American Lung Association
Smokefree Policies in Multi-Unit Housing Complexes:
A Case Study

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For the San Francisco Department of Public Health
Tobacco Free Project
June 30, 2004

The Problem of Secondhand Smoke

Secondhand smoke has been classified by the U.S. Environmental Protection Agency (EPA) as a known cause of lung cancer in humans (Group A carcinogen). Passive smoking is estimated by EPA to cause approximately 3,000 lung cancer deaths in nonsmokers each year.

The developing lungs of young children are also affected by exposure to secondhand smoke. Infants and young children whose parents smoke are among the most seriously affected by exposure to secondhand smoke, being at increased risk of lower respiratory tract infections such as pneumonia and bronchitis. EPA estimates that passive smoking is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age annually, resulting in between 7,500 and 15,000 hospitalizations each year.

Children exposed to secondhand smoke are also more likely to have reduced lung function and symptoms of respiratory irritation like cough, excess phlegm, and wheeze. Passive smoking can lead to buildup of fluid in the middle ear, the most common cause of hospitalization of children for an operation. Asthmatic children are especially at risk. The EPA estimates that exposure to secondhand smoke increases the number of episodes and severity of symptoms in hundreds of thousands of asthmatic children and that between 200,000 and 1,000,000 asthmatic children have their condition made worse by exposure to secondhand smoke. Passive smoking may also cause thousands of non-asthmatic children to develop the condition each year.

In urban environments, large numbers of families live in multi-unit housing complexes where they cannot easily control their own, or their children's exposure to secondhand smoke.

What American Lung Association Advocates Did to Address the Problem (Results)

With funding provided by the San Francisco Tobacco Free Project, the American Lung Association (ALA) sought to address the issue of secondhand smoke exposure in some of the City's densest, multi-unit housing complexes through the:

- Adoption of more comprehensive smokefree policies in the targeted buildings
- Enforcement of existing policies in the targeted buildings

Their actual funded objective was:

"By December 2003, 5-8 core advocates will work with appropriate policy making bodies so that at least 4 to 6 multi-unit housing complexes in San Francisco receiving interventions will adopt, implement and/or enforce tobacco free policies governing indoor private living spaces, indoor common areas, and/or outdoor areas of the complex."

As indicated in the table below, ALA was very successful in achieving their objective as five of the six multi-unit housing complexes (MUHC) adopted new and/or enforced existing smokefree policies. In addition to adopting a new smokefree policy, five of the six also institutionalized their policies by including it in written documentation such as a tenant handbook or Community Rules book. Another hotel (not one of the targeted six) owned by Caritas Management (along with Hotel Madrid and Apollo Hotel) also adopted a new smokefree entrances, balconies, patios and courtyards policy.)

Results Table		
	Adopted/enforced formal smokefree policy	**Institutionalization of Policy**
Hayes Valley		Advocates have been working to get the three bedroom units to be made smokefree (as they are the units most likely to be home to children) but the policy has not yet been adopted.
Ping Yuen	**X**	Focused on enforcing existing policy banning smoking in common areas. During the January to June, 2004 period advocates were successful in working with tenants to adopt a policy declaring the first two floors as smoke free with phase in. Management has signed policy addendum, placed framed statements in units, and added the policy to the tenant handbook.
Apollo Hotel	**X**	Adopted a smokefree entrances, balconies, patios, and courtyards policy. The new policies have been incorporated into the Caritas Management Company's community rulebook.
Hotel Madrid	**X**	Adopted a smokefree entrances, balconies, patios, and courtyards policy. The new policies have been incorporated into the Caritas Management Company's community rulebook.
Cecil Williams	**X**	Adopted a smokefree entrances policy. This policy was strengthened to include a smoke free policy governing complete floors of living units with phase in. Management signed policy addendum, placed framed statement on the wall and added the policy to the tenant handbook.
Treasure Island	**X**	Adopted smokefree entryways policy. The signed policy addendum is on file at the agency site and the policy was added to the updated tenant handbook.

How They Did It: A Common Approach Toward Community Organizing

Like all of the community capacity building projects funded by the Tobacco Free Project, ALA utilized the San Francisco Tobacco Free Project's Community Action Model (CAM). The model is asset-based and builds on the strengths and capacities of a community to create change from within by galvanizing its resources (including community members and local agencies) to change environmental factors promoting economic and environmental inequalities. Fundamental to the model is a critical analysis that identifies the underlying social, economic and environmental forces creating the health and social inequalities that the community wants to address. This data gathering phase is called the "diagnosis". Funded agencies undergo a process to select an "action" that fits the following guidelines: 1) it is achievable, 2) it is sustainable, and 3) it compels a group/agency/organization to change the place their live for the well being of all. The CAM Model includes the following steps:

1. Train participants (Community Action Teams)
2. Define, design and do a community diagnosis (process for finding the root causes of a community concern or issue and discovering the resources to overcome it.
3. Analyze the results of the diagnosis and prepare findings
4. Select, plan and implement an action based on the findings in Step 3
5. Enforce and maintain the action

ALA Advocates' Strategy

It was important to ALA staff and their advocates that they adopt an advocacy approach that was both "bottoms up" and "top down'. That is, they did not want to implement secondhand smoke policies that were not supported by the tenants, nor did they want to initiate an adversarial relationship with building managers, owners or other key decision makers who will ultimately be charged with enforcing such polices. This key decision was fundamental in guiding their approach to this work. The strategy also included educating tenants and owners about the dangers of secondhand smoke, assessing levels of support for various types of smokefree policies, and selecting and advocating those policies that had the greatest amount of support among tenants. A policy "menu" was presented to each MUHC that had been tailored specifically to the concerns of that building, and tenants and advocates then discussed which smokefree policy should be advocated for at that particular site.(See Appendix A for Project's Theory of Change and Logic Model.)

CAM Step 1: Training

The first step in the Community Action Model is recruiting and training advocates. ALA recruited and hired a total of 18 advocates at the project's onset. Ten of the advocates were hired as "core" advocates and eight others as "housing" advocates. Core advocates came from throughout the City and were hired first. They were recruited using three primary methods including: 1) direct mail, email and fax, 2) site visits to a wide range of community based organizations, and 3) attendance at community events. The latter provided the most efficient source of recruitment, accounting for the majority (55%) of the advocates. The types of events used included Cesar Chavez Festival, tenants rally, Bayview Hunters Point Health and Environmental Resource Center Radon Fair, etc. According to ALA staff, events were particularly useful because they provided an opportunity for staff to reach potential advocates directly and in-person rather than relying on an impersonal form of communication or another organization to explain the project and engage potential advocates.

A total of 12 housing advocates were recruited and ten completed the orientation and began the project. The Community Housing Advocates were recruited from among the tenants of the buildings that would receive the intervention.

The advocates were fairly evenly mixed between male and female (55.5% vs. 44.5% respectively). There was a great deal of ethnic diversity among both community and housing advocates. The majority (55.5%) of the advocates were African American, followed by Asian (22.2%), White (16.7%), "other" (5.5%). The ages of the advocates varied greatly, from early teen to adults 40-60 years of age. The greatest proportion of the advocates (33.3%) was between 22 and 40 years of age.

Advocate Demographics						
Demographics	**Core Advocates**		**Housing Advocates**		**Total**	
White	1	12.5	2	20.0	3	16.7
African American	5	62.5	5	50.0	10	55.5
Latino	0	0.0	0	0.0	0	0.0
Asian (Chinese)	2	25.0	2	20.0	4	22.2
Other	0	0.0	1	10.0	1	5.5
Total	8	100.0	10	100.0	18	100.0
Gender						
Male	5	62.5	5	50.0	10	55.5
Female	3	37.5	5	50.0	8	44.5
Total	8	100.0	10	100.0	18	100.0
Age						
12-14	1	12.5	0	0.0	1	5.6
15-17	2	25.0	2	20.0	4	22.2
18-21	0	0.0	2	20.0	2	11.1
22-40	2	25.0	4	40.0	6	33.3
41-60	2	25.0	2	20.0	5	27.8
Over 60	0	0.0	0	0.0	0	0.0
Total	8	100.0	10	100.0	18	100.0

Advocates were provided with ongoing training as well as attending smaller, regular team meetings facilitated by American Lung Association staff. Community Health Advocates received a total of 10 training/meetings and Housing Advocates from 7 to 10 training/meetings (equivalent to more than 36 hours of training).

Training topics included:

- Community Action Model
- Global tobacco issues
- Team buildings
- Introduction to Photovoice
- Asset mapping
- Policy presentations
- Media advocacy
- Working with the press

Sample Task Assignment

- Info. gathering on housing units
- Community mapping
- Surveying residents
- Planning and implementing education awareness sessions
- Policy presentations to management
- Celebration planning

Following each of the meeting/training sessions advocates met in smaller teams to develop mini-workplans and assign responsibilities to advocates to take on various tasks before the next meeting with the large group.

Advocate Capacity Building

Advocates were surveyed at the beginning and at the end of the project with regard to their skill acquisition. Using a rating scale from 1 to 10 with 1 being "don't know how to do it a tall" and 10 being "I can do it well", advocates were asked to rate how much they learned about a particular skill as a result of their participation in the project.

Advocates were also asked to indicate the skills they wished they had learned while participating in the project but didn't.

I learned how to be responsible (this was my first real job). I also learned about how to make presentations to groups. I will use this skill in the future because I plan on running for office again (Youth Council).

Advocate

Finally, advocates were asked if they believed they will use any of the skills they learned in the project in the future, and if so, how they might use those skills. Fully one hundred percent of respondents (14) indicated they had learned skills they will use in the future, and the their responses as to how they might use these future skills included a broad range of ideas:

- "The research we did will help me write papers in the future, I want to be a doctor."
- "I will need public speaking abilities when I go to college and I feel like I am much better at it now."
- "I will use the skills I learned to continue to empower my community."
- "I can use the skills I learned to educate my community."
- "I feel much more confident now about talking to people "

Advocate Retention

One youth advocate was even inspired to start his own "Youth to the Rescue" project in which he provider's anti-tobacco information to elementary school youth.

ALA was very successful in maintaining both their Community Health and their Housing Advocates. Eight of the original twelve Community Health Advocates (66.6%) and nine of the original twelve (75%) of the Housing Advocates were retained throughout the two year project. Of the total of seven advocates that left the project before its conclusion, four (57.1%) left without notice or were let go because they missed too many meetings, and three (42.9%) left the because of personal commitments, e.g. school, etc.

CAM Step 2: Community Diagnosis

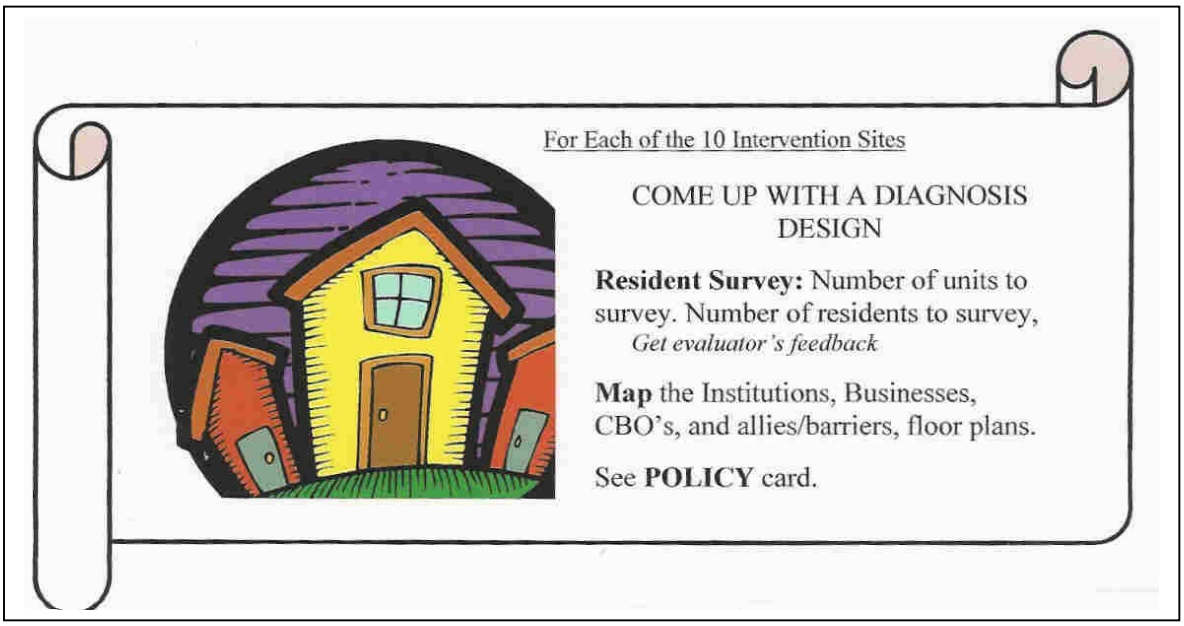
Advocates then began a "diagnosis" or data gathering phase to research the problem of secondhand smoke in San Francisco's multi-unit housing complexes. The work was broken into two different sub-phases. First, advocates collected information about San Francisco's 11 supervisorial districts to determine which districts had the highest density of multi-unit housing, the demographic and income data of the residents of these buildings, and what kinds of tobacco-related policies (if any) were already in place in these buildings. At the conclusion of this phase advocates compiled a list of 30 possible housing sites at which to conduct the intervention. Advocates then called and visited the 30 possible intervention sites and collected the following information on each site.

- Name and address of site
- In which district it was located
- Number of units or apartments
- Number of buildings
- Existence of smokefree policies
- Type of complex (private apartment, subsidized housing, senior housing, single resident occupancy (SRO) hotel, etc.)
- Willingness to adopt smokefree policies
- Names of gatekeepers, contact people, management companies
- Presence of active Tenant Board or Association

Once the data from the 30 buildings were collected, ALA project staff met with Tobacco Free Project staff and the evaluator to narrow the list down from 30 to 10 sites. Intervention sites were selected based on advocates' estimates of the willingness of building managers and/or tenants to work with the project, and tenant needs, e.g. buildings with a lot of children. The 10 selected buildings were located in some of the most densely populated districts of the City: Mission, Tenderloin, Western Addition, Chinatown, South of Market, and Bayview Hunters Point, and three were Single Resident Occupancy (SRO) hotels. The breakdown of buildings and districts is located in the table below.

Multi-Unit Complex	**Supervisorial District**
Altamont	Mission
Apollo Hotel	Mission
Cecil Williams Guide House	Tenderloin
Fell Street Apartments	Western Addiction
Haight Ashbury Center for Recovery	Treasure Island
Hayes Valley Apartments	Western Addition
Hotel Madrid	South of Market
Iroquois Hotel	Tenderloin
Ping Yuen North	Chinatown
Shoreview Apartments	Bayview Hunters Point

Next an in-depth assessment of the 10 buildings was conducted to determine what types of smokefree policies would work best for each individual site. The assessment included community asset mapping, establishing relationships with management staff and conducting a survey of the tenants to assess their support of a range of possible secondhand smoke policies. Based upon the survey results, advocates used the data to develop a menu of potential policy options to implement, revise or enforce which were presented to the individual sites. Housing Advocates were hired in each of the buildings to work along with the Community Health Advocates.



As part of their diagnosis, advocates also prepared asset maps of the areas adjacent to the selected buildings. This activity proved to be quite enlightening to advocates who had not viewed many of these areas as having any assets or resources that could be capitalized on to improve the neighborhood. After conducting the mapping exercise, advocates often changed their view of the targeted neighborhoods, seeing expanded possibilities for change and acknowledging the many resources that exist even in these communities.

Tenant Surveys

Advocates worked with project staff and the evaluator to develop an eight-question survey designed to measure residents' knowledge of secondhand smoke issues and their support for smokefree policies. In order to maximize the number of surveys advocates could collect at any given time, advocates decided it would be best to host an educational event at each of the buildings and administer the survey to attendees. In some cases, attendance at the event was insufficient, so

> *"It was really hard to get people to complete surveys. It look a lot of extra time to get the data we needed."*
>
> *Advocate*

advocates also collected surveys door-to-door and by mail. Eventually, a total of 323 surveys were collected.

Tenant Surveys Collected	
Altamont	22
Apollo Hotel	27
Cecil Williams Guide House	35
Fell St Apartments	22
Haight Ashbury Center for Recovery	16
Hayes Valley Apartments	56
Hotel Madrid	33
Iroquois Hotel	32
Ping Yuen North	52
Shoreview Apartments	28
Total	**323**

CAM Step 3: Analyze the Results of the Diagnosis and Prepare Findings

Analysis of the tenant survey data revealed several key areas that advocates needed to address before moving forward with their organizing efforts:

1. Residents did not understand what a smokefree policy was, and sometimes reported that the wording of several survey questions was unclear.
2. Because they did not understand what smokefree policies were, they did not seem initially open to such policies being adopted at their buildings.
3. Many residents did not believe secondhand smoke is harmful to their health.

In spite of these issues however, tenants seemed very interested in receiving more information about secondhand smoke, including its link to asthma and appeared interested and willing to work with the project. Based upon the survey results it was determined that the advocates should design and implement an education campaign designed to inform tenants about the dangers of secondhand smoke and the benefits of smokefree policies. Initially 10 sites were selected as intervention sites, however that number was reduced to six..[1]

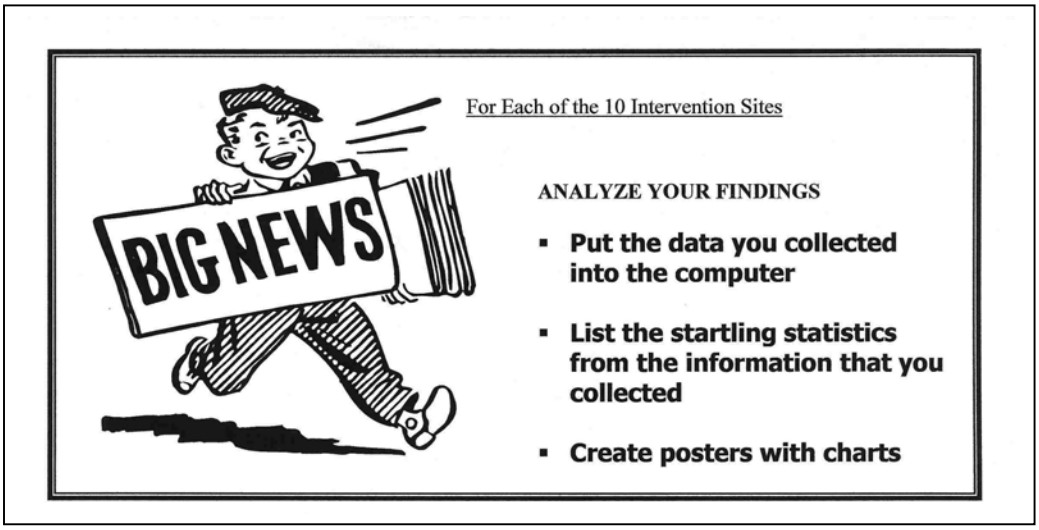
SMOKEFREE MENU

- Smokefree Common Areas
- Smokefree Play/Pool Areas
- Smokefree Units or Blocks of Units
- Smokefree Buildings or Blocks of Units
- Smokefree Entrances
- Smokefree Balconies & Patios
- Smokefree Patio Areas
- Phase in Smokefree Bldgs.

As part of their efforts, advocates made every attempt to tailor their organizing efforts to the unique needs of each building. One of the tools developed by the advocates

[1] It should be noted that initially TCS required that the project utilize a case control design, with 10 intervention and 10 comparison sites. However mid-way through the project the evaluation was changed after consultation with TCS because the number of intervention sites had to be reduced to 6 and the new "N" would not yield the power necessary to generate statistically significant findings. Instead, a case study design was selected.

was a policy menu that was presented to each building using information about the building that had been collected by the advocates. The policy menu was based upon: building structure, resident composition, and survey responses regarding various types of smokefree policies.



Structure: Did the building have patios, balconies or terraces where smoking could be prohibited? Was the site made up of clusters or single story buildings or tall, multi-storied buildings? Did the building have common areas like a laundry room, kitchen, garage or community room that could be designated as smokefree?
Resident composition: Did a majority of tenants smoke? Did the smokers express great interest in quitting smoking? Was there a significant number of lung sensitive tenants, e.g. children, elderly or people with lung disease?
Level of support: Which of the smokefree policies were supported by building residents according to survey results? (Common areas only, entryways, play areas, entire floors/buildings, etc.)

CAM Step 4: Select, Plan and Implement an Action based on the Findings

Implementation

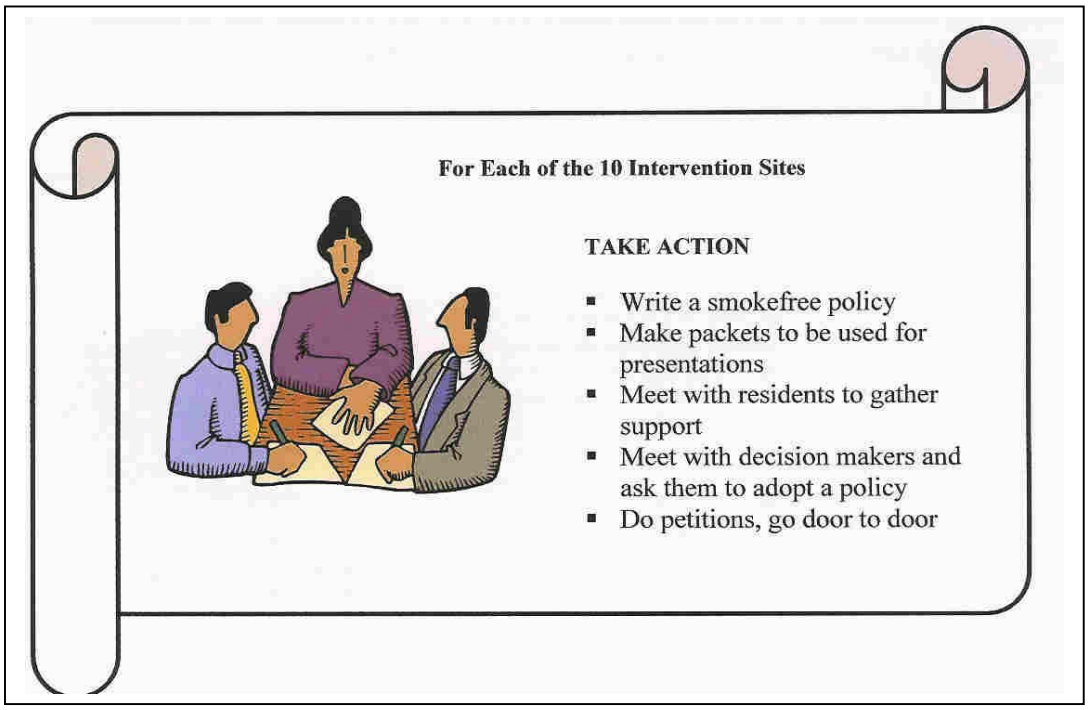
As described earlier, the project decided to focus on 6 rather than 10 MUHCs after consulting with their Tobacco Control Section analyst. The final six buildings that were selected were:

- Hotel Madrid (South of Market)
- Ping Yuen (Chinatown)

- Hayes Valley (Western Addition)
- Haight Ashbury Recovery Center, (Treasure Island)
- Cecil William Glide House (Tenderloin)
- Apollo Hotel (Mission)

After conducting tenant surveys at each of the buildings, advocates undertook the following steps.

1. Preparation of information packets (packets include summary of survey findings, media event materials, and background information on secondhand smoke.
2. Conducting awareness raising campaigns at each site
3. Presentation of policy proposals to decision makers



Awareness Raising Events

Each awareness raising event was tailored to the specific building with the help of the housing advocates who lived in each of the selected buildings.

> **Hotel Madrid:** An awareness-raising event was held on-site on April 17, 2003. The event included a short presentation on the tenant survey results and the menu of possible smokefree policies that might be enacted to reduce secondhand smoke. A smoking cessation facilitator also was present and gave a 1 hour presentation of what it takes to quit smoking. A total of 10 people participated and dinner was provided.

Ping Yuen: On May 3, 2003, advocates held a health fair in the outside courtyard of this large multi-storied building complex. Between 60-70 people visited the project's table to pick up information and play a game that included questions on smoking, secondhand smoke, and asthma. Information materials were provided in both English and Chinese and prizes, snacks, and drinks were also provided to attendees at no charge.

Hayes Valley: Advocates selected a children's art contest as the vehicle to educate building residents about secondhand smoke on May 21, 2003. Thirteen children submitted entries related to smoking and secondhand smoke and the drawings of all thirteen were used to create a calendar which was later distributed to building residents. The menu of possible smokefree policies was introduced to those present and a video "Poisoning Our Children, the Perils of Secondhand Smoke" was shown. Dinner was provided to all attendees.

Haight Ashbury Center for Recovery: At the Center for Recovery at Treasure Island, surveys were completed and collected during a regularly scheduled Health Education meeting in mid 2003. Clients at the recovery center watched a video, had lunch, and spent some time discussing how a rehabilitation program can provide an excellent support structure to help people quit smoking along with other substances.

Following the presentation, a discussion ensued at which recovery staff managers expressed the opinion that, because so many of their residents smoke, if the entryways were made smokefree, the individual unit's balconies should remain a designated spot where people could smoke. They also expressed some concern that the new policy might be difficult to enforce. As a way to address these concerns, ALA advocates agreed to come back and provide an educational workshop for recovery center residents, describing what the new policy means and why it has been implemented.

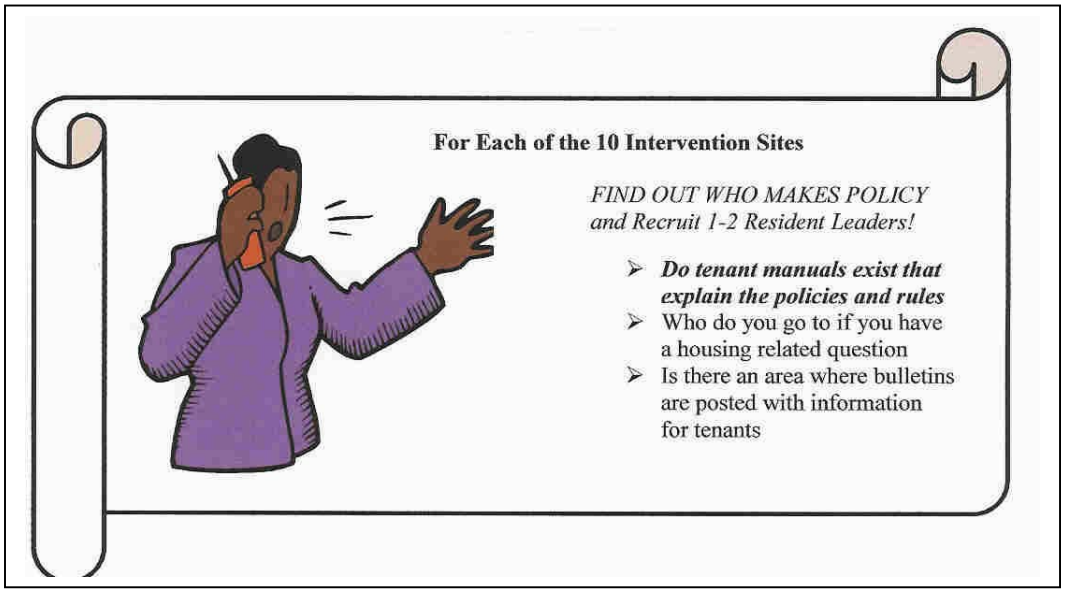
The recovery center's regularly scheduled Health Education meeting was again used as the venue for the secondhand smoke awareness session held on May 27, 2003. ALA staff and advocates presented information on smoking, secondhand smoke, and also showed a video on smoking cessation based upon the interest of the residents. Movie passes and nicotine gun were given to 3 of the 16 people who attended, who made a commitment to quit and surrendered their cigarettes that day.

Cecil Williams: The awareness event at Cecil Williams was presented as a Health Fair on June 7, 2003 coinciding with World No Tobacco Day. The event actually took place over a week. The advocates led a presentation discussing tobacco issues, the effects of secondhand smoke, and the menu of possible smokefree policies. A DJ played music and food was served along with activities and gifts for the children that attended. The site nurse also provided blood pressure screening to interested residents.

Apollo Hotel: A two-hour awareness raising event was also held at the Apollo Hotel during that same time period. The presentation included a short explanation about the tenant survey results and the menu of possible smokefree policies that might be enacted to reduce secondhand smoke.

Presentations to Decision Makers

Presentations were made to decision makers at five sites, Haight Ashbury Center for Recovery, Cecil Williams, Ping Yuen, and the Apollo and Madrid hotels. As discussed earlier, five of the six sites adopted a new smokefree policy or began enforcing an existing policy as a result of the advocates efforts.



CAM Step 4: Enforce and Maintain the Action

At the conclusion of the first two-year funding period, contractors that had demonstrated significant progress towards their goals were provided with six months of additional funding and ALA was selected as one of these providers. ALA's goals for the remaining six months included:

1. Formalizing informally adopted policies.
2. Introducing more comprehensive policies at 3 of the sites that have adopted smokefree entryway policies.
3. Conducting evaluation of the policies and enforcement mechanisms.

Formalizing Policies

Five of the six MUHCs formalized their new smokefree policies during the last six months of the project's efforts. This is important if the gains made while the project was funded are to continue after funding ends in June 04. The new policy was incorporated into the tenant handbook or Community Rules in all five buildings.

More Comprehensive No Smoking Policies

Advocates also worked to get three of the sites that had adopted new smokefree policies during the first two years of the project to consider even more comprehensive smokefree policies by voluntarily making whole floors go smokefree. To accomplish this, advocates undertook new effort to get the tenants in each of three buildings to voluntarily sign a pledge to have smokefree units on particular floors in each building. This was done through tenant education and by going door-to-door to assess tenant support and, where tenants were willing, to get them to sign a statement documenting their support for their units to become smokefree (either now or in the future as part of a phase-in process). The results of the advocates efforts were as follows:

- *Ping Yuen*: Advocates obtained signed pledges for smokefree units from tenants on the first and second floors. The "Phased in Smoke Free Policy" for Ping Yuen covers all units on the affected floors with a phase in for smokers. Phase in units will become smoke free after current tenants move out. This policy is also being integrated into the building handbook.

- *Cecil Williams:* Tenants on the sixth and ninth floor have signed pledges as well. are almost all committed to smokefree units. The "Phased in Smoke Free Policy" for Cecil Williams covers all units on the affected floors with a phase in for smokers. Phase in units will become smoke free after current tenants move out. This policy is also being integrated into the building handbook.
- *Hayes Valley:* The process stalled at Hayes Valley because the manager was remained unavailable advocates were unable

Enforce the Action

Finally, the advocates engaged in efforts to assess the extent to which the new smokefree entrance and common area policies were being enforced. ALA staff and the project evaluator met to develop two data collection tools for measuring compliance with the new smokefree policies. First, they did on-site observations using a tool designed by advocates and the project evaluator. During on-site observations, advocates would note the following information using a Site Observation Checklist.

- If the smokefree policy was posted or included in the tenant handbook/lease
- If "no smoking" signs were posted in the restricted areas
- If ashtrays were present
- If cigarette litter was present
- If they observed any tenants or visitors smoking

- If they saw educational/cessation materials available
- If the manager had been notified about the results of the observation

> *"The front entrance is much more inviting. People will physical disabilities can enter the building without difficulty now."*
>
> *Manager*

Advocates also conducted interviews with building managers. The interview protocol included a total of seven questions.

1. Are you aware of the smokefree entrances policy recently adopted at your site?
2. How is the policy enforced?
3. How is the policy reflected in the building rules/handbook/lease?
4. Were all tenants informed of the new policy? What was done to educate them?
5. Have you had any complaints about the policy not being followed? What is your procedure for responding to complaints?
6. Have you had any feedback or comments from the tenants on how the policy is working?
7. How has the policy affected your work? What are the benefits or having a policy at your site? What do you feel is not working or needs to be changed?

In general, data seem to indicate the new policies have been adopted without incident at the targeted buildings, and seem to be becoming part of the organizational culture. For example, at Treasure Island Recovery Center advocates observed clients smoking in the appropriate designated areas. However, according to the site observations at Ping Yuen, while there was no cigarette litter or ashtrays in evidence near the entrances to the building, and "no smoking" signs were posted in elevators and laundry rooms, the policy had not yet been incorporated into the tenant handbook as agreed.

Enforcement activities (policy/management interviews and multiple on-site observations) were conducted at the five buildings that passed smokefree policies (Ping Yuen, Treasure Island Apollo Hotel, Hotel Madrid and Cecil Williams). A management interview was completed for Hayes Valley but site observations could not be completed in time for preparation of the case study.

Elements Critical to Project Success

- Using the CAM model as a community organizing framework.
- Taking the time to build a community at each building among residents that initially did not see themselves as part of a community.
- Recruiting, training and retaining committed community and housing advocates to implement the project.
- Taking both a "bottoms up" and "top down" approach simultaneously.

Challenges Faced

Smokers. One source of resistance faced by advocates was that of smokers in the targeted building. Often feeling stigmatized by non-smokers, the smokers tended to be defensive and resistant to any policy that affected their smoking. In some cases, even non-smokers initially tended to view smokefree policies as discriminatory against smokers. Advocates addressed this challenge by focusing attention on the tobacco companies and the impacts of secondhand smoke rather than on individuals that smoke. Advocates also helped smokers see that they had been manipulated to smoke by the tobacco companies and also made a variety of cessation materials available to these individuals should they wish to try to quit smoking. By helping residents understand they were not trying to force a policy on tenants, but rather present a host of smoke free policy options, they assured the tenants that they were not going to push for policies judged to be too extreme by the building's residents.

Building Selection: Buildings were not selected based upon economies of scale. For example, even though a single management company might own 3 or 4 buildings, evaluators did not select all of the buildings from a single management company (using the building rather than the management company as the selection criterion. In hindsight we learned several things. One is that it would have been more efficient to focus efforts on all buildings of a single management company rather than only one or two of their buildings. It also meant that for the buildings that *were* selected, each had a different management structure requiring a steep learning curve for each building to learn how to best affect policy change in that building.

Meeting frequency and advocate "buddies". As the project continued it became clear that it would have been advantageous to have slightly more funding to enable advocates to meet more frequently. It also became clear that it would have been desirable to have two rather than one housing advocate for each of the participating MUHCs. Staff believe that two advocates in each building would have allowed for the advocates to motivate the other when needed and provide moral support if times get tough or residents are not initially eager to discuss smokefree policies.

On-site Managers. On-site managers occasionally posed a barrier to the implementation of smoke free policies. These managers reported they occasionally felt stuck in the middle between owners that were not inclined to get involved in smokefree policies because they perceived them as a possible source of liability and tenants' complaints about smokers and secondhand smoke. In order to address these concerns, ALA implemented an intervention approach that organized tenant support for the policies and agreed to present the policies directly to the building owners, allowing on-site managers to remove themselves as middlemen from these sometimes highly charged situations.

Lessons Learned

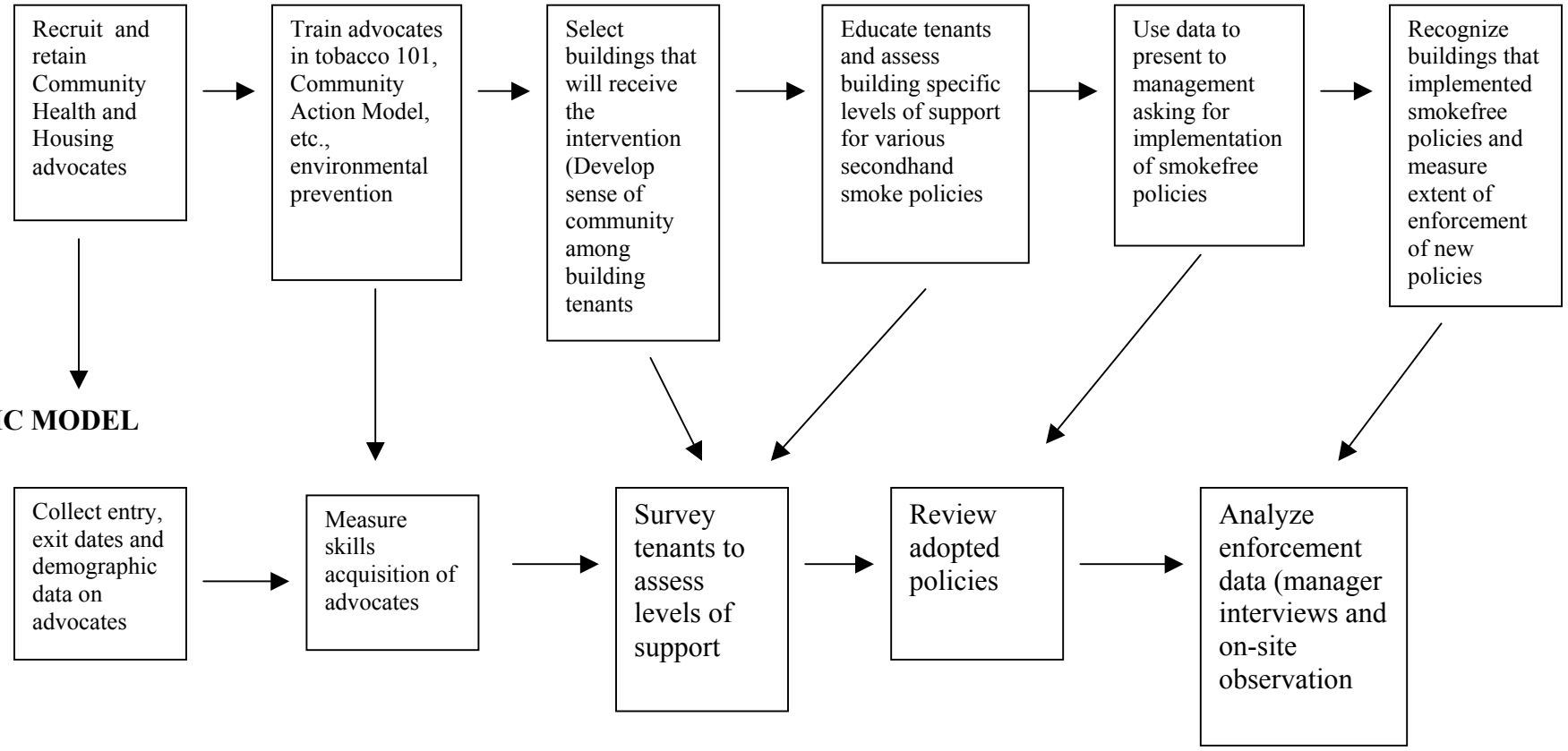
One the major lessons learned by advocates undertaking this new area of tobacco control is that this type of intervention is very labor intensive and time consuming. They also learned about the importance of creating a community in these multi-unit buildings in order to move the work forward. Advocates found that in a number of these buildings tenants did not know one another and were unaccustomed to thinking of themselves and their building as a small community. Once this connection had been made through events hosted by the project, tenants were more willing to entertain the notion of new smokefree policies to benefit their neighbors as well s themselves. Because project staff and evaluators were unaware of the role this would play in project success, evaluators were able to capture only anecdotal information that documents this phenomenon. In future efforts the evaluator would develop a tool to capture and measure this developing sense of community among building tenants in a more quantitative manner.

Appendix A

MUCH Theory of Change and Logic Model

MUHC THEORY OF CHANGE AND LOGIC MODEL

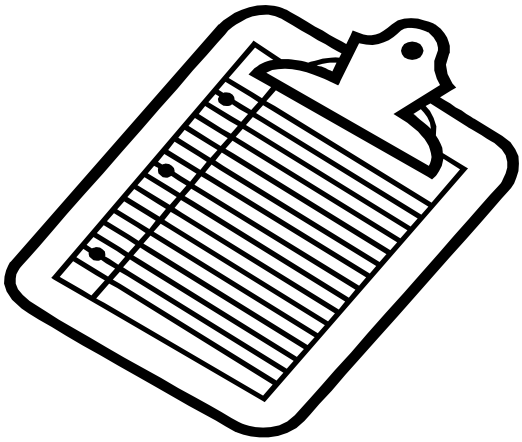
THEORY OF CHANGE



For Each of the 10 Intervention Sites

DEVELOP YOUR TOOL FOR YOUR DIAGNOSIS SURVEYS

- What questions are you going to ask?
- Who are you going to ask?
- Have the TFP evaluator review your tool.



For Each of the 10 Intervention Sites

DO SURVEY

- Decide on Teams
- Plan out how and when you will do your surveys
- Learn the Do's and Don't of doing a Survey
- Practice and do role plays
- Make enough copies of the survey

For Each of the 10 Intervention Sites

ANALYZE YOUR FINDINGS

- Put the data you collected into the computer
- List the startling statistics from the information that you collected
- Create posters with charts and tables from your startling statistics

For Each of the 10 Intervention Sites

COME UP WITH A DIAGNOSIS DESIGN

Resident Survey: Number of units to survey. Number of residents to survey,
Get evaluator's feedback

Map the Institutions, Businesses, CBO's, and allies/barriers, floor plans.

See **POLICY** card.

For Each of the 10 Intervention Sites

FIND OUT WHO MAKES POLICY and Recruit 1-2 Resident Leaders!

- ***Do tenant manuals exist that explain the policies and rules***
- Who do you go to if you have a housing related question
- Is there an area where bulletins are posted with information for tenants

For Each of the 10 Intervention Sites

TAKE ACTION

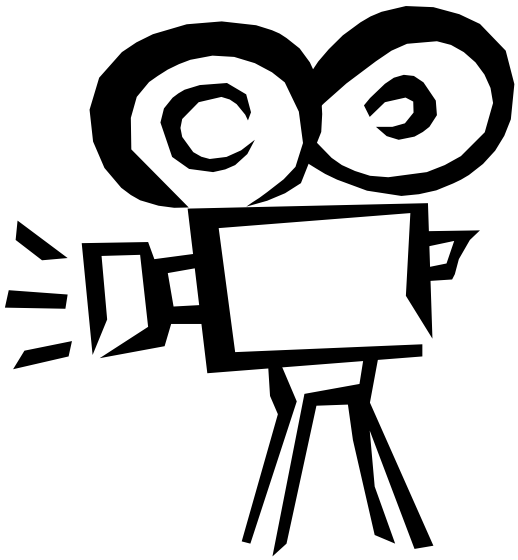
- Write a smokefree policy
- Make packets to be used for presentations
- Meet with residents to gather support
- Meet with decision makers and ask them to adopt a policy
- Do petitions, go door to door

For Each of the 10 Intervention Sites

LIST POTENTIAL ACTIONS TO CHOOSE FROM

- Recommend apartment complexes with five or more buildings to designate 20% of the building as smokefree.
- Recommend that certain buildings in the complex be designated as smokefree buildings in order to accommodate tenants with special medical needs.
- Write resolution commending the managers of the smokefree buildings for accommodating residents who are sensitive to secondhand smoke.
- Recommend that certain buildings be designated only for smokers and others for non-smokers
- Others

For Each of the 10 Intervention Sites



MEDIA

- Train with the TFP media evaluator
- Practice talking to the Media
- Practice showing your charts to the media
- Decide which parts of your presentation you will be responsible for.

For Each of the 10 Intervention Sites

RAISE AWARENESS ABOUT YOUR PROJECT

- Hold a health fair
- Pass out pamphlets
- Hold neighborhood presentations
- Sponsor meetings in homes with coffee and snacks