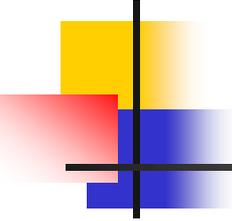


CPPW-L.A. Smoking Reduction Program for Transitional Shelters for the Homeless

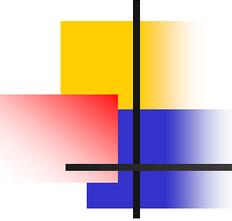
William J. McCarthy, Ph.D.^{1,2} and Grace
Dyrness, DPDS^{3,4}

1. UCLA School of Public Health
2. UCLA Department of Psychology
3. Institute for Urban Initiatives
4. School of Policy, Planning and Development,
University of Southern California



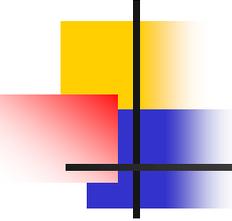
Personnel – LACEHH team

- LACEHH team:
 - Grace Dyrness, DPDS, PI
 - Kieta Mutepfa, MSW, part time coordinator
 - Rebecca Gifford, DMin, part time coordinator
 - Alvivon Hurd, field worker (formerly homeless)
 - Yolanda James, field worker (formerly homeless)



Personnel – UCLA team

- William McCarthy, PI
- Minal Patel, MPH, Project Director
- Sharon Lee, BA, Project Coordinator
- T'Yana Taylor, MEd., Fieldwork Manager
- Ricardo Lopez, MPH, Fieldwork Manager (replacement for T'Yana)

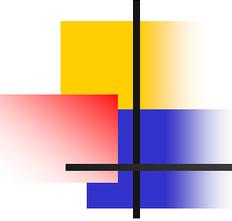


Consultants / Advisors

- Bob Erlenbusch, Ph.D., Executive Director, Sacramento Housing Alliance
- Chad Morris, Ph.D., Professor, University of Colorado and PI, Peer to Peer Program
- Lillian Gelberg, MD, MPH, UCLA expert on homeless

Los Angeles County Tobacco Control Program staff

- Dior Hildebrand, RN
- Rachel Tyree, MPH
- Laura Magallanes, MPP



For more info about Smoking Reduction Program development

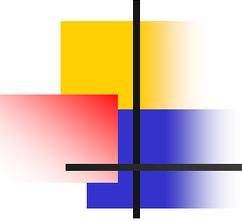
- Source:

http://healthedcouncil.org/breakfreealliance/Archived_Webinars.html

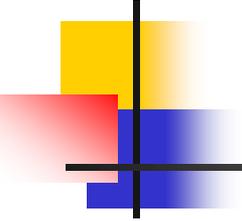
Look for:

Innovative partnerships: Developing Comprehensive Tobacco Control Programs for Homeless and Formerly Homeless Populations

Topics of this presentation



- Smoking Reduction Program (SRP) description
- Baseline random sample survey
- Baseline & 3-month SRP survey stats
- Baseline & 3-mo follow-up CO measures
- Baseline shelter tobacco control policies
- Highlights of Mutual Learning Dialogues

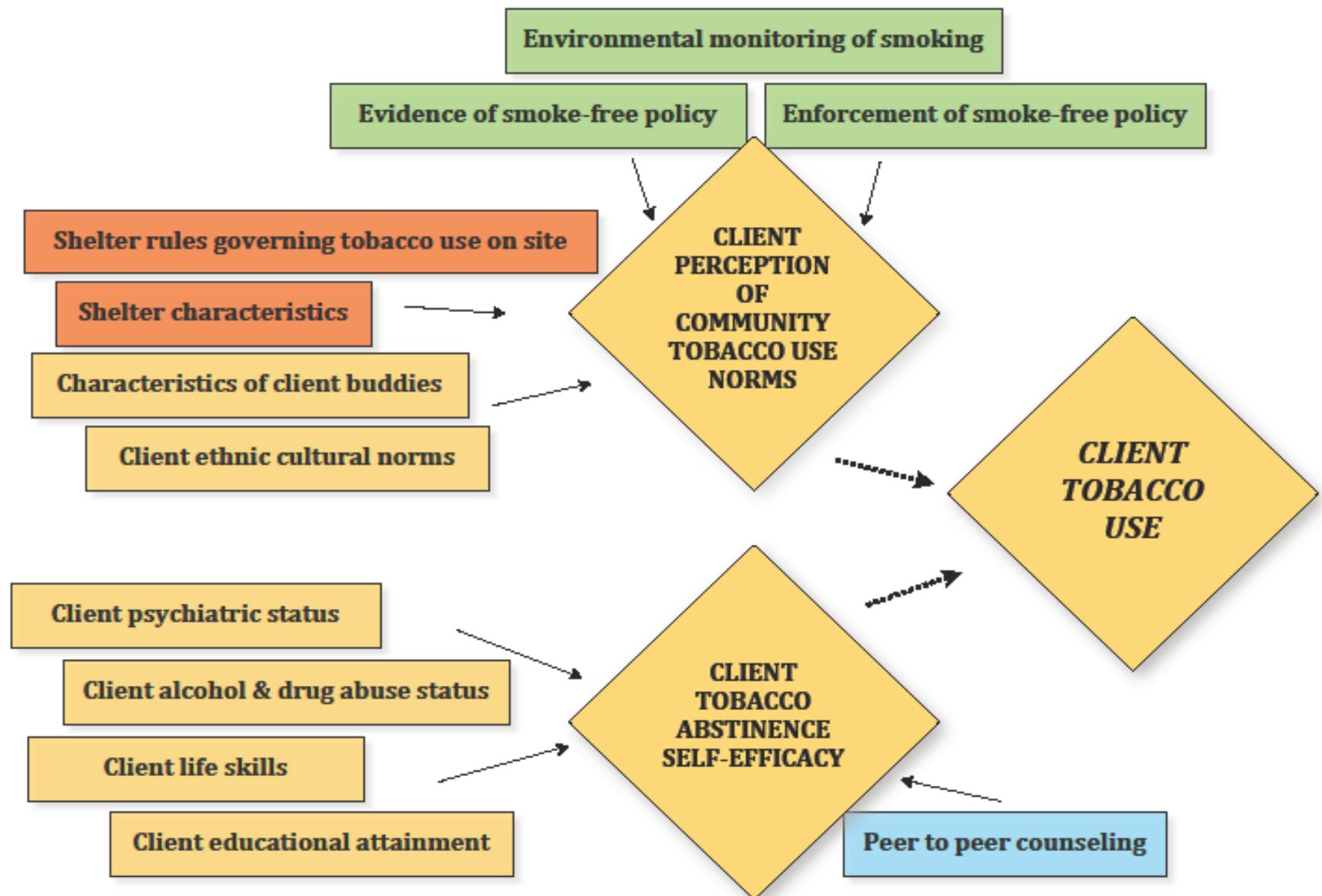


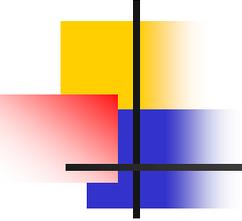
Past research shows

- Homeless smokers would love to quit if they could.
- Persons with mental illness and drug use disorders can benefit from reducing their tobacco use.
- Persons suffering from drug use disorders--who quit smoking--will have more success staying off their other drug use.
- Transitional shelters are open to being involved in efforts to reduce tobacco use among their clients.

Sources: Hser, Y. I., W. J. McCarthy, et al. (1994). "Tobacco Use As A Distal Predictor Of Mortality Among Long-Term Narcotics Addicts." *Preventive Medicine* **23**(1): 61-69; Arangua, L., W. J. McCarthy, et al. (2007). "Are homeless transitional shelters receptive to environmental tobacco control interventions?" *Tobacco Control* **16**(2): 143-144.

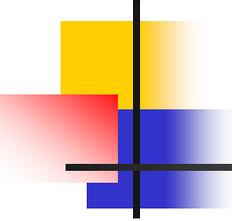
Logic model for multi-level tobacco control intervention targeting transitional shelters and their clients.





Environmental & shelter tobacco control policy assessments

- Indoor policies – common areas
- Indoor policies – private areas
- Outdoor policies – courtyard, designated smoking areas
- Personnel policies
- Policies governing marketing of tobacco
- Cigarette butts near facility
- Tobacco retailers near facility



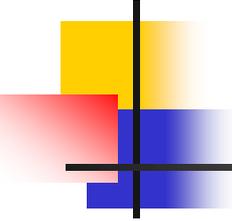
The Peer to Peer Smoking Reduction Program

- Adapted from the University of Colorado Peer to Peer Tobacco Recovery Program (PI=Chad Morris, Ph.D.)

Source:

<http://www.bhwellness.org/initiatives/peer-to-peer/>

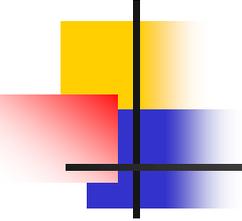
Major topics in Peer to Peer program



- Education about the harmful effects of smoking and about the special challenges faced by smokers with mental illness and addiction disorders
- How healthy behaviors such as exercise and good food choices can replace smoking
- Cost of smoking
- Cravings and how to cope (with medication)
- How social support makes it easier to cope

Major features of the L.A. County CPPW Smoking Reduction Program

- Provision of \$5,000 minigrant to each shelter
- 2-day training of shelter counseling staff provided by Dr. Morris
- Provision of NRT to each shelter
- Provision of carbon monoxide monitor to each shelter
- Regular technical assistance to each shelter provided by LACEHH/UCLA.



Smoking Reduction Program support group sessions

- For evaluation purposes, every shelter was asked to host an 8-session SRP support group with a minimum of 10 participants (clients and staff) and to provide a \$10 gift card incentive for each session to each participant.
- After evaluation phase ended, shelters were encouraged to make the sessions less structured, more of a drop-in activity.

Carbon monoxide monitoring

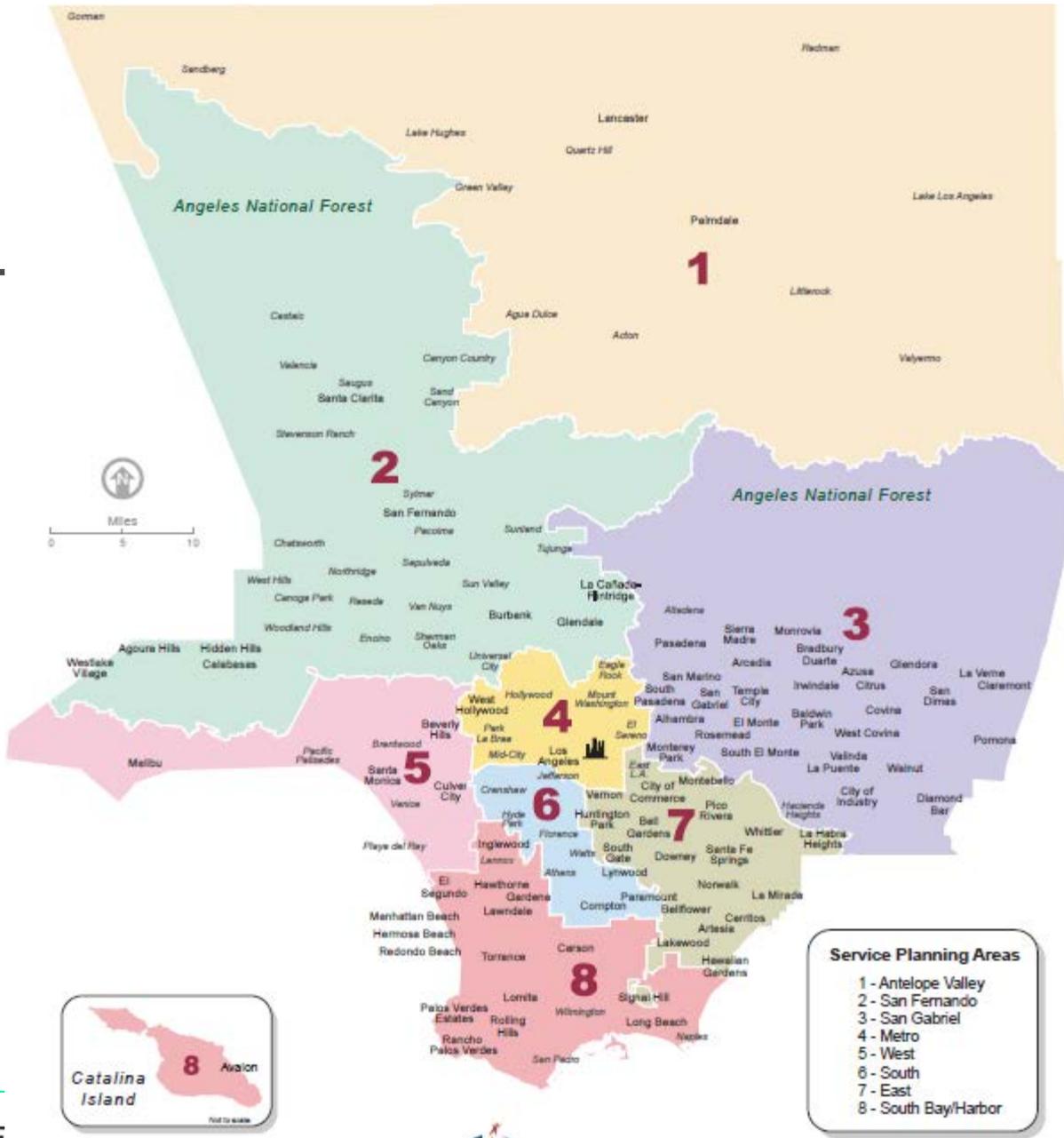
- Deliberately, the therapeutic emphasis was on smoking reduction, not cessation, even though the long term goal was cessation.
- Progress was evaluated at each session by assessment of participants' exhaled CO levels using a SmokeCheck Carbon Monoxide Monitor.

The L.A. County CPPW Smoking Reduction Program

- 26 local area transitional shelters were randomly selected to participate.
- Program was designed to reduce smoking among their residents and staff by:
 - strengthening their existing smoke-free policies.
 - training transitional shelter staff to serve as Peer-To-Peer counselors equipped to facilitate smoking-reduction groups.

Distribution of shelter involvement in Los Angeles County

Region	Number of participants	Percent
S.F. Valley, S.G. Valley (spa 1, 2 & 3)	61	23%
Downtown L.A. (spa 4)	81	30%
West L.A. (spa 5&8)	75	28%
South Central L.A. (spa 6&7)	51	19%
Total *note. spa = service planning area	268	100%

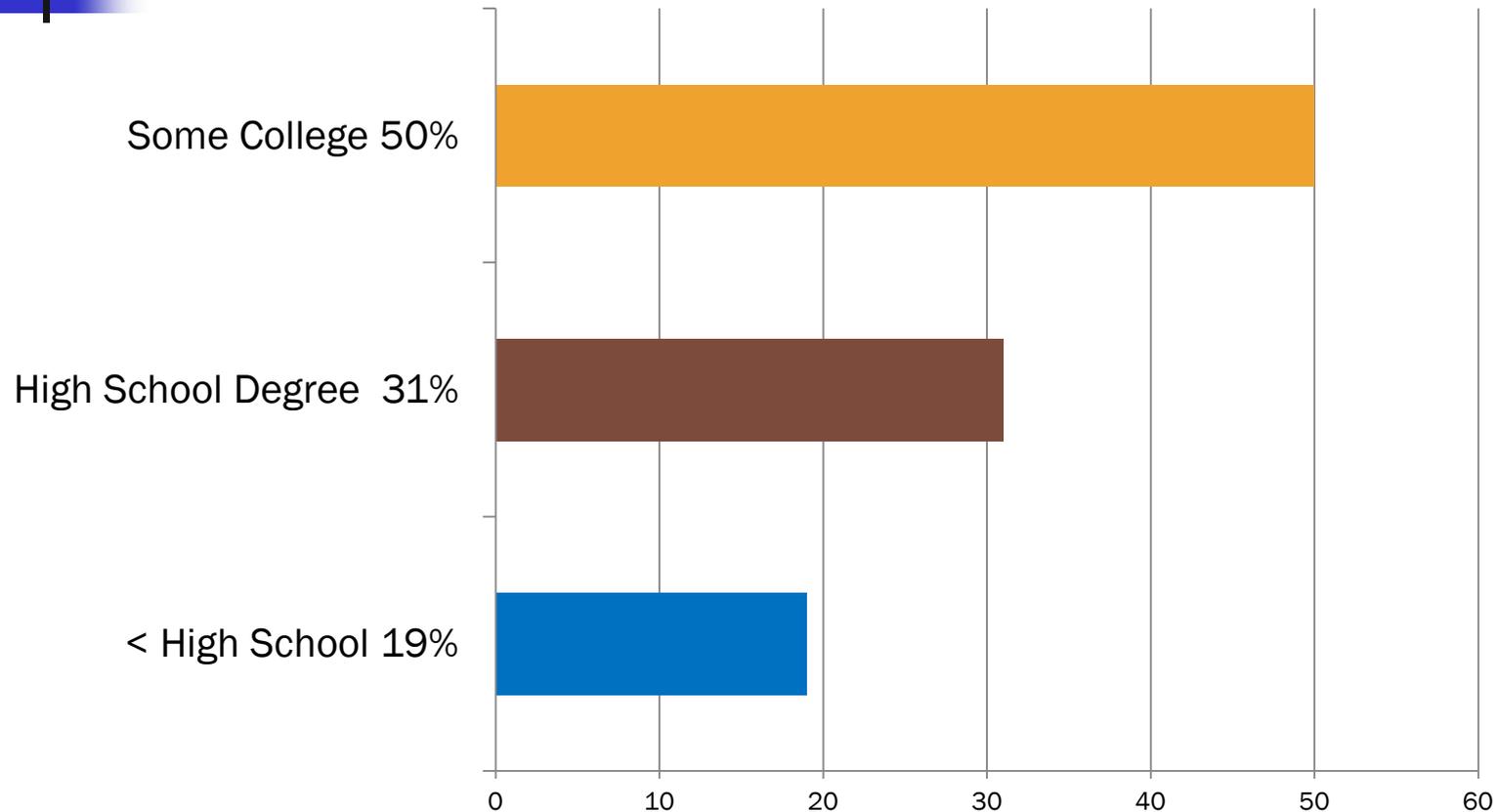
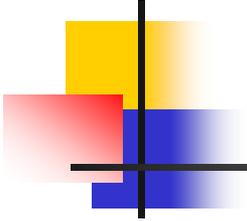


- Service Planning Areas**
- 1 - Antelope Valley
 - 2 - San Fernando
 - 3 - San Gabriel
 - 4 - Metro
 - 5 - West
 - 6 - South
 - 7 - East
 - 8 - South Bay/Harbor

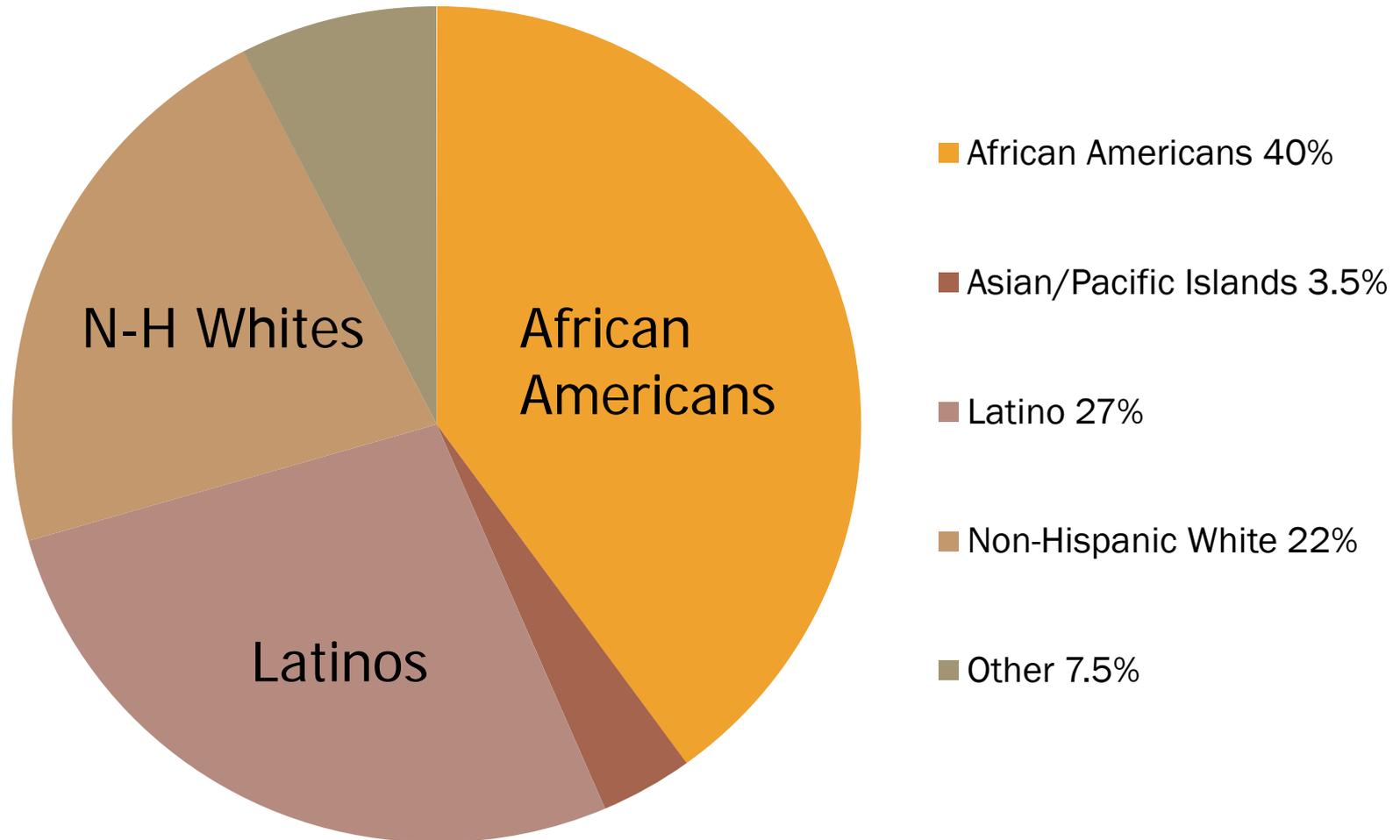
Random Sample Survey: A Profile of shelter clients and staff

- 26 transitional shelters participated
- 288 residents and staff completed the surveys (74% response rate)
- Men: 59%
- Women: 41%
- Average age: 43 years, with a range of 18 to 73 years

Random Sample Survey: Education



Random Sample Survey: Race/ Ethnicity

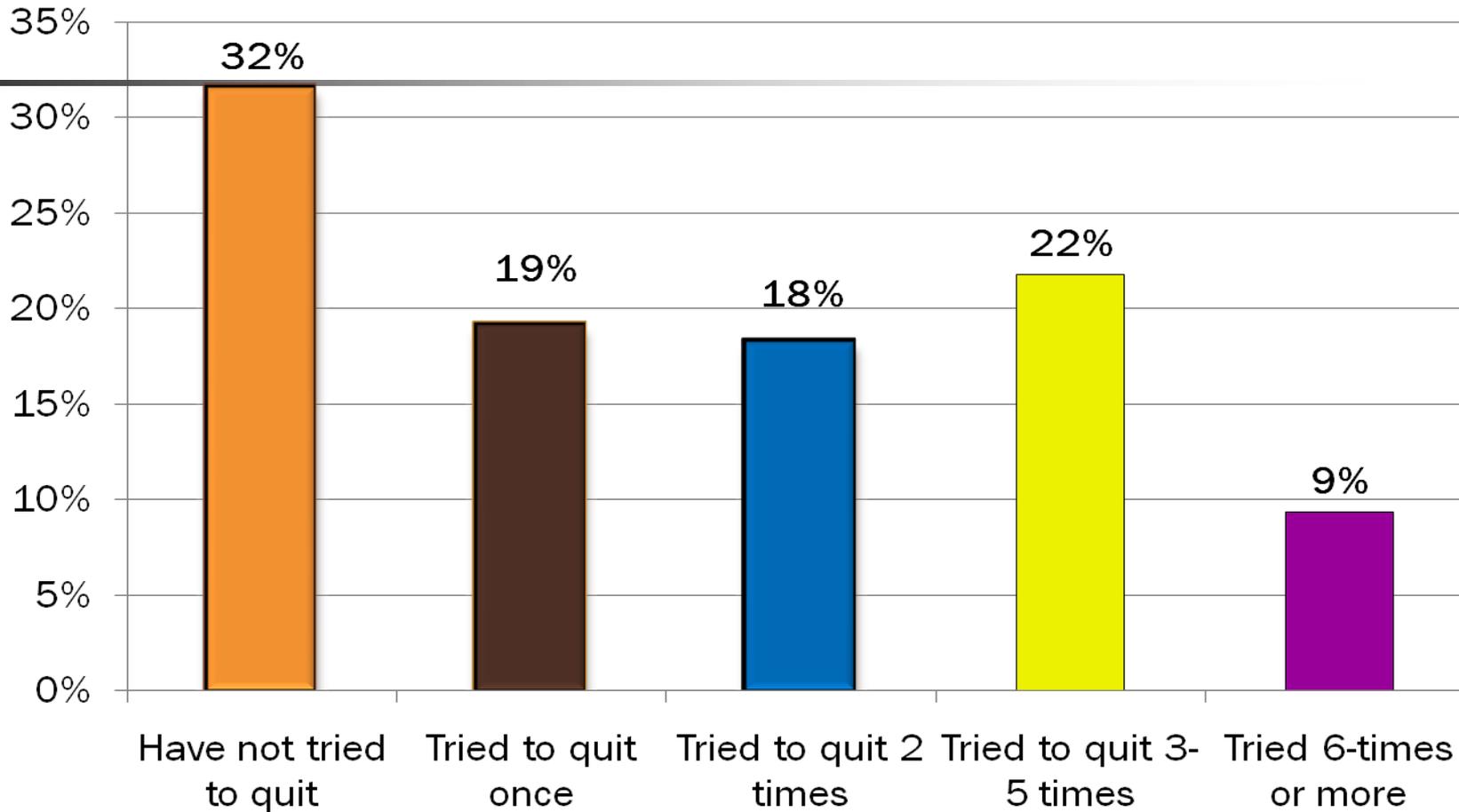


Random Sample Survey: Smoking prevalence in shelters

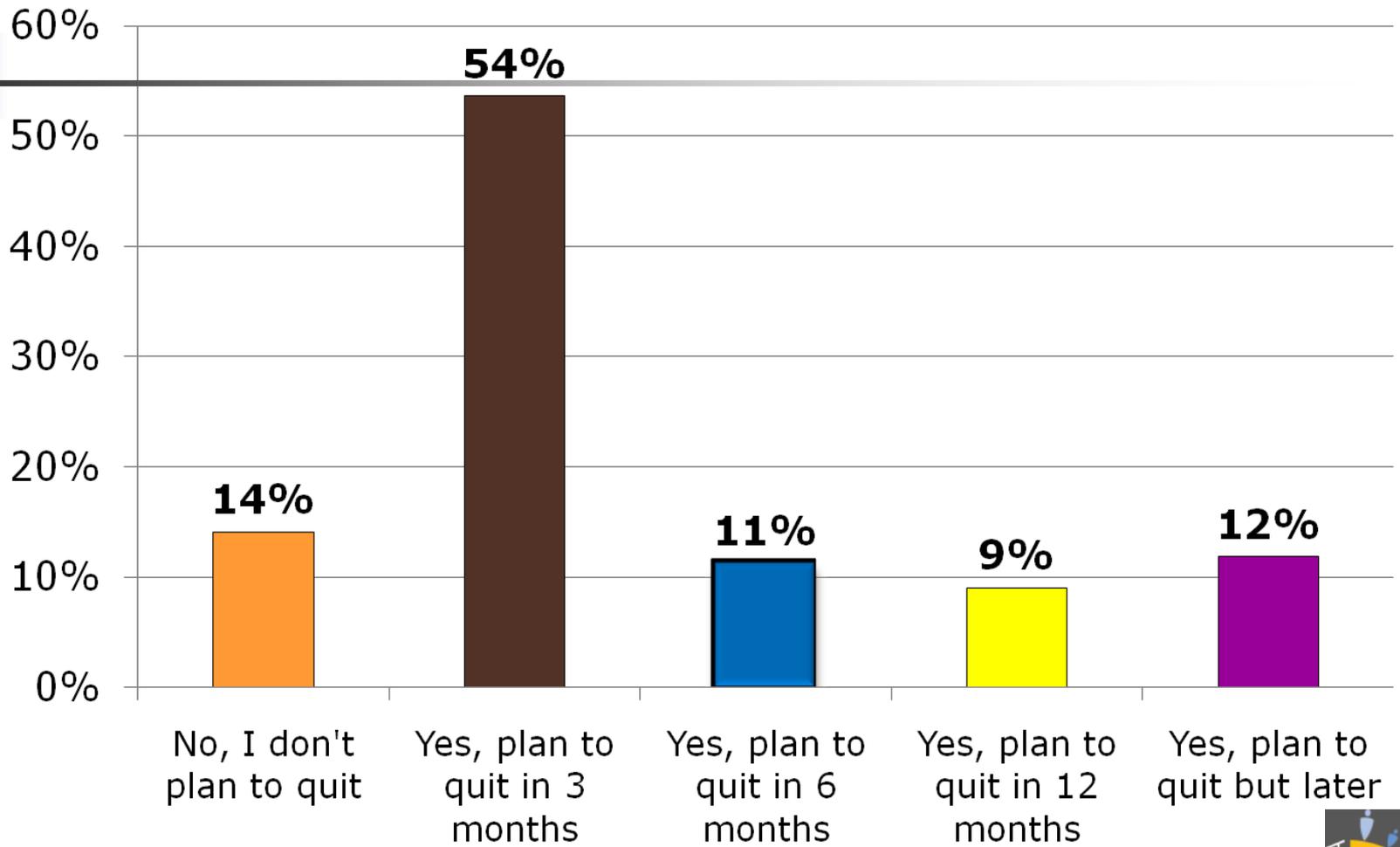
- The overall rate of smoking on some or most days in the last month was 68%, which is more than five times greater than the current adult smoking rate in California of 12%.¹
- For men, the rate was 70%
- For women, the rate was 65%
- The average number of cigarettes smoked per day was nine (9.2) cigarettes per day (vs 10.7 for state).²

1. <http://www.cdph.ca.gov/Pages/NR11-031.aspx>; 2. Source: California Health Interview Survey, 2009; for men and women combined

Percent of smokers who tried to quit in the last 12 months (Random Survey Participants)

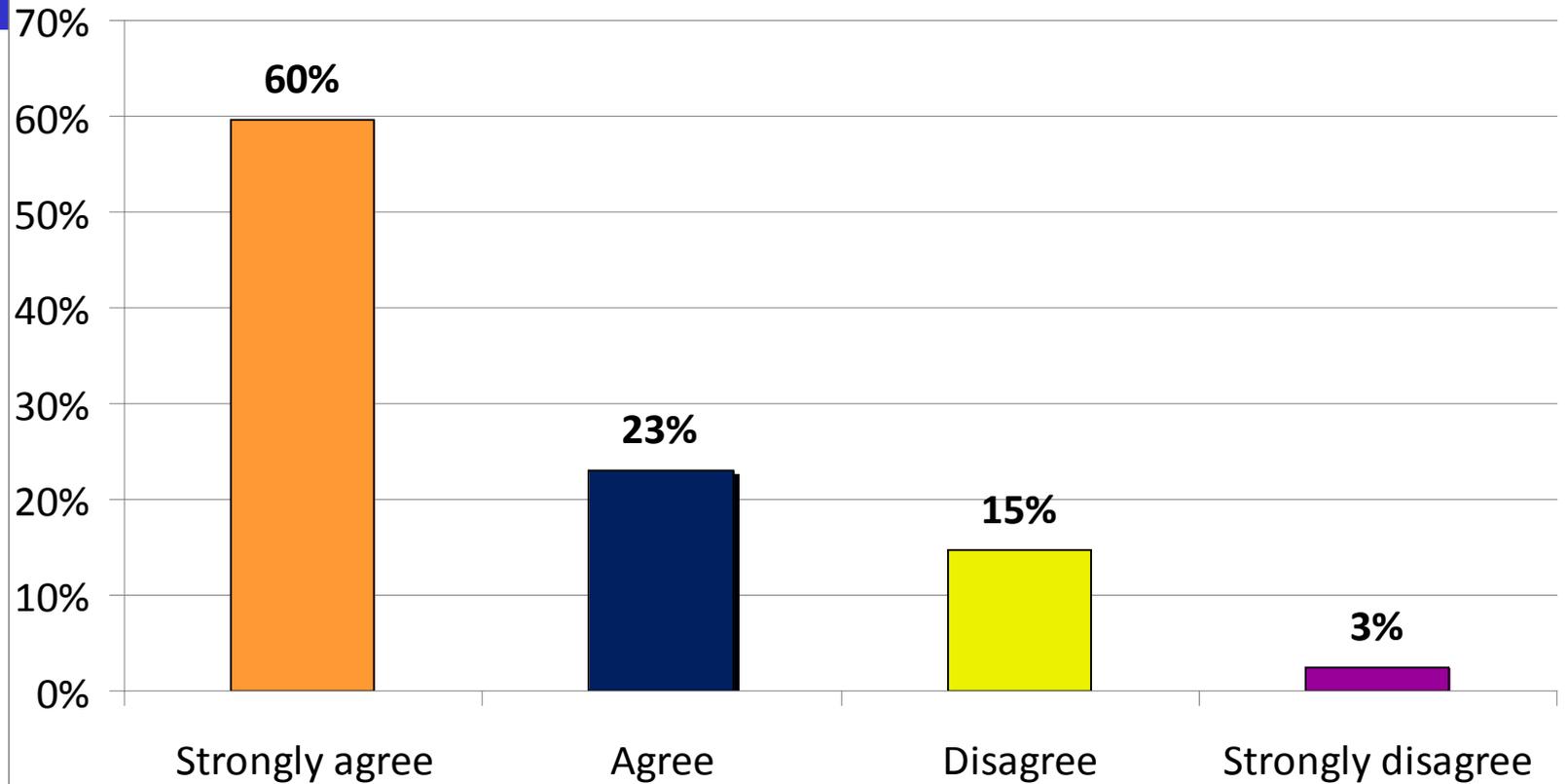


PERCENT OF SMOKERS WHO PLANNED TO QUIT (RANDOM SURVEY PARTICIPANTS)



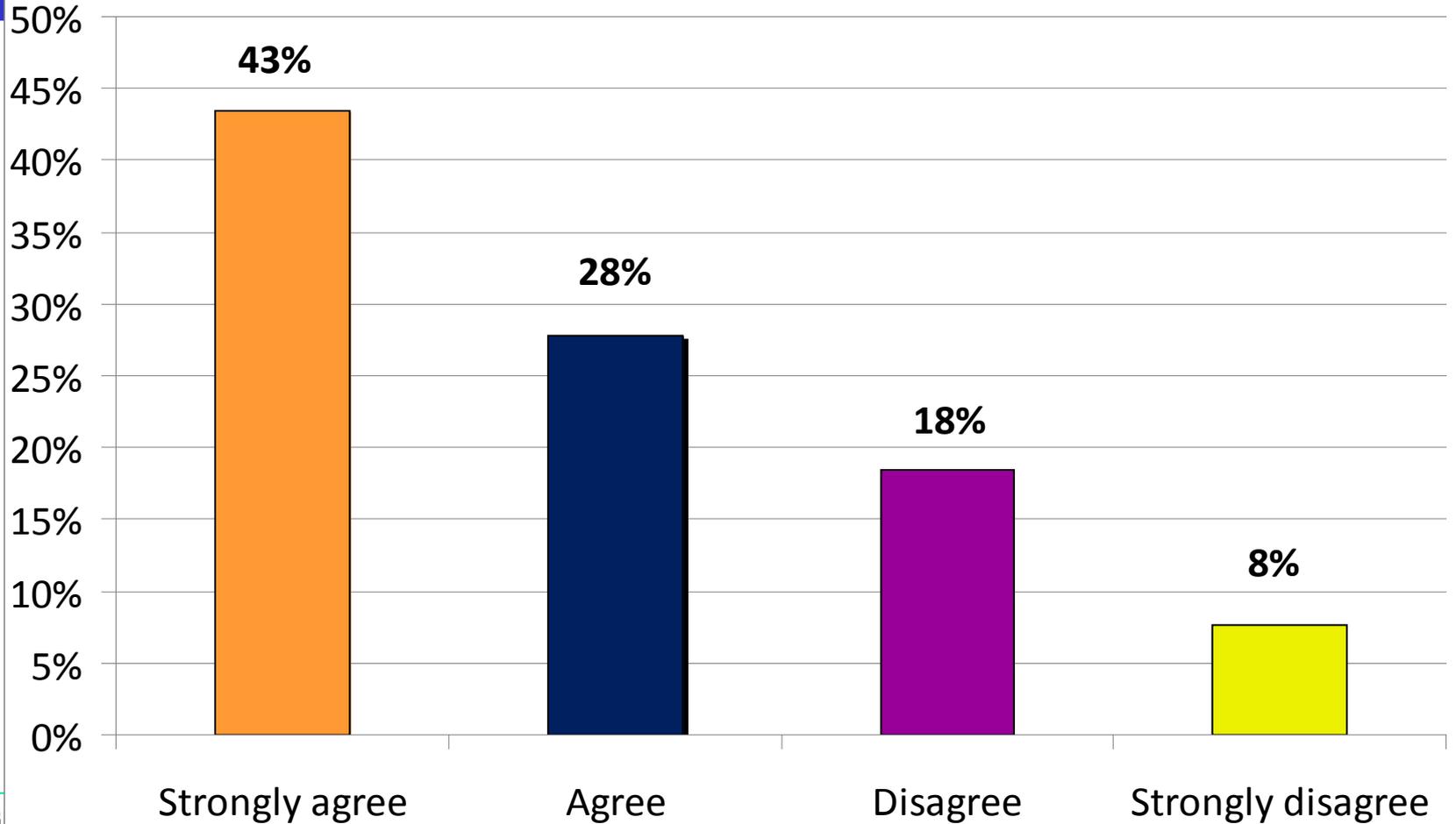
Percent who said NO to allowing smoking in indoor common areas

(Random sample survey)



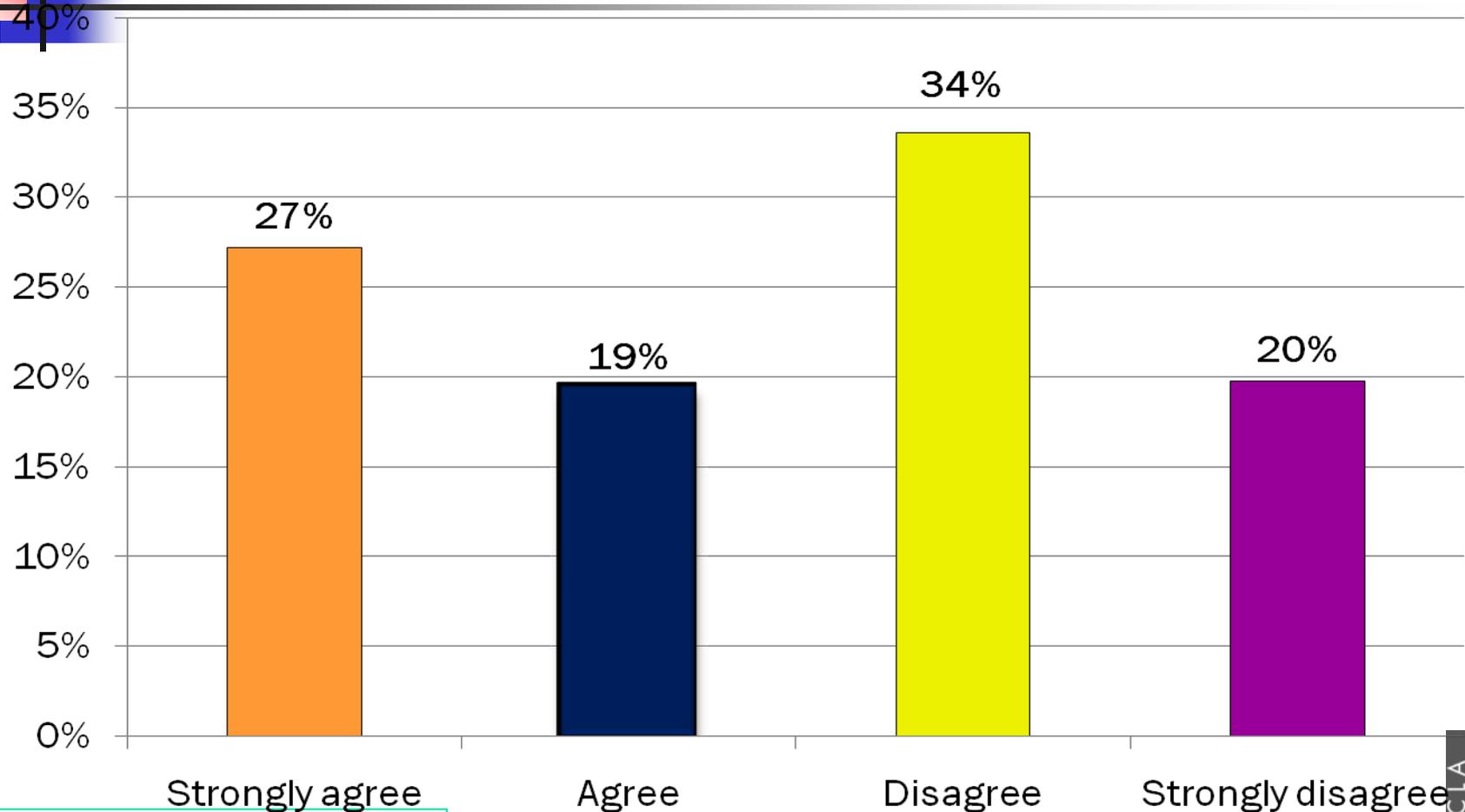
Percent who said NO to allowing smoking in private indoor areas (E.G. APARTMENTS)

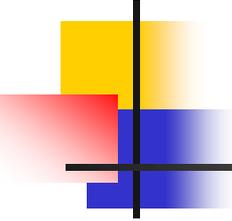
(Random sample survey)



Percent who said NO to allowing smoking in outdoor common areas

(Random sample survey)



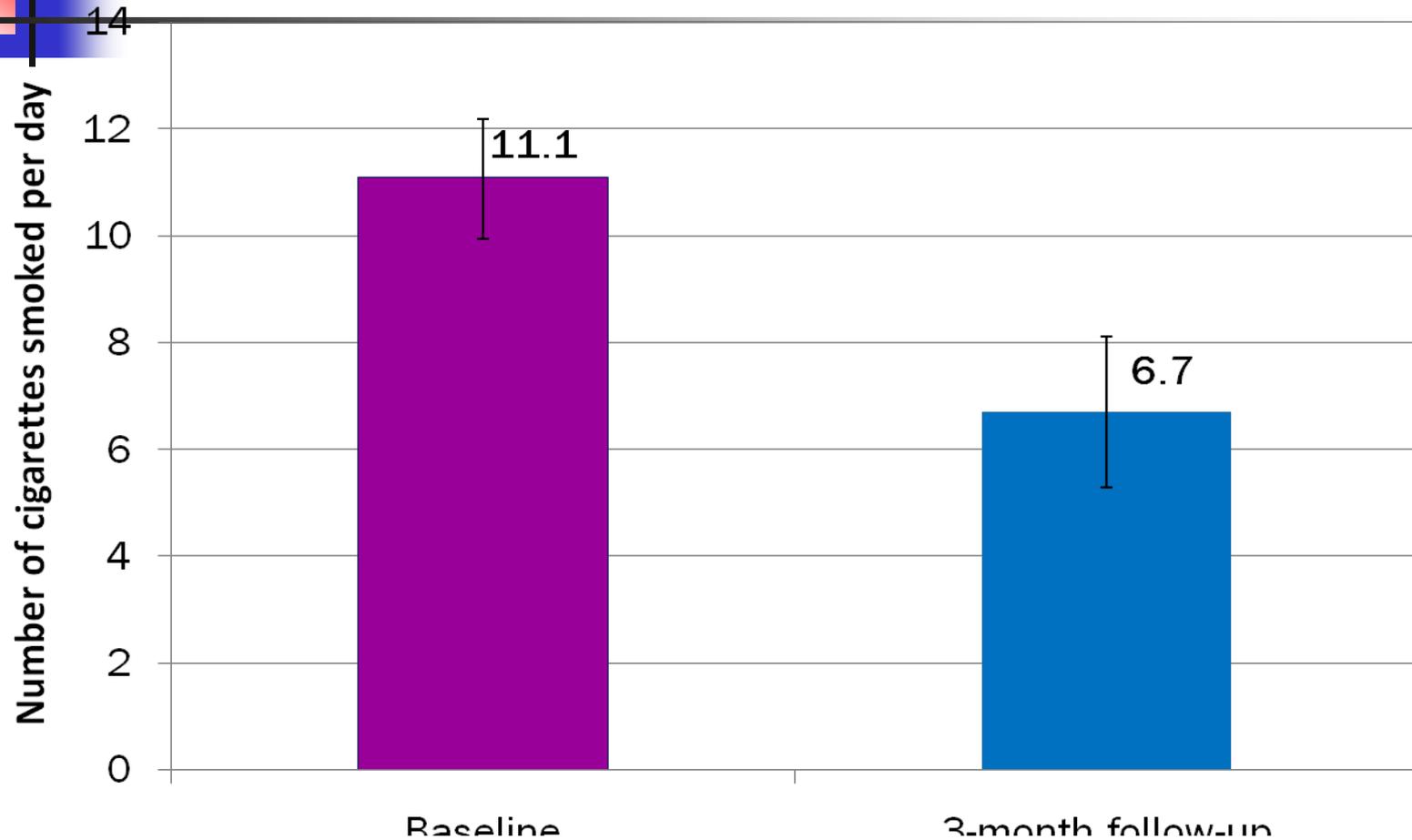


The following results are from participants in the SRP support group sessions

- LACEHH and UCLA collected:
 - Baseline evaluation data from group participants in 26 shelters, and 3-month follow-up evaluations in 24 shelters.

Source: Pierce, J. P., K. Messer, et al. (2011). "Prevalence of Heavy Smoking in California and the United States, 1965-2007." JAMA-Journal of the American Medical Association 305(11): 1096-1112.

Comparing baseline vs 3-month follow-up data on self-reported # of cigarettes/day



Typical values for expired CO in smokers are given below:

CO (parts per million - ppm) Typical smoking status

- 0-6 ppm ■ Non-smoker or very light smoker
- 7-10 ppm ■ Light smoker
- 11-20 ppm ■ Heavy smoker
- 20+ ppm ■ Very heavy smoker

Source: http://www.micromedical.co.uk/downloads/manuals/Smoke_Check.pdf

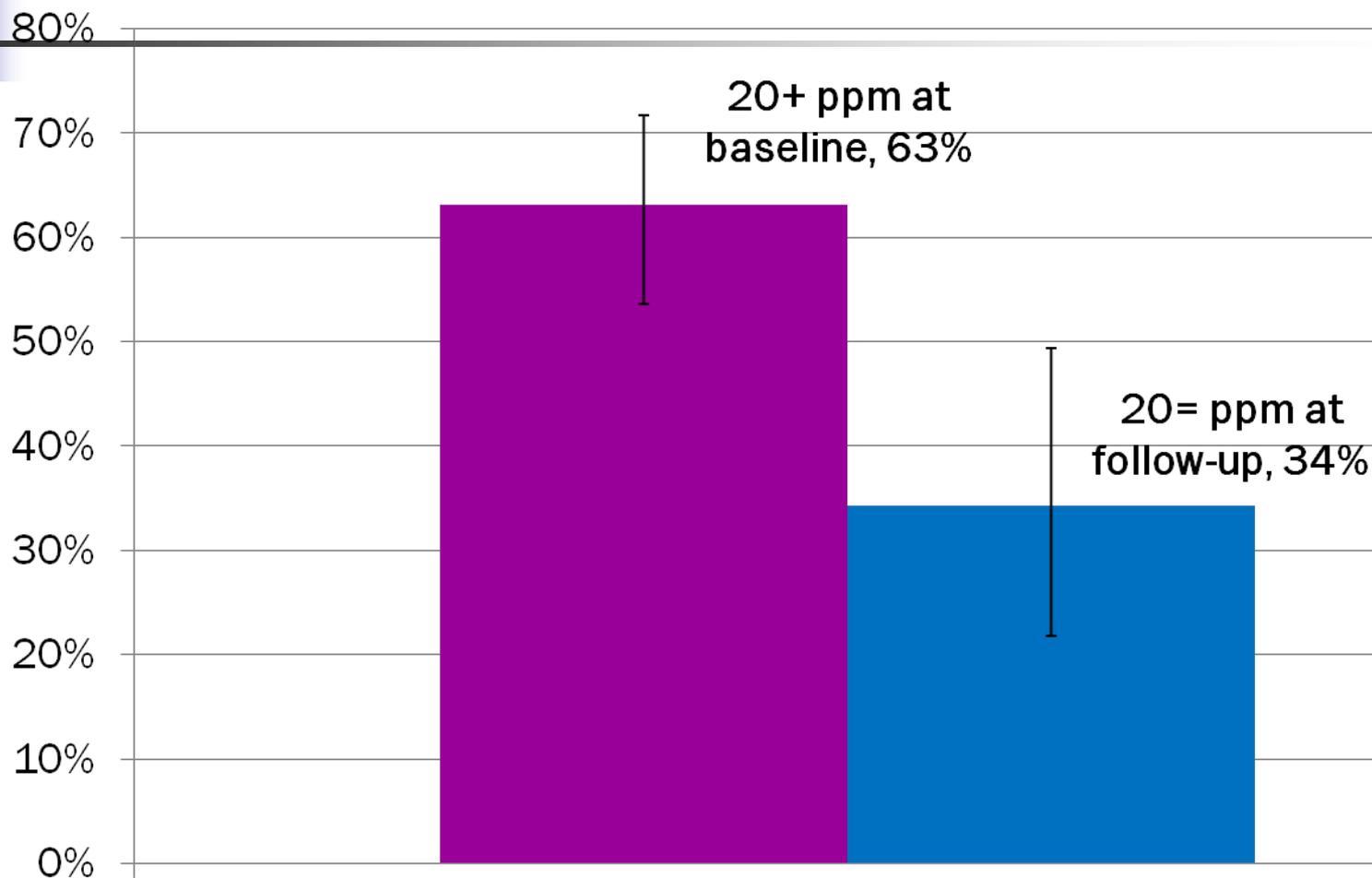
Goal of the SRP group counseling sessions was to reduce % with high CO levels.

CO (parts per million - ppm) Typical smoking status

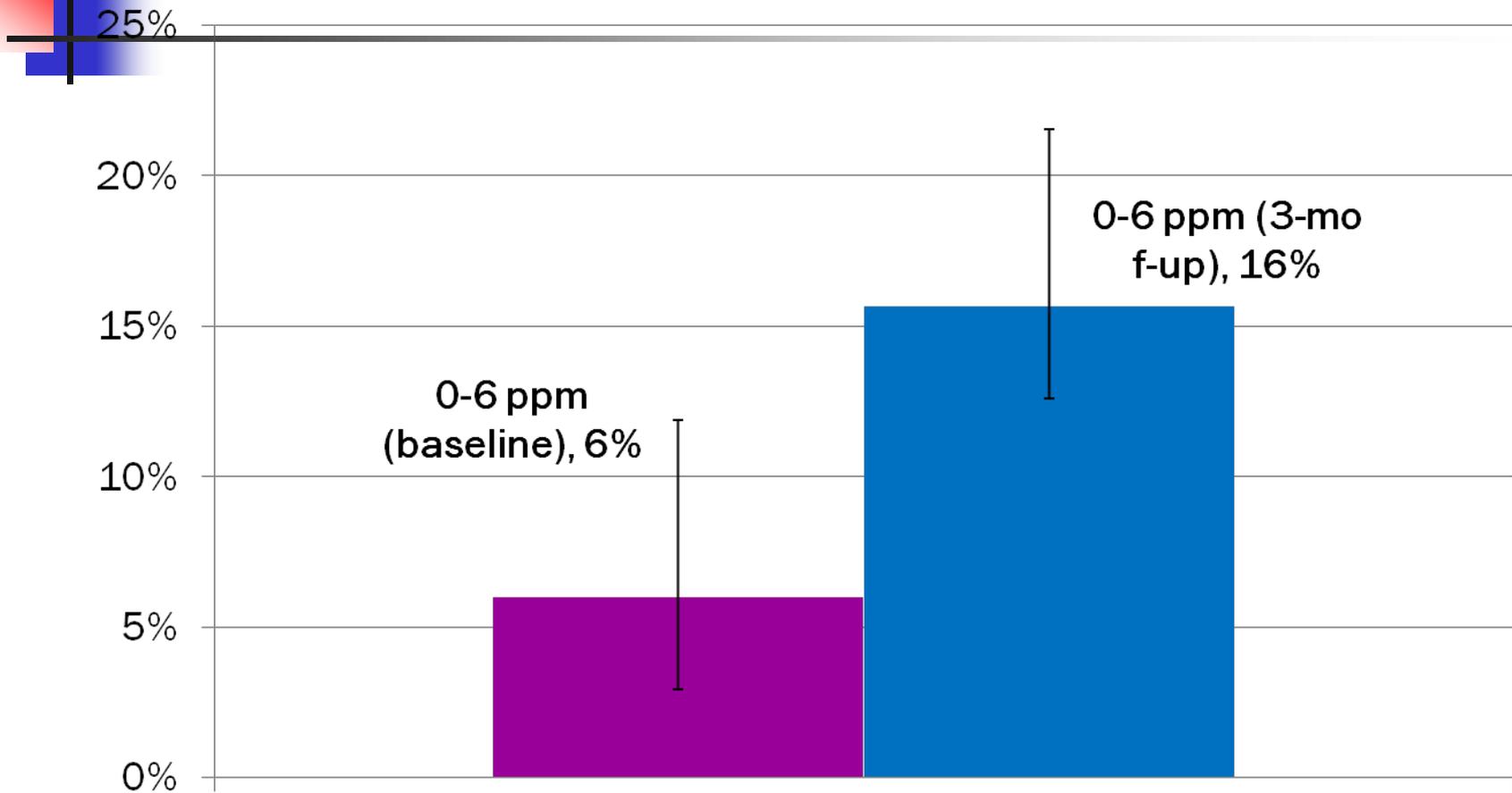
- **0-6 ppm** ■ Non-smoker or very light smoker
- **7-10 ppm** ■ Light smoker
- **11-20 ppm** ■ Heavy smoker
- **20+ ppm** ■ Very heavy smoker

Source: http://www.micromedical.co.uk/downloads/manuals/Smoke_Check.pdf

Prevalence of highest CO level at baseline and 3-month follow-up



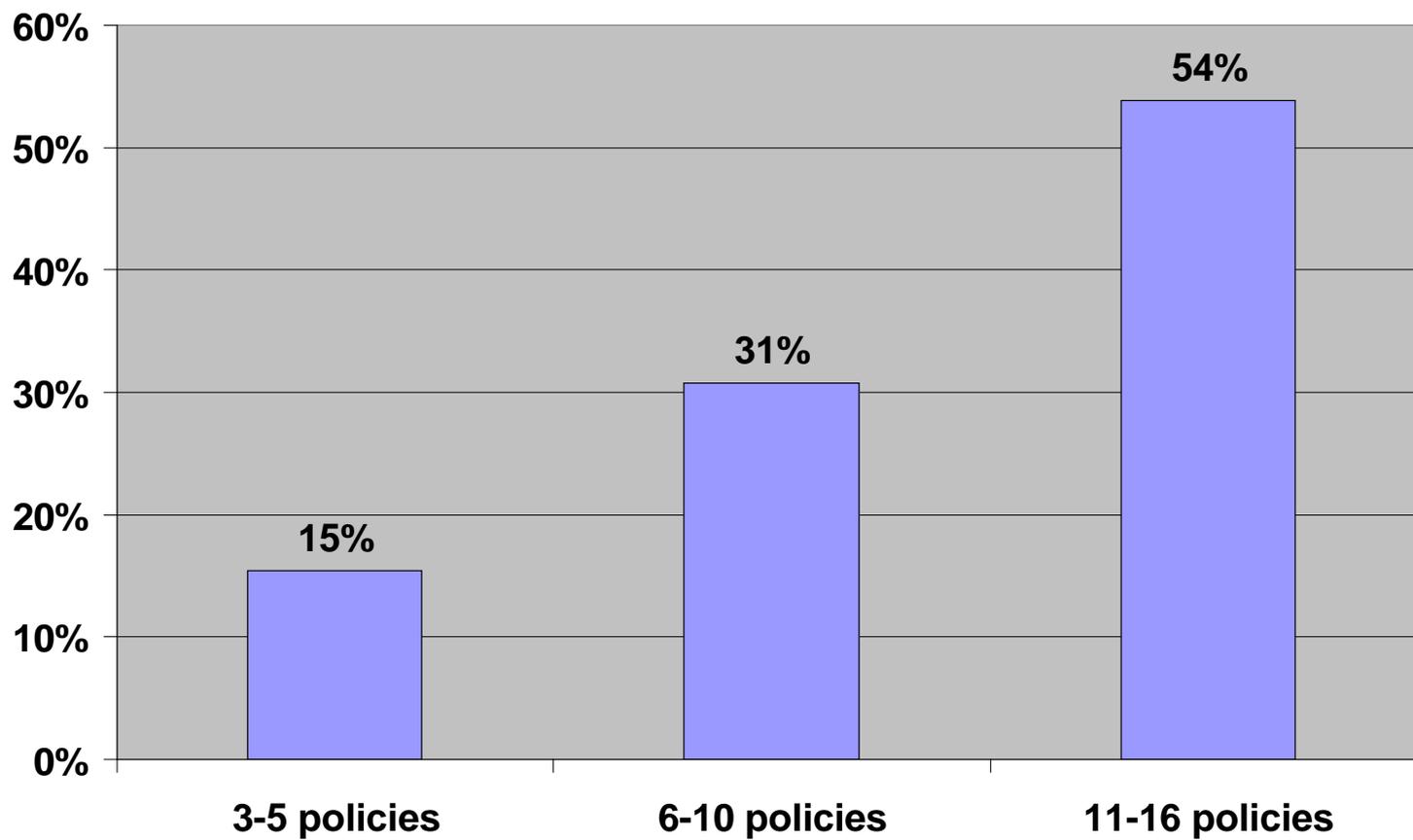
Prevalence of lowest CO level at baseline and 3-month follow-up



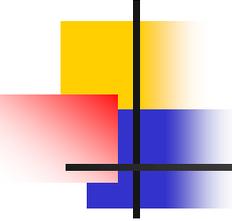
Audit of shelter tobacco control policies in force at participating shelters

- 5 indoor smoke-free policies
- 3 outdoor smoke-free policies
- 3 policies to counter industry's efforts to promote tobacco use
- 2 enforcement policies
- 5 personnel policies for shelter staff
- Other tobacco control policies (write in)

Number of tobacco control policies in force at participating shelters



Mutual Learning Dialogues (MLD)



- LACEHH/UCLA team members participated with shelter staff and some residents in **MUTUAL LEARNING DIALOGUES.**
- These were bi-directional exchanges of information about what worked, what didn't work, and what improvements were suggested by lessons learned.

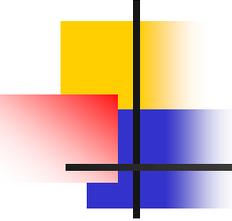
Dominant themes seen in MLDs

- Dominant **Themes** Observed:
 - Peer-to-Peer curriculum was helpful but needed revision to make it more culturally appropriate.
 - Providing the results of carbon monoxide (CO) monitoring at every session helped motivate continued effort, or triggered helpful problem-solving suggestions for doing better in the future.

Dominant themes (continued)

Nicotine replacement medication (e.g., patch) was helpful when provided gratis as part of group session. It would not be so helpful if provided gratis only to individuals.

- Receiving training in smoking cessation counseling was appreciated by program staff; they generally saw the connection between tobacco use and other drugs.
- Strengthening shelter smoke-free policies indoors and outdoors would help residents and staff who smoke to reduce their smoking.



For more information

For more information please
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UCLA School of Public Health,
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at 310-794-7587.