



The Healthy Neighborhoods Initiative Commerce City

Evaluation Final Report

Report Prepared by

Center for Research Strategies
Mariana Enríquez-Olmos, Ph.D.
Kathy Zavela Tyson, M.P.H., Ph.D., CHES
Kim Riley, M.P.H.

226 East 16th Avenue, Suite 1150
Denver, Colorado 80203
(303) 860-1705

Report Prepared for:

Cindy Liverance
American Lung Association of Colorado

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The Healthy Neighborhoods Initiative Evaluation 2007-08 Final Report

EXECUTIVE SUMMARY

Background

For the past several years (2006-2008), the American Lung Association of Colorado, has implemented the *Healthy Neighborhoods Initiative* (HNI) with four other partners in the Hanson and Kemp neighborhoods in Commerce City. HNI has been funded by the State Tobacco Education and Prevention Partnership (STEPP). The partner organizations of the HNI include CREA Results, the Breathe Better Foundation, the Colorado Tobacco Education and Prevention Alliance (CTEPA) and the Tri-County Health Department¹. During 2007-08, the sole target of the HNI was the Kemp neighborhood in Commerce City. The overall goal of this comprehensive initiative is to reduce secondhand smoke exposure and tobacco use through education, training, and outreach in disparately affected populations. Program components have five intervention targets: homes, schools/childcare facilities, businesses, faith-based organizations, and community venues. This past year's efforts again focus on these intervention targets. The specific goals of the HNI components are to: 1) reduce exposure to secondhand smoke, especially to children in the home; 2) build community capacity to address issues of secondhand smoke; and 3) reduce tobacco use. The Center for Research Strategies Evaluation Team evaluated the extent to which the goals of this Initiative have been achieved this past year and compiled the summary findings contained in this report.

The evaluation report for this past year's efforts provides evaluation results for each of the HNI components in the Kemp neighborhood: 1) professional development of the CREA Promoters as reported in their self-reflection efforts; 2) findings from the home visit component; 3) results of the visits of the Breathe Better Bus to elementary and middle schools; 4) results of the advertisements of tobacco products by businesses; and 5) community outreach efforts by the Breathe Better Bus and participation in community events. In addition, this report provides specific recommendations for future efforts of the Initiative.

Summary Findings

Data compiled from a wide variety of sources, including instruments developed or refined by the Center for Research Strategies and data from each HNI partner were utilized for the data analyses in this evaluation report. Outcomes indicate broad impacts of the HNI in its five intervention settings and positive impacts of the HNI on its overall goal of reducing secondhand smoke exposure and tobacco use through education, training and outreach.

Some specific results from the evaluation of this past year's efforts include the following:

- The Promoters reported consistently high levels of knowledge, skills and competence in their roles via a self-reflection instrument, over an average of 11 months of HNI work.

¹ During the 2007-08 year, the Tri-County Health Department was not involved in the HNI.

- Data from home visits to the Kemp neighborhood indicated that close to half of the houses visited (46%) have residents who smoke, 22.6% indicated household members with breathing problems, particularly asthma (15%), and 94-98% of those interviewed were aware of the dangers of secondhand smoke.
- During Home Visit #2, of the 72 second Home Visits, 28% of those interviewed indicated they had quit smoking, 21% of other household members had also stopped smoking, 44% had stopped smoking in the house or car and 43% had reduced their cigarette use. Twenty-one percent had signed the QuitLine fax referral form and 18% had called or received a call from this resource. Of those interviewed, 47% indicated they had shared information about secondhand smoke exposure they were provided with a family member and 39% had shared this information with a friend. A total of 97% of Kemp residents reported that the Promoter's visit was helpful, and 90% mentioned that they would like another Promoter's visit in the future. Also, 85% expressed that they would like to receive more information on other community health issues (i.e., general health, alcohol, drugs, cancer, diabetes, COPD, nutrition).
- A third visit to 226 households in the Kemp neighborhood revealed that 87% were now smoke-free, 22% had stopped smoking, 29% had stopped smoking in the car, 25% had stopped smoking in the home, 24% had reduced smoking and 17% had contact with the QuitLine. Residents reported that the visits by the Promoters provided information and resources that helped them make the behavioral changes reported.
- Visits by the Breathe Better Bus to Kemp neighborhood elementary and middle schools and community events resulted in increasing the knowledge of both students and adults about lung health and the dangers of secondhand smoke exposure. Both students and adults report planning to take actions to safeguard themselves against exposure to secondhand smoke. Students planned to talk with their family members at home who smoke. Adults reported that they would ask people who were smoking not to smoke around them.
- Visits by Colorado Tobacco Education & Prevention Alliance (CTEPA) staff to 29 businesses in the Kemp neighborhood revealed that the majority of them are located within 1,000 feet of school campuses and playgrounds. CTEPA's survey of businesses also showed that the majority of tobacco signs/ads (72%) used in these businesses are professionally made but also there were a number (16%) of store-made tobacco signs. The survey also revealed that tobacco products were located close to candy and toy displays (24% and 17% respectively).

The evaluation results from the HNI in the Kemp neighborhood showed positive impacts from its various components and the following recommendations are provided:

- ✓ **Recommendation #1:** Continue efforts by Promoters in educating targeted households with smokers about the dangers of secondhand smoke and assistance for smoking cessation or elimination of smoke in their homes and cars.
- ✓ **Recommendation #2:** In addition to the current efforts, include other options for improving the targeted community-based change efforts within the next phase of the HNI by:

- Targeting smokers and smokers' residences, assessing their readiness to change (versus targeting the whole community as is currently done).
 - Targeting residents in group settings (e.g., churches, schools) rather than within one-on-one situations, an approach which is likely to be more cost effective.
 - Design customized interventions for policy change that target businesses within different sectors, addressing their individual intervention needs and opportunities.
- ✓ **Recommendation #3:** Encourage Promoters' self-reflection efforts on how they are gaining knowledge and skills to perform their job. This effort will yield a strengthening of the Health Promoters' professional development model of operation in communities with limited access to health information and education.

**The Healthy Neighborhoods Initiative
Commerce City
Evaluation Annual Report 2007-2008**

The Healthy Neighborhoods Initiative's Model

Background

The *Healthy Neighborhoods Initiative* (HNI), funded by the State Tobacco Education and Prevention Program (STEPP), was designed as a comprehensive, saturation approach to reduce secondhand smoke exposure and tobacco use in disparately affected populations in targeted neighborhoods in Commerce City, Colorado, through education, training, and outreach at five levels, including:

- 1) **Home:** Through the use of trained Promoters who serve as lay health workers, providing one-on-one education to residents in their homes.
- 2) **Schools and Childcare Facilities:** By training teachers to educate parents and students using classroom and interactive methods.
- 3) **Businesses:** Through employer education about cessation services, the Smoke-Free Colorado Law, and youth access to tobacco products.
- 4) **Faith-Based Organizations:** Through presentations and events in faith-based settings.
- 5) **Community:** Through events, media and community engagement related to tobacco policy change efforts.

Partners in this Initiative during the 2007-08 intervention include:

- The American Lung Association of Colorado (ALAC) – Provides training to school personnel and childcare providers and functions as the fiscal agent and management team of the Initiative.
- CREA Results – Hires and trains Promoters to conduct home visits. Promoters also team with other HNI partners to conduct visits in the community.
- The Breathe Better Foundation (BBF) – Provides the Breathe Better Bus that conducts educational visits to schools, faith-based organizations and community events.
- The Colorado Tobacco Education & Prevention Alliance (CTEPA) – Manages the Business Outreach component.

By using a five-level saturation approach to deliver messages regarding the health risk factors associated with exposure to secondhand smoke, the HNI reaches out to community residents who may not get this information via any one single approach operating by itself. Furthermore, this multi-level approach targets multiple areas of influence, both individual and environmental, that impact behaviors related to secondhand smoke exposure.

Home component

CREA Results hires and trains bilingual and bicultural community members who are responsible for conducting visits to homes within the target neighborhoods for the purpose of discussing issues related to secondhand smoke exposure. Promoters educate individual residents about the dangers related to secondhand smoke exposure, encourage residents to sign smoke-free home pledges, and provide residents with resources and information about smoking cessation services.

Home visits are conducted by Promoters in three stages²:

- 1) During the first visit, Promoters provide residents with printed materials and verbal information on the health risks associated with secondhand smoke. They also assess residents' knowledge, attitudes and behaviors related to smoking and exposure to secondhand smoke. Residents who smoke are offered free resources and information to help them reduce smoking. If no residents are available for contact during this first visit, a packet with information is left at the residence and a return visit is planned for a different time and day.
- 2) The second visit targets households where smokers were identified during the first visit as well as those households where a second visit was requested. The purpose of the second visit is to assess whether the information and resources provided during the first visit produced any changes in behaviors that reduced exposure to secondhand smoke in the house (e.g., a smoker reduced the amount of cigarettes smoked, a smoker does not smoke inside the house or in the car anymore, or a non-smoker asked a smoker to smoke outside of the house). Similarly, this visit serves to determine if the information and resources provided were shared with other relatives or acquaintances.
- 3) The third visit, carried out with a sample of households previously visited once or twice, is designed to collect information about any changes produced as a result of the Promoters' visits. Additionally, residents are asked about the usefulness of the home visit program.

School and Childcare Facility Component

The Breathe Better Foundation (BBF) coordinates the school and childcare facilities staff training on the health risks associated with exposure to secondhand smoke. The training is provided by expert personnel from the American Lung Association of Colorado. An essential element of this training is to provide participants with the critical skills to communicate to parents the dangers of secondhand smoke exposure so that parents can reduce their own and their children's exposure to secondhand smoke.

In addition to training school personnel, the School Component of the HNI includes Breathe Better Bus visits. Operated by the BBF with two trained staff from the BBF and two CREA Promoters, the Breathe Better Bus visits schools at the same time the trainings for school staff take place. The Bus has six interactive learning stations that teach about lung health with a

² Home Visits are identified in this report as #1, #2 or #3 as explained in the description of the Home component. This nomenclature differs from the one used by CREA in their phases of canvassing and visits to the target neighborhoods.

primary focus on controlling asthma and smoking prevention. Groups of 12 students from 3rd to 8th grades spend 30 minutes on board the Bus learning about secondhand smoke exposure. Students are provided a 3-5 minute introduction to lung health, and then move through the six stations on the Bus. After visiting all the stations, the BBB staff members spend five minutes with the students to ask them questions about what they learned. During the school day, an average of 125 students visit the Bus. The Bus program is used as a way to integrate tobacco prevention and education lessons into health education curricula within the school setting.

Business Component

The business component of the HNI involves visits to neighborhood businesses conducted by experienced tobacco advocates from the Colorado Tobacco Education & Prevention Alliance (CTEPA) and CREA Promoters. The purpose of the visits is to assess the access of tobacco products to youth, to educate businesses about the Colorado Clean Indoor Air Act (CCIAA) and inform them of the availability of smoking cessation resources.

During their visits to businesses, CTEPA staff and Promoters ensure that the CCIAA is understood. Data are collected to assess the access of tobacco products to youth both inside and outside the establishments and to quantify the number of advertisements posted by different tobacco companies.

Faith-Based Organizations Component

Staff from the Breathe Better Foundation drive the Breathe Better Bus in their visits to churches and other faith-based organizations to offer free lung tests and education on secondhand smoke exposure. Conducting the lung tests one-on-one with adults creates an opportunity to impart key health messages related to lung health. The CREA Promoters assist Breathe Better Foundation staff in providing bilingual information to participants about asthma, indoor and outdoor air quality and lung disease, as well as smoking cessation and the toll-free QuitLine and QuitNet. Participants go through the Bus at their leisure before or after attending church services. This bilingual program provides an effective means for carrying prevention, education and cessation information directly to culturally diverse and underserved communities.

Community Component

The community component of the HNI is comprised of the Breathe Better Bus visits to the schools, faith-based organizations and community events (e.g., health fairs), as well as media presentations conducted by HNI partners.

Goals of Healthy Neighborhoods Initiative

The overall goals of the various HNI components are to: 1) reduce exposure to secondhand smoke, especially by children in the home; 2) build community capacity to address issues of secondhand smoke; and 3) reduce tobacco use, all of these in disparately affected populations. To evaluate if these goals were achieved, a contract was established with an Evaluation Team from the Center for Research Strategies who were in charge of providing technical assistance in improving data collection efforts and analyzing data collected by the HNI partners.

Evaluation of the Healthy Neighborhoods Initiative: Kemp Neighborhood

The Kemp and Hanson neighborhoods in Commerce City, Colorado, received the HNI intervention in 2006-07. From fall of 2007 through spring of 2008, Kemp was the sole target of the Healthy Neighborhoods Initiative (HNI). During this period, this neighborhood was saturated with interventions, information, and media messages related to the dangers of secondhand smoke. Results of the intervention during 2006-07 were reported in a 2007 annual report prepared by CRS.

The following sections include the evaluation results from the continuation intervention in Kemp. For clarity purposes, the results are presented according to the four venues through which the HNI was implemented during this reporting period: Home, Schools, Businesses, and other Community Events.

Home Visit Component

CREA Results has been responsible for managing the home visit component. This work entails the hiring and training of Promoters and visits to residents in the Kemp neighborhood of Commerce City. The following sections describe information on the Promoters' professional development as well as data captured through the home visits.

CREA Promoters

As explained earlier in this report, CREA Results hires and trains bilingual and bicultural community members who are responsible for conducting visits to homes within the target neighborhoods. In order for the Promoters to be ready to visit residents' homes and convey the message about the health risks associated with secondhand smoke exposure, CREA Results provides them with a minimum of 3 hours of training each month. These professional development sessions cover information about accessing the community, communicating with residents, developing residents' trust, learning about the health risks associated with smoking and exposure to secondhand smoke, smoke cessation resources (e.g., QuitLine), the HNI, the Smoke-Free Home Pledge, the Colorado Clean Indoor Air Act (CCIAA), youth access to tobacco, and understanding and using the data collection protocols associated with the different types of visits.

Promoters work in teams of two to conduct the home visits. The teams include one experienced and one less experienced Promoter. Also, although most Promoters are bilingual, each team includes one member who is fluent in English and one who is fluent in Spanish. For training purposes, a third Promoter may join the team to learn and practice in the company of the experienced Promoters. Occasionally, single Promoters conduct the home visits on their own. When the visits take place, Promoter teams carry with them protocols and materials in both languages to use and distribute in the resident's preferred language.

Self-Reflection Tool

In order to help Promoters improve their performance as Home Visitors, the Evaluation Team developed a Self-Reflection Tool (Appendix A). This instrument was designed to enable the

Promoters to reflect on and learn from their experiences as home visitors. Promoters were directed to complete an individual reflection process and then engage in a team sharing and debriefing exercise regarding their reflection results. This process was to take place once each month during the intervention period. Over the past year, data were only recorded on the individual reflection process. The Self-Reflection process is divided into four areas of reflection: 1) Knowledge, 2) Competence in developing people’s trust, 3) Skills to perform the job, and 4) Proficiency in the use of home visit tools and materials. The Self-Reflection tool also included demographic questions.

Results

Nine Promoters participated in the self-reflection process. Table 1 presents a demographic profile of the nine respondents.

Table 1. Promoters’ demographic information

Gender:	Males	2
	Females	7
Promoters’ Age:	25 years or younger	1 Promoter
	26-30 years old	3 Promoters
	31-35 years old	2 Promoters
	36-40 years old	1 Promoter
	41-45 years old	2 Promoters
Months as Promoters at first reflection:	Average:	11 months
	Range:	0 – 33 months ³
Preferred spoken language:	English:	4
	Spanish:	5

Promoters were also asked to rate their language ability in English and in Spanish from *Very Basic* (score of 1) to *Completely Fluent* (score of 5). Overall, they rated their English ability as somewhat fluent with an average score of 3.9, while their Spanish ability was closer to completely fluent with a score of 4.3. This rating indicates that Spanish is the preferred spoken language of a majority of the Promoters.

As explained earlier, the Self-Reflection Tool is divided into four areas: 1) Knowledge of topics related to the HNI; 2) Competence in developing people’s Trust; 3) Skills to perform the job; and 4) Proficiency in the use of Tools and materials. Promoters were directed to complete the self-reflection survey once every month during the intervention. Five of the nine Promoters working at Kemp completed the self-reflection tool three times (in October 2007, and February and June 2008), while the other four promoters completed the survey only two times (in October 2007 and February 2008). A statistical analysis was conducted to assess if the Promoters perceived that their knowledge and skills to perform their job had changed over time. Because of the lack of complete data from four Promoters, this analysis was conducted only on the data provided by the five Promoters who responded to the survey three times. The results of the analyses are described below.

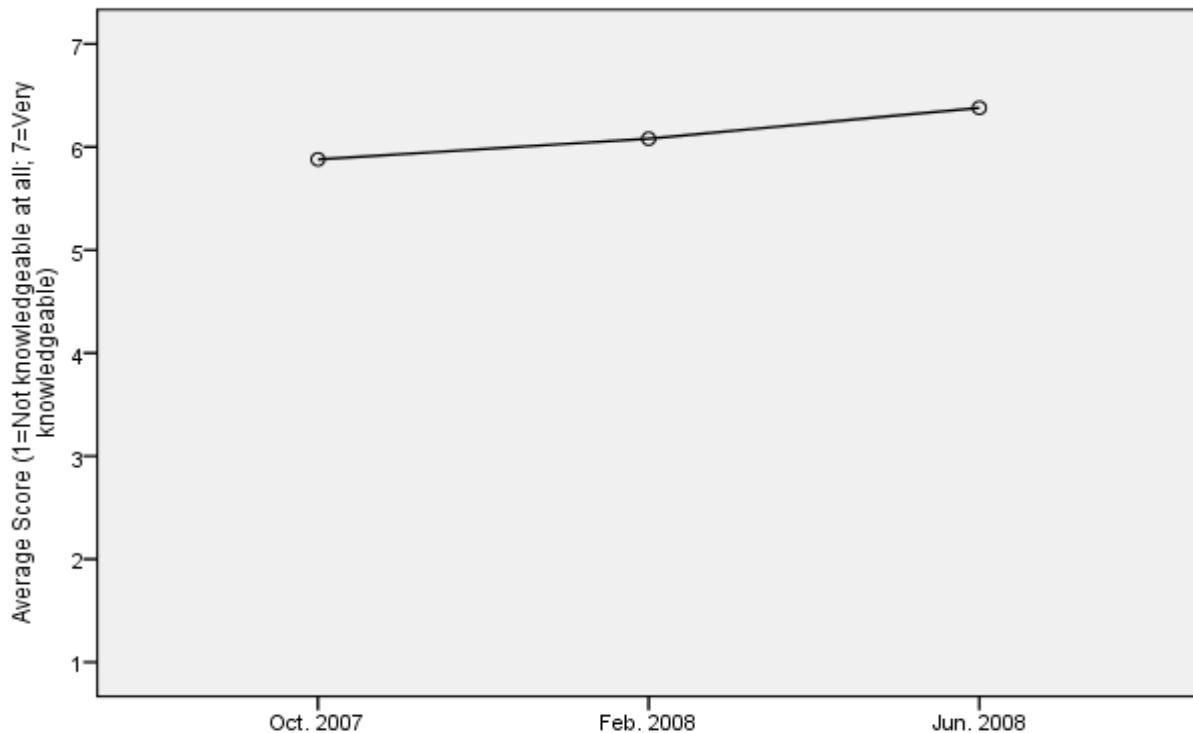
³ Four Promoters completed their first self-reflection process the same month they were hired as Promoters by CREA Results.

Knowledge of HNI Topics

The *Knowledge* portion of the tool is comprised of eight questions such as, “How knowledgeable am I about *secondhand smoke issues*?” A full listing of all knowledge questions included in the Self-Reflection tool is provided in Appendix A. Promoters rated their knowledge in a scale of 1-7, where 1= Not knowledgeable at all, and 7=Very knowledgeable. Promoters’ scores about the perception of their knowledge were aggregated to create an overall knowledge rating in order to track changes in the Promoters’ self-assessment of their knowledge levels about HNI topics.

Based on the rating scale in which 7 denotes a very high degree of knowledge, the overall Promoters’ scores across all knowledge questions were found to be high, averaging 5.9, 6.1 and 6.4 for late October 2007, February 2008 and June 2008, respectively. When the Promoters’ scores were trended over this three time period, the results indicated that they perceived their knowledge level to be increasing. In particular, the difference in the knowledge scores between October 2007 and June 2008 show a statistically significant difference ($p<.007$) indicating a significant improvement in their perception of their acquisition of new knowledge. Figure 1 shows the average scores of Promoters’ self-perceived knowledge of HNI topics as they changed from October 2007 to June 2008.

Figure 1. Promoters' Self-perception of their Knowledge of HNI Topics

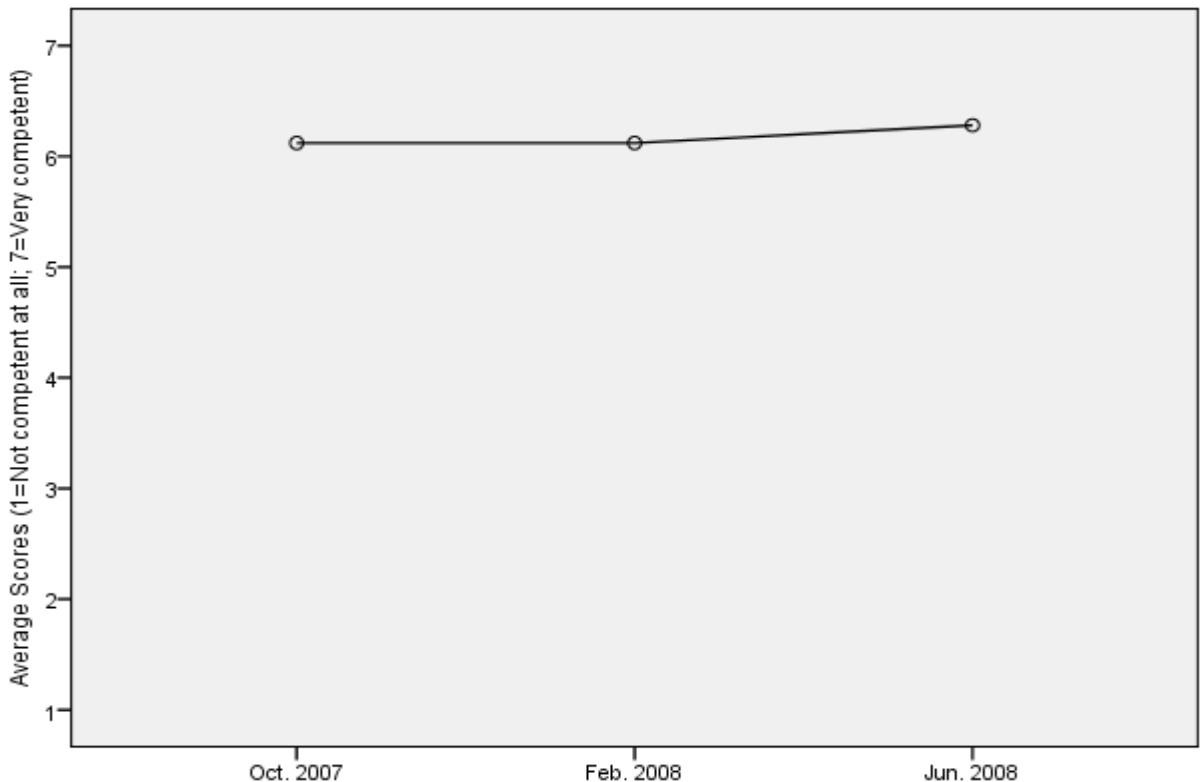


Competence Developing People's Trust

The *Competence in developing people's trust* section of the tool includes five questions such as, "How competent do I feel in developing the trust of *business owners and employees* to provide them with HNI information?" Promoters rated their competence on a scale of 1-7 where 1= Not competent at all, and 7=Very competent.

As with the knowledge questions, Promoters' scores related to self-perceived competence were aggregated to create an overall competence rating. The average ratings reported across all Promoters in developing people's trust were relatively high with average scores of 6.1, 6.1 and 6.3 for October 2007, February 2008 and June 2008, respectively. When these scores were compared over the three times the surveys were completed, a very slight positive tendency was found between February and June 2008. No significant differences were detected at any of the three points in time. These results indicate a strong sense of competency from October 2007 through June 2008. Figure 2 shows the average scores of Promoters' self-perception about their competence to develop people's trust over this time period.

Figure 2. Promoters' Self-perception of their Competence to Develop People's Trust

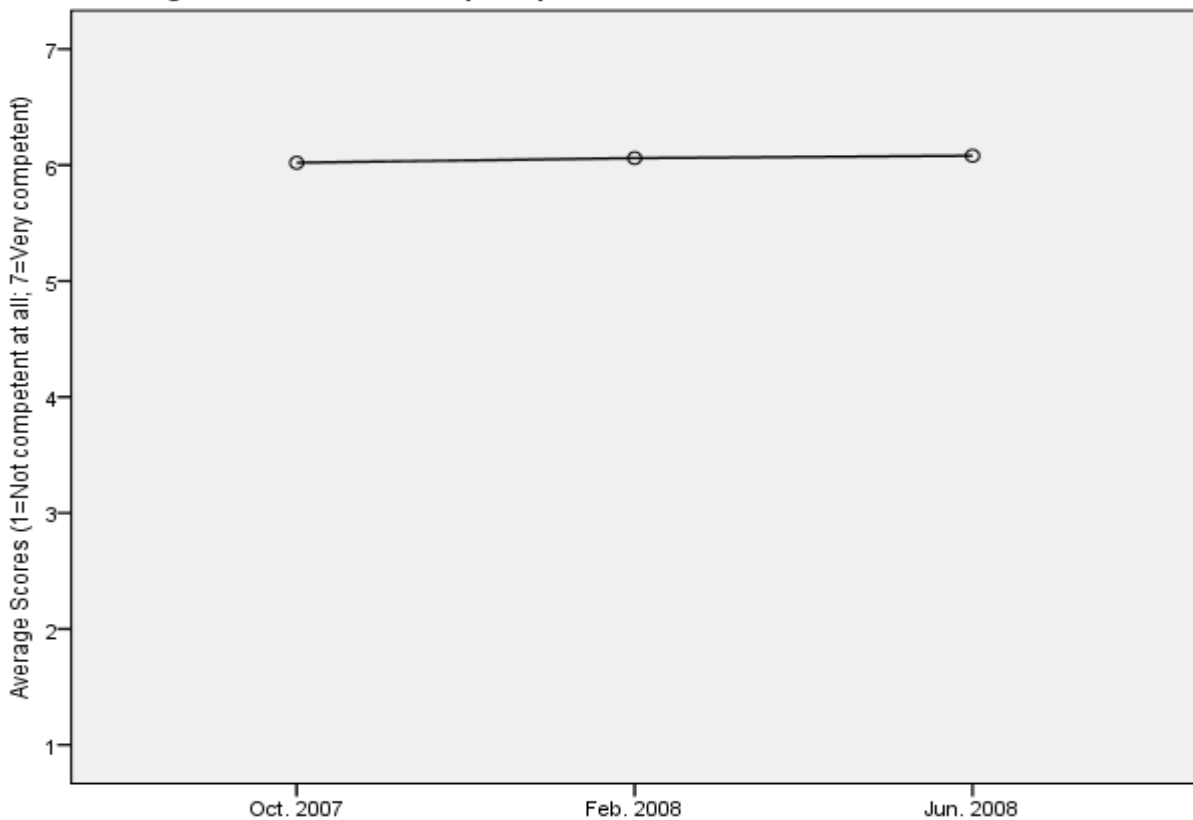


Skills to perform the job

The *Skills to perform the job* section of the tool includes 13 questions such as, “How competent do I feel in using *language* that is *clearly understood* by residents and other audiences in regards to the HNI?” Promoters rated their competence in a scale of 1-7 in which 1= Not competent at all, and 7=Very competent.

As with the knowledge and developing people’s trust questions, Promoters’ scores related to self-perceived skills to perform the job were aggregated to create an overall skills rating. Aggregate ratings of the Promoters’ self-perceived skills to perform their jobs were relatively high with average scores of 6.0, 6.1 and 6.1 for October 2007, February 2008 and June 2008, respectively. No significant differences were detected at any of the three points in time. These results indicate that Promoters perceive themselves as having the skills to perform their job. Figure 3 shows the details of the Promoters’ self-reflection in this area.

Figure 3. Promoters' Self-perception of their Skills to Perform the Job



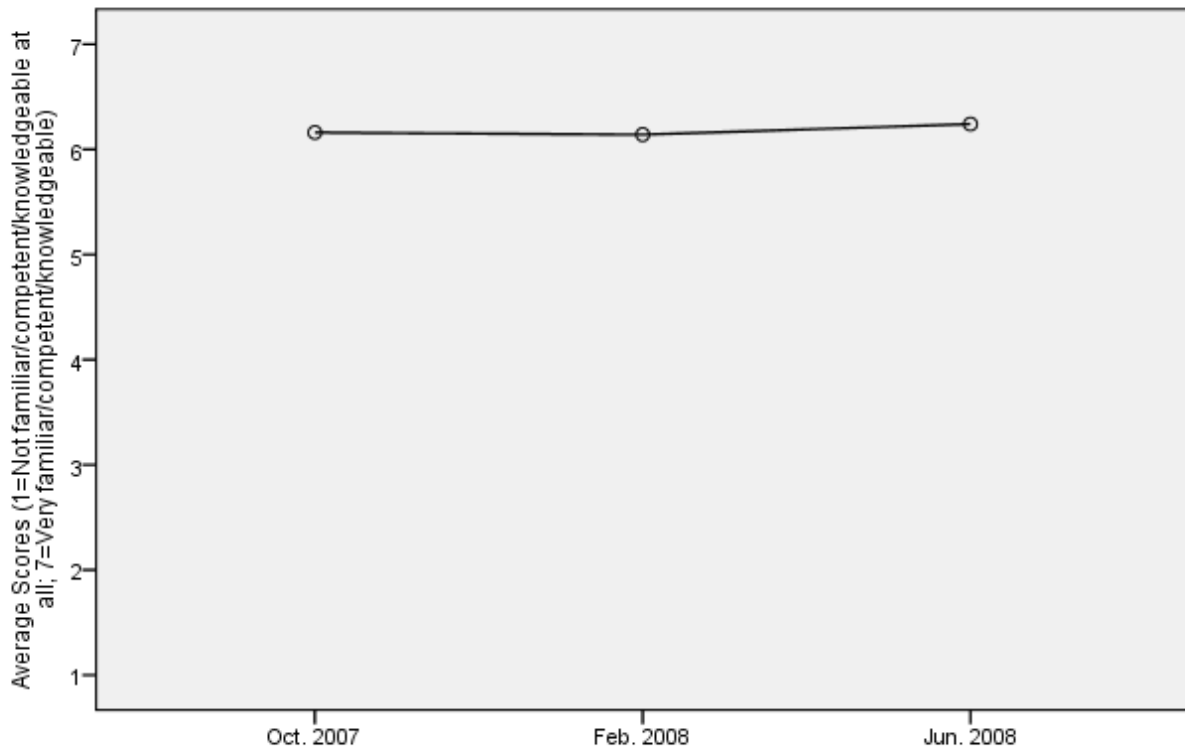
Proficiency in the use of tools and materials

The *Proficiency in the use of tools and materials* portion of the tool includes 12 questions such as, “How *competent* do I feel about using and completing the *Breathe Better Bus pre- and post-survey* completely and accurately?” Promoters rated their proficiency on a scale of 1-7 in which

1= Not familiar/competent/ knowledgeable at all, and 7=Very familiar/competent/ knowledgeable.

Aggregate Promoters' scores regarding their self-perceived proficiency in the use of tools and materials were relatively high across the three times they completed the self-reflection tool, with average scores of 6.2, 6.1 and 6.2 for October 2007, February 2008 and June 2008, respectively. When analyzed for differences over time, no significant differences were detected at any of the three points in time. These results indicate that Promoters have a high perception of their abilities to use the tools and materials of the HNI intervention. Figure 4 shows details in this area.

Figure 4. Promoters' Self-perception of their Proficiency in the Use of Tools and Materials



Summary

The analyses of the self-reflection conducted by five of the nine Promoters indicate significant improvement in one of the four areas of development, their knowledge of HNI topics. The finding that Promoters' assessment of changes in their proficiency in the use of tools and materials was not significant in the other three areas may indicate that they felt very confident in their skills starting from the first time they conducted their self-reflection. Their high scores in all four areas indicate high levels of competence by the time they initiated their self-reflection process and little room for further improvement. While the overall scores in all areas tended to

be high, improvements in each of the categories are still possible and sustaining these relatively high scores should continue to be a program priority.

Kemp Neighborhood – Home Visits

Data were collected from Kemp residents during Home Visits #1, #2 and #3. Home Visits #1 were designed as the initial HNI intervention while Home Visits #2 were scheduled by the resident’s request or had the purpose of speaking directly with smokers identified during Visits #1. Finally, Home Visits #3 were designed as a follow-up evaluation from a limited number of residents already visited two times.

Home Visit #1

During Visit #1 to Kemp residents, Promoters established contact with a person in 327 homes. Fifty-three percent of the visits (173) were conducted in English, 42% (138) visits were conducted in Spanish and 3% (9) were conducted in both English and Spanish⁴. The majority of the visits (93%, n=303) were conducted by teams of 2 Promoters, while 7% (22) of the visits were conducted by 3 Promoters and one visit was conducted by only one Promoter. Promoters took an average of 1.75 visits per household to reach someone in the house. When the visits took place, 59% took place in the afternoon (between 12:00 and 5:00 PM), 34% in the evening (after 5:00 PM), and 3% in the morning hours (before 12:00 PM). Forty-seven percent of residents visited are Hispanic, 32% are White, 2% are of 2 or more races, and 2% are Asian, American Indian or Hawaiian.

A total of 650 people live in the households visited, of which 324 are children under 18 and 326 are adults, with an average of 1.5 children and 2.3 adults per home. Informal childcare is provided to 112 children in 72 of the households visited, with an average of 1.6 youngsters per informal childcare facility. In these latter houses, Promoters distributed 71 additional packets with information on secondhand smoke to be distributed to the parents of all the children who are cared for in these homes.

Fifty-six percent of the residents interviewed were female and 43% were male. Fifty-one percent (168) households reported having medical insurance. Residents were asked whether anyone in their homes had any breathing problems. Results are described in Table 2.

Table 2. Breathing problems among household members.

	# of responses	% of “Yes” responses
Does anyone in home have asthma or other breathing problems?	74	22.6%
Asthma	49	15%
Chronic bronchitis	8	2.4%
Emphysema	5	1.5%
Lung cancer	2	0.6%
Other	16	4.8%

⁴ Throughout this report percentages may not add up to 100% because of missing data (data were not collected).

Residents were asked to provide information about their total annual family income. Of the 327 households visited, 218 residents reported their total annual family income. Forty-eight percent of residents stated their total annual household income was less than \$30,000. Table 3 presents a more detailed breakdown of annual family income.

Table 3. Annual family income.

	# of responses	Percentage
Under \$14,999	51	16%
\$15,000 to \$29,000	105	32%
\$30,000 to \$59,000	47	14%
\$60,000 to \$99,999	13	4%
\$100,000 or more	2	1%

Residents were also asked to report their highest level of education; out of the 327 households visited, 289 provided this information. Table 4 provides more details regarding the education level of the interviewed residents.

Table 4. Highest level of education.

	# of responses	Percentage
1 st to 8 th Grade	67	21%
9 th to 12 th Grade	70	21%
HS Graduate or GED	101	31%
Some College – Associate Degree	31	10%
4 Yr College Degree or Higher	20	6%

Eighty-three percent of residents (270) reported owning a car and 56% of residents (184) reported that they and their children travel by car during the week. Forty-five percent of residents (146) stated they use the Internet. Internet was accessed in the following places: 29% at home (96), 8% at the library (25), and 11% in other places (35) such as at work and school.

Out of all the households visited, 46% (149) reported that someone smokes in the house. Table 5 presents information about the smoking habits in these residences.

Table 5. Smoking habits in the households.

	# of people	Average per household (**)
People living in this house who are smokers	236	1.6
People who smoke outside of the house	230	1.5
People who smoke in the house	119	0.8
People who smoke in the car	114	0.8

(**) These are the averages of smokers in the households where there are smokers. Residences that reported no smokers were not included in this average.

Sixty-eight percent of residents reported that within the last six months they have read, heard about or seen information related to secondhand smoking. Table 6 presents the various sources of secondhand smoke information.

Table 6. Secondhand smoke awareness by source.

	# of people	Percentage
School program	35	11%
Mail or fliers	38	12%
At workplace	19	6%
At church	5	2%
In local businesses	23	7%
In newspaper, radio or TV	189	58%
Another place (i.e., doctor's office, billboards)	34	10%

From these sources of information, residents remembered the following details about secondhand smoke (see Table 7):

Table 7. Characteristics of secondhand smoke.

	# of people	Percentage
It is harmful to children	71	22%
It may cause asthma	24	7%
It is dangerous to people who don't smoke	203	62%
It is linked to cancer/pulmonary diseases	95	29%
Other (i.e., bad for your health)	17	5%

In households previously contacted but in which no personal contact was established, 20% (64) of residents recalled receiving information left by Promoters at their doorstep. Forty-two percent of these residents reported reading the information provided. Among the things they remembered about the information provided, they reported that the information was related to secondhand smoke, that smoking is bad for your health and can cause cancer, and getting information about the QuitLine.

In the houses where a contact was established, the following numbers of residents reported knowing that being around a person who is smoking is harmful to the following groups of people (see Table 8:

Table 8. Dangers of secondhand smoke to various groups. Before intervention data.

	# of people	Percentage
It is harmful to infants	319	98%
It is harmful to children	319	98%
It is harmful to teenagers	310	95%
It is harmful to adults	308	94%

In a follow-up question, 57% of respondents (185) reported that being around a person who smokes is more harmful for some than for others, while 39% of respondents (129) thought that it is equally harmful for all people regardless of age.

Towards the end of the visit, after Promoters had an opportunity to explain about the dangers of exposure to secondhand smoke, residents were asked the same two questions. The responses towards the end of the visit are as follows (see Table 9):

Table 9. Dangers of secondhand smoke to various groups. After intervention data.

	# of people	Percentage
It is harmful to infants	317	97%
It is harmful to children	318	97%
It is harmful to teenagers	316	97%
It is harmful to adults	316	97%

After the conversation with the Promoters, 83% of respondents (271) reported that being around a person who smokes is more harmful for some than for others, while 13% of respondents (41) thought that it is equally harmful for all people regardless of age. Interestingly, the number of residents who towards the end of the visit believed that secondhand smoke is harmful to infants and children showed a slight decrease compared to their responses earlier in the visit. This effect was reversed for the responses about the effects of secondhand smoke on teenagers and adults.

Eighty-two percent of residents visited reported they had heard about the Smoke-Free Colorado law that prohibits smoking in some places. Seventy-one percent of residents reported agreeing with the law, 11% disagree, and 6% expressed indifference towards the law. Table 10 presents more detailed information about what residents know about the law.

Table 10. Knowledge of Smoke-Free Colorado Law.

	# of people	Percentage
Smoking is prohibited in all closed public places	218	67%
Smoking is prohibited in public meetings	35	11%
Smoking is prohibited in hotel rooms	7	2%
Smoking is prohibited in work places	87	27%

	# of people	Percentage
Smoking is prohibited in jury deliberating rooms	13	4%
Smoking is prohibited in public transportation	14	4%
Smoking is prohibited in health service establishments	21	6%
Smoking is prohibited in waiting rooms	3	1%
Anything else you know about the law? (i.e., casinos, bars, restaurants)	42	13%

In the 327 households visited, 29% of the residents (95) with whom the visit took place, are currently smokers. A total of 41 residents (13%) had attempted to stop smoking within the last 12 months but started smoking again. Nine percent of respondents (30) said they are thinking of quitting in the next month, 10% (31) are thinking of quitting in the next 6 months, and 12% (39) are not thinking of quitting at all. Five percent of the residents (17) signed the QuitLine fax referral form during this visit.

Residents were asked where they would go or who they would ask if they wanted to find out more information about secondhand smoke or quitting smoking. Table 11 presents the various sources of information that residents would look at for additional information.

Twenty-eight percent of residents (91) reported that visitors do smoke inside their homes, while 75% of residents visited (246) mentioned that they would ask someone who smokes to smoke outside their house. Also, 87% of residents (283) said they would be willing to talk to others about the problems of secondhand smoke.

Table 11. Sources of information.

	# of people	Percentage
Friends or family	86	26%
Pastor or at the church	18	6%
Library	25	8%
Call QuitLine	30	9%
Ask at child/grandchild's school	16	5%
Attend community events	6	2%
Go to clinic or doctor	127	39%
Internet	57	17%
Magazine / newspaper	8	2%
Contact Local Health Agency	12	4%
Don't know	28	9%
Other	29	9%

Ninety percent of residents visited (293) expressed their support for a smoke-free home, 86% (281) accepted the smoke-free pledge, and 82% (267) signed the smoke-free pledge. Ninety-seven percent of residents (316) expressed that the Promoter visit was useful to them.

Home Visit #2

During Visit #2 to Kemp residents, Promoters established contact with a person in 72 households. In 69% of the cases (50 households), the visit was conducted with a person who smokes⁵ while in 28% of the cases (20 households) the conversation took place with a non-smoker. Fifty-eight percent of the visits were conducted in English and 42% were conducted in Spanish. Promoters took an average of 1.3 visits per household to reach someone in the house. When the visits took place, 90% occurred in the afternoon (between 12:00 and 5:00 PM), another 7% of them happened in the morning (before 12:00 PM), and 3% were in the evening (after 5:00 PM). All visits were conducted by teams of 2 Promoters who took an average of 11 minutes to conduct the visit.

Residents were asked about the smoking habits of people living in their homes. Eighty-nine percent of them reported that their house is a smoke-free home. Ten percent (7) of the residents visited said their house is not a smoke-free home. These residents were asked if they wanted to receive information about the smoke-free pledge. Four of them accepted the information. Table 12 shows additional details about the smoking habits in these households.

Table 12. Smoking habits of household members.

	# of people	Average per household
People living in this house who are smokers	64	1.4
People who smoke outside of the house	62	1.3
People who smoke in the house	17	0.4
People who smoke in the car	21	0.5

Residents were also asked whether there had been any changes in the smoking habits in the household since the Promoters' first visit. Information was requested about the person with whom the conversation took place and about other people in the house. Tables 13 and 14 provide information on the residents' responses.

Table 13. Changes concerning the person with whom conversation took place.

	# of "Yes" responses	% of "Yes" responses
Did you quit smoking?	20	28%
Did you stop smoking in the house or car?	32	44%
Did you reduce the amount of cigarettes?	31	43%

⁵ Some homes reported having more than one smoker.

	# of “Yes” responses	% of “Yes” responses
Did you sign the QuitLine fax referral form?	15	21%
Did you call or receive a call from the QuitLine?	13 ^(*)	18%

^(*) Ten of these people reported a positive experience with the QuitLine, one reported a negative experience, another person reported a mixed, positive and negative experience, and one more person did not provide information about his/her experience with the QuitLine.

Table 14. Changes concerning other people in the household.

	# of “Yes” responses	% of “Yes” responses
Did other person quit smoking?	15	21%
Did other person stop smoking in the house or car?	14	19%
Did other person reduce the amount of cigarettes?	7	10%
Did other person sign the QuitLine fax referral form?	5	7%
Did other person call or receive a call from the QuitLine?	6 ^(*)	8%

^(*) Two of these people reported a positive experience with the QuitLine. The other 4 people did not provide an explanation about their experience.

Residents were also asked if they had used other supports or tools to help them quit or reduce smoking. Information was requested about the person answering the questions as well as about other people in the house. Table 15 provides information on the residents’ responses about the supports used to quit or reduce smoking.

Residents were also asked if something the Promoter did during the first visit helped them with the decision to quit or reduce smoking. Eighty-five percent of respondents (61) reported that their interaction with the Promoter helped them with such decision. Four main themes emerged from the residents’ responses: 1) the conversation with the Promoters made them think (15 respondents); 2) the information and materials received (13 respondents); 3) the QuitLine and Fax Referral Form information (9 respondents); and their concern for the wellbeing of others around them (3 respondents). Other comments did not address what is that helped them in their decision making process.

Table 15. Supports used by residents to quit or reduce smoking.

Type of support	Person responding		Others in the household	
	# of “Yes” responses	% of “Yes” responses	# of “Yes” responses	% of “Yes” responses
Friends/family	44	61%	20	28%
Doctor/clinic	22	31%	5	7%
Library	0	-	0	-
Nicotine replacement	7	10%	2	3%

Type of support	Person responding		Others in the household	
	# of “Yes” responses	% of “Yes” responses	# of “Yes” responses	% of “Yes” responses
Child/grandchild’s school	1	1%	2	3%
Pastor/church	0	-	3	4%
Community event	3	4%	2	3%
Other	24	33%	7	10%

Promoters also asked for the reasons why the interviewed residents or others in their household continued smoking. Table 16 provides the answers to this question.

Table 16. Reported reasons to continue smoking.

	Person responding		Others in the household	
	# of “Yes” responses	% of “Yes” responses	# of “Yes” responses	% of “Yes” responses
Don’t want to quit	14	19%	7	10%
Spoke with QuitLine but it was not helpful	3	4%	1	1%
Need more information	21	29%	8	11%
Tried to quit but re-started	21	29%	8	11%
Still have not called the QuitLine	20	28%	9	13%
Other	4	6%	0	-

Fifteen percent of respondents (11) said that Promoters still can do more to help them quit smoking. Five of them requested more information; another 4 residents mentioned the QuitLine as a needed resource, and another 5 requested other type of help such as support or visits. In addition, 29% of residents (21) expressed that they can use assistance in contacting the QuitLine, while also 28% of respondents (20) asked that someone from the QuitLine contact them directly.

Residents were also asked about behaviors and attitudes towards smoking in their homes. Table 17 presents data on this topic.

Table 17. Behaviors and attitudes toward smoking in the home.

	# of “Yes” responses	% of “Yes” responses
Do any visitors smoke inside your home?	9	13%
Do you feel comfortable asking people to smoke outside?	61	85%
Have you actually asked anyone to smoke outside?	38	53%
If yes, who have you asked to smoke outside?		

	# of “Yes” responses	% of “Yes” responses
... family member living in the household	12	17%
... visiting family member	24	33%
... friend or other visitor	36	50%

Residents were asked whether after the Promoter’s first visit they talked with or had given information to another person on secondhand smoke. Seventy-one percent of respondents said they have shared such information. Table 18 presents the information about with whom they shared the information.

Table 18. Sharing information about secondhand smoke exposure.

	# of “Yes” responses	% of “Yes” responses
Family member	34	47%
Friend	28	39%
Co-worker	3	4%
Neighbor	2	3%
Other	2	3%

Ninety-seven percent (70) of Kemp residents visited reported that the Promoter’s visit was helpful, and 90% (65) mentioned that they would like another Promoter’s visit in the future. Also, 85% of respondents (61) expressed that they would like to receive more information on other community health issues (i.e., general health, alcohol, drugs, cancer, diabetes, COPD, nutrition).

Finally, during this second visit to Kemp residents, 8% (6) of those contacted signed the Smoke-Free Home Pledge, while 74% (53) explained that they had signed the pledge during the first Promoter’s visit. In addition, 35% (25) of residents signed the QuitLine Fax Referral form during this visit by the Promoter.

Home Visit #3 / Evaluation Visit

During Visit #3 to the Kemp neighborhood, Promoters approached 226 households of which 16 cases had new residents living in that property. For all those cases with new residents the third visit conducted followed the protocol of Visit #1 reported above. Four additional cases refused the visit, which left a total of 206 households receiving this Evaluation visit. Seventy percent of the visits (144) took place in the afternoon, 19% (40) in the evening and 5% (10) in the morning. It took Promoters an average of 1.2 visits per household to reach someone in the house. Fifty-three percent of the visits (109) were conducted in Spanish and 45% (92) in English. Ninety-nine percent of the visits (204) were conducted by teams of two promoters. Ninety-nine percent of the residents contacted (204) reported that they had been living at that address since the time

of the first HNI visit, which meant that they had received a visit #1 by a Promoter. This information was corroborated by 96% (198) of residents' recollection of that first visit.

Residents were asked whether the information provided to them during the first visit was interesting to them. Ninety-seven percent of them (200) said yes and 2% said no. Eighty-one percent of the residents (167) said that they had shared the information with someone else, and 14% (29) did not share the information. Those who shared the information provided by the Promoter shared it with family members (57%), with friends (18%), with coworkers (11%) and with their neighbors (3%).

Residents were asked whether there had been changes made in the household related to smoking behavior since the first visit. Table 19 shows the type and level of changes reported by these residents.

Table 19. Changes in smoking-related behavior post initial visit

	# of "Yes" responses	% of "Yes" responses
Home is smoke-free now	180	87%
Person who used to smoke stopped smoking	46	22%
Person who smokes stopped smoking in the house	52	25%
Person who smokes stopped smoking in the car	59	29%
Person who smokes reduced the # of cigarettes smoked	50	24%
Someone called or received call from QuitLine	34	17%

More specifically, residents were asked to confirm whether the Promoters' visits influenced any of the changes in smoking behavior in their home. Eighty-four percent of residents (173) cited the influence of the Promoters in the following behaviors either among themselves or other members of the household:

- 18% (38 residents) stopped smoking
- 18% (38 residents) took action to reduce theirs or others' exposure to secondhand smoke by smoking outside the house, no smoking in the car, or avoiding people who are smoking
- 10% (21 residents) reduced the amount of cigarettes they used to smoke, stopped smoking but restarted, or tried to quit
- 6% (13 residents) used the QuitLine or some other resource

On the other hand, one person reported no behavioral change and 15% (30) of residents reported that their house was already a smoke-free home or that there were no smokers in their homes since the first visit by the Promoters.

Kemp residents were also asked to express their comfort level in talking to other people about the dangers of secondhand smoke exposure. Ninety-two percent of residents (189) stated that they did feel comfortable in talking to others about secondhand smoke. Additionally, 93% (191)

said they felt comfortable asking people to smoke outside their house and 64% of residents (132) have actually asked someone to smoke outside their house. Thirty-two percent of residents (66) have asked a family member living in their household to smoke outside, 31% (63) have asked a friend or other visitor to smoke outside and 29% (60) have asked a visiting family member to smoke outside.

Residents were additionally asked to cite the extent to which they valued the home-visiting program. Sixty-two percent (128) cited liking it “very much,” 32% (65) liked them “a little” and 5% (11) “don’t like them.” Residents were also asked to rate the level of usefulness of the home visitor’s program. Data reveal that 85% (175) found the program “very useful” and 13% (27) found it “kind of useful.”

Lastly, residents were asked whether they learned information about secondhand smoke during these home visits. Fifty-six percent of residents (115) cited that they “knew some of the information, but learned new things,” 33% (68) of residents said they “learned a lot, everything was new information,” and 9% (19) said they “pretty much knew everything before the Promoters’ visits.” Eleven percent of residents (22) signed a QuitLine fax referral form at the conclusion of the visit.

Summary

The majority of residents in the Kemp neighborhood responded favorably to the Promoters’ home visitation program. Residents reported finding the information about secondhand smoke exposure interesting and useful and many of them shared or conveyed this information to others. Residents also indicated that they enjoyed the home visits and learned new information from the program. Most importantly, residents cited that the Promoters’ visit was influential in making changes regarding smoking behavior. Eighty-seven percent of residents now have smoke-free homes and 93% felt comfortable asking people to smoke outside their house.

School / Childcare Component

The School and Childcare Component of the HNI consists of: 1) providing training to school and childcare facilities personnel on the health risks associated with exposure to secondhand smoke, and 2) offering educational visits through the Breathe Better Bus to students in the target neighborhoods. During the 2007-08 period of the HNI only the Breathe Better Bus visits to the schools took place. The following sections present the analyses of the data collected from students from Central Elementary, Kemp Elementary, and Kearney Middle schools who visited the Breathe Better Bus.

Breathe Better Bus Visit

A total of 180 students visited the Bus between October and December of 2007; 68 were from Kearney Middle school (48.5% were female students and 51.5% were males) and 112 were students from elementary grades (37% from Central Elementary and 63% from Kemp

Elementary⁶). All students completed surveys before and after visiting the Bus. Table 20 shows the languages spoken at these students' homes.

Table 20. Language spoken at home

	Spanish	English
Elementary school students	95%	55%
Middle school students ^(*)	81%	66%

^(*) 6% of students reported that another language is spoken at home.

Before visiting the bus students were asked to describe smoking-related behaviors in their homes, as well as their own reaction to those behaviors. Table 21 presents the questions asked about such behaviors and the percentage of “Yes” responses provided by the students per grade level (elementary or middle school).

Table 21. Smoking-related behaviors in the homes.

	% of “Yes” responses	
	Elementary	Middle Sch.
Does anyone in your home smoke?	62%	50%
If “Yes,” have you ever asked them to stop smoking?	27% ^(*)	47% ^(*)
Does anyone smoke in a car or truck while you are in it?	33%	29%
Do you think it’s bad for your health to be around someone who is smoking?	100%	96%
Does it bother you if people smoke around you?	96%	82%
Would you ask them to stop smoking, or smoke somewhere else, if they were smoking near you?	85%	87%

^(*) This percentage represents the number of students who answer Yes to this question, regardless of how they responded to the previous question.

Students were also asked whether they had recently seen or heard anything about secondhand smoke in the mail, newspaper, TV, radio or via word-of-mouth. A total of 89% of elementary students said yes, while 78% of middle school students responded Yes. Table 22 provides a more detailed breakdown of sources for learning about secondhand smoke.

Table 22. Secondhand smoke media exposure.

	% of “Yes” responses ^(*)	
	Elementary	Middle Sch.
Have you recently seen or heard anything about SHS or people smoking around you?	89%	78%
If yes.....		
...mail or flyers at home	1%	6%

⁶ Data were not recorded regarding the gender of Elementary school students.

	% of “Yes” responses ^(*)	
	Elementary	Middle Sch.
...parents or others at home talking about it	60%	41%
...church	37%	13%
...newspaper, TV or radio	52%	40%
...community events	27%	13%
...at a local store	80%	15%
...other	1%	12% ^(**)

^(*) All percentages in this table represent the number of students who answered Yes to the questions, regardless of how they responded to the question about having recently seen or heard anything about SHS.

^(**) The majority of students who gave this answer said they have heard about it at the school.

After their participation on the Breathe Better Bus, 100% of students from elementary school and 96% of middle school students reported that they thought it was bad for their health to be around someone who is smoking. The majority of students reported that they learned about the ill effects and dangers of secondhand smoke exposure through the Bus visit. Table 23 shows additional details on the students’ responses.

Table 23. Knowledge about secondhand smoke health effects.

	% of “Yes” responses	
	Elementary	Middle Sch.
What did you learn about SHS or others smoking around you?		
...It is bad for your health	100%	97%
...It causes diseases in adults	100%	88%
...It causes diseases in children	100%	91%
...It may cause cancer	95%	94%
...It makes worse diseases you already have	87%	90%
...Ventilating the smokers’ room is not enough to get rid of the problem	87%	77%
...Even if the smell is gone, the dangers of SHS stay	86%	78%
...How smoking and/or SHS make you old	87%	77%
...Nothing	0%	3%

Similarly, almost all students expressed that they will take actions to keep safe from secondhand smoke exposure. Table 24 presents their responses to these related questions.

Table 24. Actions to keep safe from secondhand smoke exposure.

	% of "Yes" responses	
	Elementary	Middle Sch.
What will you do to be safe from SHS?		
...Walk away from smoker	89%	79%
...If you are in a car, roll down the window	77%	53%
...Ask the person to stop smoking around you	79%	79%

Lastly, after visiting the Bus, students were asked about their own intentions regarding smoking. Table 25 shows the percentage of students' responses related to this topic.

Table 25. Participant intentions.

	% of "Yes" responses	
	Elementary	Middle Sch.
What are your thoughts about smoking after your visit aboard the Bus?		
...I might try smoking	0%	2%
...I will never smoke	87%	88%
...I will try to get others to quit smoking	65%	66%
...I will try to stay away from people when they are smoking	71%	71%

Summary

Elementary school students reported having a greater exposure to secondhand smoke in their homes than middle school students. Similarly, more students from elementary school indicate that they are bothered by people smoking around them. However, they are slightly less likely to ask people to stop smoking in their proximity. Results also suggest that, before their visit to the Breathe Better Bus, elementary school students had a greater awareness of the problems of secondhand smoke than middle school students. After the visit to the Bus, all students indicate increased knowledge of the dangers of secondhand smoke, with the elementary students having learned more than their middle school counterparts. These results may indicate that older students were familiar with the ill effects of secondhand smoke before visiting the Bus. On the other hand, elementary students seemed more willing to take action to avoid exposure to secondhand smoke than middle school youngsters. Students' intentions about their own future smoking behavior are almost identical for both groups of students, with a majority of them expressing that they will never smoke and will try to stay away from others who are smoking.

Business Outreach Component

During 2006-07 the focus of the business component of the Healthy Neighborhoods Initiative was to educate the businesses about the Colorado Clean Indoor Air Act that was implemented in July of 2006. During that year, the HNI exhausted the business outreach at the Kemp

neighborhood. For 2007-08, staff from the Colorado Tobacco Education & Prevention Alliance (CTEPA) expanded its activities to surveying local businesses on youth access to tobacco products.

A total of 29 businesses were visited and surveyed to count how many advertisements they had posted both outside and inside of the establishments. The visits took place in February of 2008. The following is the breakdown of the trade of those businesses:

- 24% (7) were small markets
- 17% (5) were gas stations
- 10% (3) were convenience stores
- 7% (2) were supermarkets
- 3% (1) were pharmacies
- An additional 41% (11) included a variety of stores such as bakeries, jewelries, liquor stores, cleaners, etc.

Of the visited establishments, 69% (20) are located within 1,000 feet of a school campus and in 48% (14) of the cases there is a playground located within 1,000 feet of the visited business.

The survey counted 50 outdoor tobacco advertisements in the businesses visited. Twenty businesses had no outdoor advertisements. A total of 72% of the ads were professional signs/ads, while the rest were store-made tobacco signs (16%) and small billboards posted on the top of the store or its parking lot (12%). Marlboro was the brand name more commonly advertised in the businesses visited.

A greater number of tobacco advertisements were found inside the businesses visited, with a total of 81 ads/signs counted in the survey. Once more, Marlboro was the brand name with most ads. In 24% (7) of the businesses visited there were tobacco products next to the candy display, while in 17% of the businesses (5) tobacco products were located next to a toy display.

Summary

Data indicate that the majority of businesses visited display tobacco products which are in close proximity to schools and playgrounds. Many businesses advertise tobacco products close by toys and candy which are attractive to minors. In a number of cases, the tobacco ads and signs are store-made tobacco signs although the majority of the signs are professional signs from the companies selling tobacco.

Community Component

The community component of the Healthy Neighborhoods Initiative includes visits by the Breathe Better Bus to various community events and settings, as well as media presentations conducted by the HNI partners. During this reporting period, data were collected during a visit from the Breathe Better Bus to a fair in a church in Commerce City. Results of this visit are reported in the following section. In addition, HNI staff attended a community event, Derby Daze, and staff from CREA Results conducted a Listening Session. Both events took place in Commerce City. Details on the Derby Daze and on the Listening Session events are provided in Appendices B and C respectively.

Breathe Better Bus Visit to Our Lady Mother Church Health Fair

A total of 21 adults visited the Breathe Better Bus during the Our Lady Mother Church Health Fair in November of 2007. Eighty-one percent of visitors (17) reported that they speak English at home, while 62% (13) reported that they speak Spanish at home. Visitors were asked to describe smoking-related behaviors in their homes as well as their own reaction to those behaviors. Table 26 presents the questions asked about such behaviors and the percentage of “Yes” responses provided by the participants.

Table 26. Smoking behaviors in the home.

	# of “Yes” Responses	% of “Yes” Responses
Does anyone in your home smoke?	13	62%
If “Yes,” have you ever asked them to stop smoking?	13	62%
Does anyone smoke in a car or truck while you are in it?	4	19%
Do you think it’s bad for your health to be around someone who is smoking?	21	100%
Does it bother you if people smoke around you?	19	91%
Would you ask them to stop smoking, or smoke somewhere else, if they were smoking near you?	18	86%

Visitors were asked whether they had recently seen or heard anything about secondhand smoke in the mail, newspaper, TV, radio or via word-of-mouth. The majority of respondents (86%, N=18) had heard about secondhand smoke and the most commonly cited source was the newspaper, TV or radio. Table 27 provides a more detailed breakdown of sources from which the visitors report learning about secondhand smoke.

Table 27. Sources of information about secondhand smoke.

	# of “Yes” Responses	% of “Yes” Responses
Have you recently seen or heard anything about SHS or people smoking around you?	18	86%
If yes.....		
...mail or flyers at home	0	-
...parents or others at home talking about it	1	5%
...church	1	5%
...newspaper, TV or radio	14	67%
...community events	7	33%
...at a local store	7	33%

After their participation on the Breathe Better Bus, 100% of participants reported that they thought it was bad for their health to be around someone who is smoking. All visitors reported learning about the ill effects and dangers of secondhand smoke exposure as detailed in Table 28. Of note, all visitors reported learning something about the ill effects and dangers of secondhand smoke, with 100% of respondents learning that exposure to secondhand smoke may cause cancer.

Table 28. Dangers of secondhand smoke exposure.

What did you learn about SHS or others smoking around you?	# of “Yes” Responses	% of “Yes” Responses
...It is bad for your health	13	62%
...It causes diseases in adults	15	71%
...It causes diseases in children	13	62%
...It may cause cancer	21	100%
...It makes worse diseases you already have	12	57%
...Ventilating the smokers’ room is not enough to get rid of the problem	12	57%
...Even if the smell is gone, the dangers of SHS stay	12	57%
...How smoking and/or SHS make you old	12	57%
...Nothing	2	10%

Table 29 shows the steps that respondents plan to take to decrease their exposure to secondhand smoke. Of note, 71% of Bus visitors cited that they would ask a person to stop smoking around them.

Table 29. Safeguards related to secondhand smoke exposure.

What will you do to be safe from SHS?	# of “Yes” Responses	% of “Yes” Responses
... Walk away from smoker	14	67%
... If you are in a car, roll down the window	7	33%
... Ask the person to stop smoking around you	15	71%

Lastly, after visiting the Bus, visitors were asked about their own intentions regarding smoking. Table 30 shows the percentage of visitors’ responses related to this topic.

Table 30. Thoughts about smoking.

What are your thoughts about smoking after your visit aboard the Bus?	# of “Yes” Responses	% of “Yes” Responses
...I might try smoking	0	-
...I will never smoke	11	52%
...I will try to get others to quit smoking	16	76%
...I will try to stay away from people when they are smoking	10	48%

Summary

Data suggest that the majority of the visitors to the Breathe Better Bus have increased knowledge regarding the ill effects and dangers of secondhand smoke exposure and are likely to take actions to safeguard themselves against exposure to secondhand smoke. Knowledge of the dangers of secondhand smoke and the promotion of safeguarding skills is particularly important since 62% of the visitors report living in households where someone smokes.

Derby Days in Commerce City

Derby Days was a community event that took place in Commerce City in June 2008. The event attracted 5,000 people from the community. The American Lung Association of Colorado (ALAC) had a booth in the event where approximately 450 people stopped to look at the *Breathing Lung Exhibit (BLE)*. The BLE is a set of real pig's lungs, with one health and the other diseased. Staff from CREA Results collected 187 surveys. Visitors were offered an incentive to complete the survey. Approximately 50 to 60% of those who visited the booth did not complete the survey because they are non-smokers. Data of surveys collected were analyzed by staff at ALAC. Results of these analyses are presented in Appendix B.

A few highlights of the data collected follow⁷:

- 67.8% of those who completed the survey reported that no one in their home is a smoker. Whereas, 32.1% said that there was a smoker in the home.
- Ninety-five percent (95%) thought that it's bad for their health to be around someone who is smoking.
- Ninety percent have recently seen or heard in their community about SHS. The media was the leading source of where they had seen or heard about the dangers of SHS.
- Of the smokers, 42.3% will call the QuitLine, 23% signed the QuitLine fax referral form (20 fax referral forms), and 34.6% were not ready to quit.
- The average age group completing the survey was the 26 to 50 years old.
- In the home, 52.8% spoke English and 45.8% spoke Spanish.

Listening Session in Commerce City

In February of 2008, staff from CREA Results conducted a listening session at Our Lady Mother of the Church in Commerce City. A total of 31 people participated in the session which lasted two hours. Data were collected, analyzed and reported by CREA Results. CREA Results' report on this session is attached in Appendix C.

⁷ As reported by ALAC.

Discussion

As demonstrated by the previously described summary results, the HNI has been a successful initiative since its inception in producing positive change related to secondhand smoke exposure. The section below details the outcomes that can be attributed to each HNI component. Recommendations for continued implementation of the HNI follow.

CREA Promoters and Resident Outcomes

The Promoters, who conducted the home visit intervention and assisted with the Breathe Better Bus and business outreach interventions, report significant improvements in perceived knowledge gained over their months of HNI involvement. Areas of knowledge improvement include the health risks associated with smoking and exposure to secondhand smoke, smoking cessation resources, the purpose of the HNI and the Smoke-Free Home Pledge, and the Colorado Clean Indoor Air Act (CCIAA). The high self-perceived skills in other areas of development indicate that those Promoters who completed the self-reflection effort started this year of operation with high levels of knowledge and skills to perform their job.

Data reveal that in the target neighborhoods there were increases in the numbers of homes that became smoke-free and in the number of referrals made to the QuitLine. In the Kemp residences visited three times, data collected indicated a high number of houses reported to be smoke-free after the Promoters' visits. In addition, over one fifth of households reported that someone had quit smoking and over one fourth reported that residents had stopped smoking inside the house anymore.

Breathe Better Bus

Activities related to the Breathe Better Bus show positive impacts upon both the students at elementary and middle schools visited as well as adults and children visiting community events where the HNI participated. The main changes reported by these participants included an increase in knowledge about lung health and the dangers of secondhand smoke exposure. A most encouraging finding was that students and adults reported after being exposed to the BBB that they planned to take actions to safeguard themselves against exposure to secondhand smoke. Adults reported that they would ask people who were smoking not to smoke around them. This increased capacity to inform others is an important effect of the BBB component of the HNI intervention because it shows the various ways in which the HNI has empowered community members in their ability to spread the message about secondhand smoke exposure which, in turn, will lead to sustained change in reducing secondhand smoke exposure over time.

Business Outreach

Findings associated with visits to businesses in the Kemp neighborhood indicated that although tobacco advertising is overall low in this community, the sale of tobacco products can be found in unusual locations, such as jewelries, bakeries and cleaners, in addition to the common places such as small markets, gas stations and convenience stores. The closeness of sale of tobacco products to schools and playgrounds as well as the location of tobacco products next to candy and toy displays present a significant problem of youth access to tobacco products.

Recommendations

The Healthy Neighborhoods Initiative (HNI) has been a successful program since its inception. The following recommendations are offered as ways to improve the implementation of the program in the future.

- ✓ **Recommendation #1:** Continue efforts by Promoters in educating targeted households with smokers about the dangers of secondhand smoke and assistance for smoking cessation or elimination of smoke in their homes and cars.
- ✓ **Recommendation #2:** In addition to the current efforts, include other options for improving the targeted community-based change efforts within the next phase of the HNI by:
 - Targeting smokers and smokers' residences, assessing their readiness to change (versus targeting the whole community as is currently done).
 - Targeting residents in group settings (e.g., churches, schools) rather than within one-on-one situations, an approach which is likely to be more cost effective.
 - Design customized interventions for policy change that target businesses within different sectors, addressing their individual intervention needs and opportunities.
- ✓ **Recommendation #3:** Encourage Promoters' self-reflection efforts on how they are gaining knowledge and skills to perform their job. This effort will yield a strengthening of the Health Promoters' professional development model of operation in communities with limited access to health information and education.

Appendix A: Self-Reflection Tool

**Developing Competence of Home Visitors for the
Healthy Neighborhoods Initiative
A Self-Reflection Tool
Prepared by Center for Research Strategies
March 2007**

This Self-Reflection Tool has been prepared for use by home visitors⁸ of the Healthy Neighborhoods Initiative (HNI). The tool is intended to provide promoters with an opportunity to reflect on --and learn from-- their every day experience as home-visitors within the framework of HNI, including their participation in the various components of the Initiative. This tool has been designed with three goals in mind:

- 1) To reflect on past actions (before and during home visits and other HNI activities) in order to assess the promoters' practice and apply what is learned to future practice
- 2) To identify areas of strength and possible weaknesses so they can be addressed and improved, and
- 3) To encourage learning that is meaningful and relevant to the individual promoters and to the promoters' team.

An ultimate objective of using this tool is to help develop a model that can be used in other similar settings. It is expected that this tool will help promoters make a conscious and structured assessment of what is working and what is not working, what are their own individual strengths and weaknesses as promoters, and where their skills could be enhanced. The lessons learned and documented through this process will be helpful in the planning of future promoters training.

It is recommended that this tool be used in two distinctive ways. Promoters should first reflect on their own experiences, and then secondly share these results with other HNI promoters for team learning. Ideally, the individual reflection should be conducted on a weekly basis while the team debrief can be completed every other week during the team debrief activities already scheduled as part of the promoters' responsibilities. The document that follows is organized into three sections:

- (1) Areas of reflection
- (2) The individual reflection process, and
- (3) Team sharing and debriefing.

AREAS OF REFLECTION

Overall, promoters are expected to be knowledgeable and competent about the information delivered to residents (e.g., about second-hand smoke, smoking cessation, and community resources), as well as being proficient regarding the skills necessary to gain access to the targeted community residents, as well as to earn their trust. Promoters are also expected to be competent in the use of tools and materials distributed to residents during their home visits as well as to be competent in their assigned roles within the other components of the HNI (Breathe Better Bus,

⁸ For purposes of the Healthy Neighborhoods Initiative home visitors are referred here as promoters or health promoters. Peer educators are also included in the group of home visitors conducting visits to African American residents targeted by HNI.

training to informal childcare providers, visits to businesses, media presentations). Content knowledge, skills, and tools and materials are the areas identified as those in which promoters are expected to be competent.

Content Knowledge

Promoters need to be knowledgeable about the following topics:

- a. *Second-hand smoke* – what it is and its impact on children and adults
- b. *Asthma and other diseases* caused and/or aggravated by smoking and exposure to second-hand smoke (e.g., lung cancer, cardiovascular disease, SIDS [sudden infant death syndrome])
- c. *Smoke cessation* strategies and programs
- d. The Colorado Clean Indoor Air Act (*CCIAA*) and the Smoke-Free Colorado legislation (*SFCO*) and
- e. *Community services/resources*, i.e., QuitLine, Breathe Better Bus, other HNI community events, including the calendar of events for these services.

Skills

Providing information on smoking and second-hand smoke to others cannot happen unless effective communication takes place. Promoters need to display a number of skills in order to communicate about the HNI. Among those skills are:

- a. *Develop residents' and others' trust* – create the conditions in which people enable the promoter to provide information
- b. *Listening* – communication is a two-way activity; the promoters' ability to listen is critical to their communication with others
- c. *Assess the comprehension* of others to make sure the information is understood
- d. *Language* – the HNI is reaching out to Latino and African American residents. Competence in Spanish and English is critical
- e. *Clarity of language* (language level) – it is expected that residents and other audiences have a wide range of levels of literacy; promoters should be able to provide information at a level that is understandable (not too low nor too high)
- f. *Clarity of information* – promoters should be able to provide information that is clear and to the point
- g. *Assess learning needs* of their audience – promoters should be able to assess what people need and want to know, even if the audience does not communicate its needs explicitly
- h. *Teach informal childcare providers* about SHS issues
- i. *Develop informal childcare providers' skills* in communicating with parents about SHS issues.

Tools and Materials

Promoters are expected to be proficient at the use of the three home-visit guides during their visits with residents:

- 1) The Home Visit Survey: Healthy Neighborhoods during the initial visit
- 2) The Second Home Visit Survey: Healthy Neighborhoods for the second visit, and
- 3) An Evaluation Survey during their last visit with residents.

Promoters also need to be proficient in the use of instruments used at the Breathe Better Bus and during visits to businesses. They should be proficient in the use of all these instruments which in turn requires a number of skills:

- a. Using the instruments as guides and not as reading scripts
- b. Using the data collection instruments without causing disruptions in the conversations and
- c. Completing the data collection thoroughly and reliably.

3. How knowledgeable am I about *smoking cessation* strategies and programs?
- Not knowledgeable at all 1 2 3 4 5 6 7 Very knowledgeable
4. How knowledgeable am I about *CCIAA* and *SFCO*?
- Not knowledgeable at all 1 2 3 4 5 6 7 Very knowledgeable
5. How knowledgeable am I about the *QuitLine* and other *smoking cessation services*?
- Not knowledgeable at all 1 2 3 4 5 6 7 Very knowledgeable
6. How knowledgeable am I about the *Breathe Better Bus* (information and services provided)?
- Not knowledgeable at all 1 2 3 4 5 6 7 Very knowledgeable
7. How knowledgeable am I about the *HNI events* offered to this community?
- Not knowledgeable at all 1 2 3 4 5 6 7 Very knowledgeable
8. Overall, *how well prepared* do I feel in terms of *knowing* the issues to discuss as a health promoter?
- Not prepared at all 1 2 3 4 5 6 7 Very well prepared

Do I have the skills that I need to do my job?

For questions 9-13, please circle the number that best describes how *competent* you feel about *developing people's trust*.

9. How competent do I feel in developing the trust of *residents* to provide them with HNI information *in their homes*?
- Not competent at all 1 2 3 4 5 6 7 Very competent
10. How competent do I feel in developing the trust of *residents* to provide them with HNI information *while visiting the Breathe Better Bus*?
- Not competent at all 1 2 3 4 5 6 7 Very competent

11. How competent do I feel in developing the trust of *residents* to provide them with HNI information *at community events* (e.g., gatherings at church or in other settings)?

Not competent at all
1 2 3 4 5 6 7
Very competent

12. How competent do I feel in developing the trust of *business owners and employees* to provide them with HNI information?

Not competent at all
1 2 3 4 5 6 7
Very competent

13. How competent do I feel in developing the trust of *childcare providers* to provide them with HNI information?

Not competent at all
1 2 3 4 5 6 7
Very competent

For questions 14-25, please circle the number that best describes how *competent* you feel about *your own skills* as a HNI promoter.

14. How competent do I feel in *listening to* and *communicating* with others while providing HNI information to them?

Not competent at all
1 2 3 4 5 6 7
Very competent

15. How competent do I feel in my *language skills* in communicating with *Spanish* speakers about the HNI?

Not competent at all
1 2 3 4 5 6 7
Very competent

16. How competent do I feel in my *language skills* in communicating with *English* speakers about the HNI?

Not competent at all
1 2 3 4 5 6 7
Very competent

17. How competent do I feel in using *language* that is *clearly understood* by residents and other audiences in regards to the HNI?

Not competent at all
1 2 3 4 5 6 7
Very competent

18. How competent do I feel in *providing information* that is *clearly understood* by residents and other audiences in regards to the HNI?

Not competent at all
1 2 3 4 5 6 7
Very competent

19. How competent do I feel in *assessing residents' and others' comprehension* to make sure the information I provide to them is understood?

Not competent at all
1 2 3 4 5 6 7
Very competent

20. How competent do I feel in *assessing residents' and others' needs* to make sure the information I provide is what they need and want to know about topics related to the HNI?

Not competent at all
1 2 3 4 5 6 7
Very competent

21. How competent do I feel in *teaching childcare providers* about SHS issues?

Not competent at all
1 2 3 4 5 6 7
Very competent

22. How competent do I feel in *developing childcare providers' skills* in communicating with parents about SHS issues?

Not competent at all
1 2 3 4 5 6 7
Very competent

23. How competent do I feel about *understanding residents' and others' cultural background* (gender, ethnicity, socio-economic status, level of education) as it relates to the challenges they face in trying to *quit smoking*?

Not competent at all
1 2 3 4 5 6 7
Very competent

24. How competent do I feel about *understanding residents' cultural background* (gender, ethnicity, socio-economic status, level of education) as it relates to the challenges they face in *changing their friends' and relatives' attitudes* about smoking?

Not competent at all
1 2 3 4 5 6 7
Very competent

25. How competent do I feel about *understanding residents' cultural background* (gender, ethnicity, socio-economic status, level of education) as it relates to the challenges they face in *changing their relatives' smoking behavior*?

Not competent at all
1 2 3 4 5 6 7
Very competent

26. Overall, how *well prepared* do I feel in terms of the *skills* needed to do my job as HNI promoter?

Not prepared at all Very well prepared
1 2 3 4 5 6 7

Am I proficient in the use of the HNI tools and materials?

For questions 27-38, please circle the number that best describes how you feel about your use of the promoters' tools and materials.

27. How *familiar* am I with the *Home visit survey* used in the *first* visit to residents?

Not familiar at all Very familiar
1 2 3 4 5 6 7

28. How *competent* do I feel about using the *Home visit survey* during the *first* visit to residents and recording all the necessary information completely and accurately?

Not competent at all Very competent
1 2 3 4 5 6 7

29. How *familiar* am I with the *Home visit survey* used in the *second* visit to residents?

Not familiar at all Very familiar
1 2 3 4 5 6 7

30. How *competent* do I feel about using the *Home visit survey* during the *second* visit to residents and recording all the necessary information completely and accurately?

Not competent at all Very competent
1 2 3 4 5 6 7

31. How *familiar* am I with the *Evaluation survey* used in the *third* visit to residents?

Not familiar at all Very familiar
1 2 3 4 5 6 7

32. How *competent* do I feel about using the *Evaluation survey* used in the third visit to residents and recording all the necessary information completely and accurately?

Not competent at all
1 2 3 4 5 6 7
Very competent

33. How *knowledgeable* am I about the *information* provided to visitors of the *Breathe Better Bus*?

Not knowledgeable at all
1 2 3 4 5 6 7
Very knowledgeable

34. How *competent* do I feel about using and completing the *Breathe Better Bus pre- and post-survey* completely and accurately?

Not competent at all
1 2 3 4 5 6 7
Very competent

35. How *knowledgeable* am I about the *educational materials* provided to *residents*?

Not knowledgeable at all
1 2 3 4 5 6 7
Very knowledgeable

36. How *knowledgeable* am I about the *educational materials* provided to *businesses*?

Not knowledgeable at all
1 2 3 4 5 6 7
Very knowledgeable

37. How *knowledgeable* am I about the *educational materials* provided to *childcare providers*?

Not knowledgeable at all
1 2 3 4 5 6 7
Very knowledgeable

38. Overall, how *proficient* do I feel about *knowing and using* the tools and educational materials of the HNI?

Not proficient at all
1 2 3 4 5 6 7
Very proficient

Once you have responded to the self-reflection questions for the first time and when you go back to the field to continue your work as promoter for HNI, try to make an effort to “observe” yourself and identify ways in which you can improve your practice according to the areas of reflection. Make an effort to learn from your own experience. The next time you conduct your self-reflection, compare your current practice with what you were doing before. Share these insights and reflections with your fellow promoters during the Team Sharing and Debriefing Sessions to make it a team learning experience. You can also compare your practice with that of other promoters to try to learn from their experience.

TEAM SHARING AND DEBRIEFING

Sharing your reflection results will enable all promoters to benefit from a team learning experience. Working together as a team will provide an opportunity for you to discuss common challenges and goals with other promoters and give you all an opportunity to brainstorm around difficult issues. During the debriefing time, you are encouraged to reflect about events, beliefs, emotions, concerns, questions, problems, and future plans as they relate to your roles and responsibilities within the HNI. An ultimate goal of the sharing and debriefing practice is to explore how your work as promoters is increasing the community's capacity to address their own SHS issues.

It is important that you are as honest as possible when sharing your experiences with your fellow teammates. To develop a level of trust that will allow all of you to share your personal experiences and what you have identified as strengths and weaknesses, it is essential that all members of the team are supportive rather than critical of each other. As a group, you want to make a concerted effort to learn from each other, collaboratively pose and solve problems and provide mutual support that results in professional growth. This time is dedicated to improving your competence as a HNI promoter.

In order to assume equal responsibility for the team sharing experience, it is a good practice to rotate the roles of facilitator and note-taker within members of the group. Please make sure to keep detailed records of your sharing and debriefing to give a copy to the CRS evaluation team once a month. There is no need to capture the names of the promoters unless keeping track of the person is relevant to the understanding of the information.

Steps for Team Sharing and Debriefing

If promoters have not completed their self-reflection, allow them 20 to 30 minutes to complete that activity.

Make sure to take notes on the following areas under discussion

1. Spend 30-45 minutes to share an overall review of their self-reflection based on the three areas of reflection (content knowledge, skills, tools and materials). Spend time addressing the following questions:
 - a. Do promoters have the necessary knowledge to fulfill their responsibilities, about:
 - Second-hand smoke and related diseases
 - CCIAA and SFCO
 - Community services/resources
 - Smoke cessation
 - Other HNI components
 - b. Do promoters have the necessary skills to perform their responsibilities competently as they relate to:
 - Developing others' trust
 - Listening
 - Assess others' comprehension
 - English and Spanish skills
 - Clarity of language

- Clarity of information
 - Assessing others' learning needs
 - Teaching childcare providers
 - Develop childcare providers' skills
- c. Are promoters proficient in the use of the tools and materials related to the HNI?
2. Acknowledge promoters' strengths as well as how different team members contribute different talents to the team.
 3. Identify weaknesses that are common to the team, e.g., if most team members do not feel very competent about providing information to residents at a level that is easily understood. Also identify weaknesses of individual promoters.
 - a. Develop a priority list of the team's areas of weaknesses
 - b. Develop a plan of action for how to address these weaknesses
 - who needs to have additional readings or presentations provided on identified topics
 - when will the needs be addressed
 - c. Make sure that all team members receive the necessary training to be competent promoters
 4. Talk about the minimum level of training needed by promoters in order for them to be effective in their job.
 5. Ask promoters to share one case of a visit to a residence that they would qualify as an excellent visit. Talk about the characteristics that made this an excellent visit:
 - a. What are the characteristics of the case that made it so good?
 - b. What was accomplished? Why do you think this was accomplished?
 - c. Can you differentiate if it was the resident or the promoter who made this such a good case? Were both responsible for the success of the case? Why? What did it happen?
 - d. Did the resident increase his/her knowledge? What? How? What evidence do you have of the change?
 - e. Did the resident change his/her attitude towards SHS or smoking? How? What evidence do you have of the change? Do you think the change is permanent?
 - f. Did the resident change his/her behavior regarding SHS or smoking? What? How? What evidence do you have of the change? Do you think the change is permanent?
 - g. What are the lessons learned from this case?
 6. Ask promoters to share one case of a visit to a residence that they would qualify as a very bad visit. Talk about the characteristics that made this such a bad case:
 - a. What are the characteristics of the case that made it so bad?
 - b. What was accomplished? Why do you think that happened?

- c. Can you differentiate if it was the resident or the promoter who made this such a bad case? Were both responsible for the lack of success of the case? Why? What did it happen?
 - d. Did the resident increase his/her knowledge? What? How? What evidence do you have of the change?
 - e. Did the resident change his/her attitude towards SHS or smoking? How? What evidence do you have of the change? Do you think the change is permanent?
 - f. Did the resident change his/her behavior regarding SHS or smoking? How? What evidence do you have of the change? Do you think the change is permanent?
 - g. What are the lessons learned from this case?
7. Talk about how the promoters work is helping the community to become more active (or activated) in relation to taking charge of SHS issues
 - a. Is the promoters' work making a difference in the community?
 - b. What evidence do you have that the community is becoming activated?
 - c. What evidence do you have that the activation of the community is the result of the promoters' work?
 - d. Are there any other possible reasons that would explain why the community is becoming activated?
 8. Talk about the challenges of implementation of the HNI model (include all its components)
 9. Finally, make sure to talk about and document how the promoters' role is contributing to the success of the HNI.

Appendix B: Derby Days

-- Please see attached PDF file --

Appendix C: Listening Session

NOTE: The following data were collected, analyzed and reported by CREA Results.

Listening Session
Healthy Neighborhoods Initiative
February 14th, 2008

Place: Our Lady Mother of the Church
Time: 5:30 PM – 7:30 PM
Participants: 14 young adults (ages of 12 and 17 years old)
17 parents.

Total: 31 people

Comments during the presentation:

What percentage of the people smoke in Colorado?

The group answered from 90% to 50%.

Participants were very surprised to hear that only 19% of the population smoke.

Results and answers from the groups

Comments about the power point presentation

Parents:

It was very, very good.

We heard and knew some of the information but we never heard it with so much detail.

It was very interesting and provided a lot of help to make the decision on not smoking, quit smoking and avoid secondhand smoke exposure.

Youth:

We like it a lot.

We got a lot of information to avoid start smoking.

We like all the information, some of it was very surprising.

We did not know there was some much junk in the cigarette smoke.

We like who the information was presented.

Other comments from the audience:

We would like to see more pictures and things to see and touch.

Before and after pictures of people that smoke would be cool to see.

Pictures of good and bad lungs.

Was the information new to you? If you already had that information, where did you get this information?

Parents:

3 knew some of the information

5 said the information was completely new to them

9 adults heard and knew the information from the HNI home visits.

They already knew some of it but not all the details.

They knew cigarette smoking was bad, but had no idea of all the chemicals in cigarette smoke.

Where?

We got this information through the Home visits, TV, radio or newspapers.

Our kids get some of this information at school.

We, as parents, need to be more open to hear what they (the kids) learned.

I saw the bus (Breathe Better Bus) at my kids' school and at the church.

Youth:

I knew some of the information but I had no idea how many chemicals it has that can give you cancer.

I learned in school that cigarette smoking is bad, but I like learning why is bad exactly.

I saw the Bus at my school and it was really cool.

My mom quit smoking after some people (Promotores) visited her at home. She was smoking for many years before and now she no longer smokes in or out of the house.

Do you think youth/parents are interested about tobacco issues? Why?

Parents:

As parents we are very interested since we are worried about the health of our children.

We need to get more education.

We need to teach by example; but when a parent smokes it is very hard to do that, but now we know we can tell them about how hard and difficult it is to quit once you start smoking.

A lot of the parents here and in our community don't consider tobacco a "drug" like marihuana or cocaine those are scary, tobacco is just something some people do and can quit when they have a "strong will".

We usually see our kids that smoke cigarettes as better than the ones that use other drugs and something they may do as they grow up.

For some of us it is disrespectful to ask a friend or family member to leave the house to smoke; of course now with this information there is no way I am letting anybody smoke in my home.

Youth:

Learning the real deal about cigarette smoking and about the tobacco industry marketing is very interesting.

I am never going to smoke now.

As a smoker, I like learning about something I do but I did not know too much about it.

I smoke and I like learning about how many things I can do instead of smoking.

I think we need to hear this information all the time; not just one time but as many times as possible so we don't forget.

What is the perception of youth/parents about tobacco?

Parents:

I know is dangerous but I keep thinking it is not going to be bad for me.

We don't give this issue the necessary importance.

It is surprising the low percentages; yet a lot of my son's friends smoke and more are starting to smoke every day.

I had no idea how many carcinogenic agents are in the smoke.

It is surprising how addictive nicotine can be.

Most of the people think one can quit anytime and it is not true.

I always said I was going to die of something; I just did not know dying of smoking was so expensive, long and painful...for me and for all my family.

I always thought I was a good provider and protector of my family; now I feel bad since I have been smoking inside the home but I am no longer going to do that, and you guys are witness.

Youth:

It is nasty; smokers stink really bad.

Smoking can be super addictive and a lot of young people don't know that or don't care.

I am not worry about dying.

If smoking was bad, why is it a legal drug then?

I know is bad but I am smoking just a few cigarettes a week.

I think my point of view can shift with good information and if I trust the teacher or informant.

Smoking is way more dangerous than it looks.

In your opinion, how informed are youth/parents about the risks of SHS and smoking? Where are the youths getting information from?

Parents:

We are lacking a lot of education.

Information and education are not really available to us.

Language is a big barrier for information.

Forums or meetings like this are not common at all.

SHS is bad; I just did not know how bad.

I never know SHS was so bad for me and my children.

We put our right to do what we want (smoking), before what it is the right thing to do to our roommates that don't smoke.

People know (SHS) is bad; they all know that but it is like exercise, people know is good but doesn't mean we exercise neither, we just need more education or something.

Youth:

I think we need to learn more about what really is and how our decisions affect others.

Also how other decisions (like others smoking) affects us.

We get a lot of information at school.

It is not an interesting subject.

We see the exposure to SHS as responsibility of the non smoker –if you don't like it then move away.

Secondhand smoke is really bad for kids, not teenagers.

Teenagers have other things to worry.

I think the issue of smoking among youth is more a social issue than a health issue; so SHS is not really a concern.

What do you think are the parents/youths' role in preventing tobacco use and SHS exposure?

Parents:

Young people need to be educated about all this important issues.

We need to bring the education to ourselves and our kids.

Teach them by example.

Get to know their friends.

Never allow smoking in our home.

We need to help our friends and family members to quit.

Youth:

We have to be the example for our younger siblings.

We have to be able to not get “programmed” by tobacco marketing.

We have to find better ways to express ourselves.

We are not stupid; we are responsible to ourselves.

We need to reach out more to adults for help when we need it...(even if we think we don't).

Where does youth or their friends that smoke obtain their cigarettes?

ALL: Friends, stores, parents, other adults

If they buy it, where do they buy it?

Parents:

They ask an adult friend to buy them.

If they don't buy them, they steal them from their parents.

They buy it from other adults.

The stores don't card, they can buy it anywhere if they look older: “la bodega”, “Smoker friendly”.

Youth:

From other friends.

Other adults that smoke.

Ask an adult to buy them.

Get one for free from an adult in the street.

“Monaco Liquor”, “Adams City Liquor”, “Smoker friendly”, “Seven eleven”.

In your opinion, what is the percentage of your kids/friends that smoke?

Parents:

Of 14 young people in the group, 2-3 smoke.

2 out of 5 of my son's friends smoke.

20% of youth in the school smokes.

I don't know my kid's friends very well, and he would never talk bad about their friends.

Youth:

All of my friends smoke.

3 out of 10 of my friends smoke.

20%;

50%;

70%;

80%

At what age kids are starting to smoke?

Parents:

They start at 10.

“11”

“12”

“13”

In middle school

In High School

Youth:

Two said 12 years old.

Three said 13 years old.

One said 14 years old.

Two said 15 years old.

One said 16 years old.

One said 21 years old.

What type or kind of communication do you think is the best to provide information to youth about the dangers of SHS and smoking?

Parents:

The best is through TV.

Flyers

Talks and presentations

Meetings like this

Home visits

At school where they are already there.

Youth:

Radio and TV

Videogames

Movies

Talks and presentations

Theater

Have a famous actor or singer to make a song about it.

Fun play

T-shirts, posters

FINAL COMMENTS FROM PARENTS

- Very surprised about the amount of chemicals in cigarette smoke.
- Everything was very interesting and well presented
- We will pass the information to others
- They will like more meetings like this (more frequent)
- The session should have a time for parents to talk to teens
- More classes about communication with teen would be great

FINAL COMMENTS FROM YOUTH

- We like it a lot, even our parents were here.
- Don't do meetings on Friday nights.
- More high impact or shocking pictures (lung cancer effects or testimonies from a cancer patient).
- We like the power point presentation.