Smoke-Free Healthcare Facilities in Placer County
Final Evaluation Report 2014-2017

Placer County Tobacco Prevention Program
Sarah Hagen, *Program Supervisor*
11484 B Avenue
Auburn, CA 95603
(530) 889-7141
http://www.placer.ca.gov/departments/public-health/tobacco-prevention-program
shagen@placer.ca.gov

Report Authors:
Cassie Call, *Program Coordinator*
April Holland, *Program Evaluator*

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The Placer County Tobacco Control Program would like to thank the Placer Partnership for Public Health coalition. The Placer Partnership for Public Health coalition members provided invaluable support to our program during the 2014-2017 scope of work, and we are grateful for their continued efforts to decrease the prevalence of tobacco-related issues in Placer County.

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Abstract

Through collaborative partnerships between the Placer County Public Health Division and healthcare facilities, staff within the Placer County Tobacco Prevention Program (PCTPP) recognized an opportunistic moment to begin work on 100% smoke-free healthcare campus policies for the Fiscal Year 2014-2017 Scope of Work. This was the first time that work in the county has been focused towards adopting and implementing smoke-free healthcare campus policies, and the existing relationship between the county and healthcare facilities managers allowed for the PCTPP to develop rapport towards achieving this objective.

Since the information on smoke-free healthcare facilities was only anecdotal, PCTPP staff set out to gather baseline data of smoke-free healthcare facilities, provide community education and technical assistance, and identify champion leaders in the realm of tobacco control in the county. These intervention and evaluation methods moved the objective of smoke-free healthcare campuses along by documenting data on the current landscape of Placer County healthcare facilities and by raising awareness of tobacco issues amongst healthcare facility management

At the start of this objective, PCTPP staff found that 10 of the 29 healthcare facilities currently had 100% smoke-free policies in place, and an additional 19 of the 29 facilities had designated smoking areas. From 2014 to 2017, one additional healthcare facility adopted and implemented a 100% smoke-free campus-wide policy. Two more healthcare facilities started the process to adopt a 100% smoke-free healthcare campus but stopped the progression due to reluctance from staff and residents.

To meet the objective goal of a 25% increase above the baseline, two more healthcare facilities in Placer County would need to adopt and implement a smoke-free healthcare campus policy. PCTPP staff found that community education, technical assistance, and outreach were key interventions in the objective and continue to provide these services to the healthcare facilities as requested. In the future, it is recommended that the PCTPP staff provide education to the staff and residents of the healthcare facilities, gather data on current tobacco use rates and the desire to quit tobacco use amongst staff and residents, and clarify the perceived barriers to implementing a 100% smoke-free policy.

Aim and Outcome

With regard to the existing partnerships with healthcare facilities, the Placer County Tobacco Prevention Program (PCTPP) established the following objective:

> *By June 30, 2017, at least 25% (above the current baseline) of healthcare campuses will adopt and implement a voluntary policy that designates indoor and outdoor premises of licensed healthcare and/or assisted living facilities as smoke-free at all times. The corresponding Communities of Excellence indicator is 2.2.10.*

By the end of the 2014-2017 scope of work period, the objective was not met. One healthcare facility adopted and implemented a smoke-free healthcare policy, which is 12% above the baseline. While the objective was not met, the implementation of the one smoke-free healthcare policy eliminated the risk of exposure to secondhand smoke for over 60 residents and staff, and an unmeasurable number of visitors to the healthcare facility.

Background

Placer County is located in Northeast California with an estimated population of 375,391 residents as of 2015 (Holland, 2017, p. 13). The Placer County Public Health Division Community Health Status Assessment (Holland, 2017) found the following:

> From 2000-2015, the County experienced unprecedented population growth with a 34% increase in population. The number of people ages 65 and higher grew sharply, with a 113% increase from 2010-2015. As a percentage of the county population, the age group 65 and older rose 38%. Additionally, Placer County has a high proportion of people 50 and older (39%) compared to the state population (32%). (pp. 13-16).

With 54% of people either agreeing or strongly agreeing that Placer County is a good place to age, this number could increase in upcoming years (Placer County Public Health Division, 2016).

In Placer County, 11 of the 29 healthcare facilities report to the state of California Automated Licensing Information and Report Tracking System. In 2014, there were a total of 961 patients at the facilities who reported patient numbers, and in 2015 there were a total of 967 patients at these facilities. Each year the reporting facilities experienced a utilization rate of 84-85% (Holland, 2017, p. 52).

The increasing aging population and the number of residents utilizing healthcare facilities encouraged the Placer County Tobacco Prevention Program (PCTPP) to pursue the objective during the 2014-2017 scope of work. PCTPP staff recognized that any knowledge about smoke-free healthcare facilities was anecdotal, and the Community of Excellence needs assessment process determined that the objective for smoke-free healthcare facility campuses had not been worked on before in Placer County.

Furthermore, the individual who guided the Sutter Health medical campuses in Placer County through a smoke-free campus implementation is a member of the Placer Partnership for Public Health coalition. At the time the primary objective was selected, the coalition member stated they were willing to provide consultation and strategic guidance for achieving the smoke-free healthcare facility campus goal. Finally, the Placer County Public Health Division started working with the managers and directors of healthcare facilities for other non-tobacco related projects. PCTPP staff realized that this involvement allowed an opportunity to get to know and form relationships with the managers and directors of healthcare facilities in order to begin work on tobacco-related policies. These contributing factors aligned to create the timeliest moment to pursue 100% smoke-free healthcare facilities as the primary objective during the 2014-2017 scope of work.

Evaluation Methods and Design

The evaluation activities provided guidance for intervention activities throughout the 2014-2017 scope of work. Both outcome and process measures were implemented in the work plan (see Figure 1).

In May 2015 (Year 1), PCTPP staff conducted 35 key informant interviews as a process measure. The key informant interviews were completed in one wave with management from selected care homes and healthcare facilities in a convenience sample. The key informant interview questions were created by PCTPP staff using question examples from the Tobacco Control Evaluation Center (TCEC) to assess management attitudes and beliefs towards smoke-free policies. Outreach was conducted to healthcare facility administrators, and any of the administrators willing to participate in the key informant interview were included in the sample size. PCTPP staff conducted content analysis on the 35 key informant interviews and created a two-page handout summarizing the key informant interviews for healthcare facility management.

Next, an observational data survey was conducted as the outcome measure by two PCTPP staff in Year 2 of the work plan. PCTPP staff used survey examples from TCEC to create the survey. PCTPP staff was cross-trained to ensure accurate data collection. The observational survey assessed the level of tobacco use throughout each facility's campus in a census sample. The first wave of data collection occurred at the 29 healthcare facilities before any new healthcare facilities adopted a smoke-free campus policy. The second wave of data collection occurred at one facility post-implementation of the smoke-free campus policy.

PCTPP staff led key informant interviews in one wave of 10 residents and staff in a convenience sample to assess attitudes and beliefs towards a smoke-free campus policy. PCTPP staff used question examples from TCEC to create the survey. The interviewers were cross-trained and

worked together to ensure accuracy on this process measure. The content analysis of the key informant interviews was distributed to the healthcare facility manager who allowed the PCTPP staff to survey the staff and residents at their facility.

PCTPP staff determined the baseline of smoke-free policies in Placer County through the key informant interviews with healthcare management and the observational data survey. The baseline data was implemented into a Geographic Information System (GIS) map and allowed the PCTPP staff to focus its efforts on campuses that did not have smoke-free policies adopted. The second key informant interview provided insight to staff and resident opinion toward smoke-free policies. Therefore, all three evaluation activities proved useful throughout the implementation of the 2014-2017 work plan.

Limitations

PCTPP staff experienced full turnover in this scope of work. Due to staff vacancies and staff turnover, the baseline data on smoke-free campuses was unable to be fully gathered until 2015 (Year 2). Another limitation to the evaluation activities is the key informant interviews were obtained via convenience sampling. Finally, the original objective language included Residential Care Facilities for the Elderly (RCFE). The key informant interviews completed by healthcare facility management include samples from RCFE. When PCTPP staff started the observational data survey on signage, PCTPP staff realized it was not appropriate to include the RCFE in the objective because RCFE were in private homes and it would be intruding on private residential property. With approval from the California Tobacco Control Program, the objective was changed to solely focus on the 29 licensed healthcare facilities in the county. Therefore, the content analysis from the key informant interviews with the care home management should be applied with caution to licensed healthcare facilities.

Figure 1: Key Outcome and Process Evaluation Activities

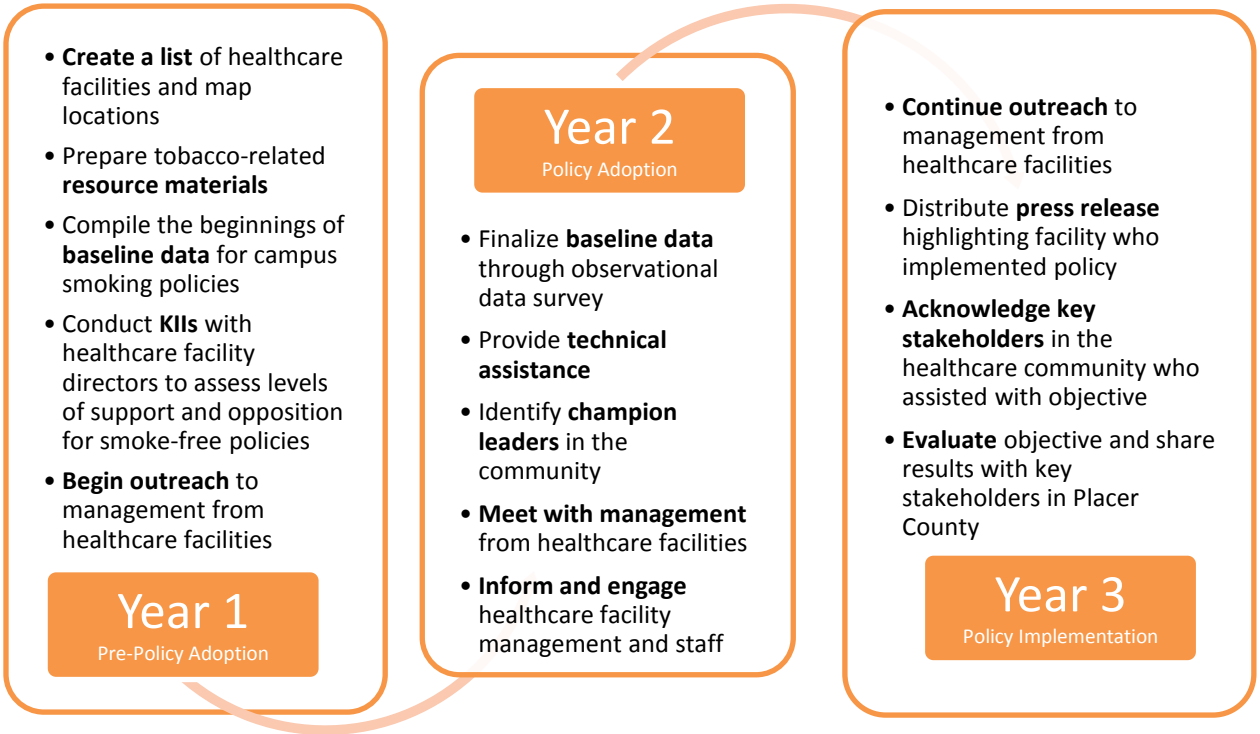
Evaluation Activity	Purpose	Sample	Instrument Source	Analysis Method	Timing/ Waves
Outcome					
Collection of outcome data	Measure of smoking, tobacco litter, and signage pre-policy adoption and post-policy implementation	Census sample of 29 licensed healthcare facilities; Convenience sample of 1 licensed healthcare facility (Post-implementation)	PCTPP Staff /TCEC resources	Tally, Observational survey summary report	Pre-policy adoption and implementation (Year 2, 2 Waves)
Process					

Key Informant Interviews with managers/directors of healthcare facilities	Measure the level of support and opposition for voluntary smoke-free policy campaigns	Convenience sample of 35 managers/directors	PCTPP Staff /TCEC resources	Content analysis	(Year 1, 1 Wave)
Key Informant Interviews of healthcare facility residents/staff	Measure the level of support and opposition for voluntary smoke-free policy campaigns	Convenience sample of 10 staff and residents	PCTPP Staff /TCEC resources	Content analysis	(Year 2, 1 Wave)

Implementation and Results

Each intervention and evaluation activity was a catalyst for strategic planning and for guidance throughout the 2014-2017 scope of work. Figure 2 outlines the chronological order of the most effective work plan activities.

Figure 2: Intervention and Evaluation Activity Outline



Strategic Planning and Preparation

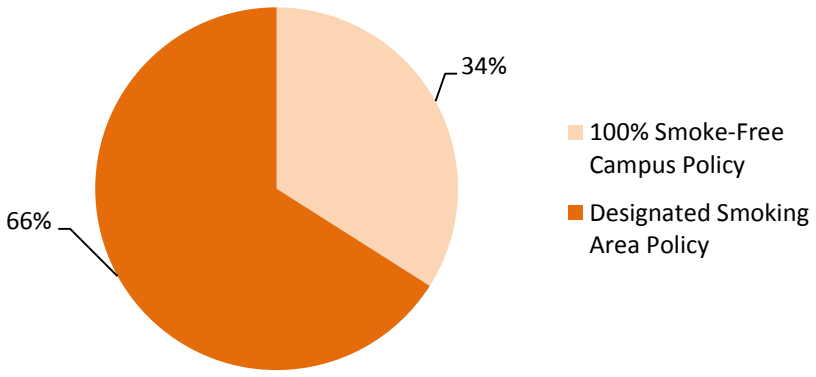
Placer County Tobacco Prevention Program (PCTPP) staff started the work plan in 2014 by creating contact lists of healthcare facility management and a Geographic Information System

(GIS) map to assess where healthcare facilities were located. The Placer Partnership for Public Health Coalition provided input on the Midwest Academy Strategy Chart. As a result, the PCTPP staff knew to start working on obtaining advice from other Local Lead Agencies who have worked on this objective previously. PCTPP staff also gathered and created educational materials and information packets about secondhand smoke and the benefits of adopting a smoke-free policy, and formatted draft policies for healthcare facilities who wished to adopt and implement a smoke-free campus policy. After this groundwork was laid, PCTPP staff focused on using the evaluation activities to guide the next steps of reaching out to the healthcare facilities.

Evaluation Guidance

While writing the 2014-2017 scope of work, PCTPP staff realized that all county data for the smoking policies at healthcare facilities were anecdotal. Therefore, PCTPP staff prioritized gathering baseline data on tobacco-related policies in the healthcare facilities in conjunction to implementing the intervention activities. To determine the baseline of tobacco-related policies among healthcare facilities, the PCTPP Program Supervisor and staff conducted outreach to 29 healthcare facilities directors and managers through phone calls, emails, and in-person visits. At the time baseline data was fully gathered in December 2015, the PCTPP Program Supervisor and staff found that 34% of the healthcare facilities in Placer County had 100% smoke-free campus policies implemented (n=10) and 66% of healthcare facilities had designated smoking areas (n=19). No healthcare facilities surveyed allowed smoking indoors.

Figure 3: Healthcare Facility Tobacco Policies (Baseline Data)



One method for determining what smoke-free policies were in place was key informant interviews with the management of healthcare facilities. In May 2015, PCTPP staff conducted

35 key informant interviews with management from selected care homes and healthcare facilities.

Two different questionnaires were used depending on the smoke-free policy in place at the Residential Care Facility for the Elderly (RCFE) or healthcare facility. The first questionnaire was for those who did not have a 100% smoke-free policy in place. Approximately 65% of management whose facilities were not smoke-free (n=13) reported little to no desire in becoming smoke-free. The biggest barrier reported to becoming smoke-free was staff and resident disconcertment. Furthermore, management expressed their belief that a smoke-free campus policy would impede on resident's rights. Two common reasons conveyed for not implementing a smoke-free policy is that most smokers do not have a desire to quit and that it is a coping mechanism for residents with diagnosed mental illnesses. Interestingly, two managers said that if the PCTPP could provide cessation resources then they would have a slight interest in adopting a 100% smoke-free healthcare facility campus policy.

The second questionnaire was with management from 15 RCFE or healthcare facilities who reported having 100% smoke-free policies in place. Most management stated that they had zero-tolerance policies (n=13) and that there were no challenges to implementing and enforcing a smoke-free policy (n=12). When asked for recommendations for those who may want to adopt and implement a 100% smoke-free campus, managers said to make the smoke-free policies clearly understood and to include the smoke-free policies as part of the residential and staff contracts. During the key informant interviews, three managers conveyed a need for signage to publicize the smoke-free campus policies.

PCTPP staff completed an observational data survey of the 29 healthcare facilities in Placer County from September to December 2015. The observational surveys documented observable signs of tobacco use such as ashtrays, cigarette butts, and litter, and reported on the number and placement of smoking policy signs on the properties if applicable. This observational survey allowed PCTPP staff to finalize the baseline data for smoke-free campus policies at the healthcare facilities. More importantly, the observation data allowed the PCTPP to realize that it was not appropriate to include RCFE in the objective. After working with the California Tobacco Control Program, the objective was changed to focus on the 29 healthcare facilities in the county.

Overall, the key informant interviews and observational data survey allowed the PCTPP staff to advantageously:

- Change the objective to exclusively focus on 29 healthcare facilities; and,
- Learn why management may not want to adopt and implement smoke-free policies, which helped informed educational materials created by the PCTPP staff; and,

- Start meeting with healthcare facilities who were more open to the idea of adopting and implementing smoke-free policies; and,
- Buy signage to bring to meetings for interested healthcare facilities and to support facilities who previously implemented smoke-free policies; and,
- Create Quit Kits in partnership with the California Smoker's Helpline and provide the Quit Kits to healthcare management upon request, which helped form partnerships between the healthcare facilities and PCTPP.

Approaching Healthcare Facilities

PCTPP staff sent outreach emails to all 29 healthcare facilities starting in 2015. The outreach emails included an introduction about the PCTPP and information about secondhand smoke. PCTPP staff noted that once outreach to the managers and directors of healthcare facilities began, then technical assistance requests from the managers and directors started to appear. Simply put, the managers and directors now knew who to approach in the county for tobacco-related issues. This awareness continues to prove to be invaluable to the PCTPP staff.

Next, PCTPP staff identified champion leaders for tobacco-related issues in Placer County. The leaders provided Letters of Support, which were included in a meeting packet that was prepared for the managers and directors of healthcare facilities. The meeting packets also included educational materials, success stories from healthcare facilities in Placer County previously that adopted and implemented a smoke-free campus policy, and sample smoke-free campus policies. Finally, it was time to begin meeting with healthcare management through in-person meetings. The face-to-face introductions permitted the healthcare managers to ask questions or express concerns about adopting and implementing a smoke-free campus policy, and allowed to PCTPP staff to clarify any myths surrounding their concerns and provide tobacco education.

PCTPP staff used information gathered from the observational data survey to begin contact with healthcare facilities that had concerning designated smoking areas. For example, one smoking area was a gazebo right next to a second smoke-free gazebo, another facility had the designated smoking area just outside the entrance to the facility, and a third facility had the designated smoking area adjacent to the outdoor pet park. Finally, the fourth area of concern was one facility that required staff to accompany patients with Alzheimer's disease who wished to smoke. The staff would have to escort the patient to the designated smoking area and wait with the patient until the patient was finished smoking. This exposed the staff to secondhand smoke. The PCTPP worked with these four healthcare facilities, but none of these specific healthcare facilities wished to change their policies or designated smoking areas.

As a result of outreach and in-person meetings, managers and directors from a total of three healthcare facilities expressed interest in adopting and implementing a smoke-free policy. At one facility, the manager requested the PCTPP conduct key informant interviews with staff and residents to assess the levels of support. PCTPP staff conducted 10 key informant interviews with staff (n=8) and residents (n=2) at this healthcare facility.

Approximately seven of the 10 total participants stated that they would support a smoke-free facility. Furthermore, the majority of the participants were concerned about exposure to secondhand smoke (n=7), believed that the current smoking policies implemented could be stricter (n=7), and would be "happy" with a smoke-free facility (n=7). When asked about a current interest in quitting among residents and staff who smoked, six participants were unsure if current smokers had a desire to quit. The manager at this healthcare facility decided to wait until they received guidance from the facility's corporation about adopting a smoke-free campus policy in order to minimize pushback from staff and residents.

One additional facility that had a designated smoking area chose to adopt and implement a 100% smoke-free campus policy after working with the PCTPP staff. An informal observational survey for signage post-implementation was completed at this healthcare facility. The healthcare facility manager stated a need for larger signs and said that all residents and staff adapted to the change within the first few weeks, with no pushback. The PCTPP staff provided the healthcare facility with larger signs detailing the implementation of the 100% smoke-free campus. Remarkably, this healthcare director encouraged other facilities to adopt a smoke-free campus policy. After hearing from the manager about the benefits of adopting and implementing a policy, a third healthcare facility manager contacted PCTPP staff and expressed interest in adopting the same policy. However, the manager at the third healthcare facility experienced pushback from staff and residents at the facility and therefore stopped pursuing the adoption of a smoke-free campus policy.

Healthcare Facility Staff Education

In 2015, PCTPP staff led the first tobacco-related training for healthcare facility management. The training was held at the Placer County Public Health Division and had minimal attendance from healthcare facility management. PCTPP staff recognized that attendance for future trainings would be low due to time constraints of management, so the PCTPP staff began to offer to bring the tobacco-related trainings directly to staff at the healthcare facilities.

Another encouragement for PCTPP staff to train healthcare facility management and staff was the content analysis of the key informant interviews. Staff and residents continued to be listed as the barrier to adopting a smoke-free campus policy. PCTPP decided that if staff could be educated on tobacco-related issues and identified as supporters of such a policy, then

management may be more likely to adopt a smoke-free campus policy. The second training was held at a healthcare facility in the county by request of the manager. The staff-focused training discussed smoking regulations in healthcare facilities, the cost of smoking to employees, smokers, and bystanders, strategies for policy implementation, obstacles, why healthcare facilities should go smoke-free, and the progress made towards smoke-free healthcare facilities. The vast majority of staff either "agreed" or "strongly-agreed" that the healthcare facility would benefit from going smoke-free. Comments include: "Smoke-free Please" and "It's a great idea to promote this kind of events [sic]. Very informative." Despite the staff support, this healthcare facility did not adopt a smoke-free campus policy. However, the staff support at this particular facility did inform the manager that unlike the common assumption, the healthcare facility staff was not a barrier to adopting and implementing a smoke-free campus policy.

Sharing results

Throughout the 2014-2017 scope of work, PCTPP staff continuously updated the PCTPP website with resources for healthcare facilities. Resources included educational materials tailored for the managers of the healthcare facilities such as fact sheets on secondhand smoke, policy implementation guides, and local data of smoke-free policies amongst healthcare facilities in the county. When the one healthcare facility decided to adopt and implement a smoke-free campus policy, the facility received commendation on the PCTPP website and a press release was distributed. Finally, PCTPP staff decided to distribute plaques for not only the healthcare facility who adopted and implemented a smoke-free campus policy but also for additional healthcare facility management and community leaders who helped with the objective.

Conclusions and Recommendations

While great strides were made, the Placer County Tobacco Prevention Program (PCTPP) did not meet the goal of 25% of healthcare facilities above the baseline adopting and implementing a smoke-free campus policy. Even though the objective wasn't fully met, it is important to recognize that one facility did adopt and implement a smoke-free policy and other healthcare facilities expressed an interest.

PCTPP staff believe that the biggest developments were made in data collection and awareness of tobacco-related issues through outreach. The evaluation activities were absolutely crucial in creating the strategy for approaching healthcare facilities. For example, the feedback and concerns expressed in the key informant interviews and observational data survey allowed PCTPP staff to learn what educational materials to create (e.g. The Dangers of Secondhand Smoke fact sheet) and how to meet the needs of healthcare facilities who want to implement a smoke-free campus policy (e.g. provide signage and Quit Kits). The outreach to healthcare

facilities brought the topic of tobacco to the surface, and promoted the PCTPP as a resource to be utilized by healthcare facility management.

PCTPP staff recommend providing better education about the harms of firsthand, secondhand, and thirdhand smoke and how adopting a smoke-free campus policy can benefit the healthcare facility from a business standpoint. While the facilities are in the healthcare business, it is still a business, and therefore managers may be enticed by a possible reduction in property insurance costs due to smoke-free policies or by lower maintenance costs. Additionally, staff and residents (in particular staff and residents who were current tobacco users) seemed to be the biggest barrier reported by management towards adopting a smoke-free campus policy. However, no one knew the rate of tobacco users at the facilities, nor if the current tobacco users at these facilities had a desire to quit or would mind a smoke-free campus policy. Specifically, more education needs to occur to clear up the misperceptions about elderly people or those diagnosed with mental illness not having a desire to quit. Overall it appeared that the concerns regarding staff and residents were anecdotal or assumed. In the future, it would be beneficial to assess through key informant interviews how staff or residents who currently use tobacco feel towards a smoke-free campus policy.

When the 2014-2017 scope of work is completed, PCTPP staff will no longer focus solid efforts on smoke-free healthcare campus. Nonetheless, PCTPP staff still receive technical assistance requests and noted a continued interest in smoke-free healthcare campuses, especially with the passage of 'Proposition 64: Adult Use of Marijuana Act' in California. PCTPP staff will continue to provide support and technical assistance to any healthcare facilities interested in adopting and implementing a smoke-free campus policy.

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Appendix

Appendix A: Map of Healthcare Facilities

Placer County Healthcare Campuses by Smoke-Free Status

1. AUBURN OAKS CARE CENTER
2. AUBURN RAVINE TERRACE
3. BROOKEDALE
4. BROOKEDALE ROSEVILLE
5. BROOKEDALE STERLING COURT
6. CASA DE SANTA FE
7. CHAPA DE INDIAN HEALTH PROGRAM *
8. ESKATON LODGE GRANITE BAY *
9. ESKATON VILLAGE ROSEVILLE
10. KAISER PERMANENTE ROSEVILLE *
11. LINCOLN MEADOWS CARE CENTER
12. OAKMONT OF ROSEVILLE
13. OAKRIDGE HEALTHCARE CENTER *
14. OAKWOOD VILLAGE, INC *
15. PINE CREEK CARE CENTER *
16. ROCK CREEK CARE CENTER
17. ROSEVILLE CARE CENTER
18. ROSEVILLE POINT HEALTH AND WELLNESS CENTER *
19. SENIOR CARE VILLA OF LOOMIS
20. SIENA CARE CENTER (KINDRED TRANSITIONAL CARE AND REHABILITATION) *
21. SIERRA POINTE
22. SOMERFORD PLACE
23. SUNRISE ASSISTED LIVING OF ROCKLIN
24. SUTTER AUBURN FAITH HOSPITAL *
25. SUTTER ROSEVILLE MEDICAL CENTER *
26. TAHOE FOREST HOSPITAL *
27. TERRACES OF ROSEVILLE
28. VILLA DEL REY MANOR
29. WESTVIEW HEALTHCARE CENTER

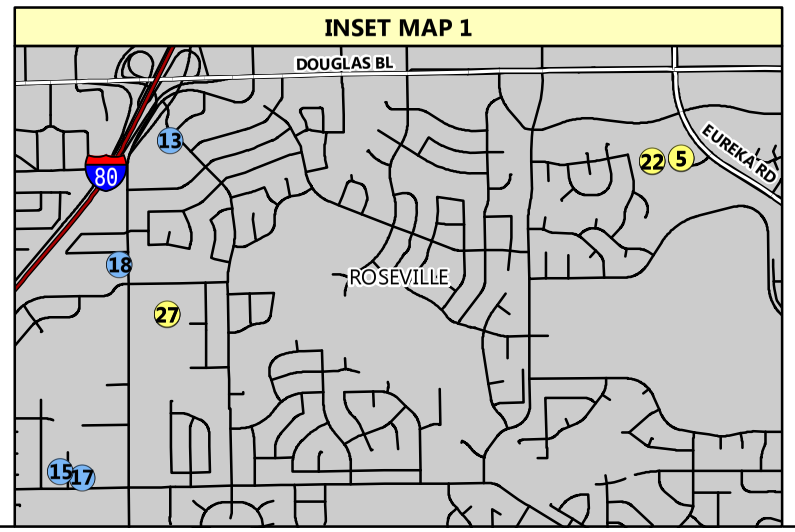
* DENOTES SMOKE-FREE CAMPUS

Truckee
Donner Lake
Blue Canyon
Alta
Rollins Reservoir
COLFAX
Camp Far West Reservoir
Lake Combie
Foresthill
French Meadows Reservoir
Hell Hole Reservoir
Tahoe City
Lake Tahoe
Sheridan
INSET MAP 2
Bowman
AUBURN
LINCOLN
Penryn
LOOMIS
ROCKLIN
ROSEVILLE
Granite Bay
Folsom Lake

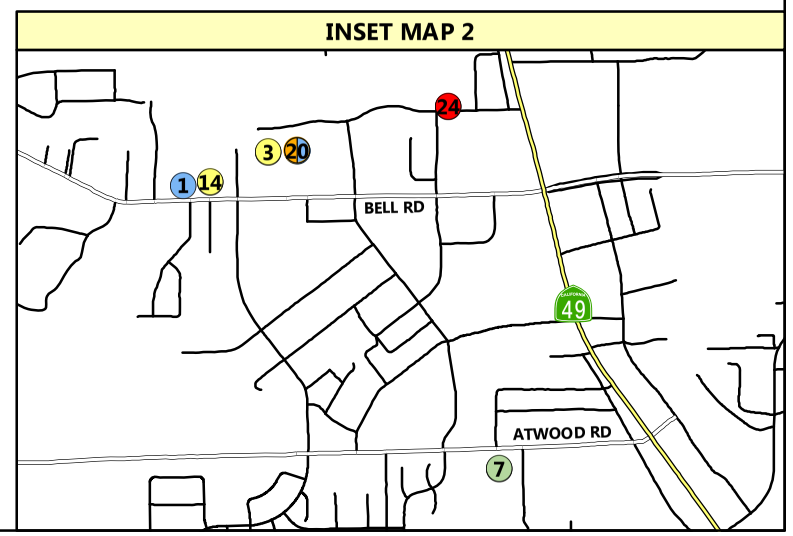
0 5 10
Miles

FACILITY TYPE
- ACUTE CARE FACILITY
- ASSISTED LIVING FACILITY
- INDIAN HEALTH CLINIC
- SKILLED NURSING FACILITY
- SUB ACUTE CARE FACILITY / SKILLED NURSING FACILITY
- COUNTY BOUNDARY
- CITY LIMITS
- LANDMARK LAKES
- INTERSTATE
- HIGHWAY

INSET MAP 1



INSET MAP 2



DATA DISCLAIMER:
The features on this map were prepared for geographic purposes only and are not intended to illustrate legal boundaries or supercede local ordinances. Official information concerning the features depicted on this ma should be obtained from recorded documents and local governing agencies

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Activity 1-1-1

Appendix B: Key Informant Interviews with Managers (Not a Smoke-Free Campus)

Placer County Tobacco Prevention Program

Key Informant Interview

(Applicable When Healthcare Facility Campus is not 100% Smoke-Free)

Key Informant: _____ Date_____

Key Informant Title: _____

Healthcare Facility: _____

Phone: _____ Fax: _____

E-mail: _____

Interviewer _____

1.) Describe your organization's current stance on smoking in/around the facility. Does your organization have *any* existing policy regarding where, when, and who can smoke in/around your facility?

2.) Have you experienced any barriers or complaints regarding your existing smoking regulations? Are staff, patients, visitors pleased/displeased with the current regulation/lack of regulation?

3.) Does your facility have any desire or future plans to become a 100% smoke-free campus?

4.) If your organization does not wish to go smoke-free, what is the primary barrier prohibiting this?

5.) Is there anything the Placer County Tobacco Prevention Program can do to help you move towards a smoke-free campus? Signage, policy review, materials for staff/patients/visitors, etc.?

Appendix B: Key Informant Interviews with Managers (Smoke-Free Campus)

Placer County Tobacco Prevention Program

Key Informant Interview

(Applicable When Healthcare Facility Campus is 100% Smoke-Free, Both Indoors and Outdoors)

Key Informant: _____ Date_____

Key Informant Title: _____

Healthcare Facility: _____

Phone: _____ Fax: _____

E-mail: _____

Interviewer _____

1.) Describe your organization's current smoke-free campus policy. Does the policy apply to all tobacco products, electronic cigarettes, etc.? Does the policy apply to all staff, physicians, patients, visitors, etc?

2.) How long has the policy been in place?

3.) What, if any, challenges have you experienced when *implementing* and *enforcing* the smoke-free policy?

4.) What advice would you have for others who wish to become a smoke-free healthcare facility?

5.) Is there anything the Placer County Tobacco Prevention Program can do to help you maintain your smoke-free status? Signage, policy review, materials for staff/patients/visitors, etc.?

Appendix C: Observational Data Survey

Healthcare Facility Observation Survey

Healthcare Facility Name:_____City_____

Date:_____

Observation Completed By:_____

Are there any visible signs stating the healthcare facility smoking policy?

☐ No ☐ Yes (see page 2) ☐ N/A (no smoking policy exists)

OBSERVED SMOKING

Are staff, patients, or visitors smoking on campus? ☐ No ☐ Yes

If yes…

1. Approximately how many people are smoking:_____
2. Where is smoking occurring? (check all that apply)

☐ Parking lot ☐ Designated smoking area

☐ Near building entrance ☐ Other:_____

SIGNS OF TOBACCO USE

1. Are there ashtrays/cigarette butt receptacles on campus?

☐ Yes ☐ No

2. Are there observable signs of cigarette butts or other litter related to tobacco products?

☐ Yes ☐ No

POLICY SIGNAGE AND SUPPORT (If YES to visible signs of smoking policy)

1. If there are signs stating the campuses smoking policy, what is the policy?

☐ Smoke-free campus (indoor and outdoor) ☐ Smoke-free entryways

☐ Smoke-free facility; indoors only ☐ Other:_____

2. What types of non-smoking messages are observed? (check all the apply)

☐ Signs; #_____ ☐ Literature (pamphlets, brochures, etc.); #_____

☐ Banners; #_____ ☐ Paraphernalia (buttons, t-shirts, etc.); #_____

☐ Posters; #_____ ☐ Other:_____

3. Where are the signs located? (check all that apply)

☐ Door at facility entrance ☐ On a fence or metal pole

☐ In windows ☐ Other:_____

☐ On a bulletin board

Appendix D: Key Informant Interviews with Staff and Residents

Key Informant Interview Questionnaire for Addressing Smoke-Free Healthcare Facilities

Please circle one: Staff or Resident

1. From your perspective, would there be a benefit to having a 100% smoke free healthcare facility campus? If yes, what would be the benefit?

   _____
   _____
   _____

2. Are you concerned about exposure to second-hand smoke? Why or why not?

   _____
   _____
   _____

3. What do you think about the current regulation/lack of regulation in regards to your facility's smoking policy?

   _____
   _____
   _____

4. What would be your reaction if the healthcare facility campus went 100% smoke-free?

   _____
   _____
   _____

5. Do you think there is an interest in quitting smoking among current staff and resident smokers? If there is an interest, what obstacles are preventing smokers from quitting?

   _____
   _____
   _____