



## Blueprint for Kentucky's Children Issue Brief Series

# Clearing the Air for All Kentucky Children

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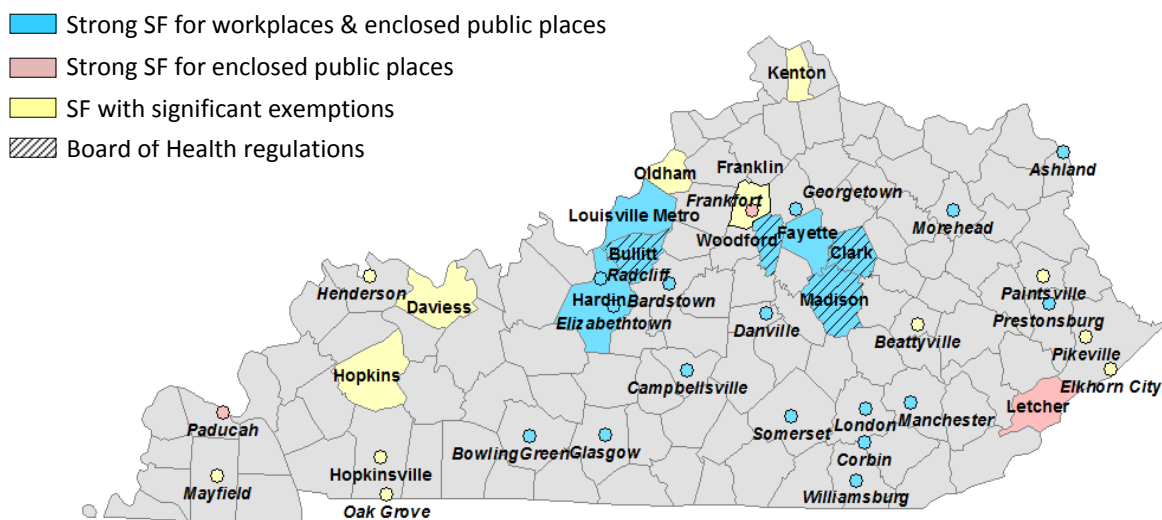
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All children deserve to breathe clean air and be healthy, yet approximately 62 percent of Kentucky's children live in a community that does not offer them strong protections from secondhand tobacco smoke in public places.<sup>1</sup> Pregnant women are also exposed to secondhand smoke which increases the risk for poor birth outcomes. Kentucky can reduce exposure to secondhand smoke by children and pregnant women, and reduce smoking during pregnancy, with a statewide, comprehensive smoke-free workplace law and increased use of evidence-based tobacco treatment programs. A statewide law would ensure all Kentucky kids and pregnant women have the opportunity to work and fully participate in their communities without exposure to the dangers of tobacco smoke.

### The Impact of Secondhand Smoke on Infants, Children, and Pregnant Women

Kentucky has the highest rate of adult smoking in the nation (28.3 percent) – exposing children, and adults who choose not to smoke, to a significant amount of tobacco smoke in the 85 counties without any smoke-free ordinances covering workplaces or other public places.<sup>2,3</sup> The devastating effects of smoking cigarettes have been well-known for decades, but fewer people are aware of the dangers of secondhand smoke. According to the U.S. Surgeon General, “there is no safe level of exposure to tobacco smoke,” because “when individuals inhale cigarette smoke, either directly or secondhand, they are inhaling more than 7,000 chemicals: hundreds of these are hazardous, and at least 69 are known to cause cancer.”<sup>4</sup>

#### Strength of Smoke-free Laws and Regulations in Kentucky Communities, Oct. 1, 2013



**Source:** Kentucky Center for Smoke-free Policy, University of Kentucky College of Nursing.

The health consequences causally linked to exposure to secondhand smoke by children include sudden infant death syndrome (SIDS), middle ear disease, and respiratory symptoms, illnesses and infections.<sup>5</sup> Kentucky is ranked 41<sup>st</sup> in the nation for children with asthma problems, and secondhand smoke is a common trigger for asthma attacks.<sup>6,7</sup> Nationally, an estimated 400,000 to one million children with asthma experience worsened symptoms from exposure to secondhand smoke.<sup>8</sup>

Pregnant women exposed to secondhand smoke are more likely to have babies born with a low birthweight.<sup>9</sup> In Kentucky counties without a comprehensive smoke-free law, more than 25,000 babies were born in 2011 to mothers without protections from secondhand smoke at work or in the community.<sup>10</sup> Children born at a low birthweight (less than 5.5 pounds) face increased risk for serious health problems as newborns, developmental and intellectual disabilities, cerebral palsy, and vision and hearing loss.<sup>11</sup> Additionally, low birthweight babies are 25 times more likely than those born at normal weights to die within their first year of life.<sup>12</sup> The health consequences of being born at a low birthweight continue into adulthood, with increased risk for hypertension, heart disease, diabetes, and obesity.<sup>13</sup> Kentucky's rate of low-weight newborns is among the worst in the nation, ranking 43<sup>rd</sup> of 50.<sup>14</sup>

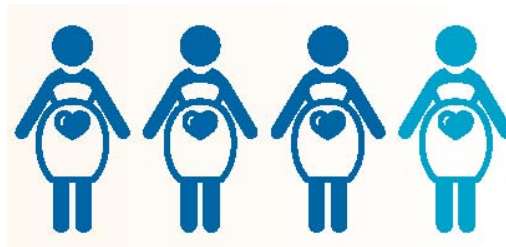
In addition to the effects of secondhand smoke on the unborn child, the health of the pregnant mother is also affected. Exposure to secondhand smoke substantially increases a person's risk of heart disease, including coronary heart disease, stroke, aortic aneurysm, and peripheral arterial disease.<sup>15</sup>

### **The Impact of Smoking during Pregnancy**

For those women who smoke while pregnant, the health consequences for mother and baby are even more severe. Smoking during pregnancy can cause increased maternal heart rate and blood pressure, problems with the placenta, increased risk of miscarriage, and preterm delivery. Cigarette smoking during pregnancy is the “single most important known cause” of low birthweight.<sup>16</sup> In addition to the risk of low birth weight discussed above, babies whose mothers smoked during pregnancy are also more likely to have a cleft lip.<sup>17</sup> Moreover, babies whose mothers smoked during pregnancy are more likely to die before their first birthday, and are three times more likely to die from SIDS.<sup>18</sup>

With one of the highest rates in the nation of mothers smoking while pregnant in 2011, Kentucky (at 23 percent) not only suffers from the poor health outcomes for mother and baby, but also experiences a significant financial cost from healthcare expenses.<sup>19</sup> Kentucky spends \$5.6 million on neonatal services directly related to maternal smoking.<sup>20</sup> A 2002 national study estimated that maternal smoking adds \$724 to the average neonatal cost of a birth, as there is increased probability that infants born to smoking mothers will require Neonatal Intensive Care Unit (NICU) services during their hospital stay.<sup>21</sup>

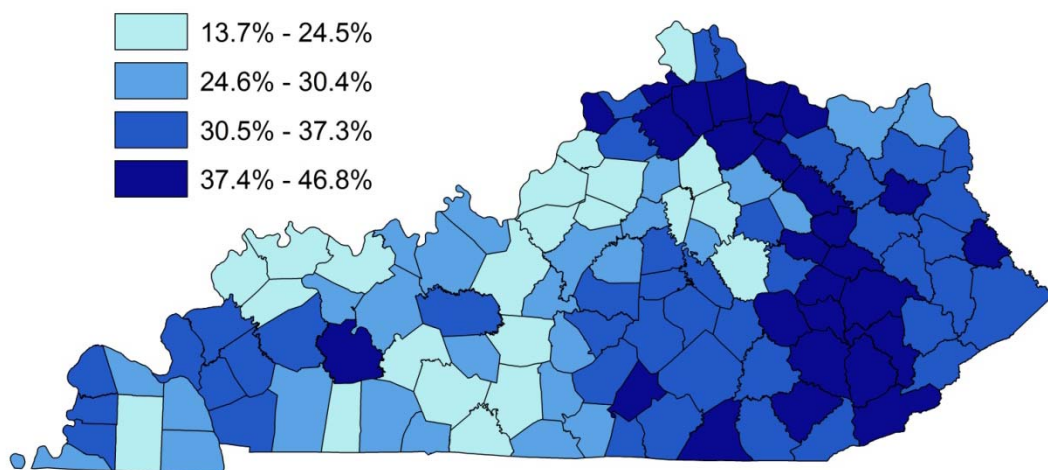
### **Nearly 1 in 4 Kentucky Babies Born to Mothers Who Smoked during Pregnancy, 2011**



**Source:** KIDS COUNT Data Center.

During 2009-2011, county rates of smoking during pregnancy varied widely, from more than 40 percent in 16 counties, to less than 18 percent in Fayette, Jefferson, Oldham, and Warren Counties.<sup>22</sup> Fayette and Jefferson Counties have had strong, county-wide smoke-free ordinances in place since 2008, Oldham County has had a smoke-free ordinance in place since 2007, and Bowling Green in Warren County implemented a strong smoke-free ordinance in 2011.<sup>23</sup>

**Smoking during Pregnancy Rates, 2009-2011**



**Source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch.

### **Smoke-free Policies as an Effective Solution**

As there is no risk-free level of exposure to secondhand smoke, smoke-free policies are vital to protecting the health of children and pregnant women in workplaces and public places. Indoor smoke-free policies are effective at reducing maternal smoking during pregnancy, regardless of individual socio-demographic characteristics, with fewer pregnant women smoking over time in smoke-free communities.<sup>24,25</sup> In addition to reducing smoking during pregnancy, smoke-free policies reduce the prevalence of preterm births (a common reason for low birth weight).<sup>26</sup> Also, women who quit smoking while pregnant are more likely to start smoking again after giving birth if exposed to secondhand smoke.<sup>27</sup> A statewide smoke-free law would also be good for business by improving the health of employees and reducing health care costs.<sup>28</sup>

For all of the above reasons, a growing number of states have implemented statewide smoke-free policies. Twenty-four states have comprehensive, statewide smoke-free laws that cover workplaces, restaurants, and bars.<sup>29</sup>

### **Guidance from Healthcare Professionals**

During pregnancy, a woman has many regularly scheduled check-ups with medical professionals. Healthcare providers can be a resource for mothers, and all patients, who smoke and need help quitting or have quit and need help preventing a relapse. A 2008 study of Kentucky mothers who reported smoking during pregnancy found that for almost 60 percent their healthcare provider did not spend

time counseling them on how to quit smoking.<sup>30</sup> All pregnant women should be assessed for tobacco use, provided education on the dangers of smoking to mother and baby, and offered resources for tobacco treatment. Education on the dangers of secondhand smoke, while pregnant and postpartum, is also important.

In recognition of the negative health and economic impacts of smoking while pregnant, Kentucky provides tobacco treatment for pregnant women, as well as others, with Medicaid coverage.<sup>31</sup> For those not on Medicaid, the Kentucky Cabinet for Health and Family Services' Tobacco Prevention and Cessation Program provides free resources for Kentuckians seeking help to quit smoking.<sup>32</sup>

### Resources to Stop Smoking

#### Quit Now Kentucky

- FREE smoking cessation counseling by phone, 7 days a week from 8:00 a.m. – 1:00 a.m. EST
- FREE online tools, information, coaching, and networking with other trying to quit

Call 1-800-QUIT-NOW (1-800-784-8669) or visit <https://www.quitnowkentucky.org/> for help.

#### Cooper Clayton Smoking Cessation Classes

- 12 week program to help cope with the withdrawal of nicotine
- Education, skills training, group support, and nicotine replacement therapy

Contact a local health department for more information.

### Recommendations

Reducing exposure to secondhand smoke and maternal smoking during pregnancy would significantly improve the health of Kentucky's infants and children. Specifically, Kentucky needs to enact a statewide, comprehensive smoke-free workplace law, and bolster the promotion and usage of tobacco treatment resources by pregnant women.

**Enact a statewide, smoke-free workplace law.** A smoke-free workplace law can help encourage all smokers, including mothers, to quit smoking. With a comprehensive smoke-free law, air quality would improve, the health of workers, youth, and citizens in the community would improve, and exposure to secondhand smoke would decrease.<sup>33</sup> Additionally, smoke-free policies can help reduce the prevalence of tobacco use, increase the number of tobacco users who quit, reduce the initiation of tobacco use among youth, and reduce the rate and occurrence of morbidity and mortality.<sup>34</sup> If we can prevent youth from initiating tobacco use, we can maintain lifelong health for all.

**Evidence-based tobacco treatment programs should be utilized and recommended to women who smoke during pregnancy.** Resources exist for doctors and medical practitioners to use with patients to reduce smoking during pregnancy. The *U.S. Public Health Service Clinical Practice Guideline, Treating*

*Tobacco Use and Dependence* presents research and recommends best practices in clinical practice for health professionals in providing tobacco treatment. Expanded use of this guideline with pregnant patients and women of childbearing age would reduce smoking during pregnancy and result in fewer babies born with birth defects and complications.

# Number of live births in 2011 and percentage of mothers who smoked while pregnant in 2009-2011

	#	%		#	%		#	%
<b>Kentucky</b>	<b>53,732</b>	<b>26.4%</b>	Greenup	331	30.4%	Nelson	593	26.5%
Adair	177	31.0%	Hancock	106	26.1%	Nicholas	94	39.6%
Allen	250	24.3%	Hardin	1,687	24.1%	Ohio	270	27.3%
Anderson	252	28.1%	Harlan	393	43.1%	Oldham	492	13.7%
Ballard	93	32.6%	Harrison	197	39.9%	Owen	106	38.6%
Barren	506	23.9%	Hart	252	22.4%	Owsley	52	45.0%
Bath	148	39.0%	Henderson	485	22.5%	Pendleton	136	43.7%
Bell	372	36.5%	Henry	200	33.2%	Perry	417	38.8%
Boone	1,271	24.5%	Hickman	46	31.4%	Pike	717	31.9%
Bourbon	250	27.9%	Hopkins	535	34.5%	Powell	151	37.7%
Boyd	559	35.4%	Jackson	158	43.9%	Pulaski	776	33.9%
Boyle	306	31.0%	Jefferson	10,054	17.3%	Robertson	32	41.4%
Bracken	90	44.9%	Jessamine	704	24.9%	Rockcastle	177	33.0%
Breathitt	163	42.7%	Johnson	298	32.0%	Rowan	274	36.5%
Breckinridge	234	30.2%	Kenton	1,770	33.2%	Russell	244	42.4%
Bullitt	739	23.4%	Knott	163	37.0%	Scott	584	22.0%
Butler	142	24.1%	Knox	401	37.9%	Shelby	628	23.5%
Caldwell	146	35.6%	LaRue	146	26.6%	Simpson	247	25.2%
Calloway	365	25.2%	Laurel	706	32.3%	Spencer	206	18.8%
Campbell	753	34.9%	Lawrence	207	35.1%	Taylor	301	34.3%
Carlisle	64	32.8%	Lee	59	46.8%	Todd	168	24.1%
Carroll	179	34.7%	Leslie	145	39.7%	Trigg	130	31.6%
Carter	335	35.9%	Letcher	328	36.7%	Trimble	96	41.4%
Casey	189	34.2%	Lewis	80	28.2%	Union	127	22.6%
Christian	1,324	26.6%	Lincoln	298	32.6%	Warren	1,453	17.8%
Clark	420	32.3%	Livingston	100	36.6%	Washington	139	26.5%
Clay	300	43.7%	Logan	313	26.5%	Wayne	226	32.6%
Clinton	103	31.9%	Lyon	63	34.2%	Webster	141	23.4%
Crittenden	110	31.5%	McCracken	760	27.0%	Whitley	545	35.2%
Cumberland	88	28.4%	McCreary	248	41.1%	Wolfe	92	41.4%
Daviess	1,290	22.3%	McLean	119	28.3%	Woodford	271	20.8%
Edmonson	100	28.6%	Madison	983	24.2%			
Elliott	40	44.9%	Magoffin	168	33.4%			
Estill	163	33.5%	Marion	226	33.2%			
Fayette	3,961	16.0%	Marshall	273	30.1%			
Fleming	182	33.3%	Martin	161	37.7%			
Floyd	527	37.3%	Mason	191	39.7%			
Franklin	536	28.1%	Meade	262	27.9%			
Fulton	78	29.3%	Menifee	71	44.2%			
Gallatin	103	39.9%	Mercer	294	32.7%			
Garrard	172	32.4%	Metcalfe	141	29.2%			
Grant	376	41.0%	Monroe	119	27.5%			
Graves	510	23.0%	Montgomery	364	28.6%			
Grayson	296	35.0%	Morgan	144	34.3%			
Green	112	25.4%	Muhlenberg	309	38.3%			

**Data source:** Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, processed by the Kentucky State Data Center.

**Data notes:** All data is preliminary. In 2011, there were 415 births where the mother's county of residence was unknown. During 2009-2011, there were 56 mothers who smoked while pregnant whose county of residence was unknown.



## Endnotes

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- <sup>1</sup> Using child population data from the U.S. Census Bureau, 2010 Decennial Census 38 percent of Kentucky's children ages 0-17 live in areas covered by a strong smoke-free ordinance for workplaces and/or public places, as classified by the Kentucky Center for Smoke-free Policy list at <http://www.mc.uky.edu/tobaccopolicy/Ordinances/SFLawsRegsOCT2013.pdf>.
- <sup>2</sup> Data on adult smoking rate obtained from the Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services, Behavioral Risk Factor Surveillance System, "Prevalence and Trends Data: Tobacco Use – 2012." Available at <http://apps.nccd.cdc.gov/brfss/list.asp?cat=TU&yr=2012&qkey=8161&state=All>. Accessed November 2013.
- <sup>3</sup> Number of Kentucky counties without any smoke-free ordinances present as of October 1, 2013, from the Kentucky Center for Smoke-free Policy. Available at [http://www.mc.uky.edu/tobaccopolicy/Ordinances/StrengthofPolicy\\_100113.png](http://www.mc.uky.edu/tobaccopolicy/Ordinances/StrengthofPolicy_100113.png). Accessed November 2013.
- <sup>4</sup> U.S. Department of Health and Human Services (2010). *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease, 2010*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at <http://www.surgeongeneral.gov/library/reports/tobaccosmoke/index.html>. Accessed November 2013.
- <sup>5</sup> Ibid.
- <sup>6</sup> Annie E. Casey Foundation (2013). *KIDS COUNT Data Center*. Available at <http://datacenter.kidscount.org/data/tables/30-percent-of-children-with-asthma-problems?loc=19&loct=2#ranking/2/any/true/1021/any/300>. Accessed November 2013.
- <sup>7</sup> American Lung Association (2012). *Asthma & Children Fact Sheet*. Available at <http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html#4>. Accessed November 2013.
- <sup>8</sup> Ibid.
- <sup>9</sup> U.S. Department of Health and Human Services (2010). *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease, 2010*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at <http://www.surgeongeneral.gov/library/reports/tobaccosmoke/index.html>. Accessed November 2013.
- <sup>10</sup> Using preliminary data on 2011 live births from the Kentucky Cabinet for Health and Family Services, Vital Statistics Branch 27,570 births out of 53,317 with known county of residence for the mother, and list of counties containing strong smoke-free ordinance for workplaces and/or public places, as classified by the Kentucky Center for Smoke-free Policy at <http://www.mc.uky.edu/tobaccopolicy/Ordinances/SFLawsRegsOCT2013.pdf>.
- <sup>11</sup> March of Dimes (2013). *Low Birthweight*. Available at [http://www.marchofdimes.com/professionals/medicalresources\\_lowbirthweight.html](http://www.marchofdimes.com/professionals/medicalresources_lowbirthweight.html). Accessed November 2013.
- <sup>12</sup> Mathews, T., and MacDorman, M. (2011). "Infant Mortality Statistics from the 2007 Period Linked Birth/Infant Death Data Set." *National Vital Statistics Reports*, vol. 59, no. 6. National Center for Health Statistics. Available at [http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_06.pdf). Accessed November 2013.
- <sup>13</sup> U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Child Health and Human Development (2008). *Pregnancy and Perinatology Branch NICHD: Report to the NACHHD Council*. Available at [http://www.nichd.nih.gov/publications/pubs/PPB\\_Council\\_Report\\_2008.pdf](http://www.nichd.nih.gov/publications/pubs/PPB_Council_Report_2008.pdf). Accessed November 2013.
- <sup>14</sup> Annie E. Casey Foundation (2013). *KIDS COUNT Data Center*. Available at <http://datacenter.kidscount.org/data/Tables/5425-low-birthweight-babies?loc=1&loct=1#ranking/2/any/true/867/any/11985>. Accessed November 2013.
- <sup>15</sup> U.S. Department of Health and Human Services (2010). *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease, 2010*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at <http://www.surgeongeneral.gov/library/reports/tobaccosmoke/index.html>. Accessed November 2013.
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- <sup>17</sup> U.S. Department of Health and Human Services (2010). *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease, 2010*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Available at <http://www.surgeongeneral.gov/library/reports/tobaccosmoke/index.html>. Accessed November 2013.
- <sup>18</sup> Centers for Disease Control and Prevention (2013). *Tobacco Use and Pregnancy*. Available at <http://www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/index.htm>. Accessed November 2013.
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- <sup>20</sup> Kentucky Cabinet for Health and Family Services, Tobacco Prevention and Cessation Program (2012). *Tobacco Use in Kentucky*. Available at <http://chfs.ky.gov/NR/rdonlyres/256B7D99-B157-4C4D-B481-29254B0DDB58/0/TobaccoUseinKentucky2012.pdf>. Accessed November 2013.
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- <sup>22</sup> Data obtained from the Kentucky Cabinet for Health and Family Services, Vital Statistics Branch, 2009-2011, processed by the Kentucky State Data Center. Data reflect three-year averages, because final birth files have not yet been released.
- <sup>23</sup> Kentucky Center for Smoke-free Policy (2013). *Counties/Cities with Smoke-free Community-Wide Ordinances/Regulations in Kentucky*. University of Kentucky. Available at <http://www.mc.uky.edu/tobaccopolicy/Ordinances/Smoke-freeOrdinances.HTM>. Accessed October 2013.
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- <sup>25</sup> Klein, E., Liu, S., and Conrey, E. (2013). "Comprehensive Smoke-Free Policies: A Tool for Improving Preconception Health?" *Journal of Maternal and Child Health*. Available at <http://link.springer.com/article/10.1007/s10995-013-1247-4>. Accessed November 2013.
- <sup>26</sup> Page II, R., Slejko, J., and Libby, A. (2012). "A Citywide Smoking Ban Reduced Maternal Smoking and Risk for Preterm Births: A Colorado Natural Experiment." *Journal of Women's Health*, vol. 21, no. 6. Available at <http://online.liebertpub.com/doi/pdfplus/10.1089/jwh.2011.3305>. Accessed November 2013.
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- <sup>28</sup> Hahn, E., et. al. (2009). *Secondhand Smoke and Smoke-free Policy*. University of Kentucky College of Nursing, Tobacco Policy Research Program and the Kentucky Cabinet for Health and Family Services' Tobacco Prevention and Cessation Program. Available at <http://www.mc.uky.edu/tobaccopolicy/SecondhandSmokeAndSmokefreePolicyREV2009.pdf>. Accessed November 2013.
- <sup>29</sup> American Cancer Society Cancer Action Network (2013). *Smoke-free State and Local Campaigns*. Available at <http://acscan.org/smokefree>. Accessed November 2013.
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- <sup>33</sup> Centers for Disease Control and Prevention (2011). *Smoke-Free Policies Reduce Secondhand Smoke Exposure*. Available at [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/protection/shs\\_exposure/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/shs_exposure/index.htm). Accessed October 2013.
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