The impact of smoke-free policy implementation in public housing buildings

March 22, 2017

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Partnership

University of Minnesota (UMN)

Leading the research (study design, methodology, analysis, scientific dissemination)

Minneapolis Highrise Representative Council (MHRC)

Minneapolis Highrise Representative Council

Recruitment of subjects, assisting with logistics

Association for Nonsmokers – MN (ANSR)

Live Smoke Free

Assisting with refining research questions, dissemination to other multiunit housing stakeholders across the state

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The problem of smoke in subsidized multiunit housing

- **Residents are vulnerable to tobacco smoke exposure**
  - Smoke migrates between units, into hallways, common spaces
- **High prevalence of smoking in subsidized housing**
  - 50% smoking prevalence in one study of urban subsidized housing residents[1]

Photo: Flickr - @sandymillin

[1]Hood NE, Ferketich AK, Klein EG, Wewers ME, Pirie P. Smoking behaviors and cessation interests among multiunit subsidized housing tenants, Columbus, Ohio, 2011. Prev Chronic Dis 2013;10:E108)

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Landscape of Smoke-Free Public Housing

- **Nationally, approx. 600 PHAs**
- **In Minnesota, approx. 70%**
- **2016 HUD Smoke-Free Rule**

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Minneapolis Public Housing Authority (MPHA) smoke-free policy phase-in for highrise buildings

12 buildings in 2013

25 buildings in 2014

5 buildings in 2015

The policy

- **Prohibits smoking of tobacco (including cigarettes, cigars, and pipes), as well as the use of incense and electronic cigarettes within:**
  - individual units and common areas
  - 25 feet of building entrances
- **Smoking is allowed in designated outdoor areas on some properties**

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Policy Intervention- Year 2 Buildings

Managers and staff were provided:

- A non-mandatory all-manager training session
- Signage
- Policy notification resources
  - Handouts on FAQ (including policy details) were provided
- Social workers were trained in cessation referral for ongoing support

Residents were provided:

- An onsite resident policy implementation meeting
- Policy notification resources
  - Handouts and flyers posted
  - An article published in the community newsletter
- An onsite resident cessation resource informational meeting

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Residents

- **Buildings consist of one-bedroom apartments intended for people who:**
  - Have disabilities
  - Are seniors
  - Are low income
- **The buildings consist of between 6 and 22 stories; between 163 and 299 units.**

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Do these policies work?

- **Studies in subsidized housing in Boston, Portland, OR, and Philadelphia have shown:[1-5]**
  - Secondhand smoke exposure decreased
  - Cessation increased
  - Decrease in smoking frequency
- **Similar results in studies of public housing properties in rural areas.[6,7]**

1. Russo ET, Hulse TE, Adamkiewicz G, Levy DE, Bethune L, Kane J, et al. Comparison of Indoor Air Quality in Smoke-Permitted and Smoke-Free Multiunit Housing: Findings From the Boston Housing Authority. Nicotine & Tobacco Research. 2015 Mar 1;17(3):316–22.
2. Pizacani B, Laughter D, Menagh K, Stark M, Drach L, Hermann-Franzen C. Moving multiunit housing providers toward adoption of smoke-free policies. Prev Chronic Dis. 2011 Jan;8(1):A21.
3. MacNaughton P, Adamkiewicz G, Arku RE, Vallarino J, Levy DE. The impact of a smoke-free policy on environmental tobacco smoke exposure in public housing developments. Science of The Total Environment. 2016 Jul 1;557–558:676–80.
4. Klassen A, Lee N, Pankiewicz A. Secondhand Smoke Exposure and Smoke-free Policy in Philadelphia Public Housing. Tobacco Regulatory Science. 2017 Apr 1;3(2):192–203.
5. Hollar TL, Cook N, Quinn D, Phillips T, DeLucca M. Smoke-Free Multi-unit Housing Policies Show Promise in Reducing Secondhand Smoke Exposure Among Racially and Ethnically Diverse, Low-Income Seniors. J Immigrant Minority Health. 2016 May 17;1–9.
6. Kingsbury JH, Reckinger D. Clearing the Air: Smoke-Free Housing Policies, Smoking, and Secondhand Smoke Exposure Among Affordable Housing Residents in Minnesota, 2014–2015. Preventing Chronic Disease [Internet]. 2016 Aug 18 [cited 2017 Mar 14];13. Available from: http://www.cdc.gov/pcd/issues/2016/16_0195.htm
7. Schmidt LM, Reidmohr AA, Helgerson SD, Harwell TS. Secondhand Smoke Exposure and Smoke-Free Policy Support Among Public Housing Authority Residents in Rural and Tribal Settings. J Community Health. 2016 Dec 1;41(6):1116–21.

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How do residents feel about this?

- **Some early research has shown high levels of resident awareness and support for policies.**
- **But there is a sense of poor enforcement and policy violation by neighbors.**

Rokicki S, Adamkiewicz G, Fang SC, Rigotti NA, Winickoff JP, Levy DE. Assessment of Residents' Attitudes and Satisfaction Before and After Implementation of a Smoke-Free Policy in Boston Multiunit Housing. Nicotine & Tobacco Research. 2016 May;18(5):1282–9.

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Questions remain…

Information is needed to develop prudent and effective policy implementation strategies

- **How can SHS exposure be eliminated?**
  - Evidence shows policy leads to a reduction, but not elimination in exposure
- **How should it be enforced?**
  - Residents may be unlikely to complain about exposure, managers may be unwilling to enforce
- **How to *effectively* communicate policy elements and motivate compliance?**

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Longitudinal qualitative design

Aiming to gather in-depth information on how the policy has affected residents, their opinions, and experiences

- **13 focus groups at baseline, shortly after policy implementation (n=112)**
  - English (n=10) and Somali (n=3) language
  - Separate smoker and non-smoker groups
  - Cash incentive and lunch provided
- **At 9 months follow-up participants invited back for follow-up focus groups (n=94)**

Photo: Flickr - @throgers

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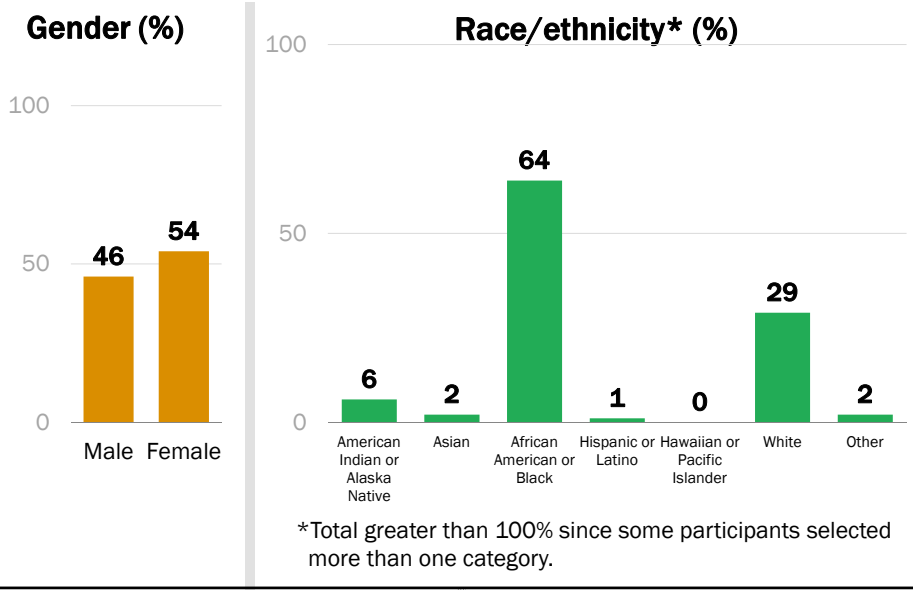
Demographics At Baseline

Note: 19% from East Africa



*Total greater than 100% since some participants selected more than one category.

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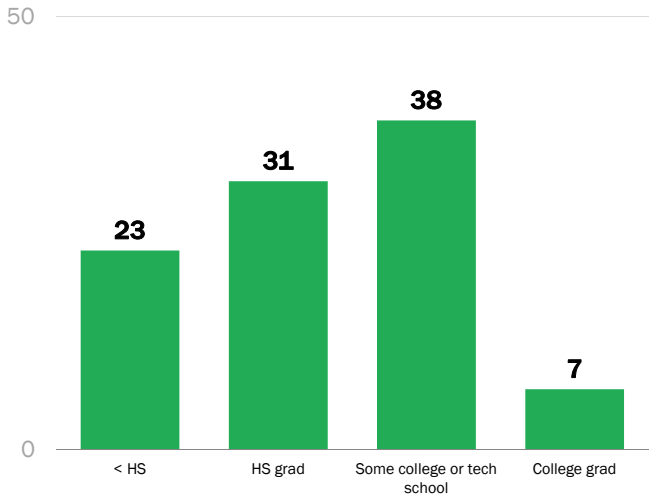
Demographics at Baseline

Age

median age = 59

range = 23-85

Education (%)



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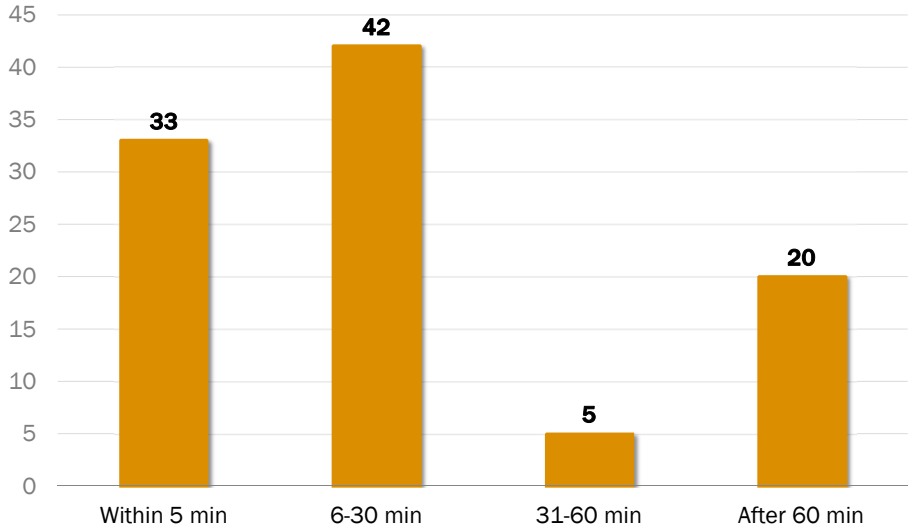
Among smokers at baseline…

How soon after waking do you use your 1st tobacco product? (% current smokers)



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Prominent Themes

- Resident rights
- Perceived benefits of the ban
- Effect on interpersonal relationships
- Barriers to compliance
- Compliance / Enforcement
- Perceptions of policy implementation
- Cessation resources

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Resident rights

Bottom line: Both smokers and non-smokers saw the ban as an infringement of their rights (both time points). But: some non-smokers also talked about their right to a smoke-free environment.

- **"It's a strange thing, because I do not like cigarettes. I hate them..... However, I'm a Libertarian. We have rights that they have taken away from us already on other issues. They keep narrowing our ability to be free. They just seem to keep choking on us and I think that's wrong." (Nonsmoker)**
- **But: "Your habit is putting everybody else at risk. So I think it's fine that smokers do whatever they want. You can smoke... But when you're smoking in my area and you're giving me lung disease because you're okay that you have it, I find that offensive." (Nonsmoker)**

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Perceived benefits of policy

Bottom line: Both smokers and non-smokers noted that the policy would decrease exposure of nonsmokers to smoke. However, it was unclear whether they considered exposure a health risk rather than just a nuisance. Other benefits included encouragement to quit and safety.

- **Less Exposure to SHS: "My house is starting to smell better now that my brother is not smoking up there. I can tell now when somebody… I can actually smell the tobacco when somebody does smoke. Before, I never used to notice it because I was raised with smokers all my life, even though I didn't smoke." (Nonsmoker)**
- **Encouragement to Quit: "It's good that it is a nonsmoking thing, because I need to stop smoking because I spend so much money on it and my health is bad as it is. Like I say, it's about the change." (Smoker)**
- **Safety: "I think that's the reason is they're afraid a lot of people will set fire [to the building]…." (Nonsmoker)**

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Effect on interpersonal relationships

Bottom Line: The most widely reported effect was increased friction among residents (both smokers and non-smokers at both time points)

- **Increased friction among residents: "Well, the non-smokers will notice who's outside smoking in the smoking area and who's not. They're just judging. They don't know if the person is gone away from the building; they don't know their life, so it's creating more gossip and more pressure. You just feel uncomfortable." (Smoker)**
- **Effect on visitors: "… I've got several friends that smoke, and since they found out they can't smoke in the building they won't even come and see me no more. They won't even come over." (Nonsmoker)**
- **Bonding among smokers: "The only thing good about it is we've gotten a chance to talk to people that we would not ordinarily be talking to if we're sitting upstairs in our apartments." (Smoker)**

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Barriers to compliance

Bottom line: Barriers included inclement weather, danger, disability and inconvenience.

- **Weather: "I have a real deep concern about the smokers in the winter time..., because a lot of times snow gets deep. I'm thinking of the middle age to a certain age. They're walking, and they're going out there and the sidewalks sometimes are not the best. It's going to be really, really scary for the smokers in the winter time. It was mentioned that there aren't any shelters and the benches a lot of times are not clear. It's going to be difficult and dangerous." (Nonsmoker)**
- **Danger: "I think safety is a big issue. Again, the lights aren't working out there. My key doesn't unlock the back door; there's no way for me to get ahold of anybody. I can walk down the alley, which I'd love to do at dark with the shootings and everything else." (Smoker)**

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Barriers to compliance (cont.)

Bottom line: Barriers included inclement weather, danger, disability and inconvenience.

- **Disability: "It takes him five minutes to walk from his bedroom to his living room. Now, they expect him to go down in his cart and push the door open and go outside to have a cigarette. They don't think about others at all." (Nonsmoker)**
- **Inconvenience: "..but the only thing it is if you live on the 18th floor, that kind of gets hectic getting on the elevator, come all the way outside, sit down here, go outside and smoke a cigarette." (Smoker)**

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Compliance / Enforcement

Bottom Line: There was accurate knowledge of the policy. Many smokers trying to comply, but there are problems. The policy is seen as difficult to enforce.

- Compliance: "I feel that us as smokers, we're trying. We're trying. I had a cigarette every hour and a half. I wouldn't have a cigarette for three hours. You know what I'm saying? Otherwise, I will go outside when I want to still try to smoke. I believe we're trying. I have seen a lot of us going out on nice days." (Smoker)
- But: "After evenings the weekends I find that's a little bit worse because you don't have the managers around, the authorities around. And on weekends sometimes the smoking is worse." (Non-smoker)
- Enforcement: "It takes a long time just to get you out of here for the minor stuff. Years. You do it over and over, get written up 40 times, they still don't put you out. You go to court, it takes years. I imagine each person who smokes, they're taking you to the hearing board and then to the judge. That isn't going to happen. The judge is going to say, 'Look, I have better things to do than tend to this.' (Nonsmoker)

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Perceptions of policy implementation

Bottom line: In general, smokers were angry and frustrated that they were not consulted about the policy. They also mentioned changes in policy that were not well thought out and not communicated well.

- Communication: "The smoking policy was just thrust upon you. All the meetings that they say you can have, it doesn't make a difference. The decision has already been made. They let you have your little committee meetings to make it look like they really care about your opinions. That's a lie." (Smoker)
- "I think the only thing I saw beforehand was I heard there was some type of meeting. I didn't go to the meeting, so I don't know, but to me it also seemed like even management or mid to lower management was even confused about how it was going to happen, when it was going to happen, and that kind of thing." (Smoker)
- Consistency of implementation: "It's like they did it with no thought to how they were going to go about doing it. They just had to put in place." (Smoker)

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Smoking cessation resources

Bottom line: Many smokers were unaware of resources, not ready to use them and/or not convinced of their effectiveness. There were few suggestions about alternate resources.

- Not ready: **"There is [help to quit available]. The whole time, there has always been. But when you smoke, and you enjoy smoking, you're not looking for help to quit smoking. I just want them to go away, and just shut up, and let me smoke…"**
- Not happy w/resources: **"[Calling QuitPlan] didn't go too well. They were supposed to keep in touch with you, and see how you were doing every so often, but the only time they did anything was when I called them. They sent me some patches, and then somebody called later to see I got those patches. That's the last time I heard from them—nothing else." [However, some mentioned good experiences with QuitPlan.]**

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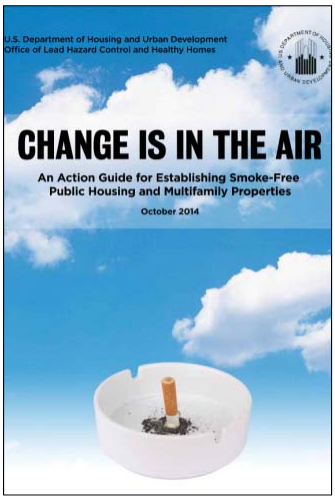
Toolkit recommendation

- Prepare and build tenant support (support, meetings comments period).
- Train staff/continue communication.
- Offer cessation support (provide and reintroduce).
- Give plenty of notice.
- Consider your options on how to implement.



1) https://portal.hud.gov/hudportal/documents/huddoc?id=smokefreeactionguide.pdf
2) www.sfpublichousingmn.org

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Recommendations for implementation

- **Increase attendance at meetings about the policy**
  - Consider time of day and availability of residents
  - Offer incentives for attendance (food?)
  - Notify residents of meetings using a variety of media
  - Promote two-way communication and conversation among residents. Use trained facilitator?
- **Involve residents in decision-making to the extent possible**

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Recommendations for implementation

- **Clarify implementation plan**
  - Make sure that building managers understand the policy.
  - Involve residents in implementation planning.
  - Communicate details widely.
  - Consider consequences of the policy – weather, danger, disability, friction among residents. Consider providing a safe shelter for smoking outside.
  - Avoid disruptive changes by carefully thinking through the details before implementation.
- **Make sure that residents signing new leases are explicitly told about the policy**

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Recommendations to promote cessation

- **Identify and promote effective smoking cessation resources**
  - Communicate widely about available resources
  - Continue to offer resources since many smokers will not be ready to quit when the policy is initiated
  - Identify what resources will be most effective for this population

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Implications for tobacco regulation

- **Growing body of research suggests that in subsidized housing**
  - Smoke-free policy reduces SHS exposure but does not eliminate it
  - Policies are not consistently enforced
- **Further research is needed to understand the needs and concerns of residents**

Geller AC. The proposal for smoke-free public housing: Benefits, challenges, and opportunities for 2 million residents. *JAMA* 2016; 315(11):1105-6.

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Study team

UMN

- **Deb Hennrikus, PhD**
- **Rachel Widome, PhD MHS**
- **Jean Forster, PhD MPH**
- **Zobeida Bonilla, PhD**
- **Lindsey Fabian, MPH**

ANSR-MN

- **Kara Skahen, MSW, MPP**

MHRC

- **Barb Harris**

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Kara Skahen MSW, MPP
Live Smoke Free
Association for Nonsmokers MN
651-646-3005
kara@ansrmn.org
Questions?
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