO DATA	address	address	address	address	address
FEE FOR DATA?	no fee	no fee	no fee	no fee	no fee

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

STATE	RHODE ISLAND (2)		UTAH	WEST VIRGINIA	WISCONSIN
NAME OF ORGANIZATION	ALA	Health	Health	Health	Health
SOURCE OF DATA	sent ordinances (28)	sent ordinances	sent ordinances	other (29)	mail survey (1997)
VERIFY DATA?	no	no	no	no answer	no
COVERAGE	municipalities	municipalities	counties municipalities B of H	B of H	counties municipalities
INCLUDES:	legislated ord	legislated ord	legislated ord admin regs	admin regs	legislated ord admin regs
ENACTED ORDINANCES ONLY?	only enacted ord	only enacted ord	only enacted ord	no answer	also not enacted
COUNTY COVERAGE	N/A	N/A	no answer	100%	100%
MUNICIPALITY COVERAGE	30%	39%	no answer	2%	99%
POLICIES: CIA	yes	yes	no answer	yes	yes
YOUTH ACCESS	yes	yes	yes	no	yes
EXCISE TAXES	no answer	no	no answer	no	no
ADVERTISING	no answer	no	no answer	no	no
ENF. AGENCIES	no answer	no	yes	no	no
ENF. ACTIVITIES	no answer	no	yes	yes	no
STORAGE OF DATA	hard copy	hard copy	hard copy	hard copy	hard copy
SOFTWARE/OTHER					
ACCESS TO DATA	website and address	address	address	address	address
FEE FOR DATA?	no fee	no fee	no fee for limited copies	no fee	no fee

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES

STATE	WYOMING
NAME OF ORGANIZATION	Health
SOURCE OF DATA	other (30)
VERIFY DATA?	no
COVERAGE	counties
	municipalities
	B of H
	B of E
INCLUDES:	legislated ord
	admin regs
ENACTED ORDINANCES ONLY?	also not enacted
COUNTY COVERAGE	no answer
MUNICIPALITY COVERAGE	no answer
POLICIES: CIA	yes
YOUTH ACCESS	yes
EXCISE TAXES	yes
ADVERTISING	no answer
ENF. AGENCIES	no answer
ENF. ACTIVITIES	yes
STORAGE OF DATA	hard copy
SOFTWARE/OTHER	
ACCESS TO DATA	address
FEE FOR DATA?	no fee

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES
ENDNOTES

- (1) The Alabama Department of Health surveys only local governments with populations over 2,000.
- (2) The University of Arizona includes an abstract of ordinances within their database.
- (3) ACS of Arkansas surveys by telephone only local governments with populations over 10,000.
- (4) ANR conducts daily surveillance on tobacco control via BBSes and listserves and tracks ordinances through adoption. Once adopted they request the ordinance through the city clerk.
- (5) ANR obtains 100% of ordinances of which they become aware.
- (6) The Colorado Department of Health surveys school districts annually for policy information and also records a lack of tobacco-free policy where applicable.
- (7) The Connecticut Attorney General's office also includes pending ordinances in their database.
- (8) The Florida Department of Business and Professional Regulation includes in their database information regarding enforcement of state tobacco control statutes.
- (9) ALA of Metropolitan Chicago also monitors local news stories and obtains information through local public health contacts on tobacco control activity.
- (10) ALA of Metropolitan Chicago verifies data if they plan on becoming active in that particular community.
- (11) ASSIST of Indiana surveyed local governments in the summer of 1998.
- (12) ASSIST of Indiana requests copies of ordinances.
- (13) Kansas SmokeLess Kids Initiative's data also includes school district policies.
- (14) Smokefree Maryland monitors local government activities and requests copies when ordinances are passed.
- (15) The Massachusetts Department of Health surveys government funded agencies by mail bi-annually as well. The last survey done in June of 1998.
- (16) The Massachusetts Department of Health also has data regarding enforcement activities stored in a separate management information system.
- (17) The Massachusetts Municipal Association only verifies data if they suspect it is inaccurate.
- (18) The Minnesota Family Health Division completed a mail survey in 1996 of tobacco ordinances for cities over 2,000. In 1997, a telephone survey of counties was completed regarding ordinance development at the county level. Currently there is no mechanism to update this information.
- (19) This percentage covers 76% of the population in Minnesota.
- (20) The Missouri Bureau of Health surveys only local governments with populations over 1,000.
- (21) The New Hampshire Department of Health collects information through networks within the Smokefree New Hampshire Alliance.
- (22) At present, the State of New Hampshire has no local tobacco control ordinances.
- (23) GASP of New Jersey also collects information through contacts with local governments as well as through a clipping service.

APPENDIX B: DATABASES ON LOCAL TOBACCO CONTROL ORDINANCES
ENDNOTES

- (24) The North Dakota Department of Health files copies of ordinances.
- (25) ACS of Ohio surveyed police chiefs and mayors in January of 1998 with regard to youth access legislation.
- (26) The Oregon Health Division collects information from county tobacco prevention coordinators in the form of quarterly progress reports, which include ordinance development.
- (27) The database for the Oregon Health Division also includes voluntary policies (ie: smoke-free policies) in city buildings.
- (28) These ordinances focus on prohibiting tobacco use at youth sports events and facilities.
- (29) The ASSIST project of West Virginia serves as a clearinghouse and provides technical assistance regarding clean indoor air policies in the state; it does not conduct regular surveys.
- (30) The Wyoming Department of Health makes contact with local governments when a question arises regarding local tobacco control policy, it does not conduct regular surveys.

APPENDIX C: ORDINANCE DATABASE CONTACT PERSONS

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