

BRIEF REPORT

Going tobacco-free on 24 New York City university campuses: A public health agency's partnership with a large urban public university system

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ABSTRACT

The New York City Department of Health and Mental Hygiene partnered with the nation's largest university system, the City University of New York (CUNY), to provide technical assistance and resources to support the development and implementation of a system-wide tobacco-free policy. This effort formed one component of *Healthy CUNY*—a larger initiative to support health promotion and disease prevention across the university system and resulted in the successful introduction of a system-wide tobacco-free policy on all CUNY campuses. Glassman et al (*J Am Coll Health*. 2011;59:764–768) published a blueprint for action related to tobacco policies that informed our work. This paper describes the policy development and implementation process and presents lessons learned from the perspective of the Health Department, as a practical case study to inform and support other health departments who may be supporting colleges and universities to become tobacco-free.

ARTICLE HISTORY

Received 9 January 2015
Accepted 5 October 2015
Revised 23 July 2015

KEYWORDS

Capacity building, college health, health department, health promotion, tobacco control



Background

Following the introduction of smoke-free legislation governing restaurants, bars, and other workplaces nationwide,¹ university and college campuses (campuses) have emerged as key tobacco control areas. Broad public support for smoke-free policies has led to increased student support,^{2–4} removing an obstacle to introducing campus-based smoking bans.⁵ In 2009, the American College Health Association adopted a “No Tobacco Use” position, encouraging campuses to introduce tobacco-free policies, governing all indoor and outdoor areas.⁶ Today, at least 1,372 US campuses have introduced smoke-free policies banning indoor and outdoor smoking, of which 983 are entirely tobacco-free.⁷ However, many campuses have not updated their policies; and for those that have, administrators have struggled with enforcement, rendering new policies only partially effective.^{8–10}

Researchers have highlighted the importance of collaboration between university administrators and local, state, and federal public health agencies in order to develop multicomponent, public health approaches to going tobacco-free.^{8,9,11} Providing practical guidelines to support the implementation of this recommendation, Glassman et al published a blueprint for action—a step-

by-step guide to the policy development process and to overcoming barriers to successful implementation.¹² A key recommendation was introducing a formal process to guide policy development and implementation. Components included defining project milestones and time frames for completion, establishing clear communication with students, faculty, staff, administrators, and other stakeholders, conducting consensus-building activities, and developing strategies to ensure compliance with the new policy.

In New York City (NYC), the Department of Health and Mental Hygiene (DOHMH) with support from the Centers for Disease Control and Prevention's Communities Putting Prevention to Work (CPPW) program,¹³ partnered with the nation's largest urban university system, the City University of New York (CUNY), to provide them with technical assistance as they developed and implemented a system-wide tobacco-free policy. This effort formed one component of *Healthy CUNY*—a larger initiative to support health promotion and disease prevention across the CUNY system.¹⁴ CUNY comprises 24 campuses throughout NYC, housing 11 senior colleges, 7

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community colleges, 6 professional or graduate schools, and numerous administrative buildings, employing nearly 40,000 faculty and staff and educating 271,000 degree-credit and 270,000 adult continuing and professional education students. Working with CUNY to introduce a tobacco-free policy city-wide represented a key opportunity for expanding DOHMH's mission to protect the health of New Yorkers. In this brief report, we will review and highlight applications of Glassman et al's recommendations and describe lessons learned, presenting a health department's perspective on developing and implementing tobacco-free policies (see Table 1).

Developing a tobacco-free campus policy

Glassman et al recommended 6 practical steps to develop tobacco-free policies: (1) create a committee to drive the process; (2) develop committee initiatives; (3) allow student debate of proposed changes to existing policy; (4) generate publicity; (5) draft potential policy; and (6) focus communication efforts on the Board of Trustees to ensure passage. At CUNY, these steps were operationalized with modifications to accommodate the DOHMH-CUNY partnership. CUNY's Chancellor convened a senior-level Tobacco Policy Advisory Committee headed by

CUNY's Provost/Executive Vice Chancellor. Committee members included content experts from the Healthy CUNY Initiative and CUNY's School of Public Health and representatives from other faculties, labor unions, student council, and university administration. DOHMH staff served as technical advisors. The committee reviewed and considered expanding the existing tobacco control policy, which had been in place since 1995 and prohibited smoking inside all facilities CUNY owned, leased, or operated.

The Tobacco Policy Advisory Committee determined that policy expansion was warranted and launched a 6-month development process, from January to June 2010. DOHMH attended several Committee meetings as a technical expert, answering tobacco control-related questions and providing resources, such as campus policies from around the nation to serve as models. Ultimately, 3 recommendations were forwarded to the Chancellor:

1. Prohibition of tobacco on all grounds and facilities under CUNY jurisdiction, including indoor and outdoor locations (such as playing fields, entrances and exits to buildings, and parking lots);
2. Prohibition of tobacco industry promotions, advertising, marketing, and distribution of marketing materials on campus properties; and

Table 1. Tobacco-free policy development and implementation process: recommendations and operationalization.

Recommendations (Glassman et al)	Operationalization (DOHMH/CUNY)
<i>Policy development</i>	
1. Create a committee	CUNY establishes TPAC
2. Develop committee initiatives	TPAC receives technical guidance from DOHMH, reviews current CUNY policy and policies from campuses across the nation, and develops draft policy changes and submits to Chancellor for approval
3. Allow student debate	Solicitation of student/public comments
4. Generate publicity	
5. Draft policy	TPAC incorporates comments, finalizes draft policy
6. Communicate with Board of Trustees to ensure passage of new policy	TPAC submits policy to Board of Trustees for approval
<i>Implementation</i>	
1. Involve students	CUNY disbands TPAC; transfers responsibility to COSA
2. Generate administrative and staff support	Tobacco Policy Working Groups are convened to develop campus-specific implementation plans
3. Provide resources to support implementation	With DOHMH support, COSA launches "Tobacco-Free CUNY" Web page DOHMH provides cessation support training for Student Health and Counseling Center staff DOHMH develops signage starter kit and promotional materials; helps COSA promote the new policy through various media DOHMH engages NCTP to support development of enforcement policies
4. Enforce the new policy	NCTP/DOHMH trains CUNY staff to enforce new policy

Note. COSA = Central Office of Student Affairs; CUNY = City University of New York; DOHMH = Department of Health and Mental Hygiene; NCTP = National Center on Tobacco Policy; TPAC = Tobacco Policy Advisory Committee.

3. Prohibition of tobacco industry sponsorship of athletic events and athletes.

The committee defined tobacco products as cigarettes, smokeless tobacco, and electronic or e-cigarettes.

Following the Chancellor's approval, the recommendations were posted for public comment on the CUNY Web site during July–September 2010. Publicity in the form of e-mail notifications and public postings was generated to encourage public comment via the CUNY Web site. During this public comment period, 579 students, faculty, and staff sent feedback to the Vice Chancellor's office. Students (62%) constituted the majority, but faculty (22%) and staff (16%) contributed. Overall, 78% of respondents expressed full or partial support, whereas 15% considered the proposed policies too restrictive (7% did not respond). The most common concern expressed by students and faculty was secondhand smoke exposure. A limited number of respondents (5%) raised smokers' rights issues, and several (2%) reported that other issues (such as the high cost of tuition) should be a higher priority for the university.

During Fall 2010, comments were reviewed and discussed, after which the policy expansion recommendations were submitted to the CUNY Board of Trustees in January 2011. The Board voted in favor of expanding the CUNY tobacco policy, creating an 18-month preimplementation window by setting September 2012 as the deadline for implementation.

Addressing barriers: Strategies for successful implementation

According to Glassman et al, successful implementation relies on a multicomponent approach: (1) involving students in the tobacco-free movement; (2) generating administrative and staff support for the new policy; (3) providing resources to support implementation; and (4) enforcing the new policy. All of these steps were incorporated in CUNY's plan; however, CUNY asked the DOHMH to help them focus on providing resources, including developing CUNY's ability to provide cessation support to interested students; and creating a culture of compliance to enforce the new policy.

After approving the Tobacco Policy Advisory Committee recommendations, CUNY's Chancellor designated the Director of Mental Health and Wellness Services, in the Central Office of Student Affairs, to supervise the policy implementation. All 24 campuses were required to convene a tobacco policy working group to develop campus-specific policy implementation plans, to be approved by the Chancellor's office. The Central Office of Student Affairs developed a 4-

component template to guide plan development and made it available on the "Tobacco-Free CUNY" Web page on the *Healthy CUNY* Web site. The template required each campus to develop an action plan, a communications plan, compliance strategies, and smoking cessation resources. DOHMH provided technical assistance to the campus-specific working groups throughout the preimplementation phase.

To support the development of cessation services for students, DOHMH offered training sessions for CUNY's 18 Student Health and Counseling Centers. Training was offered to clinic managers and to frontline staff. Sixteen of CUNY's 18 Student Health and Counseling Centers sent 50 staff for training. Clinic managers were trained on integrating tobacco cessation services into existing clinic structure. Frontline clinical and counseling staff were trained to conduct tobacco use screenings and to provide counseling and treatment to tobacco users seeking cessation assistance. Advanced training was provided for select counseling staff on engaging students in more tailored interactions, using motivational interviewing techniques and the Transtheoretical Model of Change.¹⁵ Staff training evaluations showed high program satisfaction. In parallel to these training efforts, CUNY worked with Human Resources to assure that staff and faculty were given information on how to access smoking cessation services through their primary care provider, CUNY's Employee Assistance Program, or through a specialized DOHMH program for city employees called ESCAPE (Employee Smoking Cessation Assistance Program).

To publicize and disseminate information on the new tobacco policy, CUNY campuses employed different communications strategies, including e-mail, Web sites, newsletters, electronic bulletin boards, videos, staff meetings, and student forums. DOHMH worked with the Central Office of Student Affairs to develop a "frequently asked questions" page about the new policy for the *Healthy CUNY* Web site, business cards describing the new policy and identifying smoking cessation resources, and educational brochures emphasizing the health risks of smoking and benefits of quitting. Over 134,000 brochures, in English, Spanish, Russian, Chinese, and other languages were distributed to students and staff at Student Health and Counseling Centers, health fairs, and wellness expos. DOHMH also shared public service announcements, which were shown on CUNY TV (CUNY's cable television channel).

To assist campuses with enforcement, DOHMH contracted with the National Center on Tobacco Policy, an organization supporting campuses in developing tobacco-free policies since 1997, to provide training sessions for CUNY operations, facilities, and security staff

on tobacco-free enforcement. In addition, 12 campuses requested and received site visits from the National Center for Tobacco Policy to help them develop focused strategies specific to their campus's needs.

All 24 campuses successfully introduced the new tobacco-free policy on time in September 2012. A summary of the DOHMH-CUNY process is presented in comparison with Glassman et al's recommendations in Table 1.

Lessons learned

CUNY's commitment to health formed the foundation of the DOHMH-CUNY partnership. With the introduction of the *Healthy CUNY* initiative, CUNY set a goal of becoming the nation's healthiest urban university by 2016. Moving from a smoke-free to a tobacco-free policy aligned with this goal, creating an impetus for action. Furthermore, commitment at the highest administrative levels facilitated the policy development and implementation process. DOHMH provided technical assistance, training, and resources that allowed CUNY to realize its goals, but the initiative remained CUNY-driven, with CUNY's Chancellor in a leadership role, supported by content experts from DOHMH and from within CUNY's faculty.

The value of introducing a step-by-step process under designated leadership cannot be overstated. Instituting a formal process allowed DOHMH and CUNY to work productively as partners; and establishing a dedicated section of the CUNY Web site for the initiative facilitated clear communication with faculty, staff, and students about this process. By adhering to deadlines and achieving targets, CUNY leadership kept the process moving and brought stakeholders along, anticipating the need for DOHMH expertise at various junctures and calling upon our team as needs arose.

Information gathered during the public comment period and throughout discussions on many campuses indicated concerns that the new policy would stigmatize smokers. This concern helped shape messaging, so the campaign promoted health for all and avoided discrimination against tobacco users. The statement "Out of Respect for Others and the Environment, CUNY is Going Tobacco-Free" was developed as an educational—rather than punitive—message to convey CUNY's approach.

Preliminary evaluation and additional considerations

Although the DOHMH-CUNY partnership resulted in the successful development and launch of CUNY's

tobacco-free policy, a comprehensive evaluation is needed. Early postimplementation evaluation results showed that CUNY campus referrals to the New York State Quitline increased from 10 in the 2010–2011 school year to 68 during 2011–2012, and to 131 referrals during 2012–2013. Support for the policy was high, at 83% of those surveyed, which included 1,136 respondents comprising faculty (50%), staff (12%), and students (38%). Respondents reported decreased exposure to secondhand smoke and less tobacco-related litter following policy implementation and felt the policy enforcement was successful. Nonetheless, further efforts are needed to evaluate success.

DOHMH had a unique ability to support CUNY due to funding from the Centers for Disease Control and Prevention (CDC) for this initiative. Designing and purchasing signage, printing and distributing brochures and other informational resources, developing training curricula, conducting trainings, and contracting with external experts required substantial resources. However, even with limited resources, campus and health department partners can realize successful policy development and implementation. As noted by Glassman et al,¹² a resource assessment must be included early to identify low- or no-cost resources to facilitate policy development and adoption and generate support among campus leaders and stakeholders, both within and beyond the university. A realistic assessment of potential challenges alongside a practical vision for the policy's reach can support success.

Conclusions

Despite DOHMH's substantial progress in introducing smoke-free legislation in NYC, no city or state ordinances currently require campuses to go smoke-free. By providing information, resources, and training in a phased approach, DOHMH successfully advised and supported CUNY throughout the development and implementation of a tobacco-free policy. Our experience demonstrates that Glassman et al's recommendations provide an excellent starting point for this work.¹² We encourage universities and health departments to utilize these recommendations to form tailored approaches to introducing tobacco-free policies that protect the health of students, faculty, and staff on campuses nationwide.

Conflict of interest disclosure

The authors have no conflicts of interest to report. The authors confirm that the research presented in this article met the ethical guidelines, including adherence to the legal requirements, of the United States. As no individual-level data were reviewed

for the writing of this paper, approval by the New York City Department of Health and Mental Hygiene's Institutional Review Board was not required.

Acknowledgments

We thank Nick Freudenberg, DrPH (School of Public Health, CUNY) and Luis Manzo, PhD (formerly of CUNY; now at St. John's University) for their assistance in the writing and review of this paper.

Funding

No funding was used to support this research and/or the preparation of the manuscript.

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