# Changing Behaviors

## *Smoke-Free Environments and Resident Engagement*

# Our Resident Population

- Residents raised in poverty, or those who come from refugee situations rarely choose to behave differently, but they are faced daily with overwhelming challenges that affluent residents or those with strong community relationships never have to confront.

- Smoking disproportionately impacts people of low socioeconomic status. It is in fact one of the **greatest predictors of smoking**.

- The $2700 a pack-a-day smoker spends annually on cigarettes means that's less expendable income for food, education, and healthcare. Smokers with low socioeconomic status (SES) suffer greater health burdens.

- This is not only in the U.S., but as the World Health Organization reports: worldwide. Tobacco and poverty are linked not only at the consumption level, but also at the production level. Small-scale tobacco farmers in developing countries often depend heavily on the tobacco industry. Tobacco production entails health risks from the direct contact with the nicotine, and the heavy use of pesticides applied without proper gear.

# Our Resident Population

- A study in 2002 conducted by the National Network of Smoking Prevention and Poverty (NNTPP) found that cigarettes served as a legal tool for those of low SES to cope with boredom, relieve stress and as a companion to alcohol and caffeine.

  - Often the poor are more likely to be exposed to nearly ubiquitous cigarette advertising at corner stores. Store promotions offer major incentives. There is high brand loyalty among this population.
  - Individuals did not relate smoking to deadly illnesses, or connect smoking to health risks. Many cited secondhand smoke as more harmful than smoking.
  - Lack of inquiry by providers and little advice or support by doctors to quit was reported. Some did not admit to smoking for fear of being "scolded."
  - Access to cessation resources and/or programs is limited. What programs exist are not culturally or linguistically appropriate.
  - Lack of self-efficacy – individuals did not have a belief in their own power to quit.
  - Nicotine gets into the part of the brain stem that creates a sense of safety, comfort, warmth. It provided a private time to "relax and reflect."

# Poverty and Smoking

- Possible reasons that rates of smoking are high for this population include:
    - People employed in blue-collar and service occupations are more likely to be exposed to secondhand smoke on the job than their white-collar counterparts.
    - Smoking is considered the norm in the social and family groups of participants. They assume that smoking prevalence is higher than it really is.
    - Unsuccessful quitting attempts and relapses are caused by stress, friends and family and environmental cues.
    - Most would like to quit but do not believe in their own ability to overcome addiction; they believe they need willpower to quit.
    - Participants do not see care providers as being helpful in quitting.
    - Smoking meets a need for each participant that cannot be replaced with anything else.
        - It can suppress hunger.

# Traditional Methods of Change

- Choose a problem behavior to change.

- Measure the problem behavior by collecting data.

- Determine the function (purpose) of the problem behavior.

- Conduct a functional behavior assessment.

- Create a behavior intervention plan.

- Teach a new alternative behavior.

# The Problem with Education

**"You know it's bad already."**

- Hearing about the problem does not lead to action.
- Fear alone does not motivate action.

    People often have no idea why they do the things they do, or what would induce them to change what they do. They are very frequently *wrong* about such things. Self-reporting on what influences them, what motivates them, how they make decisions, what they will do in the future — it's just not reliable.

- Penalizing individuals for unhealthy behaviors could result in great injustice and social harm.

# Education of a Different Kind

- **You can't eradicate all the present causes of a smoker's choice to smoke.**

  - To save yourself misdirected energy replace your *why*s with *what*s and *how*s. Instead of asking "Why is this happening?" ask, "What can I do about it?" or "How am I allowing this problem to continue?"

    **"ASK THE NEXT QUESTION"**

# Information, Consultation, Involvement

- Inform:  Provide the community with information on smoking and why cessation and a smoke-free environment is going to be for everyone's benefit

- Consult: Capture the community's enthusiasm. Find out how they think, what they worry about, and create a dialogue.

- Involve: Once the policy is in place, don't let it stagnate and become "just another rule."

# The Policy

- What is the Purpose of this Policy?
- The policy is in place to
  - Protect their health
    - <u>Protect the health of the people they love.</u>
  - Improve their lives
    - Help increase attempts to quit
    - Gives them language to use
    - Gives them justification

# Goals for the Policy

- Teach the policy. The residents need to understand it.
  - Have the residents teach it to you, or even new move-ins.
    - **Always provide leadership opportunities!**
- Make sure they know what constitutes a violation.
- Make sure they feel comfortable in reporting it.
  - On-site staff needs to understand the culture of the community.
- Give time for them to ask questions.
  - If no one asks questions, <u>you</u> need to start..
    - "Have you ever tried to quit?" Probe. Get their story.
    - "Does anyone know what kinds of chemicals are in cigarettes?"
    - "Do you know how cigarettes can harm you?"
- Measurement: What's success? What's failure?

# Addressing the Issue

- Know your residents.
  - Surveys vs. Surveying
    - Get an understanding of how the community prefers to give and receive information.

    - Get an understanding of how the community already feels about smoking and the transition.
      - Where does it differ? Why?

    - What other resources can you tap into in the community? Are schools doing anti-smoking campaigns? Are the places of worship all smoke-free? Can you form relationships with health care providers?

    - This assessment should not only identify places where diverse populations live, work, and spend their free time, but also should include discussion of media usage habits, sources of health care, and community leaders.

# Addressing the Issue

- Changing a behavior requires understanding the barriers and benefits.

- Cultural differences and origins can affect how the residents understand the dangers.

  There's nothing wrong with them because it's normal.

- Share that what you are doing is for the benefit of the household, the individual, the family…

  - …and that **your** place is not to judge.  It's a problematic behavior, but it isn't the only thing that defines the person.

# Addressing the Issue

- *Cultural Competence*
  - In many cultures, asking questions can be considered rude and disrespectful. They may not ask anything despite having requests or uncertainties.
  - Sometimes saying, "No," is a way to be modest. It might also be a sign of not quite understanding.
  - Rules and policies can be overwhelming.
  - If someone is offered something, one might be reluctant to take it even if it is needed. Persevere gently. Rephrase the question.
  - Smoking often starts in adolescence in all countries, strongly related to social influences being most important determinant. Many times habitual cues become emotional cues.

# Addressing the Issue

- Translate. Use graphics, and address multiple backgrounds.
  - Asian Pacific Partners for Empowerment, Advocacy & Leadership
    - http://www.asiansmokersquitline.org/ (Chinese [Cantonese and Mandarin], Vietnamese, Korean)
  - MedlinePlus (National Library of Medicine)
    - https://www.nlm.nih.gov/medlineplus/languages/quittingsmoking.html
  - Health Navigator (New Zealand)
    - http://www.quit.org.nz/file/publications/he-ara-oranga-a-journey-to-wellbeing.pdf (Māori)
    - http://www.quit.org.nz/file/publications/06SamoanInfoShee%2004c.pdf (Samoan)
    - http://www.quit.org.nz/file/publications/07TonganGettingReadyToQuit03.pdf (Tongan)
  - National Institute of Health: Smokefree.Gov
    - http://espanol.smokefree.gov/recursos-gratuitos (Spanish)

# Modeling and Challenges

- We know that when you model things, it changes the brain. This is why celebrity endorsements work.

- We know that breaking things down into options, giving interesting barriers helps stimulate creativity and prevents the paralyzation of choice.

- We know that people are competitive. This is why challenges work.

# Melding the Method

- Create a compelling message.
  - Tell residents' stories. *(Interview, get photos, utilize the internet…)*
  - Share residents' goals.
  - Utilize resident "liaisons" amongst the community.
  - Encourage residents to reinforce with art and environment.
  - Knock on doors – **invite** residents to engage!

  Remember, residents are the most important experts in creating solutions to reach their community.

# Cessation

- Challenges
  - Train residents to run groups and events for themselves and staff – this gives them responsibility and direction.

  - Provide resources and goal dates – the implementation of policy is just one of many!
    - Set and advertise celebration days ahead of time to help push goals forward.

  - Create levels of challenges.
    - "Down to one pack a day."
    - "Down to one a day."
    - "Down to none a day."

# Cessation

- The challenge is not just the motivation, it is also practicing the behavior and building the (anti-)habit.
  - Utilize multiple methods to connect with residents.

- Practice becomes the real – surgeons don't go straight to cutting people up – they get lots and lots of pretend before they go for it.
  - How can residents practice cessation and proper procedure in your community?
  - How can you reinforce the information regularly?

  Limit rewards to change, but make sure incremental change is recognized and that even failure can be one step in the right direction.

# Quitting Is Hard!

- Common withdrawal symptoms associated with quitting include the following:
  - Nicotine cravings (nicotine is the substance in tobacco that causes addiction).
  - Anger, frustration, and irritability.
  - Anxiety and/or Depression.
  - Weight gain.
  - Dizziness.
  - Headaches.

  How can you support your residents through this? Cravings are real, frustration is real. This is where support really shines!

# Praise is a Reward

- Practice praise.
  - Make sure your residents hear you give verbal acknowledgement of their struggles and their successes
    - "I hear you're down to a pack a day, Mrs. X. That's amazing! Have you been feeling better? I know that's got to have put money into your pocket!"
  - *Embody respect.* You can't change what's in your resident's bank account, but you *can* show that it doesn't need to affect their humanity.
    - Give respect first, even when they seem least to deserve it.
  - Content given to residents should be valuable, provide timely and relevant information that motivates them to take action.
- This process requires full authenticity and relationship. Anything less, and people go away feeling used.

# Crime and Punishment

- Always relate and refer to the behavior and not the person.
- Punishment is not a teaching method. It is a procedural event, not something expected to change behavior.
- *When possible* choose to discipline through positive relationships not by exerting power or authority. Utilize community building resources over policies.
- How can staff be accountable? Residents need to see that everyone is on a cohesive team.
- Allow residents to share decision making, but maintain expectations while offering choices and soliciting input.

# Plans and Possibilities

- Deposit plans – help residents open up bank accounts that they deposit the money they would normally spend on cigarettes into this account each week.

- Contracts – in addition to the policy, have residents sign a contract showing rewards for quitting by the date they give themselves.

- Commit to Keep Asking – After assessing the need, keep asking if smoking residents want to quit and if they need help. You might choose a date to implement the procedure, but it's months and months afterwards that you'll still be working with it, just as it will take time to quit!

- Work with other agencies to create consistent strategies.

# What's In It For Me?

- Community engagement builds "social capital" -- social ties, networks, and support -- which is associated with better community health and well-being…
  - When your residents stop smoking…
    - …they have less sick days
    - …they can pay rent more reliably
    - …there's less stress in the community
    - …there's more interaction between households
    - …they accomplish more
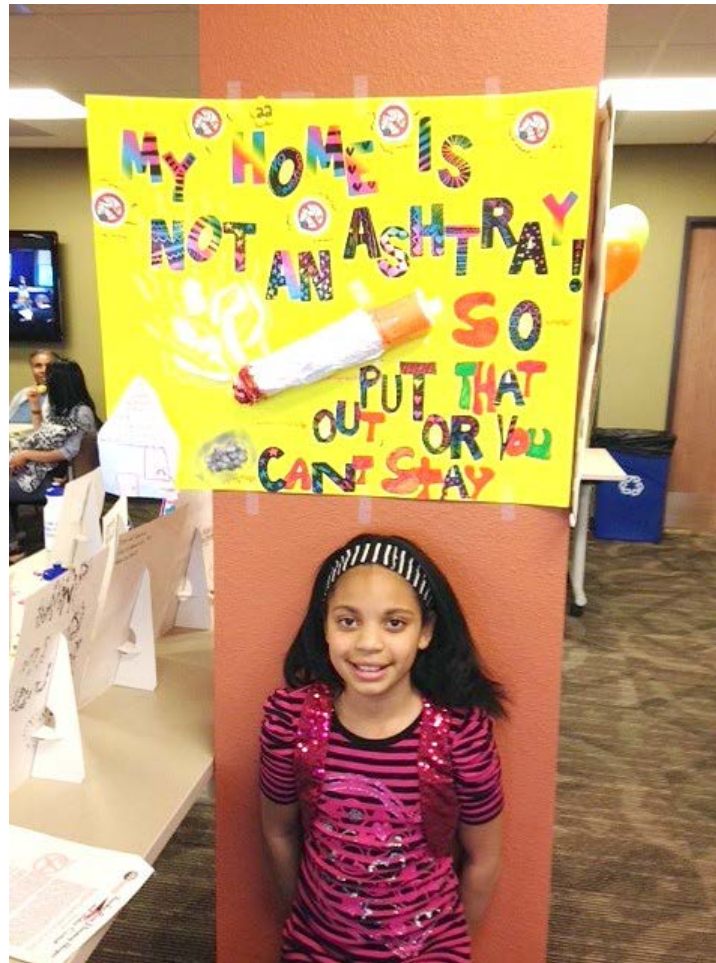    - …they are happier.

# Aurora Housing Authority
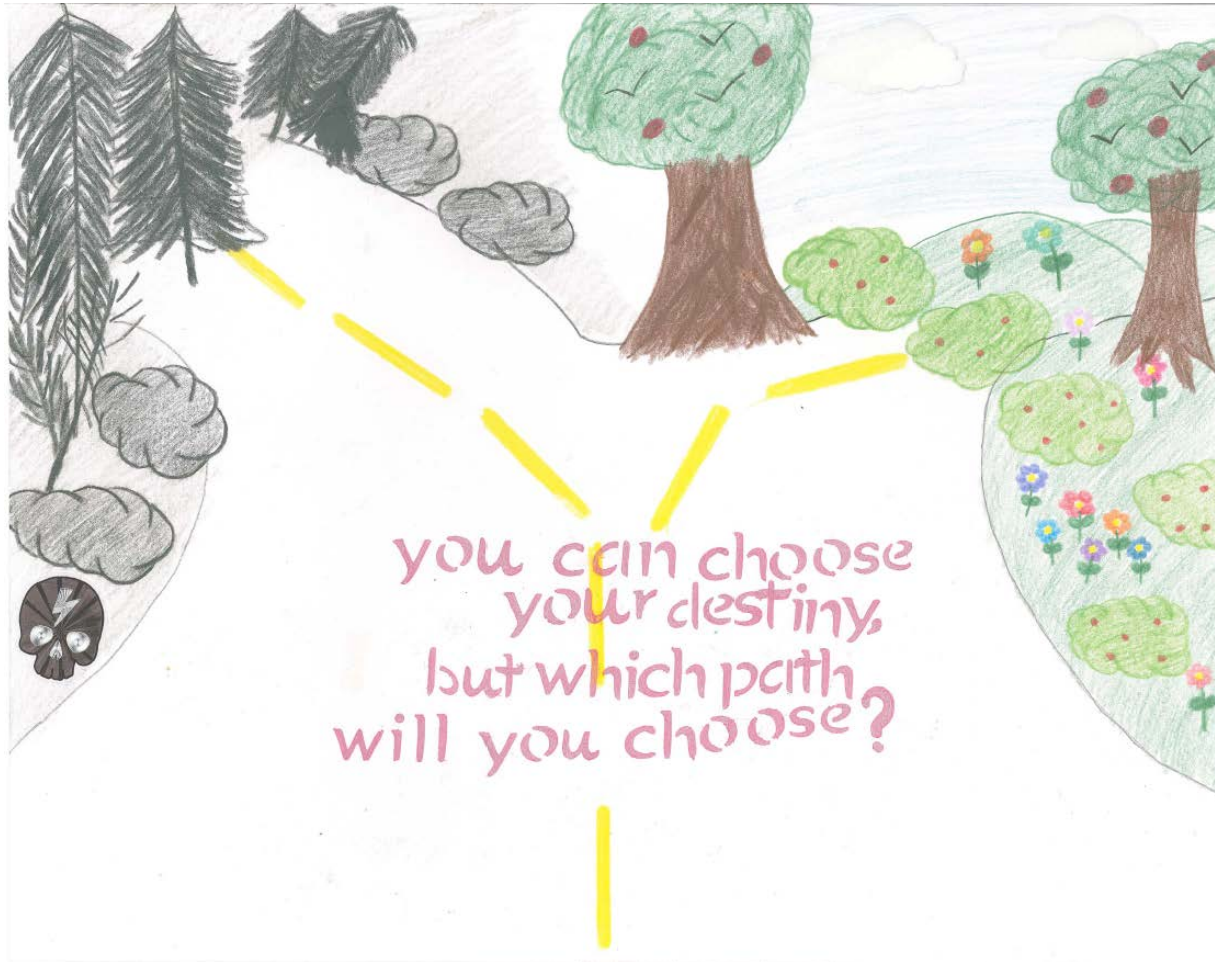
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# Contact Information



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