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

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Personnel – LACEHH team

- LACEHH team:
  - Grace Dyrness, DPDS, PI
  - Kieta Mutepefa, 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—those 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.

L.A. County Tobacco Control Program staff made some recommendations:

- Provision of NRT
- Provision of CO monitor
- Provision of $5,000 minigrant
- Use of the University of Colorado Peer to Peer Program (PI = Chad Morris, Ph.D.)
- Conduct random sample surveys of residents & staff
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**

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of participants</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.F. Valley, S.G. Valley (spa 1, 2 &amp; 3)</td>
<td>61</td>
<td>23%</td>
</tr>
<tr>
<td>Downtown L.A. (spa 4)</td>
<td>81</td>
<td>30%</td>
</tr>
<tr>
<td>West L.A. (spa 5&amp;8)</td>
<td>75</td>
<td>28%</td>
</tr>
<tr>
<td>South Central L.A. (spa 6&amp;7)</td>
<td>51</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>268</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*note. spa = service planning area*
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

- Some College: 50%
- High School Degree: 31%
- < High School: 19%
Random Sample Survey: Race/ Ethnicity

- African Americans 40%
- Asian/Pacific Islands 3.5%
- Latino 27%
- Non-Hispanic White 22%
- Other 7.5%
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).\(^2\)

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

- Have not tried to quit: 32%
- Tried to quit once: 19%
- Tried to quit 2 times: 18%
- Tried to quit 3-5 times: 22%
- Tried 6-times or more: 9%
PERCENT OF SMOKERS WHO PLANNED TO QUIT (RANDOM SURVEY PARTICIPANTS)

- No, I don't plan to quit: 14%
- Yes, plan to quit in 3 months: 54%
- Yes, plan to quit in 6 months: 11%
- Yes, plan to quit in 12 months: 9%
- Yes, plan to quit but later: 12%
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)

- Strongly agree: 43%
- Agree: 28%
- Disagree: 18%
- Strongly disagree: 8%
Percent who said NO to allowing smoking in outdoor common areas

(Random sample survey)

- Strongly agree: 27%
- Agree: 19%
- Disagree: 34%
- Strongly disagree: 20%
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.

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

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>3-month follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cigarettes smoked per day</td>
<td>11.1</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Los Angeles Coalition to END Hunger & Homelessness

School of Public Health
Typical values for expired CO in smokers are given below:

<table>
<thead>
<tr>
<th>CO (parts per million - ppm)</th>
<th>Typical smoking status</th>
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<tbody>
<tr>
<td>0-6 ppm</td>
<td>Non-smoker or very light smoker</td>
</tr>
<tr>
<td>7-10 ppm</td>
<td>Light smoker</td>
</tr>
<tr>
<td>11-20 ppm</td>
<td>Heavy smoker</td>
</tr>
<tr>
<td>20+ ppm</td>
<td>Very heavy smoker</td>
</tr>
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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.

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Source: http://www.micromedical.co.uk/downloads/manuals/Smoke_Check.pdf
Prevalence of highest CO level at baseline and 3-month follow-up

- 20+ ppm at baseline, 63%
- 20+ ppm at follow-up, 34%
Prevalence of lowest CO level at baseline and 3-month follow-up

- 0-6 ppm (baseline), 6%
- 0-6 ppm (3-month follow-up), 16%
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

- 3-5 policies: 15%
- 6-10 policies: 31%
- 11-16 policies: 54%
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

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