



YOUR
FAMILY DESERVES
A SMOKE FREE HOME

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
Strategic Alliance for Health

Healthy U.P. Communities

SAULT STE. MARIE • ST. IGNACE • MANISTIQUE • MUNISING

**Facilitating
Adoption of a
Smoke Free
Housing Policy
for a Tribal
Housing Authority**

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Facilitating Adoption of a Smoke-Free Housing Policy for a Tribal Housing Authority

SECTION 1: ABSTRACT

This Smoke-Free Housing Implementation Guide, developed by the Sault Tribe Strategic Alliance for Health Program, provides information on the resources and key steps in working with a Tribal Housing Authority to develop, adopt, and implement a policy for smoke-free housing. The Guide focuses on a specific approach for implementation of a smoke-free housing policy with a Tribal Housing Authority, but it is intended to be generalizable to public and affordable housing in all communities and may even be useful when implementing a smoke-free policy with market-rate housing. You will need to determine what modifications need to be made in working with your local housing authorities or individual apartment owners and managers. There are many resources listed in this Guide; you will find information and technical assistance to meet your needs when implementing smoke-free housing initiatives.

The Sault Ste. Marie Tribe of Chippewa Indians (Sault Tribe) is a sovereign Native American tribe located in the eastern Upper Peninsula of Michigan. The tribe's service area covers 8,500 square miles, which encompasses seven rural counties (Alger, Chippewa, Delta, Luce, Mackinac, Marquette, and Schoolcraft). There are 13,000 Sault Tribe members residing in the service area and over 16,393 Native Americans use the Sault Tribe's health facilities. Due to the large, rural service area, the small cities/towns that tribal members reside in throughout the service area are distinct communities with their own unique capacities and barriers. Each city/town has a public local school district (non-tribal), and varying community organizations and businesses (both tribal and non-tribal); seven of the communities have a non-Indian Health Services hospital.

The Sault Tribe Housing Authority manages 436 low-income rental units and 78 homeownership units. The homes are spread throughout the tribe's seven-county service area. Housing sites are located in Sault Ste. Marie, Kincheloe, Hessel, St. Ignace, Newberry, Manistique, Wetmore, Escanaba, and Marquette. Within the Sault Tribe Housing sites, there are five quad units, 59 duplex units, and 450 single family units. At this time, the Sault Tribe Housing Authority has designated four existing duplexes and three triplexes to be constructed in 2011 as smoke-free housing.

The rates of commercial tobacco use are higher among the Native American population than the general population of the United States and Michigan. According to the 2007 Inter-Tribal Council of Michigan Behavioral Risk Factor Surveillance Survey for the Sault Ste. Marie Tribe of Chippewa Indians, more than one-third of adults from the Sault Tribe (37.6%) are current smokers. This is significantly greater than the proportion of smokers among all Michigan adults (21.1%). Another significant finding from this survey was that 39% of women from Sault Tribe are current smokers, while only 18.9% of women from the general Michigan population are smokers.¹

Smoking “commercial” tobacco (any commercially produced tobacco sold in the form of cigarettes, cigars, snuff, and chewing tobacco) and being exposed to secondhand tobacco smoke are of great concern among the Native American population. “Traditional” tobacco or “semaa” has a sacred purpose and should not be confused with commercial tobacco. Many Native Americans use traditional tobacco for spiritual, emotional, mental, and physical guidance. Traditional or sacred tobacco plant varieties vary from tribe to tribe and region to region. Some tribes grow their own tobacco gardens. Which plant varieties are grown, who tends them and who harvests them, how they are harvested, and how they are used vary from tribe to tribe and region to region. Traditional tobacco is often gifted to elders or to people who share wisdom or prayers and is often burned during prayer and other ceremonies. “Traditional tobacco stories emphasize the sacredness of the plant and its powers to both heal if used properly and to harm if used improperly.”² When tobacco is abused, it can lead to heart disease, stroke, and cancer, which are leading causes of death among the Native American population.

According to the 2006 U.S. Surgeon General’s Report, the home is the place where infants and children are most exposed to secondhand smoke, and it is also a major location of secondhand smoke exposure for adults. Children are at an increased risk for bronchitis, pneumonia, asthma, ear infections, and Sudden Infant Death Syndrome (SIDS). Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer. The Surgeon General concluded that there is no safe level of exposure to secondhand smoke and that the only way to fully protect the health of men, women, and children in indoor environments is to eliminate smoking entirely. The purpose of our smoke-free housing policy initiative is to address the risk factors of commercial tobacco use and exposure to environmental tobacco smoke in order to reduce rates of cardiovascular disease, diabetes, cancer, and asthma.

¹ *Health Risk Behaviors among selected Native Americans in the State of Michigan, 2007 Inter-tribal Council of Michigan Behavioral Risk Factor Surveillance Survey, Sault Ste. Marie Tribe of Chippewa Indians, The Inter-Tribal Council of Michigan and the Center for Healthcare Excellence at the Michigan Public Health Institute.*

² *Tobacco Facts: Traditional Tobacco*, Provided by the National Tribal Tobacco Prevention Network, a project of the Northwest Portland Area Indian Health Board

One benefit of initiating a smoke-free tribal housing policy is that this policy provides an efficient way of protecting a large portion of the tribal population from the health dangers of secondhand and third hand smoke. (See “What is Third hand Smoke?” in box below.) Data on secondhand smoke exposure from the Sault Tribe Health Center records (clinic visits from 1/1/07 to 1/1/08) for ages 0–17 years and for 18 years and older showed that 45% of both age ranges were exposed to secondhand smoke at home. Another benefit of a smoke-free housing policy is that it can change social norms around commercial tobacco use and reduce the modeling of unhealthy behaviors to children who may live in the home. Finally, the smoke-free housing policies provide support to those who are trying to quit smoking. When residents or guests must go outside the home to smoke, this often reduces the number of cigarettes consumed.

What is “Third hand” Smoke?

“The majority of adults are aware that visible secondhand smoke is harmful to health, and some smokers take measures to protect nonsmokers from this widely recognized harm. These measures of highly variable efficacy include opening windows, smoking in other rooms, turning on fans, or simply waiting until the smoke dissipates to mitigate the harmful effects of their smoking on others. Research has documented the association between smoking in the home and persistently high levels of tobacco toxins well beyond the period of active smoking. These toxins take the form of particulate matter deposited in a layer onto every surface within the home; in loose household dust; and as volatile toxic compounds that “off gas” into the air over days, weeks, and months. Smoking indoors on one day, thus, exposes people to tobacco toxins within that space in the future. We use the new term “third hand” smoke to name this complex phenomenon and define it as residual tobacco smoke contamination that remains after the cigarette is extinguished.”

This definition is from an article in *Pediatrics*: Beliefs About the Health Effects of "Third hand" Smoke and Home Smoking Bans

This article can be accessed at:

<http://www.pediatrics.org/cgi/content/full/123/1/e74>.

BACKGROUND

The Sault Tribe's Health and Human Service Program was established in 1978 and is a division of the tribe's governmental services. The tribe's health infrastructure is spread over the seven counties, and it includes four health clinics that provide primary care clinical services and two community health sites. In April 2000, the Sault Ste. Marie Tribe of Chippewa Indians Board of Directors approved the Sault Tribal Strategic Health Plan. The Strategic Health Plan, based on Tribal specific morbidity and mortality data identified four priority health problems — cardiovascular disease, diabetes mellitus, substance abuse, and cancer. The Strategic Health Plan has served as a guide for developing programs, services, and future activities to address these health problems in order to improve the health status and quality of life of tribal members.

In 2008, the Sault Tribe Health and Human Services program applied for and was awarded funding from the Centers for Disease Control and Prevention's Healthy Communities Program to participate in the Strategic Alliance for Health.

The Strategic Alliance for Health (SAH), funded since 2008 by the Centers for Disease Control and Prevention's (CDC) Healthy Communities Program, creates healthier communities through the implementation of sustainable, innovative, and evidence-based community health promotion and chronic disease prevention strategies that promote policy, systems, and environmental changes across multiple sectors (community-at-large, community-based institutions, health care, schools, and work sites). Strategic Alliance for Health funds 14 communities within three categories:

1. State-Coordinated Small Cities or Rural Areas: Dallas, Perry, and Sumter Counties, supported by the Alabama State Department of Health; and Albany, Broome, Orange, and Schenectady Counties, supported by the New York State Department of Health
2. Large Cities or Urban Areas: Boston, Massachusetts; DeKalb County, Georgia; Hamilton County, Ohio; Hillsborough County, Florida; and New York City, New York
3. Tribes or Tribal Entities: Sault Ste. Marie Tribe of Chippewa Indians in Michigan, and Cherokee Nation in Oklahoma

Strategic Alliance for Health communities work collaboratively with key partners (e.g., community and state leaders, including representation from education agencies, the health care sector, businesses, community and faith-based organizations), to build local capacity to institute policy, systems, and environmental changes. These changes are related to promoting physical activity and nutrition and reducing tobacco use and exposure; improving and increasing access to quality care; helping eliminate racial/ethnic and socioeconomic health disparities; and reducing complications from and the incidence of heart disease, diabetes, and obesity. Additional information on Strategic Alliance for Health can be found on the CDC's Healthy Communities Program web site at: <http://www.cdc.gov/healthycommunitiesprogram>.

TRADITIONAL TOBACCO USE AND COMMERCIAL TOBACCO ABUSE

“Tobacco has an important role in traditional American Indian life. For tribes throughout North America, the use of traditional tobacco plants for spiritual, ceremonial, and medicinal purposes goes back thousands of years. Most indigenous nations have traditional stories explaining how tobacco was introduced to their communities, many of which emphasized the sacred properties of the plant, containing both the power to heal if used properly and the power to cause harm if used improperly.

This historic and enduring relationship with sacred tobacco must be recognized and addressed when shaping meaningful, culturally appropriate tobacco-related policies in American Indian and Alaska Native communities.”³

For this reason, we try at all times to differentiate between the sacred use of traditional tobacco and the “abuse” of commercial tobacco as it relates to the health and safety of Native Americans and non-Native residents in our communities.

³ Tribal Tobacco Policy Workbook 2005; compiled by Stephanie Craig, MPH; Northwest Portland Area Indian Health Board; Western Tobacco Prevention Project; 527 SW Hall, Suite 300, Portland, OR 97201; www.keepitsacred.org/toolkit/TobaccoPolicyBook.pdf

“The Medicine Wheel⁴ provides no room for addiction. A balance of thought, emotion, spirit, and physical well-being are fundamental to the traditional Indian lifestyle. Commercial tobacco causes not only physical and behavioral habits, but also an intense chemical addiction. In developing tobacco-related policy, it is important that tribal planners remember how difficult it may be for community members to break this addiction. While respect should be given those who struggle with this challenge, it should not deter tribes from developing strong tobacco policies.”⁵



The medicine wheel is a circle divided by a symmetrical cross, which forms four quadrants. The quadrants of the medicine wheel are representative of several spiritual and life associations with the number four. The segments have the colors white, red, black and yellow. White represents the north and signifies the spiritual aspects of human behavior, the winter season and the life stage of the elderly. Yellow represents east and signifies spring, new life and physical aspects of self. South correlates with red, adolescence, the summer and mental behaviors. Black represents the west is represented by and stands for adulthood, the fall season and emotional aspects.

According to “Teachings”, written by the Sault Tribe Cultural Division on www.saulttribe.com: “ Like many indigenous communities, the Sault Ste. Marie Tribe of Chippewa Indians uses the medicine wheel in many ways; for example, symbols are placed on a circular figure to explain basic common logical theory. The medicine wheel teachings vary from tribe to tribe and from neighbor to neighbor. The importance stressed is respecting all teachings.”

⁴ “The Symbols of the Chippewa Indians”, Jessica Conner, eHow Contributor, Web.

updated December 11, 2010 < http://www.ehow.com/list_7484310_symbols-chippewa-indians.html>

⁵ Tribal Tobacco Policy Workbook 2005; compiled by Stephanie Craig, MPH; Northwest Portland Area Indian Health Board; Western Tobacco Prevention Project; 527 SW Hall, Suite 300, Portland, OR 97201; www.KeepItSacred.org/toolkit/TobaccoPolicyBook.pdf

SECTION 2: PLANNING & DEVELOPMENT

Develop and Utilize Coalitions and Partnerships

A first step in planning to implement a smoke-free housing policy with a tribal housing authority is to identify key stakeholders and determine partner roles to garner support from decision makers, leaders, and community members. (See Table 1.) Questions to be answered are: who might be interested in smoke-free housing issues, who will benefit from smoke-free housing, who would support a smoke-free housing policy, and who are the decision makers who adopt and implement the policy. It is important to recruit partners from all sectors of the community who will be affected by or involved in the issue of smoke-free housing. These sectors could be community members (e.g., housing residents, tribal elders, tribal youth), appointed and elected officials (e.g., Tribal Housing Authority Board of Commission and Tribal Board of Directors members), businesses (e.g., housing director and staff), health care agencies (e.g., public health department, local hospital, tribal health services), and schools (e.g., local school districts and Head Start programs). Once these stakeholders and partners are identified, the work of engaging these partners in your smoke-free housing initiative begins.

To successfully implement a smoke-free housing policy, there must be a committed group of partners and key stakeholders, as well as members of the community who will be affected by the policy, who will work together to determine support for the policy, educate decision makers, implement social marketing campaigns to advocate for policy change, and provide technical assistance to the Tribal Housing Authority throughout the implementation process. Building relationships with community organizations and key stakeholders can result in increased capacity and additional personnel to assist with planning, educational and awareness activities, implementation, and evaluation.

The Sault Tribe Tobacco Task Force, consisting of the Sault Tribe Health Education Supervisor, the Strategic Alliance for Health Project Coordinator, a Sault Tribe community health educator who works in the nicotine dependence program, an Inter-tribal Council of Michigan health educator, the Sault Tribe Youth Education and Activities Coordinator for Sault Ste. Marie, and the local health department tobacco prevention coordinator, served as the core workgroup for the Sault Tribe smoke-free housing policy work. Early on we recruited the Sault Tribe Housing Authority staff, the Smoke-free Environments Law Project Director, and later the Michigan Department of Community Health as key partners for work on this initiative. This Task Force had a history of successful tobacco policy work. In 2008 the Sault Tribe Tobacco Task Force successfully worked with the Tribal Board of Directors to amend the Tribal Code, which resulted in prohibiting the possession of tobacco by a minor on Tribal lands.

This Task Force is a great example of collaboration between the Tribe and community agencies to implement policies that benefit Tribal members and at the same time benefit all community members. By pooling resources, we produce greater impact and expanded reach throughout our Sault Tribe service area.

Our partnership with the Chippewa County Tobacco-Free Living Coalition, a local tobacco-prevention coalition led by health department staff, was a valuable resource in development and implementation of our smoke-free housing action plan. Much groundwork had been accomplished in the arena of smoke-free housing in the community through the health department's smoke-free housing initiative, which had begun in 2004. Educational campaigns had been conducted through both tribal and non-tribal Head Start preschool programs and local elementary schools with distribution of secondhand smoke surveys and educational packets to parents. Awareness activities in the community through displays at events, media releases, radio interviews, and radio public service announcements promoted the message: "Children Need Smoke-Free Air." The expertise in tobacco policy work and resources brought to the table by the tobacco prevention coordinator provided assistance with planning of our smoke-free housing initiative.

Table 1: Partner Roles and Responsibilities

Partners/Coalition Members	Related Interests	Partner Roles and Responsibilities
Sault Tribe Tobacco Task Force	<ul style="list-style-type: none"> ▪ Education regarding the health dangers of secondhand smoke ▪ Improved health of tribal members and their families ▪ Changing social norms around smoking by working with tribal decision makers to implement commercial tobacco policies 	<ul style="list-style-type: none"> ▪ Provide support and leadership in all stages of the process ▪ Provide educational resources ▪ Provide guidance on cultural aspects of implementing commercial tobacco policies within tribal organizations
Strategic Alliance for Health Leadership Team	<ul style="list-style-type: none"> ▪ Improved health of tribal members and their families ▪ Interest in carrying out initiatives of the Strategic Alliance for Health Project 	<ul style="list-style-type: none"> ▪ Provide a communication link to the Tribal Board of Directors ▪ Provide communication links to tribal families in communities outside of Sault Ste. Marie
Chippewa County Tobacco-Free Living Coalition	<ul style="list-style-type: none"> ▪ Education regarding the health dangers of commercial tobacco and secondhand smoke, as well as the health, safety, and financial benefits of smoke-free policies ▪ Increase smoke-free environments to protect public health 	<ul style="list-style-type: none"> ▪ Provide support and leadership in all stages of the process ▪ Assist with development and implementation of action plan ▪ Assist with development and implementation of specific subcommittee work plans ▪ Provide educational and self-help materials and resources
Sault Tribe Community Health	<ul style="list-style-type: none"> ▪ Improved health for tribal members and their families 	<ul style="list-style-type: none"> ▪ Provide support and leadership ▪ Assist with organization and implementation of a media campaign ▪ Provide tobacco cessation resources
Tribal Housing Authority Staff	<ul style="list-style-type: none"> ▪ Improve health of tribal housing residents 	<ul style="list-style-type: none"> ▪ Assist with distribution of tenant surveys ▪ Serve as a liaison to tribal housing residents and the Tribal Housing Authority board members ▪ Provide support and leadership for policy development, adoption, and implementation
Sault Tribe Youth Education and Activities Coordinator	<ul style="list-style-type: none"> ▪ Education regarding the health dangers of secondhand smoke ▪ Decrease in youth commercial tobacco-use rates 	<ul style="list-style-type: none"> ▪ Connection to tribal youth to assist with social marketing and media campaigns to gain support for smoke-free housing policies
Local Media (television, radio, newspaper, internet)	<ul style="list-style-type: none"> ▪ Educational news articles and coverage of smoke-free housing issues ▪ Radio interviews and public-service announcements ▪ Promotion of workshops and educational campaigns 	<ul style="list-style-type: none"> ▪ Inform public about the dangers of secondhand smoke and benefits of smoke-free housing ▪ Inform public about opportunities for training and advocacy ▪ Facilitate dissemination of our media campaign messages
Smoke-Free Environments Law Project	<ul style="list-style-type: none"> ▪ Advancement of smoke-free policies 	<ul style="list-style-type: none"> ▪ Provide technical support with tenant surveys, policy development, policy implementation, and policy enforcement issues ▪ Provide trainings on smoke-free housing policy
Michigan Department of Community Health	<ul style="list-style-type: none"> ▪ Improve public health 	<ul style="list-style-type: none"> ▪ Provide resources and leadership ▪ Provide financial resources for social marketing campaign

Once a workgroup is established, a second step is to collect information and identify available resources. The Chippewa County Tobacco-Free Living Coalition had been working on smoke-free housing initiatives since 2004 and had successfully collaborated with the Sault Ste. Marie Housing Commission, which was the first housing commission in the Upper Peninsula of Michigan to adopt a smoke-free housing policy in 2006. Since 1998, the Chippewa County Tobacco-Free Living Coalition, which was formerly known as the Chippewa County Substance Abuse Coalition, had implemented an annual “Children Need Smoke-Free Air” Campaign using yellow bags with a logo designed by a preschool student. (See Figure 1.) These bags served as information packets and were put together through workshops with the high school Tribal Youth Council students. The Tobacco Task Force used these bags as packets to increase awareness and engage tenants and tribal youth in the smoke-free housing initiative. This distribution method was used to promote a tenant survey that would be mailed to tenants at a later date.

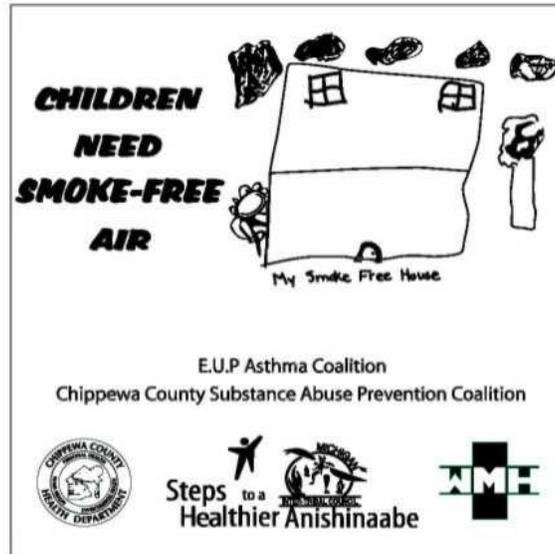
Another key partner with many smoke-free housing resources was the Director of the Smoke-Free Environments Law Project, whose leadership has made Michigan the national leader in the smoke-free housing arena. With the initial assistance of these two key partners, the Sault Tribe Tobacco Task Force compiled a wealth of resources, such as sample tenant surveys, educational materials on secondhand smoke as it relates to multi-unit housing, sample policies, lease addendums, lists of smoke-free multi-unit housing in Michigan, smoke-free apartments radio ads, billboards, fact sheets, and other educational materials. The Task Force members also researched and compiled culturally appropriate educational materials from the Inter-Tribal Council of Michigan web site and the National Native Tobacco Prevention Network web site.



To view resources for tenants and landlords regarding smoke-free housing, visit www.mismokefreeapartment.org.

To view culturally appropriate commercial tobacco-prevention resources for Native Americans, visit www.keepitsacred.org.

Figure 1. Children Need Smoke-Free Air Logo



Tribal Youth Council students assisting with developing “Children Need Smoke-Free Air” packets, consisting of information about secondhand smoke, tobacco cessation, and smoke-free homes.

The Sault Tribe Tobacco Task Force also involved non-traditional public health partners, such as the Sault Tribe Housing Director, the resident services manager, and the resident specialists for all Sault Tribe Housing sites. These partners were our connection to the Tribal Housing Authority Board of Commission members who would ultimately decide on whether the smoke-free housing policy would be adopted. It was important to involve the Tribal Housing Authority Board of Commission members, key Tribal Board of Directors members, and the Director of Sault Tribe Health Services Division from the very beginning of the project to create buy-in and ownership regarding implementation of a smoke-free housing policy from within, rather than coming to them as public health representatives advising them about what they should do. It was also important to determine support and opposition for smoke-free housing and to develop strategies for advocacy and education. We recruited partners into the implementation process through face-to-face meetings and involved them in the advocacy process and activities throughout the course of the initiative.

Table 2: Resources for Smoke-Free Housing Policy Initiative

National Resources	Local Resources
<p>Local and national experts working on smoke-free housing policies</p> <ul style="list-style-type: none"> ▪ Director of Smoke-Free Environments Law Project SFELP@tcsg.org 	<p>Local Health Department Tobacco Prevention Coordinator</p> <ul style="list-style-type: none"> ▪ Chippewa County Health Department Tobacco-Free Projects www.chippewahd.com
<p>“Housing Authorities/Commissions that have adopted smoke-free policies”</p> <p>www.tcsg.org/sfelp/apartment.htm</p>	<p>Smoke-free Housing in Michigan’s Upper Peninsula</p> <p>www.SmokefreeUP.org</p>
<p>National web sites of agencies working on smoke-free housing initiatives</p> <ul style="list-style-type: none"> ▪ www.no-smoke.org/goingsmokefree.php?id=101 ▪ www.mysmokefreehousing.org ▪ www.smokefreeforme.org 	<p>Michigan web site to promote smoke-free housing policies</p> <p>www.mismokefreeapartment.org</p>
<p>State and National listservs of experts working on smoke-free housing initiatives</p> <p>Smokefreehousingtalk@lists.tcsg.org</p>	<p>Educational materials related to smoke-free multi-unit housing</p> <ul style="list-style-type: none"> ▪ Frequently Asked Questions About Smoke-Free Apartment Policies www.tcsg.org/sfelp/FAQonSFapts9-4-06.pdf ▪ A Smoke-Free Apartment Policy is Legal and Protects Health While Saving Money www.tcsg.org/sfelp/SFAptPolicy.pdf
<p>Materials regarding tribal tobacco use</p> <ul style="list-style-type: none"> ▪ Traditional versus Commercial Tobacco Use www.keepitsacred.org/network/images/network/traditionalvscommercial.pdf 	<p>Michigan Department of Community Health Tobacco Control Web site</p> <p>www.michigan.gov/tobacco</p>

Conduct a Needs Assessment

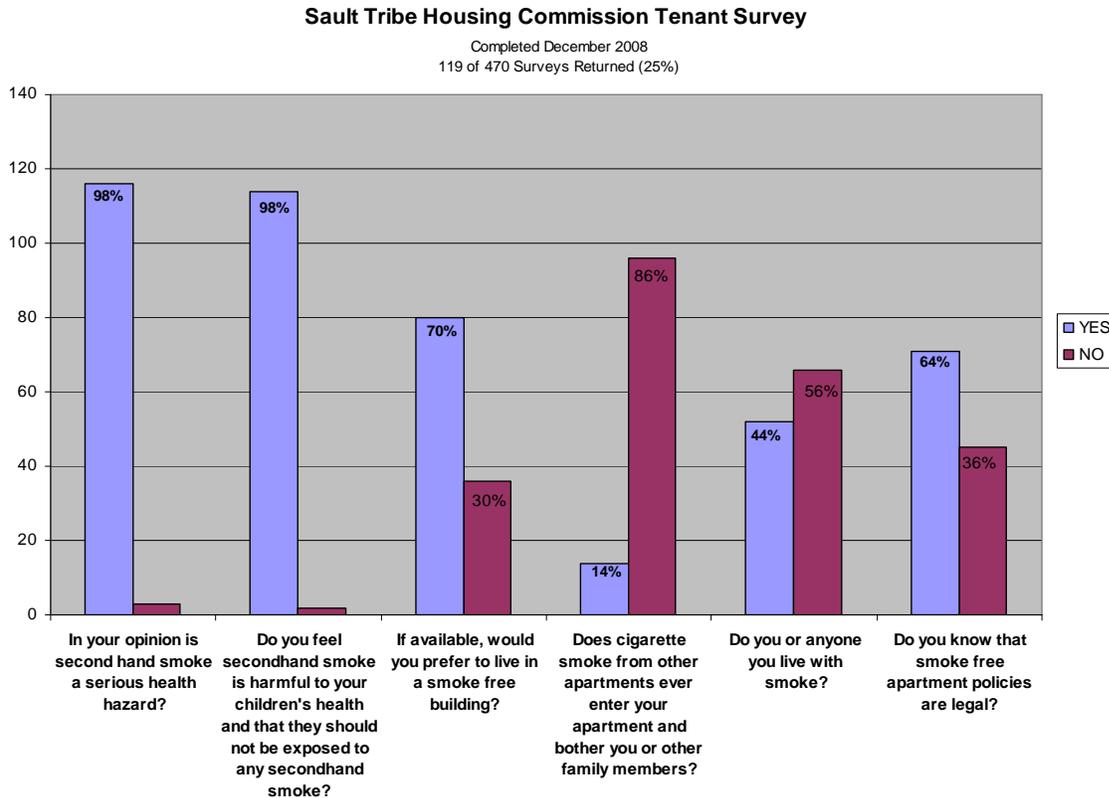
The Sault Tribe Tobacco Task Force began work on a smoke-free housing policy for the Tribal Housing Authority by conducting a survey to determine tenant support for this policy. A sample tenant survey provided by the Michigan Smoke-Free Environments Law Project was used as a template, and specific questions concerning the Sault Tribe Housing residents were added. (See Appendix A: Sample Tenant Survey.)

Once the tenant survey results were compiled, we met with the Housing Authority staff to complete the CDC's Community Health Assessment aNd Group Evaluation (*CHANGE*)⁶ Tool. The *CHANGE* Tool provides a snapshot of the policy, systems, and environmental change strategies currently in place and helps identify areas where improvements are warranted. To ensure the accuracy of the data we were collecting, we gathered Housing Authority staff together as a group to complete the *CHANGE* Tool. We completed this assessment in an hour-long meeting, which included the Housing Authority Director, key staff, and Housing Commission Board members. During the assessment, The Tobacco Use Module generated much discussion concerning the question "Does your agency have a 24/7 tobacco-free policy?" It was discussed that the staff work in smoke-free buildings, but the residents had no protection from secondhand smoke. Once we completed and disseminated findings of the *CHANGE* Tool and the tenant survey to the Sault Tribe Housing staff, a discussion began between the Housing Authority staff, the Housing Authority Director, and members of the Sault Tribe Tobacco Task Force concerning implementation of a smoke-free housing policy. The intent of the policy would be to protect residents from the dangerous effects of secondhand smoke.

The tenant survey and *CHANGE* Tool data for Sault Tribe Housing was compiled into a report to present to the Sault Tribe Housing Authority Board of Commission members. We explained to the board members that Sault Tribe Housing scored well in the Tobacco Use Module of the *CHANGE* Tool due to promotion of Sault Tribe Health Services Nicotine Dependence Program for the Housing residents, but the assessment showed that improvement is needed on policies to protect residents from secondhand smoke exposure. A key finding from the tenant survey was that 70% of respondents stated that they preferred to live in a smoke-free building. These results coincide with numbers obtained from similar surveys implemented across the nation. The percentage of residents who smoke or who live with someone who smokes was 44%, indicating that a percentage of residents who smoke preferred to live in a smoke-free building. We also gathered responses that indicated that many residents who smoke choose to smoke outside of their homes to protect their children and other family members from secondhand smoke. The results of the survey are shown in Figure 2.

⁶ www.cdc.gov/healthycommunitiesprogram/tools/change.htm

Figure 2: Tenant Survey Results



After the survey and assessment data were presented to the Sault Tribe Housing Commission Board members and the tribal attorney, who reviews all tribal policy, the board members were open to discussing the possibility of implementing a smoke-free housing policy for designated units. Some board members were resistant to the idea of regulating smoking in one's own home and gave the opinion that a smoke-free housing policy would be an intrusion of government into the lives of the residents. The tribal attorney indicated his support for the policy on the basis of the right of tenants to not be in danger from exposure to toxic environments. Therefore, board members opted to determine a number of residents who would voluntarily agree for their unit to become smoke-free. By a unanimous vote, the board directed Sault Tribe Housing staff to proceed with one-on-one interviews with residents to further determine which residents wanted their building smoke-free. The Sault Tribe Housing resident specialists then conducted face-to-face interviews with all residents during home visits and asked, "Would you like to live in a smoke-free home?"

The tenant survey and *CHANGE* Tool data gave the Sault Tribe Tobacco Task Force and the Tribal Housing Authority staff support to pursue a strategy to implement a smoke-free policy in those units where residents voluntarily agreed to designate their building as smoke-free.

Besides giving Sault Tribe Housing staff more information about which tenants would voluntarily want their unit smoke-free, interviews also gave insight regarding barriers to designating housing units smoke-free. One concern identified during the interview process was that housing residents did not want to offend guests and family members by prohibiting smoking in their home, even though they did not smoke themselves. Another concern shared was that residents did not want to impose their views on others. In addition, although residents expressed interest in living in a smoke-free home, they did not feel that they had the right to make that decision for future renters after they vacated the building. Social norms around the acceptability of smoking are strong.

Coalition members and partners working to implement a smoke-free housing policy need to focus efforts on education about the serious health consequences of exposure to secondhand smoke. Our campaign continues to educate about the danger to children living in a home with secondhand smoke and moving into a home with third hand smoke as a way of changing these social norms and making smoking around others less acceptable.

Identify and Engage Stakeholders

The Sault Tribe Tobacco Task Force and Strategic Alliance for Health project staff initially met with the Housing resident services manager in order to gauge support for development of a smoke-free housing policy and enlist assistance with conducting an assessment to determine support of the Sault Tribe Housing tenants. The Sault Tribe Housing staff would serve as our liaison to the Sault Tribe Housing Commission Board and assist with policy development. We also recognized that we needed to engage the tribal youth, who demonstrated that youth can be active and valuable advocates for smoke-free policies. In addition, tribal youth are the future of tribal generations to come, and therefore, key policy makers will listen to their concerns. The Tobacco-Free Living Coalition members possessed expertise in implementing smoke-free housing policies and connected the task force members with many educational resources to create awareness of the need for smoke-free housing among the tenants. The Smoke-Free Environments Law Project provided expert legal guidance throughout the policy development process. Having an expert provide information regarding the legal aspects of implementing a smoke-free housing policy gave us credibility with our Sault Tribe Housing Commission Board and engaged them in the policy process. We also requested the support of the Strategic Alliance for Health Leadership Team members to engage the Tribal Board of Directors in support of the policy and to engage tribal families in communities outside of Sault Ste. Marie. For a list of stakeholders and their roles. (See Table 3.)

Table 3: Stakeholder Roles and Responsibilities

Stakeholders	Related Interests	Roles and Responsibilities
Tribal Housing Tenants	<ul style="list-style-type: none"> ▪ Elimination of exposure to the health dangers of secondhand smoke 	<ul style="list-style-type: none"> ▪ Assist with education and advocacy to demonstrate to the Housing Authority the demand and need for smoke-free housing ▪ A champion, someone who supports your cause, may come forward to assist in policy advocacy and adoption.
Tribal Youth Council	<ul style="list-style-type: none"> ▪ Increased visibility of youth making a positive impact on the community ▪ Reduced youth exposure to commercial tobacco use ▪ Decreased youth commercial tobacco use initiation rates 	<ul style="list-style-type: none"> ▪ Assist with distribution of educational materials ▪ Assist with social marketing and media campaigns to gain support for smoke-free housing policies
Sault Tribe Housing Commission Board	<ul style="list-style-type: none"> ▪ Improved health of tribal housing residents ▪ Decreased costs for cleaning and renovating units associated with damage from secondhand smoke ▪ Decreased risk of fires caused by cigarette smoking 	<ul style="list-style-type: none"> ▪ Development, adoption, and enforcement of a smoke-free housing policy ▪ Designation of additional smoke-free units
Sault Tribe Board of Directors	<ul style="list-style-type: none"> ▪ Improved health of tribal members 	<ul style="list-style-type: none"> ▪ Support for smoke-free housing

The tenant surveys were an effective strategy for gaining support initially from the Tribal Housing Authority Board of Commission. Workshops and presentations to the Tribal Housing Director and the Commission conducted by our national expert on smoke-free housing, Jim Bergman, generated renewed interest in implementing smoke-free policies. His presentations also addressed concerns of the Tribal Housing Authority Board of Commission regarding implementation and enforcement of smoke-free policies.

The Sault Tribe Housing Authority Director, the resident services manager, and the resident specialist for the largest housing site were the champions for the success of the smoke-free housing policy. Their efforts and advocacy for the smoke-free housing policy moved the policy forward and led to the adoption of the policy. They were committed to protecting the health of residents living in Sault Tribe Housing, and they were determined to make this policy successful even if they had to start with a limited number of units designated smoke-free.



One lesson learned is that we needed to focus more on engaging our Tribal Board of Directors. One of the main concerns of the Tribal Board of Directors is that housing be available to tribal members and their families. When the Housing Authority staff initially wanted to designate some of the single family units as smoke-free, there was concern from the Housing Commission Board members that a family may want a home that they could smoke in and if only a smoke-free home were available, then the Housing Authority would be denying housing to a tribal member. We had to change our strategy to start very small and only designate smoke-free units where families were voluntarily requesting smoke-free homes. Our hope is that the demand for smoke-free housing will increase and allay the concerns of the Tribal Board that tribal members would be denied housing if units are designated smoke-free.

Create an Action Plan

The action plan for the Sault Tribe Smoke-Free Housing Initiative served as a guide to implementing a smoke-free housing policy for the Sault Tribe Housing Authority. It was a flexible guide that was subject to many changes along the way. As Tobacco Task Force members worked alongside the Sault Tribe Housing Authority, we adapted our work to their timelines and objectives, which they had defined as realistic and attainable. Having an action plan with measurable objectives and a timeline was critical to our success as Sault Tribe Task Force members working together with partners to accomplish our objectives and keep us moving forward towards our goal of increasing the number of smoke-free housing units within the Sault Tribe Housing Authority. Table 4 shows the action plan, which is the comprehensive result of lessons learned along the journey to implementation.

Table 4: Sault Tribe Smoke-Free Housing Initiative Action Plan

Objective: Increase capacity to implement a smoke-free housing policy for Sault Tribe Housing by September 2009			
Activity	Responsible Partners	Resources needed	Timeline
Recruit partners interested in working on a smoke-free housing initiative	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Sault Tribe Tobacco Task Force ▪ Local Tobacco-Free Living Coalition ▪ Tribal housing staff 	Staff time to recruit other key partners	1 st Quarter Year 1
Complete <i>CHANGE</i> Tool to assess policies for tobacco use in place at the Sault Tribe Housing Authority	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Tribal housing staff 	Staff time to complete the assessment	1 st Quarter Year 1
Distribute educational materials regarding smoke-free housing to tenants and Housing Commission Board members	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Local Tobacco-Free Living Coalition ▪ Tribal Youth Education and Activities staff and students ▪ Tribal housing staff 	Educational materials: <ul style="list-style-type: none"> ▪ sample smoke-free housing policies, ▪ sample lease addendums ▪ tenant letters ▪ smoke-free housing fact sheets ▪ culturally appropriate educational materials 	1 st Quarter Year 1

Conduct tenant surveys to determine support for smoke-free housing	<ul style="list-style-type: none"> ▪ Strategic Alliance for Health project staff ▪ Local Tobacco-Free Living Coalition ▪ Tribal housing staff ▪ Smoke-Free Environments Law Project 	<ul style="list-style-type: none"> ▪ Model tenant surveys ▪ Postage for mailing of surveys ▪ Incentives for ensuring return of surveys 	1 st Quarter Year 1
Disseminate survey results: Survey results were presented to Housing staff, Housing Commission Board members, and tribal newspaper	<ul style="list-style-type: none"> ▪ Strategic Alliance for Health project staff ▪ Tribal housing staff 	Staff time to review survey results and develop report and presentation	2 nd Quarter Year 1
Conduct interviews with tribal housing residents to further determine support for smoke-free housing	<ul style="list-style-type: none"> ▪ Strategic Alliance for Health project staff ▪ Tribal housing staff ▪ Smoke-Free Environments Law Project 	<ul style="list-style-type: none"> ▪ Technical assistance from director of the Smoke-Free Environments Law Project on conducting interviews with tenants ▪ Staff time involving housing resident specialists 	2 nd Quarter Year 1
Develop and implement a social marketing campaign to increase support for smoke-free housing: Press releases distribution and promotion of U.S. Department of Housing and Urban Development memo recommending smoke-free public and tribal housing “Children Need Smoke-Free Air” campaign	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Sault Tribe Tobacco Task Force ▪ Local Tobacco-Free Living Coalition 	Staff time for writing press releases and conducting campaign	2 nd and 3 rd Quarter Year 1

Annual Objective: Increase number of smoke-free tribal housing units from 0 to 8 by September 2010			
Implement workshops on smoke-free housing for Housing Authority staff, Housing Commission Board members, and Tribal Board of Directors	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Sault Tribe Tobacco Task Force ▪ Local Tobacco-Free Living Coalition ▪ Smoke-Free Environments Law Project 	<ul style="list-style-type: none"> ▪ Media resources for promotion ▪ Brochure development ▪ Materials for presentation packets ▪ Presentation by smoke-free housing expert 	1 st Quarter Year 2
Develop and implement social marketing campaign to increase support for smoke-free housing: “Healthy Places, Smiling Faces” campaign, radio ads & interviews, press releases	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Sault Tribe Tobacco Task Force ▪ Local Tobacco-Free Living Coalition ▪ Smoke-Free Environments Law Project ▪ Tribal Youth, Education, and Activities staff and students 	<ul style="list-style-type: none"> ▪ Funding for radio ads ▪ Staff time to conduct the campaign ▪ Materials to create “Healthy Places, Smiling Faces” stickers for campaign 	1 st and 2 nd Quarters Year 2
Adoption of a smoke-free policy for tribal housing	<ul style="list-style-type: none"> ▪ Tribal housing staff ▪ Tribal Housing Commission ▪ Smoke-Free Environments Law Project 	Technical assistance with drafting a comprehensive smoke-free policy for tribal housing from the Smoke-Free Environments Law Project	3 rd Quarter Year 2
Designate smoke-free housing units by resolution	<ul style="list-style-type: none"> ▪ Tribal housing staff ▪ Tribal Housing Commission 	Staff time to determine units to be designated smoke-free	3 rd Quarter Year 2
Develop and produce culturally appropriate signage to indicate smoke-free units	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Sault Tribe Tobacco Task Force ▪ Tribal Youth, Education, and Activities Staff 	Funding for design and printing of signs and window clings	3 rd Quarter Year 2
Conduct a smoke-free housing policy recognition event	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Sault Tribe Tobacco Task Force ▪ Tribal housing staff ▪ Local Tobacco-Free Living Coalition ▪ Smoke-Free Environments Law Project ▪ Tribal public relations director 	<ul style="list-style-type: none"> ▪ Funding for certificate ▪ Postage for invitations ▪ Staff time for planning ▪ Media promotion 	3 rd Quarter Year 2

Annual Objective: Increase number of smoke-free venues including tribal housing units from 8 to 24 by September 2011			
Promote a culturally sensitive tobacco cessation program through the tribal health center	Sault Tribe Community Health	<ul style="list-style-type: none"> ▪ Program brochures ▪ Cessation counselors 	1 st Quarter Year 3 and Ongoing
Implement a culturally appropriate media campaign to create demand for smoke-free housing	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Sault Tribe Tobacco Task Force ▪ Tribal housing staff ▪ State Department of Community Health 	<ul style="list-style-type: none"> ▪ Media consulting agency ▪ Funding for paid TV, radio, newspaper ads, brochures, posters, etc. 	1 st Quarter Year 3 and Ongoing
Adopt a resolution for tobacco-free playgrounds at all tribal housing sites	<ul style="list-style-type: none"> ▪ Sault Tribe Tobacco Task Force 	<ul style="list-style-type: none"> ▪ Technical assistance with developing a tobacco-free playground resolution 	2 nd quarter Year 3
Continue evaluation components, pre- and post-tenant surveys, and data-collection regarding demand for smoke-free housing	<ul style="list-style-type: none"> ▪ Sault Tribe Strategic Alliance for Health ▪ Sault Tribe Tobacco Task Force ▪ Tribal housing staff ▪ Michigan Public Health Institute 	<ul style="list-style-type: none"> ▪ Staff time ▪ Technical assistance from evaluators with survey development and data analysis 	1st Quarter Year 3 and Ongoing

Engagement of task force members and key partners was essential to the success of developing and implementing the action plan. Subcommittees were chosen to work on specific components of the action plan. For example, a subcommittee was formed to develop and conduct the social marketing campaign. This subcommittee was composed of task force members who were interested and had expertise in media. The subcommittees drafted work plans separate from the overall action plan to accomplish their specific task. Once the work plan was developed, the monthly subcommittee meetings were utilized to review and update the plan. This created a commitment to the action plan process and held coalition and task force members accountable for implementation of the overall action plan. A copy of the work plan for the Great American Smoke-Out Campaign can be viewed in Appendix B.



One of the key activities in the action plan was to have consistent periodic communication with our Tribal Housing Authority staff. Task Force members and Housing Authority staff periodically scheduled times to meet face-to-face to discuss progress on the policy or to develop strategies to move the policy process ahead. E-mail is also a good way to send information concerning smoke-free housing and provides an avenue of keeping communication open for discussion of the policy process. Through developing a relationship with the tribal housing director and key staff, we served as a resource to them and gave them ownership of the policy development process. We honored their timeline and were able to keep the momentum of the development of a smoke-free housing policy moving forward through communication and offering assistance at the pace they were ready to proceed.

Begin Planning for Evaluation and Sustainability

The major goals of the evaluation for the smoke-free housing initiative are 1) collaborate with coalition members and key stakeholders to develop and implement an evaluation, which can assess the process and outcomes of the project as well as inform program planning throughout the life of the project; and 2) disseminate evaluation findings and lessons learned among stakeholders and community partners in order to contribute to the knowledge of effective practices in policy, systems, and environmental change. In order to carry out a comprehensive evaluation of this large initiative, it is necessary to involve our partners in all aspects of the evaluation process. The role of each of these stakeholders in this evaluation activity is provided in Table 5 below.

Table 5: Partner Roles in Evaluation and Sustainability	
<i>Project Stakeholders</i>	<i>Action Steps</i>
Tobacco Task Force members	<ul style="list-style-type: none">▪ Organize community education and outreach activities (sustainability)▪ Assist with creation of tenant survey and interview protocols (evaluation)▪ Build and record community support to demonstrate need for policy (sustainability)
Project Partners (see Section 2)	<ul style="list-style-type: none">▪ Assist with creation of tenant survey and interview protocols (evaluation)▪ Support community education and outreach activities (sustainability)
Housing Commission Board members	<ul style="list-style-type: none">▪ Adopt smoke-free housing policy (sustainability)▪ Update housing application form to enable tracking of requests for smoke-free housing (sustainability)
External Evaluator	<ul style="list-style-type: none">▪ Develop appropriate evaluation tools and documents▪ Review and analyze process and outcome data

A key component of the initial evaluation plan was assessing tenant knowledge of the health dangers of secondhand smoke, tenant preferences for smoke-free housing, and support for a smoke-free housing policy at the beginning of the initiative. Assessment data were collected through a survey of tenants sent out by mail to all 470 Sault Tribe Housing residents. The Smoke-Free Environments Law Project provided model tenant surveys, which were used as a basis for our Sault Tribe Housing surveys. Coalition members and community partners were involved in adapting and distributing the surveys, tabulating results, and disseminating these results to community members and key stakeholders. These survey data, which were collected prior to the policy adoption, were used as baseline data to compare with surveys conducted after the policy had been implemented.



An effective first step in evaluation is conducting an assessment. The assessment process can unite the task force or coalition with a purpose, create awareness, and help evaluate the progress.

Besides evaluating the effects of policy adoption on the tribal community, Task Force members also wanted to evaluate our objective to increase community capacity for smoke-free policy advocacy. Some of the key indicators for this process evaluation included number of coalition members and partners, attendance at meetings, educational materials distributed, numbers of press releases printed, radio interviews conducted, paid ads printed or aired, numbers of workshops and participants, and evaluation of workshops. These indicators helped us measure the success towards building capacity to implement a smoke-free housing policy.

It was also essential to create a plan for sustainability during the planning phase of the initiative. The housing director and staff collaborated with the Director of the Smoke-Free Environments Law Project on the wording of the policy to ensure that the Tribal Housing Authority developed and adopted a sustainable and comprehensive smoke-free housing policy. A clearly worded policy helped to gain compliance and avoid enforcement issues that would make implementation of the policy more difficult or possibly result in rescinding the policy. Section 4 of the policy states: “Once a home is designated smoke-free, the home will remain smoke-free until the structure is deemed uninhabitable.”

Another key factor in the sustainability plan was wording in the policy about how units would become smoke-free in the future. The policy states: “The Housing Authority Board of Commission has declared that certain Tribal Housing homes, located in the seven-county service area of the Sault Ste. Marie Tribe of Chippewa Indians, shall be designated as smoke-free. Smoking is not permitted in any inside area of the designated homes.” The designated homes are then declared smoke-free by a resolution adopted by the Housing Authority Board of Commission at their regularly scheduled monthly meetings. This protocol supports the designation of more smoke-free units in the future without requiring an amendment to the original smoke-free housing policy each time a unit is to be designated smoke-free. A resolution

is all that is needed to designate additional units as smoke-free when a resident or the Sault Tribe Housing Authority staff decides a unit to be smoke-free. The final decision is made by the Housing Authority Board of Commission when a resolution is voted on and approved designating specific units as smoke-free. (See Appendix C, Sault Tribe Housing Authority Smoke-Free Housing Policy and sample resolution.)

The sustainability plan also called for a way of monitoring demand for smoke-free housing. The Housing Authority met this condition by adding a question to the application for Sault Tribe Housing which asks, “Would you prefer smoke-free housing?”



A key lesson learned is that it is important to have tribal housing staff and experts in public health law involved in the evaluation and sustainability planning process during the planning and development phase. The communication between the director of the Smoke-Free Environments Law Project, tribal housing staff, and the Housing Commission Board members regarding policy enforcement and language created a sustainable and comprehensive policy. These partners provided valuable information concerning the types of data to share with decision makers and community stakeholders, as well as specific language to be used in the policy to ensure the success of the smoke-free housing policy initiative.



The picture above shows the Sault Tribe housing resident specialist with families from a smoke-free duplex. These families are grateful to be protected from secondhand smoke in their unit.

SECTION 3: ACTION

Promote Policy, Systems, and Environmental Change Strategy and Provide Outreach in the Community

According to the Community Tool Box Web site, advocacy is the use of any form of media to help promote an organization's or a company's objectives or goals, which come from the group's vision and mission.⁷

In our case, our media objectives were to:

1. Change the way tribal housing tenants and tribal decision makers viewed the issue of exposure to secondhand smoke and third hand smoke in single- and multi-unit dwellings.
2. Create a reliable, consistent stream of publicity for issues and activities, including articles and news items about the health and financial benefits of smoke-free policies and health dangers of commercial tobacco use and exposure to secondhand smoke.
3. Motivate community members and policy makers to get involved.



For more information regarding how to conduct a social marketing campaign and media advocacy, go to Section 1, Working with the Media, at the Community Tool Box Web site: <http://ctb.ku.edu>

A social marketing campaign was necessary to 1) promote the smoke-free housing initiative, 2) to educate tenants, Housing Authority staff, Housing Commission Board members, and Tribal Board members about the benefits of smoke-free housing policies and the dangers of commercial tobacco use and exposure to secondhand smoke, and 3) to change social norms regarding smoke-free policies.

Because the Tobacco Task Force aimed the media campaign at various target audiences, we used a variety of messaging strategies and channels. We needed to encourage social change at the grassroots level in order to influence decision makers to adopt a smoke-free housing policy. Media advocacy plays a strong role in educating the public, influencing public opinion, and informing policy makers concerning the issues. Many of our partners and key stakeholders facilitated the dissemination of the message to make effective use of many types of media communications to reach large numbers of the community population.

⁷ Community Tool Box: <http://ctb.ku.edu>

A key factor for success in communicating and disseminating your message is to establish relationships with local media. Seek opportunities to be interviewed on radio and local TV about the issue. Use existing health events within the community and National Health Observances, such as the Great American Smoke-Out, World No Tobacco Day, Kick Butts Day, and Month of the Young Child, to frame your media campaign. It is helpful to create action plans for each event incorporating your message into the theme of the event or observance.

In order to ensure that the message regarding smoke-free housing was appropriate for the Native American population, Task Force members used the term “commercial tobacco” to differentiate from the traditional use of tobacco for traditional medicine practice and ceremony. It was also critical to emphasize the importance of protecting the children and families from environmental commercial tobacco smoke, as family and children are extremely important in the Native American culture. Whenever possible, we used educational materials designed specifically for our own Anishinaabe Native culture and used the Inter-Tribal Council of Michigan as a source of culturally specific materials.

Tobacco (“Asemaa”) is a sacred medicine first introduced to the world by Native American people.



“Traditional Use”

When prepared properly and used according to its “prescription,” tobacco has the power to heal a variety of ailments.

“Commercial Use”

If it is abused, in ways such as smoking and chewing tobacco, it can kill.

The Sault Tribe Tobacco Task Force began the media campaign from the very start of our initiative, beginning with dissemination of assessment data. We asked permission from the housing director to publish an article on the results of the tenant surveys. (See Appendix D, Tenant Survey Press Release.) Whenever we saw the opportunity to share new information, we published the information in the form of a news article. When the U.S. Department of Housing and Urban Development's new recommendations for non-smoking policies in public housing were released, we published an article regarding the announcement. This notice from the U.S. Department of Housing and Urban Development was influential in shaping the opinion of the Tribal Housing Authority. This memo stated, "This notice strongly encourages Public Housing Authorities to implement non-smoking policies in some or all of their public housing units." This was sent to all public housing authorities and Indian Housing. (See Appendix E, U.S. Department of Housing and Urban Development Memo.)

The Task Force also used national health observances as an opportunity to promote smoke-free housing. In November, 2009, we centered our media campaign on smoke-free housing for the Great American Smoke-Out health observance. A media communication plan was drafted to publicize smoke-free housing workshops presented by Jim Bergman, an expert in smoke-free housing, to promote the idea of smoke-free housing and the fact that children need smoke-free air. This campaign targeted the schools, work sites, housing residents, and the community as a whole. Our plan for this social marketing campaign focused on a theme of Smoke-Free Places. (See Figure 4 below.)

Figure 4: Logo for stickers, posters, and flyers to promote the Great American Smoke-Out



The media campaign titled “Smoke-Free Places – Healthy Spaces, Smiling Faces” consisted of the following components:

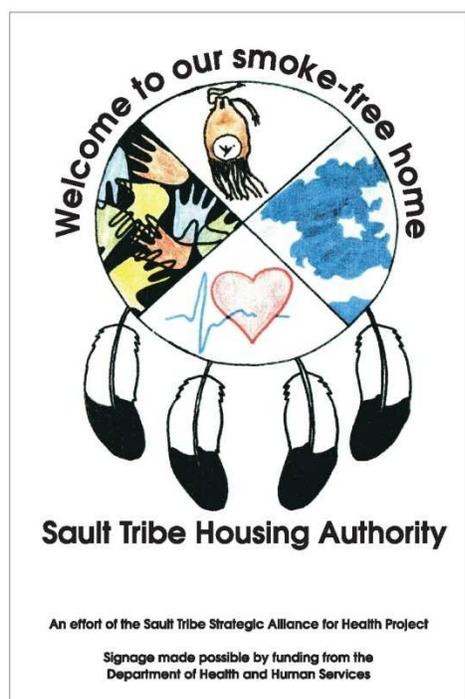
- Informational displays in schools and the community, with distribution of stickers and posters with the “Healthy Spaces, Smiling Faces!” logo
- Event packets with posters and stickers sent to coalition members to promote in their respective agencies
- Press releases sent to local newspapers, radio stations, and TV stations
- Public service announcements promoting the benefits of smoke-free housing and the www.mismokefreeapartments.org web site, developed in partnership with the Sault Tribal Youth Council students and aired on local radio stations
- Radio interviews, one featuring a local person sharing a smoking cessation success story and a second featuring Jim Bergman promoting his smoke-free housing workshops
- Follow-up press releases regarding the smoke-free housing workshops to reinforce key points and further our reach in the community



Jim Bergman, Director of Smoke-Free Environments Law Project, provides technical assistance to housing managers and resident specialists.

The Sault Tribe Tobacco Task Force and the Sault Tribe Housing Authority also recognized the importance of developing a culturally significant logo for the designated smoke-free units. (See Figure 5 below.) We wanted an image that welcomed tenants and visitors to the home but still communicated the message that the home is smoke-free. The tenants living in the designated smoke-free units liked the more positive wording on the signage that “welcomed” people to their smoke-free home rather than the negative message of “no smoking.” We used the symbol of the four directions of the Native American medicine wheel to incorporate the messages of the health benefits of a smoke-free apartment with the message of welcoming others to a smoke-free home.

Figure 5: Sault Tribe Smoke-Free Housing Signage



This smoke-free home signage is used as window clings and portable yard signs to create awareness and promote designated smoke-free units.

Even after the adoption of a tribal smoke-free housing policy, it is important to continue to promote the policy and the benefits of smoke-free housing in order to advocate for increased demand for smoke-free units. Once the smoke-free housing policy was adopted, Task Force members continued the media campaign in order to increase the number of smoke-free housing units. Through a partnership with the Michigan Department of Community Health, we secured funding for a media campaign to promote and expand the tribal smoke-free housing policy. This funding was from the Department of Health and Human Services and was awarded to the Michigan Department of Community Health. With this funding, we were able to provide signage for the designated smoke-free units. We also plan to develop culturally appropriate printed brochures, posters, TV ads, radio ads, and print ads to promote a message specifically advocating for smoke-free housing. The message for this campaign was, “Your family deserves a smoke-free home.” Since some tribal housing units are single-family dwellings, we included education and awareness around the dangers of third hand smoke, to create awareness of the need for single

family dwellings to be designated smoke-free as well. (See Appendix F for the brochure, *Your Family Deserves a Smoke-free Home*.) Through this campaign, the Sault Tribe Tobacco Task Force hopes to increase the number of tribal housing residents who request housing that has not previously been occupied by someone who uses commercial tobacco. As the demand for smoke-free housing grows, we hope to influence the Housing Authority to designate a portion of single family units as smoke-free for the life of the building.

As a means of creating greater awareness of the tribal smoke-free policy in the community, the Task Force members planned a Smoke-Free Housing Policy Recognition media event to honor the Sault Tribe Housing Authority and recognize their leadership in adopting a smoke-free policy for tribal housing. (See Table 6, Recognition Event Action Plan.)

The main purpose of this event was to recognize the work of the Sault Tribe Housing Director, staff, and the Housing Commission Board members. We also wanted to highlight the work of all of the Sault Tribe Tobacco Task Force members and partners that assisted in this policy development and adoption. This event also served as a media event to create awareness of the smoke-free housing policy adopted for Sault Tribe Housing among the housing residents and served to educate the community about the need for smoke-free housing policies.



Sault Tribe Housing Board of Commission members proudly display a Certificate of Recognition for adoption of the Sault Tribe Smoke-free Housing Policy.

Table 6. Recognition Event Action Plan

Recognition Event Planning June 2010 – July 2010	
Action Step	Responsible partners
Held initial planning meeting involving Strategic Alliance for Health staff, Sault Tribe Tobacco Task Force members, and Sault Tribe Housing staff	Tribal housing staff, Tribal Community Health Education staff, local tobacco prevention coalition coordinator
Drafted agenda for event and sent to key partners	Tribal housing staff, Tribal Community Health Education staff, local tobacco-prevention coalition coordinator, Strategic Alliance for Health project coordinator
Invited dignitaries to speak at the event	Strategic Alliance for Health project coordinator
Designed invitations and sent to Tribal Board of Directors, Strategic Alliance for Health Leadership Team, other key partners and dignitaries	Tribal housing staff, Tribal Community Health Education staff, and local tobacco-prevention coalition coordinator
Invitations sent by e-mail to coalition members	Tribal Community Health Education staff and local tobacco-prevention coalition coordinator
Designed and printed culturally appropriate signage for designated smoke-free units	Tribal housing staff, Tribal Community Health Education staff, and Tribal Youth, Education and Activities coordinator
Designed and ordered Certificate of Recognition	Tribal Community Health Education staff and local tobacco-prevention coalition coordinator
Planned for and ordered refreshments for event	Tribal housing staff
Sent media advisory to all local news sources: Headline: Sault Tribe Housing Authority first in Michigan to open smoke-free tribal housing This advisory stated who, what, where, when and why in order to alert media of this opportunity.	Tribal public relations director
Developed press releases to promote the event	Tribal Community Health Education staff
Arranged for photo shoot with tribal families at the newly designated smoke-free housing unit.	Tribal housing staff
Scheduled and conducted radio interview with key partners to promote the smoke-free housing policy	Local tobacco-prevention coalition coordinator, Smoke-Free Environments Law Project, Strategic Alliance for Health Project coordinator
Conducted Smoke-Free Housing Recognition Event	Tribal housing staff, Tribal Community Health Education staff, local tobacco-prevention coalition coordinator, and Strategic Alliance for Health project coordinator
Sent follow-up press releases to media	Tribal public relations director

Implement Policy, Systems, and Environmental Change Strategy

During the planning stage of the smoke-free housing initiative, Tobacco Task Force members learned quickly that we needed many types of partners to contribute expertise and resources to successfully adopt a smoke-free housing policy. We needed input from the tenants themselves and from the Sault Tribe Housing Authority staff, since they know best what kinds of policies would be acceptable to Board members and residents. Once the Task Force began implementation of this initiative, we secured other key partners for technical assistance and resources to help accomplish the objectives. The Action Plan Table on page 22 notes the variety of partners that were engaged and the resources they provided to bring about successful policy change.

The following are recommendations and insights to other tribes who plan to implement a smoke-free tribal housing policy:

1. Begin the process by building relationships. At initial meetings with tribal housing staff, ask whether they have thought about implementing a policy for smoke-free housing. If they have not, then introduce yourself as a resource. Invite housing staff to coalition meetings. Provide education about the benefits of adopting a smoke-free housing policy. If they have thought about a policy, then offer to assist with a tenant survey as a first step. Share successes and accomplishments of other tribes or housing commissions in your local area. We shared successes with other housing commissions in Michigan, particularly the Sault Ste. Marie Housing Commission, the first Housing Commission in the Upper Peninsula to go smoke-free.
2. Familiarize yourself with the perspectives of the Tribal Board of Directors. Will they be supportive of a smoke-free housing policy? If not, what is their opposition to a smoke-free housing policy? Also, determine the views of the Tribal Housing Authority Board of Commission. Ultimately they will make the final decision concerning smoke-free housing. This will help you frame your messaging and educational campaign.
3. Meet the tribal housing residents and decide who to target with your social marketing campaign. Determine why residents want a smoke-free policy or why they would be against such a policy. Again, this will assist you in developing a simple, consistent message that will be effective with your population.
4. Make sure you have a clear, consistent message at the start of your initiative. We decided to begin with the message that “children need smoke-free air.” We expanded on this message to include the message that the home should be smoke-free and that families should not be forced to breathe in dangerous toxins from secondhand smoke, especially from an adjoining housing unit.
5. Be aware that you may have to start slowly and phase-in smoke-free units gradually to gain acceptance for the policy. We started with designating units smoke-free where tenants had voluntarily agreed that they wanted smoke-free housing. The Tribal Housing Board of Commission and the Sault Tribe Housing Authority staff wanted this policy to be completely voluntary in the beginning. It is our hope that more tenants will request smoke-free housing as a result of our education and awareness campaign and smoke-free housing units will increase.

6. Offer cessation resources: linking to smoking cessation services is crucial when a smoke-free housing policy is adopted. Sault Tribe Community Health Education provides brochures to display and distribute to tenants to market the Nicotine Dependence Program, which is available to tribal members. Housing staff also provides tobacco cessation information in their monthly newsletters to tenants. (See Appendix G for the Sault Tribe Nicotine Dependence Program Marketing brochure: *Are You Ready to Quit?*)

One of the challenges of implementing any commercial tobacco use policy in a tribal jurisdiction is that the commercial tobacco use rate is higher among the Native American population than the general population in the State of Michigan, as shown by statistics included in the Abstract on Page 1.

Higher rates of commercial tobacco use by Native Americans are due, in part, to social norms around the use of commercial tobacco and its use for traditional and sacred purposes. Sema, or tobacco, is one of the four sacred medicines used by the Anishinaabe people. It is used to pray with and provide spiritual strength, guidance, discipline, and protection. It is used traditionally for one's health and well-being. All medicine has a positive and a negative side; if not used in the right way, tobacco can make you sick, whether smoked, chewed, or snuffed. All tobacco contains an addictive drug called nicotine. If it is abused, one can become addicted to nicotine and to the habits and rituals associated with abusing it. For this reason, the Sault Tribe Community Health prevention and cessation programs continue to educate about the fact that smoking or chewing tobacco is abuse of a sacred medicine and tobacco should only be used for ceremonial

Implementation Steps for the Sault Tribe Smoke-Free Housing Policy

1. Obtain approval from the Housing Authority Board of Commission to conduct a tenant survey in order to determine the desire for smoke-free housing and to measure the degree families are exposed to secondhand smoke.
2. Provide education to housing officials and residents regarding the dangers of secondhand smoke and the benefits of smoke-free housing through means such as educational packets, presentations, tenant meetings, and media efforts.
3. Disseminate tenant survey results to the Housing Authority Board of Commission in order to show that a large percentage of tenants — even some of whom smoke — prefer to live in smoke-free housing.
4. Obtain approval from the Housing Authority Board of Commission for housing resident specialists to conduct face-to-face interviews with tenants to find out how many buildings may initially be designated smoke-free.
5. Report the recommendations from the housing resident specialists regarding the number of units to be designated smoke-free based on tenant interview results and interest in smoke-free buildings to the Housing Authority Board of Commission.
6. Obtain approval from the Housing Authority Board of Commission to develop a smoke-free housing policy, lease addendums, and procedures.
7. Provide a template policy to present to the Housing Authority Board of Commission. In this case, a template policy from the Smoke-Free Environments Law Project was provided and the assistant housing director drafted a smoke-free housing policy specific to the Sault Tribe Housing Authority based on the template. The Housing Authority Board of Commission revised the policy to include resolutions designating specific units smoke-free.
8. The Smoke-Free Housing Policy and Lease Addendum were approved by majority vote of the Housing Authority Board of Commission on April 19, 2010.
9. The resolution designating certain units as smoke-free was adopted by majority vote of the Housing Authority Board of Commission at the May, 2010 Board meeting.

Review Evaluation and Sustainability Activities and Strategies

The evaluation plan for the initiative is a fluid document. As the action plan for the smoke-free housing initiative was further developed and refined, the evaluation plan was adjusted appropriately to ensure that it continued to meet the needs of the initiative and various stakeholders. (See Table 7: Smoke-free Housing Evaluation Plan.)

When designing an evaluation plan, it is important to determine what outcomes of the policy, systems, and environmental change strategy will deem the initiative to be a success. One of the smoke-free housing initiative objectives was to increase the number of tribal housing units that were designated as smoke-free. Therefore, the number of smoke-free tribal housing units was a key evaluation indicator. Outcome measures include the number of designated smoke-free units before adoption of the smoke-free housing policy and the number of designated smoke-free housing units after adoption of the policy. We will evaluate this number annually by review of minutes of the Housing Authority Board of Commission meetings. Additional outcome indicators include demand for smoke-free housing units among tenants and potential tenants, and Board member approval for the designation of additional smoke-free units. These measures will be assessed through interviews with tribal housing staff and information gathered from housing applications.

To determine the impact of our smoke-free housing policy, the Sault Tribe Strategic Alliance for Health project staff and evaluators will look at indicators of social norms related to tobacco use and exposure to secondhand smoke in the home among Sault Tribe Housing tenants, as well as support for smoke-free policies. We will survey all current tenants of Sault Tribe Housing when the smoke-free housing policy is implemented. Since we anticipate additional units will be designated smoke-free in the future, we will repeat the survey every two years to measure changes over time and to investigate the relationship between increases in the number of smoke-free units and changes in social norms. The survey includes questions related to rules about smoking in the home, whether tenants would prefer to live in a smoke-free housing unit, and commercial tobacco use status. Finally, the evaluation includes indicators of the impact of the smoke-free housing policy on the broader community. Data from the Tribal Health Center patient electronic health records, including patient self-report of exposure to commercial tobacco smoke in the home and tobacco use status, are monitored for trends in comparison to implementation of smoke-free policies.

Table 7: Smoke-Free Housing Initiative Evaluation Plan

Key Evaluation Question	Indicators	Data Sources	Data Collection Methods	Time Frame
Process Evaluation				
How did the project increase capacity for smoke-free policy advocacy?	Number and types of coalition members and partners, attendance at meetings, educational materials distributed, numbers of press releases printed, radio interviews conducted, paid ads printed or aired, numbers of workshops and participants, and satisfaction with training workshops	Program tracking system	Meeting minutes, meeting evaluation forms, and Excel spreadsheets	Quarterly
Outcome Evaluation				
Has there been an increase in number of housing units under tribal jurisdiction that have been designated smoke-free?	Number of smoke-free units prior to policy; number of smoke free units after policy adoption	Housing Authority database and smoke-free housing units designated by resolution	Review of Housing Authority meeting minutes	Annually
How many residents are affected by decreased exposure to secondhand smoke?	Number of residents living in smoke-free housing units	Housing Authority database	Key informant interviews with housing management	Annually
	Number of tenants reporting exposure to secondhand smoke in their home	Pre and post surveys of current housing tenants	Mail survey of housing tenants	Biennially
How has demand for smoke-free housing changed throughout the project?	Percent of tenants noting a preference for smoke-free housing	Tribal housing application form	Application review	Annually
How many Housing Authority Board of Commission members approve of the designation of additional smoke-free units?	Number of Board members supporting the designation of additional units as smoke-free	Housing Authority Board of Commission voting records	Key informant interviews with Housing Authority staff	Annually

Impact Evaluation				
Has support increased for smoke-free housing among tribal housing residents?	Change in attitudes related to smoke-free housing policies	Pre and post surveys of current housing tenants	Mail survey of housing tenants	Biennially
Is there decreased use of commercial tobacco among residents of tribal housing?	Number of housing residents who indicate they use commercial tobacco.	Pre and post surveys to current housing tenants	Mail survey of housing tenants	Biennially
Did the smoke-free housing policy contribute to reduction in tobacco use and exposure to secondhand smoke among tribal members in addition to those who live in tribal housing?	Percent of active tribal clinic patients reporting current tobacco use Percent of active tribal clinic patients reporting exposure to secondhand smoke in their home	Tribal clinic data system (Electronic Health Records)	Analysis of clinical performance measures data	Annually



One strategy for sustainability is to regularly collect data to show housing authorities that there continues to be a demand for smoke-free housing. The housing director agreed to revise the application form for tribal housing by adding the question, “Would you prefer smoke-free housing?” By collecting this data, we will be able to determine if there is more demand for smoke-free housing than is available and continue to work toward increasing the number of designated smoke-free units. These data are essential to inform decision makers of the need for additional smoke-free housing units.

A key component to ensure sustainability of the smoke-free housing units is to collect data on enforcement issues. Through proactive actions such as tracking problems that arise, developing plans for addressing those issues collaboratively and implementing corrective action plans, the Sault Tribe Tobacco Task Force will support the Housing Authority in maintaining designation of smoke-free housing units. This will also help to avoid any reversal of the policy.

Sault Tribe Tobacco Task Force members will continue to strengthen our relationship with our key partners within the Sault Tribe Housing Authority and community, including the Sault Tribe Housing Authority Board of Commission, to ensure that we reach our long-term objectives of chronic disease prevention through decreased exposure to secondhand smoke and decreased abuse of commercial tobacco among residents of the Tribal Housing Authority across the seven-county service area. We have expanded the conversation regarding decreased exposure to secondhand smoke to include designation of tobacco-free playgrounds at each tribal housing site. By increasing the number of venues where commercial tobacco use is prohibited, we can have a greater impact on the social norms related to commercial tobacco use. This should reduce the youth initiation rate, as well as decrease the rate of smoking among adults.

SECTION 4: EVALUATING AND SHARING

Review Data

Data play a key role in the Sault Tribe's effort to build support for, pass, and implement a smoke-free housing policy. Indeed, the path towards policy change began with community assessments by using a tenant survey to assess tenant support for a smoke-free housing policy and the CDC's *CHANGE* Tool to assess the Housing Authority's readiness to implement such a policy. These data were instrumental in convincing the housing authority to adopt the policy, and data will be used to determine the short-term and long-term impact of the policy. Additionally, process evaluation data were used to identify and describe the critical factors that lead to the adoption of this policy and will be used to describe the policy implementation process.

The Key Evaluation Questions listed in Table 7 (Section 3) provide the road map guiding the smoke-free housing policy evaluation. Data sources, also listed in the table, are selected based on these questions. Multiple data-collection strategies are being used to measure the success of the smoke-free housing policy. These strategies include a survey of tribal housing tenants; the tribal housing application form, which was modified to record preferences for smoke-free housing; and data from electronic health records within the tribal clinics, which tracks smoking rates and exposure to secondhand smoke. Together, these data sources provide information about short- and long-term clinical, behavioral, and social outcomes related to the smoke-free housing policy.

One of the core data sources for this evaluation is the Tribal Housing Tenant Survey. This survey was sent to all tribal housing tenants early in the project timeline to collect information on the knowledge, behaviors, attitudes, and social norms regarding commercial tobacco use and exposure. Surveys were mailed to all tribal housing residents (470 households); 119 responses were returned, for a response rate of 25.3%. Collecting these data early in the policy change process had two benefits. First, it was used as formative information to guide and propel the campaign forward towards the implementation of a smoke-free housing policy. For instance, the results of the tenant survey helped to convince the Tribal Housing Authority Board to authorize Housing Authority staff to conduct one-on-one interviews with housing tenants in order to collect additional information about the need for a smoke-free housing policy. Second, the initial administration of the tenant survey serves as baseline data that will allow for measurement of change over time resulting from the efforts around smoke-free housing. The survey will be repeated in future years in order to gauge change in support for smoke-free housing, exposure to secondhand smoke, and social norms related to smoking.

Evaluation data on the long-term outcomes of the implementation of the smoke-free policy are not yet available. The second cycle of the tenant survey will be distributed approximately one year after the initial survey and eight months after the adoption of the smoke-free housing policy. Social and clinical changes are likely to be slow and may take years to identify; indicators such as interest in smoke-free housing and knowledge of the dangers of second- and third hand smoke will provide more immediate feedback on the impact of the policy.

Together, data on the process of advocating for and implementing this policy change and the outcomes of this policy change can be used to inform future efforts. This information will help to describe what works in the policy change process, as well as the challenges and barriers to policy change. It will indicate whether this policy seems to improve health and if it should be expanded. It may also provide a basis for advocating for other policies that promote health in the future.

Identify Challenges and Barriers

The most substantial barrier that this community encountered through the process of adopting the smoke-free housing policy was resistance of the Tribal Housing Commission Board to impose restrictions on tribal housing residents. Their concerns about this policy change stemmed from cultural values, such as respecting autonomy, especially of elders, and the hospitable treatment of guests.

Understanding the motivation behind the Board's stance helped to frame an effective communication strategy, which involved advocating for the health of children and citing the community's support for smoke-free housing, as documented by the tenant survey. The solution to this barrier also involved compromise. The campaign's leadership, which included the project coordinator, staff from tribal housing, the Smoke-Free Environments Law Project director, and other key coalition members, decided to limit their scope, ultimately promoting a policy that provided smoke-free housing only when this option was requested by a tenant. After the policy's passage, eight existing units and nine units to be constructed in 2011 were designated as smoke-free.

Though the policy was not as broad as the project leaders hoped it would be, they were flexible and recognized that passing a policy with a smaller scope was better than not passing any policy. No other tribe in Michigan, and only four other tribes across the country, had previously established any type of policy that created smoke-free housing. This unique accomplishment allows project leadership to build on the community's interest in smoke-free policies that was generated through the campaign. They will continue to spread the message that smoke-free environments are good for the community, and it is anticipated that the number of Sault Tribe Housing residents requesting and living in smoke-free housing will increase over time.

Communicate Results

The evaluation is conducted in partnership with an outside evaluator who is not affiliated with the community or tribe. As such, it is particularly critical that the evaluator remain sensitive to the needs and concerns of the community and attentive to how results are interpreted and disseminated. When communicating results, the project partners work with the evaluation team to carefully tailor messages to their target audience and they ensure that data are only shared with the tribal community and other approved audiences.

Since the adoption of the policy, several communication strategies have been implemented to meet a variety of objectives. For example, upon successful adoption of the smoke-free housing

policy, a recognition event was organized to honor the Sault Tribe Housing Authority's leadership as frontrunners in the movement for smoke-free tribal housing. The policy's passage was also covered by local media outlets. The project coordinator has also presented at a statewide tribal tobacco summit and hosted webinars for the Michigan Department of Community Health and the CDC's Office on Smoking and Health to share the process of policy adoption with a variety of smoke-free activists. Additionally, other tribes and groups interested in working on tobacco issues in tribal communities have requested information about the project, including copies of the tools utilized in the process.

These communications have focused on key lessons learned, including the importance of building and maintaining relationships with all partners and stakeholders, understanding the perspective of the relevant authorities (in this case, the Housing Board), and being flexible with the policy goals. Project leaders noted that by starting with a policy that makes smoke-free housing voluntary, the Sault Tribe is enabling motivated individuals to protect their family's health while avoiding animosity and anger from those who are not ready to live in smoke-free housing. It is important to note that, in all communication, project leaders made sure to acknowledge the efforts of all partners involved throughout the process. Sharing credit rewards and encourages buy-in from project partners.

Identify Next Steps

Evaluation results provide insight into barriers, highlight areas where additional education or services could be beneficial, and provide feedback on the efficacy of the intervention. As such, evaluation results can be used to determine the most appropriate next steps for the initiative. The process for identifying next steps begins with presenting evaluation results to key partners, including Housing Commission Board members and staff, project staff, and the Strategic Alliance for Health Leadership Team, which includes community leaders and decision makers.

The project's next steps include continued community education and outreach efforts to maintain the energy generated around the issue of smoke-free housing. Such efforts have already generated interest in identifying other smoke-free venues on tribal property. Discussions are underway regarding adopting smoke-free policies for playgrounds at tribal housing sites and at particular parks, for example. A media campaign, including brochures, radio ads, TV ads, posters, and billboards, will continue to emphasize the health risks of secondhand smoke and will also focus on new research regarding health dangers of third hand smoke. Additionally, project partners will continue to use data to monitor the demand for smoke-free housing and to identify evidence of support for expanding the number of smoke-free housing units.

One of the important lessons learned to date is the benefit of involving a broad group of stakeholders, including, in this case, the Smoke-Free Environments Law Project, Chippewa County Tobacco-Free Living Coalition, and the Tribal Youth Council, in addition to the Tribal Housing Commission. The engagement of these organizations has generated robust discussion, and their support has been invaluable to the process. Moreover, because these organizations have been involved in the initiative from early on, they are more invested and engaged in the issue, increasing the likelihood that they will act in ways that support policy adoption, implementation, and replication in other venues.

Currently, the initiative has momentum in the community and is supported by the engagement of authorities and community members. The Housing Authority was involved in this effort from the very beginning, and they continue to express interest and support. Specifically, they have agreed to continue to gauge interest in smoke-free units by asking about potential tenants' preferences on housing applications. As they gather and review these data, the need for smoke-free housing will continue to be a topic of discussion for the Housing Authority and in the community more broadly. Additional housing units, to be constructed in 2011, were designated smoke-free, and over time, further expansion of the number of smoke-free units may result.



Continue and Complete Sustainability Strategies and Evaluation Measures

Evaluation and sustainability were integral to this initiative from the beginning. By focusing on policy change, rather than health education, the Sault Tribe hoped to identify and implement sustainable changes within the community. Moreover, by using a data-driven approach to advocacy, the Sault Tribe has laid the groundwork for using evaluation results to shape the direction and focus of policy change efforts.

From the beginning, the project team allowed for flexibility in their policy goal, which extended to flexibility in evaluation design and data-collection tools. However, the project team recognized the importance of identifying stable data sources that can be compared over time in order to examine outcomes. For instance, project leaders ensured that baseline data were collected early in the process so that these data could be used both to advocate for policy change and to measure change over time.

Other evaluation activities and early findings were used throughout the process to make changes to facilitate policy adoption and sustainability. For example, early formative evaluation data were used to educate community members about the dangers of second- and third hand smoke by providing educational materials to those who expressed interest in quitting smoking or living in a smoke-free housing unit. These data were also used to identify the need to change pro-smoking

social norms in the community, which drove community outreach efforts targeting social norms around smoking. By shifting social norms toward embracing a smoke-free community, the initiative is more likely to sustain and expand their policy gains.

Data-collection methods and tools were revised throughout the policy advocacy process to reflect the data needs of the decision makers, to collect data that provided information regarding the demand for smoke-free housing, and to ensure that valid outcome data would eventually be available. Tribal housing tenants will continue to be surveyed at regular intervals about their knowledge and preferences related to smoking and exposure to secondhand smoke. These data will gauge continued support for the policy and will also provide information on the outcomes of the policy.

However, sustaining and increasing the number of smoke-free housing units available depends on continued demand for smoke-free housing, which requires community education and outreach to promote understanding of the importance of smoke-free homes. This highlights the need for continuing traditional health education even in the midst of policy- and systems-level efforts. Moreover, this effort would not be possible without the contributions of key stakeholders and leaders within the community and beyond, including the program coordinator, the Housing Authority, and multiple community partners associated with the effort.

Appendix A

Date

Dear Tenant:

We are pleased that you have chosen to reside at XXXX Housing and we would like your opinion.

We have been studying the changes that are occurring in the management of apartments and we have found that smoke-free housing options are becoming more available than ever before.

Ongoing research continues to show that secondhand smoke is harmful to health; especially for children, the elderly, and persons with chronic illnesses. Secondhand smoke is a mixture of poisons and toxic chemicals generated by burning tobacco. It contains over 4,000 chemicals of which at least 43 are known to cause cancer. In Michigan, disease caused by tobacco use and exposure to secondhand smoke are the top two leading causes of preventable death. Over 17,000 people die each year and total health care costs directly related to smoking have risen to \$3.4 billion.

The 2006 Surgeon General Report states that the home is the place where children are most exposed to secondhand smoke and it is also a major location of secondhand smoke exposure for adults. Furthermore, secondhand smoke is not a mere annoyance, but a serious health hazard that causes heart disease, lung cancer, and respiratory illnesses. Breathing any amount of someone else's tobacco smoke harms smokers and nonsmokers alike. Consequently, there is no safe level of exposure to secondhand smoke.

According to the National Fire Protection Association, smoking has been the leading cause of fire deaths for years. They are also twice as likely to be the cause of fires in apartment buildings, compared to one and two-family homes and mobile homes.

In our efforts to ensure good health, safety, and enjoyment of all persons living here, we are considering designating some or all of our apartments as smoke-free. However, we would like your opinion before a decision is made. Please complete the attached survey and return it to the office by XXXX. We will be conducting a drawing for four \$25 gift cards on XXXX. Please fill out the attached entry form and return with your survey in the postpaid addressed envelope in order to be entered into the drawing.

Thank you in advance for your input and cooperation.

Sincerely,

Apartment Manager/Owner/Landlord

Appendix A

XXXX Housing Commission

As you may know, secondhand tobacco smoke, also known as Environmental Tobacco Smoke (ETS), is a serious health hazard. ETS has been declared a class A carcinogen, a toxic substance which is known to cause many types of cancer and heart disease, as well as contributing to serious respiratory problems. Therefore, it is in your best interest that we do all we can to protect all residents of XXXX Housing from ETS. We can address the issue most immediately by decreasing or eliminating secondhand tobacco smoke from the building, as well as eliminating the serious danger of cigarette-caused fires.

In coming weeks and months, we will be discussing this further with you and other residents. As a part of our efforts to address this issue, we would like to learn more about your opinions on this subject. One way of doing this is through the survey below, which **we'd like you to fill out and return in the enclosed postage paid addressed envelope. Please return by XXXX in order to be entered into a drawing for a \$25 gift card. We will be giving away four of them. Please fill out the attached entry form. Your answers will be confidential.**

TENANT SURVEY

In your opinion, is secondhand smoke a serious health hazard?

yes no

Do you feel secondhand smoke is harmful to your children's health and that they should not be exposed to any secondhand smoke?

yes no

If available, would you prefer to live in a smoke-free apartment building?

yes no

Does cigarette smoke from other apartments ever enter your apartment and bother you or other family members?

yes no

Do you, or anyone you live with, smoke?

yes no

Did you know that smoke-free apartment policies are legal?

yes no

Would you like more information about secondhand smoke or clean indoor air, either in the form of written materials or an informational meeting?

yes no

If you smoke, would you be interested in having smoking cessation classes or information made available at XXXX Housing?

yes no

Feel free to add additional comments you may have on this subject: _____

Which area or building of the XXX Housing do you live in? _____

Thank you very much for participating in this survey. The results will assist the XXXX Housing Commission in deciding how best to address this issue.

Appendix B

Media Communication Plan American Cancer Society's Great American Smoke-out

Theme Ideas:

Smoke-free Housing
Tobacco Cessation

Schools - Tribal Youth Council

Youth Education Activities students
SHACC (School-based Health Center)
Info/Display booth – High School Cafeteria
Info/Display booth in the community
TV Screens: theme message/PSA
Library Display Case: by SHACC
Radio Paid Ad/PSA: Tribal Youth Council
School Newsletter: Short article

Communities –

Freighterview Assisted Living: SF Policy Recognition Photo
Presentations by Jim Bergman (SF Environments Law Project):
Sault Tribe Housing Officials
Community/SAH Project Communities at Sault Tribe
Health Center
Radio Interview
9 and 10 News/Fox 33 Community Calendar: Theme message/PSA
Marquis: Theme message/PSA:
Edison Sault Electric
Lake Superior State University
City of Sault Ste. Marie
Big Bear Arena
Bayliss Library Display Case
Radio PSA
Agency phone system: theme message/PSA
Agency Intra Net: Sault Tribe, Theme message/PSA
Agency Displays: request info from the coalition
Posters: theme message/PSA
Stickers: theme message
Info/Display Booth (include Trivia/drawings/snacks with prevention message):
Keeping Posted: theme message/PSA
Introductory News release
Follow-up Photo story

Materials/Information for Booths:

SHS smoke/Smoking Tri Fold, Teens and Tobacco Tri Fold, Tobacco Advertising Tri Fold.
Trivia Wheel
SF Restaurant Guides/Stickers/Cases
Tobacco Cessation Materials
Secondhand Smoke Materials – Children Need Smoke-free Air Packets
Give Aways/Drawing: (at info/display tables)

- Counter Tobacco Advertising T-shirt (drawing)
- Frozen Turkey (drawing)

Appendix B

- Mouse Pad (drawing)

**SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
HOUSING AUTHORITY
SMOKE-FREE HOUSING POLICY**

SECTION 1. PURPOSE

Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy non smokers.

The Housing Authority Board of Commission has declared that certain Tribal Housing homes, located in the Seven-County service area of the Sault Ste. Marie Tribe of Chippewa Indians, shall be designated as smoke free. Smoking is not permitted in any inside area of the designated homes.

SECTION 2. FINDINGS

The Sault Tribe Housing finds that:

The 2006 U.S. Surgeon General's Report, The Health Consequences of Involuntary Exposure to Tobacco Smoke, has concluded that:

- (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke;
- (2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory problems, ear infections, and asthma attacks, and that smoking by parents causes respiratory symptoms and slows lung growth in their children;
- (3) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system, causes coronary heart disease and lung cancer;
- (4) there is no risk-free level of exposure to secondhand smoke.

Additionally, HUD Notice PIH-2009-21 (HA), issued on July 17, 2009, strongly encourages Public and Tribal Housing Authorities to implement Smoke Free Policies in some or all their housing units.

SECTION 3. DEFINITIONS

The term "Smoke" shall include the inhaling, exhaling, burning, or the carrying of any lighted cigarette to the outside of the home.

The term "Cigarette" shall include cigarettes, cigars or other tobacco product, marijuana, or any illegal substance that produces smoke.

Appendix C

SECTION 4. APPLICABILITY

It is understood by the Housing Authority that the tenant has read and had an opportunity to discuss with knowledgeable staff, provisions of the Smoke-Free Lease Addendum. Their signature certifies an understanding and consent to its terms and conditions.

SECTION 4. STIPULATIONS

1. Smoking is not permitted anywhere in the designated home. Effective on date tenant signs Lease Addendum and/or date the home is designated smoke free. Current residents, members of household composition, all employees, all guests, and all new residents residing in designated smoke free home, after this date will be prohibited from smoking anywhere in the home.
2. Failure of any resident or guest to follow the smoke-free policy will be considered a lease violation. Failure by any Housing Authority employee to follow smoke-free policy will be grounds for discipline.
3. Smoking will be limited to the outside of the designated home only.
4. If a resident smells tobacco smoke in any place of the smoke free building, they are to report this to the office as soon as possible. Management will seek the source of the smoke and take appropriate action.
5. New and current tenants, residing in designated homes, will be given a copy of the Smoke-Free Lease Addendum. After review, the tenant will sign a copy to be placed in the tenant's file.
6. The current Court Process established by the Sault Tribe Housing Authority, shall apply in cases of non-compliance with the Smoke-Free Lease Addendum.
7. Any Housing Authority properties may be designated smoke free by approval of the Board of Commission only. Requests for designations will be made during the normally scheduled meetings of the Commission.
8. Once a home is designated smoke free, the home will remain smoke free until the structure is deemed uninhabitable.

Appendix C

TENANT CERTIFICATION

I have read and understand the above Smoke Free Housing Policy and I agree to comply fully with the provisions. I understand that failure to comply may constitute reason for termination of my lease.

Resident Signature

Date

Resident Signature

Date

Unit Address: _____

Appendix D

NEWS RELEASE

TO: Media Contacts
FROM: Contact Name and Coalition Name
SUBJECT: **Smoke-Free Housing Offers Protection from Unhealthy Air**
CONTACT: Contact Names, phone and e-mail
DATE: XXXX

FOR IMMEDIATE RELEASE

The U.S. Department of Housing and Urban Development's (HUD) Office of Healthy Homes and Lead Hazard Control and its Office of Public and Indian Housing recently issued new recommendations for non-smoking policies for public housing. These recommendations strongly encourage Public Housing Authorities to adopt non-smoking policies in some or all of their public housing units.

These important recommendations could result in protection for residents of public housing across the country, especially children, the elderly, and people with chronic lung diseases. Residents of public housing are among those most at risk from unhealthy air from a variety of factors, including a high prevalence of secondhand smoke. The American Lung Association strongly recommends that all public housing units adopt non-smoking policies to ensure no one – especially children, the elderly and those with chronic diseases – has to breathe dangerous secondhand smoke.

Because tobacco smoke can migrate between units in multiunit housing, it can cause respiratory illness, heart disease, cancer, and other adverse health effects in neighboring families. Exposure to secondhand smoke impedes the

development of a child's lungs, aggravates asthma, often resulting in hospitalizations, and causes scores of other health problems. Smoking is also a major cause of fires and fire-related deaths and injuries.

Implementing non-smoking policies is also beneficial to landlords. Going smoke-free can save money by leading to maintenance savings, decreased risk of fire, and improved resale opportunities. There are currently (add information regarding number of housing commissions in your state or city which are smoke-free.)

For more information on smoke-free housing policies call (contact information). For a list of smoke-free housing units available in your community, visit www.mismokefreeapartment.org (add local website). For more information on tobacco cessation resources available in your community, call (contact information).

The HUD notice is posted at

www.hud.gov/offices/pih/publications/notices/09/pih2009-21.pdf.



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Office of Healthy Homes and Lead Hazard Control**

SPECIAL ATTENTION OF:

Regional Directors; State and Area
Coordinators; Public Housing Hub
Directors; Program Center Coordinators;
Troubled Agency Recovery Center Directors;
Special Applications Center Director;
Public Housing Agencies;
Resident Management Corporations.

NOTICE PIH xxxx (HA)

Issued:

Expires:

Cross Reference:

24 CFR 903.7(b) (3)

24 CFR 903.7(e) (1)

Subject: Non-Smoking Policies in Public Housing

1. **Purpose.** This notice strongly encourages Public Housing Authorities (PHAs) to implement non-smoking policies in some or all of their public housing units. According to the American Lung Association, cigarette smoking is the number one cause of preventable disease in the United States. The elderly and young populations, as well as people with chronic illnesses, are especially vulnerable to the adverse effects of smoking. Currently, there is no Departmental guidance on smoking in public housing.
2. **Applicability.** This notice applies to Public Housing.
3. **Background.** Secondhand smoke, which is also known as environmental tobacco smoke (ETS), is a smoke that comes from the burning end of a cigarette, pipe or cigar and the smoke exhaled from the lungs of smokers. Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke according to the Environmental Protection Agency (EPA) www.epa.gov/smokefree/pubs/etsfs.htm. There are over 1.2 million residents that reside in public housing. Residents between the ages of 0-17 represent 39 percent of public housing residents. Elderly residents over the age of 62 represent 15 percent of public housing residents. That accounts for 54 percent of public housing residents that could be at increased risk to the adverse effects of cigarette smoking. There are also a considerable number of residents with chronic diseases such as asthma and cardiovascular disease who are vulnerable to the effects of ETS. Secondhand smoke lingers in the air hours after cigarettes have been extinguished and can migrate between units in multiunit buildings. ETS is involuntarily inhaled by nonsmokers, and can cause or make worse adverse health effects, including cancer, respiratory infections and asthma. The 2006 Surgeon General's report on secondhand smoke identifies hundreds of chemicals known to be toxic. The report (*The Health Consequences of Involuntary Exposure to Secondhand Smoke*) is located at http://www.cdc.gov/tobacco/data_statistics/sgr/index.htm. Secondhand smoke causes almost 50,000 deaths in adult non-smokers in the United States each year, including approximately 3400 from lung cancer and another 22,000 to 69,000 from heart disease.

Appendix E

4. **PHA Plans.** When PHAs develop or revise their PHA plans, according to 24 CFR 903.7(e) they should include in their statement of operation and management the rules and standards that will apply to their projects when beginning non-smoking implementation. PHAs will be required to revise their lease agreements to include the non-smoking provisions.

5. **Eligibility.** Non-smoking is at the discretion of the PHA, subject to state and local law. For PHAs that wish to implement non-smoking, some PHAs have established smoke-free buildings. Some PHAs have continued to allow current residents that smoke to continue to do so, but only in smoking designated areas and only until lease renewal. For new residents, some PHAs are prohibiting smoking entirely. Currently, there are over 102 PHAs and housing commissions across the country that have implemented non-smoking policies <http://www.tcsg.org/sfelp/home.htm>. The Federal Fair Housing Act, at 42 U.S.C 3601, prohibits discrimination in the rental of dwelling units because of race, color, religion, sex, familial status or national origin. However, the right to smoke or not to smoke is not protected under the Civil Rights Act of 1964 or any other HUD-enforced civil rights authorities.

6. **Indoor Air Quality (IAQ).** According to the U.S. Green Building Council (USGBC), toxin-free building materials used in green buildings help combat indoor air pollution. Cigarette smoke is known to be an indoor air pollutant; as a result it would be difficult for a PHA to achieve good IAQ in its buildings if residents are allowed to smoke. Good IAQ means minimizing indoor pollutants. During construction or renovation of projects, PHAs should consider actions such as installing direct vent combustion equipment and fireplaces; providing for optimal, controlled, filtered ventilation and air sealing between living areas and garage or mechanical areas, and the use of paints and other materials that emit no or low levels of volatile chemicals (volatile organic compounds or VOCs). Since 65 percent of the public housing inventory was built prior to 1970, it would be hard for a PHA to implement retrofits that could improve IAQ significantly, unless renovation was scheduled. Also, if a PHA does conduct renovations to improve IAQ without also implementing a non-smoking policy, the IAQ benefits of the renovation would not be fully realized. A non-smoking policy would be an excellent approach for those PHAs that are trying to achieve improved IAQ without the retrofit costs.

7. **Maintenance.** It is well known that maintenance costs are increased when apartments are vacated by smokers. Additional paint to cover smoke stains, cleaning of the ducts, replacing stained window blinds, or replacing carpets that have been damaged by cigarettes can increase the cost to make a unit occupant ready. View the Sanford Housing Authority case study at <http://www.smokefreeforme.org/landlord.php?page=Save+Money%2C%3Cbr%3ESave+Your+Building>.

8. **Smoking Cessation National Support.** Because tobacco smoking is an addictive behavior, PHAs that implement non-smoking policies should provide residents with information on local smoking cessation resources and programs. A national smoking cessation hotline can be accessed at 877-44U-QUIT (877-448-7848) or 800-QUIT NOW (800-784-8669). Local and state health departments are also sources of information on smoking cessation. [www.lungusa.org/site/c.dvLUK9O0E/b.4724127/k.EB9F/Nationwide Smoking Cessation Resources_2008.htm](http://www.lungusa.org/site/c.dvLUK9O0E/b.4724127/k.EB9F/Nationwide_Smoking_Cessation_Resources_2008.htm)

9. **Further Information.** For further information related to this notice, please contact Nicole Faison, Director, Office of Public Housing Programs at (202) 708-0744.

Paula O. Blunt, General Deputy Assistance Secretary
For Public and Indian Housing

Making your home
and car smoke-free
are easy steps toward
keeping your family
healthy and safe!



Remember:
**Your Family Deserves
a Smoke-Free Home!**

Sources:

1. Centers for Disease Control and Prevention, Office on Smoking and Health, *Health Dangers of Secondhand Smoke*. Retrieved from: https://www.cdc.gov/tobacco/basic_information/secondhand_smoke/.
2. Americans for Nonsmokers' Rights, *Thirdhand Smoke*. Retrieved from: <http://www.no-smoke.org/teammore.php?id=671>.

Resources:

For more information on
smoke-free housing and how to
protect your family from
secondhand & thirdhand smoke:

- Sault Tribe Members may call
906.632.5210
- All Michigan residents may visit
www.mismokefreeapartment.org or
call 734.665.1126
- All Michigan residents may also visit
www.michigan.gov/tobacco

For more information on how to
quit smoking:

- Sault Tribe Members may call
906.632.5210
- All Michigan residents may call the
Michigan Tobacco Quit Line at
1.800.784.8669 (1.800.QUIT.NOW)

*Additional resources may also be available at
your local Health Department*

**Sault Tribe Community
Health Services**

2864 Ashmun Street
Sault Ste. Marie, MI 49783
906.632.5210

*Brochure made possible by funding from the Department
of Health and Human Services*

**Clean Air &
Good Health**

Your Family Deserves a
Smoke-Free Home



What you should know about
secondhand and thirdhand smoke
and how to protect your family

What is Secondhand Smoke?

- Secondhand smoke is made up of two parts: the smoke from the burning end of a cigarette, cigar, or pipe, and the smoke breathed out by the person smoking.

Why is it Dangerous?

- Secondhand smoke contains at least 250 toxic chemicals and is harmful to everyone—even family pets.
- Children who are exposed to secondhand smoke get sick more often with coughing, wheezing, and ear and lung infections. It can also trigger asthma attacks.
- Secondhand smoke hurts the growing lungs of children and babies.
- Adults who are exposed to secondhand smoke may develop heart disease, lung cancer, and breathing problems, and they also get sick more often.

What is Thirdhand Smoke?

- Thirdhand smoke is left behind in places where people have smoked.
- Even after secondhand smoke is gone, chemicals from the smoke cling to walls and ceilings. They also settle on surfaces, and soak into carpets, curtains, clothing, and furniture.
- Thirdhand smoke is easy to spot if you have ever walked into a room that smells like cigarette smoke even when there is no one smoking. It can also be noticed when you hug someone who smokes and smell smoke on their clothes or hair.

Why is it Dangerous?

- There is new information showing that thirdhand smoke is also a health danger.
- Nicotine and other toxins left behind from the smoke can be breathed in or swallowed. This can cause many of the same health problems as secondhand smoke.
- Thirdhand smoke is very dangerous for children and babies because they crawl on the floor and put things in their mouths. They are also held by adults who may have thirdhand smoke on their clothing or hands.



How Can You Protect Yourself and Your Family?

1. **If you do smoke, take it outside or try to quit** (See the back of this brochure for help with quitting).
2. **Make your home a smoke-free zone** and ask guests not to smoke indoors.
3. **Have a smoke-free car at all times** and ask friends and family not to smoke in your car.
4. **Avoid places where others have been smoking** whenever possible.
5. **Talk to your landlord about a smoke-free policy** if you live in an apartment building or other type of complex.

Things to Remember:

- There is no safe amount of secondhand or thirdhand smoke.
- Smoke travels from room to room. Smoking in any part of the house causes smoke to spread to other rooms.
- Opening windows, using a fan or air filter, or putting the window down in the car does not get rid of tobacco smoke.
- Secondhand smoke can stay in the air for hours and thirdhand smoke can stay on surfaces for days, weeks, months, or even years.

Riding the Fence

Ambivalence is confusing at best
It's sitting on the fence to rest
There's nothing worse than a war in your mind
It's peace inside you need to find

Ask yourself are you taking right action
And are you creating self-satisfaction
Sometimes what seems best in the moment
Will later only cause you torment

Yes, making a choice, without a doubt
Can be very difficult to think about
What will it be – this or that?
Make a change or stay where you're at?

Deciding is the golden key
For when you do, it will be
Then set your goal and make your plan
Be consistent with your stand

So why not take the bull by the horns
Decide on your actions, regardless the thorns
Prioritize what's best all around
Get off the fence safe and sound

Self-control will be your sword
Self-reliance will be your reward
Discipline will be your defense
To win your war and get off the fence



- Kim (Sakis) Alford

Are You “Ambivalent”?

It is well known that smoking and chewing tobacco can cause disease and are harmful to your quality of life. Smoking can even cause harm to those around you.

But at the same time, you may find enjoyment or pleasure from cigarettes, cigars or chewing. It may even relax you.

So on one hand - you want to smoke or chew, and on the other hand - you want to quit. You find yourself sitting on the fence with mixed feelings about making the choice to quit. This is called *ambivalence*.

There is no perfect time to quit. **Right now is the best time to get off the fence for good.**

When you are ready to quit, call us at **1-877-256-0009** or **906-632-5210** or call your local tribal health center.

What is “Cessation”?

It means: a temporary or final ceasing of an action; to stop

What is “Ambivalence”?

It means: mixed feelings or emotions; uncertainty about making a choice

Are You Ready To Quit?

Sault Tribe
Nicotine
Dependence
Program



Committed To Giving You The Best

Sault Ste. Marie
Tribe of
Chippewa Indians
Community Health
Services

Who is Eligible?

- Sault Tribe members.
- Other Federally Recognized Native Americans.
- Non-Natives who are employed with Sault Tribe and carry insurance that covers tobacco cessation medications.
- Non-Natives spouses may utilize the program if they meet all other eligibility requirements. Insurance and/or co-payments; or out-of-pocket costs will apply.

Eligibility Requirements:

- Must be established with a current Sault Tribe Healthcare Medical Provider.
- May require prior appointment with your Sault Tribe Medical Provider to enroll in the program.
- An appointment with a Tobacco Treatment Consultant will be required prior to receiving cessation medications, as well as follow-up visits, to increase your success in quitting.

How to Enroll in the Program:

- Tell your Sault Tribe Provider that you are ready to quit and ask to be referred into the program.
- Call Sault Tribe Community Health Services for an appointment at 1-877-256-0009 or 906-632-5210, or call your local Sault Tribe Health Clinic.



July 2009

What is the Sault Tribe Nicotine Dependence Program?

Nicotine dependence is very powerful. Many people have tried to quit smoking or chewing on their own, with or without medications, only to start again within a few weeks, or even a few days, later. Research shows that those who use medication along with an individualized plan are the most successful in quitting. A Tobacco Treatment Consultant will meet with you one-on-one to help you develop a plan that is specific for you. This initial consultation may take approximately 1 hour. If you live a distance away from your Sault Tribe Health Clinic, please call ahead to schedule an appointment with the Tobacco Treatment Consultant, along with your provider appointment if necessary. It is possible that your cessation medications will not be available on the same day as your appointment.

Your Individualized Plan

Will Include:

- Nicotine dependence medications.
- Planning and problem solving around habits, stress, and triggers.
- Follow-up support from professional staff who are trained in methods to help you quit.

**There is no perfect time to quit.
Why not now?**

What Medications are Offered?

Your Provider, or a Tobacco Treatment Consultant, will discuss your options for medications that may help you quit.

Medications are provided at no-cost for eligible Tribal participants in the Nicotine Dependence Program.

In some instances, insurance may be billed and/or co-payment, or out-of-pocket costs, may apply.

Medication Options

Chantix: The newest medication designed specifically to help with quitting. Chantix is taken in pill form and significantly reduces your urges and cravings to smoke or chew.

Bupropion SR (previously called Zyban): This medication has been shown to help the negative feelings that come with quitting. It is best used along with Therapeutic Nicotine Replacement products, such as the patch.

Therapeutic Nicotine Replacement (TNR's): Going "cold turkey" to quit can be very difficult, if not impossible. TNRs, such as the patch, gum, or lozenge, provide you with therapeutic nicotine while eliminating 4,000 chemicals and 60 cancer causing agents that you'd get from smoking. TNR's keep the cravings for nicotine to a minimum while you change your behaviors connected to smoking or chewing.

Appendix H

SAULT TRIBE HOUSING TENANT SURVEY

The Sault Tribe Strategic Alliance for Health would like to learn more about your opinions on smoking policies in Tribal housing. One way of doing this is through the survey below, which we would like you to fill out and return in the enclosed postage-paid, addressed envelope. The results will assist the Sault Tribe Housing Commission in deciding how best to address this issue. **Please return by _____ in order to be entered into a drawing for a \$25 gift card. We will be giving away four of them. Please fill out the attached entry form. Your answers will be confidential.**

1. Not including yourself, how many people live in your household?

2. How many children aged 17 or younger live in your household?

3. Not including yourself, how many of the people who live in your household smoke cigarettes, cigars, or pipes? _____

4. Do you currently smoke cigarettes every day, some days or not at all?
 Every day
 Some days
 Not at all
 Not sure

If every day or some days: During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes
- No
- Not sure

5. What rules do you have about smoking **inside** your home? Would you say smoking is: (choose one)

- Not allowed** anywhere or at anytime inside your home
- Allowed** in some places or at some times inside the home
- Allowed** everywhere and at anytime inside the home
- Not sure

6. Do you think that breathing smoke from other people's cigarettes is:

- Very harmful to one's health
- Somewhat harmful to one's health
- Not very harmful to one's health
- Not harmful to one's health
- Not sure

7. Do you believe that breathing smoke from other people's cigarettes can cause:

- | | | |
|--------------------------|--------------------------|-------------------------------------|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Lung cancer in adults |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart disease in adults |
| <input type="checkbox"/> | <input type="checkbox"/> | Colon cancer in adults |
| <input type="checkbox"/> | <input type="checkbox"/> | Respiratory problems in children |
| <input type="checkbox"/> | <input type="checkbox"/> | Sudden Infant Death Syndrome (SIDS) |

8. Do you ever smell cigarette smoke from other apartments from inside your apartment?

- Yes
- No (go to #9)
- Not sure

If Yes, does the smell of cigarette smoke from other apartments bother you or anyone else in your apartment?

- Yes
- No
- Not sure

9. Ideally, would you prefer to live in a smoke-free apartment building?

- Yes (go to #10)
- No
- Not sure

If No, why not? (check all that apply)

- Family/friends who smoke would not visit
- Self/household members could not smoke at home
- Smoking at home should be an individual decision
- Other: _____

10. What proportion of Sault Tribe Housing apartment buildings should be smoke-free?

- All
- Most
- Half
- Some
- None
- Not sure

11. Do you think that smoking cessation classes should be made available at Sault Tribe Housing?

- Yes
- No
- Not sure

12. Which area of the Sault Tribe Housing do you live in?

Please add any additional comments about smoke-free tribal housing: _____

Thank you very much for sharing your thoughts!