



**Reducing Tobacco-Related Inequities by Adopting and Implementing Voluntary
Smoke-free Housing Policies in Low-Income
FAME Housing Properties**

Final Evaluation Report

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Abstract

Background

The City of Los Angeles has a population estimate of three million people, and 54 percent of all housing units in Los Angeles are multi-unit housing (MUH) complexes. An estimated 80 percent of Los Angeles apartments do not have a smoke-free policy, and one out of three renters report secondhand smoke exposure in their homes. A great majority of apartment resident in Los Angeles, 80 percent, desire to live in a smoke-free environment. Since 1992, FAME Assistance Corporation (FAC) has been a community partner and leader in addressing social and economic inequalities affecting low-income, underserved communities in Los Angeles. FAME Housing Corporation, a separate, sister entity to FAME Assistance Corporation, provides affordable housing in South Los Angeles to low-income individuals and families, senior citizens, and those with disabilities. The majority of residents are African American and Latino, and all are of low socioeconomic status. FAME Housing manages a total of 314 units across twelve MUH properties.

Objective: By June 30, 2016, at least six multi-unit housing complexes, with a total of more than 200 units, managed by FAME Housing Corporation with 50% or more low socio-economic status (LSES) residents will adopt and implement written smoke-free policies requiring all outdoor common areas (e.g., open spaces, playgrounds, swimming pool areas and entrances) and 100% of contiguous individual units (including balconies and patios) to be designated as smoke-free.

This objective was selected to continue the work that FAC had begun under a prior subcontract with the Los Angeles Tobacco Control Program. FAC's Tobacco Control Program staff collected data illustrating the need and desire for policies restricting the use of tobacco products in MUH. The data overwhelmingly indicated that most residents preferred to live in a smoke-free environment. What was learned through this process was that there was a strong need for education among tenants, landlords and property owners which led to the development of this intervention. With all the prior gains, it made sense to continue this work and facilitate the education of tenants, managers, and owners about the dangers of smoking, secondhand and thirdhand smoke, as well as the financial benefits of implementing smoke-free policies.

Intervention

The intervention targeted MUH properties owned and managed by FAME Housing Corporation in South Los Angeles, of which all residents are of low socioeconomic status and the majority are Latino and African American. The major intervention activities for this project were specifically designed to inform and educate while garnering community support for a voluntary smoke-free policy adoption.

The initial phase of the intervention focused on developing a core strategy for the project as well as creation of useful materials, tools and instruments. During the second phase of the intervention, housing properties were identified and an assessment of the current state of tobacco use and analysis of related policies at the property was conducted via pre-policy adoption observations, key informant interviews with apartment managers, and focus groups and public opinion polls with tenants. Phase three focused on engaging and educating the property owners, managers, and residents. Meetings were held with property managers of all 12 FAME Housing Properties, as well as the Executive Vice President of FAME Housing Corporation. A series of community education activities were conducted to educate and raise awareness among FAME Housing residents about the dangers of secondhand smoke, the costs of smoking and tobacco use, industry targeting of certain demographic groups, and support for tobacco-use cessation. During the last phase of the intervention, FAC tobacco control staff members worked closely with property managers of twelve property sites managed by FAME Housing Corporation to adopt and implement a voluntary smoke-free policy at each of those sites. Finally, post-policy adoption observations were conducted at all twelve properties that adopted a voluntary smoke-free policy, which required all common areas and 100% of contiguous individual units including balconies and patios to be designated as smoke-free. These observations served to assess the outcomes of the intervention.

Evaluation Methods

This intervention used a non-experimental evaluation design with pre- and post-observations to measure the success of policy adoption and implementation. Process evaluation was also used to advance the objective and document the intervention process. In-person, one-hour key informant interviews were conducted with a purposive sample of five managers, as well as with the Executive Vice President of FAME Housing Corporation for a total of six interviews to assess their readiness to adopt and implement a voluntary smoke-free housing policy, and learn about their views and opinions to strategize policy implementation, enforcement, and community engagement. Focus groups were conducted at five FAME Housing properties for a total of five focus groups with a total of 36 residents to assess their understanding and concerns regarding voluntary smoke-free housing policies, and to capture any recommendations to implement the policy and enhance monitoring and compliance. Public Opinion polls were conducted among a purposive sample of 101 residents, to assess their tobacco use; knowledge about the dangers of secondhand and thirdhand smoke; awareness of smoke-free housing policies; general support/opposition to smoke-free housing policies; and opinions on implementation. Two presentations were conducted, and a total of 133 education participant surveys were completed which assessed participants understanding of the issues covered and general satisfaction with the two presentations. Pre- and post- observation surveys were conducted that provided an outcome measurement to assess the adoption and implementation of the voluntary smoke-free policies among a purposive sample that included the six targeted FAME properties for pre-observation and all twelve FAME properties for the post-observation.

Results, Conclusions and Recommendations

FAC found the following results from process and outcome evaluation activities:

- Key informant interviews with FAME Housing managers found that all experienced smoking and secondhand smoke exposure in their apartment complexes, and all were in favor of adopting a smoke-free policy. Most stated that the biggest challenge in implementing a smoke-free policy would be residents who currently smoke.
- Focus groups with residents found that all have experienced secondhand smoke where they live, and most had a good understanding of the dangers of the exposure to SHS. In all focus groups, it was expressed that the smokers would be the biggest challenge in implementing a smoke-free policy.
- Public Opinion polls with residents found that 65 percent of respondents would be in favor of a smoke-free policy in their apartment versus only 10 percent that would not be in favor. The majority of respondents stated they do not have any concerns if their apartment were to become smoke-free.
- Education participant surveys found that participants across both presentations had a good understanding of the content and felt the presentation format and organization was beneficial. An area where the presentations could potentially be improved was the issue of e-cigarettes as a smoking cessation device.
- Comparison between the pre- and post-observations demonstrated that voluntary smoke-free policies were implemented at all FAME Housing properties as evidenced by the observation of “no smoking” signage at all locations and the absence of people smoking during the observations. Although a smoke-free policy has been implemented, there is still some evidence of smoking and tobacco use at some locations, which indicates some tenants and/or their guests may not be complying with the new policy.

The objective of adopting and implementing a voluntary, written smoke-free policy requiring all outdoor common areas and 100% of contiguous individual units to be designated as smoke-free in at least six MUH complexes managed by FAME Housing Corporation, with a total of more than 200 units, with 50% or more low socio-economic status residents, was met. In total, 12 FAME Housing properties adopted and implemented a smoke-free policy, which impacted 314 apartment units in total. A recommendation for future projects, is to invest time in educating all managers and residents of a housing complex about the dangers of smoking, secondhand and thirdhand smoke, and benefits of living in a smoke-free environment.

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Project Description

Background

The City of Los Angeles has made great strides in the effort to protect the public's health from the dangers of secondhand smoke exposure. Policies have been passed prohibiting smoking in workplaces and public spaces including parks, restaurants, restaurant patios, beaches and bars. However, many Angelenos continue to suffer exposure to secondhand smoke at home, which can cause adverse health problems and exacerbate health disparities among our most vulnerable residents.

Secondhand smoke exposure, which is when nonsmokers breathe in smoke exhaled by smokers or from a burning tobacco product, kills more than 400 infants and 41,000 adult nonsmokers every year in the United States.¹ Secondhand smoke causes many health problems in infants and children, including frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS).² In non-smoking adults, secondhand smoke causes coronary heart disease, stroke and lung cancer.¹ Although much has been done to reduce secondhand smoke exposure in the nation, according to the CDC, one in four nonsmokers (approximately 58 million people) in the US are still exposed to secondhand smoke¹, and more than one in three nonsmokers who live in multi-unit rental housing are exposed to secondhand smoke.¹ In Los Angeles County, tobacco use and exposure to secondhand smoke are directly linked to the top five causes of death, with one out of every seven deaths (approximately 8,500 deaths per year) occurring as a direct result of these tobacco-related diseases.³ One of the most serious types of exposure to children and youth occurs by parental smoking in the home.

The City of Los Angeles has a population estimate of three million people, and 54 percent of all housing units in Los Angeles are multi-unit housing complexes.⁴ In California, property owners have the legal right to designate their buildings as smoke-free and prohibit the use of tobacco products. However, the majority of multi-unit housing properties in the City of Los Angeles have no smoke-free policy. In a recent study conducted by the University of California, Los Angeles (UCLA), 63 percent of multi-unit housing owners in Los Angeles reported they currently do not have a smoke-free policy at their property.⁵ Taking into account the number of units these owners represent, 85% of the units surveyed had no smoke-free policy, equivalent to approximately 4,600 units in Los Angeles.⁵

In the same UCLA study, an estimated 80 percent of Los Angeles apartments do not have a smoke-free policy, and one out of three renters report secondhand smoke exposure in their homes.⁶ A Los Angeles County Department of Public Health survey estimates approximately 336,000 children in Los Angeles County are regularly exposed to secondhand smoke in their homes.⁷ This frightening statistic provides evidence of the large number of children and youth at risk of developing one or more of the deadly conditions associated with secondhand smoke exposure.

A great majority of apartment resident in Los Angeles, 80 percent, desire to live in a smoke-free environment, but due to the lack of protection against exposure to secondhand smoke and a scarcity of affordable housing, many tenants do not have the option to move to another location where they will not be exposed.

Since 1992, FAME Assistance Corporation (FAC) has been a community partner and leader in addressing social and economic inequalities affecting low-income, underserved communities in Los Angeles. FAME serves over

1,000,000 people annually in the areas of health and nutrition services, transportation programs, housing management, environmental affairs, and workforce development.⁸ FAC has worked tirelessly to reduce exposure to secondhand smoke, tobacco smoke residue, tobacco smoke waste, and other tobacco smoke products in South Los Angeles.

FAME Housing Corporation, a separate, sister entity to FAME Assistance Corporation, provides affordable housing in South Los Angeles to low-income individuals and families, senior citizens, and those with disabilities. The majority of residents are African American and Latino, and all are of low socioeconomic status. FAME Housing manages a total of 314 units across twelve multi-unit housing properties. Although attempted in the past, smoke-free policies have not been adopted at any of the FAME Housing properties. FAC's community health programs staff is committed to working with FAME Housing to offer its residents a choice to live free from unwanted exposure to secondhand tobacco smoke.

Objective

By June 30, 2016, at least six (6) multi-unit housing (MUH) complexes, with a total of more than 200 units, managed by FAME Housing Corporation with 50% or more low socio-economic status (LSES) residents will adopt and implement written smoke-free policies requiring all outdoor common areas (e.g., open spaces, playgrounds, swimming pool areas and entrances) and 100% of contiguous individual units (including balconies and patios) to be designated as smoke-free. Indicator numbers 2.2.13 and 2.2.26.

This objective was selected to continue the work that FAC had begun prior to obtaining this current contract with the California Tobacco Control Programs (CTCP). Under a prior subcontract with the Los Angeles Tobacco Control Program, for more than three years, FAC's Tobacco Control Program staff collected data illustrating the need and desire for policies restricting the use of tobacco products in multi-unit housing. FAC assessed the extent of community support through public opinion surveys, group presentations, participation and education at health fairs and farmers markets, and one on one interviews. The data overwhelmingly indicated that most residents preferred to live in a smoke-free environment. With this, FAC set out to meet with landlords and property owners to share these statistics and raise awareness about the health concerns related to secondhand tobacco smoke and encourage them to consider regulating tobacco use in their properties. Many supported the campaign and agreed they would enforce a city-wide policy but would not voluntarily incorporate nonsmoking policies. What was learned through this process was that there was a strong need for education among tenants, landlords and property owners which led to the development of this intervention. With all the prior gains, it made sense to continue this work and facilitate the education of tenants, managers, and owners about the dangers of smoking, secondhand and thirdhand smoke, as well as the financial benefits of implementing smoke-free policies. The overall impact of this objective will ensure the health and safety of housing residents and guarantee their right to breathe clean air and put an end to the needless exposure to cigarette smoke and its deadly results.

Intervention

The intervention targeted multi-unit housing properties owned and managed by FAME Housing Corporation in South Los Angeles, of which over half of the residents are of low socioeconomic status and the majority are Latino and African American.

The major intervention activities for this project were specifically designed to inform and educate while garnering community support for a voluntary smoke-free policy adoption. Intervention activities fall under four primary areas: 1) Strategy and Materials Development, 2) Assessment and Advocacy, 3) Engagement, Education and Support, and 4) Policy Adoption, Implementation, and Evaluation.

Strategy and Materials Development

The initial phase of the intervention focused on developing a core strategy for the project as well as creation of useful materials, tools and instruments. During a Midwest Academy Strategy session, goals for the program were established, and potential allies and opponents were identified to achieve support for the adoption and implementation of voluntary smoke-free policies. To gather and source useful and relevant information for the development of educational materials such as fact sheets and sample policies, collaborative and coordinating efforts were made with expert agencies and other Statewide grantees, such as SAFE, American Lung Association, Center for Tobacco Cessation, and the UCLA Center for Health Policy Research REACH. Two infographics were developed to illustrate Latino and African American tobacco use and secondhand smoke exposure inequities as compared to other groups. The infographics also illustrated how tobacco smoke and secondhand smoke exposure disproportionately affects Latino, African American, and low socioeconomic families. Educational packets were also created to distribute to FAME Housing multi-unit housing property owners and managers. These packets included a program brochure, information on the harms of exposure to secondhand and thirdhand smoke, sample policies, costs and benefits of policy adoption, and smoke-free housing survey results collected during this intervention as well as other surveys conducted among residents in Los Angeles. Additional materials developed for the project included public education presentations and survey tools and instruments.

Assessment and Advocacy

During the second phase of the intervention, housing properties targets were identified and an assessment of the current state of tobacco use and analysis of related policies at the property was conducted. Pre-policy adoption observations were conducted to assess the current state of tobacco use at targeted FAME Housing properties. These same observations would also be conducted at the end of the intervention. Various meetings were held with property managers and owners to obtain copies of any existing tobacco-use policies, as well as to conduct key informant interviews to understand issues they have identified related to smoking and tobacco use on the property and concerns they have relating to adopting and implementing smoke-free policies. Focus groups were also conducted at five FAME housing properties with tenants to assess their understanding and concerns regarding voluntary smoke-free housing policies. They were also asked to recommend ways that the policy can be implemented and enforced, that will motivate compliance. As part of this initial assessment, residents were also engaged using public opinion polls to assess their current knowledge and understanding of tobacco and smoke-free policies. This period also provided an opportunity to recruit and begin training resident advocates to assist in program implementation and serve as the “voice” of the community.

Engagement, Education, and Support

Phase three focused on engaging and educating the property owners, managers, and residents. One-hour in person meetings were held with property managers of all 12 FAME Housing Properties, as well as the Executive Vice President of FAME Housing Corporation. Each was provided with an educational packet developed during the first and second phase of the intervention. Time was spent reviewing the documents in the packet with the purpose of illustrating the benefits to landlords and residents of voluntary smoke-free policy adoption and implementation.

A series of community education activities were conducted to educate and raise awareness among FAME Housing residents about the dangers of secondhand smoke, the costs of smoking and tobacco use, industry targeting of certain demographic groups, and support for tobacco-use cessation. Two educational presentations developed in phase one were used to educate members of the community. The first focused on the benefits of smoke-free housing and the deadly effects of tobacco use and tobacco smoke on multi-unit FAME Assistance Corporation

housing residents. The second focused on smoking and tobacco use cessation. The first presentation was 30-minutes in length and was conducted at eight FAME Housing properties. The second presentation was 1-hour in length and was conducted at six FAME Housing properties.

Additionally, six three-hour long community engagement events were hosted at six FAME Housing properties with the help of property managers, tenant liaisons, and FAC program staff. These events promoted tobacco-free living and raised awareness of the dangers secondhand and thirdhand smoke exposure and the associated health risks. In addition to the distribution of educational materials and voluntary model policy handouts, tobacco cessation "quit kits" were disseminated to participants interested in quitting smoking.

Policy Adoption, Implementation, and Evaluation

During the last phase of the intervention, FAC tobacco control staff members worked closely with property managers of the twelve (12) property sites managed by FAME Housing Corporation to adopt and implement a voluntary smoke-free policy at each of those sites. Together, with information gathered throughout the intervention evaluation activities, details were hashed out on the policy adoption and implementation, the creation of voluntary smoke-free lease addendums and notice letters to tenants of each property, posting of no-smoking signage, and addressing issues of compliance and enforcement. A community bulletin board and display case was installed at each property to house educational and reinforcement materials including smoke-free property signage, a copy and explanation of the adopted policy, factsheet on the harms of secondhand smoke, LA County Tobacco Cessation Resource Guide, California Smokers Helpline Brochure, promotional/educational posters, and a calendar announcing upcoming community meetings and events. Quit kits were distributed at community events and made readily available to managers and residents who wished to stop smoking once the policy was passed. Finally, post-policy adoption observations were conducted at all twelve properties that adopted a voluntary smoke-free policy, which required all common areas and 100% of contiguous individual units including balconies and patios to be designated as smoke-free. This observation served to assess the outcomes of the intervention.

Evaluation Methods

Evaluation Design

This intervention used a non-experimental evaluation design with pre- and post-observations to measure the success of policy adoption and implementation. Process evaluation was also used to advance the objective and document the intervention process by conducting key informant interviews with managers and owners, resident focus groups and public opinion poll, and participant surveys at education presentations. This type of evaluation design was selected for various reasons including its potential to inform the intervention; engage property managers, owners, and residents; and provide an outcome measurement to determine if the objective was successfully met.

Key Informant Interviews were conducted with property owners and managers before policy implementation to assess their readiness to adopt and implement a voluntary smoke-free housing policy, and learn about their views and opinions to strategize policy implementation, enforcement, and community engagement. Before policy implementation, two waves of key informant interviews were conducted with five property managers and the Executive Vice President of FAME Housing Corporation.

Public Opinion Polls were conducted to assess residents' tobacco use; knowledge about the dangers of secondhand and thirdhand smoke; awareness of smoke-free housing policies; understanding of renters' rights;

general support/opposition to voluntary smoke-free housing policies; and opinions on implementation. Two waves of public opinion polls were conducted before policy implementation, and a total of 101 surveys were collected.

Focus Groups were conducted with residents before policy implementation to assess their understanding and concerns regarding voluntary smoke-free housing policies, and to capture any recommendations to implement the policy and enhance monitoring and compliance. One wave of focus groups were conducted at five different FAME properties, with each focus group having 6-10 participants.

Education Participant Surveys were administered after all educational presentations to assess participants understanding of the issues covered and general satisfaction with the presentation. Two waves of the survey were conducted, one after each educational presentation. Overall, a total of 14 educational presentations were conducted, and 133 residents completed the post-presentation evaluation.

Pre- and Post-Observations were conducted before and after policy implementation to collect outcome data and assess policy adoption and implementation at the properties that adopted a voluntary smoke-free policy. One wave of pre-observations was conducted at six FAME Housing properties before policy implementation during the first six months of the intervention, and one wave of post-observations was conducted at twelve FAME Housing properties three months after voluntary smoke-free policies were implemented.

The main strengths of the evaluation design were that it informed the intervention and included a pre- and post-observation measurement that provided evidence that the intervention was effective in establishing voluntary smoke-free policies. There were three limitations that should be noted: 1) not having a non-intervention comparison group/site; 2) the inability to measure smoking and tobacco use behaviors of residents at the intervention sites; and 3) the inability to measure compliance of the smoke-free policies implemented over time. These limitations hamper the ability to provide information on the larger-term implications of this type of intervention.

Sampling, Data Collection and Data Analysis

Data were collected through key informant interviews, focus groups, public opinion polls, education participant surveys, and pre- and post-observation surveys (outcome measurement). The samples, data collection procedures, and data analyses for each method are described in detail below.

Key Informant Interviews

Key informant interviews were conducted with a purposive sample of five managers from the targeted FAME Housing properties for this intervention, as well as with the Executive Vice President of FAME Housing Corporation for a total of six interviews. The key informant interviews were conducted September 2014 to January 2015, utilizing an interview guide that was adapted by the evaluator using sample instrument tools from the Tobacco Control Evaluation Center. The purpose of the key informant interview guide was to assess property owners'/managers' readiness for voluntary smoke-free housing policies, to learn their views and opinions about smoke-free housings, and to identify any possible barriers or challenges in implementing a smoke-free policy. A FAME staff member conducted the interviews at an in-person meeting with each of the key informants that lasted 1 hour in length. The interview notes were transcribed and a content analysis was performed to highlight general themes of awareness and attitudes towards the dangers of secondhand smoke and thirdhand smoke and smoke-free housing policies. It also uncovered manager's opinions on smoking and tobacco use at their property and their anticipated/perceived challenges and barriers to implementing smoke-free housing policies.

Focus Groups

Five focus groups were conducted with a purposive sample of 36 residents from six of the targeted FAME Housing properties, each focus group ranging from 6-10 participants (Table 1). The evaluator developed a focus group guide sourced from focus group sample guides from the Tobacco Control Evaluation Center. The evaluator conducted a focus group training to prepare FAME staff to conduct these focus groups. During this training, the guide was reviewed and the protocol was discussed. To recruit focus group participants at each of the properties a recruitment flyer was created that was distributed at six education presentations with FAME tenants on the topic of smoke-free housing. Each focus group discussion lasted between 30-minutes to 1-hour in length and was recorded and transcribed. A content analysis of the transcriptions revealed common themes and recommendations for program design and implementation.

Table 1. Focus Group Date, Location of Focus Group, Length of Discussion, and Number of Participants.

Date	Location of Focus Group	Length	Number of Participants
10-6-2015	FAME Gardens	56 min	10
10-13-2015	FAME Manor	40 min	8
10-20-2015	FAME Arms	30 min	6
11-17-2015	Eugene Thomas Manor	1 hour	6
11-30-2015	Senior Gardens	45 min	6

Public Opinion Polls

Public opinion poll surveys were conducted from September 2014 to March 2015 with residents from each of the six targeted FAME Housing properties for the intervention activities. The evaluator adapted sample public opinion poll surveys from the Tobacco Control Evaluation Center. The purpose of the survey was to assess resident's tobacco use, knowledge about the dangers of secondhand smoke and thirdhand smoke, awareness of smoke-free housing policies, and to gauge their support or opposition to a smoke-free housing policy at their apartment complex, as well as their opinions on the implementation of the policy. Three tenant liaisons were recruited from among FAME Housing residents and trained to conduct the pen and paper survey. In total, 101 surveys were completed across the six FAME Housing properties. The number of surveys completed at each housing complex is listed in Table 2. The data from the public opinion polls were entered into an online data entry system, and the evaluator analyzed the data by calculating frequencies and percentages using the Statistical Package for the Social Sciences (SPSS). Responses were analyzed in aggregate with all six survey locations for an overall indication of support for a smoke-free policy.

Table 2. Number of surveys completed at each location

Location Name	Number of Units	Number of Surveys completed
FAME Gardens	81	35
FAME Manor	56	25
FAME Arms	40	20
Adams Senior Garden 1	26	10
Eugene Thomas Manor	23	10
Eugene Thomas Manor	11	5

Education Participant Surveys

Surveys were administered by FAME staff members to all participants after each educational presentation conducted at a FAME Housing property. Two presentations were developed for the intervention: one on the topic of secondhand smoke and the benefits of living in smoke-free housing, and the second on tobacco cessation. The first presentation was conducted during the first year of the intervention and the second presentation was conducted a few months before policy implementation. The evaluator used sample education participant surveys from the Tobacco Control Evaluation Center and tailored each pen to paper survey to reflect the content of each presentation.

The first survey, used after the presentation on the benefits of smoke-free housing included 16 questions to assess participant's understanding of issues covered in the presentation such as the dangers of secondhand smoke, ways secondhand and thirdhand smoke travels and who are those most affected from this exposure, emerging tobacco products, and the benefits of living in smoke-free housing. The survey also assessed general participation satisfaction with the presentation such as if they felt they learned new information, whether the presentation was easy to understand, organized, and if it kept them interested. Six presentations were conducted at six of the FAME housing properties targeted in this intervention. In total, seventy-seven residents participated in all six presentations, and they all completed the survey (100% response rate).

The second survey, used after the tobacco cessation presentations included 20 questions that assessed general participation satisfaction with the presentation such as if they felt they learned new information, whether the presentation was easy to understand, organized, and if it kept them interested. The survey also assessed participant's understanding or knowledge of tobacco cessation and their smoking behavior and cessation intentions after the educational presentation. Fifty-six residents participated from all six of the presentation, and all completed the surveys (100% response rate).

In total, 133 surveys were completed. The surveys were entered into an online data entry system, and the data was then analyzed by calculating frequencies and percentages using SPSS. Surveys from each of the presentations were analyzed separately.

Observation Surveys

Pre- and post- observation surveys were conducted that provided an outcome measurement to assess the adoption and implementation of the voluntary smoke-free policies among a purposive sample that included the six targeted FAME properties for pre-observation and twelve FAME properties for the post-observation. The observation survey tool was developed by the evaluator utilizing sample instruments from the Tobacco Control Evaluation Center website. The survey tool is a paper and pen observation checklist that assesses the presence of smoke-free signs, tobacco products (including cigarettes, e-cigarettes, cigars, cigarillos, and smokeless tobacco), tobacco litter, evidence of tobacco use and/or smoking, designated smoking areas, receptacles for tobacco waste, signage/literature on the dangers of smoking and secondhand smoke, and tobacco use cessation resources. The same observation checklist was used for the pre and post observations, to compare any changes before and after policy implementation.

The pre-policy adoption observations were conducted by two trained tenant liaisons, utilizing an observation protocol that was developed by the evaluation consultant. Each tenant liaison observed three apartment housing complexes, taking between 30 to 45 minutes for each observation, for a total of six pre-observations. Most observations were conducted on a Monday, and one was conducted on a Wednesday (Table 3).

Since the intervention was successful in persuading FAME Housing Corporation to adopt a voluntary smoke-free policy across all its housing properties, the post-observation survey was conducted at a total of 12

properties, an increase of six beyond the set of six targeted for this intervention and observed during the pre-observations. Three trained FAC staff members helped to collect the data post-policy implementation, and each observed four FAME Housing properties, taking about 45 minutes for each observation. Most observations were conducted during the week on Mondays (Table 3).

The survey data was entered in an online data entry system, and descriptive statistics such as frequencies and percentages were analyzed on SPSS.

Table 3. Site locations, number of units, and pre- and post-observation details (date, day of the week, and length of the observation)

Site Code	# of Units	Pre-Policy Adoption Observation			Post-Policy Adoption Observation		
		Date of Pre-Obs	Day of the Week	Obs length	Date of Post-Obs	Day of the Week	Obs length
Site 1	81	11/24/2014	Mon	45 min.	4/11/2016	Mon	45 min.
Site 2	56	01/14/2015	Wed	42 min.	4/13/2016	Wed	45 min.
Site 3	40	01/12/2015	Mon	35 min.	4/11/2016	Mon	45 min.
Site 4	26	01/26/2015	Mon	40 min.	4/11/2016	Mon	45 min.
Site 5	23	01/05/2015	Mon	40 min.	4/11/2016	Mon	45 min.
Site 6	4	11/24/2014	Mon	30 min.	4/11/2016	Mon	45 min.
Site 7	11	-	-	-	4/18/2016	Mon	45 min.
Site 8	11	-	-	-	4/18/2016	Mon	45 min.
Site 9	24	-	-	-	4/18/2016	Mon	45 min.
Site 10	22	-	-	-	4/18/2016	Mon	45 min.
Site 11	12	-	-	-	4/18/2016	Mon	45 min.
Site 12	4	-	-	-	4/18/2016	Mon	45 min.

*Pre-observations were conducted in Sites 1 to 6 only.

Evaluation Results

Process evaluation and outcome data was collected and the following key results are presented for each evaluation activity. Included are the data collection results for the Public Opinion Polls, Key Informant Interviews, Focus Groups, Education Participant Surveys, and Observations.

Public Opinion Polls

The Public Opinion Poll surveys conducted among FAME Housing residents served to assess their tobacco use, knowledge about the dangers of secondhand and thirdhand smoke, awareness of smoke-free housing policies at their apartment complex, and if they would support or oppose a smoke-free housing policy at their apartment complex. The survey also provided residents an opportunity to provide their opinions on implementation. A summary highlighting selected results is below, and all survey questions and complete results are presented in Appendix B and C.

In total, 101 surveys were completed by residents from six FAME housing complexes. Sixty-one percent of survey participants were female, and 48 percent were older than 55 years old. Fifty-eight percent were African American, 26 percent were Hispanic/Latino, 7 percent were either mixed or other (such as Korean or Creole), and 8 percent refused to answer this question. A little more than half (58%) of survey participants have lived in

their apartment complex for more than six years. The majority of respondents are non-smokers (75%) while only 11 percent stated they smoke every day (Table 4).

Table 4. Smoking Status of Public Opinion Poll Respondents

Survey Statements	Apartment Complex (n)						Total (n=101)
	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	
Smoke cigarettes, every day	2 6.7%	1 4.5%	2 10.5%	4 33.3%	2 15.4%	0 0%	11 10.9%
Smoke cigarettes, some days	2 6.7%	1 4.5%	3 15.8%	1 8.3%	2 15.4%	2 40%	11 10.9%
Smoke cigarettes, not at all	24 80.0%	19 86.4%	14 73.7%	7 58.3%	9 69.2%	3 60%	76 75.2%
Number and Percent of respondents that have smoked 100 cigarettes or more in their entire life.	1 3.3%	2 9.1%	6 31.6%	7 58.3%	7 53.8%	0 0%	23 22.8%

The majority of respondents believed that secondhand and thirdhand smoke are harmful to one's health (89.1% and 70.3% respectively). The majority (75%) of survey participants do not allow smoking in their home. However, more than half of respondents have experienced secondhand smoke drifting into their apartment from another unit (59.4%) and from outside (open spaces next to their windows and patio doors) (63.4%). Only 16 percent of participants stated their building had a non-smoking policy already in place (Table 5).

Twenty-six percent live with a minor below the age of 18, and 59 percent stated they have or live with someone who has a medical condition such as allergies, asthma, migraines, diabetes, heart disease, or high blood pressure. About a third of survey participants (37%) stated they have or live with someone whose medical condition worsened because of drifting secondhand smoke.

Table 5. Number and Percent of “Yes” Responses for Some Public Opinion Poll Questions by Apartment Complex

Survey Statements	Apartment Complex (n)						Total (n=101)
	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	
Do you allow smoking in your home?	2 6.7%	0 0.0%	6 31.6%	1 8.3%	2 15.4%	2 40.0%	13 12.9%
Do you think Secondhand smoke is harmful to your health?	23 76.7%	22 100.0%	15 78.9%	12 100.0%	13 100.0%	5 100.0%	90 89.1%
Do you think Thirdhand smoke is harmful to your health?	18 60.0%	16 72.7%	16 84.2%	6 50.0%	10 76.9%	5 100.0%	71 70.3%
Does your building have any non-smoking policies already in place?	3 10.0%	4 18.2%	8 42.1%	0 0.0%	1 7.7%	0 0.0%	16 15.8%
Do you think that Secondhand smoke can drift from outside an apartment building into an apartment?	18 60.0%	12 54.5%	14 73.7%	12 100.0%	13 100.0%	5 100.0%	74 73.3%
In the last year, has Secondhand smoke drifted into your home from another apartment unit ?	16 53.3%	8 36.4%	10 52.6%	9 75.0%	12 92.3%	5 100.0%	60 59.4%
In the last year, has Secondhand smoke drifted into your home from outdoors ?	16 53.3%	10 45.5%	9 47.4%	11 91.7%	13 100.0%	5 100.0%	64 63.4%

Sixty-five percent of participants stated they would be for a smoke-free policy versus only 10 percent of survey participants stated they are not in favor (Table 6). The majority of participants (72%) stated they would not have any concerns if their apartment were to become smoke-free. When asked if they had additional comments, six survey participants expressed concerns with people smoking marijuana.

Table 6. Respondents support for Smoke-free Policy by Apartment Complex

Number and Percent of “Yes” Responses.							
Survey Statements	Apartment Complex (n)						
	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	Total (n=101)
Would you prefer to live in the non-smoking section of a building, where each apartment in that section is smoke-free?	16 53.3%	15 68.2%	9 47.4%	7 58.3%	9 69.2%	5 100%	61 60.4%
Would you be in favor of a 100% smoke-free policy at your complex that bans smoking in all outdoor common areas (such as open spaces, playgrounds, parking lots and entrances) and all apartment units (including balconies and patios)?	17 56.7%	15 68.2%	13 68.4%	7 58.3%	9 69.2%	5 100%	66 65.3%

The information from these surveys helped to strategize the adoption and implementation of a smoke-free policy and helped with the messaging and preparation of educational presentations with the tenants about smoke-free policies.

Key Informant Interviews

In the beginning phase of the intervention, six key informant interviews were conducted with five FAME property managers and the Executive Vice President of FAME Housing Corporation to learn about their experiences with smoking and secondhand smoke at their properties, their views and opinions about smoke-free policies, and their thoughts on their apartment complex tenants’ readiness for such a policy. The interviews also informed the project about potential challenges and barriers to adopting a smoke-free policy. The information learned from these interviews helped to strategize the adoption and implementation of a smoke-free policy at FAME Housing properties and helped with the messaging and preparation of educational presentations for the tenants about the policy.

Experiences with smoking and secondhand smoke at FAME Housing properties

Key informants were initially engaged about their experiences with smoking and secondhand smoke at their apartment units. All respondents believed and had a clear understanding that secondhand smoke was harmful to the health of individuals, in particular to some of the most vulnerable such as children, the disabled and senior citizens. All six participants were aware of ways that secondhand smoke can drift within apartments, and all provided examples such as doors, windows, hallways, and vents. One participant described that although the smell of smoke may dissipate, there are still “chemicals in the air.” Essentially, s/he was describing thirdhand smoke but did not use the technical term. When asked about thirdhand smoke, all of the informants expressed they did not know what that was.

When asked about secondhand smoke complaints, all respondents mentioned receiving complaints from tenants about drifting secondhand smoke in their building. One participant mentioned having to relocate ten tenants in one year to move them away from smokers due to their compromised immune systems (HIV

positive non-smoking tenants). Some participants expressed that although relocating tenants has been an option if smoking becomes a nuisance, it is more of a “temporary solution.” Several respondents further explained that moving is not the best option for some tenants because of their age, disabilities, or health conditions which can make it difficult for some tenants to move. Some managers mentioned notifying smokers about complaints, but there was not much they could do beyond that with no policy in place. There was also a consensus across all those interviewed that it takes longer and costs more to clean a unit where a smoker lived versus one where a non-smoker had lived.

“People smoke a lot from their balconies and patios so the smoke drifts up from the outside coming into their windows. Plus lots of people smoke inside their units and the smoke drifts up into the vent system and flows into their neighbor’s unit. The hallway also constantly helps the smoke travel from one unit to another.”

“I know that even when the smell has dissipated that there is still chemicals in the air even if you can no longer see or smell it.”

Views and opinions about smoke-free policies

When key informants were asked their opinions about how difficult or easy it would be to enforce a no-smoking policy at their apartment complexes, the majority of participants believed that the enforcement of the no-smoking policy would not be difficult. A couple of participants explained that it will not be difficult because they know that it is difficult to find housing and tenants cannot afford to get evicted, hence they believe tenants will have to follow the rules.

Four participants explained how a smoke-free policy could be enforced. Examples included providing notice to all tenants about the new policy (such as a “Change of Terms of Tenancy” notice), and posting no-smoking signage as reminders around the complex. One participant mentioned that they would implement a “three strike” tolerance, and another participant explained their strategy would be that if a tenant violates the policy, they would be given an initial warning and upon a second violation, a tenant could be asked to move due to a breach of the lease agreement. One participant did bring up a concern about medical marijuana. S/he stated that depending on if marijuana is included in the policy or not, that may create some issues since some tenants may have a prescribed medical marijuana card.

“It will not be difficult. These tenants understand the circumstances and know they must honor the terms of their lease. It is too difficult to find housing that would accommodate to their health concerns and be affordable.”

Thoughts about apartment complex tenants’ readiness for such a policy

Key informants were first asked if any tenants had requested a no-smoking policy in the past, and none of the participants had experienced this. When asked if tenants would approve or disapprove a smoke-free housing policy, overall, all participants stated that they think the majority of tenants will approve. Four participants elaborated and mentioned that because the majority of tenants are non-smokers, most of the tenants will approve. There was a sentiment that those that don’t approve will be the smokers, in particular because they will have to move to areas farther away from the building to smoke. A couple of participants believe that the smokers will be “furious,” will get “upset” and will make complaints and make a “huge fuss.” One manager mentioned that the senior citizens who smoke in their apartment complex are “very against changes in their environment” and will be unhappy. One participant mentioned that eventually even the smokers will see the benefit of a smoke-free policy since it will make it healthier for their friends and neighbors.

“With a little information, tenants will see this policy for the good it means to do, especially for our children and elderly and approve it. For the most part, even the individuals who do smoke would prefer that their smoking only affect themselves and not influence the health of their friends and neighbors.”

Potential challenges and barriers to adopting a smoke-free policy

All respondents stated that the biggest challenge in implementing a smoke-free policy would be with their residents who currently smoke. Most of the participants stated that they expect the smokers will be upset and that there will be “a lot of resistance and complaints.” One participant mentioned specifically the senior citizen smokers, for reasons mentioned above, who are likely to be very unhappy with changes in their environment. A couple of respondents also mentioned that tenants who smoke medicinal marijuana will also be a challenge.

“They are going to complain about their rights being forfeited but we know that smoking is not a right. In the beginning we will probably see a lot of resistance and complaints, but pretty soon it will fade out and they will just deal with it. There are always going to be people who resist and break the rules but for the most part it shouldn’t be a problem implementing a policy.”

Focus Groups

During the first year of the intervention, focus groups were conducted with residents to learn about their knowledge, attitudes, and beliefs about smoking, secondhand and thirdhand smoke, and to assess their understanding, support for, and concerns regarding smoke-free housing. Participants were also asked to provide recommendations for the implementation, monitoring, and compliance with the policy.

Focus groups were conducted at five FAME Housing properties for a total of five focus groups with a total of 36 residents participating. Below is a summary of the key findings that emerged and were subsequently utilized in the preparation of messaging for tenants and managers to persuade them to adopt a smoke-free policy.

Knowledge, attitudes, and beliefs about smoking, secondhand, and thirdhand smoke

Overall, the majority of participants in all focus groups know about secondhand smoke and are well aware of what it is and how it is harmful to one’s health. A participant described secondhand smoke as “someone else’s smoke [that you inhale]” and another said it was “breathing all the nicotine from someone’s smoke.” Tenants provided examples of their experiences with secondhand smoke exposure in their apartment building. Elevators, hallways, corridors, and balconies were among the various locations participants identified smelling secondhand smoke. A couple of participants from different focus groups, shared that they had to turn on the air conditioner in their apartment (even during times when the weather did not call for the use of the air conditioner) as a strategy to keep out secondhand smoke from drifting from the outside. They expressed that this is unfair to them as it comes with high energy costs. Although most understood how secondhand smoke drifts into apartments, a couple of participants did express their belief that if residents pay rent, they should have the right to do what they want, including smoking in their home. One participant even continued to say it might be better to smoke inside versus outside since kids are constantly outside. This recommendation highlights that some participants may not fully understand how secondhand smoke drifts into apartment units from outside and other adjacent units.

About half of all participants were able to provide examples of how secondhand smoke affects people’s health, including the mention of coughing, headaches, asthma, bronchitis, emphysema, SIDS and cancer. Several participants talked about how secondhand smoke has contributed to making medical conditions

worse. One tenant shared a sad story about her 14-year-old grandson passing away from asthma, a condition that was often exacerbated by smoke.

“My grandson passed away from asthma; he was 14. Smoking did affect his asthma. It was in the air; he couldn’t prevent it. Every time he was outside, and there was a smoker around, he would have an attack.”

Understanding of smoke-free housing policies

Participants were probed about their understanding of current smoke-free policies at their apartment units, and for the most part, all the apartments did not currently have a smoke-free policy in place. Some tenants did state there are some areas where smoking is restricted such as in the elevators and hallways, however, often this did not hinder some smokers to smoke still in those areas. A few participants did express that they understood that smoke-free policies would benefit the tenants overall. However, one participant expressed that it would not happen overnight and that it would “take a village” to change the smoking norms.

“I will never smoke in my apartment; I will only smoke outdoors. But I understand if I go out on the balcony, I will be affecting those around me, so I see the benefits of a non-smoking policy.”

When asked how other tenants would react to a smoke-free policy, many stated that they think the majority of residents will be in favor of the change, in particular because there are more non-smokers than smokers and a healthier environment is always more favorable. However, in one focus group, one participant stated that she believed the majority of people in her apartment smoke, and didn’t think there would be support for the policy at her building. For the most part, participants recognized that the residents that would not be for such a policy would be the smokers themselves.

“Yes, people will be in favor for healthier lives and healthier environment.”

Most focus group participants were for having a smoke-free policy at their apartment complex, but there were a few participants that did not support it. This opinion stemmed from their opinion that if you are paying to live somewhere, that you should have the right to do what you want inside your own home.

“I don’t think you should be able to tell anyone if they pay rent, what they can and cannot do inside their own place. Outside yeah, because kids are out there. But if you are going to smoke, smoke inside your apartment.”

“People should be able to do what they want to do, if they wake up in the middle of the night, they should be able to smoke a cigarette.”

Concerns regarding voluntary smoke-free housing policies

The main concern that was mentioned in all focus groups was the issue of retaliation. Many residents expressed that if tenants approached the smoker directly or if they reported or “snitched” the smoker to management, they feared retaliation from the smokers. Some expressed that it would have to be the management’s job to enforce the policy. Some participants had concerns with enforcement, as they stated they did not think management would be able to enforce such a policy, or that it just wouldn’t get enforced which stems from experiences with other rules not being enforced.

“Mostly we don’t speak up because it is a matter of retaliation, we don’t want to deal with retaliation.”

A couple of smokers also shared their concerns regarding a smoke-free policy and how it would affect them. Several participants stated they did not want to have to go outside of their home and walk far away to smoke. This seemed like an inconvenience to them that they did not want to do. Also, several smokers stated it was unfair to expect someone who has been smoking for many years just to quit smoking without providing them with resources to quit, such as classes or meetings. Several also felt that eviction was unfair, and perhaps “not realistic or logical” to expect them to quit after years of smoking.

“I’m not pro-smoking, but if I have been smoking for five years, and you going to tell me if I smoke you going to kick me out...I don’t believe that that’s fair. I want to quit smoking, but maybe you can set up classes or meetings to help residents quit smoking. We need resources.”

Recommendations to implement the policy and enhance monitoring and compliance.

When participants were asked for their recommendations on how to implement a smoke-free policy and how to help tenants follow the no-smoking rules, tenants provided various suggestions. These suggestions were taken into account by FAME Housing management and with technical assistance from FAC tobacco program staff members, some of them were implemented during the roll out of the no-smoking policy.

The most common suggestion offered by focus group participants was having designated smoking areas for smokers away from the building, and away from where children play. This suggestion was mentioned about thirteen times throughout the focus groups. Another very valuable recommendation that was mentioned by nine participants was having more educational presentations, such as classes or meetings where tenants can learn about the dangers of smoking, secondhand and thirdhand smoke, where they can obtain cessation help and resources. This was highlighted by a couple of smokers as an important thing for management to do, especially if they expect smokers to quit smoking.

“There are some people that smoke that don’t know all of the harms [and] all the negative effects. If you [are] going to tell them to limit [their] smoking, what is the alternative? Why should I limit my smoking? Some people don’t know that ‘me smoking is going to affect the person next to me.’ People might be more conscientious of the health effects that people have that don’t smoke if they are aware.”

“I want to quit smoking, but maybe you can set up classes or meetings to help residents quit smoking. We need resources.”

What may seem like an obvious implementation strategy, but recommended by several participants nonetheless, was increased no-smoking signage throughout the apartment complex. Participants suggested putting signage “everywhere,” but also suggested key locations including the back entrances of the apartment complexes (often located by the parking garage), elevators, and stairwells.

A couple of participants from one focus groups suggested implementing a neighborhood watch to inform management of tenants that may be smoking. However, in other focus groups, this was mentioned as a concern to some due to potential retaliation. Other suggested that management should be responsible for talking with smokers. One participant suggested having more cameras as a way for management to monitor smoking. A couple of other suggestions that were each only mentioned once was to screen tenants before they move in, and to address the smoke-free policy at move-in when signing a new lease.

When participants were asked what should happen if someone violates the no-smoking policy, many stated that warnings should be issued first. Then after the first, second or third warning, the last resort would be an eviction. Some expressed that instead of eviction, fines could be implemented. These fines would increase

each time someone violates the no-smoking rule. However, all of this requires enforcement, which participants reiterated is the role of the management.

Other comments

At the end of the focus groups, participants were provided with an opportunity to share any additional comments they may have. Three participants expressed their gratitude to FAC tobacco program staff members for doing these focus groups, as the sessions were informative and participants learned new things such as thirdhand smoke and the dangers of electronic cigarettes. A couple of participants also expressed that they hoped the information gathered from these focus groups would be shared with FAME Housing management, so they are aware of the thoughts, opinions, and concerns that residents have in regards to smoke-free policies.

“I’ve learned a lot seriously. I feel well educated right now. I learned about e-cig, asthma, and thirdhand smoke. I’m glad I came to this.”

“If management does not get this feedback, then there is no purpose.”

The focus group findings were valuable, and the information learned lead to the smooth adoption and implementation of smoke-free policies at all 12 FAME properties. No-smoking signage and display cases with cessation resources were installed at all FAME Housing properties. Tobacco cessation educational presentations were conducted and cessation ‘quit-kits’ distributed to those interested in quitting smoking. The smoke-free policies adopted stipulate a “warnings” system for violators prior to an eviction taking place.

Education Participant Surveys

Two education presentations were conducted during the intervention, and a participant survey was conducted after each presentation. Surveys served to assess participants understanding of the issues covered during the presentation and their general satisfaction with the presentation. Below is a summary of results from both educational presentations which included a Smoke-free Housing and Tobacco Cessation presentation. The survey tools, and complete results for all of the presentations sessions, including totals across both presentation topics can be found in Appendix E to Appendix H.

Smoke-free Housing Education Participant Surveys

The first presentation conducted in April and May 2015 focused on the benefits of living in smoke-free housing. In total, eight presentations were conducted with a total of 77 residents participating and completing the education participant survey.

To assess participant’s knowledge and understanding of the presentation content, the survey provided certain statements and asked participants if they were in agreement with the statements. In all of the presentations, most participants agreed and strongly agreed with the statements that were provided about the dangers of secondhand and thirdhand smoke, and tobacco addiction (Table 7). Between 86-90% of participants agreed or strongly agreed with the knowledge statements about secondhand smoke. When provided a statement about thirdhand smoke, 75% of participants agreed and strongly agreed with the statement. Seventy-eight percent of participants agreed or strongly agreed that nicotine is more addictive than heroin. An inverted statement about electronic cigarette was also provided, and in this situation, it would not be favorable if participants agreed or strongly agreed with the statement. Although only 30% of participants agreed or strongly agreed that electronic cigarettes are recommended as a way to quit smoking (note: electronic cigarettes have not been recommended as a smoking cessation device), only 48% of respondents disagreed or strongly disagreed.

This may mean that there were about 20% of participants that may not have completely understood the electronic cigarette content of the presentation.

Table 7. Knowledge of Smoke-Free Housing Presentation Content

Number and Percent of “Agree/Strongly Agree” Responses.	
Survey Statements	Total (n=77)
There are over 4,000 chemicals in secondhand smoke, and some cause cancer in humans.	69 (89.6%)
There is no safe level of exposure to secondhand smoke.	66 (85.7%)
Eliminating smoking altogether in a housing complex is the only way to fully protect the residents from harmful exposure to secondhand smoke where they live.	66 (85.7%)
Breathing in secondhand smoke may cause heart disease and cancer in people who do not smoke.	69 (89.6%)
Breathing air in a room today where people smoked yesterday can harm the health of babies and children.	58 (75.3%)
Nicotine is more addictive than heroin.	60 (77.9%)
Electronic cigarettes (E-cigarettes) are recommended as a way to quit smoking regular cigarette.	23 (29.9%)

When asked if participants would support a smoke-free policy in their housing complex, overall 79% of participants agreed or strongly agreed that they would support such a policy, 10% disagreed, and 10% stated they did not know or preferred not to answer (Table 8).

Table 8. Support for a Smoke-free Policy

Survey Responses	Total (n=77)
Strongly Agree	46 (59.7%)
Agree	15 (19.5%)
Disagree	8 (10.4%)
Don't know	7 (9.1%)
Prefer not to answer	1 (1.3%)

When participants were asked about their opinion in regards to the presentation, nearly all participants (95-100%) agreed and strongly agreed that they learned new information that was easy to understand, and that the presentation was well organized and kept them interested. Most all participants agreed and strongly agreed that they would recommend the presentation to other residents (92%).

Table 9. Opinions Regarding the Presentation

Number and Percent of “Agree/Strongly Agree” Responses.	
Survey Statements	Total (n=77)
I feel that I have learned new information from this presentation.	73 (94.8%)

Number and Percent of “Agree/Strongly Agree” Responses.	
Survey Statements	Total (n=77)
The information in this presentation was easy to understand	75 (97.4%)
The presentation was well organized	77 (100%)
The presentation kept you interested.	73 (94.8%)
I would recommend this presentation to other residents.	71 (92.2%)

Twenty participants provided additional comments about the presentation. A couple of participants mentioned not knowing about e-cigarettes before the presentation, and there were four mentions about marijuana smoke as a concern. About nine participants provided positive feedback about the presentation and presenter. Only one person expressed that the presentation used a lot of jargon and technical names, and they felt lost. About two participants expressed their support for a smoke-free policy. Only two main suggestions were provided to improve the presentation, which included adding information about marijuana (two respondents suggested), and making the presentation shorter (one participant suggested).

Tobacco Cessation Education Participant Surveys

The second presentation conducted in January 2016 was on Tobacco Cessation. In total, six presentations were conducted, and a total of 56 residents participated and completed the survey.

To assess participant’s knowledge and understanding of the presentation content, the survey asked six knowledge questions about the various topics discussed during the presentation. Each question had a “correct” response. Table 10 provides the percent of respondents that answered the knowledge questions correctly. Four out of the six questions were answered correctly by the majority of respondents (76.8% to 100%). However there were two questions that were answered correctly by only 48.2% and 37.5% of respondents. These questions included how long nicotine takes to reach the brain and on average how long will someone experience withdrawal symptoms, respectively.

Table 10. Knowledge of Tobacco Cessation Presentation Content

Number and Percent of Correct Responses.	
Survey Statements and Correct Response	Total (n=56)
Smoking can do which of the following to your body (check all that apply): • All of the above **Correct Response	50 (89.3%)
Approximately how much money does someone spend in a year if they smoke a pack of cigarettes each day? • \$1500-\$2000**Correct response	43 (76.8%)
How long does it take for nicotine to reach the brain? • 10-20 seconds**Correct Answer	27 (48.2%)
When someone stops smoking, what are some immediate benefits? (check all that apply): • All of the above**Correct	56 (100%)
On average, how long will someone experience nicotine withdrawal symptoms when they quit smoking? • 2-4 weeks**Correct	21 (37.5%)
What are some reasons people decide to quit smoking (check all that apply)? • All of the above**Correct	58 (98.2%)

In addition to the knowledge questions, two statements were provided and participants were asked if they were in agreement. In almost all of the presentations, most participants agreed and strongly agreed with the statements that taking nicotine replacement therapy medication doubles the chances of successful quitting (81.8% to 100%). In one presentation at Site 6, only 42.9% of respondents agreed/strongly agreed with this statement. An inverted statement about electronic cigarette was also provided, and in this situation, it would be favorable if participants disagreed or strongly disagreed that e-cigarettes are recommended as a way to quit smoking regular cigarettes (note: electronic cigarettes have not been recommended as a smoking cessation device). In almost all the presentations between 57% and 78% of participants disagreed/strongly disagreed that e-cigarettes are a recommended way to quit smoking. In the presentation at Site 5, only 14% of participants disagreed/strongly disagreed with this statement.

Table 11. Knowledge Questions on Nicotine Replacement Therapy and Electronic-Cigarettes

Number and Percent of “Agree/Strongly Agree” or “Disagree/Strongly Disagree” Responses.	
Survey Statements	Total (n=56)
Taking nicotine replacement therapy (NRT) medication doubles the chances of successful quitting. (Percent that “Agree/Strongly Agree”)	48 (85.7%)
Electronic cigarettes (E-cigarettes) are recommended as a way to quit smoking regular cigarette. (Percent that “Disagree/Strongly Disagree”)	36 (64.3%)

When participants were asked about their opinions in regards to the presentation, most participants (95-100%) agreed and strongly agreed that they learned new information that was easy to understand; that it was well organized and kept them interested. All participants agreed and strongly agreed that they would recommend the presentation to other residents (100%). Summary of Presentation Questions can be seen in Table 12.

Table 12. Opinions Regarding Tobacco Cessation Presentation

Number and Percent of “Agree/Strongly Agree” Responses.	
Survey Statements	Total (n=56)
I feel that I have learned new information from this presentation.	56 (100%)
The information in this presentation was easy to understand	54 (96.4%)
The presentation was well organized	55 (98.2%)
The presentation kept you interested.	56 (100%)
I would recommend this presentation to other residents.	56 (100%)

When participants were asked what was the most helpful thing they learned from the presentation, thirty-eight participants responded with various topics. The responses were coded, and ten main themes were identified. The themes are listed in Table 13 with the number of participants that mentioned these things as the most helpful to them.

Table 13. What was the most helpful thing you learned from this presentation?

Participant Responses (38 responses)	Number of respondents
Tips to quit smoking	7
Information about Nicotine/Nicotine Addiction	7
Information about Nicotine Replacement Therapy, Cessation products	5
All of the presentation	5
Learning about the harms of smoking	3
Learning about what happens when you quit smoking	3
Information about withdrawal symptoms	3
Smokers' Helpline phone number	2
Speaker/Presentation Style	2
Information about the cost of smoking	1

Survey participants were provided with an open-ended question asking if they have suggestions on how to improve the presentation. Eighteen participants provided a response to this question. Several suggestions were provided to improve the presentation, however the most commonly mentioned suggestion was to include information about marijuana (suggested by 38.9% of those that responded to this question). Other suggestions included adding information about electronic cigarettes, reducing the use of scientific language, shortening the presentation, and slowing down the presentation. Five out of those that responded to this question (27.8%) stated they would change nothing.

Since this presentation was about tobacco and smoking cessation, participants were also asked about their smoking behaviors. More than half of the participants (60.7%) stated they don't smoke at all. Thirty-eight percent of participants either smoke some or every day. Of those participants that smoked every day, they stated they smoke from 6 to 20 cigarettes per day. Of those respondents that smoked some days, they smoked 5 to 25 days out of the month and ranged from 5 to 15 cigarettes per day. Of the participants that smoke every day or some days (n=21), 81 percent stated they have tried to quit smoking in the past year, however only 9.5 percent stated they were ready to quit now (after the presentation) (Table 14). However, survey results do indicate that this presentation was helpful in making participants think about the issue of cessation.

Table 14. Intentions to Quit Smoking after Presentation

After today's presentation, how do you feel about quitting smoking? (n= 21 Number of participants that say they smoke)	
Survey Responses	Total (n=21)
I like to smoke, and I'm not planning to quit.	3 (14.3%)
I like a lot of things about smoking, but I would like to quit.	16 (76.2%)
I'm ready to quit smoking now.	2 (9.5%)

Summary from both waves of education participant surveys

Overall, participants across both presentations had a good understanding of the presentation content and felt the presentation format and organization was beneficial. An area where the presentations could potentially be improved was the issue of electronic cigarettes as a smoking cessation device. There is not enough research at the present moment to recommend electronic cigarettes as a smoking cessation device, and some of the early research on this topic hasn't shown an increase in cessation. Another important topic that participants

expressed interest in several times in both presentations was marijuana smoke. It would be good to include educational information about marijuana since multiple survey respondents mentioned this as a concern. In the smoke-free housing presentation, the majority of participants were in support of a smoke-free policy. In the tobacco cessation presentation, more than half of participants that smoke stated they would like to quit, however only 9.5% of participants that smoked actually were ready to quit after the presentation. The findings from both of these surveys were and will be used to improve future presentations that will be conducted for FAME Housing residents and may inform further refinement of the FAME Housing smoke-free policy language (e.g., inclusion of e-cigarettes and/or marijuana in the policy language).

Pre- and Post-Observations

An observation checklist was utilized to observe and record the presence of tobacco use and monitoring, including the presence of smoke-free signs, evidence of tobacco use and/or smoking, designated smoking areas, receptacles for tobacco waste, and signage and/or literature on the dangers of smoking, secondhand smoke, and tobacco-use cessation. The same observation tool was used pre- and post-policy adoption to document changes in the housing complexes that adopted a voluntary smoke-free policy. These observations served as the outcome measure of the intervention.

Pre-Observation

Pre-policy adoption observations were conducted at each of the six targeted housing complexes. Overall, among the six apartment complexes observed, five had smoking observed in apartment areas such as the entrances, courtyards, apartments, sidewalks/walkways, patio/balcony, and garage/parking lots. In total, eight smokers were observed across the five sites. Smoking evidence was observed in all six apartment complexes. Cigarette butts were found in all locations, ranging from 2-11 cigarette butts, and totaling 41 across all six locations. Only two locations had posted 'no smoking' signs in the main entrance, and one location had a designated smoking area in the courtyard. None of the locations had educational materials about secondhand smoke or cessation resources visible or available.

Post-Observation

A post-policy adoption observation was conducted at all twelve FAME Housing properties that adopted a voluntary smoke-free policy which became effective on January 1, 2016. This is a doubling of the sample size when compared to the original six apartment complexes observed during the pre-observation. The post-observations were conducted on the same day of the week as the pre-observation to maintain consistency.

No smoking was observed at any of the twelve apartment complexes at the time of observation. However, there was some evidence of tobacco use at six apartment complexes. This included cigarette butts found at six of the 12 locations, ranging from 1-5 cigarette butts, with a total of 13 cigarette butts observed across all 12 locations. Tobacco litter was found in two locations. All 12 properties had 'no smoking' signs at various locations such as the main entrances, courtyards, walkways, common rooms, laundry rooms, lobbies, hallways, community rooms and parking areas. None of the properties had signage with designated smoking areas. All had educational materials about secondhand smoke and cessation resources, including signs, posters, flyers, pamphlets, and print materials.

Outcome of Observation

The post-observations demonstrate that voluntary smoke-free policies have been implemented at all FAME Housing properties as evidenced by the observation of "no smoking" signage at all locations and the absence of people smoking during the observations (Figure 1). Although a smoke-free policy has been implemented,

there is still some evidence of smoking and tobacco use at some locations (such as cigarette butts found at various locations), which indicates some tenants and/or their guests may not be complying with the new policy (Figure 2). When comparing the pre- and post-observations, there is evidence that a smoke-free policy has been effective in reducing the presence of tobacco use compared to pre-policy adoption, which provides greater protection to tenants from the dangers of secondhand and thirdhand smoke.

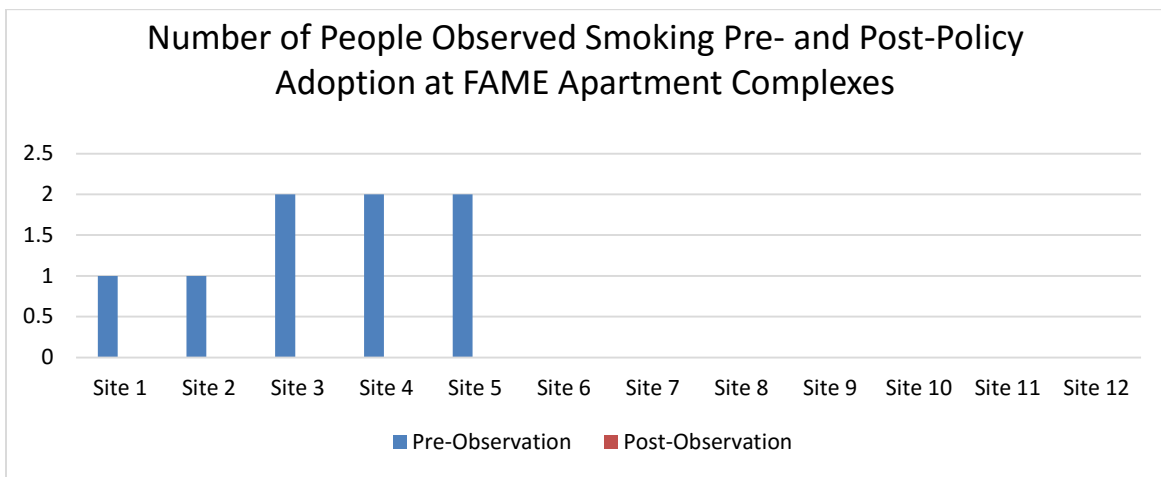


Figure 1. Number of People Observed Smoking Pre- and Post-Policy Adoption at FAME Apartment Complexes

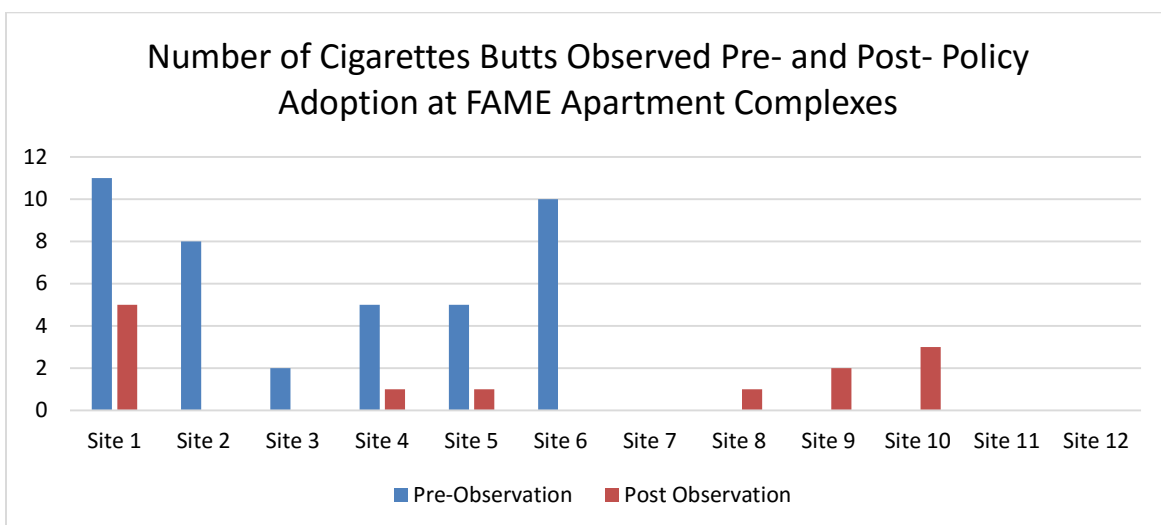


Figure 2. Number of Cigarette Butts Observed Smoking Pre- and Post-Policy Adoption at FAME Apartment Complexes

Conclusions and Recommendations

The objective of adopting and implementing a voluntary, written smoke-free policy requiring all outdoor common areas and 100% of contiguous individual units (including balconies and patios) to be designated as smoke-free in at least six multi-unit housing complexes managed by FAME Housing Corporation, with a total of more than 200 units, with 50% or more low socio-economic status residents, was met. Findings from the post-observation and comparison against the pre-observations demonstrate that voluntary smoke-free policies have been adopted and implemented at all targeted FAME Housing properties. In total, twelve FAME Housing properties adopted and implemented a smoke-free policy that became effective in January 2016, which impacted 314 apartment units in total.

The intervention activities and the process evaluation activities all played an imperative role in educating tenants, owners, and managers, which positively influenced management's decisions to adopt a smoke-free policy in 100% of adjacent individual units and common areas. The educational presentations, community engagement events, as well as resident focus groups, were valuable in educating and raising awareness among residents about the dangers of secondhand and thirdhand smoke, and the benefits of living in a smoke-free environment. These activities also provided an opportunity to disseminate tobacco cessation resources to participants that were interested in quitting smoking. Meetings and Key Informant Interviews with the property owners and managers helped to educate them on the financial benefits of smoke-free housing, and provided an opportunity for tobacco program staff to answer any question and address concerns related to the adoption and implementation of a smoke-free policy. The process evaluation results, such as the public opinion polls, key informant interviews, and focus groups, all helped in the development of a messaging strategy that influenced owners' and managers' receptivity to the adoption of a smoke-free policy.

The biggest lesson learned is that education is power. At first, some residents and members of the community were reluctant to support the adoption of a smoke-free policy at their apartment complex, mostly due to a lack of understanding of secondhand and thirdhand smoke, and belief that if residents pay rent, they should be able to do what they want in their homes. Upon the conclusion of the educational presentations and focus groups, the majority, if not all, of participants were very much in favor of the adoption of a smoke-free policy. A recommendation for future projects, based on the experiences of this intervention and suggestions from tenants that participated in focus groups, is to invest time in educating all residents of a housing complex about the dangers of smoking, secondhand and thirdhand smoke, and benefits of living in a smoke-free environment. As learned from the focus groups, the level of acceptance of a smoke-free policy can increase dramatically if each resident is properly educated on the subject. Another recommendation is to include evaluation activities that measure tenants' smoking behavior or compliance with the no-smoking policy implemented in order to assess the impact of the smoke-free policy on the exposure of secondhand smoke among residents, as well as to learn other long-term implications of this type of intervention.

FAME Assistance Corporation and FAME Housing Corporation will apply the positive results of this intervention to future projects. The findings and information learned will also be shared with other housing properties and city officials in different parts of Los Angeles to help garner support for the adoption of city-wide multi-unit housing smoke-free ordinances in jurisdictions across Los Angeles County.

Citations

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Appendix

- A. Key Informant Interview Guide
- B. Public Opinion Poll Survey
- C. Public Opinion Poll Results
- D. Focus Group Discussion Guide
- E. Smoke-Free Housing Presentation Education Participant Survey (Wave 1)
- F. Smoke-Free Housing Presentation Education Participant Survey Results
- G. Tobacco Cessation Presentation Education Participant Survey (Wave 2)
- H. Tobacco Cessation Presentation Education Participant Survey Results
- I. Pre- and Post-Observation Tool

Appendix A. Key Informant Interview Guide

Thank you very much for taking the time to be interviewed about your thoughts, opinions and perceptions of implementing a smoke free policy at complexes managed by FAME housing corporation.

As you may know, FAME Assistance Corporation is considering implementing a smoke-free policy requiring all outdoor common areas (such as open spaces, playgrounds, swimming pool areas and entrances) and 100% of apartment units (including balconies and patios) to be designated smoke-free.

As we work to protect and improve the health of FAME housing residents, we value your knowledge, perceptions and experience on this issue. Your responses will become an important part of our effort to fully understand how drifting tobacco smoke impacts the health and quality of life for residents, and will help guide the adoption and implementation of a smoke-free policy.

- 1. Please tell me about the apartment complex(es) you manage.**
 - a. Probes: How many units does that include? Ask about the number of buildings in the complex, number of stories of each building, and identify common areas.
- 2. In your opinion, is secondhand smoke harmful? By secondhand smoke, I mean the smoke blown out by a smoker from cigarettes, cigars or pipes. Yes or No (Circle)**
 - a. If yes, how is SHS harmful?
 - b. If they can't explain how SHS is harmful, ask: How harmful do you think it is: very harmful, somewhat harmful, not harmful at all, don't know?
- 3. Are you aware of the ways that secondhand smoke can drift within apartments?**
 - a. Probe: Please describe how and where secondhand smoke can drift.
- 4. Are you aware of something called thirdhand smoke? Yes or No (Circle)**
 - a. If yes: Can you explain what that is to me? How harmful is thirdhand smoke?
 - b. If no: Thirdhand smoke are the particles from smoke that stick to things once the smoking is over. It can cling on things such as walls, carpets, floors, curtains, furniture, etc.
- 5. Are you aware of any tenants that smoke cigarettes or cigars in your apartment complex?**
 - a. Probe: Approximately how many tenants smoke cigarettes or cigars? If can't provide a numerical estimate: is it the minority of tenants, the majority, or about half the tenants?
- 6. Where do people smoke in your complex?**
 - a. Probe: ask about inside apartment units? Balconies or patios? Outdoor common areas? Laundry room? Indoor common areas?
- 7. Does your complex have an outdoor designated smoking area? Yes or No (Circle)**
 - a. If yes, where?
- 8. Does your complex(es) have any non-smoking policies? Yes or No (Circle).**
 - a. If yes: Where is smoking prohibited? Inside units? In common areas? On balconies? In courtyards? In hallways? Anywhere else? Is there a designated smoking area and where is it? How long have you had such a policy?
 - b. If no: Have you ever considered adopting a non-smoking policy. Why or why not?
- 9. Have you had any complaints about drifting secondhand smoke in your building(s)? Yes or No (Circle).**

- a. If yes: About how many complaints have been made in the last year? Can you tell me more about those complaints? How were they resolved? Were the tenants satisfied with the resolution?
- 10. Have any of your tenants requested to move because they were being exposed to their neighbor's secondhand smoke? Yes or No (Circle).**
- a. If yes: About how many of these requests were made in the last year? Were the requests granted? Were the tenants satisfied with the resolution?
- 11. Have you ever been approached by tenants requesting non-smoking policies for individual units or common areas? Yes or No (Circle).**
- a. If yes: Can you tell me more about the requests? About how many requests have been made in the last year? How did you respond?
- 12. When a tenant moves out, does it cost more to clean the unit of a smoker than that of a non-smoker? Yes or No (Circle).**
- a. If yes: What is the difference in cost, time, and what needs to be cleaned?
- 13. Are you in favor of a policy at your complex that bans smoking in all outdoor common areas (such as open spaces, playgrounds, swimming pool areas and entrances) and 100% of apartment units (including balconies and patios)? Yes or No (Circle).**
- a. If no: Why are you not in favor of this type of policy?
- 14. In your opinion, do you think apartment tenants will overall approve or disapprove a smoke-free housing policy?**
- a. Please explain why tenants would overall approve or disapprove?
- 15. What barriers and challenges do you see in implementing a smoke-free policy at your complex(es)?**
- a. Probe: Do you have any concerns about implementing this policy?
- 16. How difficult or easy would it be to enforce a no-smoking policy at your complex(es)?**
- a. Probe for a detailed explanation.
- b. Probe: Do you have any concerns about enforcing a smoke-free policy?
- 17. Do you have any other comments or suggestions you would like to add regarding a smoke free policy within your complex(es)?**

Thank you for taking the time to answer these questions!

Appendix B. Public Opinion Poll Survey

FAME Housing Corporation is doing a survey on what people think about cigarette, cigar, and pipe smoking at the apartment complex where you live and what your opinions are about a smoke-free policy. Your opinion is really important to us. Your participation is completely voluntary, we will not ask you any private information, and we will not identify the survey with your name or apartment unit. The information you provide will be kept confidential.

1. Do you allow smoking in your home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Prefer not to answer
2. Do you allow smoking on your balcony or patio?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Sometimes 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Prefer not to answer
3. Do you think Secondhand smoke is harmful to your health? (Second hand smoke is the smoke blown by a smoker from a cigarette, cigar, or pipe.)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer
4. Do you think Thirdhand smoke is harmful to your health? (Third hand smoke are the particles from smoke that stick to things once the smoking is over. It can cling on things such as walls, carpets, floors, curtains, furniture, etc.)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer
5. Does your building have any non-smoking policies already in place?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer
6. Do you think that Secondhand smoke can drift from outside an apartment building into an apartment?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer
7. In the last year, has Secondhand smoke drifted into your home from another apartment unit ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer
8. In the last year, has Secondhand smoke drifted into your home from outdoors ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer
9. Which actions have you taken because secondhand smoke drifted into your home? (Mark all that apply)	1 <input type="checkbox"/> Complained to the smoker 1 <input type="checkbox"/> Complained to the manager 1 <input type="checkbox"/> Tried to stop smoke from entering home 1 <input type="checkbox"/> Wanted to complain but changed my mind 1 <input type="checkbox"/> Wanted to complain but didn't know who to complain to 1 <input type="checkbox"/> Did not do any of the above 1 <input type="checkbox"/> Do not know 1 <input type="checkbox"/> Refused
10. Have you personally smelled SHS in any of the following areas? (Mark all that apply)	1 <input type="checkbox"/> Entrance(s) 1 <input type="checkbox"/> Lobby 1 <input type="checkbox"/> Walkways/Sidewalks 1 <input type="checkbox"/> Garage/Parking lot 1 <input type="checkbox"/> Courtyard(s) 1 <input type="checkbox"/> Playground(s) 1 <input type="checkbox"/> Patio/Balcony 1 <input type="checkbox"/> Laundry Room 1 <input type="checkbox"/> Apartment(s) 1 <input type="checkbox"/> Indoor common areas (Recreation Room) (specify: _____) 1 <input type="checkbox"/> Other common areas (Recreation Room) (specify: _____) 1 <input type="checkbox"/> None of the above mentioned places 1 <input type="checkbox"/> Don't know 1 <input type="checkbox"/> Refused
11. Do you live with someone who is (Mark all that apply)	1 <input type="checkbox"/> Live alone 1 <input type="checkbox"/> 0-5 years old 1 <input type="checkbox"/> 6-7 years old 1 <input type="checkbox"/> 8-17 years old 1 <input type="checkbox"/> 18-64 years old 1 <input type="checkbox"/> 65+ years old 1 <input type="checkbox"/> Don't know 1 <input type="checkbox"/> Refused
12. Do you or someone you live with have a medical condition such as allergies, asthma, migraines, diabetes, heart disease, or high blood pressure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer
13. Do you or someone you live with have a	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer

<p>medical condition that has worsened because of secondhand smoke that drifted into your home?</p>	
<p>14. Would you prefer to live in the non-smoking section of a building, where each apartment in that section is smoke-free?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does not matter to me 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Prefer not to answer</p>
<p>15. Would you be in favor of a 100% smoke-free policy at your complex that bans smoking in all outdoor common areas (such as open spaces, playgrounds, parking lots and entrances) and all apartment units (including balconies and patios)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Does not matter to me 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Prefer not to answer</p>
<p>16. If any area in your apartment complex was designated smoke-free would you be willing to inform your family, friends, and visitors that smoking is not allowed in these areas?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer</p>
<p>17. A tenant has signed an agreement not to smoke in a unit, including the balcony and patio. Is it okay to require them to move out if they repeatedly violate the agreement?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer</p>
<p>18. If your apartment were to become smoke-free, do you have any concerns?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer</p>
<p>19. Do you now smoke cigarettes every day, some days, or not at all?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Some days 3 <input type="checkbox"/> Not at all 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Prefer not to answer</p>
<p>20. In your entire life, have you smoked 100 or more cigarettes?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer</p>
<p>21. How long have you lived in your current home?</p>	<p>1 <input type="checkbox"/> Less than a year 2 <input type="checkbox"/> Between 1 to 5 years 3 <input type="checkbox"/> Between 6 to 10 years 4 <input type="checkbox"/> More than 10 years 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refused</p>
<p>22. What is your age?</p>	<p>1 <input type="checkbox"/> 18-24 2 <input type="checkbox"/> 25-34 3 <input type="checkbox"/> 35-44 4 <input type="checkbox"/> 45-54 5 <input type="checkbox"/> 55-64 6 <input type="checkbox"/> 65-74 7 <input type="checkbox"/> 75 or older 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refused</p>
<p>23. What is your gender?</p>	<p>1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Prefer not to answer</p>
<p>24. Which race/ethnicity do you identify as? (Choose only one.)</p>	<p>1 <input type="checkbox"/> African/American 2 <input type="checkbox"/> Asian/Pacific Islander 3 <input type="checkbox"/> Hispanic/Latino 4 <input type="checkbox"/> White/Non-Hispanic 5 <input type="checkbox"/> Native American/Alaskan Native 6 <input type="checkbox"/> Mixed/multi-ethnic : specify _____ 7 <input type="checkbox"/> Other: Please specify _____ 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refused</p>
<p>25. Do you have any additional comments you would like to share with us? (If they mention having concerns about smoke-free policy, make sure they explain and document here.)</p>	

Appendix C. Public Opinion Poll Results

Respondent Demographics							
Survey Statements	Apartment Complex (n)						Total (n=101)
	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	
Female	19 63.3%	15 68.2%	10 52.6%	7 58.3%	7 53.8%	3 60.0%	61 60.4%
Male	7 23.3%	5 22.7%	9 47.4%	5 41.7%	6 46.2%	1 20.0%	33 32.7%
What is your age?							
18-24 Years old	2 6.7%	2 9.1%	0 0%	0 0%	0 0%	1 20.0%	5 5.0%
25-34 years old	4 13.3%	2 9.1%	0 0%	0 0%	0 0%	0 0%	6 5.9%
35-44 years old	7 23.3%	2 9.1%	2 10.5%	0 0%	5 38.5%	0 0%	16 15.8%
45-54 years old	8 26.7%	5 22.7%	4 21.1%	0 0%	2 15.4%	1 20.0%	20 19.8%
55-64 years old	3 10.0%	6 27.3%	5 26.3%	0 0%	5 38.5%	2 40.0%	21 20.8%
65-74 years old	2 6.7%	1 4.5%	5 26.3%	6 50.0%	1 7.7%	0 0%	15 14.9%
75 years or older	2 6.7%	1 4.5%	3 15.8%	6 50.0%	0 0%	0 0%	12 11.9%
Refused to answer	2 6.7%	3 13.6%	0 0%	0 0%	0 0%	1 20.0%	6 5.9%
How long have you lived in your current home?							
Less than a year	5 16.7%	4 18.2%	0 0%	3 25.0%	2 15.4%	0 0%	14 13.9%
Between 1 to 5 years	4 13.3%	2 9.1%	5 26.3%	4 33.3%	9 69.2%	1 20.0%	25 24.8%
Between 6 to 10 years	7 23.3%	5 22.7%	7 36.8%	5 41.7%	2 15.4%	3 60.0%	29 28.7%
More than 10 years	11 36.7%	11 50.0%	7 36.8%	0 0%	0 0%	0 0%	29 28.7%
Refused to answer	3 10.0%	0 0%	0 0%	0 0%	0 0%	1 20.0%	4 4.0%
Which race/ethnicity do you identify as? (Choose only one.)							
African American	19 63.3%	12 54.5%	16 84.2%	10 83.3%	1 7.7%	1 20.0%	59 58.4%
Hispanic/Latino	4 13.3%	6 27.3%	2 10.5%	1 8.3%	12 92.3%	1 20.0%	26 25.7%
White Non-Hispanic	0 0%	1 4.5%	0 0%	0 0%	0 0%	0 0%	1 1.0%
Mixed/Multi-ethnicity	1 3.3%	0 0%	1 5.3%	0 0%	0 0%	0 0%	2 2.0%
Other (Specify)	1 3.3%	2 9.1%	0 0%	0 0%	2 40.0%	0 0%	5 5.0%

Number and Percent of “Yes” Responses.							
	Apartment Complex (n)						
Survey Statements	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	Total (n=101)
Do you allow smoking in your home?	2 6.7%	0 0.0%	6 31.6%	1 8.3%	2 15.4%	2 40.0%	13 12.9%
Do you allow smoking on your balcony or patio?	5 16.7%	0 0.0%	6 31.6%	3 25.0%	2 15.4%	0 0.0%	16 15.8%
Do you think Secondhand smoke is harmful to your health? (Second hand smoke is the smoke blown by a smoker from a cigarette, cigar, or pipe.)	23 76.7%	22 100.0%	15 78.9%	12 100.0%	13 100.0%	5 100.0%	90 89.1%
Do you think Thirdhand smoke is harmful to your health? (Third hand smoke are the particles from smoke that stick to things once the smoking is over. It can cling on things such as walls, carpets, floors, curtains, furniture, etc.)	18 60.0%	16 72.7%	16 84.2%	6 50.0%	10 76.9%	5 100.0%	71 70.3%
Does your building have any non-smoking policies already in place?	3 10.0%	4 18.2%	8 42.1%	0 0.0%	1 7.7%	0 0.0%	16 15.8%
Do you think that Secondhand smoke can drift from outside an apartment building into an apartment?	18 60.0%	12 54.5%	14 73.7%	12 100.0%	13 100.0%	5 100.0%	74 73.3%
In the last year, has Secondhand smoke drifted into your home from another apartment unit ?	16 53.3%	8 36.4%	10 52.6%	9 75.0%	12 92.3%	5 100.0%	60 59.4%
In the last year, has Secondhand smoke drifted into your home from outdoors ?	16 53.3%	10 45.5%	9 47.4%	11 91.7%	13 100.0%	5 100.0%	64 63.4%

Which actions have you taken because secondhand smoke drifted into your home? (Check all that apply)							
	Apartment Complex (n)						
Actions Taken	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	Total (n=101)
Complained to the smoker	3 10%	1 4.5%	2 10.5%	4 33.3%	2 15.4%	2 40%	14 13.9%
Complained to the manager	4 13.3%	0 0.0%	2 10.5%	0 0.0%	0 0.0%	5 100%	11 10.9%
Tried to stop smoke from entering home	6 20%	1 4.5%	0 0.0%	1 8.3%	8 61.5%	5 100%	21 20.8%
Wanted to complain but changed my mind	1 3.3%	1 4.5%	2 10.5%	0 0.0%	0 0.0%	0 0.0%	4 4%
Wanted to complain but didn't know who to complain to	5 16.7%	4 18.2%	0 0.0%	2 16.7%	2 15.4%	0 0.0%	13 12.9%
Did not do any of the above	13 43.3%	13 59.1%	13 68.4%	5 41.7%	4 30.8%	0 0.0%	48 47.5%
Do not know	1 3.3%	0 0.0%	1 5.3%	1 8.3%	0 0.0%	0 0.0%	3 3%

Areas respondents have personally smelled secondhand smoke. (Check all that apply)							
	Apartment Complex (n)						
Locations	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	Total (n=101)
Entrance(s)	6 20%	7 31.8%	7 36.8%	4 33.3%	7 53.8%	5 100%	36 35.6%
Courtyard(s)	4 13.3%	8 36.4%	1 5.3%	2 16.7%	11 84.6%	0 0.0%	26 25.7%
Apartment(s)	8 26.7%	4 18.2%	2 10.5%	8 66.7%	12 92.3%	2 40%	36 35.6%
Lobby	11 36.7%	4 18.2%	8 42.1%	0 0.0%	0 0.0%	2 40%	25 24.8%
Playground(s)	3 10%	6 27.3%	0 0.0%	0 0.0%	1 7.7%	0 0.0%	10 9.9%
Indoor Common area (specify)	1 3.3%	1 4.5%	4 21.1%	0 0.0%	0 0.0%	2 40%	8 7.9%
Walkways/Sidewalks	7 23.3%	8 36.3%	6 31.6%	6 50%	6 46.2%	3 60%	36 35.6%
Patio/Balcony	11 36.7%	4 18.2%	5 26.3%	10 83.3%	13 100%	2 40%	45 44.6%
Other common areas (specify)	1 3.3%	1 4.5%	1 5.3%	1 8.3%	0 0.0%	1 20%	5 5%
Garage/Parking Lots	11 36.7%	12 54.5%	1 5.3%	0 0.0%	0 0.0%	2 40%	26 25.7%
Laundry Room	6 20%	7 31.8%	1 5.3%	0 0.0%	0 0.0%	2 40%	16 15.8%
None of the above mentioned places	2 6.7%	5 22.7%	5 26.3%	0 0.0%	0 0.0%	0 0.0%	12 11.1%
Do Not Know	4 13.3%	3 13.6%	2 10.5%	1 8.3%	0 0.0%	0 0.0%	10 9.9%
Refuse to answer	4 13.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 4%

Who do respondents live with? (Check all that apply)							
	Apartment Complex (n)						
Who respondents live with:	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	Total (n=101)
Live alone	1 3.3%	2 9.1%	18 94.7%	12 100%	7 53.8%	2 40%	42 41.6%
0-5 years old	8 26.7%	3 13.6%	0 0.0%	0 0.0%	1 7.7%	0 0.0%	12 11.9%
6-7 years old	3 10%	1 4.5%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 4%
8-17 years old	6 20%	3 13.6%	0 0.0%	0 0.0%	1 7.7%	0 0.0%	10 9.9%
18-64 years old	19 63.3%	15 68.2%	0 0.0%	0 0.0%	5 38.5%	2 40%	41 40.6%
65+ years old	0 0.0%	3 13.6%	1 5.3%	0 0.0%	0 0.0%	0 0.0%	4 4%
Don't know	1 3.3%	1 4.5%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 2%
Refused	6 20%	1 4.5%	0 0.0%	0 0.0%	0 0.0%	1 20%	8 7.9%

Number and Percent of “Yes” Responses.							
	Apartment Complex (n)						
Survey Statements	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	Total (n=101)
Do you or someone you live with have a medical condition such as allergies, asthma, migraines, diabetes, heart disease, or high blood pressure?	11 36.7%	13 59.1%	12 63.2%	10 83.3%	11 84.6%	3 60.0%	60 59.4%
Do you or someone you live with have a medical condition that has worsened because of secondhand smoke that drifted into your home?	5 16.7%	2 9.1%	3 15.8%	12 100.0%	12 92.3%	3 60.0%	37 36.6%

Number and Percent of “Yes” Responses.							
	Apartment Complex (n)						
Survey Statements	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	Total (n=101)
Would you prefer to live in the non-smoking section of a building, where each apartment in that section is smoke-free?	16 53.3%	15 68.2%	9 47.4%	7 58.3%	9 69.2%	5 100%	61 60.4%
Would you be in favor of a 100% smoke-free policy at your complex that bans smoking in all outdoor common areas (such as open spaces, playgrounds, parking lots and entrances) and all apartment units (including balconies and patios)?	17 56.7%	15 68.2%	13 68.4%	7 58.3%	9 69.2%	5 100%	66 65.3%
If any area in your apartment complex was designated smoke-free would you be willing to inform your family, friends, and visitors that smoking is not allowed in these areas?	21 70.0%	20 90.9%	15 78.9%	11 91.7%	11 84.6%	4 80.0%	82 81.2%
A tenant has signed an agreement not to smoke in a unit, including the balcony and patio. Is it okay to require them to move out if they repeatedly violate the agreement?	17 56.7%	12 54.5%	11 57.9%	8 66.7%	9 69.2%	5 100%	62 61.4%
If your apartment were to become smoke-free, do you have any concerns?	2 6.7%	2 9.1%	2 10.5%	4 33.3%	3 23.1%	2 40%	15 14.9%

Smoking Status of Respondents							
	Apartment Complex (n)						
Survey Statements	1 (n=30)	2 (N=22)	3 (n=19)	4 (n=12)	5 (n=13)	6 (n=5)	Total (n=101)
Smoke cigarettes, every day	2 6.7%	1 4.5%	2 10.5%	4 33.3%	2 15.4%	0 0.0%	11 10.9%
Smoke cigarettes, some days	2 6.7%	1 4.5%	3 15.8%	1 8.3%	2 15.4%	2 40%	11 10.9%
Smoke cigarettes, not at all	24 80.0%	19 86.4%	14 73.7%	7 58.3%	9 69.2%	3 60%	76 75.2%
Number and Percent of respondents that have smoked 100 cigarettes or more in their entire life.	1 3.3%	2 9.1%	6 31.6%	7 58.3%	7 53.8%	0 0.0%	23 22.8%

Appendix D. Focus Group Discussion Guide

Welcome everyone. Thank you for coming to share your thoughts with us. We're here to talk about smoking and secondhand smoke in your apartment complex. This focus group will help us better understand how we can create a healthier environment for everyone.

There are no right or wrong answers. We'd like to make this an environment where everyone feels comfortable sharing their thoughts and opinions. We would also like to remind you that everything that is said in this room will be kept confidential, so we ask that you don't repeat anything that was said in this room outside of this room.

Since we want to document your opinions and feedback, one of our team members will be taking notes during our discussion; however we would also like to record the audio for this focus group. We will not share the audio with anyone and will only use it for our notes and will be discarded after we have finalized our report. Do any of you have any objections to this?

Before we get started, we do want to share some ground rules. [As you mention each rule, you can write them on a flip chart or chalk/dry-erase board]

Ground Rules:

1. One speaker at a time
2. Confidential
3. Everyone's opinion is important

Are there any other rules we should add that will help you feel more comfortable? [Add any additional rules]

Icebreaker

Before we start, why don't we go around the room and introduce ourselves. Please say your name, how long you have lived in the apartment complex, and one thing that made you smile today.

I. Warm-Up (10 min)

- a. **Thank you for introducing yourself. Let's go ahead and get started. First I would like to ask, what is the first thing that comes to mind when you hear the words "secondhand smoke."**
 - i. Probe: How do you define second-hand smoke? (or provide definition if not done during opening)
 - ii. Probe: Do you think that secondhand smoke affects health? If yes, how?
- b. **What kind of rules, if any, do you have about smoking in your apartment?**

II. Experience with Second Hand Smoke in Multi-Unit Housing (15 min)

- a. **How many of you have ever experienced second-hand smoke in your apartment complex? (Ask for a show of hands).**
- b. **What happens when someone smokes nearby your apartment?**
 - i. Probe: Does the traveling tobacco smoke bother you?
 - ii. Probe: How does the traveling smoke affect you or those who live with you in your home?
 - iii. Probe: Does anyone in your apartment have a health condition that gets worse as a result of smelling second-hand smoke? If yes, please describe. (Examples: asthma, allergies, migraines, chronic bronchitis, heart disease, high blood pressure, emphysema, diabetes, arthritis, cancer.)
- c. **Have you ever had tobacco smoke drift into your apartment?**
 - i. Probe: If yes, how often does smoke drift into your apartment?
 - ii. Probe: If yes, where did it come from? (Examples: another unit, air vents, windows, laundry room, recreation area, balcony/patio, parking area, elevator, courtyard, lobby/entrance, stairs/hallway, mailroom).

- iii. Probe: What have you done as a result of cigarette smoke drifting into your apartment? (Examples: complain to smoker, neighbor or manager; raise issue at tenant association meeting; closed doors/windows; nothing.)
- d. **Do you ever smell cigarette smoke around your apartment or building?**
 - i. Probe: If yes, where did it come from? (Examples: another unit, air vents, windows, laundry room, recreation area, balcony/patio, parking area, elevator, courtyard, lobby/entrance, stairs/hallway, mailroom)
 - ii. Probe: If yes, how often do you smell cigarette smoke around your apartment or building?
 - iii. Probe: What have you done as a result of smelling cigarette around your apartment or building? (Examples: complain to smoker, neighbor or manager; raise issue at tenant association meeting; closed doors/windows; nothing.)

III. Housing and Tobacco Policy Preferences (20 min)

- a. **What kind of rules does your apartment complex/building have about smoking?**
 - i. Probe: How often do you ever notice someone breaking the rules about smoking?
 - ii. Probe: What happens if someone breaks the smoking rules at your apartment complex/building?
- b. **What kind of rules about smoking would you like to see for your apartment complex/building?** (Examples: smoke-free common areas, pools, exercise area, walkways, balconies, patios, laundry rooms, 20 feet from doors and windows, individual units, entirely smoke-free building.)
 - i. Probe: What would be some benefits of having smoke-free rules for your apartment complex/buildings?
 - ii. Probe: What concerns would you have about having smoke-free rules for your apartment complex/buildings?
- c. **How would you feel about living in a smoke-free apartment/building?**
 - i. Probe: If your apartment/building had a smoke-free policy, would you be in favor or opposed?
 - ii. Probe: How do you think other tenants would feel if there was a smoke-free policy for the apartment complex?
- d. **If the majority of tenants in your apartment complex wanted new smoking rules, how could that happen?**

IV. Housing and Tobacco Policy Enforcement (10 min)

- a. **What should happen if a tenant violates the rules or laws that prohibit smoking in apartment buildings?**
 - i. Probe: What should happen if a tenant signs a smoke-free lease and breaks the agreement?
- b. **How can we make sure people follow the rules or laws that limit smoking in apartment buildings?**

V. Closing(5 mins)

- a. **Is there anything else you'd like us to know about your experience or opinions of second-hand smoke in your apartment building/complex or anything else you'd like to share?**

Closing Remarks: Thank you for our time and willingness to share your experiences. The next steps in our project are to continue conducting focus groups with all FAME properties and determine similarities and trends concerning second and thirdhand smoke and policies prohibiting smoking on the properties. The results of this research will be available after all focus groups have been conducted and analyzed.

Appendix E. Smoke-Free Housing Presentation Education Participant Survey (Wave 1)

Thank you for coming to the “Smoke Free FAME Housing” presentation by FAME Housing Corporation. We want to know what you thought about the presentation, and also ask you a few questions about what you learned. It’s important for us to learn about your experience. Your participation is completely voluntary, and we will not identify the survey with your name or apartment unit. The information you provide will be kept confidential. Thank you!

1. There are over 4,000 chemicals in secondhand smoke, and some cause cancer in humans.
 1 Strongly Agree
 2 Agree
 3 Disagree
 4 Strongly disagree
 5 Don’t know
2. There is **no** safe level of exposure to secondhand smoke.
 1 Strongly Agree
 2 Agree
 3 Disagree
 4 Strongly disagree
 5 Don’t know
3. Nicotine is more addictive than heroin.
 1 Strongly Agree
 2 Agree
 3 Disagree
 4 Strongly disagree
 5 Don’t know
4. Electronic cigarettes (E-cigarettes) are recommended as a way to quit smoking regular cigarette.
 1 Strongly Agree
 2 Agree
 3 Disagree
 4 Strongly disagree
 5 Don’t know
5. Breathing air in a room today where people smoked yesterday can harm the health of babies and children:
 1 Strongly Agree
 2 Agree
 3 Disagree
 4 Strongly disagree
 5 Don’t know
6. Breathing in secondhand smoke may cause heart disease and cancer in people who do not smoke:
 1 Strongly Agree
 2 Agree
 3 Disagree
 4 Strongly disagree
 5 Don’t know
7. Eliminating smoking all together in a housing complex is the only way to fully protect the residents from harmful exposure to secondhand smoke where they live.
 1 Strongly Agree
 2 Agree
 3 Disagree
 4 Strongly disagree
 5 Don’t know
8. I would support a smoke-free policy in my housing complex:
 1 Strongly Agree
 2 Agree
 3 Disagree
 4 Strongly disagree
 5 Don’t know
 6 Prefer not to answer

9. I feel that I have learned new information from this presentation:

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 Don't know
- 6 Prefer not to answer

10. The information in this presentation was easy to understand.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 Don't know
- 6 Prefer not to answer

11. The presentation was well organized

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 Don't know
- 6 Prefer not to answer

12. The presentation kept you interested.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 Don't know
- 6 Prefer not to answer

13. I would recommend this presentation to other residents.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 Don't know
- 6 Prefer not to answer

14. How could the presentation be improved?

15. What other comments would you like to make about the presentation?

Thank you for participating in this survey!!

Appendix F. Smoke-Free Housing Presentation Education Participant Survey Results

A smoke-free housing presentation was conducted in April and May 2015 that focused on the benefits of living in smoke-free housing. In total, eight presentations were conducted with a total of 77 residents participating and completing the education participant survey. Below are the results for all of the presentations including totals across all smoke-free housing presentations for wave 1 of the education participant surveys.

Table 1. Knowledge of Smoke-Free Housing Presentation Content

Number and Percent of "Agree/Strongly Agree" Responses.									
Survey Statements	Presentation Number (n)								Total (n=77)
	1 (n=6)	2 (N=10)	3 (n=14)	4 (n=7)	5 (n=8)	6 (n=9)	7 (n=11)	8 (n=12)	
There are over 4,000 chemicals in secondhand smoke, and some cause cancer in humans.	6 (100%)	9 (90%)	14 (100%)	7 (100%)	7 (87.5%)	8 (88.9%)	9 (81.8%)	9 (75%)	69 (89.6%)
There is no safe level of exposure to secondhand smoke.	6 (100%)	10 (100%)	14 (100%)	7 (100%)	7 (87.5%)	6 (66.7%)	8 (72.7%)	8 (66.7%)	66 (85.7%)
Eliminating smoking altogether in a housing complex is the only way to fully protect the residents from harmful exposure to secondhand smoke where they live.	5 (83.3%)	10 (100%)	11 (78.6%)	5 (71.4%)	7 (87.5%)	8 (88.9%)	10 (90.9%)	10 (83.3%)	66 (85.7%)
Breathing in secondhand smoke may cause heart disease and cancer in people who do not smoke.	5 (83.3%)	7 (70%)	12 (92.9%)	4 (57.2%)	8 (100%)	9 (100%)	11 (100%)	12 (100%)	69 (89.6%)
Breathing air in a room today where people smoked yesterday can harm the health of babies and children.	4 (66.6%)	8 (80%)	12 (85.7%)	5 (71.5%)	5 (62.5%)	7 (77.8%)	10 (90.9%)	7 (58.3%)	58 (75.3%)
Nicotine is more addictive than heroin.	4 (66.7%)	8 (80%)	12 (85.7%)	6 (85.7%)	6 (75%)	6 (66.7%)	9 (81.8%)	9 (75%)	60 (77.9%)
Electronic cigarettes (E-cigarettes) are recommended as a way to quit smoking regular cigarette.	1 (16.7%)	5 (50%)	0 (0%)	2 (28.6%)	4 (50%)	4 (44.4%)	3 (27.3%)	4 (33.3%)	23 (29.9%)

Table 2. Support for a Smoke-free Policy

I would support a smoke-free policy in my housing complex. (n=77)									
Survey Response:	Presentation Number (n)								Total (n=77)
	1 (n=6)	2 (N=10)	3 (n=14)	4 (n=7)	5 (n=8)	6 (n=9)	7 (n=11)	8 (n=12)	
Strongly Agree	2 (33.3%)	5 (50%)	9 (64.3%)	3 (42.9%)	4 (50%)	7 (77.8%)	10 (90.9%)	6 (50%)	46 (59.7%)
Agree	2 (33.3%)	1 (10%)	2 (14.3%)	2 (28.6%)	3 (37.5%)	1 (11.1%)	1 (9.1%)	3 (25%)	15 (19.5%)
Disagree	1 (16.7%)	1 (10%)	0 (0%)	1 (14.3%)	1 (12.5%)	1 (11.1%)	0 (0%)	3 (25%)	8 (10.4%)
Don't know	1 (16.7%)	3 (30%)	2 (14.3%)	1 (14.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	7 (9.1%)
Prefer not to answer	0 (0%)	0 (0%)	1 (7.1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1.3%)

Table 3. Opinions Regarding the Presentation

Number and Percent of "Agree/Strongly Agree" Responses.									
Survey Statements	Presentation Number (n)								Total (n=77)
	1 (n=6)	2 (N=10)	3 (n=14)	4 (n=7)	5 (n=8)	6 (n=9)	7 (n=11)	8 (n=12)	
I feel that I have learned new information from this presentation.	6 (100%)	10 (100%)	14 (100%)	7 (100%)	6 (75%)	8 (88.9%)	11 (100%)	11 (91.7%)	73 (94.8%)
The information in this presentation was easy to understand	6 (100%)	10 (100%)	14 (100%)	7 (100%)	7 (87.5%)	9 (100%)	11 (100%)	11 (91.7%)	75 (97.4%)
The presentation was well organized	6 (100%)	10 (100%)	14 (100%)	7 (100%)	8 (100%)	9 (100%)	11 (100%)	12 (100%)	77 (100%)
The presentation kept you interested.	6 (100%)	10 (100%)	14 (100%)	7 (100%)	7 (87.5%)	9 (100%)	10 (91%)	10 (83.3%)	73 (94.8%)
I would recommend this presentation to other residents.	6 (100%)	10 (100%)	14 (100%)	7 (100%)	7 (87.5%)	8 (88.8%)	9 (81.8%)	10 (83.3%)	71 (92.2%)

Appendix G. Tobacco Cessation Presentation Education Participant Survey (Wave 2)

Thank you for coming to the “Tobacco Cessation 101” presentation by FAME Housing Corporation. We want to know what you thought about the presentation, and also ask you a few questions about what you learned. It’s important for us to learn about your experience. Your participation is completely voluntary, and we will not identify the survey with your name or apartment unit. The information you provide will be kept confidential. Thank you!

Tell us what you thought about the presentation

	Strongly Agree	Agree	Disagree	Strongly disagree	Don't know	Prefer not to answer
1. I feel that I have learned new information from this presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The information in this presentation was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The presentation was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The presentation kept you interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would recommend this presentation to other residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What was the most helpful thing you learned from this presentation?

7. How could the presentation be improved?

Please answer a few questions about what you learned.

8. Smoking can do which of the following to your body (check all that apply):

- Severe wrinkles
- Mouth cancer
- Heart disease
- Stomach ulcers
- All of the above

9. Approximately how much money does someone spend in a year if they smoke a pack of cigarettes each day?

- \$200-500
- \$500-\$1000
- \$1000-\$1500
- \$1500-\$2000

10. How long does it take for nicotine to reach the brain:

- 10-20 seconds
- 2-5 minutes
- 20 minutes
- 45 minutes
- 1 hour

11. When someone stops smoking, what are some immediate benefits (check all that apply):

- Breathe easier
- Blood pressure returns to normal
- Blood circulation will improve
- More oxygen will reach your heart and lungs
- All of the above

12. On average, how long will someone experience nicotine withdrawal symptoms when they quit smoking?

- Less than 1 week
- 2-4 weeks
- 4-5 weeks
- 5 weeks to 1 month
- 3 months

Tell us a few things about yourself

16. Do you smoke cigarettes every day, some days or not at all?

- Every day
- Some days
- Not at all
- Don't know/Prefer not to answer

17. In the last 30 days, how many days did you smoke cigarettes?

- Enter number of days you smoked ____ (1-30 days)
- I didn't smoke in the last 30 days

13. Taking nicotine replacement therapy (NRT) medication doubles the chances of successful quitting.

- Strongly Agree
- Agree
- Disagree
- Strongly disagree
- Don't know

14. Electronic cigarettes (E-cigarettes) are recommended as a way to quit smoking regular cigarette.

- Strongly Agree
- Agree
- Disagree
- Strongly disagree
- Don't know

15. What are some reasons people decide to quit smoking (check all that apply)?

- Health
- Family
- Health to those around you
- Social Acceptance
- Cost
- All of the above

18. If you smoke every day, how many cigarettes do you smoke each day?

- Enter number of cigarettes per day ____
- I don't smoke every day

19. During the past 12 months, have you tried to stop smoking?

- Yes
- No

20. After today's presentation, how do you feel about quitting smoking?

- I like to smoke, and I'm not planning to quit.
- I like a lot of things about smoking, but I would like to quit.
- I'm ready to quit smoking now.

Appendix H. Tobacco Cessation Presentation Education Participant Survey Results

The second presentation conducted in January 2016 was on Tobacco Cessation. In total, six presentations were conducted, and a total of 56 residents participated and completed the survey. Below are the results for all of the presentations, including totals across all tobacco cessation presentations for wave 2 of the education participant surveys.

Table 1. Knowledge of Tobacco Cessation Presentation Content

Number and Percent of Correct Responses.							
Survey Statements and Correct Response	Presentation Number (n)						Total (n=56)
	1 (n=11)	2 (N=8)	3 (n=9)	4 (n=14)	5 (n=7)	6 (n=7)	
Smoking can do which of the following to your body (check all that apply): • All of the above **Correct Response	11 (100%)	8 (100%)	9 (100%)	14 (100%)	3 (42.9%)	5 (83.3%)	50 (89.3%)
Approximately how much money does someone spend in a year if they smoke a pack of cigarettes each day? • \$1500-\$2000**Correct response	10 (90.9%)	7 (87.5%)	7 (77.8%)	9 (64.3%)	6 (85.7%)	4 (57.1%)	43 (76.8%)
How long does it take for nicotine to reach the brain? • 10-20 seconds**Correct Answer	6 (54.5%)	5 (62.5%)	5 (55.6%)	8 (57.1%)	2 (28.6%)	1 (14.3%)	27 (48.2%)
When someone stops smoking, what are some immediate benefits? (check all that apply): • All of the above**Correct	11 (100%)	8 (100%)	9 (100%)	14 (100%)	7 (100%)	7 (100%)	56 (100%)
On average, how long will someone experience nicotine withdrawal symptoms when they quit smoking? • 2-4 weeks**Correct	5 (45.5%)	5 (62.5%)	2 (22.2%)	5 (35.7%)	1 (14.3%)	3 (42.9%)	21 (37.5%)
What are some reasons people decide to quit smoking (check all that apply)? • All of the above**Correct	11 (100%)	8 (100%)	9 (100%)	14 (100%)	7 (100%)	6 (85.7%)	58 (98.2%)

Table 2. Knowledge Questions on Nicotine Replacement Therapy and Electronic-Cigarettes

Number and Percent of “Agree/Strongly Agree” or “Disagree/Strongly Disagree” Responses.							
Survey Statements	Presentation Number (n)						Total (n=56)
	1 (n=11)	2 (N=8)	3 (n=9)	4 (n=14)	5 (n=7)	6 (n=7)	
Taking nicotine replacement therapy (NRT) medication doubles the chances of successful quitting. (Percent that “Agree/Strongly Agree”)	9 (81.8%)	7 (87.5%)	9 (100%)	13 (92.9%)	7 (100%)	3 (42.9%)	48 (85.7%)
Electronic cigarettes (E-cigarettes) are recommended as a way to quit smoking regular cigarette. (Percent that “Disagree/Strongly Disagree”)	8 (72.7%)	6 (75%)	7 (77.8%)	10 (71.4%)	1 (14.3%)	4 (57.1%)	36 (64.3%)

Table 3. Opinions Regarding Tobacco Cessation Presentation

Number and Percent of "Agree/Strongly Agree" Responses.							
Survey Statements	Presentation Number (n)						Total (n=56)
	1 (n=11)	2 (N=8)	3 (n=9)	4 (n=14)	5 (n=7)	6 (n=7)	
I feel that I have learned new information from this presentation.	11 (100%)	8 (100%)	9 (100%)	14 (100%)	7 (100%)	7 (100%)	56 (100%)
The information in this presentation was easy to understand	11 (100%)	8 (100%)	9 (100%)	14 (100%)	7 (100%)	5 (71.4%)	54 (96.4%)
The presentation was well organized	11 (100%)	8 (100%)	9 (100%)	14 (100%)	7 (100%)	6 (85.7%)	55 (98.2%)
The presentation kept you interested.	11 (100%)	8 (100%)	9 (100%)	14 (100%)	7 (100%)	7 (100%)	56 (100%)
I would recommend this presentation to other residents.	11 (100%)	8 (100%)	9 (100%)	14 (100%)	7 (100%)	7 (100%)	56 (100%)

Table 4. What was the most helpful thing you learned from this presentation?

Participant Responses (38 responses)	Number of respondents
Tips to quit smoking	7
Information about Nicotine/Nicotine Addiction	7
Information about Nicotine Replacement Therapy, Cessation products	5
All of the presentation	5
Learning about the harms of smoking	3
Learning about what happens when you quit smoking	3
Information about withdrawal symptoms	3
Smokers' Helpline phone number	2
Speaker/Presentation Style	2
Information about the cost of smoking	1

Table 5. Intentions to Quit after the Presentation

After today's presentation, how do you feel about quitting smoking? (21 that say they smoke)							
	Presentation Number (n)						Total (n=21)
	1 (n=5)	2 (N=4)	3 (n=4)	4 (n=4)	5 (n=1)	6 (n=3)	
I like to smoke, and I'm not planning to quit.	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (100%)	3 (14.3%)
I like a lot of things about smoking, but I would like to quit.	5 (100%)	2 (50%)	4 (100%)	4 (100%)	1 (100%)	0 (0%)	16 (76.2%)
I'm ready to quit smoking now.	0 (0%)	2 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (9.5%)

Appendix I. Pre- and Post-Observation Tool

Observer Name:		Location:	
Survey Date:	___/___/___	Day of the Week	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Start Time:		End Time:	

Areas Observed (check all that apply):			
<input type="checkbox"/> Entrance(s)	<input type="checkbox"/> Lobby	<input type="checkbox"/> Walkways/Sidewalks	<input type="checkbox"/> Garage/Parking lots
<input type="checkbox"/> Courtyard(s)	<input type="checkbox"/> Playground(s)	<input type="checkbox"/> Patio/Balcony	<input type="checkbox"/> Laundry Room
<input type="checkbox"/> Apartment(s)	<input type="checkbox"/> Indoor common areas (Recreation Room) (specify: _____)		
<input type="checkbox"/> Other common areas (Recreation Room) (specify: _____)			
Did you observe smoking:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate locations where smoking was observed (check all that apply):			
<input type="checkbox"/> Entrance(s)	<input type="checkbox"/> Lobby	<input type="checkbox"/> Walkways/Sidewalks	<input type="checkbox"/> Garage/Parking lots
<input type="checkbox"/> Courtyard(s)	<input type="checkbox"/> Playground(s)	<input type="checkbox"/> Patio/Balcony	<input type="checkbox"/> Laundry Room
<input type="checkbox"/> Apartment(s)	<input type="checkbox"/> Indoor common areas (Recreation Room) (specify: _____)		
<input type="checkbox"/> Other common areas (Recreation Room) (specify: _____)			
Number of Smokers (0-25 ft)		Total # of People (Including Smokers)	
Tally of smokers:		Tally of people (including smokers):	
Total: _____		Total: _____	
Were children present where smoking was observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tally:	Locations:
		If yes, #:	

Other tobacco products in sight (Electronic cigarettes, cigars, cigarillos, smokeless, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tally:	Locations:
		If yes, #:	
Cigarette butts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tally:	Locations:
		If yes, #:	
Tobacco litter (Cigarette pack, matches, chew containers, cigar butt, lighters, plastic wrap)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tally:	Locations:
		If yes, #:	
Ashtray –clean	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tally:	Locations:
		If yes, #:	
Ashtray – dirty	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tally:	Locations:
		If yes, #:	

Are 'No Smoking' signs posted on the premise?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Locations:
Are there designated smoking areas?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Locations:

Are there signs/posters/flyers about the dangers of Secondhand smoke ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Locations:
Are there pamphlets/print materials about the dangers of Secondhand smoke accessible to tenants?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Locations:
Are there signs/posters/flyers about tobacco use cessation resources ?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Locations:
Are there pamphlets/print materials about tobacco use cessation resources accessible to tenants?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Locations:

Other important observations/comments/notes: