

# Evaluating the Implementation Process of a Citywide Smoke-Free Multiunit Housing Ordinance: Insights from Community Stakeholders

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We evaluated the implementation process of Richmond, California's citywide smoke-free multiunit housing ordinance. We conducted semi-structured focus groups with multiunit housing tenants, owners, and managers. Residents understood the harms of secondhand smoke but lacked accurate information about the ordinance and questioned its enforceability. They shared concerns that the city lacked cessation resources for smokers wishing to quit because of the ordinance. To increase compliance with the ordinance, tenants, owners, and managers need accurate information. (*Am J Public Health*. 2014;104:1889–1891. doi:10.2105/AJPH.2014.302075)

Implementing smoke-free multiunit housing (MUH) policies is the most effective way to protect MUH residents from secondhand smoke exposure.<sup>1,2</sup> We have discussed how MUH tenants, owners, and managers view the implementation of Richmond, California's citywide smoke-free MUH ordinance and potential barriers to its equitable implementation across the city's diverse neighborhoods.

The majority (78%) of Richmond's 106 516 residents are ethnic minorities; 38% of Richmond's population live in MUH residences.<sup>3,4</sup> In 2009, Richmond passed an ordinance to prohibit the smoking of any tobacco product or marijuana in residential dwellings containing 2 or more units; it was fully implemented in 2011.<sup>5</sup>

## METHODS

During the first year of this 3-year (from 2011 to 2014) project, we conducted 7 hour-long focus groups among 50 participants who were MUH tenants, owners, or managers to assess knowledge of the implementation of Richmond's smoke-free MUH ordinance and to elicit suggestions for improving community understanding and acceptance of the ordinance. We compensated participants \$40. Table 1 presents focus group demographics.

We checked focus group transcripts for accuracy and uploaded them into NVivo9 to facilitate data management and analysis.<sup>6</sup> We generated an a priori codebook predicated on the overarching research questions and topics outlined in the focus group guide. Our qualitative content analysis identified specific topics or themes in the transcript data.<sup>7</sup>

## RESULTS

Content analysis of focus group data identified recurring themes that we grouped as either preimplementation or postimplementation (Table 2).

### Preimplementation

Participants disclosing the most accurate knowledge of the ordinance were more likely to live in homeowner association communities or in subsidized housing. Landlords, apartment managers, and homeowner associations often communicated with MUH residents via newsletters or community meetings. Although they were in favor of the ordinance, several participants felt the implementation happened too quickly and did not allow residents time to figure out how they would quit smoking.

There were concerns about notifying residents about the ordinance; similarly, several participants, smoker and nonsmoker alike, felt that such a simple yet rigorous ordinance required time if compliance was expected. Several participants, in particular smokers, voiced their concern about the strong addictive nature of smoking, noting the importance of helping individuals who wanted to quit.

In general, tenants felt management was informed about the ordinance. Additionally,

most resident participants with leases mentioned signing an addendum or completing a new lease in which the clause about the Richmond MUH ordinance was visible. Resident compliance with the ordinance when all was in place for people to observe the components of the ordinance was challenging for both residents and management.

The smoke-free MUH ordinance is codified as a nuisance law; thus one must be caught in the act of smoking in a protected area of an MUH to be cited by a Regulatory Unit officer. Such a stipulation gives rise to challenges in enforcing the ordinance, a sentiment that most participants held. Although many were unsure of the enforceability, they were resigned to complying with the ordinance.

**TABLE 1—Participant Demographics: Focus Groups on Smoke-Free Multiunit Housing (MUH) Ordinance; Richmond, CA; 2011–2014**

Characteristic	Focus Group (n = 50), No. or Range
<b>Participant</b>	
Resident of federal housing	19
Resident of affordable housing	6
Resident of private MUH	7
Resident of community-based organization	12
Owner or manager	6
<b>Gender</b>	
Woman	34
Man	16
Age, y	32–79
<b>Ethnicity/race</b>	
Asian	7
African American/Black	22
American Indian	2
Hispanic	6
White	11
Other	2
<b>Smoking status</b>	
Current smoker	14
Former smoker	19
Nonsmoker	17

**TABLE 2—Themes and Illustrative Quotes: Focus Groups on Smoke-Free Multiunit Housing (MUH) Ordinance; Richmond, California; 2011–2014**

Theme	Illustrative Quotes
<b>Preimplementation</b>	
Preparation of residents	I really wish there was more support as far as our stress, because they're stressing us out now, with this ordinance . . . the way they went about it was just all wrong . . . whatever we're stressing about before, now we've got a little more. (MUH tenant, African American woman) At least have some type of forum, some type of discussion, some type of something—opposed to you waking up and you're on your way to work and they've got something slapped on your door saying, "If I catch you smoking, you're getting out." (MUH tenant, African American woman)
Sensitivity to needs of smokers who might wish to quit	Don't get me wrong, I love my kids more than I love myself. . . . I would never ever see no harm come to them. But as I explained to my 18-year-old, these cigarettes go way back before you, and it's not personal, and I don't mean to hurt you, I don't mean to offend you, but pray for me. (MUH tenant, African American woman) I think that before they begin the penalty phase of this ordinance, there should've been some type of help phase . . . we all need some kind of help. It's just like you didn't come out walking. You had to learn how to walk. You got to learn how to stop smoking. (MUH tenant, African American woman)
Enforceability concerns	I don't think [landlords are enforcing this ordinance]. Not yet. Because [we] are not telling the office, "Oh, yeah, my neighbor is smoking." . . . [Not until we] start being more concerned about letting them know who does and doesn't [smoke]. (MUH tenant, Latina) When you have a law that can't be enforced, then it just tells people that laws are not important. . . . I think it's harmful to have a law that can't be enforced and yet have the law. (MUH owner, White man) Have a sign posted up on each area . . . put a fine there [on the sign]. I know somebody's going to quit smoking in front of the house, anywhere there's a fine. I don't want to smoke there. (tenant, Laotian man)
Concerns about marijuana smoke	The doctor is saying that they have a prescription. . . . Then when the police came, they said you have to buy this \$600 vaporizer . . . who has \$600 for that? If you're on medical marijuana, that means that you're getting Section 8, that means you're on disability, so you don't have money for all this. (MUH tenant, African American woman)
<b>Postimplementation</b>	
Issues with designated smoking areas	What the low-income housing thing is, these areas . . . the police call them hot spots. The same areas where they want you . . . to go outside in the blazing dark, running from raccoons and stray bullets. . . . So, if I'm out there smoking . . . and some dude just happens to come by . . . and shoot me, now I done got shot following the ordinance. . . . So, how is that helping my children now? (MUH tenant, African American woman)
Perceived effectiveness of ordinance	I'm on a second floor, and the people downstairs and one over [me] who are smokers have been complying with [the ordinance]. Absolutely. (MUH owner, White woman)

The topic of marijuana smoking inside MUH units stimulated heated discussions, with several participants, particularly those living in subsidized housing, noting they were more agitated by marijuana smoke than by tobacco smoke. However, the marijuana provision of the ordinance may have a disproportionate burden on disabled and low-income residents living in subsidized housing who smoke marijuana for medical purposes.

### Postimplementation

Overall, focus group results suggested that several of the participants felt that their management group, landlord, or homeowners association was attempting to comply with the ordinance's designated smoking area. One problem, however, proved to be the need to identify designated smoking areas that were conveniently located for smoking residents. This problem was more common among residents from public or

subsidized housing located in areas with high crime and illegal drug activity.

Overall, even with the challenges related to dissemination of information and with the implementation and enforcement of the ordinance, focus group participants felt that the ordinance was having some intended effects. Perceived effectiveness translated to how residents, landlords, management companies, and law enforcement tried best to implement and comply with the ordinance.

### DISCUSSION

Richmond MUH residents, regardless of whether they lived in subsidized, public housing or privately owned MUH homes, favored the ordinance. Our analysis suggests that providing accurate information about the ordinance to residents, involving residents in decisions related to designated smoking areas, and directing

interested smokers to cessation resources are crucial to successful implementation.

Because smoke-free policies in MUH comprise a growing area of interest in tobacco control, it is important to understand how community residents and other stakeholders adopt and carry out these policies. ■

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### Contributors

V. B. Yerger wrote the first draft of the article. V. B. Yerger and R. S. Battle collected data from the focus groups.

V. B. Yerger and R. S. Moore reviewed all transcripts and coded data categories. R. S. Battle coded data. R. S. Battle and R. S. Moore collected the interview data. All authors conceptualized the study, refined and contextualized the analysis, revised all drafts of the article, and approved the final draft.

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### Human Participant Protection

This study was approved by the institutional review boards of the University of California, San Francisco, and the Pacific Institute for Research and Evaluation. Participants provided informed written consent before study participation.

### References

1. King BA, Travers MJ, Cummings KM, Mahoney MC, Hyland AJ. Secondhand smoke transfer in multiunit housing. *Nicotine Tob Res*. 2010;12(11):1133–1141.
2. Levy DE, Rigotti NA, Winickoff JP. Tobacco smoke exposure in a sample of Boston public housing residents. *Am J Prev Med*. 2013;44(1):63–66.
3. *2005–2007 American Community Survey (ACS) 3-Year Estimates*. Suitland, MD: US Census Bureau; 2008.
4. City of Richmond. City facts. 2009. Available at: <http://www.ci.richmond.ca.us/DocumentCenter/Home/View/301>. Accessed July 7, 2014.
5. City of Richmond, California. Richmond municipal code. Available at: <https://library.municode.com/index.aspx?clientId=16579&stateId=5&stateName=California>. Accessed July 7, 2014.
6. QSR International. *NVivo 9.0* [computer program]. Burlington, MA; 2010.
7. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res*. 2005;15(9):1277–1288.