

# Take It Outside

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## **EXECUTIVE SUMMARY:**

Exposure to secondhand smoke can lead to increased risk of heart disease, asthma, sudden infant death syndrome and cancer. The home is often times a source of secondhand smoke exposure for many individuals, especially children. By eliminating smoking in the home, many individuals will have a significant decrease in secondhand smoke exposure and reduced risk of illness related to the exposure. Smoke-free housing policies among local housing authorities have gained support in recent years and are effective in eliminating exposure to secondhand smoke in the home. The Health Outreach Providing Empowerment (HOPE) team set out to work towards the implementation of a comprehensive smoke-free housing policy that would cover all residents and staff residing and working in Housing Authority of Covington (HAC) properties. Although a comprehensive policy is not in place currently, the HOPE team laid the groundwork for a future policy and made significant progress towards the education of HAC residents, staff and board members.

The utilization of systems thinking throughout the project allowed us to develop a picture of the current reality related to secondhand smoke exposure among HAC residents. Systems thinking allowed us to understand the root causes, identify the key stakeholders and develop strategies that would allow us to reach the key stakeholders and begin moving them towards the desired level of support needed for success of the project. Identification of mental models related to the problem as well as the key stakeholders was instrumental to our project and gave us a look into various perspectives and beliefs that surrounded and contributed to the problem. This process then allowed us to develop specific strategies that were targeted at different stakeholders and would address the mental models identified. Systems thinking allowed us to look at the whole picture while also focusing in on the individual components and how we could improve those areas to achieve the end result.

The HOPE team administered a resident survey to collect data on resident attitudes, perceptions and behaviors related to tobacco use and secondhand smoke exposure. Following the results from the resident assessment the HOPE team created educational materials for residents that addressed the harms of exposure to secondhand smoke. The materials focus on asking smokers to “Take It Outside” and create a smoke-free indoor living environment to protect the health of others in the home as well as neighboring units. Air nicotine testing will also be done in HAC apartment units and common areas to gather data and the levels of air nicotine present. This testing will take place in April 2012. The data gathered from the resident assessment and the future air nicotine testing is instrumental in gaining support and building the case for smoke-free public housing to the HAC staff and board members. The work that the HOPE team completed will continue as the Northern Kentucky Health Department (NKHD) continues to work with HAC residents, staff and board members to develop policies that provide smoke-free housing options for residents with the long term goal of a comprehensive smoke-free housing policy that covers all residents, staff and HAC properties.

## **INTRODUCTION/BACKGROUND:**

The hazards of exposure to secondhand smoke are well established and numerous. Even brief exposures to tobacco smoke can adversely affect nonsmokers. In multiunit housing buildings secondhand smoke cannot be contained; it migrates into apartments through vents, air ducts and cracks in the walls between units. A resident who smokes in a single unit within a multiunit residential building puts the residents of the other units at risk. On July 17, 2009 the Department for Housing and Urban Development (HUD) issued a memorandum that “strongly encourages Public Housing Authorities to implement nonsmoking policies in some or all of their public housing units.” According to the HUD notice over half of public housing residents are either children or elderly and these populations are especially vulnerable to the effects of secondhand smoke.<sup>1</sup>

Beyond individual behaviors of smoking and secondhand smoke exposure, it is important to look at the context of the social determinants of health, including the social and economic environment, and the physical environment. Poverty, racism, culture, and environment contribute to health disparities related to tobacco use and secondhand smoke exposure. Residents living in HAC communities are disproportionately affected by tobacco use. Residents are of low income, largely African American, have less education and access to cessation opportunities. According to an article published in the May/June 2011 Supplement of the American Journal of Health Promotion, *Cigarette Smoking Interventions Among Diverse Populations*, secondhand smoke exposure is consistently found to be higher in African-Americans compared to whites and Mexican-Americans as well as higher in individuals of low income. High levels of secondhand smoke exposure in the target population can be attributed to low socio-economic status as well as a high percentage of African American residents.<sup>2</sup>

The HAC operates conventional public housing units or apartments in the urban core of Northern Kentucky’s largest city, Covington. HAC operates four properties in addition to off-site housing. The three multi-unit properties in which residents currently reside have a total of 756 public housing units (this excludes one development as it is currently undergoing revitalization). Within these units a total of 1,674 units reside in which the largest segment of this population is made up of approximately 400 youth residents’ ages 0-5. In addition to the large population of youth in HAC housing, there is one multi-unit high rise site which is the home to 160 elderly residents.

Smoke-free policies continue to increase across the country and in the state of Kentucky; becoming the norm and helping to protect people from the dangers of secondhand smoke. Instituting smoke-free policies has been proven to promote cessation among adults and prevent initiation of tobacco use among youth. An emerging trend is the implementation of smoke-free housing policies, particularly among public housing authorities. The first smoke-free policies to be adopted among housing authorities/commissions were in the early 1990’s. As of January 2011, there were at least 230 local housing authorities that had adopted a smoke-free policy which covered some or all of their units.<sup>3</sup>

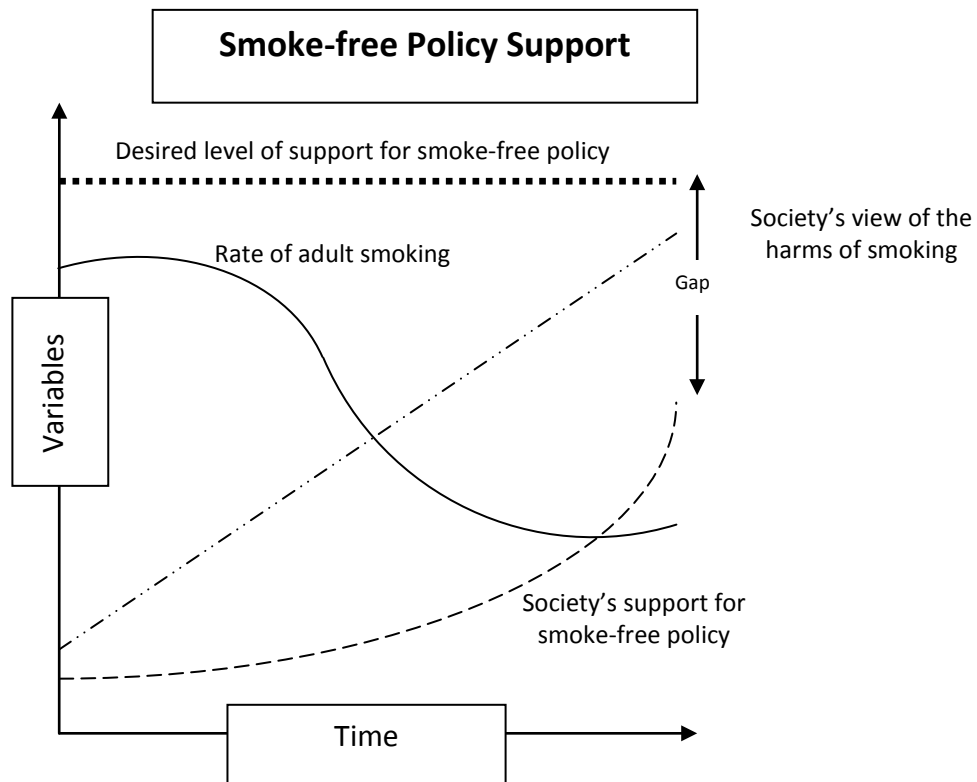
Implementation of a smoke-free policy in the public housing units of HAC will decrease exposure to secondhand smoke among residents, visitors and staff. In addition the smoke-free policy will promote cessation among individuals working and living in the housing authority and reduce initiation of tobacco products among the youth in the housing authority. A smoke-free public housing policy would have a significant impact on the health outcomes of all residents including the youth and elderly populations which have increased vulnerability to the harms of secondhand smoke.

***Problem Statement:***

Why, despite tobacco control efforts, does secondhand smoke exposure continue to disproportionately affect residents of the Housing Authority of Covington?

***Behavior Over Time Graph:***

In the behavior over time graph pictured below (Figure 1), the HOPE team utilized four variables; desired level of support for smoke-free policy, rate of adult smoking, society's view of the harms of smoking and society's support for smoke-free policy. As you can see in Figure 1 below, adult smoking rates started a steady decline around the 1970's and continued over the years, however the decline has slowed recently. Society's view of the harms of smoking has increased over the years and continues to do so which has helped the support for smoke-free policy. Society's support for smoke-free policy has gained momentum in recent years as there are more smoke-free laws and policies implemented in states, local communities, schools, local housing authorities, worksites and other industries across the country. Although support has increased there is still a gap between society's support for smoke-free policy and the desired level of support we would like to see in order to protect everyone from the harms caused by exposure to secondhand smoke.

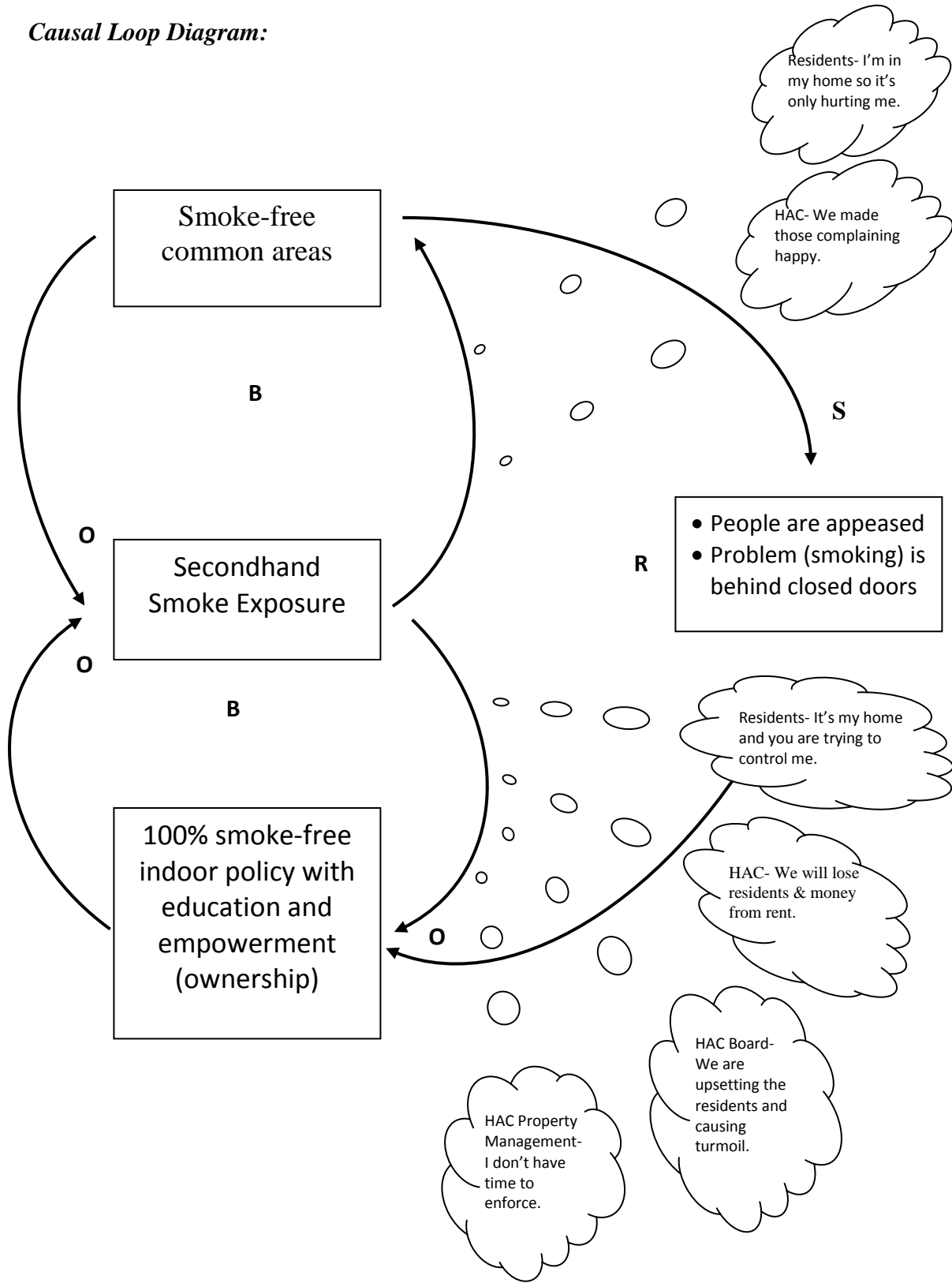


**Figure 1: Behavior Over Time Graph**

***Causal Loop Diagram:***

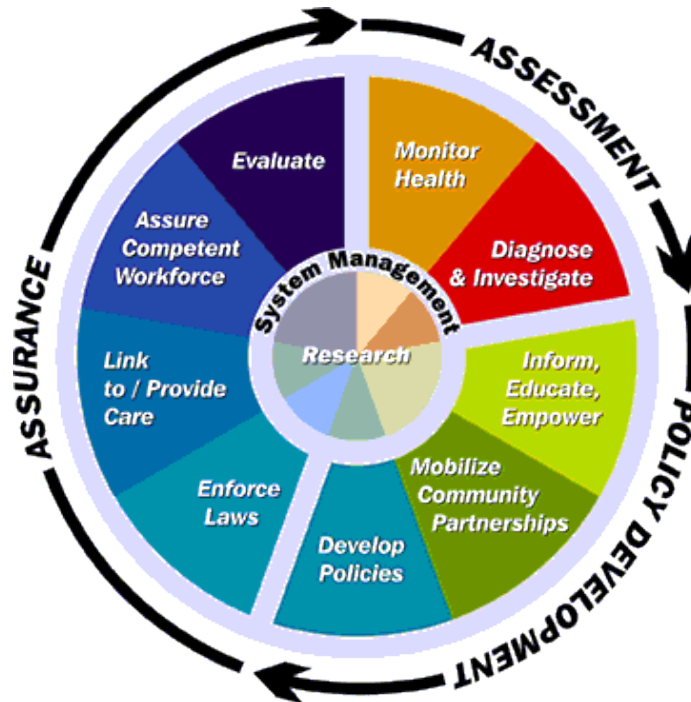
The HOPE team utilized the “Shifting the Burden” causal loop diagram (Figure 2) which highlights the short-term fix of smoke-free common areas being the solution that has been utilized by the HAC to try and please both the smoking and non-smoking residents. This quick fix does not truly get to the core of the problem of secondhand smoke exposure. In order to protect all residents and staff, a 100% smoke-free indoor policy must be passed and implemented. The long term solution is difficult and continues to be made more difficult the longer the short-term solution is implemented. The mental models involved for the various stakeholders; HAC residents, HAC staff, HAC board member and HAC property management also play a key role in the continuation of the short-term fix while avoiding implementing the long-term solution.

**Causal Loop Diagram:**



**Figure 2: Causal Loop Diagram**

*10 Essential Public Health Services/National Goals Supported:*



**Figure 3: CDC National Public Health Performance Standards Program**

In 1994, the Core Public Health Functions Steering Committee established the framework for the Essential Public Health Services. These 10 Essential Public Health Services describe what public health activities all communities should be performing and provide working definitions detailing the responsibilities of local public health agencies.<sup>4</sup> The Essential Public Health Services that were addressed through this project were: Inform, Educate and Empower, Mobilize Community Partnerships, and Develop Policies.

1. **Inform, educate and empower people about health issues:** This project worked with Housing Authority of Covington board members, staff and residents to inform, educate and empower them about the harms of secondhand smoke and how to protect them from these harms. Messages were focused around the health effects of secondhand smoke and utilized a “Take It Outside” message for the residents in order to encourage smoke-free home environments.
2. **Mobilize community partnerships and action to identify and solve health problems:** This project was successful because of strong partnerships developed through the KPHLI team, Northern Kentucky Health Department, Housing Authority of Covington staff, board and residents, and The Johns Hopkins School of Public Health. These partnerships allowed for the project to move forward and will be the base for continuation of this project and others in the future.
3. **Develop policies and plans that support individual and community health efforts:** This project is working towards the development of a smoke-free housing policy for the Housing Authority of Covington. Although, this policy is not developed and in place at this point, this project has laid the foundation to move forward with the development and implementation of a smoke-free housing policy.

## **PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:**

The HOPE team set out to collect data through resident surveys and in home air nicotine testing to provide evidence and support for smoke-free public housing in the HAC communities. In addition to providing this quantitative data the team wanted to collect views of residents to build support towards a smoke-free policy. The preliminary steps for the in home air nicotine testing have been done, however the testing will take place in April 2012. Following the data collection components of this project the team created educational materials for the residents regarding the harms of secondhand smoke and encouraging smokers to “Take It Outside” by simply smoking outside and creating a smoke-free indoor living environment.

### ***Project Objectives:***

1. To educate Housing Authority of Covington staff and board members on the harms of secondhand smoke and the benefits of smoke-free housing.
2. To administer assessment tool for attitudes, perceptions and behaviors related to tobacco use and secondhand smoke exposure.
3. To conduct air nicotine testing in apartments and common areas at the Housing Authority of Covington.
4. To develop educational materials for Housing Authority of Covington residents on the harms of secondhand smoke.

### ***Deliverables:***

1. Housing Authority of Covington board resolution to support smoke-free housing efforts.
2. Survey results of Housing Authority of Covington residents.
3. Educational materials for Housing Authority of Covington residents on the harms of secondhand smoke to include:
  - Educational handout for family housing sites.
  - Educational handout for elderly housing site.
  - Window cling for individuals to declare their home is smoke-free.
4. Video for Housing Authority of Covington staff and board members highlighting the results of the survey and resident interviews.

## **METHODOLOGY:**

The HOPE team began working with the HAC through a partnership that was already developed between HAC and the NKHD. In working through the systems thinking process the team identified the key stakeholders along with their current support, desired support, motivation for change and what could be done to move them along the continuum towards the desired level of support needed. This process allowed the HOPE team to determine that administering the resident survey would provide empowerment to residents by giving them the opportunity to voice their opinion on the issue. Air nicotine



testing would also provide tangible evidence of secondhand smoke exposure in the homes of residents. In addition to the data components, education to the residents would be beneficial in order to increase their understanding of the harms of secondhand smoke in the home. Through the identification of stakeholders, the HOPE team also determined that providing resident survey results, air nicotine testing results and resident testimonials to the HAC board and staff members in addition to secondhand smoke education, cost comparison for apartment turnover and case studies from other housing authorities would be essential to moving them towards the desired support level.

Once the strategies were developed related to the key stakeholders, the HOPE team began working towards achieving their objectives and deliverables. In order to educate the HAC board and staff members, the HOPE team utilized the already developed relationship that the NKHD had with the HAC. The NKHD attended two HAC board meetings to present on the harms of secondhand smoke, cost savings associated with smoke-free housing policies, case studies from other housing authorities with smoke-free policies, and the benefits of smoke-free housing policies. On September 21, 2011 the Housing Authority of Covington Board of Commissioners passed Resolution No. 3111 titled, *Authorization to Support Health Education Programs for Smoke-free Communities in the Housing Authority of Covington* (see appendix for resolution). Once this resolution was passed the HOPE team was able to move forward and continue working on survey implementation, air nicotine testing and education to the residents.

The NKHD had developed a survey to assess HAC residents' attitudes, perceptions and behaviors related to tobacco use and secondhand smoke exposure. The HOPE team administered this survey by going door to door at the HAC housing sites with the assistance of three HAC residents. The HAC residents that assisted with the survey were instrumental to the process and helped to increase the response rate of residents. The 22-question survey took approximately 3-5 minutes to administer and was read to the residents by a HOPE team member and their responses were recorded. As compensation for their participation, residents were given a \$5 grocery gift card. Results of the survey were compiled using Remark software. The results gave a snapshot of the HAC community and gave insight into resident perceptions and behaviors related to secondhand smoke and tobacco use. The resident survey results provided the information needed to develop educational materials for HAC residents as well as data to present to the HAC staff and board members in support of implementing a smoke-free housing policy. Air nicotine testing in resident units at HAC will take place in April 2012 through a partnership between the NKHD and Johns Hopkins Bloomberg School of Public Health. This data along with the resident survey data will be presented to the HAC board in June 2012.

## **RESULTS:**

The results of the resident survey administered by the HOPE team provided data to support the belief that the HAC residents are disproportionately affected by secondhand smoke exposure. In total, 217 residents were surveyed among the three HAC sites. The

results showed that 55% of those surveyed were everyday smokers and another 12% were some day smokers. These percentages are much higher than those for Kenton County (30%) and the state of Kentucky (28%).<sup>5</sup> In conjunction with high smoking rates, 62% of respondents stated that someone, including themselves, had smoked cigarettes, cigars or pipes inside their home in the past 30 days. This shows that a large portion of residents, including children, are being exposed to secondhand smoke. Although there is a large portion of homes that have had someone smoke inside in the past 30 days, 89% of respondents believed that secondhand smoke was harmful. With this being a large percentage of those surveyed it shows that although they are educated on the dangers of secondhand smoke, there is a disconnect between this and smoking inside the home, however there is the opportunity to do further education and build on their current knowledge. Despite the large percentage of smokers that reside at the HAC, 57% said they would support rules that did not allow smoking inside apartments and common areas in HAC buildings. This provides positive results to share with HAC staff and board members regarding implementation of a smoke-free housing policy. In addition to the support for a smoke-free policy, the survey results indicated that if the HAC were to implement a smoke-free housing policy 44% of respondents would take their smoking outside and another 19% would thank the HAC. Both of these responses are seen as compliance with the policy and when combined indicate that 63% would comply with no problems. The remaining responses included some that said they would quit smoking, others that didn't care either way, some that were unsure what they would do and a small percentage (7%) that reported they would move. In looking at research and data from other housing authorities, it is unlikely that the 7% that indicated they would move would actually follow through with this.

In addition to the results related to smoke-free housing there were some further results that HAC staff found to be informative and helpful to their work. The survey responses indicated that 13% of those surveyed had lived in a HAC community for 20 years or longer and an additional 14% had lived there for 5-10 years. This statistic was concerning to HAC staff as it shows people are not moving towards self-sufficiency; rather the HAC communities are permanent homes to many. The survey also indicated that 34% of respondents do not have health insurance which shows the need for an effort from the HAC to assist residents in obtaining health insurance. The two largest responses for why individuals do not see a doctor when they need to were, cost (20%) and lack of transportation (20%). These results prompted discussion by HAC staff on what could be done to reduce these barriers in order to assist people in seeing a doctor when it is needed. Another alarming response for HAC staff was that 41% of respondents go to the emergency room for care when they or a family member are sick or hurt. This percentage is very high and shows the need for further education and assistance in connecting with care sources other than the emergency room for residents. The HAC staff indicated that these results would be used to assist in efforts to change these statistics as well as would be helpful in writing grant applications to receive assistance to cover transportation and co-pay costs related to residents receiving care from a physician. Complete survey results can be found in the appendix.

After reviewing the results of the survey, the HOPE team began to develop materials that would educate both HAC residents and HAC staff and board members. This education will help to gain support for smoke-free housing and assist the HAC board in developing and implementing a smoke-free policy. A video highlighting the survey results as well as residents expressing their views on secondhand smoke was developed and shown to HAC staff and will be shown to HAC board members in June 2012. Educational handouts were also created to distribute to residents (see appendix). One of the materials developed is geared towards families with children and the other is focused on adults and elderly residents that live without children in the home. A window decal was also created for residents to display in their homes to declare that they are a smoke-free home. Having residents post these prior to implementation of a policy will help to change the social norm among the population and further increase support for a smoke-free housing policy.

The HOPE team met with HAC staff in March to review the survey findings, present the materials developed, and discuss the next steps needed in order to keep the project moving forward. The HAC staff was very responsive and excited about the survey results and materials developed and look forward to the continuation of this project through the partnership between the HAC and the NKHD.

## **CONCLUSIONS:**

Although the year in KPHLI has ended, the HOPE team is encouraged in the fact that the work towards smoke-free housing for the HAC will continue. The HAC board resolution, resident survey data and educational materials have laid the groundwork for the project to continue. The NKHD and the City of Covington have partnered and been awarded a grant (Action Communities for Health, Innovation and Environmental Change) from the National Association of Chronic Disease directors. The grant will help Covington work on policy, system and environmental changes to decrease the prevalence of chronic diseases and includes continued efforts towards smoke-free housing with the HAC. The work the KPHLI team contributed to this effort was crucial to securing these grant funds. Air nicotine testing will be conducted in April 2012 and these results in conjunction with the resident survey results and video will be presented in June 2012 to the HAC board. Educational materials will be distributed to all residents and the HAC staff has requested to use the video developed by the KPHLI team on their website for continued education and to gain support for smoke-free housing. The NKHD will continue to work with the HAC residents, staff and board members to develop policies that provide smoke-free housing options for residents with the long term goal of a comprehensive smoke-free housing policy that covers all staff, residents, and HAC properties.

## **LEADERSHIP DEVELOPMENT OPPORTUNITIES:**

### ***Alicia Banta***

At the start of KPHLI, I was very nervous; there were many things about leadership that I was uncomfortable with like delegation and seeing the “big picture.” KPHLI has given me a great opportunity to participate in this group project and to learn systems thinking through a hands-on approach, and this has helped me to see the big picture. Our HOPE team has had excitements as well as disappointments, and we have definitely learned a thing or two about “politics.” KPHLI has given me the opportunity to participate in the 360 Degree Feedback, Emergenetics, and Bar On EQ-I Assessment. These tools have provided me with a better understanding of how I think and behave and how others perceive my leadership ability. At the end of KPHLI, I understand my preferred style, I am more comfortable delegating, and I feel that I am a more competent leader.

### ***Vickie Cleaver***

At the start of KPHLI, I was a bit overwhelmed with all the unknowns...causal loop diagrams and systems thinking??? I feel throughout this process, I have grown in my personal life and as a leader. Through our fabulous KPHLI team and our project, I have learned to be more flexible and to delegate things more often. I have been taught a lot about my style of learning and about my emotional intelligence, as well as ways to help others in their style of learning. My hopes are to continue to expand upon what I have gained with KPHLI and to always be open to change. I feel with all I have learned, I can only become a better leader in my work group. Thanks KPHLI and the HOPE team for a great year!

### ***Carolyn Fogle***

Systems thinking has helped me see the big picture, pull in the stakeholders, and look at all the aspects of a problem; not just mine. I now listen more and use others’ knowledge to build our team at work. This project has helped me be more confident. We have had many ups and downs, stuck together, and used our individual differences and leadership skills to be a great team. It has been exciting to see how much we have accomplished in less than a year.

### ***Megan Folkerth***

As I am sure many of my colleagues in our 2011-2012 cohort felt at the start of KHPLI, I did not know what to expect and was slightly overwhelmed with what I was about to take on over the next year. Those feelings quickly left as I became engrained in the KPHLI process and way of thinking. Systems thinking opened me to a new way of thinking so that I look at the big picture but also make sure that I am working on all the individual parts, stakeholders and ways of thinking in order to get the most success out of a project. Utilizing systems thinking in our “Take It Outside” project resulted in success and set the project up to continue even though KHPLI has concluded. Working collaboratively on a

project with individuals from other organizations has been a great experience in order to gain perspective from those in different professions as well as with different backgrounds. KPHLI has also given me the opportunity to take a deeper look at myself and the leadership characteristics that I possess as well as those that I can work towards developing. I feel as though I have a new energy overall towards the work that I do and the community and people that I have the opportunity to affect. I feel more confident in my leadership skills and have grown to realize a person does not need a title to be a leader. The past year in KPHLI has given me excitement for my future as a public health leader and I look forward to continuing my leadership journey.

## REFERENCES

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## APPENDIX

ATTACHMENT: D

### COMMISSIONERS RESOLUTION NO. 3111, AUTHORIZATION TO SUPPORT HEALTH EDUCATION PROGRAMS FOR SMOKE-FREE COMMUNITIES IN THE HOUSING AUTHORITY OF COVINGTON

**WHEREAS**, secondhand smoke is classified as a class A carcinogen by the United States Environmental Protection Agency; and,

**WHEREAS**, secondhand smoke is particularly harmful to children, causing and exacerbating asthma, upper respiratory infections and ear infections; and,

**WHEREAS**, secondhand smoke negatively impacts the health of non-smoking adults;

**WHEREAS**, there is no safe level of exposure to secondhand smoke and the removal of secondhand smoke from all homes is recommended by both the 2006 United States Surgeon General's Report, entitled The Health Consequences of Involuntary Exposure to Tobacco Smoke, and the 2007 World Health Organization's 2007 Policy Recommendations on Protection from Exposure from Secondhand Smoke; and,

**WHEREAS**, smoking is the number-one cause of home fire deaths; and,

**WHEREAS**, 25% of people killed in smoking related fires are not the actual smokers themselves; 34% of these victims were the children of the smokers; and 25% were neighbors or friends of the smokers, according to the United States Fire Administration; and,

**NOW, THEREFORE, BE IT RESOLVED**, that the Housing Authority of Covington supports efforts to educate the community on the need for smoke-free public housing, to protect the health and safety of all residents; and,

**BE IT ALSO RESOLVED**, that the Housing Authority of Covington pledges to protect its tenants from health and safety risks of secondhand smoke by:

- Educating residents about the health and safety risks of secondhand smoke and smoking in homes;
- Providing information and support resources to smokers who desire to quit;
- Encouraging all parents, guardians, and caretakers to provide smoke-free homes, particularly for those most vulnerable to secondhand smoke, including children, the elderly, and persons with disabilities;
- Providing information, resources, and support to the Housing Authority of Covington staff on the benefits of a smoke-free community; and,
- Developing a multi-year plan for adopting smoke-free housing options at each of the Housing Authority of Covington communities/sites;

**BE IT LASTLY RESOLVED**, that the Housing Authority of Covington, as well as other interested stakeholders, pledge to work toward increasing the supply of smoke-free homes in the HAC and will continue to work with interested parties to meet the resolution's objectives.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS FOR THE HOUSING AUTHORITY OF COVINGTON,**

**THAT**, The Board hereby certifies, said Resolution No. 3111 has been reviewed and discussed and is hereby adopted.

SEAL

APPROVED: September 21, 2011

\_\_\_\_\_  
Glenn Kukla, Chairperson  
Board of Commissioners

**CERTIFICATION**

I, Aaron Wolfe-Bertling, the duly appointed Secretary and Executive Director of the Housing Authority of Covington, do hereby attest that the foregoing is a true and exact copy of a Resolution 3111 passed by the Board of Commissioners this 21st day of September, 2011.

\_\_\_\_\_  
Aaron Wolfe-Bertling, Secretary and Executive Director



Housing Authority of Covington Resident Survey  
Tobacco Use and Secondhand Smoke  
October- November 2011

<b>How many years have you lived in a Housing Authority of Covington Community?</b>	<b>Count</b>	<b>Percentage</b>
Less Than 1 year	44	20%
1-5 years	80	37%
5-10 years	31	14%
10-15 years	18	8%
15-20 years	16	7%
20 years or longer	28	13%

<b>How many adults live in your home today?</b>	<b>Count</b>	<b>Percentage</b>
1	157	72%
2	51	24%
3	5	2%
4	3	1%
5	0	0%
More than 5	1	0%

<b>How many children and teens live in your home today?</b>	<b>Count</b>	<b>Percentage</b>
0	87	40%
1	48	22%
2	32	15%
3	25	12%
4	16	7%
5	3	1%
More than 5	5	2%

<b>Are you male or female?</b>	<b>Count</b>	<b>Percentage</b>
Male	56	26%
Female	161	74%

<b>Where do you live?</b>	<b>Count</b>	<b>Percentage</b>
Latonia Terrace	84	39%
City Heights	105	48%
Golden Tower	28	13%

<b>Are you a former Jacob Price resident, relocated for HOPE VI?</b>	<b>Count</b>	<b>Percentage</b>
Yes	19	9%
No	198	91%

<b>Do you smoke cigarettes, cigars and/or pipes, everyday, some days or not at all?</b>	<b>Count</b>	<b>Percentage</b>
Every day	120	55%
Some days	25	12%
Not at all	72	33%

<b>Do you use spit tobacco, chew, snuff, snus, every day, some days or not at all?</b>	<b>Count</b>	<b>Percentage</b>
Every day	0	0%
Some days	3	1%
Not at all	214	99%

<b>Would you like help to quit smoking or using chewing tobacco?</b>	<b>Count</b>	<b>Percentage</b>
Yes	81	55%
No	67	45%

<b>Has someone, including yourself, smoked cigarettes, cigars, or pipes, anywhere inside your home in the past 30 days?</b>	<b>Count</b>	<b>Percentage</b>
Yes	134	62%
No	82	38%

<b>Do you think secondhand smoke, the smoke from the end of a burning cigarette, cigar or pipe, is harmful to people's health?</b>	<b>Count</b>	<b>Percentage</b>
Yes	193	89%
No	16	7%
Don't know	8	4%

<b>Would you prefer to live in a building where cigarette, cigar and pipe smoking is not allowed inside all apartments and common areas?</b>	<b>Count</b>	<b>Percentage</b>
Yes	108	50%
No	108	50%

<b>Would you prefer to live in a building where smoking is not allowed outside on the property?</b>	<b>Count</b>	<b>Percentage</b>
Yes	55	25%
No	161	75%

<b>Do you or someone who lives with you suffer from chronic illnesses such as asthma, chronic bronchitis, breathing problems, heart disease, heart problems, diabetes, arthritis, or cancer?</b>	<b>Count</b>	<b>Percentage</b>
Yes	110	51%
No	105	49%
Don't know	1	0%

<b>Have you smelled tobacco smoke from cigarettes, cigars or pipes in your home that comes from another apartment or from outside?</b>	<b>Count</b>	<b>Percentage</b>
Yes	77	35%
No	140	65%

<b>Would you support rules that do not allow smoking inside apartments and common areas in Housing Authority of Covington buildings?</b>	<b>Count</b>	<b>Percentage</b>
Yes	123	57%
No	92	43%

<b>Would you support rules that do not allow smoking on outside property of Housing Authority of Covington buildings?</b>	<b>Count</b>	<b>Percentage</b>
Yes	70	32%
No	147	68%

<b>If your building became nonsmoking, including the units, what would you do?</b>	<b>Count</b>	<b>Percentage</b>
I would thank the Housing Authority of Covington	42	19%
I would take my smoking outside	96	44%
I would move	15	7%
I am not sure what I would do	48	22%
Other	15	7%

<b>What kind of health insurance do you have?</b>	<b>Count</b>	<b>Percentage</b>
I do not have any health insurance	74	34%
Medicaid	82	38%
Medicare	21	10%
Health insurance such as a HMO or prepaid plan	11	5%
Medicaid & Medicare	26	12%
Medicare & Other Health Insurance	1	0%

<b>What kind of health insurance do the children in your household have?</b>	<b>Count</b>	<b>Percentage</b>
The children do not have any health insurance	7	5%
Medicaid/KCHIP	110	85%
Health insurance such as a HMO or prepaid plan	9	7%
I don't know	4	3%

<b>Do you have one person that you think of as your personal doctor?</b>	<b>Count</b>	<b>Percentage</b>
Yes	150	69%
No	66	31%

<b>What stops you from seeing a doctor, when you need to?</b>	<b>Count</b>	<b>Percentage</b>
I am always able to see a doctor when I need to	122	50%
Cost	48	20%
Lack of transportation	49	20%
I do not have a health care provider	10	4%
Time	10	4%
Other	5	2%

<b>If you or a family member is sick or hurt, where do you usually go for care?</b>	<b>Count</b>	<b>Percentage</b>
Doctor/Physician	118	55%
Urgent Care or 24 hour clinic	5	2%
Emergency Room	88	41%
I/We don't get care	3	1%
Other	2	1%

*Protect Your Loved Ones from Secondhand Smoke*



## Take It Outside

- When you smoke inside, others in your home smoke, too.
- Smoking around kids can cause:
  - Ear infections
  - Asthma
  - Sudden infant death syndrome (SIDS)
- Smoke stays on furniture, carpet, curtains and the walls, leaving poisons everywhere.
- Smoking not only harms you, but it also harms your friends and loved ones around you.
- Protect your health by asking others to smoke outside and not in your home.
- Take your smoking outside, even when kids and others are not home.



Educational hand-out

*Protect Your Loved Ones from Secondhand Smoke*



## Take It Outside

- Smoke can move between apartments, harming your neighbors.
- Being around smoke can cause or make health problems worse:
  - Asthma
  - Bronchitis
  - Heart disease
  - Cancer
  - Other breathing problems
- Protect your health by asking others to smoke outside and not in your home.
- Smoke stays on furniture, carpet, curtains and the walls, leaving poisons everywhere.
- Smoking not only harms you, but it also harms your friends and loved ones around you.



Educational hand-out



Window Decal