



Evaluating “Not in Mama’s Kitchen” Second-Hand Smoke Campaign in Georgia

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### Abstract

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### Keywords

African Americans; Clean Indoor Air; Georgia; Health promotion; Indoor air pollution; Nonsmoking areas; Passive smoking; Secondhand smoke; Tobacco bans; Tobacco smoke pollution

### Cover Page Footnote

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## **EVALUATING “NOT IN MAMA’S KITCHEN” SECOND-HAND SMOKE CAMPAIGN IN GEORGIA**

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### **Abstract**

In 2003-2005, the Association of Black Cardiologists, Inc. initiated the Not in Mama’s Kitchen (NIMK) second-hand smoke (SHS) prevention campaign in Georgia as part of their effort to reduce exposure to SHS in African American communities statewide. This initiative was evaluated using baseline data from pledge cards as well as data from a self-administered mail survey of 1,000 campaign participants. 14,770 Georgians participated in NIMK, signing pledges to make their homes and cars smoke free. Majorities of those surveyed followed through with their pledge, banning tobacco use in their homes (76.1%) and cars (80.2%). The program was cited by 65.4% of respondents as being instrumental to their decision to ban smoking and by 81.6% as an important source of information on the dangers of SHS. Participants even became advocates, with 74.3% reporting talking to family and/or friends about the dangers of SHS and encouraging them to make their own homes smoke-free.

**Key Words:** Secondhand smoke; Tobacco bans; Clean Indoor Air

## Introduction

Second-hand smoke (SHS), also called passive smoking, is a complex mixture of particles emitted from a burning cigarette, cigar, or pipe as well as the smoke exhaled by the smoker.<sup>1</sup> SHS contains over 4,000 chemical compounds, over 69 of which are known or probable human carcinogens.<sup>2</sup> Current studies estimate the overall prevalence of SHS exposure in the United States to be between 30% and 80% among adults and youth.<sup>2-4</sup> Exposure is negatively correlated with age, with children and adolescents at highest risk.<sup>2,4</sup> The principal location of exposure for children is the home. Overall, it is estimated that over 35% of children in the U.S. are exposed to SHS in households where residents or visitors smoke on a regular basis.<sup>5-6</sup> Population-based data from the Third National Health and Nutrition Examination Survey also suggests that a majority of children are exposed to SHS, regardless of the presence of smokers in the home.<sup>7</sup> Exposure is also correlated with race and socioeconomic status. African Americans, in particular, have significantly higher risk of SHS exposure compared to non-Hispanic whites, Hispanics, and Asians.<sup>2-7</sup> Low socioeconomic status is also a risk factor for exposure, with lower individual/family education and/or income associated with increased exposure in children and adults.<sup>2-4, 7</sup> In Georgia, exposure to SHS is an important public health issue, with approximately 20% of adults in the state current smokers and an estimated two-thirds of middle school and three-fourths of high school students exposed to SHS, regardless of their or their parent's smoking status.<sup>8</sup>

Studies have firmly established SHS as an important and preventable cause of morbidity and mortality.<sup>1-2</sup> Among adults, exposure to SHS has been linked to a number of adverse health effects, including lung cancer,<sup>2, 9-11</sup> cardiovascular disease,<sup>1-2, 12-13</sup> and asthma.<sup>14-15</sup> Studies suggest that SHS may account for as many as 3,000 lung cancer deaths in adult nonsmokers annually.<sup>10</sup> The burden of SHS-related heart disease may be even greater, with exposure to SHS estimated to account for between 35,000 and 60,000 deaths from ischemic heart disease in adult nonsmokers annually.<sup>12, 16</sup> Among children and adolescents, SHS exposure has been linked to a number of adverse health conditions and outcomes, including asthma,<sup>2, 5, 17-20</sup> severe lower respiratory tract infections,<sup>2, 17, 21</sup> neurocognitive deficits,<sup>17, 22</sup> sudden infant death syndrome (SIDS),<sup>2, 17, 23</sup> low birthweight,<sup>2, 17, 24</sup> premature coronary heart disease,<sup>25</sup> and increased health services utilization.<sup>20, 26-27</sup> It is estimated that SHS accounts for close to 6,000 annual excess deaths in children younger than 5 years of age – surpassing the number of deaths due to all injuries combined.<sup>26</sup>

Because separation of smokers and nonsmokers within the same airspace only reduces but does not eliminate exposure to SHS, household and workplace smoking bans are often the primary method of protecting non-smokers from SHS exposure. However, despite evidence suggesting that home smoking bans may be effective in protecting nonsmokers from SHS,<sup>28-30</sup> there are few interventions that have been introduced specifically to prevent SHS exposure in the domestic environment and even fewer targeting culturally-specific groups. This paper presents an evaluation of Not in Mama’s Kitchen (NIMK), a SHS prevention campaign conducted in African American communities in Georgia by the Association of Black Cardiologists, Inc. (ABC) with funding from the Georgia Department of Human Resources, Tobacco Use Prevention Section.

### **Not in Mama’s Kitchen**

Originally developed by the African American Tobacco Education Network of California, NIMK is a culturally-tailored prevention campaign designed to reduce exposure to SHS in African American communities. This education-focused campaign works in collaboration with community institutions, such as churches and schools, to educate about the health risks associated with SHS exposure and to encourage families to sign commitment pledges prohibiting smoking in their homes and/or cars. Both the community-based design and culturally –tailored educational materials (e.g., tailored language, pictures, etc.) are used in the program to address SHS exposure specifically within the Black community. Moreover, because so many African American households are headed by females, the program targets mothers, grandmothers, aunts, and sisters. During 2003 and 2004, the ABC initiated NIMK outreach activities in target churches, schools, healthcare centers, beauty salons and barber shops, and other business in metropolitan areas throughout Georgia. Goals of the program were to: 1) Educate African Americans about the dangers of exposure to second-hand smoke; 2) Seek pledges from 20,000 African American households (goal set based on tobacco prevalence in the state) in Georgia to protect their children by adopting smoke-free homes; and 3) Increase the usage of the state’s Tobacco Quit Line by African American women. At each site, NIMK activities were conducted in conjunction with an existing health fair and/or screening event.

## Methods

The NIMK campaign in Georgia ended in 2004. In 2005, the lead author was contracted by the ABC to conduct an independent and objective evaluation of NIMK in the state. Representing one of the first evaluations of the program nationally, Georgia's NIMK initiative was assessed using data from pledge cards as well as a self-administered mail survey sent to a random sample of 1,000 campaign participants. In total, over 14,000 Georgians (14,770) participated in the second-hand smoke awareness campaign and signed pledge cards promising to ban smoking in their homes, cars, or around their children. In addition to their contact information, pledge cards also collected baseline data on participants' smoking status, the number of smokers in their household, whether smoking was allowed in their home or car, their awareness of the dangers of second-hand smoke, and their knowledge of and/or use of the Georgia Tobacco Quit line. The follow-up survey questionnaire assessed action taken to ban tobacco use in their homes and/or cars, barriers or difficulties encountered when trying to ban tobacco use, knowledge about the dangers of SHS, sources of information on SHS, current smoking status, and whether or not participants had encouraged family members or friends to keep a smoke-free home. In addition, the survey also examined the role of the NIMK campaign in promoting efforts to ban tobacco use in the domestic environment, and as a source of information on the health effects of SHS. Data were analyzed using the SPSS, version 13.0.31

## Results Baseline Data

A total of 14,770 Georgians participated in the NIMK prevention and awareness campaign, being educated about the dangers of SHS and signing pledges prohibiting smoking in their homes, cars, or around their children. As noted, at the time of their participation participants also filled out a brief questionnaire providing baseline information on themselves, including their smoking status, their awareness of SHS, whether or not they allow smoking in their homes and/or cars, and their awareness of the Georgia Tobacco Quit Line (Table 1). Overall, most of the participants were under 40 years of age, were female, and African American. Almost half (49.4%) had children under 18 years of age living in the home. With regards to smoking status, 10.4% of participants were current smokers, although almost a third (28.8%) reported smoking at least 100 cigarettes or cigars in their lifetime (i.e., former smokers). Most were also aware of SHS and had already restricted or banned smoking in their homes and cars. Less than a third (29%) had heard of the state's Quit Line.

**Table 1. Baseline Characteristics of Individuals Participating in NIMK, 2003-2004 (n=14,770)**

Characteristic	Respondents No. (%)
Age	
18-29 years	4804 (34.5)
30-39 years	3570 (25.7)
40-50 years	3375 (24.3)
Over 50 years	2164 (15.5)
Gender	
Female	8829 (62.1)
Male	5399 (37.9)
Race/Ethnicity	
African American	11416 (78.0)
Caucasian	2097 (14.4)
Other	964 (6.6)
Number of children <18 years in household	
None	6889 (50.7)
1	3001 (22.1)
2 or more	3707 (27.3)
Smoked 100 cigarettes/cigars lifetime	
Yes	4142 (28.8)
No	10235 (71.2)
Current smoker	
Yes	1486 (10.4)
No	12852 (89.6)
Allow others to smoke in home, # Yes (%)	1922 (13.4)
Allow others to smoke in car, # Yes (%)	2075 (14.4)
Aware of the dangers of second-hand smoke	
Yes	12489 (86.9)
No	1888 (13.1)
Aware of the Georgia Tobacco Quit Line	
Yes	4111 (28.6)
No	10244 (71.4)

### Follow-up survey: Respondent Characteristics

Six months following the intervention, follow-up questionnaires were sent to a random sample of 1,000 campaign participants throughout Georgia. Individuals who had moved with no forwarding address or with incorrect addresses were excluded from the baseline versus follow-up comparison, bringing the final sample to 700. Of these, a total of 121 responded to the survey (adjusted response rate 17.3%). Demographic characteristics of the survey respondents are presented in Table 2. As expected given the target audiences of the intervention, most of the respondents were women (79.3%) and African American (95.9%). Respondents also ranged in age from 18 to 89 years (mean, 53 years) and a half had a college degree (50.0%). Most (59.0%) had never smoked. Of those who had, a majority (81.3%) had quit smoking more than 6 months ago. Household information was also assessed (not shown). While most (59.0%) lived alone or with a spouse/partner, a significant minority of survey respondents (39.5%) also reported children less than 18 years of age living in the home. Over 80 percent of respondents reported not having another smoker present in the home. Survey respondents at follow-up did not differ from the population of program participants on most baseline indicators. They were, however, more likely to be older (mean age 53.3 years), female (79.3% vs. 62.1%) and African American (95.7% vs. 78.0%).

**Table 2. Characteristics of Follow-up Survey Respondents (n=121)**

Characteristic	Respondents
	No. (%) <sup>*</sup>
Female gender	92 (79.3)
Age, mean (median)	53.3 (52.0)
Race	
African American	116 (95.9)
Other	5 (4.1)
Education	
Less than high school	8 (7.0)
High school graduate	29 (25.4)
Some college	20 (17.5)
College graduate	57 (50.0)
Current smoking status	
Current smoker	6 (5.1)
Quit less than 6 months	3 (2.5)
Quit more than 6 months	39 (33.1)
Never smoked	70 (59.3)

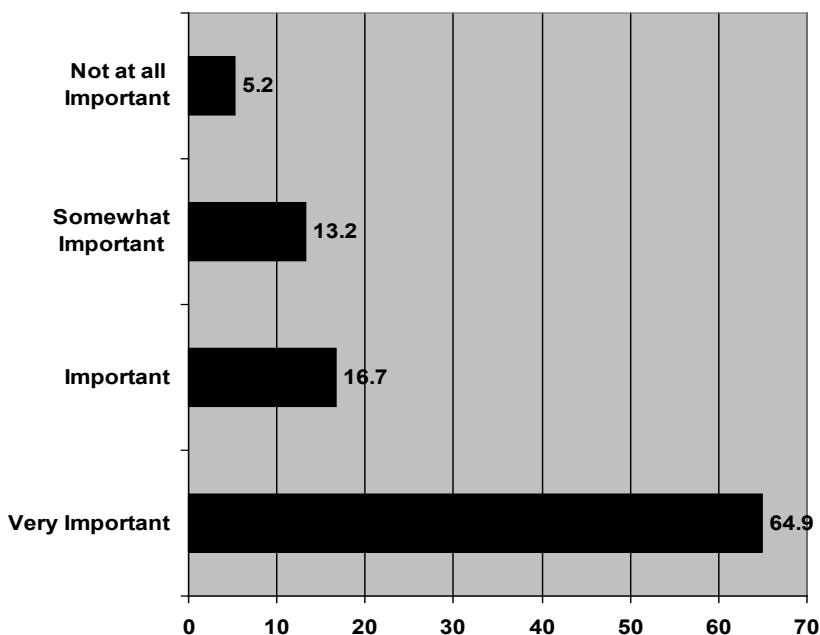
<sup>\*</sup>Unless otherwise indicated



## Awareness of the Dangers of SHS

One of the goals of the NIMK campaign was to educate African Americans in Georgia about the dangers associated with exposure to SHS. A majority of survey respondents were aware of the dangers posed by second-hand smoke, including harmful effects to unborn children as a result of exposure to SHS by pregnant women (92.4%) and the ability of SHS to harm the health of non-smoking adults and children (85%). Respondents were also asked about the role of NIMK in improving awareness of the dangers of SHS (Figure 1). Over 81% of respondents reported that the NIMK campaign was “important” or “very important” in helping them better understand the dangers of SHS. In a separate question, 54% of respondents identified NIMK as an important source of information about the health effects of SHS. Other important sources of information on SHS included: television (75%), pamphlets (66%), magazines (63%), newspapers (54%), and radio (41%). NIMK also encouraged participants to share what they had learned, with 74.3% of survey respondents reporting having talked with family members outside their household and/or friends about the dangers of second-hand smoke following their participation in the program.

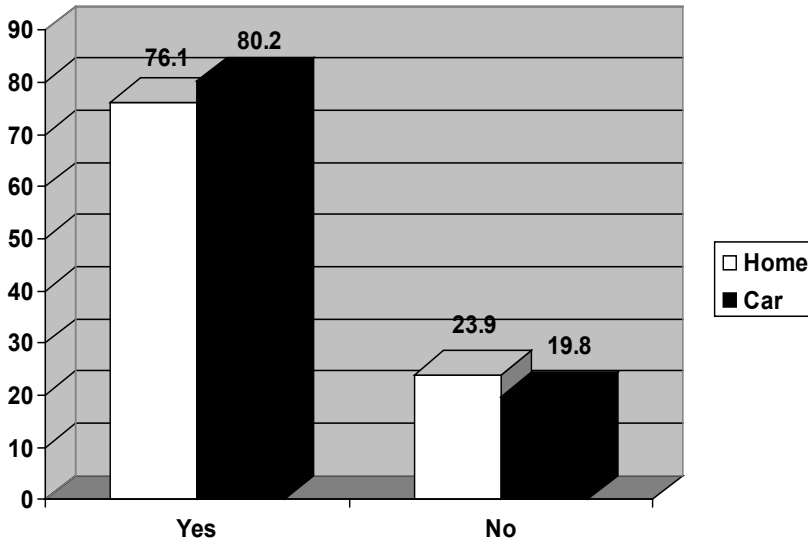
**Figure 1. Importance of NIMK in Helping Better Understand the Dangers of SHS (%) (n=121)**



### Banning Tobacco Use in Homes and/or Cars

Figure 2 shows respondents' reported decisions to fulfill their pledge to ban tobacco use in their homes following their participation in the NIMK second-hand smoke prevention and awareness campaign. Among follow-up respondents, 76.1% (n=89) reported banning tobacco use in their homes subsequent to their participation in the intervention. Of the 28 respondents who did not ban tobacco use, 14 reported not doing so because they had already banned tobacco use in the home prior to their involvement in NIMK. Combined, 85% of the respondents reported either initiating or maintaining a household ban on tobacco use following participation in the program. Among those who reported banning smoking in the home, most (88.4%) confirmed that smoking was no longer allowed in any part of the home. Remaining respondents indicated that smoking was restricted to certain parts of the home (e.g., garage, bedroom, etc.).

**Figure 2. Bans on Tobacco Use in Homes and Cars (%) (n=121)**



Respondents generally did not report major difficulties in their attempts to ban tobacco use in the home. Of those who did (n=13), most reported problems with family members and/or guests that still wanted to smoke in their home. Two respondents also indicated feeling more isolated since banning tobacco use, with friends and/or family less likely to visit because

of the ban. After participating in the NIMK campaign, 75.2% reported encouraging family members outside their home and/or friends to establish smoke-free homes (not shown).

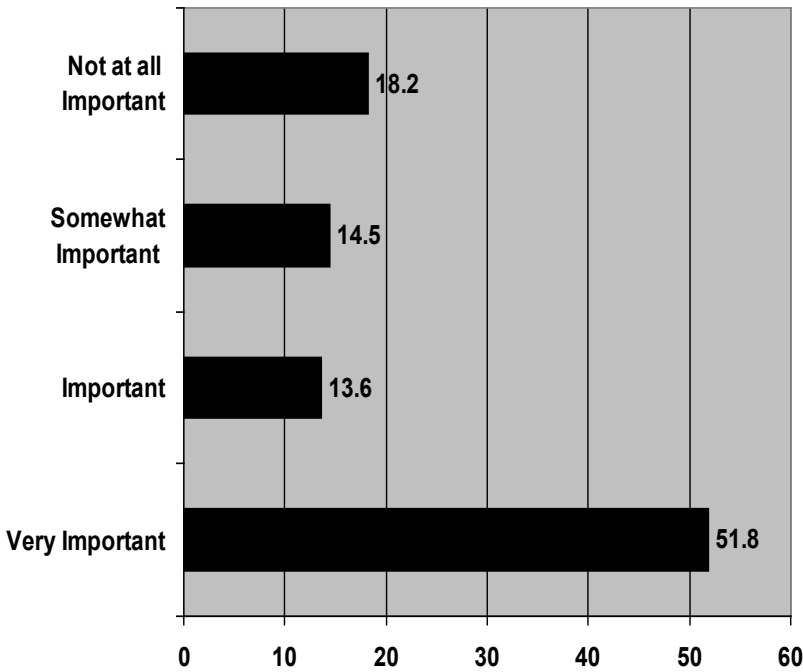
Figure 2 also shows the number of respondents who reported banning smoking in their cars. Of those responding to the survey, 80.2% (n=93) reported eliminating tobacco use in their car following their participation in the NIMK campaign. Of those who reported not banning tobacco use, 14 already had banned smoking in their car prior to their involvement in NIMK. Combined, 88% of respondents reported having either initiated or maintained a ban on tobacco use in their car subsequent to their participation in the intervention. Among those who reported banning tobacco use in their car, 93% confirmed that smoking was no longer allowed in their car at any time. Remaining respondents (n=7) allowed smoking only with the windows open. As was the case with household restrictions, most of the respondents did not report major problems in their attempts to ban tobacco use in their car. Seven respondents reported some difficulties in getting relatives or friends to follow the new rules. One also complained that people no longer wanted to ride with them following their efforts to regulate smoking in their car.

The NIMK campaign figured prominently in decisions to ban tobacco use in homes and cars (Figure 3). Over 65% of respondents indicated that the NIMK campaign was an “important” or “very important” factor in their decision to ban tobacco use in their homes and/or cars. Among those indicating that it was “not at all important” or “somewhat important,” a majority (n=37) had already implemented tobacco bans in their homes/cars prior to participating in the program.

### **Use of the State’s Tobacco Quit Line**

The final goal of the NIMK second-hand smoke awareness campaign was to increase participants’ awareness of and use of the Georgia Tobacco Quit line. While a majority (62.9%) of respondents reported never having used the Quit Line, a large minority (37.2%) reported having used it, either by calling the line themselves or telling others (extended family members and/or friends) about its existence.

**Figure 3. Importance of NIMK in Decisions to Ban Tobacco Use (n=119)**



### Discussion

A review of the outcomes associated with the program suggests that the NIMK second-hand smoke awareness and prevention campaign in Georgia was a success. The intervention achieved about 70% of its original goal of 20,000 pledges from African American households in the state to protect their children by adopting smoke-free homes. Based on available data, participants then went home and fulfilled their pledges, with large majorities of those surveyed reporting having banned tobacco use in their homes and/or cars following participation in the campaign. Moreover, the reported prevalence of household bans in the sample were higher than other estimates of home smoking bans among African Americans<sup>32</sup> and the general population.<sup>33</sup> The program was also instrumental in educating participants about the dangers of second-hand smoke. Possibly as a result of their favorable experience, respondents even became active in promoting the

benefits of household tobacco bans, talking to extended family and/or friends about the dangers of second-hand smoke and encouraging them to make their own homes smoke-free. Finally, while only a minority of respondents reported accessing the state’s tobacco Quit Line, either using it themselves or referring a family member or friend, this was not a surprise given that most of the respondents were not current smokers or did not have additional smokers in their household.

The success of NIMK has important implications for individual risk reduction and public health policy. Overall, household smoking bans have been shown to be effective tobacco control strategies, lowering exposure of non-smokers to SHS and improving health outcomes. 28-30 Education, however, remains a critical factor in their acceptance and implementation. Existing studies consistently associate full household bans with awareness of the harm of SHS.<sup>32, 34</sup> As noted, education also figured prominently in NIMK participants’ decisions to adopt smoke-free homes. This suggests that further intensive efforts are needed – in Georgia and elsewhere – to educate smokers and non-smokers alike of the dangers of smoking and second-hand smoke. Additional targeted educational interventions are also needed to reach individuals at greatest risk, including racial and ethnic minorities and families with children. As discussed, children and adolescents are particularly susceptible to the health-related consequences of second-hand smoke. 2, 4 African-Americans also have significantly higher risk of SHS exposure and may be more susceptible to tobacco toxins compared to other racial and ethnic groups. 2-7 The NIMK campaign in Georgia is one example of a targeted culturally-competent intervention which encourages a community-focused approach to reducing SHS exposure and promoting tobacco cessation in African American communities.

One important limitation of this study involves the large percentage of current and lifelong nonsmokers at baseline and among survey respondents. It is important to note, however, that assessment of the success of the program is not limited by the homogeneity of the sample. Education on the health-related consequences of SHS is important for smokers and non-smokers alike. Population-based data indicates that in at least 6% of the homes where no residents smoke, visitors to the home continue to smoke on a regular basis.<sup>6</sup> Additionally, as the survey data are self-reported, there may be a social desirability bias resulting in both an under-reporting of current tobacco use and an over-reporting of success in banning tobacco use post intervention. It is important to note, however, that evidence suggests that anti-tobacco campaigns do not necessarily elevate social desirability

response bias in surveys of tobacco use.<sup>35</sup> A low response rate to the follow-up survey and the lack of a true comparison group for analyses also makes it difficult to draw firm conclusions on the impact of the intervention. Finally, there is the inability to corroborate reports of household smoking bans with corresponding reductions in exposure to second-hand smoke or to improvements in health among children and adults. Future studies should expand upon the present analyses to explore further the success of culturally relevant prevention campaigns such as NIMK.

## Conclusion

The NIMK second-hand smoke awareness campaign is an important “first step” in addressing SHS exposure in African American communities throughout the state, illustrating the importance of culturally relevant education on the dangers of second-hand smoke to decisions to ban tobacco use within the domestic environment or around children. Household bans, in turn, have been shown to be effective tobacco control strategies. The intervention, however, would be greatly enhanced if integrated with other comprehensive policy initiatives and community-based interventions to address high-risk populations, including, but not limited to, clean indoor air laws, school-based interventions, and targeted cessation programs.

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