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Evaluating the Implementation of a Tobacco-Free Policy across the 30 Institutions of the University System of Georgia

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ABSTRACT

ELIF ALYANAK

Evaluating the Implementation of a Tobacco-Free Policy across the 30 institutions of the University System of Georgia

(Under the direction of Michael Eriksen, Dean and Faculty Member)

Abstract:

Background:

Tobacco use continues to be the leading cause of preventable death, not only within the United States but now globally. Research shows that health promotion has helped to educate individuals of the harms and risks associated with usage, but tobacco control policies help to prevent individuals from initiating use and assist others with cessation, and especially help protect nonsmokers from the adverse effects of secondhand smoke. These types of policies are particularly increasing on college and university campuses, as seen with the October 2014 adoption of a 100% tobacco and smoke-free policy on the campuses of the 30 institutions that constitute the University System of Georgia (USG). This evaluation studied the development and implementation of a system-wide tobacco and smoke-free policy, examining the effectiveness of multiple intervention components adopted to prevent and control tobacco use by students, faculty, and staff.

Methodology for Proposed Plan and Products:

The USG worked to develop an education campaign prior to the official implementation of the tobacco-free policy, creating signage, communications, promotional student and faculty videos, and two websites to provide policy information as well as implementation resources and cessation material. The USG also organized a Tobacco-Free Kick-Off Meeting, providing institutional leadership with a forum to address any questions or concerns. One individual from each institution (n= 30 individuals) then participated in a survey addressing the strategies used throughout implementation, for the purpose of collecting information on support and success six months post-policy adoption. Results indicated that the majority of institutions actively communicated the new policy (n=29; 96.7%), used signage (n=27; 90%) and accessed the website (n=24; 80%). Employees positively supported the policy (n=28; 93.3%), reporting substantial compliance on campus (n= 22; 73.3%) and sufficient support from the USG (n=24; 80%).

Discussion:

It appears that the system-wide implementation of the tobacco-free policy was supported and successful on campuses. Further evaluation research is necessary to assess more long-term impacts of the policy, specifically health-related outcomes for faculty, staff, and students as well as methods customized to the growing concern of e-cigarettes on campus. This implementation analysis and evaluation provides further support to the national tobacco-free campus initiative with a unique system-wide perspective.

INDEX WORDS: tobacco, smoking prevention, worksite health, college students, college campuses

EVALUATING THE IMPLEMENTATION OF A TOBACCO-FREE POLICY
ACROSS THE 30 INSTITUTIONS OF THE UNIVERSITY SYSTEM OF GEORGIA

By

ELIF ALYANAK

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	v
LIST OF TABLES.....	xx
LIST OF FIGURES.....	Xx
INTRODUCTION.....	1
1.1 Background.....	1
1.2 Purpose of Study.....	4
1.3 Research Questions.....	5
REVIEW OF THE LITERATURE.....	7
2.1 Characteristics of Adolescent Tobacco Usage.....	7
2.2 Health Consequences Associated with Tobacco Usage on College Campuses.....	10
2.3 Tobacco-Free Policy Campus History.....	14
2.4 Policy Review of Similar Organizations.....	17
2.5 Evaluations of Policy Adoption and Implementation.....	21
2.6 Summary.....	25
PRORPOSED PLAN AND METHODOLGY.....	26
3.1 The University System of Georgia.....	26
3.2 The Creation and Timeline of the USG Tobacco-Free Policy.....	26
3.3 Components of Policy Implementation.....	28
3.4 Evaluation and Survey Creation.....	38
3.5 Survey Analysis.....	41
DISCUSSION AND RECOMMENDATIONS.....	53
4.1 Discussion of Research Questions.....	53
4.2 Recommendations Concerning Communications.....	60
4.3 Recommendations Concerning Enforcement and Compliance.....	63
CONCLUSION.....	68
5.1 Study Strengths and Limitation.....	68
5.2 Implications of Findings.....	71
5.3 Conclusion.....	72
REFERENCES.....	74
APPENDICES.....	81

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List of Tables

Table 1. Survey Respondent General Characteristics	41
Table 2. Usage of Communications throughout Implementation	42
Table 3. Awareness of Tobacco-Related Resources	44
Table 4. Opinions/Perception of Policy Compliance	48
Table 5. Opinions/Perception of Support from USG	49
Table 6. Relationship between Kick-Off Attendance and Attitude of USG Support	49
Table 7. Calculated Associations between Population Size and Policy Compliance	50

List of Figures

Figure 1. USG Tobacco-Free Logo and Stickers	30
Figure 2. USG Tobacco-Free Signage	30
Figure 3. USG Tobacco-Free Student-Related Videos	32
Figure 4. USG Tobacco-Free Faculty and Staff Video	32
Figure 5. USG Tobacco-Free Resource Webpage	35
Figure 6. Viewership of the USG Tobacco-Free Page, Oct. 2014- Mar. 2015	36
Figure 7. Viewership of the USG Tobacco-Free Resource Page, Oct. 2014 – Mar. 2015	36
Figure 8. Methods of Policy Communication	42
Figure 9. Knowledge of Health Insurance Coverage for OTC NRTs	45
Figure 10. Knowledge of Health Insurance Coverage for Prescription NRTs	45
Figure 11. Methods of Policy Enforcement on Campuses	47

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Evaluating the Implementation of a Tobacco-Free Policy across the 30 institutions of the University System of Georgia

CHAPTER I:

INTRODUCTION

1.1 Background

Research consistently shows that there is an inverse relationship that occurs between education and tobacco use: the more educated an individual is, the less likely he is to use tobacco. Data from the 2013 National Health Interview Survey indicated that smoking prevalence was the greatest among individuals with a GED (41.4%), decreasing substantially with every supplementary higher education degree, to the extent that individuals with an undergraduate degree had a smoking prevalence of 9.1% and those with a graduate degree had a smoking prevalence of 5.6% (Jamal et al., 2014). Furthermore, individuals who have not received high school diplomas have an average smoking duration of 40 years compared to 18 years for individuals who have earned at least a bachelor's degree (Siahpush et al., 2010).

Considering this relationship between education and tobacco use, there is still a significant percentage of tobacco use among American adolescents, particularly those of college and university age. As this population contains the first age group that tobacco companies can legally target with marketing, research shows that 18.7% of individuals between the ages of 18 and 24 years identified as current smokers in 2013 (Jamal et al., 2014). While the smoking rate among American college students peaked in 1999 around 44%, results from the National Survey on Drug Use indicated that in 2013, smoking prevalence among college students was 23.2% (Johnston et al., 2014). This figure is still higher than the current objectives for Healthy People 2020 and Healthy Campus 2020, which are targeted at 21% and 10% respectively (U.S. Department of Health and Human Services, 2010; American College Health Association, 2012) .

Tobacco use among college and university students will continue to be a public health focus within the United States as access to education increases. More than 20.6 million students were enrolled in 4,295 colleges and universities across the United States in 2012, with enrollment projected to increase to nearly 24 million students by 2021 (U.S. Department of Education, 2014). With the current prevalence rate of tobacco usage among college students at 23.2%, the current population of college smokers can be estimated to be more than 4.7 million, with an estimated increase in population to more than 5.5 million students in 2021 if this rate maintains. Ultimately, without any substantial interventions, the United States can expect an increase in the population of college and university tobacco users, which is a significant public health concern.

Despite the plateau in tobacco usage among the US population and American college students seen in the past 20 years, smoking and tobacco-related health problems are still a great problem (Halperin & Rigotti, 2003). Research shows that there is no known safe amount of exposure to secondhand smoke (SHS), as there is growing evidence that it can cause lung cancer and lung disease, coronary heart disease, and other respiratory illnesses (Institute of Medicine, 2010). Other forms of tobacco, such as smokeless tobacco, are often marketed as a harm reduction method of nicotine delivery, though they are still significantly linked with oral cancer, esophageal cancer, heart disease and gum disease (Murphy-Hoefer et al., 2005; Meier, Lechner, Miller, & Wiener, 2013). As the negative health effects associated with the multiple forms of tobacco use continue to accumulate, public health officials have been turning to policy-related interventions in the promotion of a healthier culture. Such policies extend beyond traditional government, and in recent years have been adopted by businesses and organizations responsible for large populations and workforces, such as university and college campuses.

The Centers for Disease Control and Prevention (CDC) and The Guide to Community Preventive Services (‘The Community Guide’) provide evidence for and recommend that tobacco and smoke-free policies reduce SHS exposure and tobacco use, increasing the proportion of tobacco users who quit while decreasing the number of young people who ever initiate. As a result, these efforts have also been embraced by college administrations with the aim of creating cleaner environments and safer campuses for students, faculty, and staff. Correspondingly, the authoritative body over 30 public higher-education institutions within the state of Georgia known as the Board of Regents voted to make all University System of Georgia (USG) institutions tobacco and smoke-free, beginning October 1, 2014.

Beginning with the adoption of the tobacco and smoke-free policy, the USG then used a multi-component approach to address the varying institutions and the multiple types of populations on all campuses. The USG created communications, signage, promotional videos, and websites for use throughout the implementation process to educate individuals on campus about the new policy. Representatives from each institution were then invited to participate in a Kick-Off Conference, which included a keynote speech from the Director of the National Tobacco-Free College Campus Initiative. They were encouraged to discuss best intervention practices and strategies for successful policy enforcement. The USG then directed and assisted all institutions in the establishment of some form of tobacco cessation support for students, staff, and employees.

Without focusing on any specific precedent or guidelines, the USG worked to address all of the components necessary to develop an effective tobacco and smoke-free program as recommended by the CDC’s *Best Practices for Comprehensive Tobacco Control Programs (2014)*. Specifically, the five components include: (1) State and Community interventions, (2) Mass-Reach Health Communication Interventions, (3) Cessation interventions, (4) Surveillance

and Evaluation, and (5) Infrastructure Administration and Management (CDC, 2014). As the steps taken to address the first three measures over the year following the policy announcement and adoption are reviewed throughout the paper, this study will also serve as the first process evaluation of the policy's effectiveness. Evaluating the process of the policy adoption and implementation allows for stakeholders such as the University System and the Board of Regents to revisit certain strategies of implementation to improve efficacy. Such an evaluation would also provide insight that would be beneficial for similar organizations and systems looking to make the same change in policy, reviewing and analyzing the short-term outcomes and results to address any concerns

As the USG is the largest system of universities to implement such a policy within the United States, results and future follow-up can be used to support other institutions and systems in their pursuit to diminish tobacco usage and protect nonsmokers. Furthermore, very little recent research has provided such a thorough examination and account of the extent of the program implementation process. The results from this study will add to the body of literature working to provide strategies and evidence to inform system-wide tobacco and smoke-free policy implementation.

1.2 Purpose of Study

At the time of this publication, the policy has been in effect on USG campuses for six months, it is beneficial for all involved stakeholders to evaluate the process of the policy's implementation on campuses, reviewing any short-term changes in attitudes and behaviors, as well as any continuing needs. It is premature to expect any immediate economic or health effect outcomes for faculty, staff, and students, so an evaluation of the implementation methods will allow for an examination of the operations of the program, the activities and components, the individuals who were involved in the process, and who the policy implementation reached.

This study is also meant to provide tools and guidance for any other organization or higher education system transitioning to a 100% tobacco and smoke-free policy. The number of college campuses participating in this evolution is growing, as reported by the Tobacco-Free College Campus Initiative (TFCCI), launched in 2012 by the U.S. Department of Health and Human Services together with the University Of Michigan School Of Public Health (TFCCI, 2015). As of April 2015, the TFCCI with its partner, The American Nonsmokers' Rights Foundation, reported that 1,543 college campuses within the United States had smoke-free policies, of which 1,043 were tobacco-free (TFCCI, 2015). While the TFCCI is a valuable source of information and resources, many of those tools are aimed at single institutions as opposed to systems. This study will be able to assist systems of higher education institutions in making statewide or system-wide changes.

1.3 Research Questions

The purpose of the study is to review all of the elements and tools created to assist schools within the USG in the lead-up to the implementation of the policy. This includes the creation of multiple websites, the production of two videos, and the development of templates and resources to be used in the communications of the policy. This study also aims to evaluate the overall process of the policy adoption and implementation, answering the following research questions:

- 1.) Was there an increase in on-campus communication regarding the change in policy?
- 2.) Was there an increase in awareness regarding the cessation resources available to USG faculty and staff, both on- and off-campus?
- 3.) Was the policy implemented and enforced successfully in the opinions of USG faculty and staff?
- 4.) Did institutions feel as if they had the support they needed from the University System Office leadership?

5.) Was there any difference in policy implementation and compliance success in schools of different size populations?

Chapter II:

REVIEW OF THE LITERATURE

A great deal of studies and evidence exist to support the rationale that tobacco use is harmful and tobacco policies are an effective method of intervention to control usage, protect nonsmokers, and prevent initiation. Currently, the prevalence and patterns of tobacco use on college campuses continue to show significant rates of tobacco usage by the susceptible young adult population. Understanding how college environments and their associated policies are working to reduce these rates is fundamental to understanding the reasoning behind the USG tobacco and smoke-free policy. As Rigotti et al. (2002) states, “the college years are a crucial period in the development or abandonment of smoking behavior, and college students should be included in all tobacco control efforts, [as] colleges offer a potential site for interventions to discourage tobacco use.” Reviewing the literature will provide an overview of what steps have been taken already to address these rates and demonstrate the variety of policy interventions that have been used by other organizations.

2.1 Characteristics of Adolescent Tobacco Usage

The patterns and prevalence of tobacco use among young adults set them apart from the general adult population. Studies, including the 2012 Surgeon General’s Report, have significantly shown that if young people do not initiate using tobacco by the age of 26, it is unlikely that they will ever start (U.S. Department of Health and Human Services, 2012). Of those who do smoke, approximately 9 out of 10 began using tobacco by the age of 18 with almost 99% starting by the age of 26 (U.S. Department of Health and Human Services, 2012). Current research indicates that 45.3% of tobacco users in the United States are between 18 to 25 years of age (Morrell et al.,

2005). With such a large portion of the tobacco-using population within the US falling within this particularly sensitive and crucial age group, college and university campuses can play a critical role, not only in the prevention of tobacco initiation but also the overall control of tobacco use, especially the protection on nonsmokers.

The CDC reports the national average of tobacco use by individuals 18-24 years is 18.7%, and the state of Georgia had a prevalence among adults of approximately 18.8% in 2013, nearly identical to the national average (CDC BRFSS, 2013). However, results from the National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) contradict the Georgia average, as it indicates that over 2012-2013, 36.74% (95% CI (33.13%, 40.50%)) of young adults between the ages of 18 and 25 years reported some form of tobacco product use in the past month (SAMHSA, 2014). Considering that this is ultimately double CDC-reported national average differences in methodology may play a role in the discrepancy between these rates. The SAMHSA data is ultimately a weighted average rate based on survey responses of 590 individuals (SAMHSA, 2013). The methodology of this survey does not indicate how these individuals were selected, thus such data may not be reflective of the state comprehensively, compared to the CDC rate which contained a sample size of 7,725 individuals (CDC BRFSS, 2013). Refocusing on the prevalence rate of 18.8%, among individuals who reported tobacco use within the past month, more than 330,000 used cigarettes, at least 30% of 18-25 year olds within Georgia (SAMHSA, 2014). Such figures are disproportionately high, considering an estimated 739,000 individuals within the same age group perceive the smoking of one pack of cigarettes per day to be a great risk (SAMHSA, 2014).

As mentioned earlier, when focusing specifically on 18-24 year olds enrolled in college, an estimated 23.2% indicate smoking tobacco (Johnston et al., 2014). As the Department of Education

reports the most recent figure of college students to be 20.6 million individuals, using the above prevalence rate of 23.2%, it can be estimated that the current population of college smokers is more than 4.7 million (U.S. Department of Education, 2014). At least another 3.7% of college students report using smokeless tobacco, a prevalence rate that equates to an estimate of an additional 762,000 smokeless tobacco college users (Rigotti et al., 2000). Five million tobacco users on college campuses throughout the U.S. is a substantial figure that must be better understood, though it does not begin to account for the number of college students who have recently tried or become frequent users of electronic cigarettes (e-cigarettes) and other novel nicotine delivery devices, such as hookahs.

For adolescent who have not used tobacco prior to beginning college, there are many factors that may prompt initiation. It is important to recognize that this is the first age group that the tobacco industry can legally begin to target with marketing. Previously confidential reports and industry documents prove that the tobacco industry views young adults as a particularly sensitive population (Moran, Wechsler, & Rigotti, 2004). The industry has specifically studied the social context and environments that lead young adults to use tobacco, using the findings to create marketing strategies that encourage more habitual tobacco use behaviors (Ling & Glantz, 2002). Explicitly, these documents provide evidence on how the tobacco industry sees this particular population; one memo stating, “Younger adult smokers are the only source of replacement smokers...If younger adults turn away from smoking, the Industry must decline, just as a population which does not give birth will eventually dwindle” (Burrows DS, 1984).

This association between marketing and usage does not apply simply to cigarettes but to all forms of tobacco products. In the past, a sharp increase in marketing and promotion of cigars by industry manufacturers led to an increase in consumption by 50%, reversing an observed 30-year

decline (Rigotti et al., 2000). Similarly, with the continual health concerns surrounding cigarette use, tobacco companies are now designing smokeless tobacco products and nicotine delivery devices, marketing them as harm-reduction strategies, low in nitrosamine (Meier et al., 2013). While definitive harms of novel nicotine delivery devices such as e-cigarettes have not been comprehensively identified, other forms of smokeless tobacco are still considered carcinogens, concerning health professionals that the industry's marketing techniques may lead smokers to use both kinds of products instead of quitting tobacco entirely (Meier et al., 2013).

Additional research identifies factors such as gender, precollege drinking behaviors, high-risk behaviors, and other lifestyle choices, like participation in sports and prioritization of academics, among the most common predictors of college smoking status (Morrell et al., 2005). Another predictor for tobacco use in college is the use of tobacco by friends and social groups, leading to the pattern of behavior known as "social smoking" (Moran et al., 2004). A 2004 study on college student smoking habits found that social smokers were more likely to begin in college and less likely than daily smokers to indicate any intention to quit or recent quit attempts (Moran et al., 2004). Such data suggests that social tobacco users in college may not believe their tobacco use habits increase their risk for smoking-related health concerns (Moran et al., 2004).

Studies show that when university students self-report trying or using tobacco, cigarettes account for the product that is used most often (Rigotti et al., 2002). Even so, incorporating initiatives targeting smokeless tobacco is crucial, as research shows that smokeless tobacco use is highest among 18-24 year olds (Meier et al., 2013). More importantly, smokeless tobacco is predominantly used by males, leading to an asymmetric sex difference in total tobacco usage (Meier et al., 2013). Recognizing what draws males, females and other varying social groups to different types of tobacco will be essential and advantageous in the understanding of future

tobacco-related products and nicotine delivery devices, like electronic cigarettes and vaporizers.

2.2 Health Consequences Associated with Tobacco Usage on College Campuses

Tobacco use remains to be the leading cause of preventable death and disease in the United States and globally. Within the US alone, it has resulted in at least 480,000 premature deaths (Jamal et al., 2014). Annually, within the state of Georgia, 11,700 adults die directly as a result of their own smoking (Campaign for Tobacco-Free Kids, 2015). Every adult who dies early as a result of tobacco use is replaced by two new young smokers (U.S. Department of Health and Human Services, 2014). If these tobacco-related trends are to continue, an estimated 5.6 million of the children today will prematurely die from smoking-related illnesses (U.S. Department of Health and Human Services, 2014).

While tobacco usage consistently leads to increased risk for avoidable death, it also causes other chronic and costly health concerns, specifically for those who begin using as young adults. Individuals who reported smoking as young adults are more likely to have lungs that never grow to potential size nor perform to full capacity as a result of stunted growth from tobacco use (U.S. Department of Health and Human Services, 2014; Wiencke et al., 1999). This harm to the lungs increases adolescents' risk for chronic obstructive pulmonary disease (COPD) later in life (U.S. Department of Health and Human Services, 2014). Furthermore, asthma prevalence is highest among young adults aged 18-24 years at an estimated 10.3% of the national population (CDC, 2013). Not only does tobacco smoke commonly increase severity of existing asthma in young adults, but studies show that adolescents who smoke are more likely to develop asthma (U.S. Department of Health and Human Services, 2014). Younger tobacco users are ultimately at greater risk of developing health problems as a consequence of tobacco use, due to potentially prolonged and increased use (Wiencke et al., 1999).

Furthermore, these tobacco-related illnesses are no longer associated with only long-time or daily tobacco users. While consistent use of tobacco increases likelihood of nicotine dependence a 2004 study by DiFranza et al. provided support that initial response to first inhaled cigarette (e.g. relaxation, dizziness, or nausea) was also associated with future nicotine dependence (DiFranza et al., 2004). If an adolescent reported that he felt a sense of calmness or relaxation with the inhalation of his first cigarette, he was 5.4 times more likely to develop symptoms of nicotine dependence (DiFranza et al., 2004). Furthermore, another study led by DiFranza et al. (2000) found that symptoms of nicotine dependence appeared and were reported by young adults before they progressed into daily smoking (DiFranza et al., 2000). The above results are evidence that young adults are as susceptible, if not more quickly, to the health risks of tobacco dependence as the general adult population

Research surrounding secondhand and thirdhand smoke continues to indicate that increased exposure leads to high probability for associated health risks. Secondhand smoke (SHS) consists of exhaled cigarette smoke and sidestream smoke, which contains high levels of toxins harmful to nonsmokers as well as smokers (U.S. Department of Health and Human Services, 2014). There is no known risk-free or safe level of exposure to SHS (Institute of Medicine (U.S.), 2010). Between 1965 and 2014, secondhand smoke exposure caused 263,000 premature deaths by lung cancer and 2,194,000 premature deaths by coronary heart disease (U.S. Department of Health and Human Services, 2014). Though relatively new, thirdhand smoke is still dangerous as it is a toxic residue of tobacco smoke that settles on surfaces and fabrics, remaining long after the act of smoking and transforms overtime into a carcinogenic pollutant (Drehmer et al., 2014).

In an investigation of exposure to SHS on 10 North Carolina university campuses, Wolfson et al. (2009) found 83% of 4,223 students reported exposure to SHS in the preceding week (Wolfson

et al., 2009). The same study found that nearly all of the nonsmokers and a majority of the smokers indicated that SHS was somewhat or very annoying (93.9% and 57.8% respectively) (Wolfson et al., 2009). A similar study in California by Fallin et al. (2014) found that without a tobacco or smoke-free policy, 81% of students reported SHS exposure on campus. The study also indicated that as tobacco policies became more stringent on campuses, the rate of exposure to SHS dropped to 38% (Fallin et al., 2014). Without any tobacco or smoking regulation, college students are exposed to high rates of cigarette smoke, which is irritating and known to cause damage to essentially all organs of the body. (Fallin et al., 2014; U.S. Department of Health and Human Services, 2014).

It is important to note that there is no current system or database which tracks tobacco use specifically on college campuses, making it difficult to find all the related data in one place. This increases the difficulty in comprehensively understanding tobacco use rates, risks, and health consequences on college campuses. While the National Survey on Drug Use and Health (NSDUH) is conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), a more efficient and systematic method of collecting such data, specifically for this vulnerable population of college students is vital for consistent and effective surveillance. Some institutions may already employ some tracking methods to collect data on their student populations, in regards to drug and alcohol use, but a more stringent recommendation on behalf of a more authoritative body, such as the University System of Georgia, could allow for the collection of data to be used for baseline and benchmarking in the wake of a tobacco-free policy change. Such survey questions could be based upon those from the NSDUH, as well as the BRFSS mentioned earlier, and provide information as well as annual surveillance for drug, tobacco, and alcohol use on institution campuses.

Ultimately, the attitude and perception toward tobacco usage and control within any environment, particularly a college or university campus, is likely influenced by the state's stance and opinion of tobacco. Studies show that "higher state tobacco excise taxes and the presence of stronger laws restricting smoking in public places and work sites are associated with lower state smoking rates" (Halperin & Rigotti, 2003). For example, Georgia has historically been a pro-tobacco state, with an excise tax of \$0.37 per pack in 2015, the fourth lowest in the country compared to the national median of \$1.339 (CDC STATE, 2014). Georgia also taxes smokeless tobacco, at an additional 10% of the original wholesale price (CDC STATE, 2014). Compare these excise taxes to those of a traditionally anti-tobacco state such as New York, where the consumers pay an additional \$4.35 per pack of cigarettes and an extra 75% of the wholesale price for smokeless tobacco products (CDC STATE, 2014). At the time of purchase, these differences in rates led to Georgia smokers reporting an average price of \$4.27 for the last pack of cigarettes they purchased, compared to \$7.85 in New York (CDC, 2013). Higher-priced tobacco products strategically act as a stimulus in encouraging current users to quit, preventing younger adults and adolescents from initiating, and notably, serving as a source of revenue which can be used by states to offset the growing healthcare costs associated with tobacco use (CDC STATE, 2014).

As Georgia is a tobacco-growing state, it has become a more favorable environment for tobacco-use, leading to higher healthcare expenditure and burden. The Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software and application, developed by the CDC, provides calculations and estimations of health and economic outcomes as a result of tobacco use (CDC STATE, 2015). SAMMEC specifically defines Smoking-Attributable Expenditures (SAEs) to be "excess personal health care expenditures attributed to diseases where cigarette smoking is a primary risk factor, among adults aged 18 years and older" (CDC STATE,

2015). Reviewing the most recent data from the Centers for Medicaid and Medicare Services (2004), SAMMEC estimates the overall healthcare cost as a result of smoking within the state of Georgia alone was \$2,387,000,000. This sum was composed of \$386,000,000 spent on ambulatory care, \$1,230,000,000 on hospital care, \$153,000,000 on nursing home care, \$425,000,000 on prescription drugs, and \$193,000,000 on home health services and medical equipment (CDC, 2004).

This high cost in healthcare expenditure within Georgia translates into a tax burden of \$804 per household directly due to smoking-caused government expenditures (Campaign for Tobacco-Free Kids, 2015). These health and financial consequences are a direct result of tobacco use. They magnify a very clear need for more tobacco control and prevention-related policies, particularly on college campuses, as these individuals will be graduating to become the future workforce for the state. As action to discourage tobacco use is less likely to be as comprehensive or quickly implemented at the state-level, it falls to the University System of Georgia to develop and regulate tobacco-related policies for such a large portion of the workforce and young adult population within the state.

2.3 Tobacco-Free Policy Campus History

Considering the prevalence of tobacco use by young adults in college and the associated health and economic costs, it is essential that organizations and campus administration act to initiate and enforce tobacco-free policies. While the factors hampering the passage of tobacco legislation at the state level are unknown, universities and systems of higher-education should be seen as “venues to develop strong and effective tobacco-free policies” (Mamudu, Veeranki, He, Dadkar, & Boone, 2012). Furthermore, research shows that tobacco regulation and smoking bans are beneficial for both non-smokers and smokers, as they reduce exposure to SHS for non-smokers

while decreasing the rate and tendency of smoking by smokers (Eriksen et al., 2015). Outright bans on tobacco use, both indoors and outdoors, work to additionally eliminate cigarette smoke, which in turn reduces the amount of both secondhand and thirdhand smoke within the environment (Eriksen et al., 2015).

Tobacco control policies, specifically those on college and university campuses, have evolved significantly in recent years. Fewer than two decades ago, a 1999 study of college health services medical directors reported that, “only 27% of a national sample of colleges prohibited smoking in all buildings, including student residence halls and dormitories” (Halperin & Rigotti, 2003). The timing of these results coincided with the Master Settlement Agreement (MSA), which was an agreement signed between the Attorneys General of 46 states and the four largest tobacco companies within the U.S., acknowledging the dangerous risks associated with tobacco use without admission of fault or harm, settling on a minimum of \$206 billion to be paid by the participating manufacturers to the states to end the litigation (Jayawardhana et al., 2014). The MSA also limited the marketing, promotion, and advertising of cigarettes in addition to declassifying internal tobacco company documents and making them available to the public (Jayawardhana et al., 2014).

The tobacco industry and the states discussed using the large sum payment to help pay for tobacco-related healthcare costs, as well as state-funded public health education and tobacco control initiatives, such as policy making (Jayawardhana et al., 2014). States ultimately decided how to spend those funds, so though there is not sufficient evidence that these reimbursements led to a direct increase in tobacco-related control policies, in the years following the MSA, there has been a surge in the number of tobacco-free policies on college and university campuses. By 2002, of a representative sample of 50 universities studied, 98% had smoking bans inside public buildings,

54% within student houses, 50% with bans outside building entrances and 30% with a complete ban including all of the above restrictions (Halperin & Rigotti, 2003). By 2003, New York was among the first states to pass the Smoke-Free Air Act, followed by Georgia in 2005 (Robert Wood Johnson Foundation, 2015). Georgia's Smokefree Air Act O.C.G.A. §§ 31-12A-1 through 31-12A-13 specifically prohibits tobacco use in "(1) all enclosed facilities, including buildings owned, leased, or operated by, the State of Georgia, its agencies and authorities, (2) all enclosed public places in this state [and] (3) all enclosed areas within places of employment." Perhaps the most important factor leading to the increase in tobacco and smoke-free policies on campuses nationwide was the publication of the American College Health Association's (ACHA) position statement. Combined with the changing social norm surrounding tobacco use, the ACHA's guidelines likely encouraged more campuses to consider the change in policy. By the time the National Tobacco Free College Campus Initiative (TFCCI) was launched in 2012 there were 774 campuses with 100% smoke-free policies, including 562 that had a complete tobacco ban. As mentioned, in April 2015, the TFCCI reported an increase of 1,543 college campuses within the United States with smoke-free policies, of which 1,043 were tobacco-free, and 633 prohibit the use of e-cigarettes (TFCCI, 2015).

Though the literature researching the impact of tobacco control policies on college campuses is limited due to the novelty of such policies, tobacco control policies have been proven to be beneficial for the general population. According to the 2014 Report of the Surgeon General, "the evidence is sufficient to infer a causal relationship between the implementation of a smoke-free law or policy and a reduction in coronary events among people younger than 65 years of age" (U.S. Department of Health and Human Services, 2014). Similarly, research shows that comprehensive tobacco and smoke-free policies are positively associated with lower

hospitalization rates and admissions for coronary events (RR=0.85), other heart disease (RR=0.61), cerebrovascular accidents (RR=0.81), and respiratory disease (RR=0.76) (Tan & Glantz, 2012). Furthermore, comprehensive smoke-free legislation is also significantly associated with a mean reduction in the rate of adolescent asthma admissions and hospitalization (Mackay et al., 2010). In order to better understand the impact of such tobacco control policies and regulations on college campuses, more research is needed.

2.4 Policy Review of Similar Organizations/Systems/Universities

With accumulating evidence of benefits, in recent years, an increasing number of organizations targeting adolescent health have stated their positions on tobacco control and prevention on college and university campuses. Among the most vocal, the American College Health Association (ACHA) included guidelines in their statement, recommending that:

1. Institutions develop a “strongly worded” policy mentioning intentions for prevention, education, cessation and control initiatives,
2. Tobacco use, sale, and advertisement be prohibited on all campus grounds, whether buildings are owned or leased by the institution,
3. All members of campus be informed of the policy, with wide distribution and communication occurring annually in printed and electronic formats,
4. Administration should advocate and requires cessation products and medications in health insurance plans,
5. A comprehensive marketing and signage campaign should accompany the implementation in order to increase awareness,
6. Relationships with local, state, and national public health and tobacco-related organizations be increased to provide additional support (ACHA, 2011).

Similarly, the American Nonsmokers' Rights Foundation (ANRF) and the American Lung Association (ALA) together with the Oregon Public Health Division have also developed guidelines and recommendation for campus tobacco-free policies. ANRF recommends that campus policies must be 100% smoke-free or 100% tobacco-free with no usage permitted anywhere, and only include exemptions for "research purposes in a controlled laboratory setting and/or religious ceremonies" (ANRF, 2014). The ANRF's lengthy model policy also prohibits e-cigarette and novel nicotine delivery device use anywhere on campuses (ANRF, 2014). The ALA suggests that while developing the tobacco and smoke-free policy, institutions should allow time for conversation and education around the topic, keeping discussion focused on increasing student and employee access to health services while preventing harmful health effects (Tobacco Free Oregon, 2010). Policies should also post signs and decals regarding the change in policy, removing ashtrays, tobacco waste containers, and designated smoking areas from campus while still providing opportunities for feedback and questions (Tobacco Free Oregon, 2010). Both ALA and ANRF recommend that tobacco-use be prohibited at all college-sponsored events and also that institutions include the prohibition of sale, distribution, marketing, and sponsorship by tobacco companies on campuses in their policies (ANRF, 2014; Tobacco Free Oregon, 2010).

While the factors that impede or encourage universities to implement these types of policies have not been studied, there are a growing number of American institutions and higher-education systems adopting various forms of tobacco and smoke-free policies. Two sample policies that are commonly cited for their comprehensiveness have been implemented by East Tennessee State University and Ohio State University. East Tennessee State University (ETSU) is a member of the Tennessee Board of Regents of the University of Tennessee system and among the earlier institutions to adopt a tobacco-free policy in 2008 (ETSE, 2013). The policy, which can be found

in Appendix D, adheres to many of the ACHA guidelines, defining tobacco use, providing rationale behind the policy, as well as promoting on-campus and local cessation support options (ETSU, 2013). The policy was even revised in 2013 to include electronic cigarettes, other delivery devices, and to update enforcement and compliance details (ETSU, 2013). Unlike other institutions, ETSU policy permits “smoking and all other tobacco usage only in private vehicles” (ETSU, 2013).

Ohio State University (OSU) also has a very extensive tobacco-free campus policy that explicitly covers many of the guidelines of the ACHA. The policy was originally issued in July 1987, making the campus non-smoking, revised in June 2013 to prepare for the “Tobacco Free Ohio State” Campaign, effective January 2014, and revised once more in April 2014 to include a provision prohibiting “any product intended to mimic tobacco products, contain tobacco flavoring or deliver nicotine other than for the purpose of cessation” (Ohio State University, 2014). OSU’s policy (see Appendix D) includes the rules and specific boundaries of the policy, while also addressing rationale, compliance, communication and signage, and cessation support (Ohio State University, 2014). Furthermore, the policy directly highlights the roles and responsibilities of all of the stakeholders of the policy (e.g. university leadership, health services, employee, students, volunteers, etc.) while also providing the contact information according to policy subjects and respective concerns (Ohio State University, 2014). Similar to the ETSU policy, the OSU policy does not regulate the use of tobacco in private vehicles, though use remains prohibited in university-owned and leased vehicles (Ohio State University, 2014).

Of interesting note, the methods of enforcement differ between these two institutions. The ETSU policy penalizes and sanctions students who are noncompliant with the above policy, referring violators to Student Conduct for a hearing and possible sanctions (ETSU, 2013).

Employee compliance also seems to have some associated penalization or sanction for non-compliance, as violators are referred to Human Resources and handled through the “progressive discipline process” (ETSU, 2013). There is no mention of fines or specific penalties in the case of violation. Ohio State University makes no mention of the word “enforcement” within their comprehensive policy. Complaints regarding faculty and staff are received by the Office of Human Resources and unit heads (Ohio State University, 2014). Students are “expected to comply with this policy, encouraged and empowered to respectfully inform others about the policy in an ongoing effort to support individuals to be tobacco free, improving individual health and encouraging a culture of compliance” (Ohio State University, 2014). While neither campus seems able to communicate a detailed nor structured system of enforcement, both institutions fall within ACHA guidelines, particularly ETSU for providing a “well-publicized reporting system for violations” (ACHA, 2011).

Both institutions created websites for the purpose of communicating the policy and having an external facing site where updates can be provided, feedback can be collected, and people can have direct access to the policy. While ETSU’s Tobacco Free Site and logo is more basic than OSU’s, it provides links and access to comparable resources. Users can access the full policy, and find cessation support through ETSU’s Human Resources, University/Student Health Services and local American Lung Association and American Cancer Society. It also provides information on tobacco-related campus events such as ETSU’s “Great American Smokeout” schedule and provides an anonymous form to be used in reporting violations and campus “hot spots” (ETSU, 2013). Ohio State University has created a slightly more sophisticated website to promote their “Breathe easy Buckeyes” campaign, featuring the policy, FAQs, members of the tobacco free implementation committee, and cessation and wellness resources (Ohio State University, 2014).

Unlike ETSU's website, the OSU website also features videos created by students and other campus voices, news publications related to OSU's policy, blog posts, and most importantly printable resources like posters, infographics, and toolkits (Ohio State University, 2014). While the websites vary in specific attributes, they both aim to serve in communication of the policy, increasing education and awareness of the tobacco-free campus.

2.5 Evaluations of Policy Adoption/Implementation

While the number of individual institutions that have adopted tobacco-free policies greatly outnumber systems, the rate of adoption by systems is increasing. As of January 1, 2014 the University of California System (UC), which contains ten institutions composed of 238,700 students and 198,300 employees, also adopted a system-wide tobacco and smoke-free policy (Fallin et al., 2015). In the year following the adoption of the policy, Fallin et al. (2015) evaluated the policy creation, implementation process, and compliance on each of the 10 UC campuses to better understand facilitators and barriers to becoming a tobacco-free university system. As the implementation process on most of the campuses was shaped into a multi-component approach, so too was the evaluation. Fallin et al. assessed each of the newly written policies, comparing them against the ACHA guidelines as well as against the sitting UC President, Mark Yudof's tobacco-free campus mandate. Similar to the ACHA guidelines, the President's mandate required institutions to: (1) define smoke-free as prohibiting smoking, smokeless tobacco products and unregulated nicotine delivery devices (e.g., e-cigarettes), (2) prohibit use in all indoor and outdoor locations, including parking lots, (3) apply the policy to all UC property, leased or owned, (4) prohibit the sale and advertisement of products, (5) use enforcement as an opportunity for education, with an emphasis on smoking cessation, and (6) implement by January 2014 (Fallin et

al., 2015). In addition to the policy analysis, the evaluation also reviewed qualitative data from interviews and quantitative data from litter, use, signage, and student surveys.

The UC system study by Fallin et al. found that the 60% of the campuses had high compliance with the President's mandate, and all institutions fully addressed the subjects of tobacco use, promotion of policy, cessation, implementation and task force creation as recommended by the ACHA. For communication purposes, each institution created a customized websites regarding the tobacco-free policy, including information about the policy and links to cessation resources and services (Fallin et al., 2015). In terms of signage, researchers conducted a survey to a random sample population of students from two of the UC campuses and found that 76.6% of students reported seeing a sign promoting the policy, though only 20% were aware that the policy made their campus 100% tobacco-free (41.7% indicated that they believed the policy only applied to cigarettes and smoke) (Fallin et al., 2015). Prior to providing analysis for enforcement in the UC system, it is important to mention that California has a state law (AB795) which grants all public two year and four year colleges "the authority to set enforcement standards on their local tobacco policies, including imposing a fine of up to \$100 for individuals who go against the policy" (Fallin et al., 2015). Some institutions continued with the "shared social responsibility" approach as advocated by public health organizations, and reported poor enforcement and weakness, while others pursued more active enforcement with fines, and reported lack of support from policy and potentially excessive punishment (Fallin et al., 2015). Admittedly, enforcement continues to be a difficult issue seemingly everywhere.

Early reporting from the observations in litter indicate a substantial decrease on a majority of the campuses post-policy implementation, with almost a three-fold (65%) reduction in tobacco waste on the ground (Fallin et al., 2015). Similar reductions however, were not reported regarding

exposure to secondhand smoke. Surveying the population four months post-policy implementation, 55% of students indicated seeing a person smoking on campus within the past week and 35% indicated being exposed to SHS within the past week (Fallin et al., 2015). Regardless, the evaluation still exposed some strengths of the policy in the short term following its implementation and suggest that moving forward, institutions will focus more effort on education of the tobacco and smoke-free policies, as well as identifying and updating procedures within enforcement plans (Fallin et al., 2015).

A similar tobacco-control policy and program evaluation by Figueroa et al. (2014) focused on evaluating the tobacco-free policy implemented by Arizona State University (ASU) in August 2013. ASU's Policy (See Appendix D) prohibits any kind of tobacco use on any university-owned or leased property, including facilities, grounds, parking structures and cars, with the exception of privately own vehicles and residences (Figueroa et al., 2014). Neither "smoking" nor "tobacco" are specifically defined and electronic cigarettes are not mentioned within ASU's policy. While there is no description of physical communications used to promote the policy within the study, ASU did create a website providing access to the policy, FAQs, print materials, campus maps and resources, including the cited evaluation and executive summary (Arizona State University, 2015). The multi-component study observed and analyzed the result in tobacco use behavior following the change in policy through: (1) faculty and staff surveys, (2) student surveys and qualitative questionnaires, (3) focus groups, and (4) tobacco waste within the campus environment (Figueroa et al., 2014). After reviewing survey results from 3,147 benefits-eligible faculty and staff, the study found that almost all respondents indicated they were aware of the tobacco-free policy (97.5%), with 66.6% reporting adequate communication of the policy (Figueroa et al., 2014). A large portion of the faculty and staff supported the policy, both prior to implementation and post-policy

(80.5% and 85.3% respectively). Employees also reported a decrease in exposure with SHS as a result of the policy, dropping from 21.3% to 10.9% reporting exposure all the time or often (Figueroa et al., 2014). Finally, faculty and staff mostly agreed that the policy-related signage was noticeable (54.4%) though fewer actually believe that signage was effective in educating and reducing use (23.8%), leading to a large portion indicating that they believe some formal procedure to improve enforcement was necessary (Figueroa et al., 2014).

Similar surveys were electronically distributed to a random sample of 20,000 ASU students on the four campuses, 3,728 of which participated (18.6% response rate) (Figueroa et al., 2014). The policy was supported by 81.2% of students, with 88.5% of respondents reporting being aware of the tobacco-free policy, and 59.5% indicating that the policy was adequately communicated (Figueroa et al., 2014). Students also reported a decrease in exposure to SHS by nearly half (33% to 10%). An interesting finding pertaining to students indicated that prior to the change in policy, 12% of current identified tobacco users had quit or were attempting to quit as a direct result of the policy, and that influence increased to 18% of students after the policy had been in effect. Considering the role that socialization plays in young adult tobacco use, more than 20% of students believed the policy reduced their peers' use of tobacco products (20.7%) (Figueroa et al., 2014). Similar to faculty and staff, 76.1% of student respondents indicate that signage was noticeable (74.7%), signage was somewhat effective (52.1%), and that some systematic procedure of enforcement to promote compliance was needed (77%) (Figueroa et al., 2014). Finally, as a direct result of the evaluation, ASU campuses are reconsidering alternative enforcement strategies to meet the requests of students, faculty and staff as well as working to further understand the motivation behind cessation in an effort to recommit to the health promotion foundation of the policy (Figueroa et al., 2014). Ultimately, the evaluations by Figueroa et al. (2014) and Fallin et

al. (2015) work to assess the process of implementation tobacco and smoke-free policies on campuses of institutions and systems, demonstrating that understanding the components and strategies of implementation is essential for a successful regulation.

2.6 Summary

Though prevalence data and healthcare costs relating to tobacco are concerning, the CDC has identified tobacco use as a domestic winnable battle (U.S. Department of Health and Human Services, 2014). The numerous studies reviewed above provide significant evidence that tobacco usage by young adults is still occurring at alarming rates. Tobacco use is evolving, as are the social norms around it, from cigarettes and smokeless tobacco to novel nicotine delivery devices and electronic cigarettes. The literature substantiates that college campuses serve as an ample environment and opportunity to intervene and educate this vulnerable population with tobacco control policies, prompting individuals who use towards cessation and preventing others from initiation. Based upon the review of literature, the implementation of tobacco and smoke free campus policies are likely to discourage tobacco use by young adults while on campus, thereby delaying or averting initial use and addiction. As the final step, an evaluation is necessary in order to assess the progress of such an initiative and whether it has achieved its intended objective and early outcomes. In addition to the evaluation, a description of the creation and implementation of the components used for intervention will help other institutions and systems in adopting and communicating a tobacco and smoke-free policy.

Chapter III:

PROPOSED PLAN AND METHODOLOGY

3.1 The University System of Georgia

The University System of Georgia (USG) was formed in 1931, and is governed by the Chancellor and the Board of Regents, which is composed of nineteen Regents, one from each of the state's 14 congressional districts in addition to five individuals appointed by the Governor. The System consists of 30 institutions of higher education, varying in size, type of institution and location throughout the state (Fincher, 2003). As of Fall 2014, the USG had more than 276,000 students enrolled in its institutions and employed more than 45,000 individuals, making it the fifth largest higher education system within the United States and among the first of this magnitude to become tobacco-free (Board of Regents of the University System of Georgia, 2014).

The 30 institutions that make up the USG include four research universities, four comprehensive universities, nine state universities and thirteen state colleges (see Appendix A for comprehensive list of schools). Prior to adoption of the tobacco and smoke-free policy by the Board of Regents, 15 of the institutions had some form of a smoke-free, smoking restrictive or tobacco-free policy (Millsaps, 2014).

3.2 The Creation and Timeline of the Tobacco-Free Policy

While exactly half of the institutions had some policy or regulation related to tobacco usage on their respective campuses, two main factors were the real motivation behind the adoption of a stricter system-wide policy. With an increasing number of students and employees spending a large portion of their time on USG campuses, between school, working, and housing, the health and comfort of both of these populations is a high priority for the USG. Moreover, though tobacco

usage may not be significantly increasing, the associated negative health effects result in a large percentage of the health care expenditure in USG health plans (Millsaps, 2014). In an attempt to make a long-term reduction in healthcare spending while prioritizing the safety and well-being of students and employees, the Human Resources office of the USG presented the Board of Regents with a version of the tobacco and smoke-free policy.

In a March 2014 Board Meeting, the Board of Regents voted to adopt the tobacco and smoke-free policy prohibiting tobacco use of any kind on campuses and property owned, rented or leased by the USG, effective October 1, 2014 (see Appendix B for comprehensive policy). The policy defines tobacco products as “cigarettes, cigars, pipes, all forms of smokeless tobacco, clove cigarettes and any other smoking devices that use tobacco such as hookahs or simulate the use of tobacco such as electronic cigarettes” (USG, 2014). Furthermore, this policy applies not only to students but to “all persons who enter the areas described above, including but not limited to, faculty, staff, contractors and subcontractors, spectators, and visitors” (USG 2014). Following the official adoption of the policy, the Chancellor wrote a public letter, stating,

This policy provides an opportunity to improve the health and safety of all students, staff, faculty and visitors. While choosing to use tobacco is a personal choice, the health hazards related to smoking and exposure to second- and third-hand smoke are well-documented.

These hazards can affect not only the smoker, but also others who are exposed to the smoke.

The tobacco and smoke-free policy will create a healthier work and learning environment.

The duty of assisting institutions with the implementation of the policy fell to University System Office leadership and Human Resources. The Board of Regents, under the direction of the Chancellor, requested that institution presidents elect at least one individual on each campus to serve as a campus tobacco policy liaison. These individuals, plus any others that were actively

assisting in policy implementation were invited to a conference in July 2014, meant to guide the colleges and universities towards resources and tools in the transition. In addition to a keynote address by tobacco control and policy expert Clifford Douglas, Director of the University of Michigan Tobacco Research Network, the July 2014 meeting provided institution representatives with dialogue and recommendations regarding communications and enforcement. While some institutions began enforcing the tobacco and smoke-free policy with the start of the Fall 2014 semester, all campuses were officially tobacco-free on October 1, 2014.

3.3 Components of Policy Implementation

Prior to official adoption and implementation of the tobacco and smoke-free policy, the Board of Regents explicitly stated that institutions would not be receiving any additional funds or financial assistance to aid in the transition to the new policy. While some institutions within the system are larger and may have the financial means to communicate such a large change in policy, other smaller colleges and campuses lack such resources. In order to save time and increase policy productivity, the USG HR office worked to create and collect tools for institutions to use throughout policy implementation and enforcement. These tools included signage and decals, positive promotional videos, and two internet sites. For institutions and systems looking to adopt a similar smoke and tobacco-free policy, research shows materials that communicate the change in policy or provide information related to cessation act as passive methods of enforcement, helping to “illustrate to the community as a whole that the policy exists and the need for compliance is implicit” (Harris, Stearns, Kovach, & Harrar, 2009).

Signage and Decals

While implementation of policy may seem like the primary step to create a tobacco-free work environment and campus, the ultimate objective is to have high rates of compliance.

Research shows that compliance can be difficult to achieve in a transition from specific, designated smoking areas to a 100% tobacco and smoke-free campus (Ripley-Moffitt, Viera, Goldstein, Steiner, & Kramer, 2010). Students, faculty, and staff are likely to protest more vocally about the inconvenience of the measures they are obligated to take to get to a distance on the fringe of campus where it is acceptable to use tobacco. Regardless, literature suggests that “campus-wide tobacco bans likely create additional obstacles to tobacco use during the workday that motivate many smokers to attempt to quit and remain smoke-free” (Ripley-Moffitt, Viera, Goldstein, Steiner, & Kramer, 2010). Moreover, research shows signage and environmental markings can be used to promote healthier behaviors, because when a “smoke-free area [is] clearly marked, noncompliant behavior may become more uncomfortable as social norms begin to promote compliance” (Harris, Stearns, Kovach, & Harrar, 2009).

Unlike some other public higher-education university systems, the USG is quite decentralized, which allows for many institutions to retain their own identity and characteristics. While they all are governed by the Board of Regents and follow the USG’s regulations, they still have additional, different policies of their own. As this policy was to be implemented system-wide, the USG worked to provide resources that institutions could either directly distribute on their campuses with USG logos or templates that were customizable with institutional mascots, letterheads and emblems. Institutions with existing tobacco-free policies and materials were contacted in an attempt to collect and better understand examples of signs and materials that were well-received. The USG then partnered with a graphic design and marketing chain to create generic and customizable sign templates that could be accessed locally by institutions all over the state. Such a partnership allowed for easy distribution of sign templates and discounted pricing options, which was communicated to all institutions through emails. The prototypes of signage focused on

positive messaging options such as, “Breathe Easy: This USG campus is tobacco and smoke-free” and “Proud to Be Tobacco-Free.” Institutions were encouraged to use the prototypes or customize the signage messaging according to their respective campus. Institutions were also encouraged to get multiple forms of signage: decals, short-term yard signs, and long term sandwich boards. Having multiple types of signage works to surround the campus environment with reminders of the policy, allowing for short term yard signs to be used at the beginning of every semester and then stored until needed next as there were more permanent decals on doors and signs in frequented areas like parking lots and bus stops. Examples of the signage and marketing can be seen in Figures 1 and 2.

Figure 1. USG Tobacco-Free Logo and Stickers



Figure 2. USG Tobacco-Free Signage Options



Video Creation

While marketing efforts such as signage and decals are a significant and effective method to communicate change in policy, the USG wanted to ensure that the message was reaching the target audience of USG students, wherever they were, through use of social media and internet promotion. Social media and its distribution throughout the internet has led to increased visibility and communication of tobacco products, as the Campaign for Tobacco-Free Kids reports that pro-tobacco videos frequently outnumber any anti-tobacco prevention videos specifically on YouTube (Campaign for Tobacco-Free Kids, 2011). With the aim to counter such harmful marketing and further promote the change in policy among the USG, a satirical video was created based on the pop-culture trend of zombies and the television show, *The Walking Dead* ©. This video featured current USG students, was filmed on an institution campus and was promoted by the USG and institutions prior to the policy implementation in an effort to increase student cooperation specifically and compliance in an amusing way. The video can be viewed by any visitors on the USG Tobacco-Free Website, where it is featured alongside other tobacco-free policy related videos created by students of USG institutions (Figure 3).

A second video geared towards USG employees was also created. This video aimed to be more motivational and featured former tobacco users who had gone through cessation as they discussed the multiple ways they individually benefitted by abstaining. All of the individuals highlighted in this video were USG employees, whether faculty, staff, or administration, and all volunteered to take part in the video. With emphasis on the theme “Just imagine what you could do when you’re tobacco-free...” this video campaign was featured on the USG Tobacco-Free and Worksite Wellness websites to encourage employees, faculty, and staff to quit using tobacco and take advantage of the cessation support offered by the USG. Together, both of these videos were

used to promote the change in policy in a healthy and supportive way, preparing institutions and their populations for the implementation. Screenshots presenting how the videos are featured on the USG Tobacco-Free Websites can be seen in Figures 3 and 4.

Figure 3. USG Tobacco-Free Student-Related Videos

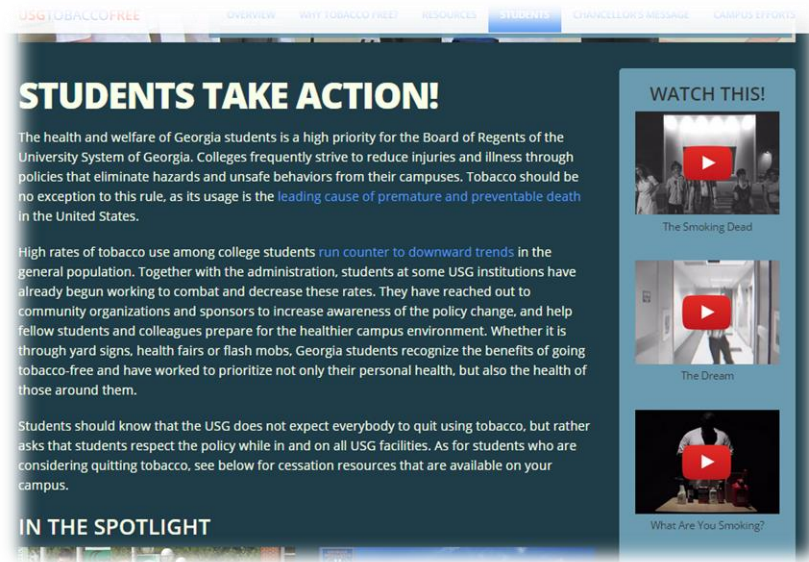
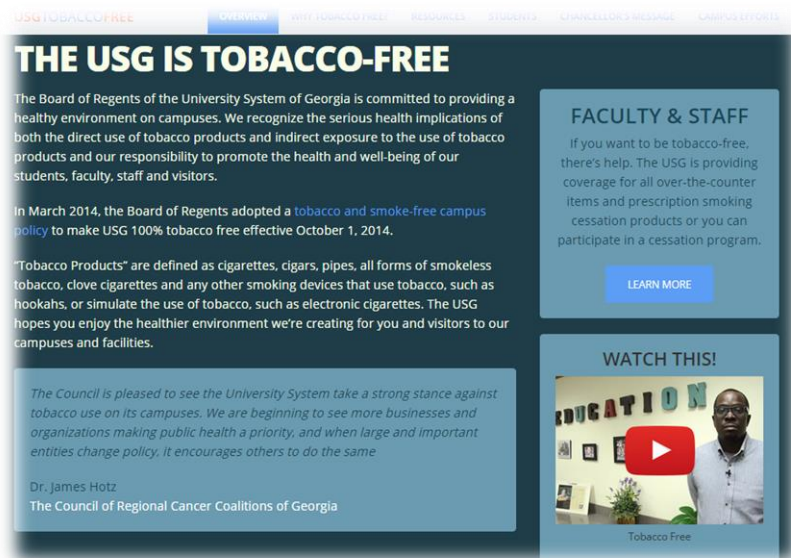


Figure 4. USG Tobacco-Free Faculty and Staff Video

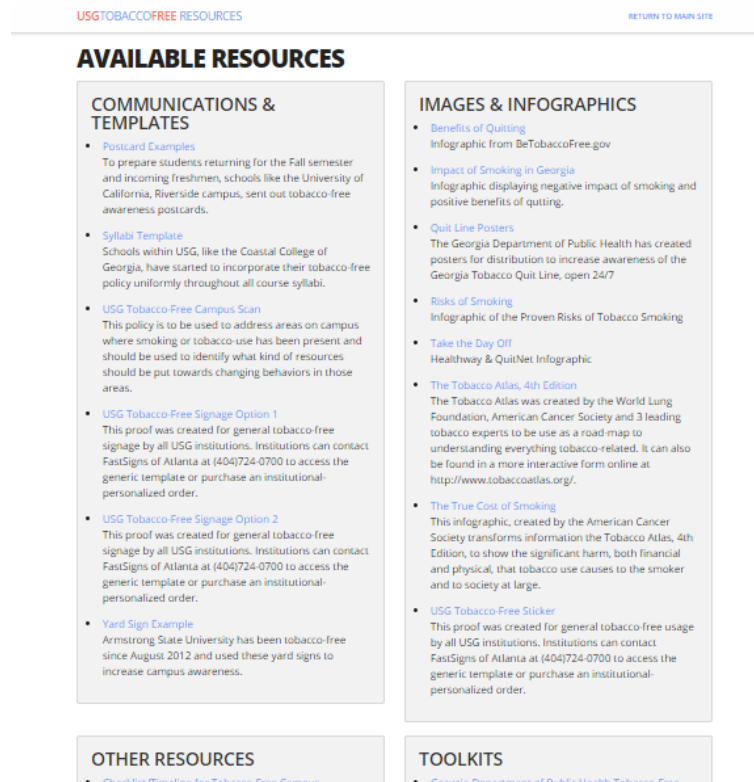


Website Creation

Throughout the research process that followed the adoption of the tobacco and smoke-free policy, the USG focused on creating a simple yet fully-functional website where students, faculty, staff and visitors of USG campuses could find the policy, understand the USG's decision to go tobacco-free, find resources related to cessation, view the tobacco-free videos created by the USG and find institution-specific efforts and websites. The main USG Tobacco-Free website features a message from the current Chancellor, Henry M. Huckaby, to show the top-down support critical for the success of this system-wide policy. The website also provides "3 free and easy ways to quit" meant to promote the state quitline as well local health department and American Lung Association cessation classes. These resources also include cessation resources specifically targeting cigarette and smokeless tobacco users, and are free for mobile phone users to encourage interest. Another important section of the website reviews frequently asked questions regarding the tobacco and smoke-free policy, such as "why go tobacco-free?"; "why are electronic cigarettes included?" and "isn't tobacco use a personal right?" Featuring these FAQs on the USG website is important as it helps visitors, students, faculty and staff understand the rationale behind the policy, endorsing its fundamental roots in health promotion as opposed to behavior control. A thorough literature review was done in order to anticipate what concerns and questions most individuals would have regarding the policy as well as how to best address them. As this website was created with intentions to promote institution-specific tobacco-free website creation, this page was externally-facing and widely promoted to all institutions; those who did not have the resources to create such web pages could pull or link directly to the cited material, ideally increasing awareness of the policy. A more general comprehensive view of the website can be seen in Appendix E.

A supplementary, internally-directed website was created as a clearinghouse for tobacco and smoke-free resources and printables. This website URL was sent specifically to institutions' presidents and campus tobacco liaisons and includes communications templates, images and infographics, toolkits, presentation slides, and tobacco-free checklists to be used before and after the implementation of the policy. As many other colleges have adopted tobacco and smoke-free policies, the USG wanted to organize beneficial resources that were already widely available online, consolidating them into one location for easier access by campus liaisons. USG institutions that were already tobacco-free provided postcard, yard sign, and syllabi templates that mentioned the tobacco-free policy. The Georgia Department of Public Health provided distributable quitline posters, infographics, and information about local cessation resources. Multiple step-by-step toolkits, such as those created by the states of Oregon, Maine, and the Wake Forest School of Medicine, were included in a library of toolkits to provide institutions with an opportunity for a multi-faceted approach in policy implementation. Overall, these resources were collected, as can be seen in Figure 5, to ease the duty of campus liaisons and to promote to USG institutions that this change in policy was not impossible.

Figure 5. USG Tobacco-Free Resources Website



Communication of the created websites does not guarantee usage by institutions. In an effort to better understand whether the two pages were being accessed, internet-based tracking methods were implemented by the Human Resources department. Through the use of Google Analytics[®] software, overall views for each of the websites were tracked from October 2014 to March 2015. Individuals may have found and accessed the external-facing website from the USG home page, from one of the institution’s tobacco-free websites or from a simple search engine. For these particular websites, measures were not taken to be able to trace how individuals landed on the page; multiple visits versus unique views to the page were distinguishable through IP addresses. As is noticeable from Table 1 and Table 2 below, viewership of the widely-promoted main USG tobacco-free page consistently surpassed views of the Tools and Resources page.

Figure 6. Viewership of the USG Tobacco-Free Web Page, Oct. 2014 – Mar. 2015

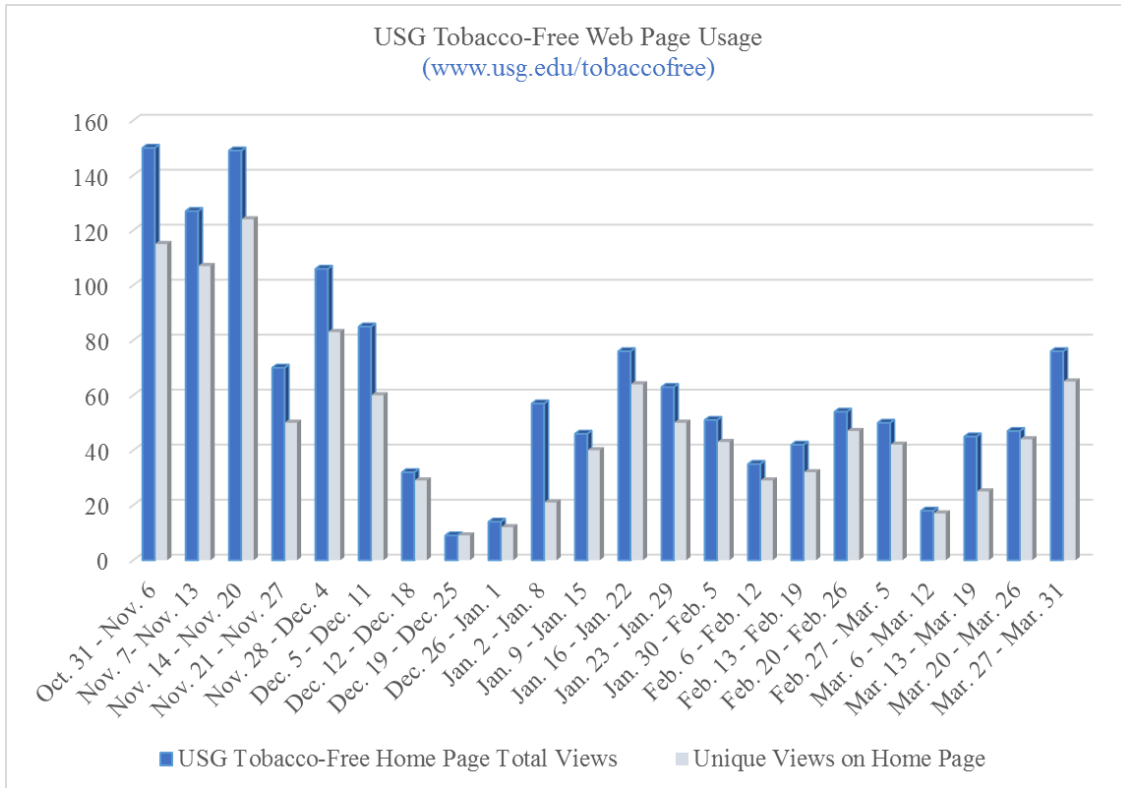
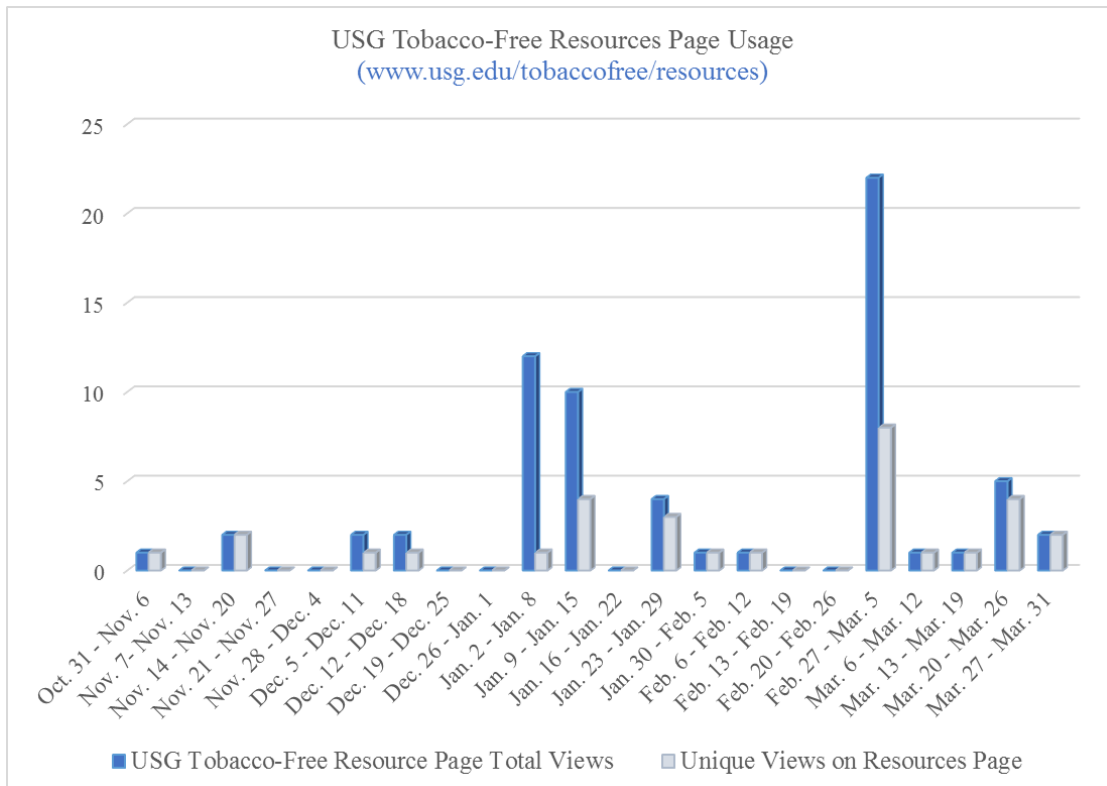


Figure 7. Viewership of the USG Tobacco-Free Resource Page, Oct. 2014 – Mar. 2015



Kick-Off Meeting Organization

Among the concluding tasks of the USG Tobacco-Free campaign, prior to the October 1, 2014 implementation of the tobacco and smoke-free policy system-wide, was the organization of a one-day conference for all institution presidents, campus liaisons, and personnel active in the policy. The July 2014 meeting was held in Macon, Georgia on the Middle Georgia State College campus and had more than 150 attendees. Clifford Douglas was invited from the University of Michigan Tobacco Research Network (UMTRN) and as a keynote speaker presented success stories from other institutions and campuses. Clifford Douglas has an extensive amount of experience in tobacco control, is not only the Director of the UMTRN, but serves as an advisor on tobacco control policy for the U.S. Assistant Secretary for Health.

The USG also organized multiple panels of individuals, both administrators and students, involved in the tobacco-free policy process on other campuses. Vendors and public health organizations, such as Blue Cross Blue Shield of Georgia, Kaiser Permanente, American Cancer Society, and American Lung Association were also invited to attend the meeting. With their inclusion, these organizations coordinated booths and materials relevant to tobacco cessation and wellness, and served as another avenue to provide resources and giveaways to interested attendees. The final segment of the day was used as a forum, where USG leadership opened the floor for open dialogue giving an opportunity for individuals from all institutions to ask any remaining questions in regards to the policy implementation and process on campuses. An agenda created for the event can be found in Appendix F. Ultimately, the kick-off meeting was deemed to be successful and productive as multiple USG institution employees reached out to the USG after the meeting to comment on how beneficial it was, particularly how it allowed institutions who had

already been tobacco and smoke-free to relay their experience with such a policy to institutions who had no type of existing regulation.

Mini-Grant Awards

Though the USG initially indicated that financial support for the policy implementation would not be provided, the HR office worked together with healthcare insurer Blue Cross Blue Shield to allocate wellness funds towards a mini-grant opportunity for institutions. The objective of the mini-grant awards was to incentivize institutions to collaborate across departments and develop alternative methods to communicate and assist with the tobacco-free policy adoption, thereby increasing their buy-in and stake in the implementation and intervention processes. The mini-grant request for proposals was introduced to institutions at the Kick-Off meeting and can be found in Appendix G. The funds could be used for classes, prizes, incentives, communications, or even for supplies for activities focused on tobacco cessation. Mini-grants of up to \$5,000 were to be awarded to institutions who created proposals aimed to support cessation ideas using any of the above methods specifically for benefits-eligible employees. Grant proposals were to include activities requiring funding, scope of anticipated outcomes, estimated number of participants, cost breakdown of activities, and length of project with anticipated timeline. Upon thorough review of the proposals from 18 of the total 30 institutions, mini-grants were awarded to 12 institutions, with amounts ranging from \$800 to \$5,000 for a total of approximately \$45,000.

3.4 Evaluation and Survey Creation

In addition to the proactive materials created and distributed system-wide prior to the policy implementation, the USG wanted to assess early progress. In an effort to deem whether the overall policy adoption and implementation was successful, the University System Office created a survey evaluation to be shared with all of the institutions, specifically focusing on employee

knowledge of the policy. In February 2015, individuals who had agreed to serve in the role of campus tobacco liaison ('tobacco liaisons') were contacted to participate in an anonymous internet-based survey. As mentioned, these individuals were selected by institution presidents to serve as an on-campus point-person regarding the tobacco and smoke-free policy. One individual was selected per institution, with faculty and staff titles ranging from Vice President of Finance to Senior Director of Health Services (see Appendix I). The internet survey was sent directly to a total of 30 individuals by email from Marion Fredrick, Vice Chancellor for Human Resources. The 30 individuals accounted for one tobacco liaison representing each USG institution, also accounting for the fact that Kennesaw State University and Southern Polytechnic State University consolidated 3 months after policy implementation, reducing the number of USG institutions from 31 to 30. As all individuals emailed held faculty and staff positions, all study participants were 18 years or older.

The survey was created through Google Forms[®] and made available for a total of 15 days in order to ensure faculty and staff participation, as well as provide time for a rapid analysis. A reminder email was sent to study participants one week after the original email. A large portion of questions were taken from the CDC's Worksite Wellness and Health Score Card, with the majority of questions formatted similarly with a Likert response scale (CDC, 2014). The GSU University Research Services Administration and Institutional Review Board approved the mode of participant recruitment and survey instrument.

The survey questions focused mostly on policy communications, resources, cessation tools, policy support, and gave participants an area to comment on any continuing needs. No form of protected personally identifiable information was collected from any participants. Respondents did, however, indicate the size of the student population at the specific USG institution they were

employed by and accordingly representing throughout survey answers. Tracking survey responses by institution size directly provides commentary in regards to research question #5: Was there any difference in policy implementation and compliance success in schools of different size populations?

None of the survey questions directly asked participants whether they were never, ever, or current tobacco users. While such information may have been beneficial, it was not vital for the ultimate purpose of the research. Furthermore, under revisions of the Patient Protection and Affordable Care Act, employers can now increase healthcare premiums for enrolled employees by adding a surcharge for individuals who identify as tobacco users during open enrollment (Department of Health and Human Services, 2013). All of the USG's healthcare plans have adopted the right to make plan members and adult dependents certify their tobacco status as an opportunity for surveillance of employee health behaviors and wellness management, while simultaneously providing incentive for users to quit due to the \$75 monthly premium surcharge per tobacco user. Although the survey participation was anonymous, "if an enrollee is found to have reported false or incorrect information about their tobacco use, the issuer may retroactively apply the appropriate tobacco use rating factor to the enrollee's premium as if the correct information had been accurately reported from the beginning of the plan year" (Department of Health and Human Services, 2013). Additionally, under the USG's guidelines, any false information provided by plan dependents is considered an ethical and legal matter for the USG, potentially resulting in loss of employment. Due to the small sample size and risk associated with users potentially providing private information, questions regarding smoking status were not included in the survey.

3.5 Survey Results and Analysis

Results

The following section will describe the findings of this evaluation study, addressing each of the above research questions. After two weeks, the survey was closed and upon termination, there were 30 responses. As the survey link was sent directly to 30 individuals, with a request to not to be spread or distributed any further, there is an assumption that there was a 100% response rate for the survey and every USG institutions was represented once throughout the survey questions and answers.

Table 1. Survey Respondent General Characteristics

<i>Question</i>	<i>n</i>	<i>%</i>
Size of Institution Student Population		
2,000 to 4,999 students	8	26.7
5,000 to 7,999 students	7	23.3
8,000 to 10,999 students	2	6.7
11,000 to 13,999 students	2	6.7
14,000 students of more	11	36.7
July 10, 2014 Kick-Off Meeting Attendance		
Yes	21	70%
No	9	30%
Prior to Oct. 1 implementation of new USG tobacco-free policy, did you worksite campus have some form of a tobacco or smoke-free policy?		
Yes; 100% Tobacco-Free	7	23.3
Yes; 100% Smoke-Free	4	13.3
Yes; Smoking Only in Designated Areas	13	43.3
No	6	20
I Don't Know	0	0

Though no personal characteristics nor true demographics were collected by the survey, the questions and data from Table 3 provide background information on respondents institutions as well as background on their knowledge of any tobacco-related policy on their respective campuses prior to the system wide tobacco and smoke-free policy. This data was used to

understand whether differences in student population size or kick-off meeting attendance affected awareness and attitude towards the policy in addition to preferences on top-down support.

Table 2. Usage of Communications throughout Implementation

<i>Question</i>	<i>n</i>	<i>%</i>
Past 12 months, any specific preparations to support 100% tobacco-free policy		
Yes	28	93.3
No	2	6.7
I Don't Know	0	0
Past 12 months, active communication of 100% tobacco-free policy		
Yes	29	96.7
No	1	3.3
I Don't Know	0	0
Past 12 months, displayed signs with information about tobacco-free policy		
Yes	27	90
No	3	10
I Don't Know	0	0
Others	9	30
Past 12 months, communication by institutions of USG Tobacco-Free Websites		
Yes	22	73.3
No	2	6.7
I Don't Know	5	16.7
Have you ever accessed either of the USG Tobacco-Free websites?		
Yes	24	80
No	6	20
I Don't Know	0	0

Figure 8. Methods of Policy Communication

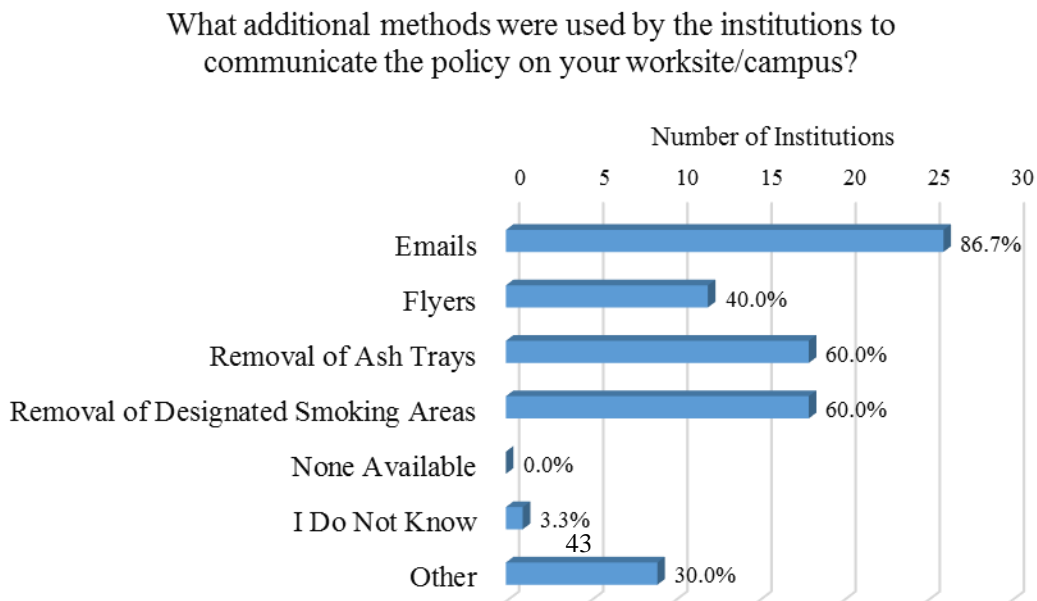


Table 2 and Figure 8 provide results to questions regarding communication of the policy throughout the implementation process. The results presented in this table and figure related to Research Question #1 regarding an increase in on-campus communication regarding the change in policy and indicate that a large majority of the institutions prepared campuses for the change in policy. Twenty-eight institutions (93.3%) communicated some specific preparations, with 29 institutions (96.7%) reporting some form of active communication. Of the 30 institution respondents, 27 (90%) note that there were signs displayed around campus with some information regarding the policy. Additionally, schools communicated the policy through emails (n=26; 86.7%), flyers (n=12; 40%), and physically removing ash trays (n=18; 60%) or designated smoking areas/structures (n=18; 60%). Furthermore, while only 22 institutions (73.3%) were made aware of the creation and marketing of two USG tobacco and smoke-free websites through their institutions, 24 (80%) indicated that they had accessed either website.

Survey results were also collected in regards to Research Question #2: Was there an increase in awareness regarding the cessation resources available to USG faculty and staff, both on- and off-campus? (Table 3; Figures 9 and 10) All tobacco and smoke-free policy related communications from the USG office incorporated some form of promotion of the state-sponsored tobacco quitline, suggesting that campuses share this information institution-wide in any marketing of the policy. Survey results indicate that 21 institutions (70%) referred employees to a state or health-organization sponsored tobacco cessation telephone quitline. Moreover, with the increase in tobacco surcharge for benefits-eligible employees, the USG also increased cessation support medication coverage in most health plans. The majority of respondents (n=26; 86%) indicated that campuses informed employees about health insurance coverage for cessation counseling and medication. Nineteen of the schools (63.3%) reported that campuses provided free

or subsidized tobacco cessation counseling. Additionally, roughly half of the institutions (n=16) indicated that they were provided information regarding no or low out-of-pocket costs for Food and Drug Administration, FDA-approved over-the-counter nicotine replacement products with only 46.7% (n=14) actually providing health insurance coverage for these products. Similarly, 14 institutions provided information regarding low-cost prescription tobacco cessation medication, with 13 institutions (43.3%) providing health insurance coverage for these prescriptions. Results related to Research Question #2 can be seen below in Table 3 and Figures 9 and 10.

Table 3. Awareness of Tobacco Cessation-Related Resources

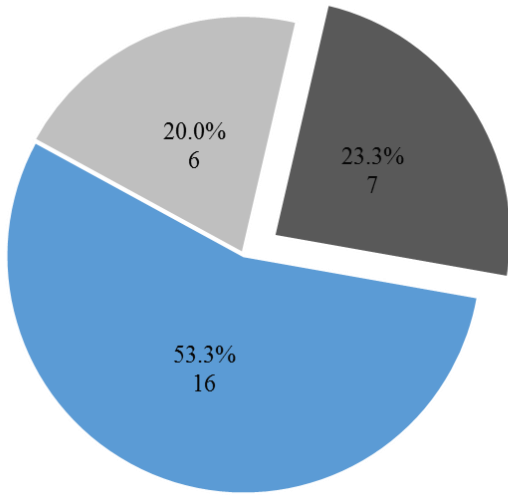
Question	n	%
Referral of employees to state or organization-sponsored tobacco cessation telephone quitline		
Yes	21	70
No	3	10
I Don't Know	6	20
Inform employees about health insurance coverage programs including tobacco cessation counseling and medication		
Yes	26	86.7
No	0	0
I Don't Know	4	13.3
Campus Provided free or subsidized tobacco cessation counseling		
Yes	19	63.3
No	5	16.7
I Don't Know	6	20
Campus <u>provided information</u> regarding no/low-cost FDA-approved over-the-counter nicotine replacement products		
Yes	16	53.3
No	6	20
I Don't Know	7	23.3
Campus <u>provided health insurance coverage</u> for no/low-cost FDA-approved over-the-counter nicotine replacement products		
Yes	14	46.7
No	5	16.7
I Don't Know	11	36.7
Campus <u>provided information</u> regarding no/low-cost for prescription tobacco cessation medications including nicotine replacement		
Yes	14	46.7
No	4	13.3
I Don't Know	12	40

Campus provided health insurance coverage for no/low-cost for prescription tobacco cessation medications including nicotine replacement

Yes	13	43.3
No	6	20
I Don't Know	11	36.7

Figure 9. Knowledge of Health Insurance Coverage for OTC NRTs

During the past 12 months did your campus **provide information** regarding no/low-cost FDA-approved over-the-counter nicotine replacement products?



During the past 12 months did your campus **provide health insurance coverage** regarding no/low-cost FDA-approved over-the-counter nicotine replacement products?

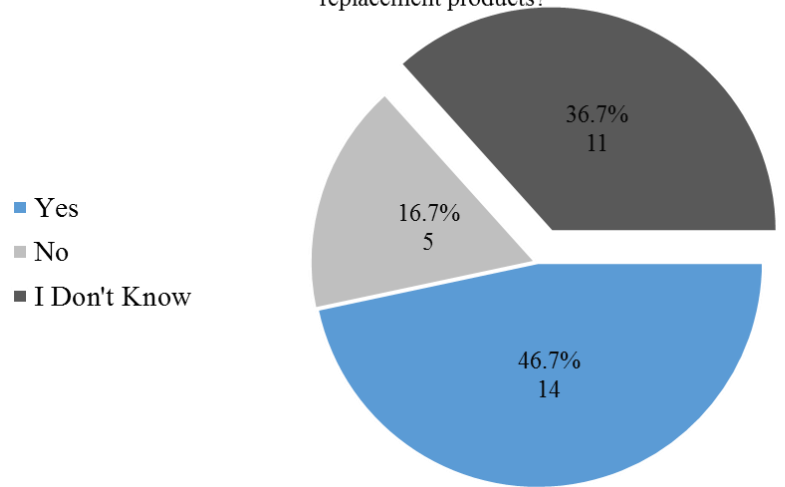
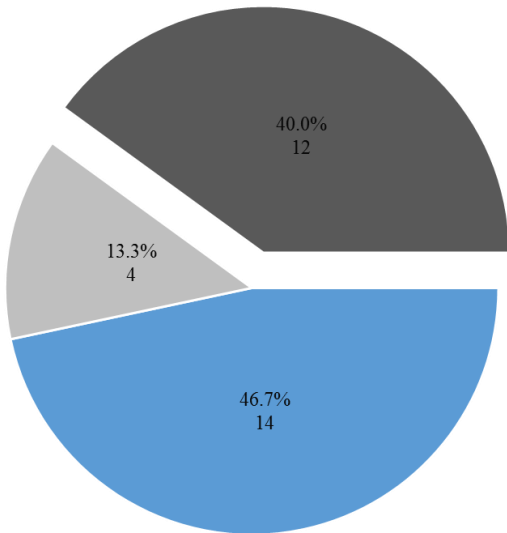
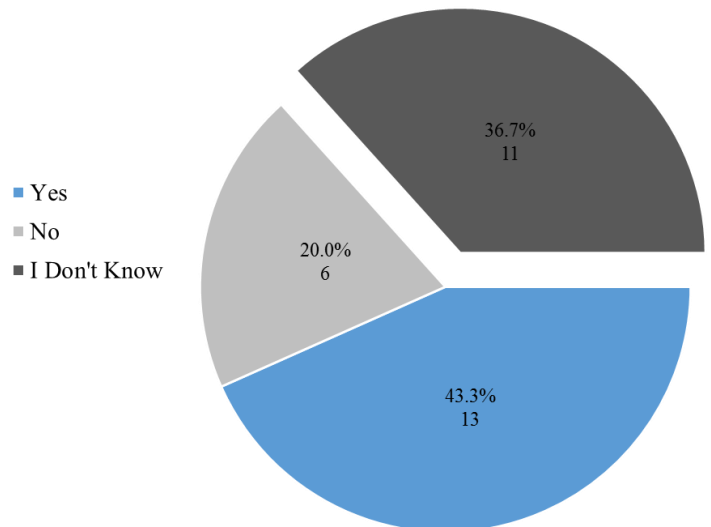


Figure 10. Knowledge of Health Insurance Coverage for Prescription NRTs

During the past 12 months did your campus provide information regarding no/low-cost for prescription tobacco cessation medications including nicotine replacement?



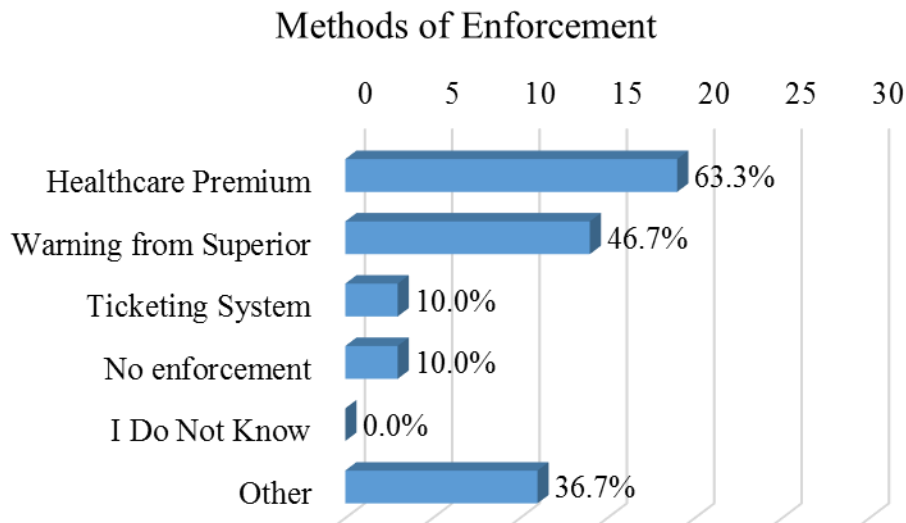
During the past 12 months did your campus provide health insurance coverage regarding no/low-cost for prescription tobacco cessation medications including nicotine replacement?



Figures 9 and 10 present data from questions regarding health insurance coverage of tobacco cessation products, both over-the-counter (OTC) and prescription nicotine replacement therapies (NRTs). The results in Figure 9 suggest that Human Resource offices on institution campuses are not providing information regarding coverage for cessation products or not thoroughly communicating those options to campus employees. The difference in awareness and coverage is not as large nor noticeable in Figure 10.

The survey also addressed enforcement on campuses in an attempt to answer Research Question #3: Was the policy implemented and enforced successfully in the opinions of USG faculty and staff? The majority of institutions (n=26; 86.7%) reported some form of active enforcement of the tobacco and smoke-free policy on campuses, through methods such as the healthcare premium surcharge (n=19), warning from superior (n=14), a ticketing system (n=3), or other (n=11). Percentages of specific methods used can be seen in Figure 11. Only one respondent indicated that they did not know how the policy was actively enforced on campus while three institutions (10%) indicated that there was no form of active enforcement on campus, specifying the passive methods of “shared community responsibility” and voluntary compliance. Departments responsible for enforcing the tobacco and smoke-free policy included Human Resources, Student Affairs, Public Safety, Employee Wellness Services, though some institutions commented that “all department heads were responsible for enforcement with their specific employees and students.”

Figure 11. Methods of Policy Enforcement on Campuses



Respondents were also surveyed on their opinions of the overall implementation (Table 4), the majority reporting that the tobacco and smoke-free policy had gained positive support from faculty, staff and administration (strongly agree: n=11; 36.7%; agree: n=17; 56.7%). Large portions also indicated that there was substantial compliance by faculty, staff, and administration (strongly agree: n=7; 23.3%; agree: n=15; 50%), leading to an overall reduction in exposure to second-hand smoke (strongly agree: n=9; 30%; agree: n=14; 46.7%) and tobacco waste (strongly agree: n=10; 33.3%; agree: n=11; 36.7%) on campus. Ultimately, respondents reported a slight reduction in overall cigarette and tobacco consumption on campuses (agree: n=13; 43.3%; neutral/no evidence: n=12; 40%) though they were neutral as to whether the change in policy caused any increase in successful cessation (neutral/no evidence: n=21; 70%).

Table 4. Opinions/Perception of Policy Compliance

Question	n	%
Implementation of policy has had positive support from faculty, staff, administration		
Strongly Agree	11	36.7
Agree	17	56.7
Neutral/No Evidence	2	6.7
Disagree	0	0
Strongly Disagree	0	0
Implementation of policy has led to increased compliance by faculty, staff, administration	n	%
Strongly Agree	7	23.3
Agree	15	50
Neutral/No Evidence	6	20
Disagree	2	6.7
Strongly Disagree	0	0
Implementation of policy has reduced exposure to second-hand smoke on campus		
Strongly Agree	9	30
Agree	14	46.7
Neutral/No Evidence	6	20
Disagree	0	0
Strongly Disagree	0	0
Implementation of policy has reduced cigarette/tobacco waste on campus		
Strongly Agree	10	33.3
Agree	11	36.7
Neutral/No Evidence	8	26.7
Disagree	1	3.3
Strongly Disagree	0	0
Implementation of policy has reduced overall cigarette/tobacco usage among employees on campus		
Strongly Agree	5	16.7
Agree	13	43.3
Neutral/No Evidence	12	40
Disagree	0	0
Strongly Disagree	0	0
Implementation of policy has led to an increase in successful cessation by employee tobacco users		
Strongly Agree	3	10
Agree	6	20
Neutral/No Evidence	21	70
Disagree	0	0
Strongly Disagree	0	0

Of important interest to the USG, the survey also collected institution attitudes on Research Question #4: “Did institutions feel as if they had the support they needed from the University System Office leadership?” A majority (n=19; 63.3%) agreed that the University System Office has provided sufficient and beneficial support for the implementation process (Table 5).

Table 5. Opinions/Perception of Support from USG

Question	n	%
University System Office provided sufficient and beneficial support for implementation		
Strongly Agree	5	16.7
Agree	19	63.3
Neutral/No Evidence	3	10
Disagree	3	10
Strongly Disagree	0	0
Amount of support from the University system office should:		
Increase	13	43.3
Remain the Same	17	56.7
Decrease	0	0

By comparing kick-off meeting attendance with attitude towards support from the USG, results shows that individuals who attended the kick-off meeting were 25.0 times more likely to indicate that they agreed or strongly agreed that support from the USG was adequate (Table 6). This result was also found to be statistically significant at $\alpha = 0.05$, $p < 0.05$.

Table 6. Relationship Between Kick-Off Attendance and Attitude of USG Support

	Enough Support from USG	Not Sufficient Support from USG	Totals
Attended Kick-Off Meeting	20	1	21
Didn't attend Kick-Off Meeting	4	5	9
Totals	21	9	

OR = 25.0*
95% CI (2.27, 275.72)
 *Statistically Significant

In an effort to address continuing needs, the survey also evaluated institution attitude on the particular amount of support provided by the University System Office. Interestingly, the majority of institutions indicated that the amount of support for the implementation and compliance of the tobacco-free policy for employees should remain the same (n=17; 56.7%) as opposed to increasing (n=13; 43.3%) or decreasing (n=0; 0%) in the future (Table 5).

Finally, the USG worked diligently to provide an equal amount of support and resources to institutions, regardless of size or population, survey responses were analyzed to understand Research Question #5: “Was there any difference in policy implementation and compliance success in schools of different size populations?” Results in relation to this particular question can be seen in Table 7, and the comprehensive breakdown of the results can be found in Appendix H.

Table 7. Calculated Associations between Population Size and Policy Compliance

	Had Positive Support of Employees	No Support from Employees	Totals
Small Schools (2,000 – 7,999 students)	14	1	15
Large Schools (8,000 – 14,000+ students)	14	1	15
Totals	15	15	OR = 1.00 95% CI (0.057, 17.62)
	Employees Compliant	Employees Non-Compliant	
Small Schools	14	1	15
Large Schools	8	7	15
Totals	22	8	OR = 12.25* 95% CI (1.27, 118.37) *Statistically significant
	Reduction in SHS exposure	No reduction in SHS exposure	
Small Schools	13	2	15
Large Schools	11	4	15
Totals	24	6	OR = 2.36 95% CI (0.36,15.46)

	Reduction in Tobacco Use	No Reduction in Tobacco Use	
Small Schools	10	8	18
Large Schools	5	7	12
Totals	15	15	OR = 1.75 95% CI (0.40, 7.66)

Since Research Question #5 focuses on the effect of institution size on policy implementation and compliance, Table 7 used the distribution of responses, which can be found in Appendix H, to calculate odds ratios for survey questions relating to compliance, enforcement, and support on campuses. In order to allow for bivariate analysis and odds ratio calculation, data were combined. Institutions were collapsed into smaller institutions (2,000 – 7,999 students) and larger institutions (8,000 – 14,000+ students). Responses were also made dichotomous and collapsed into two choices: yes/agreeable (Strongly Agree and Agree) and no/non-agreeable (Neutral, Disagree, and Strongly Disagree). This allowed for calculated comparison of whether smaller or larger institutions were more likely to indicate that they observed the agreeable and expected outcome events as a result of the policy implementation and adoption on campuses. These results were reported in the form of odds ratio in Table 7.

Upon review of active enforcement, an odds ratio could not be calculated to detect any difference in responses between smaller and larger schools, thus, it was not reported. As a result of the small survey sample size, positive relationships were calculated, though only one was found to be statistically significant. Results showed that there was no different in reports of employee support based on institution size (OR = 1). Further analysis also indicated that survey participants from smaller institutions were 12.25 times more likely to report employee compliance with the policy than larger institutions. This relationship was found to be statistically significant at $\alpha= 0.05$, $p < 0.05$. Representatives from smaller schools also were 2.36 times more likely to report reduction

in exposure to secondhand smoke and 1.75 times more likely to report reduction in overall tobacco usage on campus. These results however were not found to be significant.

CHAPTER IV:

DISCUSSION AND RECOMMENDATIONS

4.1 Discussion of Research Questions

Upon reviewing the data collected related to Research Question #1: Was there an increase in on-campus communication regarding the change in policy? The majority of institutions consistently indicated that there was. As recommended by the USG, institutions took action in actively communicating the new tobacco and smoke-free policy (Yes: n=29, No: n=1). In terms of marketing, 27 institutions (90%) either took advantage of the discounted signage templates arranged by the USG or created their own. Moreover, only four institutions (13.3%) used only one form of communication (most commonly emails) while the others indicated multiple supplementary methods used for policy communication, adding additional approaches such as “electronic billboards,” “presidential videos,” “announcement at athletic events,” “radio spots” and “decals on doors.”

Regarding website usage, though only 73.3% of institutions (n=22) received any communications regarding the creation of the two USG websites, 80% of institutions (n=24) indicated that they had used or accessed the website within the past 12 months. Viewership of the main USG Tobacco-Free website was generally high in the months after the official implementation of the policy, peaking in late October and early November (Figure 6). The external-facing main USG Tobacco-Free web page was accessed more frequently than the resource page. In fact, in the three weeks that the main tobacco-free web page had the most views (346 unique views in total), the resources web page respectively had only 3 views in total (Figure 6 and 7). This is likely due to two main factors. The most likely cause for decreased views is the isolation of that page and its disconnect from the main page. Why the USG would prefer to keep this page

separate and unseen by the general population is unclear, as the nature of the resources collected and stored are not confidential. Regardless, increasing the visibility of this page would ideally increase the viewership, access to, and usage of all those resources. The second explanation for lower views on the resource page may be the timing of the viewership analysis. Figures 6 and 7 indicated that the tracking of page views began October 31, 2014. This is 30 days after the expected official implementation of the policy on campuses. If all institutions followed the guidelines and recommendations set by the USG, there is a possibility that they may have had all of the elements necessary for smooth implementation ready before October 1, 2014 and had no need to access the site after. In the future, Google Analytics® should be used to track which areas of the page are being clicked most. This will allow the USG to know which areas of the policy website visitors may be confused by or interested in, in addition to which resources are most popular and beneficial. Other institutions or systems considering creating a beneficial webpage should consider all of these recommendations as well begin surveillance on the website prior to the implementation of the policy to understand which materials are being used most.

Next, results were analyzed to understand Research Question #2: Was there an increase in awareness regarding the cessation resources available to USG faculty and staff, both on- and off-campus? Multiple survey questions worked to address this issue. Specifically, these questions included but were not limited to:

- During the past 12 months, did your worksite/campus refer employees to a state or other organization-sponsored tobacco cessation telephone quitline?
- During the past 12 months, did your worksite/campus inform employees about health insurance coverage or programs that include tobacco cessation counseling and medication?

- During the past 12 months, did your worksite/campus provide information and/or health insurance coverage for no or low out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products?
- During the past 12 months, did your worksite/campus provide information and/or health insurance coverage for no or low out-of-pocket costs for prescription nicotine replacement products?

As no data was collected regarding policy awareness, knowledge, or resources prior to the adoption and implementation of the policy, a baseline could not be established for comparison purposes. Without sufficient baseline data or experimental control, there is a limit to what degree associations can be made regarding any increase in awareness. The majority of respondents indicated that their respective institutions referred employees to a free tobacco-cessation telephone quitline (Yes: n=21; 70%). A large majority of respondents (n= 26; 86.7%) also indicated that their institutions informed employees about health insurance coverage or programs that include tobacco cessation counseling and medication. As questions became more specific regarding types of cessation support, overall awareness decreased, which is represented in Figures 9 and 10.

The USG provides coverage for all FDA-approved over-the-counter tobacco cessation items and prescription smoking cessation products with any doctor's prescription, which means a \$0 co-pay for benefits-eligible employees. When asked whether campuses provided information regarding these no cost/low out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products, 16 institutions (53.3%) reported "Yes," six institutions (20%) reported "No," and seven institutions (23.3%) indicated "I Do Not Know." Furthermore, when asked whether institutions actually provided the health insurance coverage for the nicotine replacement product detailed above, 14 institutions (46.7%) reported "Yes," five institutions (16.7%) reported

“No,” and 11 institutions (36.7%) indicated “I Do Not Know.”

Similarly, when asked whether institutions provided information regarding no/low out-of-pocket cost for prescription tobacco cessation medications, 14 institutions (46.7%) reported “Yes,” four institutions (13.3%) reported “No,” and 12 institutions (40%) indicated “I Do Not Know.” As for the respondents awareness of the actual health insurance coverage for these prescription medications, 13 (43.3%) respondents indicated “Yes,” six (20%) respondents indicated “No,” and 11 (36.7) claimed to not know. These results show that institutions were mostly successful in informing employees of basic forms of cessation support, such as telephone quitlines and counseling, but need to do more to increase awareness of the health insurance coverage for over-the-counter and prescription cessation medicine.

Considering that 26 of the 30 respondents reported that their institution informed employees about health insurance coverage and programming, yet lower rates indicated so in the more specific questions, highlights the disconnect between employer information and employee knowledge. Moreover, the decreased promotion of the covered benefits and cessation support may be due to the specific institution’s desire to keep health insurance costs lower. There is no evidence for this assumption, but any tobacco user attempting cessation through prescription drugs may ultimately increase health care plan cost marginally. Regardless, over the long term, a tobacco user who can complete cessation successfully through the use of over-the-counter or prescription medicine is likely to be a lower cost in health insurance. Focusing on the results represented in Figures 9 and 10, the USG should work to communicate more clearly the coverage that is provided by health plans for nicotine replacement therapy and then should work to ensure institution human resource departments are aligned in pushing the same communications to employees. Institutions should also consider new strategies to promote the coverage of cessation products to benefits-eligible

employees more successfully.

The survey also included questions to collect respondents' opinions on Research Question #3: Was the policy implemented and enforced successfully in the opinions of USG faculty and staff? In terms of enforcement, the majority of respondents (n=26, 86.7%) indicated that institutions were actively trying to enforce the policy and prohibit tobacco consumption on campuses. Besides the healthcare premium surcharge and warnings from superior, which were enforcement strategies emphasized by the USG, institutions also cited the use of ticketing systems (n=3, 10%), "non-confrontational reminders of policy" and one institution employed an "online reporting system." These results, in addition to anecdotal feedback from institutional leadership, indicate that enforcement was mostly successful and not an issue for all campuses. This finding contradicts most literature surrounding tobacco control policies on college campuses.

Enforcement is frequently noted in research as a struggle nationwide. Furthermore, there is a lack of evidence specifically regarding effective and evaluated enforcement strategies associated with tobacco control policies. A 2009 study by Harris et al. tested an "enforcement package" which involved the signage, physical ground markings, removal of tobacco waste receptacles and the distribution of gift cards to compliant smokers and reminder cards to non-compliant smokers. Through observations, the study ultimately found that the multi-component method increased compliance from 33% at baseline to 74% during the intervention week, only to drop to 54% upon follow-up 1 week after the intervention (Harris et al., 2009). While such results are promising, they are limited in that they still cannot identify any specific enforcement strategy that works better than the others. Another study by Ickes et al. (2013) worked to apply more active enforcement techniques to "hot spots" – areas where tobacco users may migrate to that are not as public nor visible, yet still on campus. The intervention involved health students confronting policy

violators to promote adherence but the program was discontinued after four weeks as enforcing students felt unsafe from confrontation and aggressive opposition (Ickes et al., 2013). Ultimately, the USG and its institutions should consider implementing alternatives of the methods outlined in Figure 11 or continue to search for literature reviewing more effective enforcement methods.

As detailed in Tables 4 and 5, a significant portion of institutions indicated that they had the positive support of faculty, staff, and administration in regard to the implementation of the tobacco and smoke-free policy (strongly agree: n=11; 36.7%; agree: n=17; 56.7%). The majority of institutions also indicated that there was substantial compliance (strongly agree: n=7; 23.3%; agree: n=15; 50%), an overall reduction in exposure to second-hand smoke (strongly agree: n=9; 30%; agree: n=14; 46.7%) and tobacco waste (strongly agree: n=10; 33.3%; agree: m=11; 36.7%) on campus. Ultimately, there is not strong enough evidence to support whether the change in policy has yet led to increases in successful cessation (neutral/no evidence: n=21; 70%). Such data should be collected and managed moving forward, in order to make a case for more mid-term and long-term outcome impacts. While there was no overwhelming strong agreement on any of the short-term implementation outcomes, institution respondents seem to have favorable opinions of the policy implementation. Moving forward, a more refined survey given to a larger sample size would collect more significant feedback and results.

The concluding questions on the evaluation survey related to Research Question #4: Did institutions feel as if they had the support they needed from the University System Office leadership? A total of 24 institutions indicated that they believed there was sufficient and beneficial support for the implementation from the top USG leadership down to the institutions (Table 5). In an effort to analyze whether the respondents attendance at the USG-organized Kick-Off Meeting impacted their attitude towards support from the USG, a cross-analysis was done using data from

a Kick-Off presence question and this particular support question. This allowed for the calculation of the odds ratio shown in Table 6. Overwhelmingly, respondents who had attended the Kick-Off meeting were 25.0 times more likely to report that the USG had provided a sufficient amount of support (combination of Strongly Agree and Agree elections). This statistically significant result suggests that if the policy meeting were to become an annual or biannual occurrence, all of the institutions may feel greater or more sufficient support from USG leadership. Also, in the instance that a similar higher-education system is considering adopting a tobacco and smoke-free policy, not only is the organization of some informational policy review meeting beneficial for the institutions, but a recording or webinar for individuals who may not be able to physically be there will also increase positive attitudes towards top-down support.

Furthermore, as indicated in Table 5, the majority of respondents suggested that in the future, for the success of this tobacco and smoke-free policy, the amount of support from the USG for the implementation and compliance should remain the same (n=17; 56.7%) as opposed to increasing (n=13; 43.3%) or decreasing (n=0; 0%). It is quite evident as to why none of the respondents suggest decreasing future support for policy implementation. Still, these results were unexpected, as the assumption at the beginning of the evaluation process was that there is always more that can be done, as in more resources, material, and support to be provided system-wide. The data suggests that the institutions felt comfortable transitioning forward with the policy with the resources and support provided by the USG.

Finally, the collected research was simplified into subsets of institution size to understand Research Question #5: Was there any difference in policy implementation and compliance success in schools of different size populations? Upon analysis, there was no calculable relationship to posit whether smaller or larger institutions were more or less likely to indicate that there was

effective active enforcement of the policy on their campus. There was no significant difference in the support of the policy by institution employees, regardless of institution size (Table 7). Interestingly, smaller institutions were 12.25 times more likely to report that there was significant compliance of the tobacco and smoke-free policy by employees and this association was found to be statistically significant. Furthermore, smaller institutions were 2.36 times more likely to indicate that there was a reduction in second-hand smoke exposure on their campuses. Finally, smaller institutions were 1.75 times more likely than larger institutions to report that they believed that there was a reduction in overall tobacco usage by employees on campus.

This may be a result of over-preparation of materials specifically targeting smaller institutions in the assumption that they would not have the same resources to deal with for implementation, compliance, and enforcement on campuses. As the results delineated from expectation, it may be possible that compliance and enforcement are in reality easier for smaller institutions. Institutions that have larger student populations presumably have physically larger campuses as well, if not multiple sites, which can make it more difficult to police and encourage policy adherence. The results indicate that larger institutions should regroup and consider strategies to increase compliance and enforcement throughout their campuses.

4.2 Recommendations Concerning Communications

The data above suggests that a significant portion of the institutions were knowledgeable regarding the adoption of the new policy. Results show that the institutions mostly took advantage of the templates and resources developed to help communicate the changing policy, particularly through signage. However, knowledge and awareness of health insurance coverage for tobacco cessation support and medicine were considerably lower. Research shows that in the years following policy implementation, “road shows” with student and employee groups, which include

short presentations on the policy, cessation support resources, and time for questions can be used to effectively present information, such as health insurance coverage (Hahn et al., 2012). Furthermore, as a direct result of the survey data, as of April 2015, the USG was working together with its healthcare insurers and its pharmacy vendor, to create a communication plan specifically related to tobacco cessation healthcare coverage. This involves the identification and promotion of fully-funded cessation programming through local satellites of the American Cancer Society, American Lung Association, and Georgia Health Departments using USG-distributed flyers and brochures. While the survey provided evidence that the small sample size of employees were aware of the cessation resources provided by the USG, reports from institutional informants indicate that there is very little participation and turn-out for early 2015 cessation programming. An increase in communications regarding more wellness initiative programming paired with a more stringent policy that all institutions provide some form of tobacco cessation program should further remove potential barriers that keep USG tobacco users from taking advantage of the provided cessation resources.

Additionally, the USG and institutions should work to engage with businesses surrounding campuses, in order to have their buy-in and increase their likelihood of communicating and enforcing the policy in the close fringe around campus. For example, while the policy “prohibits any advertising, sale, or free sampling of tobacco products on USG properties” campus leadership can work with convenience stores nearby, encouraging them to sell low-cost tobacco cessation products (Lee et al., 2010). Also, similar businesses may be willing to provide discounts or coupons cards, which can simultaneously be used to promote policy messaging for students and employees. While the survey results show that the communications methods used by the institutions were mostly successful, any point in which a message regarding the tobacco-free

policy can be more tailored and customized towards a specific population increases the likelihood for positive reception, thereby decreasing any possibility of disparity (Lee et al., 2010). As the tobacco industry is known to market campaigns specifically to college-aged young adults, the benefits of customized messaging applies to students as well as to employees, who may require different versions of appropriate messaging based on position (e.g. Ph.D. holding professor versus facilities maintenance staff). This may require additional focus groups to best understand relatable messaging for different clusters among students and employees. The purpose of the policy after-all is to ultimately have a healthier campus environment for all individuals on campus, not just any one subgroup.

Customized efforts can also be used to recruit specific student groups to buy into the policy and increase the policy effectiveness by “word-of-mouth” around campus. For example, research shows that student-athletes or students who indicated participation in athletics as a high priority were less likely to use tobacco (OR = 0.36) and further less likely to use cigarettes (OR = 0.28) (Rigotti et al., 2002). This may be due to the more stringent tobacco-use policy as regulated by the National College Athletic Association, which states within its Constitution and Bylaws Manual (17.1.9) “the use of tobacco products by a student-athlete is prohibited during practice and competition. A student-athlete who uses tobacco products during a practice or competition shall be disqualified for the remainder of that practice or competition” (NCAA, 2014). Reaching out to the student-athletes on the campuses to push the tobacco-free messaging coordinated by the administration can help to target students and increase compliance.

Finally, the selection of campus tobacco liaisons was left to the discretion of the institution presidents. This led to variance in titles and positions held by employees as well as practical experience with the actual development and implementation of the policy on campus. While such

variation in backgrounds can be beneficial in the collaboration stages of development and communication, anecdotal evidence from USG informants indicate that there was minimal cross-site partnerships between liaisons of different institutions, let alone liaisons and employees of the same institutions. Conversely, selecting individuals who all hold the same title on each respective campus would not be an adequate solution to this issue, as it may lead to selection of individuals who all come from similar schools of thought. While the organized kick-off event allowed for individuals to collectively meet, it was the only opportunity for such encounters as all communications since have been by email or telephone. As a final recommendation – a more systemic training process for liaisons, even now after the official implementation of the policy, would be beneficial in order to ensure the same fundamental messaging and guidelines are being communicated system-wide. It would also provide liaisons with an opportunity to further collaborate and customize methods for respective campuses. A collective training event would ensure that all liaisons, regardless of title, would have the same standard level of knowledge of the policy and awareness of resources and tools to be used in the process of development. While surveillance of liaison participation upon return to campuses is difficult to conduct, an annual mandatory training event would encourage further involvement with the policy on campus while also maintaining the important messaging regarding tobacco control from year to year. The literature shows that “training and monitoring individuals...across college campuses has potential to create a sustainable and supportive campus environment, thereby improving compliance” (Ickes et al., 2013).

4.3 Recommendations Concerning Enforcement and Compliance

While the general policy written by the University System is quite comprehensive, as can be seen in Appendix A, the portion regarding enforcement on campuses is insufficient. The policy

states that “the overall enforcement and authority of this policy lies with the President of the institution, but it is also a shared community responsibility, which means all students, faculty, and staff share in the responsibility to help keep the campus tobacco-free” (Appendix B). Without providing a suggestion or recommendation for how enforcement should be handled on campuses, institutions were left to decide how to handle policy violations at their own discretion. As one university faculty member writes in a *Journal of American College Health* editorial, “tobacco-free campuses are a great public health initiative. However, without a clearly defined and actionable enforcement component they serve little purpose” (Fennell, 2012).

For example, more active enforcement methods should be researched and promoted by the USG. Feedback from private institutions within Georgia that had become tobacco-free prior to the USG implementation support by evidence from other studies in that active enforcement, such as the counting of cigarette butts and other forms of tobacco waste provide quantitative proof of whether of tobacco-control policy is working or not. One institution implied that recurrent student violators were supervised throughout campus as they collected the waste and remnants of cigarettes. The collection of cigarette waste seems to serve multiple purposes on college campuses. First, it can serve as a form of compliance reinforcement for policy violators. Second, it decreases the amount of waste on campus, which is toxic to environment and may perpetuate further tobacco usage by users who continually observe the waste (Lee et al., 2013; Sawdey et al., 2011). Finally, research shows that institutions can provide a more accurate reporting of the impact of the policy on campus through the collection of data and manual counting of such waste pre and post-implementation (Lee et al., 2013; Fallin et al., 2013). Most importantly, cigarette waste collection is only one of many alternative methods to increase active enforcement on campuses, which should be considered not only by the USG but by other institutions.

An open-ended question regarding continuing needs from the survey provided institution respondents with an opportunity to provide any final feedback or concerns regarding the adoption and implementation of the tobacco-free policy. Many commented on enforcement. One respondent stated, “it would be helpful to have information on other institutions enforcement experiences, i.e. challenges and successes! The policy enforcement factor is a major concern which needs to be addressed within the system.” Another respondent provides a more structured recommendation that could be implemented system-wide: “our Public Safety Department will begin issuing warnings, with a ticket being issued upon the third offense. We are using our parking ticket process for enforcing the tobacco-free policy.” Ultimately, with such ambiguity and the lack of one explicit recommendation from the USG, enforcement will continue to be a source of controversy

One pro-compliance recommendation for the USG would be the top-down promotion of a task force or ambassador program on campuses that is composed of faculty, staff and students. While support for the policy by employees was indicated to be high in survey results (93.4% strongly agree and agree), having individuals actively and visibly reminding individuals on campus of the policy, particularly in problem areas, can potentially increase compliance. The creation of a task-force would also work to ensure that messaging regarding the tobacco-control policy on campus is maintained and there is no “drop off” in the years following the initial implementation. The adoption of a similar tobacco-free policy on the campus of a Kentucky public university was followed by the creation of a “Tobacco-free Take Action!” student and faculty group that populated high-traffic areas of campus throughout the week to observe compliance, track tobacco usage and waste, and inform others of the policy (Ickes et al., 2013). Together with the recommendation for institutions to promote the creation of such a group, the USG should also consider drafting strong yet positive language to be used to inform individuals of the policy. Scripts

for this particular purpose were made available to institutions on the USG Tobacco-Free Resources website but no action was taken beyond that. It is not enough to simply communicate the policy; institutions should “equip the campus community with relevant skills to help promote compliance” (Ickes et al., 2013). If USG leadership were to hold “train-the-trainer” sessions for campus personnel who could then take those skills and train others on campus, the culture of compliance could improve.

Finally, while the cessation resources provided by the system and the study survey are geared specifically to less-transient population of employees and personnel, previous studies suggest that “the use of tobacco products by personnel on campus sends mixed messages to students and non-compliance by personnel has negative effects on compliance by students” (Trinidad, Gilpin, & Pierce, 2005). Greater engagement with the faculty and staff population to support enforcement and increase compliance can thus have trickle-down properties to ultimately affect the students at institutions as well. The impetus behind the change in this social norm can begin through observational learning, which is frequently linked with college-aged individuals, and “college and university campus administrators [should] demonstrate leadership by having violators of tobacco-free campus policies held to the same standard as those who violate other policies” (Fennell, 2012). Moreover, through such social modeling, students may also begin to feel comfortable enough to approach policy violators (Ickes et al., 2013).

Both anecdotal accounts, first-hand accounts, and literature support the fact that a weak or non-existent enforcement plan for tobacco-free campus policies “undermine the work of college health professionals and more importantly the health of students, faculty, and staff” (Fennell, 2012). It is difficult for the USG to make one explicit recommendation in terms of the enforcement of the tobacco and smoke-free policy, as there are many different kinds of institutions composing the

system with varying access to resources and materials. The recommendations outlined above regarding enforcement and communications should be an important consideration for other systems looking to adopt a similar policy across multiple sites.

CHAPTER V: CONCLUSION

5.1 Study Limitations

The results of this survey and evaluation must be interpreted within the context of their limitations. As the survey was conducted approximately one year after the tobacco and smoke-free policy adoption and six months after policy implementation system-wide, research shows that short-term outcomes may be skewed or insignificant “as receptivity of such policies improves and increases in the few months after they are implemented” (Mamudu, Veeranki, He, Dadkar, & Boone, 2012). The only way to ensure sustainable results and impacts on policy compliance is for there to be a continuing evaluation and reconfiguration of communications and enforcement strategies on individual campuses in order to find a method that works best. Systems considering a similar policy adoption in the future should begin collecting baseline population information and opinions, prior to the adoption and implementation of any policy, in order for experimental studies to provide more evidence-based results.

A limitation from the analysis is that the results from this population are not generalizable, as there was no control for comparison nor randomization. Moreover, the sample size was very limited for a system that is composed of such large student and employee populations. This 30 individual population was a convenient sample for the purpose of this particular evaluation, but may not be an adequate enough representation of the more than 276,000 students and 45,000 employees that make up the USG. Future research for this tobacco and smoke-free policy is necessary, not only to evaluate the more long-term outcomes of the policy implementation, such as health effects, but also to collect data from a larger sample size, preferably of employees as well as students.

While survey question clarity was not an issue, there were limitations in the associations that were drawn from the quantitative data. For confidentiality purposes, the survey did not ask that participants indicate whether they themselves were current, ever, or never smokers. While impractical, a tobacco liaison and survey respondent who also happens to be a tobacco user may likely have far more information regarding the policy than others. Similarly, survey participants indicated only the size of the student population of the institution they were representing. Again, this was done to allow for participant anonymity. However, looking at the data from Table 1, participants indicated that there were n=8 institutions with student populations size 2,000 to 4,999 students, n=7 with 5,000 to 7,999 students, n=2 with 8,000 to 10,999 students, n=2 with 11,000 to 13,999 students, and n=11 with 14,000 students of more. The data from the Official USG Enrollment report (see Appendix A) however indicated that there are in fact n=14 institutions with student populations size 2,000 to 4,999 students, n=5 with 5,000 to 7,999 students, n=1 with 8,000 to 10,999 students, n=1 with 11,000 to 13,999 students, and n=9 with 14,000 students of more. Such discrepancy in population sizes leads to ultimately insignificant data in Table 7 which analyzed results based specifically on institution size. Due to the small sample size of this survey, the results reported in Table 7 were previously calculated to not be statistically significant and this discrepancy leads to further limitation of the study findings. To correct this problem, researchers should consider developing a question with IRB approval that would allow survey participants to directly indicate which institution they were employed by.

Furthermore, as this studied focused more so on reviewing the policy and its implementation, there were limitations associated with data collection and analysis. Survey participants were mostly tobacco liaisons or individuals who had more experience working with the implementation of the policy on-campus. These individuals were likely to hold one of a wide-

range of positions on-campus, as mentioned earlier. For example, if the Vice President for Finance and Administration is selected to be the tobacco liaison for a specific institution, there is not much information regarding to what degree he may have been involved with the policy and its application on his campus. He may be too far removed to understand or represent how well the policy was received on-campus by faculty, staff and students. While all institutions selected only one official tobacco liaison, others created committees or task forces. It is also difficult for one tobacco liaison to be an accurate, representative voice for an institution with more than 25,000 individuals in the student population. At the other extreme, a tobacco liaison may have been the worksite health and wellness coordinator or HR practitioner, who has far more involvement in the policy regulation and wellness information for employees than other positions. All of these examples can cause for selection bias. Increasing the sample size to also include individuals from all sectors of the university or college work force would minimize such bias for future studies, as well as allow for the collection of specific institution data to ensure responses and greater representation from all system institutions.

Finally, there is also likely to be recall bias due to the fact that the survey was based on self-report and distributed by system leadership and superiors. While this ultimately led to 100% participation and assumable equal representation from each and every institution, the answers provided by participants are possibly what they believe they “needed” to say as opposed to what they may have truthfully felt or believed. Though survey participants were informed multiple times of their anonymity, as well as given the option to not proceed with the survey after reviewing informed consent information, it is nearly impossible with such a small sample size to ensure the fidelity and accuracy of survey responses. To further minimize such bias in the future, evaluations of such policy implementations could be directed by third-party groups that if possible, focus

specifically on program evaluation. The highlighted recommendations should be taken into consideration and incorporated as quality assurance measures in order to increase research significance and accuracy of results.

5.2 Implications of Findings

While the adoption of this policy impacts students, faculty, staff and visitors on campuses, this study focused specifically on reception by employees. More research is needed to understand the impact on the student population. Without consideration and strategies to increase student buy-in of the policy, enforcement and compliance will remain difficult on campus. Fortunately, within the next five to six years, there will be an entire population of students on-campus who were not present before the adoption and implementation of the tobacco and smoke-free policy. Ideally, by that time, compliance will no longer be an issue as the tobacco-free campus environment will have become the social norm. It is important, however, to evaluate the student population in a manner such as this evaluation did, in order to collect information regarding their views of the policy six months post-implementation. More importantly, similar evaluations should be conducted continuously as the policy persists, so as to track the changing attitude and perceptions one year out, two years out, and more.

Other systems and organizations considering a similar policy should take advantage of the findings above to implement a similar multi-component approach to communicate and educate campuses about becoming tobacco-free. Moving forward, the USG should work to capitalize on the recommendations outlined above, finding a way to incorporate them system-wide in a top-down approach. While it is understandable to leave certain components of the policy regulation and enforcement in the hands of the institution administration, a generic recommendation of

methods to increase compliance, such as those outlined above, could provide institutions an idea of where to begin. Additionally, the results show that the USG needs to work more cohesively with on-campus Human Resources offices to ensure they are marketing the cessation support for employees more visibly, pushing the customized materials with the most effective language. While the results from the survey may be skewed due to the employment position of survey respondents, greater promotion and publicity of the coverage for the multiple kinds of nicotine-replacement therapy will help to reinsure campus populations that the purpose of this policy is to genuinely provide an environment that supports faculty, staff and students to become healthier.

5.5 Conclusion

Even as the number of institutions and college campuses with 100% tobacco-free policies increases, consistent enforcement and compliance will be difficult to maintain as no system-wide policy can overrule a state law. Ultimately, parts of campus, such as city streets and sidewalks, are public domain and as long as tobacco use is legal for individuals 18 years and older, individuals are not doing anything unlawful. Hopefully, this multi-component system-wide policy can be beneficial for other systems looking to pilot and develop a similar policy. Results and recommendations from this evaluation should be used to inform and develop more tailored interventions that can work to prevent initiation of smoking and cessation of smoking by current smokers. Furthermore, institutions and systems of higher education should consider the above findings, reviewing the resources and research highlighted here in order to understand future implications for the recently popular electronic cigarette and vaporizer movement. Pushback regarding the electronic cigarette and vaporizer inclusion may be due to the belief that these devices are used for harm reduction or cessation, though such claims have not been officially

supported by the FDA (Fallin et al., 2015). Optimistically, as more American universities and colleges look to adopt such policies, bottom-up advocacy may encourage the adoption of such comprehensive tobacco bans at the local and state levels. Greater alignment among tobacco-related policies at the institution, local, and state-level can further decrease the probability of tobacco use.

CHAPTER VI:

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CHAPTER VII:

APPENDICES

Appendix A. Institutions of the University System of Georgia

Institution Name	City	Approximate Student Population*
Abraham Baldwin Agricultural College	Tifton, GA	3,073
Albany State University	Albany, GA	3,567
Armstrong State University	Savannah, GA	6,258
Atlanta Metropolitan State College	Atlanta, GA	2,501
Bainbridge State College	Bainbridge, GA	1,876
Clayton State University	Morrow, GA	5,728
College of Coastal Georgia	Brunswick, GA	2,558
Columbus State University	Columbus, GA	6,982
Dalton State College	Dalton, GA	4,123
Darton State College	Albany, GA	4,426
East Georgia State College	Swainsboro, GA	2,677
Fort Valley State University	Fort Valley, GA	2,389
Georgia College & State University	Milledgeville, GA	6,408
Georgia Gwinnett College	Lawrenceville, GA	9,694
Georgia Highlands College	Rome, GA	4,366
Georgia Institute of Technology	Atlanta, GA	21,112
Georgia Perimeter College	Decatur, GA	15,439
Georgia Regents University	Augusta, GA	7,901
Georgia Southern University	Statesboro, GA	18,821
Georgia Southwestern State University	Americus, GA	2,293
Georgia State University	Atlanta, GA	29,236
Gordon State College	Barnesville, GA	3,537
Kennesaw State University	Kennesaw, GA	22,971
Middle Georgia State College	Macon, GA	6,589
Savannah State University	Savannah, GA	4,915
South Georgia State College	Douglas, GA	2,300
Southern Polytechnic State University**	Marietta, GA	5,935

University of Georgia	Athens, GA	22,550
University of North Georgia	Dahlonega, GA	14,139
University of West Georgia	Carrollton, GA	11,077
Valdosta State University	Valdosta, GA	10,364
Total USG Student Population		276,564

*Student Population figures taken from the Board of Regents of the University System of Georgia Semester Enrollment Report for Fall 2014

**Southern Polytechnic State University still conducted its own admissions and enrollment for Fall 2014 prior to consolidation January 2015 with Kennesaw State University

Appendix B. The University System of Georgia Tobacco and Smoke-Free Policy

9.1.7 Tobacco and Smoke-Free Campus Policy

In accordance with the Georgia Smoke Free Air Act of 2005, Title 31 Chapter 12A, this policy reinforces the USG commitment to provide a safe and amicable workplace for all employees. The goal of the policy is to preserve and improve the health, comfort and environment of students, employees and any persons occupying our campuses.

The use of all forms of tobacco products on property owned, leased, rented, in the possession of, or in any way used by the USG or its affiliates is expressly prohibited. “Tobacco Products” is defined as cigarettes, cigars, pipes, all forms of smokeless tobacco, clove cigarettes and any other smoking devices that use tobacco such as hookahs or simulate the use of tobacco such as electronic cigarettes.

Further, this policy prohibits any advertising, sale, or free sampling of tobacco products on USG properties unless specifically stated for research purposes. This prohibition includes but is not limited to all areas indoors and outdoors, buildings and parking lots owned, leased, rented or otherwise used by the USG or its affiliates. The use of tobacco products is prohibited in all vehicles – private or public vehicles – located on USG properties.

This policy applies to all persons who enter the areas described above, including but not limited to students, faculty, staff, contractors and subcontractors, spectators, and visitors. All events hosted by a USG entity shall be tobacco-free. All events hosted by outside groups on behalf of the USG shall also be tobacco-free.

Exceptions for Tobacco Use

The President of each institution will define any exceptions to this policy. Exceptions to the policy will be very limited and on an as needed basis. The intent is the campus is tobacco and smoke free unless otherwise needed for educational purposes and/or the advancement of research on campus.

Enforcement

The overall enforcement and authority of this policy lies with the President of the institution, but it is also a shared community responsibility, which means all students, faculty, and staff share in the responsibility to help keep the campus tobacco-free. Signage to help inform our campus community and visitors will be placed throughout campus.

Violation of Policy

Violation of this policy may result in corrective action under the Student Code of Conduct or campus human resource policies. Visitors refusing to comply may be asked to leave campus.

Resources Available for Tobacco Cessation

From time to time, the Board of Regents will make available resources to assist employees with tobacco cessation as well as educational materials and other wellness information. Such effort does not limit the amount of resources that the institution can provide for tobacco cessation and any other resources for the positive enforcement of this policy that the campus deems appropriate to provide. Resources for Tobacco Cessation can be found on the USG Workplace Wellness website at <http://www.usg.edu/wellness/>.

Appendix C. Survey Consent Form and Questions

Study Title: Evaluating the Implementation of a Tobacco-Free Policy across the 31 institutions of the University System of Georgia

Principal Investigator: Michael Eriksen, Sc.D.
Student Principal Investigator: Elif Alyanak

F. Purpose

You are invited to participate in a research study. Your participation is entirely voluntary. This study will be collecting and analyzing data specifically for graduate thesis research. The purpose of the study is to investigate if the University System of Georgia tobacco and smoke-free policy was implemented on institution campuses in an effective way and evaluate whether institutions felt as if they had the support needed from the University System Office leadership. You are invited to participate because: (1) you were listed as the representative campus tobacco liaison for your USG institution, (2) you attended the Kick-Off meeting on July 10, 2014, or (3) you took an active role in the tobacco-free policy as USG faculty or staff. A total of 50 participants will be recruited for this study so your participation is greatly beneficial and appreciated as this is already a small sample size. Participation will require at most 10 minutes of your time.

II. Procedures

If you decide to participate, you will be answering survey questions with multiple choice answers. The questions aim to collect opinions and feedback on the implementation of the tobacco-free policy. Participants will only be contacted by Elif Alyanak. This data and research will be coordinated and organized primarily by Elif Alyanak, Graduate Student at Georgia State University's School of Public Health, with counsel from the thesis committee, which includes Mrs. Jessica Howell-Pratt and Dr. Michael Eriksen. The research will be done at Georgia State University over the course of the Spring 2015 semester, with defense of the thesis scheduled for late April. Once consent has been given, participants will only have to take the survey once, for an expected maximum duration of 10 minutes.

III. Risks

In this study, you will not have any more risks than you would in a normal day of life.

IV. Benefits

Participation in this study may not benefit you personally. Data collected from the study will be a potential benefit to society. Overall, the researchers hope to gain feedback regarding policies that aim to create healthier and more comfortable university and college campuses and their implementation methods. Participants will also be helping the welfare of many campus populations.

V. Voluntary Participation and Withdrawal

Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. You may choose to exit out of the survey by exiting out of the screen. You may clear and exit the study at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VI. Confidentiality:

No personal identifiers will be collected for the purpose of this study. The study survey is meant to be entirely anonymous and confidential. The researchers will keep your records private to the extent allowed by law. Michael Eriksen, Sc.D., Jessica Howell-Pratt, MPH. and Elif Alyanak will have access to any information you may potentially provide. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board). The information you provide will be stored on password- and firewall-protected computers. As this is an internet-based study, participants should be aware that data sent over the Internet may not be secure. IP addresses will not be collected or retained for any research purposes, ensuring confidentiality. Any other identifiers or facts that might point to you will not appear when researchers present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

VII. Contact Persons

Contact Elif Alyanak at 404-962-3130 or ealyanak2@student.gsu.edu if you have questions, concerns, or complaints about this study. You can also call if you think you have been harmed by the study. Call Susan Vogtner in the Georgia State University Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

VIII. Copy of Consent Form to Subject:

You can print a copy of this consent for your own record. You may print this consent form by pressing “Ctrl”+”P” on your computer keyboard at this moment.

Clicking the button below will indicate you have been informed of the purpose of the research and consent to participating in the survey.

1. If you agree to participate in the research, please select the “Next Page to Begin” option to continue to the survey.
2. Please indicate the size of the student population at the specific USG institution where you are currently employed.
 - a. 2,000 to 4,999 students

- b. 5,000 to 7,999 students
 - c. 8,000 to 10,999 students
 - d. 11,000 to 13,999 students
 - e. 14,000 students or more
3. Please indicate whether you attended the July 10, 2014 Tobacco-Free Kick-Off meeting hosted by the University System Office in Macon, GA.
 - a. Yes
 - b. No
 4. During the past 12 months, did your worksite/campus implement the official USG system-wide written policy prohibiting tobacco use on campuses?
 - a. Yes
 - b. No
 - c. I Do Not Know
 5. Prior to the Oct. 1, 2014 implementation of the official USG tobacco-free policy, did your worksite/campus have some form of a tobacco or smoke-free policy?
 - a. Yes; 100% Tobacco-Free
 - b. Yes; 100% Smoke-Free
 - c. Yes; Smoking Only in Designated Areas
 - d. No
 - e. I Do Not Know
 6. During the past 12 months, did your worksite/campus have any specific preparations to support the 100% tobacco-free policy?
 - a. Yes
 - b. No
 - c. I Do Not Know
 7. During the past 12 months, did your worksite/campus actively communicate the new 100% tobacco-free policy?
 - a. Yes
 - b. No
 - c. I Do Not Know
 8. During the past 12 months, did your worksite/campus display signs (including “no smoking” signs) with information about your tobacco-use policy?
 - a. Yes
 - b. No
 - c. I Do Not Know
 9. What additional methods were used by the institution to communicate the policy on your worksite/campus?
 - a. Emails
 - b. Flyers
 - c. Removal of Ash Trays
 - d. Removal of Designated Smoking Areas
 - e. None Available
 - f. I Do Not Know

- g. Other
10. During the past 12 months, did your worksite/campus communicate the creation of a “USG Tobacco-Free” website, created by the University System Office?
 - a. Yes
 - b. No
 - c. I Do Not Know
 11. During the past 12 months, did you ever access the “USG Tobacco-Free” website at www.usg.edu/tobaccofree and www.usg.edu/tobaccofree/resources?
 - a. Yes
 - b. No
 - c. I Do Not Know
 12. During the past 12 months, did your worksite/campus refer employees to a state or other organization-sponsored tobacco-cessation telephone quitline?
 - a. Yes
 - b. No
 - c. I Do Not Know
 13. During the past 12 months, did your worksite/campus inform employees about health insurance coverage or programs that include tobacco cessation counseling and medication?
 - a. Yes
 - b. No
 - c. I Do Not Know
 14. During the past 12 months, did your worksite/campus provide free or subsidized tobacco cessation counseling?
 - a. Yes
 - b. No
 - c. I Do Not Know
 15. During the past 12 months, did your worksite/campus provide information regarding no or low out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products?
 - a. Yes
 - b. No
 - c. I Do Not Know
 16. During the past 12 months, did your worksite/campus provide health insurance coverage for no or low out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products?
 - a. Yes
 - b. No
 - c. I Do Not Know
 17. During the past 12 months, did your worksite/campus provide information regarding no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement?
 - a. Yes

- b. No
 - c. I Do Not Know
18. During the past 12 months, did your worksite/campus provide health insurance coverage for no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement?
- a. Yes
 - b. No
 - c. I Do Not Know
19. During the past 12 months, did your worksite/campus actively enforce the USG policy prohibiting tobacco use on-campus?
- a. Yes
 - b. No
 - c. I Do Not Know
20. What method was used by the institution to enforce the tobacco-free policy on-campus?
- a. Healthcare Premium Surcharge
 - b. Warning from Superior
 - c. Ticketing System
 - d. No Enforcement
 - e. I Do Not Know
 - f. Other
21. What department is/was responsible for enforcing the USG's tobacco-free policy at your worksite/campus?
22. What department is/was responsible for developing and updating the tobacco use policy at your worksite/campus?
23. Overall, the implementation of the USG tobacco-free policy has positive support from faculty, staff and administration on your USG campus?
- a. Strongly Agree
 - b. Agree
 - c. Neutral/No Evidence
 - d. Disagree
 - e. Strongly Disagree
24. Overall, the implementation of the USG tobacco-free policy has led to substantial compliance by faculty and staff, both tobacco users and non-users, on your USG campus.
- a. Strongly Agree
 - b. Agree
 - c. Neutral/No Evidence
 - d. Disagree
 - e. Strongly Disagree
25. In your opinion, the implementation of the USG tobacco-free policy has led to a reduction in exposure to second-hand smoke on your USG campus.
- a. Strongly Agree
 - b. Agree
 - c. Neutral/No Evidence

- d. Disagree
 - e. Strongly Disagree
26. In your opinion, the implementation of this tobacco-free policy has led to a reduction in cigarette or tobacco waste on your USG campus.
- a. Strongly Agree
 - b. Agree
 - c. Neutral/No Evidence
 - d. Disagree
 - e. Strongly Disagree
27. In your opinion, the implementation of this tobacco-free policy has led to a reduction in overall cigarette or tobacco usage among institution employees on your USG campus.
- a. Strongly Agree
 - b. Agree
 - c. Neutral/No Evidence
 - d. Disagree
 - e. Strongly Disagree
28. In your opinion, the implementation of this tobacco-free policy has led to an increase in successful cessation among employee tobacco users on your USG campus.
- a. Strongly Agree
 - b. Agree
 - c. Neutral/No Evidence
 - d. Disagree
 - e. Strongly Disagree
29. In your opinion, the University System Office has provided sufficient and beneficial support for the implementation process of the tobacco-free policy for employees on your USG campus.
- a. Strongly Agree
 - b. Agree
 - c. Neutral/No Evidence
 - d. Disagree
 - e. Strongly Disagree
30. In your opinion, the amount of support for the implementation and compliance of the tobacco-free policy for employees on your USG campus provided by the University System Office should _____.
- a. Increase
 - b. Remain the Same
 - c. Decrease
31. Please use this space to describe any continuing needs you may have regarding the USG's system-wide 100% tobacco-free policy and its implementation and compliance on your institution's campus.

Appendix D. Sample Tobacco-Free Campus Policies

EAST TENNESSEE STATE UNIVERSITY

SECTION: PPP-53

SUBJECT: Smoking/Tobacco Policy (revised 2013)

Tobacco-Free Campus

Policy

Effective August 11, 2008, ETSU is a Tobacco-Free Campus, with smoking and all other tobacco usage permitted only inside private vehicles. This policy applies to all university buildings/grounds; ETSU-affiliated off-campus locations and clinics; any buildings owned, leased or rented by ETSU in all other areas; and ETSU facilities located on the campus of the James H. Quillen Veterans Affairs Medical Center at Mountain Home. Tobacco use is also prohibited in all state vehicles. This tobacco-free policy is in effect 24 hours a day year-round. For purposes of this policy, “tobacco use” means, but is not limited to, the personal use of any tobacco product, whether intended to be lit or not, which shall include smoking tobacco or other substances that are lit and smoked, as well as the use of an electronic cigarette or any other device intended to simulate smoking and the use of smokeless tobacco, including snuff; chewing tobacco; smokeless pouches; any form of loose-leaf, smokeless tobacco; and the use of unlit cigarettes, cigars, and pipe tobacco.

Background

The university promotes a healthy, sanitary environment free from tobacco smoke and tobacco-related debris. The ETSU community acknowledges that long-term health hazards may accrue to people who use tobacco products or who are subjected to second-hand smoke. The failure to address the use of tobacco products on campus would constitute a violation of the Americans with Disabilities Act, the Vocational Rehabilitation Act and Tennessee law.

Support

Understanding the addictive nature of tobacco products, ETSU will make every effort to assist those who may wish to stop using tobacco. The university offers current information about available resources via the Smoking Cessation Resources page.

Compliance

It is the responsibility of all members of the ETSU community to comply with this Tobacco-Free Campus Policy. Violations of the policy will be dealt with in a manner that is consistent with university procedures. There shall be no reprisals against anyone reporting violations of this policy.

Enforcement

1. Violations to the tobacco free policy, particularly reoccurring violations, are to be reported to Public Safety 439-4480.
2. Any violator of the policy that refuses to comply or that becomes abusive toward the responsible party will be handled by Public Safety.

3. Violations will be forwarded to Human Resources for employee incidents or Student Affairs for student incidents. The individual department will handle the progressive discipline for repeat violators. Visitor violations will be forwarded to Public Safety and contractor violations to the Facilities Office. Student violators are subject to progressive discipline for repeat violations.

Tobacco Free Ohio State
Policy 7.20
Office of Human Resources

Applies to: Faculty, staff, students, vendors, volunteers and visitors

POLICY

Issued: 07/01/1987 Nonsmoking; Revised: 01/01/2014 Tobacco Free Ohio State; Edited: 04/15/2014

Ohio State strives to enhance the general health and wellbeing of its faculty, staff, students and visitors, to become the world's healthiest university. We desire to support individuals to be tobacco free, achieve their highest state of health and to launch students into their careers at a high level of health and wellbeing. To support this commitment, we intend to provide a tobacco free environment. Smoking and the use of tobacco are prohibited in or on all university owned, operated or leased property including vehicles.

Definitions

- Tobacco is defined as all tobacco-derived or containing products, including and not limited to, cigarettes (e.g., clove, bidis, kreteks), electronic cigarettes, cigars and cigarillos, hookah smoked products, pipes and oral tobacco (e.g., spit and spitless, smokeless, chew, snuff) and nasal tobacco. It also includes any product intended to mimic tobacco products, contain tobacco flavoring or deliver nicotine other than for the purpose of cessation.

Policy Details

- I. The university is strongly committed to supporting individuals to become tobacco free.
 - a. Tobacco cessation programs and support will be available to faculty, staff and students as identified below.
 - b. Nicotine replacement therapy products for the purpose of cessation are permitted.
- II. The success of this policy depends upon the thoughtfulness, consideration and cooperation of tobacco users and non-tobacco users. Leaders and those to whom this policy applies share the responsibility for adhering to and enforcing the policy.
 - a. Concerns about tobacco use should be respectfully addressed in the moment whenever feasible.
 - b. Continued concerns should be referred to the appropriate unit for review and action. For faculty, staff and student employees, issues should be referred to the employing unit head. For students in the non-employment setting, issues should be referred to Student Conduct. For volunteers and visitors, issues should be referred to the hosting unit head.

- III. The university will not advertise tobacco on university owned, operated or leased property or at any university sponsored event or university owned or sponsored media.
- IV. Sale of tobacco is prohibited on university owned, operated or leased property.
- V. Research involving tobacco is an exception from this policy. Acceptance of tobacco-funded research grants will be evaluated by the vice president for research and the appropriate dean/administrator prior to acceptance of the funds.
- VI. Additional exceptions are identified in Tobacco Free Policy Exceptions.
 - I. Cessation
 - a. The university is committed to supporting all faculty, staff and students who wish to stop using tobacco or nicotine products.
 - b. Assistance to faculty and staff to overcome tobacco or nicotine addiction is available through The Ohio State University Health Plan and the resources identified below.
 - c. Assistance to students to overcome tobacco or nicotine addiction is available through the Student Health Center, Student Wellness Center, student health insurance and the resources identified below.
 - II. Communication
 - a. Leaders, managers, supervisors and building coordinators are responsible for leading by example and respectfully communicating the policy to faculty, staff, students, volunteers and visitors.
 - b. Faculty, staff, students, volunteers and visitors who observe individuals using tobacco on university property are encouraged and empowered to respectfully explain that its use is prohibited.
 - III. Signage
 - a. Installation and maintenance of signage are the responsibility of Facilities Operations and Development (FOD), in consultation with the Office of Human Resources.
 - b. Signage must be placed appropriately on entrances to and exits from buildings, including parking garages and on university owned and leased vehicles.
 - c. Areas that experience difficulties with tobacco use may request supplemental signage from FOD.
- IV. IV. Compliance with Ohio Smoke Free Workplace Law (Ohio Revised Code [ORC] Chapter 3794)
 - a. The Office of Human Resources is available to consult with and support units that receive a complaint from a public health department (see Addressing Violations of the Ohio Smoke Free Workplace Law).
 - b. When complaints are sent directly to a unit by a public health department, the unit must:
 - i. Make a good faith effort to find out what behaviors are occurring or occurred to trigger the complaint.
 - ii. Follow up with involved faculty, staff, students, vendors, volunteers and/or visitors to ensure that prohibited behavior stops.

- iii. Issue a letter of response to the public health department (see Letter of Response to an Allegation of Violation of the Ohio Smoke Free Workplace Law) within 30 days of the university receipt of the complaint.
 - iv. Ensure that state law and university policy are being followed.
 - v. Communicate to faculty, staff, students, vendors, volunteers and/or visitors the requirements of our tobacco free policy and/or state law (see Sample Email Regarding Tobacco Free Policy and Ohio Smoke Free Workplace Law).
 - vi. Work with FOD to ensure that signage is appropriately displayed on building entrances and exits.
- c. When complaints are received by the Office of Human Resources or other units not the subject of the alleged violation, by a public health department:
- i. The Office of Human Resources or other receiving unit must forward the complaint within five days to the head of the appropriate unit for response.
 - ii. The unit head must respond to the complaint as described in IV-B above.

V. Compliance

- a. All students, faculty, staff, vendors, volunteers and visitors are expected to comply with this policy. Individuals are encouraged and empowered to respectfully inform others about the policy in an ongoing effort to support individuals to be tobacco free, improve individual health and encourage a culture of compliance.
- b. University leaders, managers, supervisors and building coordinators are expected to support individuals becoming tobacco free and to promote compliance in their areas of responsibility and on the larger campus.
- c. Student Life staff have a special responsibility to promote compliance among students.

Responsibilities

Position or Office	Responsibilities
University leaders, managers and supervisors	1. Communicate policy expectations to the university community. 2. Hold individuals responsible for compliance with the policy. 3. Communicate policy violations to leaders and managers in specific areas where problems occur. 4. Forward complaints of violation of the Ohio Smoke Free Workplace Law to the appropriate unit within five days. 5. Address and respond to complaints of violation of the Ohio Smoke Free Workplace Law and this policy.
Office of Human Resources	1. Communicate policy expectations to the university community. 2. Consult with units on this policy. 3. Forward complaints of violation of the Ohio Smoke Free Workplace Law to the appropriate unit within five days. 4. Consult with & support units that receive complaints of violation of the Ohio Smoke Free Workplace Law.

OSU Health Plan	Offer tobacco cessation support through the health plans.
Office of Student Life	<ol style="list-style-type: none"> 1. Communicate policy expectations to the university community. 2. Address policy violations with students in the non-employment setting. 3. Offer tobacco cessation support to students.
Employing or volunteer sponsoring unit	<ol style="list-style-type: none"> 1. Communicate policy expectations to individuals. 2. Work with FOD to ensure that signage is appropriately displaced on building entrances and exits. 3. Provide information on tobacco cessation resources. 4. Address policy violations with faculty, staff and student employees. 5. Forward complaints of violation of the Ohio Smoke Free Workplace Law to the appropriate unit within five days. 6. Respond to complaints from a public health department about the Ohio Smoke Free Workplace Law and this policy.
Facilities Operations and Development, building coordinators	<ol style="list-style-type: none"> 1. Communicate policy expectations to individuals. 2. Install and maintain signage. 3. Communicate policy violations to leaders and managers in specific areas where problems occur.
Individuals	<ol style="list-style-type: none"> 1. Comply with the policy. 2. Inform others about the policy when possible. 3. Use cessation resources as desired.

Resources

- Addressing Violations of the Ohio Smoke Free Workplace Law,
- Approved Exceptions
- Boundary Map
- Engaging the University Community
- Frequently Asked Questions
- Guide to Successful Implementation
- Leader/Supervisor Toolkit
- Ohio Smoke Free Workplace Law (ORC 3794), codes.ohio.gov/orc/3794
- Sample Email Regarding Tobacco Free Policy and Ohio Smoke Free Workplace Law,
- Sample Letter of Response to Allegation of Violation of Ohio Smoke Free Workplace Law,
- Talking With Individuals Who Use Tobacco on University Property,
- Tobacco Cessation and Stress Management Resources

Contacts

Subject	Office	Telephone	Email/URL
Concerns regarding faculty	Office of Academic Affairs	614-292-5881	oa.a.osu.edu
Policy questions, concerns regarding	Employee and Labor Relations;	614-292-2800	ohrc@hr.osu.edu hr.osu.edu

staff and student employees	Office of Human Resources		
Policy questions, corrective action for Health System staff	Employee Relations, Health System Human Resources	614-293-4988	
Concerns regarding students in the non-employment setting	Student Conduct, Office of Student Life	614-292-0748	sj@studentlife.osu.edu studentconduct.osu.edu
Signage and other facilities issues	Facilities Operations and Development, Administration and Planning	614-292-4357	service2facilities@osu.edu fod.osu.edu

Arizona State University

Academic Affairs Manual (ACD)

Effective: 7/1/1978 Revised: 8/1/13

ACD 804: Tobacco-Free Campus

Purpose: To protect the health and safety of university faculty, staff, students, and visitors on the campuses of ASU

Applicability: University faculty, staff, students and visitors

Background

ASU recognizes that tobacco use is a public health hazard and is dedicated to providing a healthy, comfortable and educationally productive learning environment for faculty, staff, students and visitors. The university complies with state law on smoking.

Policy: Smoking and the use of smokeless tobacco products are prohibited in or on all university:

1. owned property
2. leased property
3. facilities
4. grounds
5. parking structures (including in privately owned vehicles)
6. university-owned vehicles

Exceptions:

1. Privately owned vehicles (on public roads)
2. Leased university residences that have been designated as smoking

Appendix E. USG Tobacco-Free Website Screenshots

USGTobaccoFree OVERVIEW WHY TOBACCO FREE? RESOURCES STUDENTS CHANCELLOR'S MESSAGE CAMPUS EFFORTS

IN MARCH 2014, THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA ADOPTED A TOBACCO AND SMOKE-FREE CAMPUS POLICY TO MAKE USG 100% TOBACCO-FREE EFFECTIVE OCTOBER 1, 2014.

CLEAR THE SMOKE

THE USG IS TOBACCO-FREE

The Board of Regents of the University System of Georgia is committed to providing a healthy environment on campuses. We recognize the serious health implications of both the direct use of tobacco products and indirect exposure to the use of tobacco products and our responsibility to promote the health and well-being of our students, faculty, staff and visitors.

FACULTY & STAFF

If you want to be tobacco-free, there's help. The USG is providing coverage for all over-the-counter

WHY TOBACCO FREE?

WHY GO TOBACCO-FREE?

The purpose of the policy is to create a health-supporting community for everyone, tobacco-users and non-users alike. The new policy also supports the right of all people on university system campuses to breathe smoke-free air. The simple reason for our policy is respect for each other and the environment. We hope that smokers who choose to continue smoking will respect our smoke-free environment out of concern for their fellow campus community members.

WHY IS TOBACCO USE AN ISSUE?

Tobacco use is the leading cause of premature and preventable death, responsible for more than 440,000 deaths a year in the United States. Cigarette smoking alone is responsible for more deaths than HIV/AIDS, alcohol, motor vehicle crashes, homicide, suicide, illegal drugs and fires - COMBINED.

Tobacco addiction begins almost exclusively among youth and young adults. The 2012 Surgeon General's Report shows that 99% of smokers begin smoking and using other forms of tobacco by age 26, making college and university campuses a critical target for tobacco use prevention and cessation efforts.

WHY IS SMOKELESS TOBACCO INCLUDED?

The reason this is more than just a smoke-free policy is because even the rates of smokeless tobacco are increasing within the state of Georgia. For more information view the [Georgia Department of Public Health study](#).

WHY ARE E-CIGARETTES INCLUDED?




Electronic cigarette (e-cig) use is found to be highest among college students. While it may be used as an aid to quit smoking, it still is a highly concentrated source of addictive nicotine and it has not been regulated or studied enough to support claims of use for tobacco cessation. E-cigs also pollute the air and early research shows negative lung effects and inflammation, similar to smoking. For more information about poisoning related to e-cigarettes view the [CDC study](#).

ISN'T TOBACCO USE A PERSONAL RIGHT?

Tobacco and its usage is completely legal for adults above the age of 18. The USG is not forcing anyone to quit. However, the university system owns campus properties, and can establish policies that protect the health of all university system members. A tobacco-free policy does not prohibit tobacco use; it merely establishes where use can occur.





RESOURCES

3 FREE & EASY WAYS TO QUIT

 <p>Talk to a Quit Coach who can help you quit tobacco. 1-877-270-STOP (7867)</p>	 <p>An online program to help you quit tobacco is a click away. www.becomeanex.org</p>	 <p>Looking for local face-to-face help? Find classes near you.</p>
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FREE MOBILE APPS TO HELP YOU QUIT

Where's your cell phone? Is it next to you? Grab it! Did you know there are now apps and resources on your phone that help support you on your journey to quitting tobacco? Try one of these today!

 <p>NICI QuitPal is a free app from the National Cancer Institute that supports smokers working to become smokefree. This interactive app was developed using proven quit strategies and tools to help change behavior and assist you with giving up smoking.</p> <p>AVAILABLE ON THE App Store</p>	 <p>QuitSTART is another free smartphone app that can help you track your cravings and moods, monitor your progress toward achieving smokefree milestones, identify your smoking triggers, and upload personalized "pick me ups" and reminders to use during challenging times to help you successfully become and stay smokefree. It was created with young adults in mind.</p> <p>GET IT ON Google play AVAILABLE ON THE App Store</p>
 <p>QuitGuide is a free application, written by tobacco control professionals and cessation counselors, with the help of ex-smokers and experts. This app is designed to help you prepare to quit smoking and support you in the days and weeks after you quit.</p>	 <p>QuitNow offers you real-time stats, anytime, to help you cope with anxiety. The time (days, hours, minutes) since the last cigarette of your life. - How many cigarettes you have avoided. - The money and time you have saved. Also, QuitNow will provide you</p>

USGTOBACCOFREE

OVERVIEW

WHY TOBACCO FREE?

RESOURCES

STUDENTS

CHANCELLOR'S MESSAGE

CAMPUS EFFORTS

USG CAMPUSES ARE SPREADING THE WORD!

In an effort to prepare University System of Georgia campuses to be tobacco-free, some schools have already created websites where students, faculty and staff can learn about the specifics of the policy change on their respective campuses, as well as learn of the resources that are available to them. Find your school and click below to see what your campus has to offer!

 <p>ARMSTRONG STATE UNIVERSITY</p>	 <p>CLAYTON STATE UNIVERSITY</p>
 <p>COLUMBUS STATE UNIVERSITY</p>	 <p>GEORGIA GWINNETT COLLEGE</p>
 <p>GEORGIA HIGHLANDS COLLEGE</p>	 <p>GEORGIA INSTITUTE OF TECHNOLOGY</p>
 <p>GEORGIA REGENTS UNIVERSITY</p>	 <p>GEORGIA SOUTHERN UNIVERSITY</p>

Appendix F. USG Tobacco-Free Kick-Off Meeting Agenda



USG Tobacco and Smoke-Free Campus Implementation Kick-Off Meeting

AGENDA

July 10, 2014

9:00 am – 3:00 pm

Middle Georgia State College, Macon, GA

Continental Breakfast/Settling In	9:00 am – 9:30 am
Welcome/Greeting <i>Karin Elliott, Associate Vice Chancellor of Total Rewards</i>	9:30 am – 9:40 am
Policy Introduction <i>Marion L. Fedrick, Vice Chancellor for Human Resources</i>	9:40 am – 9:50 am
Keynote Speaker <i>Clifford E. Douglas, J.D., Director, University of Michigan Tobacco Research Network</i>	9:50 am – 10:30 am
– Break –	10:30 am – 10:45 am
Implementation Challenges and Successes <i>Dr. Susan Butler, Emory University</i> <i>Dr. Sara Plaspohl, Armstrong State University</i> <i>Christine O'Meara, Georgia Regents University</i>	10:45 am – 11:30 am
Administrative Committee on Public Health (ACOPH) Panel <i>Dr. Michael Eriksen, Georgia State University – Moderator</i> <i>Nina Cleveland, University of Georgia</i> <i>Christine O'Meara, Georgia Regents University</i> <i>Dr. Sandy Streater, Armstrong State University</i>	11:30 am – 12:00 pm
Lunch <i>Vendor booths: BCBS, Kaiser Permanente, American Lung Association, American Cancer Society</i>	12:00 pm – 1:00 pm
Student Panel – Engagement, Participation, and Activity <i>Dr. Joyce Jones, Vice Chancellor for Student Affairs – Moderator</i> <i>Kari Butler, College of Coastal Georgia</i> <i>Wesley Sewell, Middle Georgia State College</i> <i>Andrew Tarr, Georgia Regents University</i> <i>Dennis Chamberlain, Gordon State College</i> <i>Bill Keese, Fort Valley State University</i>	1:00 pm – 1:30 pm
Dealing with Enforcement and Compliance <i>Marion L. Fedrick, Vice Chancellor for Human Resources</i> <i>Dr. Joyce Jones, Vice Chancellor for Student Affairs</i>	1:30 pm – 2:15 pm
Current Tools and Projects <i>Karin Elliott, Associate Vice Chancellor of Total Rewards</i> <i>Ben Robinson, Academic Affairs, Health Workforce Planning & Analysis</i> <i>Sandra Neuse, Associate Vice Chancellor of Operations</i>	2:15 pm – 3:00 pm
Closing <i>Marion L. Fedrick, Vice Chancellor for Human Resources</i>	3:00 pm

Appendix G. USG Tobacco-Free Mini-Grant Request for Proposals



**MINI-GRANT OPPORTUNITY
FOR
TOBACCO CESSATION**

Hello All!

We are now accepting application for **Mini Grants in the amount of \$5,000** for USG institutions to use to promote tobacco cessation in support of the new USG Tobacco & Smoke-Free policy, which officially goes into effect on October 1, 2014.

It is important to keep in mind that the mini-grant can be used to promote tobacco cessation ideas and programs only to benefits-eligible *faculty* and *staff*. The funds can be used for classes, prizes, incentives, communications, or even for supplies for activities focused on tobacco cessation.

Do not hesitate to reach out to local resources such as the American Cancer Society, American Lung Association, BCBSGA, Kaiser and your local health department to take advantage of the resources they already offer. These can also be included in your proposal. Be as innovative as possible!

Please submit your proposal in the form of a one to two page white paper to include:

- Activities
- Scope with anticipated outcomes;
- Estimated number of participants;
- Cost breakdown of activities and;
- Length of the project with dates.

Submit your proposal to Lisa Benton, lisa.benton@usg.edu by **August 31, 2014**. If you have additional questions, you may contact Lisa directly at 404-962-3247.

Thank you for participating and making wellness a priority!



Appendix H. Breakdown of survey responses based on institution size

<i>Question</i>	2,000 -4,999 student institutions (n)	5,000 -7,999 student institutions (n)	8,000- 10,999 student institutions (n)	11,000- 13,999 student institutions (n)	14,000 student or greater institutions (n)
Total Number of Institutions	8	7	2	2	11
Active Enforcement on Campus					
Yes	8	7	2	2	7
No (No + I Don't Know)	0	0	0	0	4
Positive Support from Employees					
Yes(Strongly Agree + Agree)	8	6	2	2	10
No (Neutral + Disagree + Strongly Disagree)	0	1	0	0	1
Substantial compliance of policy by faculty, staff, administration					
Yes(Strongly Agree + Agree)	8	6	2	2	4
No (Neutral + Disagree + Strongly Disagree)	0	1	0	0	7
Reduction in SHS exposure					
Yes(Strongly Agree + Agree)	7	6	1	2	7
No (Neutral + Disagree + Strongly Disagree)	1	1	0	0	4
Reduction in Tobacco Usage					
Yes(Strongly Agree + Agree)	5	5	1	1	6
No (Neutral + Disagree + Strongly Disagree)	3	2	1	1	5

Appendix I. Tobacco Liaison Position Titles

Abraham Baldwin Agricultural College	Vice President of External Affairs, Chief of Staff
Albany State University	Human Resources Director
Armstrong State University	Assistant Professor of Health Sciences
Atlanta Metropolitan State College	Director of Environmental Health
Bainbridge State College	Vice President, Business and Operations
Clayton State University	Department Head, Healthcare Management
College of Coastal Georgia	Human Resources Director
Columbus State University	Assistant Dean of Students
Dalton State College	Human Resources Director
Darton State College	Assistant Dean, Campus Life
East Georgia State College	Director of Business Operations
Fort Valley State University	Vice President, Business and Finance
Georgia College & State University	Dean, College of Health Sciences
Georgia Gwinnett College	Dean of Students
Georgia Highlands College	Vice President, Student Affairs
Georgia Institute of Technology	Senior Director, Health Services
Georgia Perimeter College	Int. Director of Governance and Policy
Georgia Regents University	Vice President, Human Resources
Georgia Southern University	Vice President, Business and Finance
Georgia Southwestern State University	Human Resources Director
Georgia State University	Senior Vice President, Finance and Administration
Gordon State College	Human Resources Specialist
Kennesaw State University	Assistant Vice President, Operations
Middle Georgia State College	Vice President, Student Affairs
Savannah State University	Human Resources Director
South Georgia State College	RN, Health Services Nurse
University of Georgia	Dean of Students
University of North Georgia	Vice President, Human Resources
University of West Georgia	Executive Director, Human Resources
Valdosta State University	Human Resources Directors