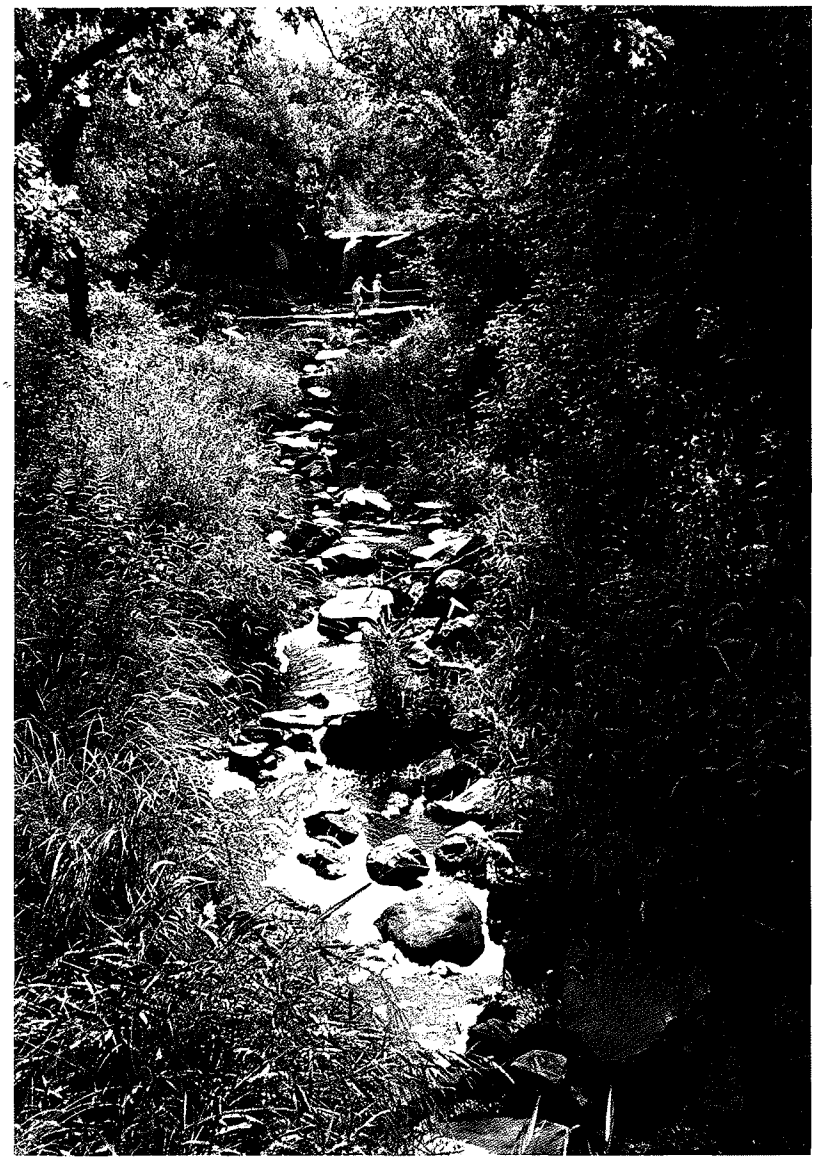
THE PATH TO NONSMOKING



Summary of the Minnesota Plan for Nonsmoking and Health

Enclosed is a copy of "The Path to Nonsmoking" which is a summary of The Minnesota Plan for Nonsmoking and Health.

In June, 1985, the Minnesota State Legislature passed an Omnibus Nonsmoking Bill, a unique, far reaching, and innovative piece of preventive health care legislation. It was based on 7 of the original 39 recommendations contained in The Minnesota Plan. The bill increased the state tax on cigarettes 5 cents per pack for a total of 23 cents. A fraction of 1 cent will be used to fund smoking prevention programs in the state. Program funds will include:

* grants to schools and communities
* a public education and information campaign
* technical consultation to workplaces for increasing compliance with the Minnesota Clean Indoor Air Act
* evaluation of all programs

Please see instructions on page 22 of the summary booklet on how to obtain additional information or copies of either document.

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FOREWORD

A Technical Advisory Committee on Nonsmoking and Health was appointed by the Commissioner of Health in November 1983, to explore methods for promoting nonsmoking in the state. In response, they produced *The Minnesota Plan for Nonsmoking and Health,* which includes a detailed analysis of the issue and recommendations for action.

The Committee included representatives with expertise in wholesale/ retail sales; medicine; the operation of hotels, resorts and restaurants; law; business; general education; professional education; the legislative process; nursing; research; insurance; economics; advertising; local government; and community action.

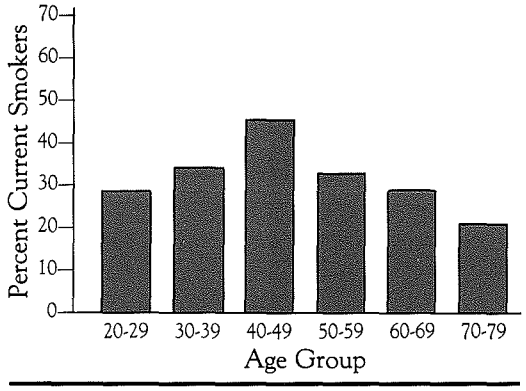
The members of the Technical Advisory Committee would like to urge cooperative efforts on the part of state government, health care facilities, business, labor, voluntary organizations, communities, and individual smokers and nonsmokers in carrying out these recommendations.

The following pages provide a summary of the plan and recommendations.

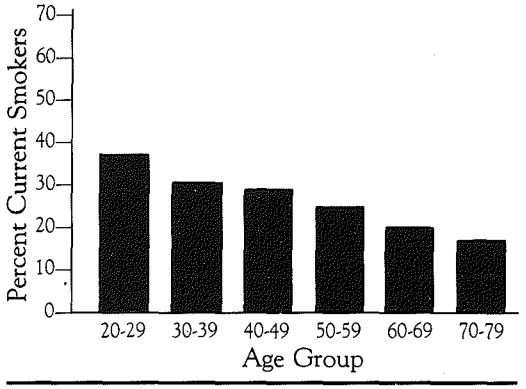
THE ACTIVE PROMOTION OF NONSMOKING IN MINNESOTA

In its approach to the smoking issue, the Technical Advisory Committee on Nonsmoking and Health chose to focus on the promotion of nonsmoking, rather than the negative aspects of smoking, emphasizing the fact that nonsmoking has been the norm in human behavior throughout history. Smokers were only in the majority, for a few brief generations, among American men — from the 1930s to the 1960s. Now, nonsmoking is once again the norm in the United States and in Minnesota. Seven out of 10 persons over the age of 18 are nonsmokers. In the younger age groups, however, women are more likely than men to smoke and this represents a special area of concern. The two graphs on page 4 show smoking rates by age group and sex. Each bar shows the percentage of men or women who smoke in a given age group.

MINNESOTA CURRENT SMOKERS: MALE, 1981



MINNESOTA CURRENT SMOKERS: FEMALE, 1981



Source: Minnesota Department of Health

The highest bar for men—representing the highest percentage of smokers—is the one for the 40-49 year old group. Since most people start smoking by their early twenties, if they're going to at all, these people would have taken up the habit in the early 1960s—before the first *Surgeon General's Report on Smoking and Health,* when a majority of Americans were smokers. The bars for men in younger age groups are shorter for each succeeding group, reflecting the fact that fewer and fewer young men are choosing to smoke.

For women, however, the percentage of smokers continues to increase as the age groups get younger—with the highest percentage in the 20-29 year old group. Young women, unlike young men, are continuing to take up smoking in large numbers. They are the only group in which the percentage of smokers has actually increased during recent years.

The Minnesota Plan for Nonsmoking and Health developed by the Committee provides a strategy for:

- preventing young people from starting to smoke,
- encouraging and assisting smokers who want to quit, and
- promoting clean indoor air.

Achieving these goals would improve the quality of life in Minnesota by reducing the number of smoking-related deaths, improving health, and reducing economic costs of medical care and lost income from premature death and disability.

If all Minnesotans became nonsmokers, we could save up to 4,600 lives a year in the state. That's more than one death every two hours, around the clock, all year long. Smoking currently accounts for about 3 out of every 20 deaths in the state, making it the single largest preventable cause of death.

For the 30% who do smoke, these smoking-related deaths can be broken down by cause as follows:

CAUSE OF DEATH	NUMBER OF DEATHS PER YEAR
Cardiovascular Disease	1,800
coronary heart disease	1,250
others, including stroke	550
Cancer	1,720
lung cancer	1,230
others (mouth, esophagus, pancreas, kidney, bladder, stomach, and cervix)	490
Respiratory Disease	910
emphysema, chronic bronchitis, chronic obstructive lung disease	660
pneumonia, influenza, asthma	250
Digestive Diseases	95
Perinatal and Infant Deaths	60
(respiratory distress syndrome, low birth weight, sudden infant death syndrome)	
Fires	30

Minnesota spends close to $375 million a year to treat smoking-related disease — or about 82 cents for every pack of cigarettes sold. That also comes out to $91 for every state resident, or $446 for every adult smoker.

Each year approximately 4,600 Minnesotans die from smoking-related disease. That amounts to an estimated loss of $303 million in projected income each year.

Together, medical treatment costs and lost income attributable to smoking amount to nearly $678 million a year. That's more than we spent yearly on the cigarettes themselves ($450 million in 1983) and it comes to $1.48 per pack sold. These figures don't include loss of income from disability.

Cigarette smoking is considered responsible for 9% of total statewide disability—39,000 person-years of disability annually — based on estimates of the percentage of disability attributable to smoking and earlier calculations of the annual number of person-years of disability in the state.

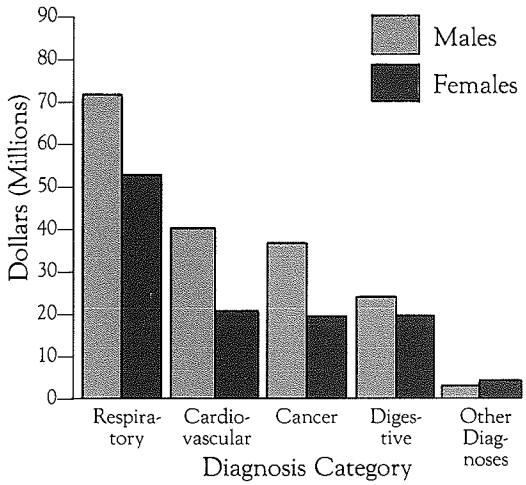
If even a small percentage of current Minnesota smokers became nonsmokers, the cost savings would be dramatic.

If 1% of current smokers quit, we would save nearly $8 million a year. If 5% quit, we would save almost $34 million. If 10% quit, we would save close to $68 million.

But more importantly, by encouraging people to choose a nonsmoking lifestyle, we can protect the health — and save the lives — of thousands of Minnesotans. **That** is the ultimate benefit of nonsmoking.

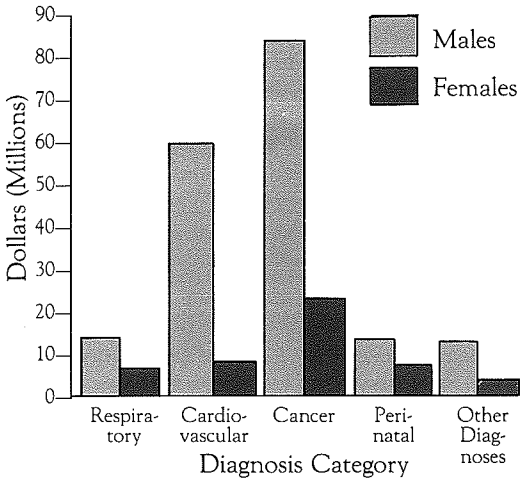
SMOKING-ATTRIBUTABLE DIRECT HEALTH CARE COSTS

Minnesota, 1981



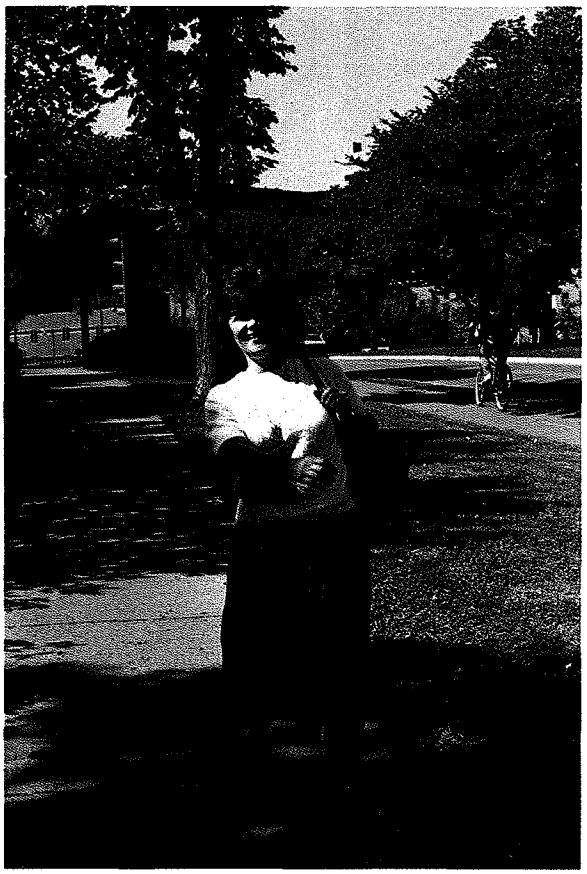
LOST INCOME DUE TO SMOKING-RELATED DEATHS

Minnesota, 1981



Source: Minnesota Department of Health

RECOMMENDATIONS



As part of its task, the Technical Advisory Committee was asked to develop specific strategies and recommendations for the promotion of nonsmoking in Minnesota. The Committee produced a list of 39 separate proposals.

The Committee's recommendations fall into five areas: schools and youth, public information and education, public and private regulation, economic incentives, and informational needs. The following is a summary of the recommendations and a partial rationale for the suggested strategies.

SCHOOLS AND YOUTH

Smoking is a habit people tend to pick up while they're young, only to regret it later.

Many Minnesota young people begin experimenting with tobacco in the 7th or 8th grade. A majority of those who eventually become smokers are already smoking regularly by the time they're 18. Today, 1 out of 5 Minnesota high school seniors is a regular smoker.

Most adult smokers, however, indicate that they'd like to quit. Three-fourths of them say they've tried to quit, and half say they've tried more than once.

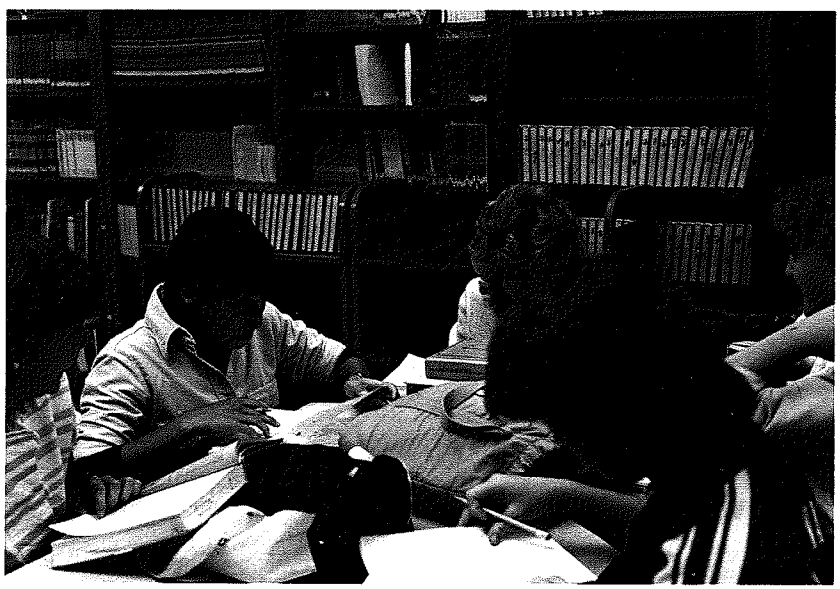
For that reason, young people must be a primary focus of any effort to promote nonsmoking.

Recommendations:

Provide 6 or more hours of scientifically evaluated nonsmoking education at the 7th grade level.

Regulate smoking in the schools, in a manner consistent with Minnesota law, in ways which serve to counteract the message that smoking is prestigious, mature, or desirable behavior.

Investigate and evaluate the use of student organizations, nonsmoking contests for youth, and curriculums coordinated for the classroom and home television, as vehicles for promoting nonsmoking.



The most successful approaches to adolescent smoking prevention focus on the social and environmental pressures that influence young people to smoke (Arkin, et al, 1981; Botvin and Eng, 1982; Evans, et al, 1981; Flay, et al, 1983; Luepker, et al, 1983). Programs which focus on coping with peer pressure to smoke, and on the short term effects of smoking, have already been tried and rigorously evaluated. Student populations exposed to these types of programs have smoking rates 30-50% lower than those of other students.

There are numerous other strategies available for promoting nonsmoking in adolescents, and they should also be subjected to rigorous evaluation in order to find out which ones reduce smoking rates in adolescent populations most effectively.

There is a credibility problem in schools where students are prohibited from smoking and told that it is bad for their health, while teachers and others smoke freely in designated lounge areas. Allowing adults to smoke may only make smoking more attractive to adolescents. Students are allowed to smoke in some schools, but there is some research evidence to suggest that the mere presence of smoking areas in schools may encourage some students to begin smoking (Crow, 1984).

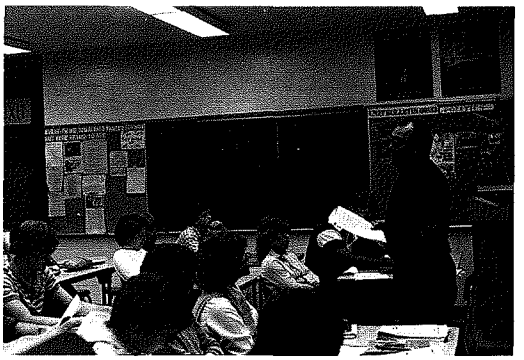
Efforts to promote nonsmoking in the schools should be positive in focus, and any rules adopted should be firm and consistent, but not oppressive.

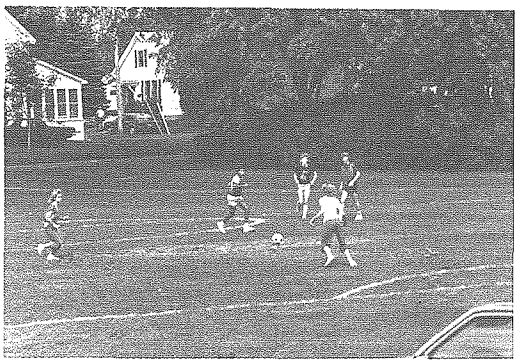
The provisions of the Minnesota Clean Indoor Air Act (MCIAA) should be implemented appropriately in the schools. The MCIAA forbids smoking in schools (which are defined as "public places" in the law) except in designated areas.

Smoking should be reduced and gradually eliminated in schools by educating school administrators, faculty, staff, and students about the MCIAA and other laws regarding smoking and youth, and by implementing the MCIAA and establishing other rules which encourage or require nonsmoking by all students. Other positive methods for encouraging nonsmoking might include peer-led curricula; activities involving student organizations; televised curricula designed to be watched together by students and parents; and efforts to encourage teachers and staff to quit smoking.

Recommendation:

Supplement and reinforce nonsmoking efforts in the schools through information, regulation, and economic measures in the larger community.





Today, 1 of every 5 Minnesota high school seniors is a regular smoker.

The effectiveness of nonsmoking initiatives in the schools will depend partly on the degree of support available in the larger community. Parental support is necessary for the implementation and successful operation of nonsmoking programs in the schools. The school also cannot be solely responsible for enforcing community laws on smoking. School programs must be part of larger, comprehensive, community-based progams, which make use of informational, regulatory, and economic measures to achieve maximum benefits.

PUBLIC INFORMATION AND EDUCATION

Cigarettes are sold to the public through well-planned, long-term marketing campaigns, employing consistent themes over periods of several years. Smoking is presented by cigarette advertising as a solution to many types of human problems. Current advertising offers images of virility, sex appeal, athletic prowess, relaxation, and wilderness scenes in association with cigarettes.

A concerted public information, education, and communications effort is needed to counteract these compelling advertising images.

Recommendations:

Promote nonsmoking through a public information campaign, based on sound marketing principles and coordinated with other regulatory, economic, and information efforts.

Provide scientific information on smoking and nonsmoking, on a regular basis, through the mass media and other channels.

The proposed strategy for marketing nonsmoking would begin by identifying the problems which are to be solved by the product being marketed, i.e., nonsmoking. Research has identified four main problems — or needs — of smokers.

- The problem of social isolation. Smoking is rapidly becoming a minority activity.
- Awareness of the health effects of smoking.
- The monetary cost of purchasing cigarettes, as well as the costs associated with the health effects of smoking.
- The need for an enhanced "self-image."

Nonsmoking and smoking cessation offer attractive solutions to these problems and needs. Nonsmoking is marketable in the same way as other products and behaviors, by using modern communications techniques to associate nonsmoking with the solution of problems and the fulfillment of needs faced by the smoker.

The promotion of nonsmoking is necessarily a **long-term effort,** requiring continuity of messages, images, goals, and tactics. Survey research and scientific methods of evaluation must be built into the marketing effort, so that the strategy is based on solid information, and results can be demonstrated within a reasonable period of

time. Anticipated results include changes in knowledge and attitudes in the short run, and an increase in nonsmoking over the long term. Specific messages would be developed only after conducting appropriate background market research, but the channels of communication to be used may include advertising, direct mail, seminars, public relations, mass media campaigns, displays, and promotions.

It is important to distinguish the positively-oriented marketing of nonsmoking from more traditional public health education on adverse health effects. The latter should be continued and intensified via the news media but kept separate from the marketing campaign. Marketing is directed toward feelings and actions; information is directed toward intellectual understanding. Information alone is not sufficient to change behavior, but it remains a necessary requirement for behavior change.

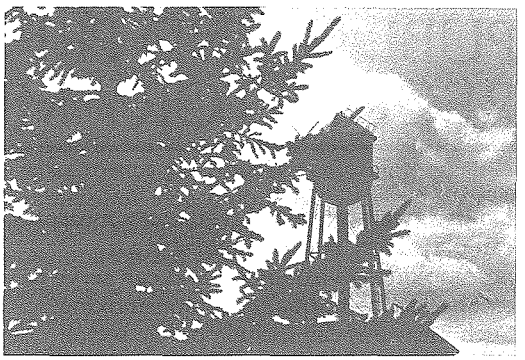
Recommendation:

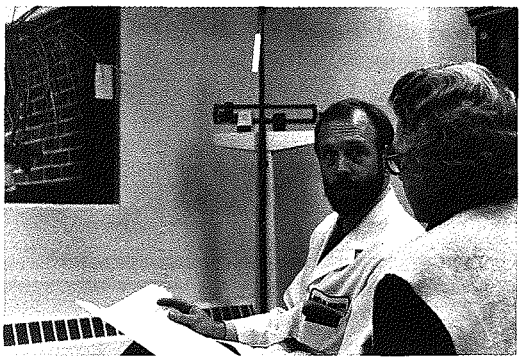
Encourage agencies in the state's Community Health Services system to conduct nonsmoking promotion campaigns in local communities, providing training and education for potential community organizers.

In cooperation with the Division of Epidemiology of the University of Minnesota School of Public Health, and selected local Minnesota communities, the Minnesota Department of Health (MDH) should organize community programs to promote nonsmoking. Interested local businesses, hospitals, clinics, schools, and other organizations should be involved in these activities. Lectures, discussions, educational seminars, and the development of cessation programs are examples of specific activities that interested communities may undertake. The University and MDH, together or individually, should offer training courses and materials on the promotion of nonsmoking in the community.

Recommendation:

Encourage physicians to approach smoking as another health problem to be prevented or treated, applying diagnostic and therapeutic techniques comparable to those used for other medical conditions.





Although the public looks to physicians for advice and support in smoking cessation and prevention (USDHHS, 1982), only a quarter of the current smokers surveyed in one study had ever been counseled to quit (Stewart, Brook, and Kane, 1979).

A review of methods used to counsel smokers has been published recently by two University of Minnesota scientists (Pechacek and Grimm, 1983). They recommend that physicians:

- begin by taking a careful smoking history from the patient;
- deliver a firm quit-smoking message, taking care to explain any relevant physical or laboratory findings;
- help the patient set a date to quit, and provide answers to questions about the process of quitting; and
- check the patient's progress at each return visit, and provide guidance and reinforcement, even if the first attempt to quit fails.

PUBLIC AND PRIVATE REGULATORY MEASURES

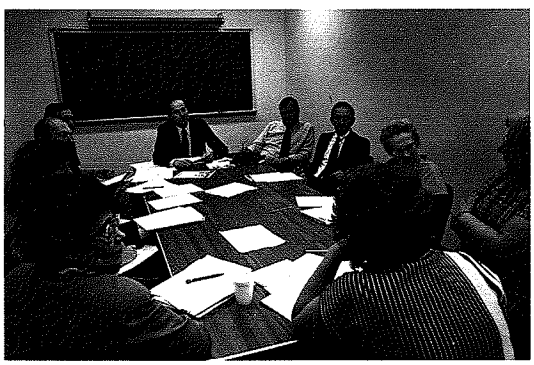
Limited, well-conceived regulatory measures can play a key role in establishing a nonsmoking environment, and can serve to emphasize the normality of nonsmoking. Such measures can include public sector initiatives, undertaken with the close cooperation of the private sector, as well as the creative use of personnel policies and other available mechanisms within the private sector.

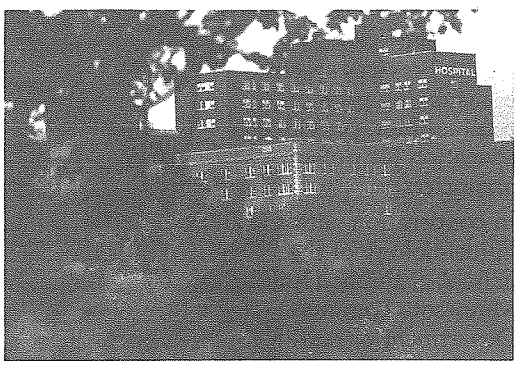
Recommendations:

Establish the Minnesota Department of Health as a role model for other employers in developing a successful nonsmoking policy for employees.

Encourage all health care facilities, voluntary health agencies, and public health agencies to establish smoke-free buildings as soon as possible, and no later than 1990.

Encourage physicians and health care facilities to become nonsmoking role models, and provide resources for nonsmoking education.





The public looks to health care institutions for guidance in areas like smoking. As Assistant Surgeon General Michael McGinnis said in a recent speech, "It is very difficult for a physician to cure a patient of smoking when his own ashtray is full."

A recent survey of patients at the University of Minnesota Hospitals assessed patient attituds towards a smoke-free hospital (Kottke, Hill, Heitzig, Brekke, and Casperson, 1984). Over half (53.6%) of the patients surveyed favored a smoke-free hospital, and almost three-quarters (73.2%) favored either a smoke-free hospital or smoking only with a physician's permission.

A large proportion of patients (82.9%) believed that smoke-free hospitals would improve medical care. A large majority (84.6%) also believed that hospital staff members should set an example for non-employees by not smoking.

Health care institutions can promote nonsmoking by:

- developing and publicizing policies which promote nonsmoking, such as those adopted by the Minnesota Medical Association and Park Nicollet Clinic;

- joining forces with the Minnesota Department of Health, the Minnesota Hospital Association, the Minnesota Nurses Association, and other representatives of the health care industry, to develop policies and recommendations for visible and effective enforcement of the Minnesota Clean Indoor Air Act (MCIAA), in hospitals and other health care facilities. As a long-term goal, policies which exceed the requirements of the Act should be encouraged; and
- eliminating the sale of cigarettes on their premises.

Recommendations:

Encourage Minnesota employers to adopt nonsmoking policies which exceed the requirements of the Minnesota Clean Indoor Air Act, including the possible establishment of smoke-free worksites.

Produce clearly written materials on the Minnesota Clean Indoor Air Act, in question and answer format, for distribution to employers and the public.

Expand and publicize the state Health Department's program for enforcing the Minnesota Clean Indoor Air Act in the workplace, including information and consultation activities.

Develop a uniform set of agency rules governing enforcement of the Minnesota Clean Indoor Air Act in all public places (reflecting the transfer of responsibility for certain worksites to the Minnesota Department of Health).

Encourage restaurant owners to expand their nonsmoking sections beyond the 30% of seating capacity required by law, if consumer demand warrants.

The Minnesota Clean Indoor Air Act (MCIAA) is a highly successful, widely accepted legislative measure. Surveys have shown that 92% of nonsmokers **and** 87% of pack-a-day smokers support the MCIAA (Minnesota Poll 1980). Its acceptance is partially due to the fact that it has been implemented gradually, over a period of years. However, employers and members of the public are still not generally aware of those provisions of the MCIAA which apply to the workplace. Worksite programs play a vital role in reducing smoking. Employers have expressed considerable interest recently in developing comprehensive smoking policies consistent with the MCIAA. As nonsmokers increasingly demand clean air at work, employers are requesting technical assistance, model policies, interpretation of the MCIAA, and materials to assist in compliance.

The Minnesota Clean Indoor Air Act requires that restaurants set aside at least 30% of their seating for nonsmokers. However, 70% of Minnesotans over 18 years of age are nonsmokers (Minnesota Poll, 1980) and nearly 50% of restaurant customers say they eat out less often than they otherwise would because of exposure to tobacco smoke (Gallup, 1984). The current 30% requirement may therefore be

inadequate. Restaurant operators should be encouraged to monitor the smoking preferences of their patrons and to expand their smoke-free areas when appropriate.

Recommendation:

Encourage organizers of concerts, sporting events, and other public activities to reject sponsorships or contributions which require the promotion of tobacco products.

Recently, tobacco companies have begun sponsoring public activities such as sporting events, concerts, art shows, and cultural exhibitions. Public health groups and others have expressed concern that such promotional activities will encourage smoking, especially among teenagers. The organizers of such events should be informed about the potential effects of these promotions and urged to reject contributions from the tobacco industry.

Recommendations:

Work for the passage of federal legislation requiring that cigarettes be "self extinguishing," and encourage Minnesota's congressional delegation to support such legislation.

Work for the passage of federal legislation which would require that cigarette warning labels be clear, specific, and rotated periodically.

Work for the passage of federal legislation to remove the current ban on regulation of tobacco advertising by the states.

Request that the federal government adopt nonsmoking policies similar to the provisions of the Minnesota Clean Indoor Air Act in federal buildings located within Minnesota.

In order to keep unsmoked cigarettes burning, various chemical substances are added to the tobacco. This presents a fire hazard and increases indoor air pollution when cigarettes are left unattended in ash trays. Both problems can be reduced by leaving out these additives. Their absence affects only the burning characteristics of the cigarette.

There is controversy about the effect of advertising restrictions on cigarette consumption (e.g., Bergler, 1981), but such restrictions would be desirable for several reasons. There is evidence to suggest that tobacco promotion increases or at least maintains current levels of smoking in adults, that it may have an especially significant impact on tobacco consumption by young people, and that it creates false and misleading impressions about smoking, i.e., that it is a wholesome and desirable activity (Roemer, 1982).

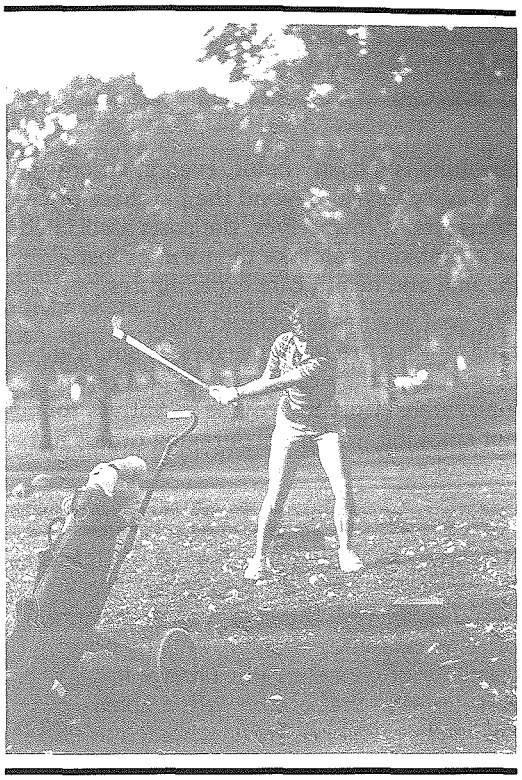
Because the state has no jurisdiction over federal property, buildings owned or leased by the federal government are exempt from the requirements of the MCIAA. The federal government should be asked to adopt, voluntarily, policies which would have the effect of bringing its Minnesota buildings into compliance with the MCIAA.

Recommendation:

Prohibit the distribution of free cigarettes in Minnesota for promotional purposes.

In 1979, the cities of Minneapolis and St. Paul passed ordinances restricting the distribution of free cigarettes for promotional purposes. The Minneapolis City Council noted that such promotions often have the result of making cigarettes available to minors, in violation of state law. Because there is no easy way to oversee or regulate the promotional distribution of cigarettes, the Council voted to prohibit any person from distributing "cigarettes free to any person on the public malls, sidewalks, or pedestrian concourses within the City of Minneapolis" (Minneapolis, 1979).

Promotional samples of cigarettes are also distributed, free of charge, through the mail — a practice which should be prohibited because it is inconsistent with the way in which other controlled substances are handled.



ECONOMIC MEASURES

Smoking is a costly habit, even in strictly monetary terms. Beyond the purchase price of cigarettes themselves, the costs associated with smoking can take the form of lost income and health care expenditures.

The cost savings associated with nonsmoking are in themselves a significant benefit, and they can be made part of an innovative effort to provide incentives for not smoking, or for encouraging others not to smoke.

Recommendations:

Increase Minnesota's cigarette excise tax by 10 cents a pack during fiscal 1986, and by 5 more cents each year over the following 5 years.

Support efforts to keep the federal excise tax at the current level of 16 cents a pack, and to enact additional increases.

Research has shown that the use of cigarettes is to a degree dependent on price. The proposed 10-cent increase would raise the price of cigarettes about 10%. The price elasticity of cigarettes (the change in consumption that occurs with a given change in price) has been estimated at -.044 for the United States. That means a 10% increase in price would produce a 4.4% decrease in tobacco use. Certain groups, most notably adolescent males, are more price sensitive than others.

The "real" price of cigarettes (adjusted for inflation) has changed little over the past 30 years. The current price per pack is less than the 1967 price, when inflation is taken into account. Minnesota has not increased its excise tax on cigarettes for 13 years. The current 18-cent tax is well below the national high of 26 cents — the current level in three states, Massachusetts, Connecticut, and Iowa.

STATE AND PROVINCIAL CIGARETTE TAX RATES*

State or Province	Cigarette Tax	Date of Last Change
Ontario	$0.63	1982
Manitoba	0.43	1982
Connecticut	0.26	1982
Massachusetts	0.26	1982
Iowa	0.26	1985
Wisconsin	0.25	1982
South Dakota	0.23	1985
Michigan	0.21	1982
North Dakota	0.18	1983
Minnesota	0.18	1971

*As this publication went to press, legislation was pending in several states, including Minnesota, to raise the state tax on cigarettes.

The proposed 5-cent per year increase in Minnesota's tax would have two purposes. First, it will guarantee that cigarette prices rise as fast or faster than personal income, so cigarettes will continue to cost more in real terms. This should help to hold down smoking rates. Second, raising the tax gradually will alert neighboring states about Minnesota's intentions, and give them time to increase their respective excise taxes, so they can minimize "bootlegging," i.e., the illegal importation of cigarettes from states with lower taxes.

Federal excise tax increases affect the entire smoking population of the United States and are by definition more far-reaching than state excise taxes. In January 1983 the federal excise tax on cigarettes was raised from 8 cents to 16 cents per pack. While the decrease is not entirely attributable to the tax increase, it is noteworthy that national per capita cigarette consumption dropped by 7% in 1983. This excise tax increase was temporary and will lapse in 1985 unless it is renewed or amended.

Recommendations:

Encourage insurance firms to offer nonsmokers' discounts on individual life, health, and disability insurance, and take steps to inform the public about the availability of these discounts.

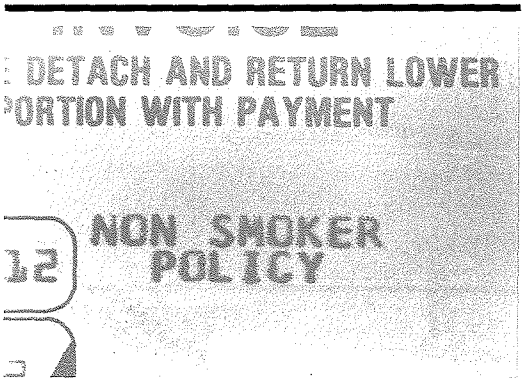
Encourage insurance firms to offer discounts on homeowners coverage for nonsmoking households.

Encourage employers who offer "cafeteria" benefit plans, in which employees can choose among a number of benefit options, to provide special options, incentives, or bonuses for nonsmokers.

Encourage smokers to find out if their life or health insurance plans cover the cost of quit-smoking programs.

Some of the insurance companies licensed to write individual life and health/disability insurance in Minnesota offer lower premium rates to nonsmokers. Some offer discounts designated specifically for nonsmokers. Others make nonsmoking a prerequisite for "preferred" rates.

The Minnesota Department of Health should make an active effort to inform the public about such financial incentives for nonsmokers. Discounts for nonsmokers are also appropriate in the area of homeowners insurance. Burning cigarettes are a major cause of residential fires. In 1981, cigarette-ignited fires were responsible for a total of $300 million in property losses nationally.



Several insurance companies have responded by offering lower homeowners rates for nonsmoking households. The Committee encourages other companies to follow their example.

As employers begin to offer cafeteria plans as part of their employee benefit programs, allowing employees to select their own package of benefits, it will be possible to offer more favorable and comprehensive benefits to nonsmokers, at the same cost. Such expanded benefits are possible because nonsmokers, as a group, are less costly to employers. Similarly, nonsmokers could also be offered greater health/disability and pension benefits at the same cost. Cafeteria benefit plans should distinguish between smokers and nonsmokers in a fair and equitable fashion, based on medical and mortality experience, and reward nonsmokers for reducing their own risks.

Recommendations:

Inform business leaders about the reduction in employee insurance and benefit costs which can be achieved if fewer employees smoke.

Inform employers about the higher business costs associated with employees who do smoke.

Inform employers about the strategies available to encourage nonsmoking among employees, including cessation programs for smokers, and expanded benefits or financial incentives for nonsmokers.

Inform employers — and the public — about the reduced energy consumption and other cost savings which are possible in smoke-free or smoking-restricted buildings, where ventilation requirements are greatly reduced.

Detailed information about the higher costs associated with employees who smoke should be made available through the Minnesota Department of Health. This information should be disseminated through mass media and business communication channels. This informational effort should focus on both the costs of smoking and recommended solutions, such as cessation programs for employees who smoke, and smoking restrictions or a smoking ban at the worksite.

Another strategy for decreasing smoking rates among workers is to provide financial rewards for nonsmoking. Such incentives would reflect the lower costs of employing nonsmokers. The possibilities include:

- more insurance benefits per dollar paid for nonsmokers,

- discounts for the same level of coverage on life and health insurance premiums toward which employees contribute, and
- increased employer contributions to retirement plans for nonsmokers.

It should be stressed that incentive programs reward nonsmokers financially without penalizing smokers.

A special problem faced by employers whose workers smoke is building ventilation. The employer must choose between better, more costly ventilation to insure air quality, and energy conservation at the expense of air quality, which may risk the health of employees and possibly violate air quality standards. Employers in Minnesota should be informed about the potential savings in ventilation, heating, and cooling costs which can be expected if they adopt a nonsmoking or restricted-smoking policy at their worksites.

Recommendation:

Use multiple sources of funding for nonsmoking promotion efforts, including but not limited to monies appropriated by the Legislature.

The promotion of nonsmoking will require the efforts of a variety of organizations and institutions. Concerted efforts by these organizations and institutions will result in lower smoking rates and lower smoking-related costs in the future. If government, business, private foundations and institutions, and private voluntary agencies will jointly fund and participate in these programs, they will jointly reap the economic benefits of lower smoking rates in years to come.

INFORMATIONAL NEEDS

A successful nonsmoking initiative will require the efforts of many individuals and groups within the larger Minnesota community, and they will need access to sound information about smoking, educational materials, and mechanisms for evaluating their efforts.

Coordinated research and information activities need to be part of any major effort to promote nonsmoking.

Recommendations:

Develop and maintain a comprehensive collection of scientific information about all aspects of the smoking and health issue, to be housed at the Minnesota Department of Health and used as a resource for nonsmoking activities.

Establish the Minnesota Department of Health as a resource for providing or locating educational materials relating to smoking, and take steps to publicize the availability of these materials to educators, health professionals, and the general public.

Conduct telephone surveys, on an annual basis, to measure the prevalence of smoking in the Minnesota population, public knowledge and opinion, and the general impact and effectiveness of nonsmoking efforts.

Establish the Minnesota Department of Health as a resource for communities wishing to conduct their own survey research on smoking, in connection with local nonsmoking initiatives.

Develop the capability, at the Minnesota Department of Health, to conduct or contract for other types of survey research on issues like the availability of nonsmoking programs, compliance with the Minnesota Clean Indoor Air Act, smoking behavior, and use of no-smoking signs.

Use a formal research design, whenever possible, to guide the implementation of nonsmoking programs and activities.

Researchers in the Center for Nonsmoking and Health at the Minnesota Department of Health (MDH) have developed a collection of publications and journal articles on the issue of cigarette smoking and health. This material has been a key resource in the preparation of this report.

This body of information should continue to be expanded and updated. It should be made available to University of Minnesota researchers and it can be used by MDH staff in responding to government agencies, medical professionals, and others who request information.

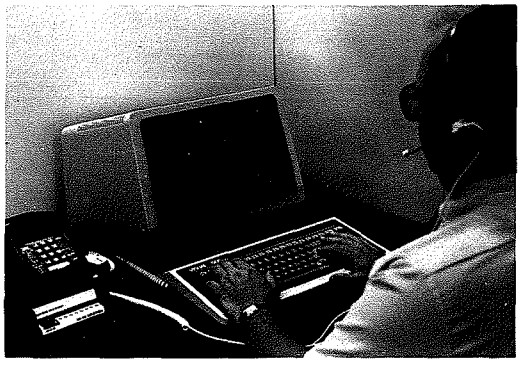
MDH should develop a system to handle requests for smoking-related information. MDH should serve as a state clearinghouse for smoking information, referring some

requests to appropriate voluntary agencies and community programs by prior arrangement.

The phone surveys will provide an opportunity to observe the prevalence of smoking over time, and to break down smoking rates by sex, age, educational level, occupational status, and other key variables. The surveys can be used to assess public awareness of nonsmoking programs as well as program effectiveness.

Staff in the state Health Department's Center for Nonsmoking and Health and Center for Health Statistics can assist local communities in designing and conducting their own surveys to assess the impact of local efforts to promote nonsmoking. Such surveys could be used to increase public awareness, to measure smoking rates before and after programs are implemented, and to obtain the information necessary to plan and evaluate programs. Survey questions can be designed which will both measure public reaction to programs, and gather data on smoking rates.

The use of a formal research design to guide nonsmoking activities will help determine if reduced smoking rates or other observed results are actually attributable to a given nonsmoking program, law, or policy. If grant funding is being sought for a program, a strong research design will be needed to evaluate both the outcome and the cost effectiveness of the program.



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