

Attitudes About
Smoking Bans in the
Mississippi Delta
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Mississippi Delta residents show strong support for municipal ordinances prohibiting smoking in public places. Even among smokers, over half indicated they support a smoking ban in their community. Support also crosses traditional boundaries of race, gender, income, age and educational level. Several cities in Mississippi have instituted smoking bans in the past year, including Greenwood and Greenville in the Delta region.

Center for Community and Economic Development

The National Context

Since 2006, smoking bans have gained momentum as a policy issue in the state of Mississippi, much as they have in many areas of the United States and other countries. The recent surge in interest followed a report issued in June, 2006 by the U.S. Surgeon General, which unequivocally specified various deleterious effects associated with second-hand smoke.⁽¹⁾ Subsequently, several Mississippi towns passed municipal ordinances prohibiting smoking in public places.

The Effects of Second-Hand Smoke

Smoking bans serve a variety of purposes and interests, but the primary rationale for instituting a smoking ban is to protect the rights of non-smokers to live free of the negative health effects produced by tobacco smoke. As stated by the Surgeon General, the evidence demonstrates that second-hand smoke, that is, merely breathing air in the presence of someone who is smoking, has negative health repercussions that are as bad as, or worse than, those that the smoker faces. The debate on smoking bans has shown particular concern for two groups: children⁽²⁾ and workers at restaurants and bars, who frequently come in contact with second-hand smoke as a routine part of their job.⁽³⁾

According to the Centers for Disease Control and Prevention (CDC), second-hand smoke contains at least 250 toxic chemicals, of which at least fifty are known to cause cancer.⁽⁴⁾ Regular exposure to second-hand smoke increases the risk for heart disease by 25–30%, and increases the risk for lung cancer by 20–30%. Second-hand smoke is also linked to various conditions in children, including sudden infant death syndrome, acute respiratory infections, ear problems and asthma.

In addition to the effects of second-hand smoke, smoking itself causes a number of public health problems, including about 438,000 deaths annually.⁽⁵⁾ Smoking is tied to increased risk for a variety of cancers, as well as cardiovascular diseases (e.g. heart attacks, strokes, aneurysms), respiratory symptoms, and several reproductive and early childhood conditions (e.g. infertility, pre-term delivery, low birth weight).

Health Effects of Smoking Bans

Smoking bans appear to decrease the likelihood people will smoke,⁽⁶⁾ and reduce exposure to smoke and harmful chemicals in restaurants and bars,⁽⁷⁾ both of which produce many health benefits. Some of the documented health benefits include increased respiratory function,⁽⁸⁾ decreased heart attacks,⁽⁹⁾ and better circulation. The biggest beneficiaries are those whose exposure to smoke is reduced the most, such as wait staff in bars and restaurants.

Economic Impacts from Smoking Bans

The most immediate and controversial economic issue pertains to the potential loss of revenue that smoking

bans impose on local businesses, particularly bars and restaurants. The concern is smokers will not patronize these locales after a smoking ban is imposed. Many studies contradict this perception; however, the issue is clouded by studies using anecdotal evidence from bar owners and wait staff suggesting patronage and tip earnings decrease after smoking bans are enacted. Independent studies indicate that smoking bans have no adverse effects on local businesses, including bars and restaurants, and in some cases may increase business as non-smokers who stayed away to avoid smoke now patronize smoke-free locales.⁽¹⁰⁾ One widely cited study assessing the smoking ban in El Paso, TX, for example, showed no significant change in restaurant and bar revenues for one year after the ordinance took effect.⁽¹¹⁾ However, some evidence suggests that local conditions and the terms of the law play some role in the economic impacts of smoking bans. For instance, a study in Massachusetts found that from 1993–95, strictly written local smoking bans were more likely to result in a significant reduction in the number of restaurant jobs.⁽¹²⁾

Another potential impact affects areas with a significant tobacco industry. Some evidence suggests smoking bans lead to decreased consumption of tobacco products,⁽¹³⁾ which would lower revenue to these areas. The state of Tennessee, with a ban that went into effect in October, 2007, is the first state with a significant tobacco industry to institute a smoking ban.⁽¹⁴⁾

A third economic issue is whether smoking bans lower health care costs. Because smoking bans are a relatively recent phenomenon, it is difficult to assess the long-term savings in the aggregate. Given that the diseases associated with smoking are some of today's most significant health problems and biggest killers, it is likely that reducing public exposure to tobacco smoke will result in reduced need for health care.

Finally, a small movement has begun among health organizations (e.g., National Cancer Institute and the CDC Office on Smoking and Health) that have pledged to hold their meetings only in locales with laws that prohibit smoking in public places.⁽¹⁵⁾ Presumably, this would have positive economic effects for places with such legislation.

Public Opinion on Smoking Bans

What does public opinion on smoking bans say in other states? A study conducted in Indiana found approximately 65 percent of the public favors smoking bans.⁽¹⁶⁾ A national study that examined data from 1992 and 1999 found two-thirds of Americans preferred smoke-free workplaces, while about 30 percent favored smoke-free bars, although the latter percentage was increasing.⁽¹⁷⁾ Social context plays a role in public opinion, however; for example, in a Kentucky county heavily dependent on the tobacco industry, most respondents supported some form of control on tobacco use in public places, but only 26.3% supported an outright ban on smoking in restaurants.⁽¹⁸⁾

Smoking in Mississippi

Smoking Bans in Mississippi

Reducing exposure to second-hand smoke can be accomplished in a variety of ways. Individual establishments and workplaces can voluntarily impose rules that restrict or prohibit smoking; municipalities can pass ordinances that outlaw smoking in public places within city limits; or state legislatures can issue laws that control smoking in workplaces and/or specified public localities. All of these can be supplemented with public education campaigns; with efforts to reduce smoking or to encourage youths not to take up smoking; with limitations on the tobacco industry, such as restrictions on advertising practices and rules about who can legally sell or purchase tobacco products; with incentives that encourage smoke-free workplaces and public venues; and with taxes, such as sales taxes on cigarettes, which could produce an economic disincentive to smoking.

In 2000, the Mississippi Legislature passed a smoking ban in state buildings. Bills to extend this ban to workplaces and other public areas have been introduced in the legislature each year since 2002, but have failed. As a result, the state has relied primarily on voluntary efforts, recently supplemented with municipal ordinances. Some restaurants and workplaces have voluntarily imposed smoking restrictions, including a handful of locales in the Delta region. The Mississippi Department of Health maintains a list of smoke-free restaurants in the state.⁽¹⁹⁾

In 2006, Starkville became the first city in the state to impose a municipal smoking ban⁽²⁰⁾, joining the towns of Mayersville and Metcalfe. Several other cities followed suit, including Tupelo, Oxford, Mantachie, Hattiesburg, Aberdeen, Pascagoula and Ridgeland. The Ridgeland ban, instituted in July, 2007, has produced substantial controversy and a lawsuit by local restaurant owners. At the beginning of fall semester, 2007, Ole Miss designated tobacco-free zones on campus. Use of all tobacco products is limited to these areas, and violators are subject to disciplinary action by the university.

With growing interest in the state, the legislature considered several bills for a statewide smoking ban during the 2007 session,⁽²¹⁾ most notably one introduced by Senator Alan Nunnelee from Tupelo (SB 2598), but none were passed.⁽²²⁾ It is likely, however, that smoking bans will re-emerge as a statewide issue in future legislative sessions. In the meantime, more municipalities will likely issue ordinances and private entities will establish voluntary restrictions that restrict smoking.

During the 2007 session, the legislature did create the Mississippi Tobacco Control Advisory Council (SB 2764), which coordinates state efforts to control and educate the public on tobacco use and cessation.⁽²³⁾

In August, 2007, Greenwood became the first large city in the Delta to institute a smoking ban,⁽²⁴⁾ which produced an editorial in the Greenville *Delta Democrat Times* in opposition.⁽²⁵⁾ Nevertheless, the Greenville City Council

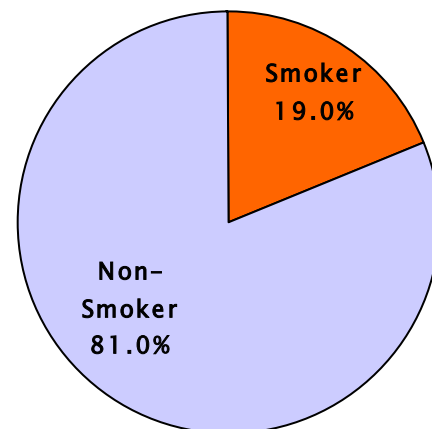
passed a municipal ban in September, 2007, with the support of the local Chamber of Commerce. While the bans continue to generate controversy, state legislator John Mayo, who represents the North Delta, has been quoted as saying "The support is there from everybody's constituents."⁽²⁷⁾ Representative Mayo's statement is affirmed by the results presented here.

Smoking Habits in the Mississippi Delta

According to the Centers for Disease Control, 25.1 percent of adults in Mississippi are current smokers, compared to 20.0 percent nationally.⁽²⁸⁾ Data from the 2007 Delta Rural Poll show a slightly lower rate of smoking among Delta residents. In the 11 Delta counties surveyed, 19 percent indicated that they smoke tobacco, and 81 percent said they were non-smokers (See Figure 1).

Smoking behavior in the Delta differs greatly by factors such as gender, household income, marital status and age, slightly by race and there is no significant difference by educational level nor size of the town the respondent lives in. Males (25.8%) smoke at twice the rate of females (13.0%). Lower income (annual household incomes below \$30,000) respondents smoke at a higher rate (21.7%) than middle-income (\$30,000 to \$60,000) respondents (16.9%) and high-income (over \$60,000) respondents (12.6%). Nearly one-quarter (24.7%) of those who are single and never married smoke, compared to 20.3 percent of those previously but not currently married and 13.8 percent of those currently married. The proportion of the population that smokes drops substantially after age 65, but remains high at younger ages. Among those aged 20-29, 25.0 percent smoke; 23.5 percent of those in their thirties; 21.5 percent in their forties; 24.6 percent in their fifties; then 16.9 percent of those in their sixties; 11.4 percent in their seventies; and 3.2 percent in their eighties. The decrease at higher ages may reflect generational differences in habits, changes in body chemistry, or the fact that fewer smokers live that long. African Americans (18.9%) and Anglo Americans (19.4%) indicated similar smoking rates; the slightly lower rate for African Americans is consistent with national results.⁽²⁹⁾

Figure 1: Prevalence of Smoking in the Mississippi Delta



The Mississippi Delta

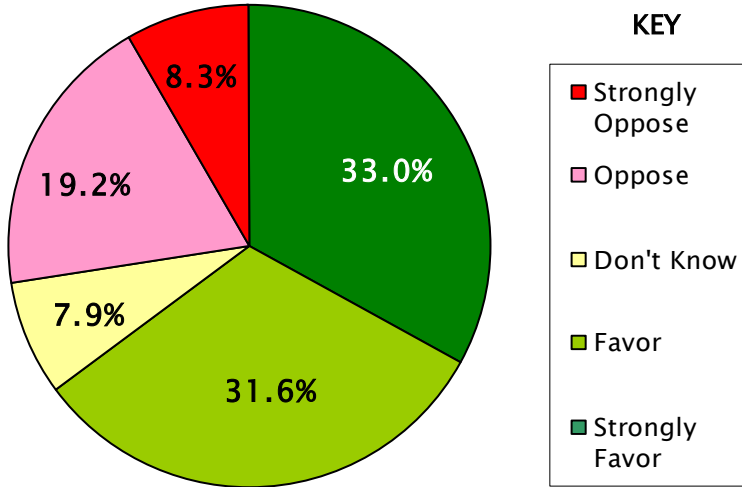


Figure 2: All Respondents ,
Opinion on Smoking Bans

Support for Smoking Bans in the Mississippi Delta

When asked if they would support or oppose an ordinance prohibiting smoking in all public places in their community, including restaurants and bars, nearly two-thirds (64.6%) of the respondents in 11 Delta counties said yes. One-third said they *strongly* favor a municipal ordinance banning smoking (Figure 2). By contrast, 27.5 percent oppose a smoking ban, and only 8.3 percent indicated they strongly oppose such a measure. The 64.6 percent of Deltans who favor smoking bans is lower than a statewide survey in Mississippi, which found 73.4 percent of Mississippians support smoke-free ordinances for indoor work areas and 72.0 percent support smoke-free regulations for restaurants.⁽³⁰⁾

Comparing Smokers vs. Non-Smokers

Interestingly, over half of the smokers in the Delta said they favor a smoke-free ordinance in their community, even though the question specifically noted that the ordinance would pertain to bars and restaurants (Figure 3). Only 15 percent of smokers would *strongly* support a no-smoking ordinance, and about the same percentage of smokers strongly oppose smoking bans. A total of 37.4 percent of smokers oppose or strongly oppose a smoking ban.

Among non-smokers, 37.2 percent strongly favor a smoking ban, and an additional 30.3 percent support prohibitions on smoking. Only one-quarter of non-smokers oppose smoking bans, and 6.6 percent of non-smokers strongly oppose no-smoking ordinances.

Comparing Social Groups

Figure 4 compares opinions on smoking bans across various social groups. For all categories of gender, race,

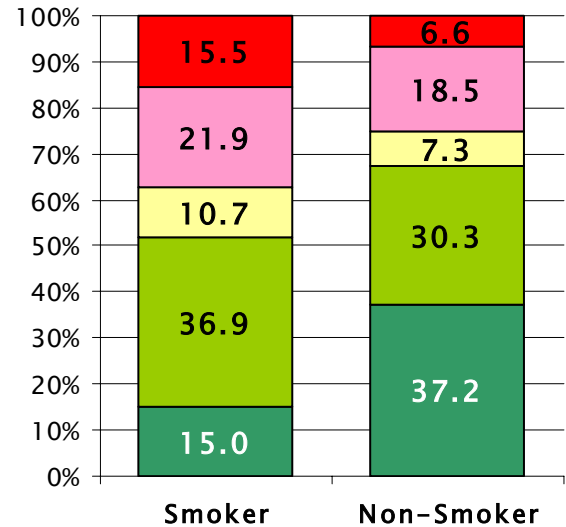


Figure 3: Smokers vs. Non-Smokers,
Opinion on Smoking Bans

income, education and age, over sixty percent of Delta residents said they favor municipal smoking bans. The major difference between categories is in the strength of support for smoking bans.

Gender For example, 67.4 percent of females support smoking bans, compared to 60.9 percent of males; however, a higher percentage of males (34.4%) *strongly* support smoke-free ordinances than females (31.8%). Typically, respondents that indicate strong support in a survey are likely to take action in line with their opinions.

Race Both African American and European American Deltans show similar levels and strength of support for smoking bans. While the differences are not statistically significant, African American residents show slightly higher support for smoking bans than white residents (66% vs. 61.7%), slightly lower rates of opposition (27% vs. 28.6%), and slightly less indecision (7% vs. 9.7%). In strength of support, the levels of strong support and strong opposition are close to identical by race. African American households comprise 63.2 percent of the sample.

Income Support for smoking bans does vary by income. Over 64 percent of Delta households earned less than \$30,000 in 2006. The low-income residents showed the highest level of support (66.8%) for smoking bans, but a substantially smaller percentage (27.9%) of low income residents said they strongly favor smoking bans than those in higher income categories. Middle income (\$30,000—\$60,000 household income in 2006) residents make up 21 percent of the households, and while they show the lowest overall level of support (65%), 40.7 percent of the middle income residents said they strongly support smoking bans. Strength of support is even higher for high income Deltans (those earning more than \$60,000 in 2006, 15.0 percent of

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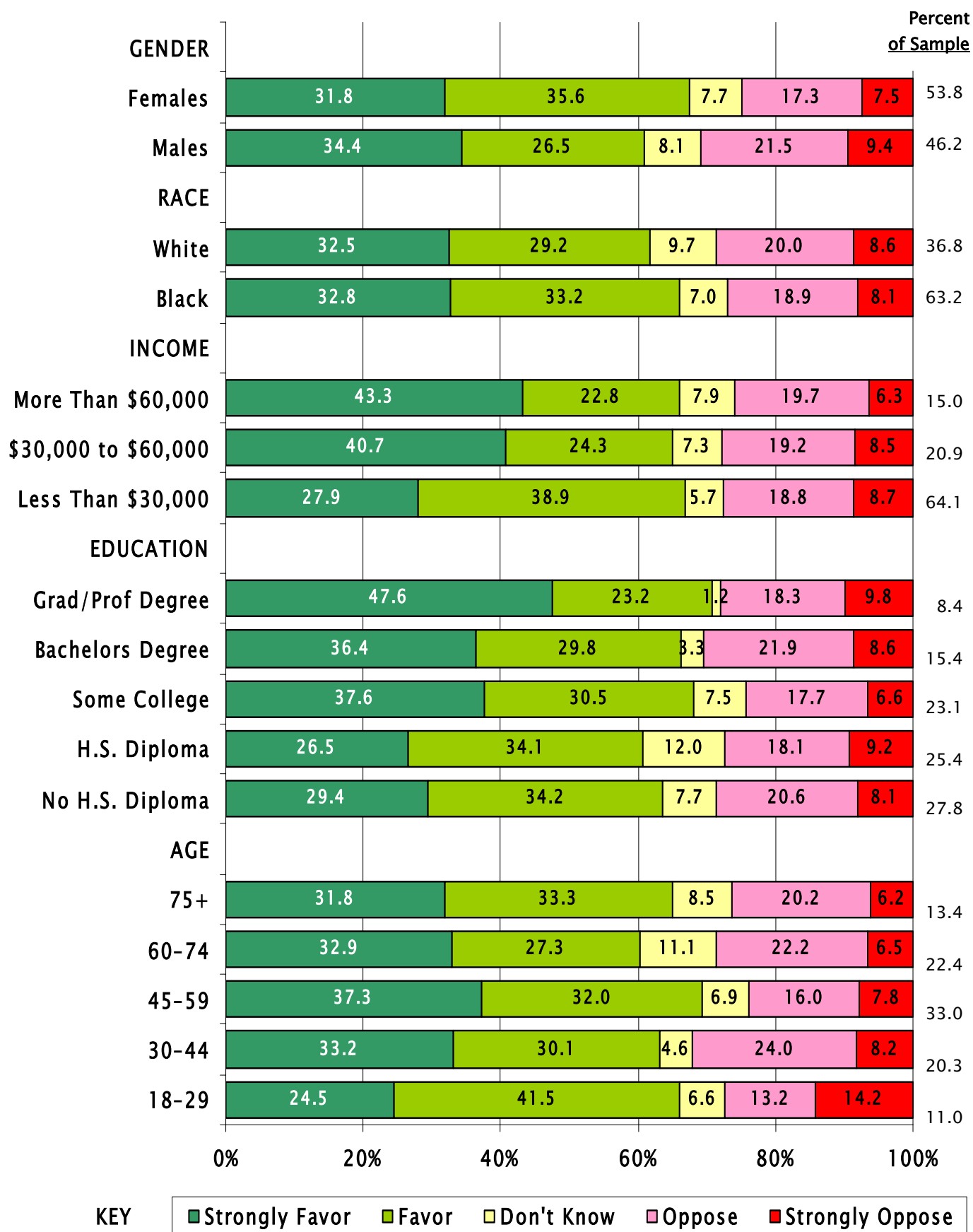


Figure 4: Comparing Opinions on Smoking Bans Across Social Groups

Comparing Social Groups Continued from page 4

the sample), with 43.3 percent indicating they strongly favor smoking bans. A total of 66.1 percent of high income Delta residents support a smoking ban. High income residents showed the lowest rate of strong opposition to smoking bans (6.3%), less than middle income (8.5%) and low income (8.7%) Deltans.

Education Support for smoking bans also varies by education, although as with income, the biggest effect is in the strength of support. In both level and strength of support, there is a clear difference between those with some college and those who never attended college, and a difference between the college educated and those with postgraduate degrees. Among those who lack a high school degree (28% of the sample), 63.6 percent favor smoking bans, while 60.6 percent of high school graduates (25.4% of the sample) support no-smoking ordinances. This level jumps to 66.2 percent of those with a bachelors degree (15% of the sample) and 68.1 percent of those with some college but no four-year degree (23% of the sample). Among those with graduate or professional degrees (8.4% of the sample), 70.8 percent indicated support for a smoking ban in their community.

An even bigger difference is evident in strength of support for smoking bans. Among those with a high school diploma or less, fewer than thirty percent strongly support smoking bans. Strong support increases to 37.6 percent of

those with some college or a college degree, and 47.6 percent of those with a postgraduate degree. Those with a bachelors degree showed the highest rate (30.5%) of opposition to smoking bans, while those with postgraduate degrees (9.8%) and high school diplomas (9.2%) indicated the strongest opposition to no-smoking ordinances. Fewer than one-quarter of those with some college opposed smoking bans.

Age Fewer than one-quarter of the Delta's young adults (age 18 to 29, 11% of the sample), strongly favor smoking bans, a rate that is substantially below other age groups. Moreover, 14.2 percent strongly oppose smoking bans, a rate that is higher than other ages. Yet, overall, young adults favor smoking bans at about the same rate (66.0%) as the population as a whole. Middle aged Deltans (age 45 to 59, 33% of the sample) indicated the highest level of support (69.3%) for smoking bans, as well as the strongest support (37.3%) and the lowest opposition (23.8%) of all age categories. The lowest overall support came from those aged 60 to 74 (60.2%), and the highest rate of opposition to municipal smoking ordinances was among those aged 30 to 44 (32.2%). Among the oldest Deltans (age 75 and over, 13.4% of the sample), 65.1 percent said they favor smoking bans, and 31.8 percent said they strongly favor no-smoking ordinances. Only 6.2 percent of the oldest respondents strongly oppose smoking bans, the lowest rate of all age groups.

Comparing Place of Residence

County of Residence	Strongly Favor	Favor	Oppose	Strongly Oppose	Don't Know	% of Sample
North Delta (Tunica, Quitman, Tallahatchie)	30.5	35.2	16.4	9.4	8.6	12.9
Coahoma	26.8	30.4	25.0	8.0	9.8	11.3
Bolivar	35.3	27.6	14.1	7.7	15.4	15.8
Sunflower	43.4	28.7	18.4	5.1	4.4	13.8
Leflore	32.2	34.9	19.2	8.2	5.5	14.8
Washington	30.4	32.5	21.5	8.0	7.6	24.0
South Delta (Humphreys, Sharkey, Issaquena)	32.4	32.4	18.9	14.9	1.4	7.5

Table 1: Comparing Opinions on Smoking Bans by County

Significance: $\chi^2 = 38.858$, 24 d.f., $p \leq 0.028$

As shown in Table 1, support for smoking bans in the Delta varies by county. Sunflower County shows the highest and strongest support, with 72.1 percent favoring a smoking ban and 43.4 percent strongly favoring a smoking ban. Coahoma County shows the lowest level of support, with 57.2 percent favoring a smoking ban, and only 26.8 percent strongly supporting smoking bans. In all other counties, over sixty percent of the population favored smoking bans, and over thirty percent strongly supported smoking bans.

In addition to showing the weakest support, residents of

Coahoma County also showed a high rate of opposition, with one-third opposing smoking bans. The South Delta counties showed the strongest opposition; 33.8 percent of the residents oppose smoking bans and nearly fifteen percent strongly oppose smoking bans, suggesting efforts to pass municipal ordinances would be more difficult in Humphreys, Sharkey and Issaquena counties. Bolivar County showed the highest rate of indecision, with 15.4 percent refusing to respond or indicating no opinion.

Understanding local support and opposition can help local officials craft and implement no smoking policies.

Conclusions & Recommendations

Local and state lawmakers have a variety of tools at hand to influence public behavior. Prohibiting smoking through coercive means such as local ordinance or state law has been successful elsewhere, but this does not guarantee success or popularity of such a policy in the Delta. Although respondents to the Delta Rural Poll express substantial support for municipal smoking bans, in general Deltans are resistant to excessive government regulation, and the potential for a backlash does exist if a policy is imposed and strictly enforced. The situation in Ridgeland, where the smoking ban initially spurred strong opposition and a lawsuit from a relatively small restaurant and bar sector, demonstrates some of the animosity that can occur. Given the dangers to the general public posed by second-hand smoke, as identified by the Surgeon General and others, coercive regulation is justified but can be enhanced if combined with incentives, education, targeted accommodations to accomplish well-defined purposes, and other approaches to controlling the atmosphere at public venues. Care must be taken to craft legislation that is locally appropriate, and to build a political constituency so that a smoking ban can be implemented smoothly.

The strongest opposition generally comes from local business interests, and local leaders wishing to craft a smoking ban must pay particular attention to the attitudes of owners and workers at restaurants, as well as bars and casinos if the law is to extend to those locales. Legislators have some flexibility in how they plan a no-smoking ordinance, and some evidence suggests very restrictive bans spur negative results. Thus, it is important to consider local factors, such as the percent of the local population that smokes, the number of bars, restaurants and other businesses in town and the impact a smoking ban would have on operations. In places where a higher

proportion of the public expresses strong opposition to smoking bans, such as the South Delta counties, it is more likely that business leaders will organize to oppose a no-smoking ordinance.

Conversely, in areas with the highest levels of strong support for anti-smoking ordinances, such as Sunflower and Bolivar counties, local officials should have less difficulty implementing a smoking ban.

Generalized arguments that defend the private property rights of business owners and denounce government interference with private enterprise are weak in such cases, given the strong public health interest that is being protected. Economic arguments that a smoking ban will hurt business are more valid; however, in many places where smoking bans have been put into place, restaurant owners have found their business does not decrease, and may actually increase after smoking is banned.

While local governments consider smoking ordinances, the state legislature should continue to debate instituting a comprehensive statewide law. The rationale for a statewide ban is it is more efficient than many local ordinances. Twenty-four states now have statewide smoking bans, including Mississippi's neighbors Arkansas and Tennessee (in effect October, 2007). Georgia also has a statewide ban. Some states have comprehensive bans covering most indoor places, but the southern states tend to have exemptions for some restaurants and bars under specific conditions. In some cases, voters were asked to vote on the ban, and generally they have received substantial support; for example, in Florida, 71 percent of voters approved a smoking ban. Surveys in states with bans also show citizens continue to support them, frequently by large margins.⁽³¹⁾

Notes: (1) U.S. Dept. of Health & Human Services, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, Centers for Disease Control & Prevention, Atlanta, GA, 2006; (2) Rees, V.W. & G.N. Connolly, Measuring air quality to protect children from secondhand smoke in cars, *Am J Prev Med* 31 (5):363-8, 2006; Klerman, L.V. Protecting children: Reducing their environmental tobacco smoke exposure, *Nicotine & Tobacco Research* 6(S2):S239-52, 2004; McMillen, R.C., J.P. Winickoff, J.D. Klein, & M. Weitzman, U.S. adult attitudes and practices regarding smoking restrictions and child exposure to environmental tobacco smoke: Changes in the social climate from 2000-01, *Pediatrics* 112(1):e55-e60, 2003; (3) Albers, A.B., M. Siegel, D.M. Sheng, N.A. Rigotti & L. 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Who Responded to the 2007 Delta Rural Poll?

The Delta Rural Poll was conducted in January, 2007, through telephone interviews with 1,005 randomly selected adults in 11 Northwest Mississippi counties. 53.8% of respondents were female, 62.7% were black, and 55.8% worked full- or part-time during 2006. 53.1% of the respondents had a high school diploma or less, while 23.6% had a college degree or higher, and 23.3% had some college. 64% earned less than \$30,000 total household income in 2006, 20.9% had a household income between \$30,000 and \$60,000, and 15.1% had a household income above \$60,000. 43.2% lived in towns with more than 10,000 residents, 22.5% lived in villages with fewer than 1,000 residents, and 34.3% lived in towns with between 1,000 and 10,000 residents. 69.6% lived within city limits, 8.2% lived outside a city on a farm, and 21.4% lived outside a city, not on a farm. 60.4% had lived in the same community for more than twenty years, while 12.7% lived in their current community less than five years.

Counties Surveyed in the Delta Rural Poll:

Bolivar
Coahoma
Humphreys
Issaquena
Leflore
Quitman
Sharkey
Sunflower
Tallahatchie
Tunica
Washington

The Delta Rural Poll is a program of the Center for Community and Economic Development at Delta State University. The Mid-South Delta Consortium and the Social Science Research Center (SSRC) at Mississippi State University provided funding for the Delta Rural Poll. The SSRC collaborated on data collection.

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