



Promising Practices

Residents as Partners: Effective advocacy for sustainable smoke-free multi-unit housing policies

Through their Health Equity in Prevention (HEiP) initiative, the Center for Prevention at Blue Cross and Blue Shield of Minnesota awarded contracts to 13 organizations working to implement policy, systems, and environmental changes to support health and advance health equity. The Promising Practices series highlights successful strategies used by these organizations and important lessons learned that can be used by other organizations to inform their work.

Minnesota's Freedom to Breathe Act passed in 2007: Why are smoke-free multi-unit housing policies needed?

Exposure to secondhand smoke (SHS) can lead to serious health problems, including heart disease, respiratory problems, and lung cancer in nonsmoking adults, as well as bronchitis, pneumonia, ear infections, and greater frequency of severe asthma attacks among children (Institute of Medicine, 2010; U.S. Department of Health and Human Services, 2006). By restricting smoking in most workplaces, including bars and restaurants, the Freedom to Breathe Act has reduced exposure to SHS (Minnesota Department of Health, n.d). However, multi-unit housing buildings do not have consistent policies in place to protect the health of residents who choose not to smoke.

In multi-unit housing buildings, nonsmoking residents can be exposed to SHS in a number of ways. SHS can enter housing units through multiple routes, including air ducts, stairwells, hallways, plumbing, electrical lines, open windows, and cracks in floors and walls (Centers for Disease Control and Prevention, n.d.). Decisions made by residents who smoke in their own units can impact nonsmoking residents; one study has shown that as much as 60 percent of airflow in multi-unit housing facilities can come from other units (King et. al, 2010).

There are many health benefits to implementing smoke-free building policies. Studies have shown these policies can lead to fewer asthma-related hospitalizations and emergency room visits, as well as fewer heart attack hospitalizations. Smoke-free policies can also prevent smoking-related fires and help building managers reduce the cleaning costs of turning over apartments, decrease the amount of staff time needed for responding to smoking-related resident complaints, and meet the growing demand for smoke-free housing.

How are smoke-free multi-unit housing policies developed and implemented?

Through a number of statewide initiatives, hundreds of multi-unit housing buildings across the state have adopted smoke-free policies for buildings and grounds. Often, these policy changes have occurred as a result of advocates and public health professionals working closely with building managers and owners to develop and implement a policy. When this approach is used, resident support for smoke-free policies may be assessed through a resident survey or concerns may be discussed in a resident meeting. However, residents typically have minimal involvement in the development and implementation of the policy.

While successful smoke-free policies have been passed using this approach, there are challenges and missed opportunities when residents are not engaged in the process. First, residents may resist the policy change, making enforcement difficult and potentially creating tension between residents and building management or among residents. Second, building managers who are hesitant to adopt smoke-free policies out of concern that they

will lose residents may decide not to adopt a policy, but an engaged group of residents may be able to work more effectively within the building to build support for policy change. Finally, engaging residents in policy change efforts creates opportunities for residents to identify the health issues they are most concerned about and to create the solutions needed to address these problems.

How are HEiP-funded organizations working with building residents to pass smoke-free policies?

Vietnamese Social Services of Minnesota

Staff from Vietnamese Social Services of Minnesota (VSS) have found that smoking in many Southeast Asian communities is fairly common, often because tobacco products were readily accessible and affordable in people's native countries and because residents have not learned about the dangers of secondhand smoke. VSS works in a number of Southeast Asian communities, but in their work through HEiP, VSS focuses much of their efforts on reaching Karen refugees who live in multi-unit housing buildings. Because VSS has bilingual, bicultural staff, they are able to develop trusting relationships with residents and develop effective education and communication materials.

VSS first approaches managers of multi-unit housing buildings where there are large numbers of Karen residents. Often, they find that the building managers are very receptive to adopting smoke-free policies, typically because they see the potential cost savings that can result from that change. However, because there may be language and cultural barriers between building managers and residents, information about smoke-free policies is often not communicated effectively to all residents.

VSS works with residents directly to talk about ways that tobacco use and secondhand smoke can impact their health. They make sure translated materials are available in the buildings and that residents are aware of these resources. Overall, building managers have been receptive to working with VSS to improve their ability to communicate effectively with Karen residents on this issue.

VSS has received compliments from building managers and residents alike: managers have found less litter from cigarette butts on the ground and in the buildings they work with, and residents say they are working to stop smoking to protect their health and the health of their children. Through their work, VSS has found that written information about health or building regulations does not effectively reach Karen residents. Targeted outreach and face-to-face conversations about secondhand smoke and smoking-related diseases are needed to make sure this information is clearly communicated and understood.

NorthPoint Health and Wellness

NorthPoint Health and Wellness (NorthPoint) has a long history of working to reduce tobacco use and exposure to secondhand tobacco smoke in North Minneapolis, particularly among youth. They take a grassroots approach, working directly with community residents to pass tobacco control policies. After receiving funding through HEiP, NorthPoint started working in six multi-unit housing buildings in North Minneapolis to offer a weekly health education program to residents. The work is done with the support of the building management. At each session, NorthPoint staff talk about tobacco use and smoke-free policies

that can be adopted in the building. Each session also includes information on a different health topic, as well as a healthy snack option and some type of physical activity.

Residents who come to these sessions are encouraged to get involved in supporting smoke-free policies in their building and advocating for change. The project coordinator has found that this approach helps build resident support for smoke-free policies over time. Policy changes are proposed by the resident groups to building management and, because residents have been involved in the discussion of smoke-free policy options and development of a proposed policy, they are more likely to comply with and enforce the policy at their building after it is implemented.

As a result of the work done to date, all six buildings have implemented smoke-free outdoor playground areas to reduce child exposure to secondhand smoke. Although there is not yet enough resident support to successfully pass a comprehensive smoke-free multi-unit housing policy in any of the six buildings, residents have established smoke-free floors in some buildings and have created informal smoke-free policies in their own apartments. While these changes do not eliminate exposure to secondhand smoke, the project coordinator sees them as positive initial steps and believes that none of this work would have happened if they had only worked with the building manager. While changes are incremental, policy change is occurring in buildings that would not have adopted a policy on their own, and support for more comprehensive smoke-free policies is growing.

This approach is also leading to other changes that would not have occurred if NorthPoint had only worked directly with a building manager to

adopt a smoke-free policy. Residents are learning how to prepare healthy foods and are learning new information about health topics important to them, such as breast cancer screening. In addition, some residents have started to form their own walking or biking groups to be more physically active. Although it takes time and effort to start with residents to advance policy change, NorthPoint is having a broader health impact in the community by using an approach that lets residents set the agenda and drive action.

How can these examples inform the work of other organizations?

Although VSS and NorthPoint work in different communities, they identified a number of shared lessons learned that might be helpful for other organizations working in the area of tobacco control:

- **Strong relationships with residents are critical in building support for smoke-free multi-unit housing policies.** VSS and NorthPoint have a consistent presence in the communities where they work and have staff that share the same language and culture as the residents they hope to reach. This helps them identify the buildings where they can focus their work, including buildings that have not been engaged by tobacco control initiatives led by larger institutions and state agencies.
- **Tobacco control can be part of a more holistic approach to improve health.** NorthPoint has found that, to be effective, they need to understand and respond to community health concerns, which extend beyond tobacco control. Both organizations also found that it was important to share information with residents about the negative effects of secondhand smoke, particularly for children.
- **Incremental changes are important successes.** Both organizations have encountered building managers who are not interested in adopting a smoke-free policy, often because they are tobacco users themselves or have concerns about losing revenue. However, because the organizations are also working directly with residents, residents have quit smoking, adopted smoke-free policies in their own apartments, or successfully advocated for smoke-free areas in the building or in shared outdoor spaces. These changes are not only important to resident health, but also to building support for policy change over the long term.
- **Clear, concise policies make implementation more feasible.** Both organizations are mindful in their communication with both building managers and residents. They prepare materials in residents' primary language and reinforce consistent health messages in all face-to-face communication. The organizations provide building managers with policy language they can easily adopt and language that can be added to resident lease agreements so that managers are not burdened with the responsibility of creating their own materials.
- **The work can be slow-moving and requires ongoing attention.** Although both organizations are ultimately interested in encouraging buildings to adopt and enforce smoke-free policies, they also recognize that they need to meet building managers where they are. They stressed the importance of ongoing work with building residents to provide health education and promote changes in behavior.

References

Centers for Disease Control and Prevention (n.d.). *Healthy homes manual: Smoke-free policies in multiunit housing*. Retrieved from:

http://www.cdc.gov/healthyhomes/healthy_homes_manual_web.pdf

Institute of Medicine. (2010). *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*. Washington, DC: The National Academies Press. Retrieved from:

<https://iom.nationalacademies.org/Reports/2009/Secondhand-Smoke-Exposure-and-Cardiovascular-Effects-Making-Sense-of-the-Evidence.aspx>

King, B.A., Travers, M.J., Cummings, K.M., Mahoney, M.C., & Hyland, A.J. (2010). Secondhand smoke transfer in multiunit housing. *Nicotine and Tobacco Research*, 12, 1133-1141.

Minnesota Department of Health (n.d.). *Minnesota Clean Indoor Air Act: Statute and factsheets*.

Retrieved from: <http://www.health.state.mn.us/freedomtobreathe/>

Additional resources

American Lung Association (n.d.). Smoke-free multi-unit housing: Bringing healthy air home. Retrieved from: <http://www.lung.org/assets/documents/healthy-air/smuh-policy-brief-update.pdf>

Tobacco Control Legal Consortium. (2012). *Tips & tools: Creating smoke-free affordable housing*.

Retrieved from: <http://www.publichealthlawcenter.org/sites/default/files/resources/tclc-guide-creatingsmokefree-affordablehousing-2012.pdf>

U.S. Department of Health and Human Services. (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from:

<http://www.ncbi.nlm.nih.gov/books/NBK44324/>

Wilder Research

Information. Insight. Impact.

451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org



AMHERST H.
WILDER
FOUNDATION

ESTABLISHED 1906

Here for good.

For more information

NorthPoint Health and Wellness: LaTrisha Vetaw | 612-767-9163 | lvetaw@northpointinc.org

Vietnamese Social Services of Minnesota: Peter Nguyen
| 651-641-8904 | peter@vssmn.org

Wilder Research: Melanie Ferris | 651-280-2660 |
melanie.ferris@wilder.org

Prepared by Wilder Research on behalf of the Center for Prevention
at Blue Cross and Blue Shield of Minnesota.