Utah Secondhand Smoke Policy Implementation Guide

Homes

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The TRUTH

Utah! Tobacco Prevention & Control Program

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Introduction

Secondhand Smoke in Your Home

Because most people spend a lot of time in their homes, secondhand smoke (SHS) inside the home is extremely dangerous. In June 2006 the Surgeon General released a major report on involuntary exposure to secondhand smoke, which declares that the home is becoming the predominant location for exposure of children and adults to secondhand smoke. [1] In 2005, 49,200 Utahns were exposed to secondhand smoke in the home, including 22,100 children. Utah children who live in rented apartments or houses are more than twice as likely to be exposed to secondhand smoke in their homes than children who live in owned homes. [2]

The following guide is to help conduct a smoke-free homes campaign in your area. You may tailor the information and materials to fit your area and to focus on your target population.

The goal of the smoke-free homes campaign is to reduce child exposure to secondhand smoke in the home. The campaign will focus on educating the public about the risks of exposure to second-hand smoke and promoting smoke-free homes. Distribute secondhand smoke materials to the public at every opportunity. Become a secondhand smoke resource center for your community. Distribute resources to doctors, dentists, pharmacists, occupational health nurses, fitness and wellness centers, heart health networks, parenting groups, schools, child care centers, libraries, and information and community centers.

Reasons to Choose Smoke-Free Homes:

1. **Secondhand smoke causes death and disease.**
   Secondhand smoke contains thousands of chemicals, many of which cause cancer. SHS can also cause irritation of the lungs, which leads to coughing, excessive phlegm, and chest discomfort. It is estimated that around 50,000 excess deaths result annually from exposure to secondhand smoke. [1]

2. **Secondhand smoke in the home puts children at risk.**
   The dangerous effects of SHS are even more harmful to children than to adults. Children are more susceptible to decreased lung function when exposed to secondhand smoke. Children who breathe secondhand smoke are more likely to develop asthma, the leading serious chronic childhood disease in the U.S.[3] Additionally, the 2006 Surgeon General Report finds a causal relationship between secondhand smoke exposure and Sudden Infant death Syndrome (SIDS). [1]Fortunately, rules about not smoking in the home can substantially reduce health risks to children who live with smokers. [4] In fact, household bans on smoking have proven to reduce SHS exposure in adolescents who live with a smoker by 92%.[5]

3. **Tobacco-free policies in the home persuade smokers to quit.**
   Home smoking restrictions and family preferences that smokers not smoke have shown to be associated with reports of quit attempts and intention to quit. Additionally, it has been found that smoke-free homes prolong the time to relapse following cessation. [6]

4. **Tobacco-free policies in the home prevent adolescent smoking and model healthy behavior for children and visitors.**
   Adolescents who live in smoke-free households have been found to be at a decreased risk for smoking when compared to adolescents who live in households with no smoking restrictions.[7]

Smoking in the home harms pets.

Growing evidence shows that pets exposed to secondhand smoke suffer adverse health effects, just as humans do. In dogs, an association exists between secondhand smoke and nasal cancer. Additionally, dogs with long noses have a greater risk of nasal and sinus cancer than dogs with short noses. Dogs with short noses have a higher risk of lung cancer.[8] Cats exposed to secondhand smoke have more than double the risk of lymphoma. Pets do more than just breathe in secondhand smoke toxins, they also lick it off their fur as they groom themselves.[9]

5. **Smoke-free homes have numerous benefits.**
   Besides the benefits previously mentioned (support for those trying to quit, prevention of adolescent smoking, and prevention of inhabitant, child, visitor, and pet exposure to disease-causing secondhand smoke), additional gains result from smoke-free homes policies:
   - Your home will smell better when it is smoke-free.
   - The air in your home will be fresher, cleaner, and smell better.
   - You will lower the chances of fire in your home
   - Your food will taste better.
   - Less time and money will be spent cleaning carpets, windows, walls, and mirrors.
   - Your insurance rates may be lower.
   - The resale value of your home may be greater

ACTION STEPS

Action Step 1: Gather Relevant Facts and Information
Action Step 2: Identify Your Audience and Assess Community Readiness
Action Step 3: Plan Your Campaign
Action Step 4: Develop Your Materials
Action Step 5: Get the Word Out and Gain Support
Action Step 6: Evaluate Your Efforts
Action Step 7: Ensure Policy Sustainability

Based on Taking Action Against Secondhand Smoke: An Online Toolkit – Employee and Employer Action Steps, Centers for Disease Control and Prevention (CDC).

Action Step 1: Gather Relevant Facts and Information

One of the most important steps in conducting a smoke-free homes project is to be informed and prepared. First, find out all the information you can about SHS and existing smoke-free homes campaigns. Here are some helpful resources for collecting SHS information and existing home policy information:

- **TPCP Website:** Provides information about SHS in the home, current laws, and links to other helpful resources: http://www.tobaccofreeutah.org/ets.html

- **EPA Smoke-Free Homes Community Action Kit:** Provides a step-by-step process of how to enact a smoke-free home campaign. The kit includes suggested outreach activities and resources, including links to related EPA material such as the smoke-free homes pledge and planning guide for pledge events. The kit can be accessed online at: http://www.epa.gov/smokefree/pdfs/community_action_kit.pdf. To order a hard copy of the kit call the U.S. EPA Smoke-free Home Pledge Hotline at 1-866-SMOKE-FREE. Additional EPA materials related to smoke-free homes can be accessed at http://www.epa.gov/smokefree/publications.html.

- **CDC Website:** Provides fact sheets and secondhand smoke articles, as well as links to other resources and agencies. http://www.cdc.gov/tobacco/ETS_Toolkit/PublicPlaces/secondhand-smoke.htm or http://www.cdc.gov/tobacco/ETS_Toolkit/PublicPlaces/organizations.htm

- **Health Canada:** The Canada federal department of health has a number of resources about secondhand smoke, namely the guide *Make Your Home and Car Smoke-Free: A guide to Protecting your Family From Secondhand Smoke***.** The guide is a helpful tool for families working toward smoke-free homes. It can be accessed at http://www.hc-sc.gc.ca/hl-vs/pubs/tobac-tabac/second-guide/index_e.html.

- See ***Attachment A*** for an example project.

? Track your Progress

- Did you use the resources provided to learn about secondhand smoke and example projects?
- Did you identify gaps in these resources?
- Did you locate additional resources to address these gaps?

Action Step 2: Identify Your Audience and Assess Community Readiness

Assess Community Makeup

Learn all you can about your community so that you know who your target audience is and how to focus your efforts toward that audience. Identify and keep track of where the high-risk areas are in your community (low income areas, areas of high tobacco use in the home, ethnic minorities, etc.).

If you need help identifying your target audience or would simply like statistical information about the population you will work with, resources are available. Data and reports about smoking in specific geographical regions and among specific population groups is available through the Utah Tobacco Prevention and Control Program website,

http://www.tobaccofreeutah.org/. Further geographic and population data can be found through the Census Bureau, http://www.governor.state.ut.us/dea/Census2000Data.html.

Assess Community Readiness

Now that you have defined your community, you can assess the readiness of the community. Conducting outreach to community members at different stages of readiness may require varied strategies. Using *Research Tool 1*, you can assess which stages of readiness the population members are in. *Research Tool 1* is a survey that can be adapted to your community so you can learn more about community members' attitudes and behaviors related to smoking in the home, as well as their feelings about having a smoke-free campaign in their community. With permission of organizers, you can offer this survey to people at events in your community or other places where the public gathers. This will be a "convenience" sample and not necessarily representative of your community, but can offer some insights into community readiness.

Use the information collected using *Research Tool 1*to identify which of the following stages the target population falls into. This information will assist you in tailoring your strategies in *Action Step 3: Plan your Campaign.*

Five Stages of Community Readiness:

Pre-Contemplation: Community members have not thought about having smoke-free homes policies.

Contemplation: Community members have begun to think about smoke-free homes policies.

Preparation: Community members develop appropriate strategies to implement smoke-free homes policies.

Action: Community members implement smoke-free homes policies and promote the policy to visitors of the home.

Maintenance: Community members have implemented a policy, maintain the policy, and encourage others to do so.

? Track your Progress

- Did you complete a demographic assessment of your community?
- Did you choose target groups based on the results of your assessments?
- Who are your target groups?
- Did you use *Research Tool 1* to identify community readiness?

Action Step 3: Plan Your Campaign

The Background Work

Meet with those people who will help implement the campaign to discuss the following things:

- Review ***Attachment B***: "Nine Questions--A Strategy Planning Tool for Policy and Environmental Change."

- What are the media and communication outlets in your community? This may include community newsletters, newspapers, radio, TV, and internet sites that serve as information outlets for your community. Identify reporters, editors, and opinion columnists who cover health or tobacco-related issues.
- Will community representatives and opinion leaders support your smoke-free homes campaign? Have these leaders supported tobacco control or public health initiatives in the past? Do they feel that the community is ready to hear a message about smoke-free homes?
- How will you ensure that the campaign successfully refers participants to cessation services?
- Are there opponents to the campaign?
- Are there any resources or networks that you can tap into through the workgroup members?

Identify Opportunities to Interact with the Public

Community events, doctors' offices, schools, and daycare centers are all venues at which you can interact with the public. You may want to link SHS with asthma or other related health problems that occur with SHS exposure. To identify how to best outreach your target population, use the specific stages of community readiness you identified in *Action Step 2* and the table below. Specific examples of activities are listed following the table.

Strategies to Advocate Smoke-Free Homes Based on Community Readiness
Pre-Contemplation Small group discussions with community about secondhand smoke and smoke-free homes policies. Educational outreach to community groups interested in sponsoring programs related to health. One-on-one discussions and educational outreach on the dangers of secondhand smoke.
Contemplation Media activities such as letters to the editor or publishing articles in community newsletters. Educational outreach activities highlighting national data and including local incidents that illustrate harmful effects of secondhand smoke.
Preparation Educational outreach programs to community groups and leaders to communicate harmful effects of secondhand smoke in the home. Continued media efforts Technical assistance provided to community groups on how to initiate smoke-free homes programs. Create flyers, posters, pledge certificates, and any other materials needed for the program.
Action In-service training for community group staff members on harmful effects of secondhand smoke, local community smoking information, evaluation processes, and program implementation. Publicity efforts such as press releases to announce kick-off of the program Meet with community leaders to update and inform them about community activities.

Maintenance
Evaluation of educational outreach, program outcomes, etc.
Recognition for local supporters of the program.
Continue in-service training for staff
Update materials as needed
Continue assessment of home smoking policies.

Activities and Ideas:

- Educate! Use every opportunity to teach the community about the dangers of SHS. For example, you could make presentations at PTA meetings and community events.
- Find smoke-free homes and highlight them in community newspapers or events.
- Write newspaper articles on the dangers of SHS, leaving contact information for those that would like more information on your project.
- Create a secondhand smoke display (for use at community events, malls, schools, and conferences) that can be used to promote smoke-free homes.
- Obtain (or make) and distribute smoke-free home stickers.
- Build partnerships and coalitions. Contact groups to find out about work currently being done in your area and how you could get involved. Partner with other local coalitions/initiatives (tobacco control, asthma, or childhood health) in your area to work on childhood exposure to secondhand smoke together. Start a local second-hand smoke coalition in your community, involving health professionals, affiliates of national partners, state and local government, and any other interested parties. This will bring about social change within your community.
- Involve local health care providers. Work with local WIC (Women, Infants and Children) employees who do home intervention education to see if they talk to mothers about smoking around their children. Work with home extension service agents who do IAQ (indoor air quality) training and home education on nutrition and other health-related practical issues.
- Work with Head Start programs to do education/intervention in the home.
- Write a secondhand smoke article, or ask a doctor to, and place it in a health care provider/hospital newsletter.
- Arrange training for local pediatricians on secondhand smoke and kids. Find a local pediatrician willing to conduct a community presentation using the American Academy of Pediatrics (AAP) speaker's kit. Connect your local pediatrician to the AAP network.
- Work with hospitals. Arrange training at a hospital for obstetricians, pediatricians, pediatric personnel, and lactation specialists. Check with local hospitals that do classes for new parents to see if they include health risks to children from second-hand smoke in the curriculum. If not, see if they would start.
- Work with the local media to deliver your secondhand smoke message to the public.
    - Have your local newspaper or broadcasters do a story about childhood health effects of secondhand smoke, perhaps linking it to asthma or other childhood health issues.
    - Secure commitments from local broadcasters (radio, TV, and local access cable) to air your PSA.

Prepare Your Message

In your secondhand smoke messages, include related health messages on topics such as asthma and indoor air quality (IAQ) in schools. Incorporating other health topics related to the dangers of SHS can be very effective and might raise interest. Make sure the message targets your audience. If other languages are spoken in your area, provide materials in those languages. Do not make smokers the target. If they feel like the enemy, they are less likely to change their habits. Allow them to make the decision to go smoke-free. (See "Conducting Successful Outreach Programs" in the EPA toolkit for more details on how to plan your campaign.)

Before getting started, take a look at this research done by the Consumer Federation of America Foundation. These are good points to keep in mind:

- 70% of those surveyed would be receptive to a message or a request to smoke outside.
- When asked to cite a good reason for taking their smoking outside, the answer that appeared most often was the children's health.
- Logic and facts are not enough.
- Use words like "choice" and "option" instead of "should" and "must."
- It is important to acknowledge the difficulty of quitting.

*Research conducted by the Consumer Federation of America Foundation

Remember to include information about tobacco cessation in your messages. Refer those that would like to quit smoking completely to the Utah Quit Line (1-888-567-TRUTH), Utah QuitNet <http://www.utahquitnet.com>, or the Utah Tobacco Prevention and Control Website <http://www.tobaccofreeutah.org>, where they can find cessation programs in their area, tips to quitting, and general information about quitting.

? Track your Progress

- Has your workgroup reviewed the "Nine Questions" document?
- Has your workgroup reviewed the stages of readiness and corresponding outreach strategies for the campaign?
- Has your workgroup developed a plan for conducting the smoke-free homes campaign?

Action Step 4: Select Your Materials

- Decide on the materials you need, then compile or create materials that would best suit your target audience. Many materials are available through the local health department or state health department. Resources to use in developing your own materials for your community include SHS fact sheets, pamphlets, and other materials. See ***Attachment C, D,*** and ***E*** for an example materials. Additional secondhand smoke materials can be found at http://www.tobaccofreeutah.org/tob_related_res.html or by calling the Tobacco-Free Resource Line: 1-877-220-3466.

- **Tobacco Prevention and Control Website**
  Direct access to all materials available through the Utah Department of Health, including cessation materials to be distributed with smoke-free homes materials http://www.tobaccofreeutah.org/.

- **Smoke-free home pledge** (See ***Attachment H*** for an example smoke-free home pledge)

- **Newspaper articles (**See ***Attachment F*** for an example of a news article)

- **Letters/newsletters** (Look for examples in Section 3 of the EPA toolkit, http://www.epa.gov/smokefree/pdfs/community_action_kit.pdf)

- **"Benefits of a Smoke-Free Home/Tips for Making Your Home Smoke-Free"** (See ***Attachment G.*** Use this in presentations or for handouts.)

- **EPA Smoke-Free publications** *(English and Spanish)*
  Obtain copies of the Smoke-Free Home Kit if you are using the EPA's Smoke-Free Homes Campaign. This and other materials are available at http://www.epa.gov/Smoke-Free/publications.html.

? Track your Progress

- Have you located or developed materials to use for the campaign?
- Did you follow the TPCP Media Approval Process for approving new resources or using existing resources?
- Did you review the materials with the target audience?
- Did you adjust the materials accordingly?

Action Step 5: Get the Word Out and Gain Support

Follow the steps in your action plan to make presentations to communities and distribute pledge cards. Remember to use the opportunities identified in *Action Step 3: Plan your Campaign* to talk with families about the importance of keeping their homes smoke-free, distribute brochures, and ask people to take the smoke-free home pledge. If you have chosen to implement the EPA Smoke-Free Homes Campaign, give the individuals a Smoke-Free Home Kit or keep track of contact information so that EPA can send out a Kit.

Make an event log to keep track of the number of pledges you receive and other information that you want to remember. Encourage families who are not yet ready to think about the health benefits of smoke-free homes. Encourage them to take your brochure with them.

You may use *Research Tool 2* to evaluate your presentations and *Research Tool 3* to evaluate community events. Also, use the media to promote your message.

Additional ways to get the word out:

- Post flyers in common areas such as grocery stores.
- Mail out postcards with SHS information.
- Mail pledge cards with SHS information.
- Go door to door and leave flyers at individual houses.
- Use word of mouth, especially in smaller communities.

Working with the Media

Publicity through media relations is a powerful tool. Media coverage of your efforts can build awareness and influence public opinion, creating a positive climate for smoke-free homes. The tips in this section are designed to familiarize you with the communications tools that are available to inform the media and the public about the dangers of secondhand smoke. Your workgroup can help you decide which methods are best to reach your target population.

Goal and Key Media Messages

Start by knowing what you want to say. Our goal is to protect people's health by reducing exposure to the dangerous and deadly effects of secondhand smoke. We can achieve this by educating adults, opinion leaders, and public officials that secondhand smoke is fatal. It causes cancer, heart disease, sudden infant death syndrome, and other life-threatening diseases.

The key messages are simple:

- Secondhand smoke is deadly - it kills around 50,000 nonsmokers each year.
- Everyone has the right to breathe clean indoor air.
- Ventilation engineers confirm that even the most modern ventilation systems cannot remove the cancer-causing chemicals in secondhand smoke.
- Cessation services are available to tobacco users who want to quit, including the Utah tobacco Quit Line (1-888-567-TRUTH) and QuitNet http://www.utahquitnet.com/.

Connecting With Local Media

Develop a contact list of editors and reporters (print) and assignment editors and news directors (television and radio). Contact your local newspapers, radio stations, and television stations to obtain the correct contact names, addresses, and fax and phone numbers.

When you contact the media:

- Never call a reporter late in the day. Everyone in the newsroom is on deadline and will not have time to talk. Make your calls in the morning.
- Before calling, practice 2-3 sentences that summarize why you are calling and why your story is important. Realize that reporters are busy and receive many calls from people with story ideas.

- When you call, get to the point quickly. If you leave a message, be sure to leave a phone number.

Tips on Dealing With the Media:

- Designate a key media spokesperson. Limiting who will speak to the media will allow one person to become polished in this area and the message you want to convey is more likely to get across in the news story.
- Never go "off the record." Consider everything you say "on the record."
- Never lie. If you make a mistake, correct yourself. If you don't know the answer to a question, admit it and if appropriate, say you will check and call back.
- Don't let the media hurry you. It's important to be timely but you don't have to answer on the spot. If a reporter calls, ask for their deadline. Tell them you are busy at the moment but will call back by a certain time. Take time to gather information, then get back to them by the time you stated.
- Anticipate questions: Formulate succinct and concrete answers to questions like: Why is this issue important? And, what is the solution to the problem?
- Be prepared to respond to breaking news. Breaking news stories set the news agenda.
- Prepare a contact sheet and fact sheet for reporters. The contact sheet should include phone numbers for your spokesperson as well as names of local doctors who can talk about the dangers of secondhand smoke and victims of secondhand smoke, such as people with asthma or parents of children who have chronic breathing problems. The fact sheet should lay out the facts about the health effects and economic benefit of smoke-free policies.

Media Interviews

Interviews are opportunities for you to convey your message. By helping reporters with their stories, you can establish yourself and your coalition as a reliable and credible source for information. Before an interview:

- Practice the messages you want to convey.
- Try to humanize your messages such as a personal story that can illustrate the dangers of secondhand smoke.
- Have someone ask you sample questions. Practice answering the tough questions.
- Practice giving clear and concise answers.
- Don’t use technical language, such as "ETS" or "environmental tobacco smoke." The general public is not familiar with those terms.
- Be ready to support what you say with examples and facts.

Taken from the Minnesota Smoke-Free Coalition.[10]

Other Resources

Check out these resources to find more information on getting the word out:

- **TPCP Media Binder:** Call the Tobacco Free Resource Line at 1-877-220-3466.

- **Media Advocacy** from ANR's (Americans for Nonsmokers' Rights) website: http://www.no-smoke.org/pdf/workingwithmedia.pdfhttp://www.no-smoke.org/media.html

? Track your Progress

- Did you research and select the media available in your community?
- Did you track the reach of your media messages?
- Did you track the number of materials produced and distributed?
- Did you track the number of homes contacted?
- Did you track attendance at community presentations (number of presentations, number of attendees)?
- Did you use evaluation tools to monitor the success of presentations and events?

Action Step 6: Evaluate Your Efforts

The tools provided in this section are intended to help you document the process and the initial outcomes of your tobacco policy project. This documentation will be crucial in reporting your progress, planning future projects and sharing project outcomes with tobacco prevention and control partners. Following are two forms designed to help you evaluate your efforts: the Process Evaluation Worksheet and the Outcomes and Recommendations Table.

1. Process Evaluation Worksheet: Fill out sections of this worksheet as you work on your project, ideally after you complete each Action Step. Use the progress tracking questions (? Track Your Progress) and the Research Tools suggested in the Action Steps, where applicable. Some questions may not apply to your project. In that case, mark the question as not applicable (N/A) and briefly explain why it is not applicable.

2. Outcomes and Recommendations Table: Use your notes from the Process Evaluation Worksheet and any other pertinent information to complete this table.

You are not required to submit either of these forms, but they are designed to assist you in reporting your progress to TPCP.

Process Evaluation Worksheet

Action Step 1: Gather Relevant Facts and Information

- Did you educate yourself about secondhand smoke and conducting policy change projects? Yes No

Action Step 2: Identify Your Audience/Assess Community Readiness

- Please name the community in which you are working. Provide the general boundaries of the community if they are not obvious.

  _____

  _____

- Did you assess your community's demographic profile? Yes No
- Which priority group(s) are you planning to target and why? _____
  _____
  _____
- Please list the organizations you partnered with and describe how you worked together.
  _____
  _____
  _____
- Did you complete a workgroup inventory (*Research Tool 2*)? Yes No
  - If yes, please attach a copy.
- Have you formed a workgroup to support your smoke-free campaign? Yes No
  If yes, who is represented on the coalition? _____
  _____
  _____
- Did you assess community readiness for the campaign? Yes No
  If yes, please describe how you made that assessment and list important findings:
  _____
  _____
  _____
  _____

Action Step 3: Plan Your Campaign

- Has the workgroup reviewed the "Nine Questions" document? Yes No
- Has the workgroup developed a plan for conducting the smoke-free homes campaign? Yes No

  If yes, briefly describe major components of the plan (time-line, tasks, responsibilities):

Task	Person Responsible	Completion Date Expected/ Actual	Comments

Action Step 4: Develop Your Materials

- Did you develop or select materials to use in your campaign? Yes No

- Did you develop any materials or obtain materials from sources other than TPCP?
  Yes No

  If yes, did you follow the TPCP media protocol for approving new resources?
  Yes No

- Did you adjust materials to meet the needs of your target audience? If so, how?
  _____
  _____

Action Step 5: Get the Word Out/Gain Support

1. Please use the table below to describe how you "got the word out" about your project.

Media (i.e. flyers, newspaper, etc.)	Audience	Number Reached

- Please use the table below to describe how you approached households about going smoke-free (telephone calls, presentations, etc.):

Type of Contact	Number of Homes	Number of Pledges Signed*

*Please describe if you used some other way of documenting a household's move towards creating a smoke-free policy.

- Please use the table below to describe the attendance/outcomes of community presentations:

Location of Presentation	Number of People Who Attended	Number of Pledges Signed*

*Please describe if you used some other way of documenting a household's move towards creating a smoke-free policy.

- Do you think the events/presentations attracted the right audience for your project? Yes No

  Please explain your answer. _____
  _____
  _____

- Did you evaluate the presentations and/or events? Yes No

  If yes, how did you evaluate them? Please check all that apply.
  - ❑ Surveys
  - ❑ Informal interviews
  - ❑ Observations during the event
  - ❑ Other: _____

- What did you learn from the evaluations you conducted? How can that information improve future presentations and other community outreach? _____
  _____
  _____
  _____

Evaluation Outcomes and Recommendations Table

Outcomes
Please use this table to document the outcome of your work. Number of individuals that signed smoke-free pledges: _____ Number of homes represented by those pledges: _____ Number of smoke-free home kits distributed: _____ Number of homes with children living in them: _____ Total number of children: _____ Number of pledges signed by respondents of the following ethnic/racial categories: _____ African American _____ Hispanic _____ Asian American _____ Pacific Islander _____ American Indian/Alaskan Native _____ White _____ Unknown _____ Other (please specify) _____
Comments:

About how many people that you asked were not willing to sign pledges? _____. What reasons, if any, did they give for not signing the pledge? Please check all that apply: ❑ Doesn't think SHS exposure is harmful. ❑ Lives alone or only with other smokers. ❑ Wants to be able to smoke indoors. ❑ Doesn't think it is the right time to go smoke-free. ❑ Doesn't think the smokers in the household will comply. ❑ Other: _____
Comments:
Describe any new or improved community partnerships resulting from this effort:
Lessons Learned
What factors contributed to success?
What barriers limited or threatened success?
How were barriers addressed?
Think about the relative costs (including staff time) and results of different aspects of your efforts? Did some activities appear to work as well as others but cost less?

Recommendations
What are the next steps to promoting smoke-free home policies?
What will you do differently the next time you promote smoke-free home policies?
Which activities and strategies will you continue the next time you promote smoke-free home policies?

Action Step 7: Ensure Policy Sustainability

Post Signage.

The most important way to publicize a tobacco free policy is by posting signs. Long after a smoke-free home pledge has been taken, updating and reposting signs reinforces the pledge and reminds visitors not to smoke. If you have not done so already, contact the Utah Department of Health, Tobacco Prevention and Control Program for signage template examples.

Before you purchase/print and post signs keep the following items in mind:

- How many signs do you need?
- Does the signage need to be in a different language?
- What is the timeline?

The following locations are suggested place for posting your signs:

- On the kitchen refrigerator
- In the window
- In any area visitors will notice before entering the home

Celebrate!

Celebrate all of your hard work and success! Invite those who worked on the campaign and those who took the pledge to celebrate with an event/luncheon etc. to thank the community for making the venue a healthier place to live, work and play. This could be the “kick off” to the following step, educating the community about the campaigns success and future projects.

Educate the community about the campaign success.

Educating the community about the campaign success will be a big part of ensuring that the policy changes norms and promotes others to take the smoke-free home pledge. This could include media outreach, community events, business outreach, direct mail, collateral materials, law enforcement, etc. Most likely, this education phase will happen jointly with the *Action Step 5: Get the Word Out and Gain Support* media activities.

Evaluation.

Now that the policy is in place, how is it working? Consider developing a plan to monitor how your policy is being implemented and evaluate the results. With this information, you can strengthen your policy and increase its effectiveness and impact over time. A good monitoring plan can also provide proof of success to board members and other communities.

Evaluation Checklist:

- ✓ Are signs displayed? How many? Take pictures of signage for reference.
- ✓ Were conflicts anticipated and handled appropriately? Document dates of conflicts.
- ✓ Are their resources available at appropriate community centers, businesses, and organizations for those who want to quit using tobacco products?

Share progress.

Throughout the process make sure you take the time to share your progress with local and state partners. It is important that those who were involved in supporting the campaign see continued success. Share results with the city and county officials, state agencies, law enforcement, schools, parent organizations (PTA) and other organizations that are trying to implement similar campaigns.

Research Tool 1: Example Intervention Survey

(Write your questions on a 3 x 5 card, or print on a half sheet of paper and ask people to fill it out before talking to them about SHS.)

Are you: **Male** **Female**

How old are you? _____

1. Do you think secondhand smoke is harmful to your health? **Yes** **No**

2. Do you smoke? **Every day** **Some days** **Not at all**

3. Do you smoke in your home? **Yes** **No**

4. Does anyone else smoke in your home? **Yes** **No**

5. Are there rules that limit or forbid smoking inside your home? **Yes** **No**

   5 a. **If no,** have you ever considered making rules that limit or forbid smoking inside your home? **Yes** **No**

Thank you for your time and your valuable input.

Source: Michigan Department of Health.[11]

Research Tool 2: Feedback Form

Do you use tobacco? ____Yes ____No
Does anyone else in your household use tobacco? ____Yes ____No
List two things you learned from the presentation/outreach.

1.
2.

List two suggestions for improving the presentation/outreach.

1.
2.

Feedback Form

Do you use tobacco? ____Yes ____No
Does anyone else in your household use tobacco? ____Yes ____No
List two things you liked best about the training.

1.
2.

List two suggestions for improvement.

1.
2.

Research Tool 3: Smoke-Free Homes Community Event Checklist

This checklist is to be filled out by each person who promotes smoke-free homes at community events. Use the questions below to record the numbers of people contacted during the event.

Event: _____ Date: _____ Time: _____am/pm to _____am/pm

1. How many people did you personally talk to about smoke-free homes? _____

2. Of the people you talked to:
   a. How many said they currently smoke? _____
   b. How many said that they smoke inside their homes? _____
   c. How many said that another person smoke inside their homes? _____
   d. How many said they have a policy about smoking inside their homes? _____
   e. How many said they have considered a policy about smoking inside their homes? _____

3. How did the majority of people react to your smoke-free home message?
   ☐ Very interested ☐ Somewhat interested ☐ Not interested ☐ Hostile

4. How many smoke-free home pledges did you collect? _____

5. List any interesting observations you made or comments from people you talked to (Please attach a separate sheet if necessary.):

_____
_____
_____

6. Did you see anyone smoking at the event? ☐ No, No one ☐ Yes, Less than half
   ☐ Yes, About half ☐ Yes, More than half ☐ Yes, All or nearly all

7. Do you think this event/presentation attracted the right audience for your smoke-free message?
   ☐ Yes ☐ No
   Please explain your response: _____
   _____
   _____

8. What was the approximate age of the majority of the people you talked to?
   ☐ 17 or younger ☐ 18- 40 years old
   ☐ 41-65 years old ☐ 66 and older ☐ A mix of ages _____

9. Based on your experience, how can this intervention be improved?

_____
_____
_____
_____

Attachment A: Example Project

Detroit Clean Air Network
No Doubt, Smoke-Out: Smoke-Free Homes Campaign

The No Doubt, Smoke-Out: Smoke-Free Homes Campaign is a Detroit campaign sponsored by the Detroit Clean Air Network (D-CAN). D-CAN is a community-based organization comprised of Black Caucus Foundation of Michigan, Black Family Development, Inc., Detroit Urban League, Inc., Detroit Health Department/Tri-Cities Tobacco Reduction Coalition, Northwest Community programs, American Lung Association and American Cancer Society. The goal of the No Doubt, Smoke-Out: Smoke-Free Homes campaign is to increase the awareness of families regarding the dangers of secondhand smoke to children in their homes throughout the city of Detroit and to obtain a commitment from these families to make and keep their homes smoke-free.

In the city of Detroit, there is a high asthma burden, especially among African-American children. The hospitalization rate for Detroit children (1-14 years) was three times higher than for the rest of the state. Within Detroit, both the mortality and hospitalization rates for African American children were twice that of white children. Because of this high burden, this campaign integrated asthma in its messages to increase the public's knowledge about asthma and as a way assist with the education of secondhand smoke.

The campaign-utilized faith based organizations and trained youth to assist in delivering messages regarding secondhand smoke to parents in a non-threatening manner. The presentations conducted by youth and adults, gave information about secondhand smoke and asthma and asked for a commitment to make and keep their home and car smoke-free by signing the smoke-free home pledge. The participants were given the opportunity to turn in their pledge to the presenter at the time of the presentation as a method to increase participation. Presentations were conducted in churches, schools, community based agencies and local area events.

The campaign kicked off on March 8, 2002 with a press conference at Children's Hospital in Detroit. In support of the campaign a secondhand smoke radio spot developed by the Michigan Department of Community Health (MDCH) and the Michigan Association of Broadcasters that ran from March 8, 2002 through the end of the campaign May 31, 2002. The radio spot consisted of a call to action, where listeners could contact the MDCH's clearinghouse to order the brochure "First Hand Facts on Secondhand Smoke".

A survey for the campaign has been developed that consists of a non-scientific pre-opinion survey that was conducted during February 2002 and a post-opinion survey that was conducted from June through August 2002. The opinion survey will measure the knowledge, attitude, and behaviors of the people of Detroit regarding secondhand smoke.

The MDCH Tobacco Section and DCAN will conduct an evaluation starting in September 2002. The purpose of the evaluation will be to determine signing the pledge helped participants make or keep their homes and cars smoke-free, and whether signing the pledge helped motivate any smokers living in the home to quit smoking. Eight months following the program launch (November 2002), a random sample of participants who signed the smoke-free home pledge will be surveyed via telephone, and will be invited to participate in exploratory focus groups approximately three weeks after completing the survey.

These focus groups will consist of six to twelve participants who signed the pledge and non-participants, defined as those who did not sign the pledge and have requested cessation assistance from local agencies. The purpose of the exploratory focus groups will be to gather feedback about the program and compare differences between participants and non-participants. A 12-month follow-up survey (May 2003), via telephone or face-to-face interview, will be conducted among participants to collect data on the smoke-free status of their home and car, in addition to collecting cessation information.

The Smoke-Free Homes program has also recently been implemented among faith-based communities in Grand Rapids and Flint, and will be conducted among the Michigan Multi-Cultural Networks in Winter 2002. An evaluation of the program will also be conducted according to the program timelines in these areas.

Cost of the Campaign

Paid for by a Michigan Department of Community Health grant from CDC "Addressing Asthma from a Public Health Perspective."

Brochure – 20,000	$4,500
Radio Spot - development	$2,834
Poster Board	$129
Banner	$216
Total	**$7,679**

Source: Michigan Department of Health.[12]

Attachment B: "Nine Questions" A Strategy Planning Tool for Policy and Environmental Change

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1. What do we want? (GOALS)

Any policy or environmental change effort must begin with a sense of its goals. Among these goals, some distinctions are important. What are the long-term goals and what are the short-term goals? What are the content goals (e.g. policy change) and what are the process goals (e.g. building community among participants)? These goals need to be defined at the start, in a way that can launch an effort, draw people to it, and sustain it over time.

2. Who can give it to us? (AUDIENCES)

Who are the people and institutions you need to move? This includes those who have the actual formal authority to deliver the goods (i.e. policymakers). This also includes those who have the capacity to influence those with formal authority (i.e. the media and key constituencies, both allied and opposed). In both cases, an effective policy effort requires a clear sense of who these audiences are and what access or pressure points are available to move them.

3. What do they need to hear? (MESSAGE)

Reaching these different audiences requires crafting and framing a set of messages that will be persuasive. Although these messages must always be rooted in the same basic truth, they also need to be tailored differently to different audiences depending on what they are ready to hear. In most cases, policy or environmental change messages will have two basic components: an appeal to what is right and an appeal to the audience's self-interest.

4. Who do they need to hear it from? (MESSENGERS)

The same message has a very different impact depending on who communicates it. Who are the most credible messengers for different audiences? In some cases, these messengers are "experts" whose credibility is largely technical. In other cases, we need to engage the "authentic voices," those who can speak from personal experience. What do we need to do to equip these messengers, both in terms of information and to increase their comfort level as advocates?

5. How can we get them to hear it? (DELIVERY)

There is wide variety of ways for advocates to deliver message. These range from the genteel to the in-your-face. The most effective means varies from situation to situation. The key is to evaluate them and apply them appropriately, weaving them together in a winning mix.

6. What have we got? (RESOURCES)

An effective policy or environmental change effort takes careful stock of the resources that are already there or need to be built on. This includes past policy work that is related, alliances

already in place, staff and other people's capacity, information and political intelligence. In short, you don't start from scratch, you start from building on what you've got.

7. What do we need to develop? (GAPS)

After taking stock of the resources you have, the next step is to identify the resources you need that aren't there yet. This means looking at alliances that need to be built, and capacities such as outreach, media, and research that are crucial to any effort.

8. How do we begin? (FIRST STEPS)

What would be an effective way to begin to move the strategy forward? What are some potential short term goals or projects that would bring the right people together, symbolize the larger work ahead and create something achievable that lays the groundwork for the next step?

9. How do we tell if it's working? (EVALUATION)

As with any long journey, the course needs to be checked along the way. Strategy needs to be evaluated, revisiting each of the questions above (i.e. are we aiming at the right audiences, are we reaching them, etc.) It is important to be able to make mid-course corrections and to discard those elements of a strategy that don't work once they are actually put into practice.

Note: A common confusion in the development of advocacy strategy is the difference between "strategy" and "tactics." ***Tactics*** are specific actions -- circulating petitions, writing letters, staging a protest, etc. – that are the building blocks of advocacy. ***Strategy*** is something larger, an overall map that guides the use of these tools toward clear goals. Strategy is a hard-nosed assessment of where you are, where you want to go, and how you can get there.

© 2001 Advisory Institute, Washington D.C.[13]

Attachment C: Smoke-Free Home Pledge Brochure

How do you get the smoke out?

SOME WAYS TO QUIT

Cold turkey

Some people quit smoking completely and never look back. You might also try a more gradual approach—tapering back on the number of cigarettes you smoke, delaying the time of day you first light up, or eliminating the places you smoke.

Support

You greatly improve your chances of quitting for good if you quit with a friend or family member. Also, support groups prove to be very helpful for many people who want to quit.

Medication

There are many medications to help you quit. Nicotine patches and gum can help reduce cravings for cigarettes, as can the prescription medicine Zyban®.

For more information or for help quitting, call the Utah Tobacco Quit Line at 1-888-567-TRUTH.

Utah Tobacco Quit Line
1-888-567-TRUTH
(1-888-567-8788)

Hours
Monday-Thursday 6am-10pm
Friday 6am-8pm
Saturday & Sunday 7am-5pm

Resources
Tobacco Free Resource Line
1-877-220-3466
Utah Department of Health
Tobacco Prevention and Control Program
PO Box 142106
Salt Lake City, UT 84114-2106

The TRUTH

You work hard for your kid's future.

DON'T LET IT GO UP IN SMOKE.

The TRUTH
About Secondhand Smoke

How does secondhand smoke harm your family?

IT'S TOXIC

Secondhand smoke contains more than 4,000 chemicals like lead, carbon monoxide, toluene, and formaldehyde. Many are known to cause cancer or other conditions like heart disease and lung disease.

If you're exposed to any of these chemicals at work, you take the proper precautions to protect yourself. So, please, take the proper precautions to protect your family. Quit smoking or, at the very least, don't smoke or let others smoke in your house or in your car.

The Environmental Protection Agency classifies secondhand smoke as a "Group A" carcinogen— ***the most dangerous category of cancer-causing agent.***

IT'S EXPENSIVE

It costs around $1,500 every year for a pack-a-day habit. Clearly, smoking takes a big bite out of your family budget. If you quit that pack-a-day habit and put the money in a college fund with a 6% annual return, 15 years from now you'd have at least $28,000 dedicated to your child's future.

Besides the amount you pay for packs of smokes, tobacco also socks it to your pocketbook through increased healthcare costs. Research shows that children of smokers get sick more often, which means more co-pays, more time off for trips to the doctor, more sick days, and higher insurance premiums.

IT HURTS CHILDREN

Secondhand smoke increases the risk that your children will get ear infections, asthma, bronchitis, and pneumonia. Even worse, it can kill them. Fact is, more young children in the U.S. die from the effects of secondhand smoke than from all unintentional injuries combined.

Secondhand smoke can harm babies even before they're born. For example, secondhand smoke causes over nine thousand premature births in the U.S. every year. Secondhand smoke is also linked to stillbirth, low birth weight and Sudden Infant Death Syndrome (SIDS).

Attachment D: Example Sign

Attachment E: Secondhand Smoke Facts Sheet

Secondhand Smoke

What are the dangers of secondhand smoke (SHS)?

- There is no risk-free level of secondhand smoke exposure. Even brief exposure can be dangerous.[2]
- Over 4,000 **chemicals** are found in a single puff of smoke, including more than 50 carcinogens.[1]
- 430 American newborns die each year from Sudden Infant Death Syndrome (SIDS) caused by SHS. [2]
- About 10% of all SIDS cases are attributable to postnatal exposure to secondhand smoke.[2]
- 3,000 Americans die each year from **lung cancer** caused by SHS.[2]
- **Secondhand smoke can cause lung cancer in healthy nonsmokers.** A nonsmoker who lives with a smoker has a 20-30% greater associated risk of developing lung cancer.[2]
- About 46,000 Americans die each year from **heart disease** caused by SHS.[2]
- Exposure to secondhand smoke increases the risk of heart disease among non-smokers by about 25-30 percent.[2]
- SHS causes ear problems, acute respiratory infections, and wheeze illnesses in children, slows their lung growth, and makes asthma more severe.[2]
- Secondhand smoke exposure is responsible for an estimated 150,000–300,000 new cases of bronchitis and pneumonia in children aged less than 18 months, resulting in 7,500–15,000 hospitalizations.[3]
- SHS can affect nonsmokers by causing **eye irritation, headaches, nausea, and dizziness.**[4, 5]
- SHS is linked to 10,000 cases of **Low Birth Weight** every year in the U.S.[4]
- SHS causes middle ear disease in children.[2]

How can a smoker protect their child from secondhand smoke?

- **Smoke outside**, at least 25 feet from the house.
- **Do not smoke in the car** with children or other passengers. [4]
- **Quit smoking** when you are pregnant (see "Smoking and Pregnancy" fact sheet).
- Ask adults who care for your child, or who visit your home, **not to smoke near your child**. Encourage them to take it outside for your child's sake. [4]
- Make a rule that smoking is not allowed inside your home.[2]

Secondhand Smoke in Utah

- 25,800 Utah children age 17 or under (3.34%), live in a home where somebody smokes inside the home.[6]
- 59% of Utah youth are exposed to secondhand smoke in outdoor settings every week. [7]

For help quitting, call the Utah Tobacco Quit Line at 1.888.567.TRUTH or visit utahquitnet.com

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[5] Canadian Cancer Society, http://www.cancer.ca/ccs/internet/standard/0,3182,3172_13127__langId-en,00.html Accessed August 2006
[6] Utah Health Status Survey, 2004
[7] TPCP Youth Media Survey, 2005

Attachment F: Example Press Release

For Immediate Release:
Wednesday, February 14th, 2006
Media Contact:
Your Name
(Area Code) Phone number
e-mail

News Release

[Local Health Department] Invites Locals to Show They Care by Going Smoke-Free

(City, UT) — It's an easy way to show your loved ones they matter: Stop smoking in your home and save your children's health - perhaps even their lives. That's the goal of the Smoke-Free Homes Campaign sponsored by the [Local Health Department] and [partners]. The campaign aims to make local residents healthier by publicizing the effects of secondhand smoke and encouraging them to pledge to make their homes smoke free.

Secondhand smoke is dangerous to everyone, but infants and children are at greatest risk because their lungs are still developing. Breathing secondhand smoke is associated with many illnesses in children, including sudden infant death syndrome (SIDS), middle ear infections and bronchitis. It also contributes to the development of new cases of asthma in healthy children, and those who breathe secondhand smoke have more frequent and more severe asthma attacks. The Surgeon General has said that there is no safe level of exposure to secondhand smoke.

The smoke-free homes campaign is designed to educate parents about the dangers of secondhand smoke and to challenge them to make a commitment to starting—and keeping—tobacco products out of the house. Smoke-free home and car kits with brochures, stickers, and air fresheners and Pledge Cards are available to help them keep that commitment. Youth from the [Local Youth Group], and the [Local Health Department] will be distributing these and conducting outreach to churches, schools, and community-based agencies over the next few months.

"More than 22,000 Utah children are exposed to secondhand smoke in their homes each year," said [Representative], [Job Title], [Local Health Department]. "They need to be protected from

this hazard. When parents are informed about the facts, we believe they will be more than willing to make their homes smoke-free."

Jim Robinson, of [city] agrees. "I'm still trying to quit, but we made our home smoke free a year ago. I smoke outside, and ask our friends to do the same – and our kids haven't been sick as much this year," said Robinson. "Going smoke free is the best thing you can do for the health of your family."

For more information on volunteer opportunities, a free smoke-free car kit, or to take the pledge, please call [Phone Number].

# # #

Attachment G: Benefits of a Smoke-Free Home and Tips for Making Your Home Smoke-Free

Benefits of a Smoke-Free home

The greatest benefit of having a Smoke-Free home is that you will remove the health risks associated with secondhand smoke. In addition:

- Removal of health risks associated with SHS.
- Home smoking restrictions promote smokers to quit.
- Youth are less likely begin smoking.
- Your home will smell better when it is smoke-free.
- The air in your home will be fresher, cleaner, and smell better.
- You will lower the chances of fire in your home
- Your food will taste better.
- Less time and money will be spent on cleaning your carpets, windows, walls, and mirrors.
- Your insurance rates may be lower.
- The resale value of your home may be greater
- Your pets will be healthier. For example, secondhand smoke increases the risk of cancer in dogs.

Tips for making your home Smoke-Free

- Talk about it! Sit down with everyone living in your home and discuss ways to make your home smoke-free.
- Don't allow smoking in your home. Politely ask people to smoke outside, even house guests.
- Make it clear that you are keeping your home smoke-free to protect others in your home, not as a punishment to someone who smokes.
- Make the smoking area as comfortable for them as possible.
- Do not allow babysitters or other people who work in your home to smoke in the house or around your children.
- Thank your friends and family for helping to keep your home smoke-free.
- Make a sign or put up a sticker that indicates that you have a smoke-free home.
- If you smoke, or another person in the house smokes, make the commitment to take it outside or quit altogether. Here are some quitting resources:

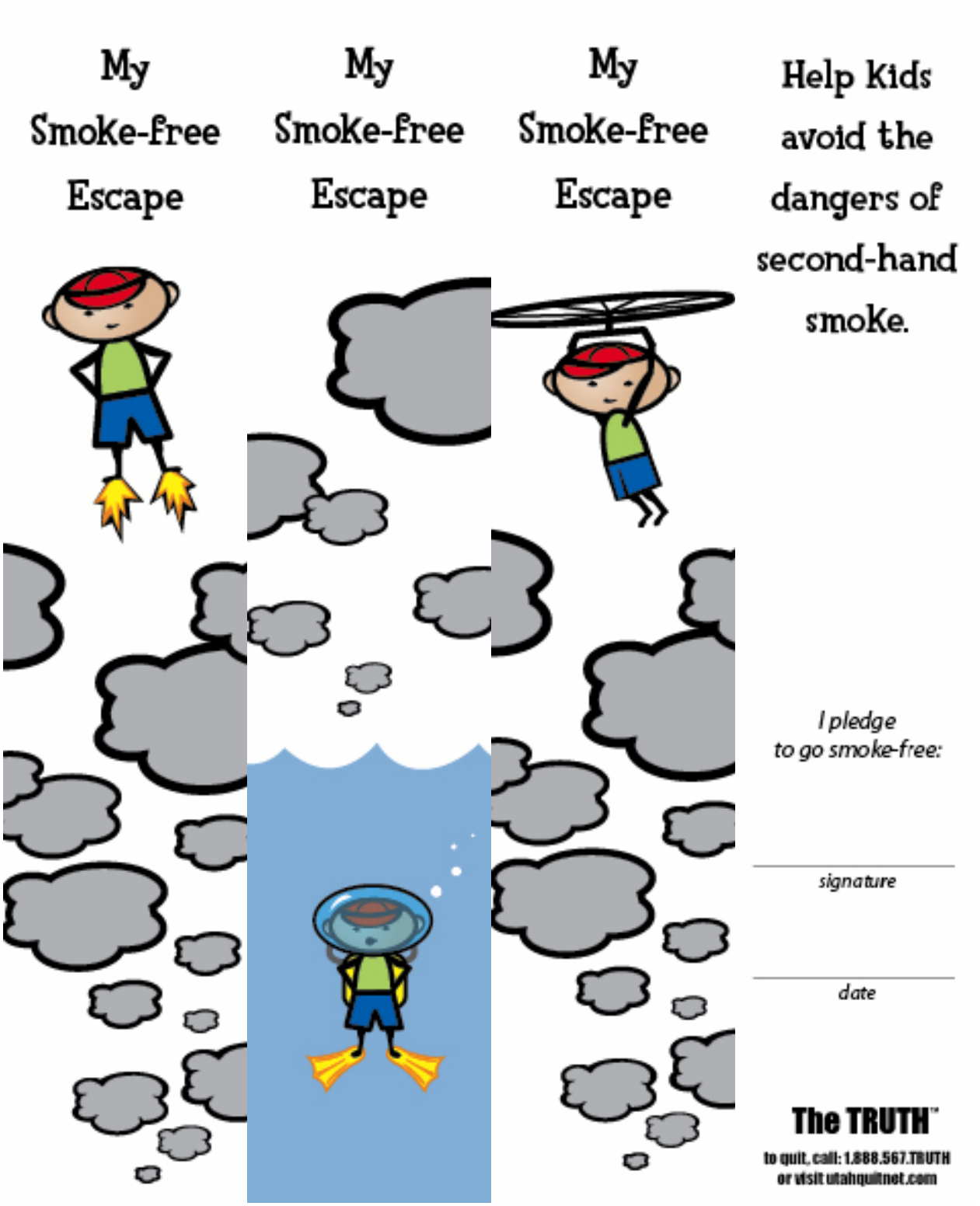
Quit Line: English: 1-888-567-TRUTH (8788)
Spanish: 1-877-629-1585
TTY: 1-877-777-6534

QuitNet: http://www.utahquitnet.com/

Tobacco Free Resource Line: 1-877-220-3466 (to obtain information on harmful effects of tobacco use, and self-help materials)

Cessation Directory: http://www.tobaccofreeutah.org/utah_tobacco_cessation_resource_directory introduction-1.htm (to find available cessation programs in your area)

Attachment H: Example Smoke-Free Home Pledge



Mi Escape del Humo
Mi Escape del Humo
Mi Escape del Humo
Ayuda a los niños a evitar los peligros del humo de segunda mano.
Prometo no fumar:
firma
fecha
The TRUTH™
para dejar el tabaco llame al 1.877.629.1585

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