

Tobacco Technical Assistance Consortium Developing Smokefree Implementation Regulations

Budgeting for Implementation

One of the first steps in planning for the implementation of a smokefree law is determining how much money is available. If you have a large enough budget, identify an experienced public relations firm to assist with media advocacy and public education. If you plan to use paid advertising, identify the advertising agency you will use. If you do not have enough money available for implementation, consider approaching foundations or other funders to increase your implementation budget.

During the 1980's and 90's, most smoking ordinances were "self-enforcing" and local health agencies successfully implemented these laws with little or no additional resources. However, as comprehensive smokefree laws have become the norm, and as states join municipalities in adopting such laws, dedicated funding can support implementation education and enable health agencies to hire outside contractors.

An informal survey of eight states in 2007 found that the average cost of a statewide implementation education campaign was approximately \$300,000, depending on the size of the state and the availability of funds.¹ These campaigns typically included television, radio, fact sheets, signage, websites, billboards and print ads. State health agencies also developed business kits and made use of local programs to help educate the business community. Most campaigns ran both before and after the effective date of the law, averaging four months in duration.

Funding to conduct proactive compliance checks in addition to education was more limited because enforcement was conducted by agencies other than the health department, or because the funding was included in a bundle to local agencies. However, a few states did engage in active enforcement. For example, inspectors checked for smokefree law violations while conducting other inspections or law enforcement received funding for active compliance checks.² However, most states relied on a "reactive" protocol - complaints were managed by a hotline/call center with a toll-free phone line.

Most states surveyed devoted approximately one FTE to answering a complaint line. The volume of calls to the hotlines decreased rapidly after the effective date as the public and businesses became accustomed to the new smokefree law. State health departments also found that investing more resources in an early education campaign reduced the number of complaints and prevented enforcement problems down the road.

In 2008, a series of interviews with state health departments³ produced additional state implementation cost estimates. The health department in one Western state with a population of 6.5 million spent between \$500,000 and \$750,000 for implementation. Over a period of approximately six months before and after the effective date, the agency employed four (4) staff members, from 50 – 100% FTE, and two outside contractors.

The health department in a Western state with a population of approximately two million devoted two staff positions to implementation beginning immediately following passage of its smokefree law, in addition to a portion of the time of the Director of the Tobacco Control Program. The agency also budgeted for the cost of processing applications for exemptions. The health department contracted with a statewide voluntary health agency to assist with implementation education and public relations. Additional costs included printing for smokefree coasters and other promotional items for the hospitality industry.

A Southern state with a population of 4.3 million people relied on a large outside nonprofit tobacco control organization for smokefree implementation activities. That agency devoted 17 FTE's to smokefree implementation for a short period of time immediately before and after the effective date. An additional \$1.5 million was spent on smokefree implementation media efforts over an eight month period. The total cost of implementation education was approximately \$2 million.

The health department in an Eastern state with a large population spent \$1.3 million on implementation media efforts in a four month period covering the effective date of its smokefree law. Although no funds were specifically appropriated for implementation education and enforcement, the state already appropriated \$4.8 million for tobacco control efforts. \$2.2 million of that amount was made available to local health agencies to fund after-hours enforcement activities.

A Western state with a population of 4.9 million devoted 10 FTE's to smokefree implementation in the year following passage of a comprehensive statewide smokefree law. After the first year, approximately five FTE's remained committed to activities related to smokefree policy implementation.

¹ Email communication with Stephen Babb, Office of Smoking and Health, Centers for Disease Control and Prevention, May 7, 2007.

² For example, Hawaii provided funding to local law enforcement to conduct active compliance checks. (Twenty (20) per month for a cost of approximately \$50,000)

³ Conducted as part of the Tobacco Technical Assistance Consortium's Developing Smokefree Implementation Regulations project, February – March 2008.