

APPENDIX K: SAMPLE LETTER TO NEIGHBORS

DATE

NAME

TITLE

ADDRESS

CITY, STATE ZIP CODE

Dear *NAME*:

Effective *DATE*, *ORGANIZATION* will take a proactive step to implement a tobacco-free policy on all of our campuses. The tobacco ban will apply to all patients, visitors, medical staff members, vendors and employees. This means as of *DATE*, no tobacco-use of any kind will be permitted inside hospital buildings and on parking lots or grounds.

We have talked with employees about possible neighborhood concerns and are confident that most will exercise consideration of you and your property. Though we do not endorse it, we are concerned that some employees may leave the hospital to use tobacco products. If any staff behaviors, whether related to smoking or not, becomes a problem for you (*CHOOSE: OR YOUR EMPLOYEES or THOSE WITH WHOM YOU LIVE*), please contact me at the number below.

As a health care institute, *ORGANIZATION*'s primary mission is to protect the health of those in our community, while promoting a culture of healthier living. We are not asking employees to stop using tobacco. However, we are requiring them to refrain from tobacco-use during work hours. *ORGANIZATION* is developing programs for employees who choose to quit using tobacco products altogether as well as programs to help get them through their designated shifts. Our patients are our first priority. Thus we are working with our physicians as we develop coping and nicotine-treatment strategies.

We appreciate your help and support as we head toward *DATE*.

Sincerely,

NAME OF ADMINISTRATIVE CHAMPION

TITLE NAME OF FACILITY

TELEPHONE NUMBER OF FACILITY