

## **Smoke-Free Multi-Unit Housing**

Resident Survey Packet

May, 2013

For information on the surveys or the survey process, please call Nicole Cook, PhD, MPA, Master of Public Health program, Nova Southeastern University at 954-262-1505 or via email at [nc570@nova.edu](mailto:nc570@nova.edu)

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# Anyplace Towers

## *Multi-Unit Housing Resident Survey (Summary of Results)*

### Methods:

- Survey conducted by Nova Southeastern University, Master of Public Health Program in partnership with Anyplace Towers management, the American Lung Association and the Health Department of Broward County, Florida
- Survey included 19 questions which assessed resident knowledge, attitudes, and behaviors of smoking and smoke-free policies.
- Distributed [DATE] to residents who attended [Survey event].

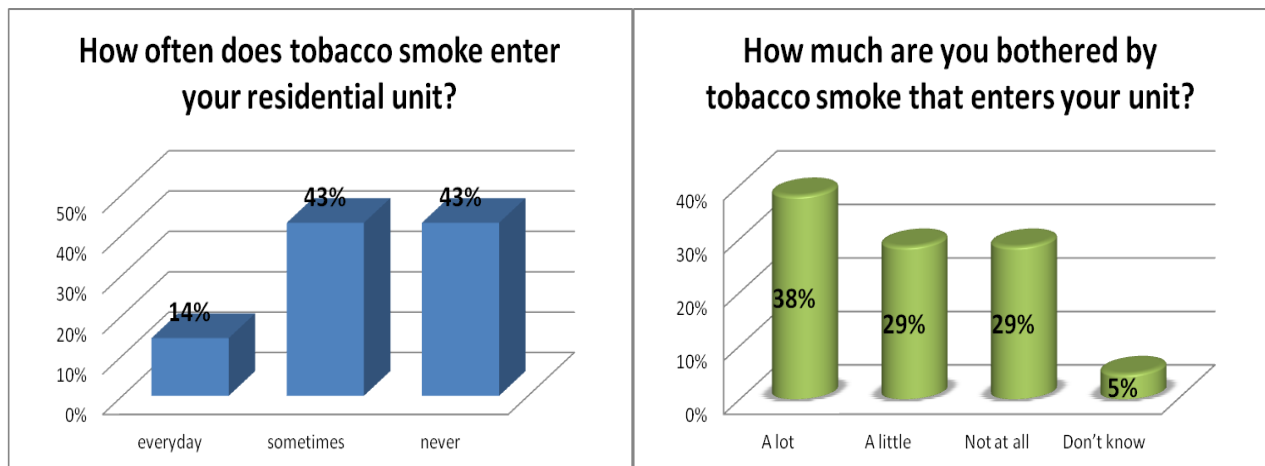
### Results:

- **Twenty-five (25) residents responded<sup>1</sup>.**
  - 50% female, 50% male
  - Respondents were between 19 and 62 years old (50% <40 years old)
  - 30% of residents completed some high school; 45% graduated high school and 25% had some college or technical school
  - **55%** of respondents said someone living in their unit has **Asthma**.
  - **39%** of respondents said they have **children** living in their unit
- **About residents' smoke-free rules on smoking inside units: 52%** of current residents **DO NOT** allow smoking in homes; 33% allow smoking in some places in the homes; 5% (1 resident) allows smoking anywhere in the home, 10% (2 residents) did not know the smoking rules in their home

## Anyplace Towers

### Multi-Unit Housing Resident Survey (Summary of Results)

- About current smoking behaviors in units: Someone smokes in 24% of units either every day or a few times a week; Nobody smokes in 57% of units
- About smoking among responders: 29% (6 residents) currently smoke; 71% of residents do not smoke



- Support for smoke-free policies:

Policy that prohibits smoking in:	% OF RESIDENTS WHO SUPPORT <sup>1</sup>
<b>ALL Units</b>	<b>76%</b>
<b>Indoor Common Areas</b>	<b>56%</b>
<b>Outdoor Common Areas</b>	<b>68%</b>

<sup>i</sup> Term “residents” refers to respondents throughout summary of results. Respondents = 25.

**1. What is your primary language?:**

- English .....
- Spanish .....
- Creole .....
- Other .....
- Other

**6. Do you NOW smoke cigarettes every day, some days, or not at all?**

- Every day .....  Not at all .....
- Some days .....  Don't know / not sure .....

**Smoke-Free Rules in Your Home:**

**2. Which of the following statements best describes the rules about smoking inside YOUR home (residential unit or apartment)? Do not include decks, porches, patios, or garages.**

- Smoking is NOT allowed anywhere inside the home .....
- Smoking is allowed in some places inside the home, or at some times .....
- Smoking is allowed anywhere inside the home .....
- Don't know / not sure .....

**3. Do you allow smoking on your balcony or patio?**

- Yes .....  I do not have a balcony or patio ....
- No .....

**4. How often does somebody smoke tobacco inside your home (this includes cigarettes, cigars, or pipes)? Include yourself, household members and visitors.**

- Everyday .....  Never .....
- Sometimes .....  Don't know / not sure .....

**Attitudes toward Smoke-Free Policy:**

**7. To what extent do you support a no-smoking policy in YOUR building for all individual apartments?**

- Support .....
- Do NOT support .....
- Don't know / not sure .....

**8. To what extent do you support a no-smoking policy in YOUR building for all indoor common areas (such as hallways, lobby, laundry room, stairwells, garage, or lounge/part room)?**

- Support .....
- Do NOT support .....
- Don't know / not sure .....

**9. To what extent do you support a no-smoking policy in YOUR building for all outdoor areas (such as courtyards, yards, swimming pools, and children's play areas)?**

- Support .....
- Do NOT support .....
- Don't know / not sure .....

**Personal Smoking Behaviors:**

**5. Have you smoked at least 100 cigarettes in your ENTIRE LIFE?**

- Yes .....  Don't know / not sure .....
- No .....

**Health Outcomes and Exposure to Secondhand Smoke:**

**10. How often does tobacco smoke enter your own apartment from somewhere else in or around your building?**

Everyday.....  Never .....   
 Sometimes.....  Don't know / not sure.....

**11. How much are you bothered by tobacco smoke that enters your own apartment from somewhere else in or around your building?**

A lot.....  Not at all.....   
 A little .....  Don't know / not sure.....

**12. Does anyone living in your apartment have any of the following illnesses?**

Asthma.....   
 Lung Disease (such as chronic bronchitis or COPD) .....   
 Heart Disease .....   
 Cancer .....

**13. Are you male or female?**

Male .....  Female ....

**14. What is your age?**

**15. Are you Hispanic or Latino?**

Yes.....  Don't know / not sure.....   
 No .....

**16. What is your race?**

White.....  Native Hawaiian or Pacific Islander.   
 Black .....  American Indian or Alaska Native ...   
 Asian.....  Don't know / not sure.....

**17. What is the highest grade or year of school you completed?**

Never attended school or only attended kindergarten.....   
 Elementary.....   
 Some high school .....   
 High school graduate.....   
 Some college or technical school.....   
 College graduate .....

**18. How long have you lived in your apartment?**

Years.....

**19. Including yourself, how many people currently live in your apartment (including children, adults, and elderly)?**

Total people live in apartment.....

Survey Code

**1.Cuál es tu lenguaje primario?:**

- Ingles .....
- Espanol.....
- Creole .....
- Otro.....
- Otro

**Póliza de no Fumar en su Apartamento/Unidad:**

**2.Cuál de las siguientes oraciones mejor describe la póliza de no fumar en SU apartamento/unidad? No incluya balcones, gallerias, y garages.**

- No es permitido fumar en su vivienda .....
- Es permitido fumar en algunos lugares de su vivienda, y en algunas horas .....
- Es permitido fumar en todos lados dentro de su vivienda.....
- No se/no estoy seguro(a) .....

**3. Usted permite que fumen en su balcón o patio?**

- Si.....  No tengo balcón o patio .....
- No .....

**4. Cada que tiempo alguien fuma tabaco en su casa (esto incluye cigarillos, cigarros, y pipas)? Incluyendose a usted, todos los que viven con usted, y visitantes.**

- Todos los días .....  Nunca .....
- A veces .....  No se/no estoy seguro(a) .....

**Hábitos Personales de Fumar:**

**5. A fumado por lo menos 100 cigarillos en su vida entera?**

- Si.....  No se/no estoy seguro(a) .....
- No .....

**6. Ahora esta usted fumando cigarillos todos los días, algunos días, o nunca?**

- Todos lo días .....  Nunca .....
- Algunos días .....  No se/no estoy seguro(a) .....

**Actitud Sobre Póliza de no Fumar:**

**7. Cuánto usted apoya una póliza de no fumar en SU edificio para todas las apartamento?**

- Lo apoyo .....
- No lo apoyo.....
- No se/no estoy seguro(a) .....

**8. Cuánto usted apoya una póliza de no fumar en SU edificio para todas las áreas communes (como pasillos, recepción, área de lavado, escaleras, garages, o sala de estar)?**

- Lo apoyo .....
- No lo apoyo.....
- No se/no estoy seguro(a) .....

**9. Cuánto usted apoya una póliza de no fumar en SU edificio para todas las áreas del exterior (como patios, jardines, piscinas, y areas de juço para niños)?**

- Lo apoyo .....
- No lo apoyo.....
- No se/no estoy seguro(a) .....

**Resultados de Salud y Exposición de Segunda Mano:**

**10. Cada cuánto tiempo entra el humo a su residencia de algún lugar del exterior?**

Todos los días .....  Nunca .....   
A veces .....  No se/no estoy seguro(a) .....

**11. Cuánto le molesta el humo de tabaco que entra en su vivienda de algún lugar del exterior?**

Mucho .....  No me molesta .....   
Poco .....  No se/no estoy seguro(a) .....

**12. Alguna persona que vive en su apartamento tiene alguna de las enfermedades siguientes?**

Asma .....   
Enfermedad de los pulmones (como bronquitis crónica o obstrucción crónica de los pulmones) .....   
Enfermedad del corazón .....   
Cáncer .....

**13. Genero: Hombre o Mujer?**

Hombre ...  Mujer .....

**14. Cuál es su edad?**

**15. Eres Hispano o Latino?**

Si .....  No se/no estoy seguro(a) .....   
No .....

**16. Cuál es su raza?**

Blanco .....  Indio American o nativo de Alaska ...   
Negro .....  No se/no estoy seguro(a) .....   
Asiático .....   
Nativo de Hawaii o la islas del Pacífico .....

**17. Cuál es el grado mas alto o año de escuela que ha completado?**

Nunca asisti a la escuela o solo asisti al kindergarten .....   
Primaria .....   
Intermedio .....   
Diploma de secundaria .....   
Alguna universidad o escuela técnica .....   
Graduado de la universidad .....

**18. Cuánto tiempo ha vivido en su apartamento?**

Años .....

**19. Incluyendose a usted, cuántas personas actualmente viven en su residencia (incluyendo niños, adultos, y ancianos?)**

Total de personas que viven con usted .....

Survey Code

*Nova Inivesite' nan zo 'nn Sid-Es ki se Met nan Pwogra'm Santé Piblik, ap fe yon anket pou konnen ki les nan nou ki abite nan apatman yo ki ta vle sipote yon regleman pou mou'n pa fimèn tabak, paske genyen lot mou'n ki ka respire lafimèn an. Repons ak tout kesiyon sa yo tre empotan pou nou. NOU DI'W MESI ANMPIL POU TAN'W KE W BA NOU.*

**1- Ki les nan sa nou pral di la yo ki ta repon'n pi biyen ak regleman andedan lakay'w pou mou'n ki ap fimèn yo (nou pa di nan lakou, sou galeri, nan garaj)**

- Pa fimèn nan anken'n kote andedan kay la
- Gen kek kote w kap fimèn andedan lakay la
- W kap fimèn jan'w vle andedan lakay la
- Mwen pa konnen ki sa pou'm ta di mou'n nan

**2- W pemet yo fimèn nan balkon osinon sou galeri lakay'w?**

- Wi
- Non
- Mwen pa genyen balkon

**3- Nan tout lavi'w, w ka fimèn 100 sigaret konsa?**

- Wi
- Non
- Mwen pa fi'nman knnen

**4- Eske'w fimèn sigaret toulejou, yon le konsa oubiyen w pa fimèn ditou?**

- Toulejou
- Pafwa
- Di tou
- Mwen pa fi'nman konnen

**5- Eske'w ta dako ak yon reglemantasyon ki ta enpoze moun fimèn nan bildi'n nan, nan kelkilanswa apatman yo?**

- Mwen dako
- Mwen pa dako
- Mwen pa konnen

**6- Eske'w sipote yon regleman ki ta dwe enpoze moun fimèn nan plas kote tout mou'n ap pase andedan bildi'n nan, kote tankou : koulwa yo, lobi a, londri, eskaliye, garaj ak sal rekreyasyon an?**

- Mwen dako
- Mwen pa dako
- Mwen pa konnen

**7- Eske'w ta sipote reglemantasyon pou enpoze mou'n fimèn deyo bildi'n nan, tankou: nan lakou, bo pisi'n, ak kote ki genyen ti mou'n kap jwe?**

- Mwen dako
- Mwen pa dako
- Mwen pa konnen

*Anket sa te fet ak sipò ke nou genyen nan Diplo'm nimewo U58DP00366101 pou Koperasyon ak agreman ke Oganizasyon pou Kontrol Prevni Maladi yote resevwa. Sa ki nan anket se Selman responsabilite mou'n ki ekri anket la.*



8- Kombiyen fwa sant lafimen tabak rantre andedan apatman'w la paske genyen yon moun kap fimen nan zo'n nan?

- Toulejou  
 Pafwa  
 Jame  
 Mwen pa konnen / Mwen pa fi'nman konnen

9- Eske le sant tabak la filtre antre andedan kay 'w, sa nwi'w?

- Anmpil  
 Pa anmpil  
 Sa pa fe'm anyen  
 Mwen pa konnen/Mwen pa fi'nman konnen

10 Eske genyen kek moun nan apatman'w lan ki soufri ak maladi sa yo?

Opresiyon.

- Wi       Non       Mwen pa konnen/Mwen pa fi'nman konnen

Maladi nan poumon tankou: Bronshit, COPD mal pou respire?

- Wi       Non       Mwen pa konnen/Mwen pa fi'nman konnen

Maladi ke.

- Wi       Non       Mwen pa konnen/Mwen pa fi'nman konnen

Kanse.

- Wi       Non       Mwen pa konnen/Mwen pa fi'nman konnen

11 W se yon gason oubiyen yon Fi?

- Gason       Fi

12 Ki laje' w genyen?  Tan o lane.

13 W se panyol?

- Wi       Non

14 Ki ras'w?

- Blan  
 Nwa  
 W pakonnen/ w pa fi'nman konnen

15 Nan ki klas'w kite lekol / Ki deniye klas'w fe?

- Mwen pa janm ale lekol  
 Mwen kite nan klas elemante  
 Mwen kite nan klas segonde  
 Mwen fe bakaloreya  
 Mwen te nan fakilte  
 Mwen te nan Inivesite  
 Mwen pa konnen/ Mwen pa fi'nman konnen

16 Konbiyen tan'w genyen nan apatman an?  Tan / lane

17 An kontant tet'w, kombiyen mou'n an total ki ap viv nan kay la( konte granmou'n, timou'n ak latriye)

- Moun an total

Anket sa te fet ak sipo ke nou genyen nan Diplo'm nimewo U58DP00366101 pou Koperasyon ak agreman ke Oganizasyon pou Kontrol Prevni Maladi yote resevwa.Sa ki nan anket se Selman responsabilite mou'n ki ekri anket la.

## **Standard Operating Procedure: Conducting Smoke-free multi-unit housing resident survey events**

SOP #: SFMUH.01

Issue Date: May 6, 2013

Prepared by: Nicole Cook, Nova Southeastern University

### Background:

Nova Southeastern University, in partnership with the American Lung Association and the Health Department of Broward County Florida, are conducting smoke-free multi-unit housing (SFMUH) resident surveys throughout Broward County at collaborating properties on behalf of the evaluation of Transforming Our Community's Health (TOUCH). This procedure outlines the basic steps of coordinating and conducting the surveys.

### Procedures:

1. Meet with property manager and other key property stakeholders to share survey tools and determine interest in surveying residents.
  - a. The following items should be discussed and noted in meeting minutes as appropriate:
    - i. Survey distribution: how will residents be notified of survey event? (If yes, how?);
    - ii. Survey dissemination: will surveys be distributed prior to event? (If yes, how?);
    - iii. Monetary support for events (for low-income properties there may be an incentive to the properties, property managers or residents. Incentives are based upon availability of funds for SFMUH surveying at Nova Southeastern University.);
    - iv. Dates and staffing for survey events.
    - v. Basic demographics of properties to be surveyed (This is requested in order to be able to determine quantity of surveys needed in English, Spanish and Creole, and to have an understanding of response rates once survey events are completed)
    - vi. Coordination of the events: roles and responsibilities of each organization
2. Develop survey event schedule (see example, Attachment A)
3. Two days before event- lead coordinator should contact property and confirm event time, date as well as discuss room set-up.
4. Two days before event- surveys should be photocopied and writing utensils secured (note: No. 2 pencils work best, but pens are acceptable); if appropriate, gift card spreadsheet developed for monitoring.
5. Day of event- all staff and volunteers to arrive 15 minutes prior to survey event start time to set up surveys.
6. During event- one staff/volunteer should be responsible for survey distribution.
  - a. If gift cards are being distributed: Staff/volunteer responsible for gift card distribution must stay with the gift cards and the gift card monitoring spreadsheet at all times.
7. During event- all other staff/volunteers should assist residents as needed with translating and reading questions. Note, there is some confusion with some of the questions for some of the residents. Below is some suggested language for discussion:
  - a. Q2: If, after reading the question in its entirety the resident needs further explanation, staff/volunteer can ask "Do you allow smoking in your home?" [Then proceed to read responses, marking the appropriate response.]

- b. Q7: If, after reading the question in its entirety the resident needs further explanation, staff/volunteer can ask “Do you want the building to have a rule that says no one can smoke in their apartments?” [If resident says “yes”, then check “support”.]
  - c. Q8: If, after reading the question in its entirety the resident needs further explanation, staff/volunteer can ask “Do you want the building to have a rule that says no one can smoke in common areas like hallways, lobby, and laundry room?” [If want, then check “support”.]
  - d. Q9: If, after reading the question in its entirety the resident needs further explanation, staff/volunteer can ask “Do you want the building to have a rule that says no one can smoke outside the building in places like the patios, garden, courtyards?” [If want, then check “support”.]
  - e. Q10: If, after reading the question in its entirety the resident needs further explanation, staff/volunteer can ask “Do you ever smell tobacco smoke in your apartment that comes from somewhere else outside your apartment?” [Then proceed to read responses, marking the appropriate response.]
8. As each resident completes the survey, the resident should be directed to return the survey and the writing instrument to an identified staff/volunteer.
  9. Staff/volunteers collecting surveys should check that each question on both sides of survey is completed and, if not, should offer to read the resident the unanswered questions.
    - a. If gift cards are being distributed: Staff/volunteer responsible for gift card should collect the survey, verify completeness and the distributed one gift card per unit using the following process:
      - i. Remove gift card from envelope.
      - ii. Confirm gift card # is sequential to # in gift card monitoring spreadsheet (gift cards should be distributed in increasing numbers)
      - iii. Staff/volunteer writes in PROPERTY of survey event and adds in resident UNIT #. (E.g. Sunny Towers, 400A)
      - iv. Staff/volunteer asks resident to WRITE their NAME legibly
      - v. Staff/volunteer asks resident to SIGN their NAME
      - vi. Staff/volunteer writes in DATE of survey EVENT.
  10. If staff/volunteers have time at the end of the survey event, the surveys should be collated and verified by the following:
    - a. Surveys should be collated by language with each survey facing up starting from Question 1.
    - b. Surveys that have crossed-out responses or extra handwriting should be transcribed onto clean survey copies and placed in the collated piles of surveys by language. The original marked up surveys should be crossed with a large “X”, written “void” and placed in a separate pile.
    - c. The total number of complete surveys should be emailed to [nc570@nova.edu](mailto:nc570@nova.edu) with the following information:
      - i. Date of event
      - ii. Place of event
      - iii. # of completed surveys
      - iv. If applicable, # of gift cards distributed
    - d. Surveys, any leftover incentives, and gift card monitoring spreadsheet should be placed in an envelope and maintained in a locked file cabinet until returned to a Nova Southeastern University Master of Public Health program evaluation team member.

Sample Workplan: Anyplace Towers  
5/6/13

Action item	Activities	Proposed Timeframe	Responsible party	Notes
NSU institutional review board (IRB) review	1. Revise and submit MU survey protocol for Anyplace Towers to NSU	3/18/13	Nicole Cook	submission requires approval of survey
	2. Receive approval	4/2/13	NSU IRB	
Survey distribution	1. Establish calendar of "survey event" days with social service coordinators at each property	4/5/2013	Matthew Competiello, David Quinn, Nicole Cook	
	2. Coordinate with partners to staff "survey events"	4/12/2013	Matthew Competiello, David Quinn, Nicole Cook	
	3. Distribute final calendar to all survey partners	4/17/13	Matthew Competiello, David Quinn, Nicole Cook	
	4. Copy, collate and code surveys	4/17/2013 - 4/22/2013	David Quinn, Nicole Cook	
	5. Distribute to properties (Broward by hand; Miami Dade via mail or to Catholic Health Services management office)	4/22/13	David Quinn, Nicole Cook	
	6. Distribute social service coordinator incentives (Broward properties)	4/22/13	David Quinn, Nicole Cook	
	7. Surveys distributed by social service coordinators	4/22/2013-6/15/2013	Social Service Coordinator	
	8. Survey events held	4/22/2013-6/15/2013	Social Service Coordinator and all partners	Note, can begin sooner with "pilot"
Survey analysis	1. Collect completed surveys	sent via mail (or pick-up Broward properties) within 7 days of survey event	David Quinn, Nicole Cook, partners	
	2. Scan surveys	7 days	David Quinn, MPH students	
	3. Analyze data	20 days	David Quinn, Nicole Cook, MPH students	
	4. Present draft report, by property	10 days	David Quinn, Nicole Cook	
	5. Present aggregate report for Anyplace Towers	6/30/13	David Quinn, Nicole Cook	

## SURVEY EVENT DAYS:

### BROWARD:

Facility	Day	Time	Committed
Anyplace Towers 1 Address Broward County, FL	April 29 <sup>th</sup>	10:30am	Keyla Breton, Nicole Cook David Quinn (NSU); Linett Sierra (NSU AHEC)
Anyplace Towers 2 Address Broward County, FL	April 30 <sup>th</sup>	3pm	Keyla Breton, Nicole Cook, David Quinn, Ludmilla Paul (NSU); Matthew Competiello, Kamalie Belizaire (ALA)
Anyplace Towers 3 Address Broward County, FL	May 2 <sup>nd*</sup>	11am	Keyla Breton, Viktoriya Yudovina, Nicole Cook (NSU); Matthew Competiello, Kamalie Belizaire (ALA); Linett Sierra, Sheri Schour (NSU AHEC)
Anyplace Towers 4 Address Broward County, FL	May 2 <sup>nd*</sup>	2:30pm	Keyla Breton, Viktoriya Yudovina, Julie Mushlin, Nicole Cook (NSU); Matthew Competiello, Kamalie Belizaire (ALA); Linett Sierra, Sheri Schour (NSU AHEC); Juana Mejia (CHM)
Anyplace Towers 5 Address Broward County, FL	May 3 <sup>rd</sup>	12pm	Nicole Cook (NSU); Matt Competiello, Kamalie Belizaire (ALA); Linett Sierra (NSU AHEC)