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### Title

“You Want Your Guests to Be Happy in This Business”: Hoteliers’ Decisions to Adopt Voluntary Smoke-Free Guest-Room Policies

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### Authors

McDaniel, Patricia A  
Malone, Ruth E

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“You want your guests to be happy in this business”: Hoteliers’ decisions to adopt voluntary smokefree guestroom policies

## **ABSTRACT**

**Purpose:** To explore why some hotels have implemented 100% smokefree policies voluntarily, the perceived consequences of doing so, and media responses.

**Design:** Qualitative study of hotel management and quantitative content analysis of media coverage of smokefree hotels.

**Setting:** Hotels and media based in the US.

**Participants:** 11 representatives of 5 independent and 4 chain hotels. Other data included 265 news items about smokefree hotels.

**Method:** We conducted 30 minute semi-structured interviews with hotel representatives, and analyzed the data using qualitative content analysis. We also searched three online news databases for news items about hotels in our study, and collaboratively coded retrieved items; we analyzed the content and slant of news items.

**Results:** Business considerations, including guest requests, competitor action, and cost savings, were the primary motivations for implementing 100% smokefree guestroom policies. Health concerns played a minimal role. Hotels received positive feedback from customers and employees. Media coverage was favorable, emphasizing positive aspects of going smokefree; the overall slant of news items was positive or neutral. However, few hotels marketed the change.

**Conclusions:** Since hotel customers and employees are likely to experience long periods of smoke exposure and smokefree hotels appear to be so well received, it may be timely to pursue policies making all hotels smokefree.

**KEY WORDS:** Smokefree policies, cigarette smoking, hotels, media coverage

## PURPOSE

Secondhand smoke has long been recognized as a serious health risk, associated with lung cancer, heart disease, and respiratory illnesses in nonsmokers.<sup>1</sup> More recently, it has also been demonstrated that tobacco smoke pollutes indoor environments for weeks or months after tobacco products were last smoked, exposing non-smokers to tobacco smoke toxicants.<sup>2-5</sup> While restaurant and bar workers and patrons in 30 US states are protected from these hazards by mandatory smokefree policies,<sup>6</sup> hotel workers and guests have fewer such protections: only 5 states and 181 localities require all hotel guest rooms to be smokefree.<sup>7</sup>

However, at least six hotel chains and numerous independent hotels have voluntarily prohibited smoking in all guestrooms.<sup>8</sup> The American Automobile Association determined that 42% of 31,000 hotels, motels, and other lodgings it rated were 100% smokefree (voluntarily or due to legislation) in 2011, the most recent year available.<sup>9</sup> While some research has examined the impact of smokefree legislation on hospitality venues,<sup>10</sup> to date, no research has explored why voluntary smokefree hotel policies are created, or how they are implemented, communicated, perceived, and enforced. We do not know, for example, the degree to which employee and/or patron health, public image, and economic considerations factor into management decisionmaking. It is also unknown how the media and the tobacco industry respond to these types of voluntary workplace smoking policies.

We sought to better understand hotels' decisions to voluntarily prohibit smoking in guest rooms by examining why and how smokefree policies were implemented, their perceived consequences, and how customers, employees, public health advocates, the tobacco industry and the media responded. Understanding how and why these policies were initiated and

examining responses to them can enhance the ability of tobacco control advocates to build on, learn from, or respond to these initiatives.

## **DESIGN**

There are two components of this study: an exploratory qualitative study of owners and managers of hotels with voluntary smokefree guestroom policies and a quantitative content analysis of media coverage of these hotels. The study was approved by UCSF's Committee on Human Research, IRB #10-00850. We agreed not to reveal in publications the names of participating hotels or interviewees.

### **Setting**

Hotel owners and managers worked at independent and chain hotels with at least one property in the US. The media coverage we analyzed was US-based.

### **Participants**

We sought to recruit a mix of independent and national chain hotels that had established smokefree policies within six years of data collection (to ensure adequate recall). We used Google's search engine to identify smokefree "independent" (i.e., not part of a national chain) hotels in San Francisco, California, Las Vegas, Nevada, and Miami Beach, Florida (localities that did not require all hotel guestrooms to be smokefree),<sup>7</sup> establishing implementation dates by phone. Many independent hotels had implemented smokefree policies more than six years before the date of our call, and were thus ineligible. We identified eligible national hotel chains through media accounts and the Americans for Nonsmokers' Rights website.<sup>8</sup> At the time of our search, there were 6 hotel chains (with a minimum of 3 hotels in multiple US states) that had enacted smoke-free policies since 2006. (Three had

multiple sub-brands under one corporate umbrella; in two cases, all the sub-brands were smokefree). As our research continued, we identified two additional smokefree chain hotels. Table 1 details the recruitment process.

We sought to interview the person most knowledgeable about or instrumental to the creation of the smokefree policy. Among independent hotels, the owner or general manager typically occupied that role (Table 2). Among national chain hotels, the most knowledgeable hotel representative varied, and included marketing and public relations executives and, in one case, a hotel brand's senior vice president (Table 1). All participants were asked to suggest additional interviewees, but only two did so. Thus, in most cases, we conducted one interview per hotel.

## **METHOD**

The first author conducted a 20-30 minute in-person (n=3) or telephone (n=8) interview with hotel representatives. Interview questions explored why and how the tobacco-free policy was created, implemented, and advertised, its financial impact, and customer, employee, and tobacco company reactions (see supplement). All interviews were audiotaped, and transcripts were transcribed by professional transcribers and checked for accuracy by the first author. We identify hotels by number (e.g., "Hotel 1") and interviewees by job title.

The first author coded the transcripts using an adaptation of a codebook initially created for a project examining why retailers voluntarily ended tobacco sales. That codebook was created through a collaborative, iterative process involving data review, discussion of key points, and the creation and refinement of coding categories by four coders (including both authors).<sup>11</sup> For this project, the first author added several new codes and used the software package NVivo

9 for data management.<sup>12</sup> We analyzed interview data using qualitative content analysis, which involves identifying themes in systematically coded text.<sup>13</sup> We chose quotes that were representative of the identified themes.

We searched three online media databases (Lexis Nexis, Proquest, and Access World News) to capture news items concerning the hotels in our study. The three databases covered 1,381 news sources, including 999 local and national newspapers, 11 magazines, 61 newswires, 256 web-only news sources, 53 television network news broadcasts, and National Public Radio. To locate news items, we used the names of the hotels in our study, combined with the search term “smok\*.” We included items with nearly-identical content that were published in multiple news outlets in order to understand the reach of news coverage.

We coded news items through a collaborative, iterative process. The coders (including the first author) created an initial coding sheet and piloted it on 25 news items, using an adaptation of a codebook from a project that examined media coverage of restaurants and bars that had gone smokefree voluntarily.<sup>14</sup> After discussion, we refined and edited the coding sheet and updated coding instructions. Next, two coders independently coded an overlapping set of 20% (n=100) of the items (chosen randomly), checking in with one another and the first author early in the process to compare results, discuss discrepancies, and refine coding instructions.

We assessed inter-coder reliability of the overlapping sample using Gwet’s AC1 statistic. It is an improvement on the kappa ( $\kappa$ ) statistic, which becomes unreliable without sufficient variety in coding.<sup>15</sup> For example, if on one item the correct code is “no” 90% of the time, the resulting  $\kappa$  has a low value even when inter-rater agreement is high.<sup>16-18</sup> Like the  $\kappa$  statistic, AC1 has a value of 0-1, and can be interpreted in a similar manner.



After confirming inter-coder reliability with the overlapping sample,<sup>15</sup> each coder independently coded one-half of the remaining (randomly assigned) news items. We also recoded the items coded early in the process to be consistent with the final version of the codebook. We coded story characteristics (e.g., news source, story type, publication date) and content. Our analysis focuses on content related to the potential or actual impact of going smokefree, customer reaction, and the overall slant of news items (whether the news item was positive, negative or neutral towards the hotels' decision to go smokefree). In determining slant, we assessed the balance of positive and negative representations of the smokefree policy; thus, an item with a majority of supportive comments was coded as "positive."

## **RESULTS**

### **Reasons for going smokefree**

For most hotels, the decision to go smokefree was influenced primarily by customer demand. As one interviewee explained, "The majority of the guests wanted a non-smoking guest room. ... You want your guests to be happy in this business" (Senior vice president public relations, Hotel 5). Because of high demand, guests who requested non-smoking rooms sometimes found at check-in that none were unavailable, and "almost every night, we were being forced to put nonsmokers in rooms that had been used for smoking. ... People just did not want to be put in those rooms" (General manager, Hotel 6). Interviewees typically did not link customers' rejection of smoking rooms to health concerns, focusing instead on the "nasty" smell of smoke, which lingered "no matter how much you try to clean it" (Marketing director, Hotel 3).

Going 100% smokefree in response to customer demand was seen as an industry-wide trend, with two hotels reporting that this influenced their decision. For example, the operations director of Hotel 3 stated that “We really didn't push for it until we realized ... everybody's doing it. We've got to do it,” while Hotel 7's senior vice president of operations reported that “A lot of the brands ... all their hotels are smoke-free ... that influenced our decision certainly because it's what the public wanted.”

Cost also played a role. Allowing smoking in guest rooms reportedly resulted in extra cleaning costs for the hotel when a non-smoking room in which smoking had occurred had to be put “back into the inventory ... of a non-smoking room” (Senior vice president public relations, Hotel 5). Carpets and fabrics in smoking rooms were also subject to more “wear and tear,” breaking down more quickly due to more intensive cleaning than those in non-smoking rooms (General manager, Hotel 8).

Although most interviewees did not mention concern about the health impact of secondhand smoke on guests, one chain hotel reported that “health” in a broad sense influenced them since the brand had a “positioning platform [built] around this idea of ... renewal and well-being. ... As we ... [tried] to bring that to life, ... having the most pure environment that you could ... was on our radar, and we thought smokefree would be a great way to manifest that” (Senior vice president, Hotel 4). For two other hotels, management concerns about the health effects of employee exposure to secondhand smoke partly influenced their decision. According to Hotel 5's senior vice president of public relations, employees “were starting to become more aware of the whole secondhand-smoke issue in the

workplace. ... [We] put in other safeguards and safety measures in the workplace. This kind of fits that category” (Senior vice president public relations, Hotel 5).

### **Fears about going smokefree**

Because hotel owners/managers knew that customer demand for smokefree rooms was strong, most were unconcerned that going smokefree would have a negative impact. Several pointed out that many restaurants and bars were now smokefree, so smokers were growing accustomed to making “adjustments” (Senior vice president, Hotel 5; General manager, Hotel 6; General manager, Hotel 8). Executives of a chain hotel that was an early adopter of the policy expressed the most trepidation, noting that

You never know until you do it what ... [employee] or public reaction will be. ... We did a lot of research to predict that as best we could and it was overwhelmingly positive or we would probably have not maybe been so quick to roll out so soon. ... But in a survey people aren't gonna necessarily tell you their honest opinion. (Senior vice president, Hotel 4)

Owners/managers of hotels that catered to international visitors also acknowledged some concern about going smokefree, as these guests were said to be more likely to request smoking rooms. While these concerns may have delayed the decision, they did not prevent it.

### **Policy implementation**

Hotels that made the switch from allowing to prohibiting smoking provided two weeks to two months' notice of the new policy. During that time, smoking rooms were “sanitized” so that they could be “reintroduce[d] as nonsmoking rooms” (Vice president operations, Hotel 7): “all of the items from those smoking rooms [were] taken out, professionally cleaned -- the drapes, the bedding, everything, ... and the rooms [were] deep-cleaned, the carpets shampooed” (General manager, Hotel 6). All hotels posted signs or provided information about

the policy at check-in, including alerting customers to a cleaning fee (typically \$200-\$300) charged for violations. Several interviewees indicated that they were “rigorous” about charging this fee to guests who violated the policy, with one stating that he encouraged staff to let him know if they smelled smoke in the rooms so he could “call the room and say, ‘Hi. Thanks for the 250 bucks’” (Owner, Hotel 2).

Hotels also posted signs about their smokefree status in guest rooms, and all but two indicated on their websites that they were smokefree. In most cases, the website simply mentioned that the hotel was smoke-free; however, Hotel 5 created a dedicated webpage about the smoke-free policy, including answers to such questions as why the hotel went smoke-free and how the policy was enforced. Nonetheless, interviewees from two hotels with website advertising thought it was unnecessary, because “it’s just the norm now” (Operations director, Hotel 3); “everything is smokefree, right?” (General manager, Hotel 6). The chain hotel that integrated the smokefree policy into a broader focus on well-being was the only hotel to create special marketing: “We had a special logo created for the program [that counted] all ... the clean air breaths that people were taking since the program had been implemented” (Brand manager, Hotel 4).

### **Customer and employee response to smokefree policy**

Customer response to the decision to go smokefree was reported as overwhelmingly positive, with “good feedback” from “happy” customers (Operations director, Hotel 3). While there were some complaints from smokers, these were manageable, partly because, according to some interviewees, “whether it be restaurants or airports or bus stations or hotels or ... fast food ... all these places were ... going this way” (Senior vice president public relations, Hotel 5);

smokers thus seemed to accept the policies. No hotels received formal recognition from a public health organization for going smokefree, and no hoteliers reported having been contacted by tobacco companies in response to the policy.

When smoking was still allowed, hotel staff reportedly had not complained about having to clean smoky rooms. Nonetheless, after implementation, several interviewees stated that staff members “reacted very favorably” (Vice president operations, Hotel 7) or “were happy that ...their floor was ... no longer going to be a smoking floor” (Operations director, Hotel 3). Interviewees reported, however, that the new smokefree guest room policy had not inspired smoking employees to quit.

### **Media response to smokefree policy**

The independent hotels in our study did not issue press releases about their smokefree policies, and none received media coverage. Among the chains, four reportedly issued press releases; however, only two early adopters (Hotels 4 and 5) garnered media coverage. We found 265 news items about their decision to go smokefree. In our analysis of the content of these news items, average inter-coder reliability for all non-static variables was 0.886. Most items appeared in local newspapers (80.4 %) (table 2). News stories or news blurbs (news pieces of 60 words or less) comprised the majority of items (86.4%) (table 2). Among the small number of editorials, op-eds, columns, and letters to the editor, few were authored by tobacco control or public health advocates (4/36, 11.1%). 127 items (47.9%) were nearly identical stories published in multiple newspapers.

Media items more often mentioned positive rather than negative aspects of the decision to go smokefree (table 2). For example, approximately one-third of items mentioned that these

hotel chains would, or did, see an improvement in their public image (37.0%), or a reduction in costs associated with smoking (e.g., burns or other damage to hotel rooms) (30.2%). News items rarely mentioned potential or actual business losses associated with the decision, such as losing smoking customers (table 2). Overall, coverage was overwhelmingly supportive of these voluntary policies (table 2), with the majority of items conveying a positive (67.5%) or neutral/mixed (31.3%) impression of the policy. Similarly, customer reaction, when cited, was most often positive (44/51, 86.3%).

### **Consequences of smokefree policy**

None of the hotels reported a significant loss of customers as a consequence of going smokefree. Among independent hotels, there were no losses (or gains); among chain hotels, three reported that they initially lost some smoking customers due to the policy change, but ultimately those losses “dwindled over time” (Senior vice president public relations, Hotel 5) or were offset by gains (Senior vice president, Hotel 4). Interviewees noted increased guest satisfaction, not having to “scramble” to make a smoking room acceptable to a nonsmoking guest (General manager, Hotel 8), a “healthier environment for employees and guests” (Operations director, Hotel 3), and a better image. The general manager of a franchised hotel explained why going smokefree helped the hotel’s image:

In keeping that policy of allowing people to smoke, we were really just managing to the 2 or 3 percent and putting out the other 97. ... If someone smoked in room 302, and you're in room 307, you could still smell it. ... So ... people would be like, "Oh, this hotel is a smoking hotel. Do you smell that?" And they would have a negative perception from the beginning. (General manager, Hotel 6)

Interviewees also mentioned that the smokefree policy, as most had expected, reduced costs. However, representatives of a chain hotel for whom cost was reported as not a motivator

for the policy seemed pleasantly surprised that there were “some operational benefits” (Senior vice president, Hotel 4) to the decision, including lower maintenance and housekeeping costs, and no longer having to “balance ... room inventory between smoking and nonsmoking rooms” (Senior vice president, Hotel 4). No interviewees could imagine any conditions under which the policy might be reversed, especially as “society and generally the world as a whole has been moving down the path of smoke-free” (Brand manager, Hotel 4).

### **Voluntary versus mandatory smokefree policies**

Asked whether they would prefer a law mandating that all hotels be smokefree to voluntary adoption of smokefree policies, interviewees’ answers appeared to vary based on the size of the hotel. Most owners or managers of the smaller, independent hotels preferred voluntary policies, with one owner stating: “I don't like regulation because ... you don't understand my clientele. The people who are going to tell me what to do in our hotel are going to be our customers.” (Owner, Hotel 2). Interviewees representing larger chain hotels all expressed a preference for a smokefree hotel law. The Vice President of Hotel 4 based this preference on a desire to expand the policy internationally so that guests had “a consistent experience around the globe” with the brand; he noted that laws mandating smokefree hotels would make this easier to accomplish, and overcome local resistance to change. Representatives of Hotels 3, 6 and 7 saw a law as leveling the playing field for all hotels, with several drawing comparisons to smokefree restaurant and bar laws. The General Manager of Hotel 6 asked “why [do] we [hotels] need to be on our own when [these laws] seem to address everyone else?”

### **CONCLUSION**

For the hotels in our study, business considerations -- in the form of responsiveness to guest requests, greater guest satisfaction, and reduced cleaning and maintenance costs -- were the primary motivation for implementing smokefree guestroom policies. Pressure from employees or tobacco control advocates concerned about exposure to second or thirdhand smoke apparently played no role; neither, in most cases, did concerns about employee health. However, social norm changes and policies requiring smokefree spaces in other business locations such as restaurants and bars may have influenced hotel guests' willingness to be vocal in expressing their preferences by increasing the social acceptability of doing so. Customer preferences may have also been influenced by health concerns, but interviewees rarely mentioned them, instead framing customer demands as motivated by a desire to avoid the smell of smoke.

While hotels in our study went smokefree voluntarily, it is clear that most interviewees did not consider acting without a regulatory excuse to be a particularly risky move since smoking was already prohibited in other businesses. Moreover, strong customer demand for smokefree rooms offered reassurance that going smokefree was unlikely to alienate the vast majority of customers. Nonetheless, few hotels took the opportunity to market the change, action that might have further enhanced customer support. Hotel management may have feared that making the policy change a centerpiece of a marketing campaign could alienate smoking customers. A simple line-item at check-in was sufficient, underscoring the unremarkable nature of the policy.

The decision appeared to be a win-win for almost everyone who had a stake in it: hotel management, customers, and employees. Hotels realized cost savings, and customers and



employees responded positively. The media response also suggested broad support, as news items emphasized positive aspects of going smokefree, and their overall slant was either positive or neutral.

Our study has limitations. Because no central database of hotels with voluntary smokefree policies exists, we relied on a convenience sample; thus, our findings are not generalizable to the larger population of smokefree hotels. Similarly, given the absence of a means by which to identify hotels that had considered but rejected a voluntary smokefree policy or never considered such a policy at all, our focus remained exclusively on those hotels that chose to implement these policies. Moreover, budget hotels were not included, as none that had instituted voluntary policies were identified in our searches. As smoking becomes more concentrated among lower income populations,<sup>19, 20</sup> these hotels may be more likely to cater to smoking customers and thus less likely to institute smokefree policies voluntarily. The challenges in securing hoteliers' participation may have created unknown biases in responses received. One interviewer also conducted all of the interviews, minimizing variability in interview procedures but possibly introducing interviewer bias. In addition, although they covered a large number of national and local newspapers, the news databases we searched were not comprehensive, and our search terms may not have been exhaustive; thus, we may not have identified all relevant news items. Despite its limitations, however, as the first study to explore such voluntary initiatives in the hotel business, we believe it offers some useful insights.

The consistency of positive responses to voluntarily smokefree hotels – and the lack of tobacco industry counterpressure – suggests that other hotels could adopt smokefree guestroom policies with little risk of alienating customers. Support from tobacco control

organizations, which was largely absent in terms of recognizing hotels that went smokefree, might encourage more to do so. Such support could be both symbolic -- in the form of awards and acknowledgements, particularly from national organizations such as the American Cancer Society and the American Heart Association -- and financial, in the form of contracting only with smokefree hotels to offer housing for participants of public health organization meetings. However, given that hotel customers are likely to be exposed to second and thirdhand smoke for long periods of time, and that smokefree hotels are apparently so well received by the public, it might make more sense to pursue legislative policies to make *all* hotels smokefree. As several interviewees pointed out, doing so would level the playing field for hotels and be consistent with clean indoor air laws in other settings. Mandatory policies would also extend protection from the hazards of secondhand and thirdhand smoke to all hotel workers, and would reduce exposure to smoke for lower income individuals who stay in budget hotels. Finally, the extension of smokefree hotel policies would add to the social denormalization of smoking.

Our research suggests that hotel chain management might be supportive of such efforts. As representatives of large, potentially politically influential businesses directly impacted by smokefree hotel laws, they would serve as valuable allies with public health organizations lobbying state legislatures. Given that 25 states already require that anywhere from 50-80 percent of hotel and motel guest rooms be smokefree,<sup>6</sup> some legislatures may be increasingly receptive to a policy that protects the health of hotel workers, promises uniformity of practices and protections, and already has the support of the public and business owners.

## **DECLARATION OF CONFLICTING INTEREST**

The authors declare that there is no conflict of interest.

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Table 1. Recruitment process

<b>Hotel type</b>	<b>Location</b>	<b>Eligible (n)<sup>a</sup></b>	<b>Contacted (n)</b>	<b>Agreed to participate (n)<sup>c</sup></b>
Independent	San Francisco	10	5	3
Independent	Las Vegas	1	1	1
Independent	Miami Beach	4	4	1
Chain	National (US)	8	7 <sup>b</sup>	4

<sup>a</sup>Eligibility based on year of smokefree policy implementation (within 6 years of data collection).

<sup>b</sup> In one case, the chain had been sold and the corporate headquarters closed.

<sup>c</sup>In two cases, failure to participate was due to the staff member responsible for creating the smokefree policy no longer being employed at the hotel.

Table 2. Description of participating hotel properties and respondents.

<b>Hotel property</b>	<b>Size &amp; location</b>	<b>Type</b>	<b>Interviewees (n=11)</b>	<b>Year became smokefree</b>
Hotel 1	1 hotel; California	Midrange	Owner & general manager	2008
Hotel 2	2 hotels; California	Upscale	Owner & general manager	2008
Hotel 3	1 US hotel; California	Upscale	Operations director; Marketing director	2009
Hotel 4	192 hotels; worldwide	Upscale	Senior vice president; Brand manager	2006
Hotel 5	2300 hotels; worldwide (10 different brands)	Midrange-upscale	Senior vice president	2006
Hotel 6	50 hotels; N. America	Upscale	General manager of 1 franchised hotel	2007
Hotel 7	100 hotels; N. America	Upscale	Vice president of Operations	2011 (or earlier in some cases)
Hotel 8	1 hotel; Nevada	Midrange	General manager	2015
Hotel 9	1 hotel, Florida	Midrange	General manager	2014



Table 3. News Items on two chain hotels that adopted voluntary smokefree hotel policies (Hotel 4 and 5); n=265

<b>Variable</b>	<b>No.</b>	<b>(%)</b>
News source		
Local newspaper	213	80.4
National newspaper	19	7.2
News wire/service	28	10.6
Web based	2	0.8
TV news	2	0.8
Magazine	1	0.4
Story type		
News feature	163	61.5
News blurb (60 words or less)	66	24.9
Editorial or op-ed	25	9.4
Letter to the editor	11	4.2
Overall slant		
Positive	179	67.5
Neutral/mixed	83	31.3
Negative	3	1.1
Customer reaction (n=51)		
Positive	44	86.3
Neutral/mixed	5	9.8
Negative	2	3.9
Potential impacts of decision to go smokefree*		
Improve image	98	37.0
Lower costs	80	30.2
Lose smoking customers	35	11.7
Violate rights	7	2.6

\* Items in this section were coded for multiple responses; the percentages reported reflect the percent of items coded as "yes."