

## Smoking in Multi-Unit Dwellings

### A. RRFSS Provincial Sample Pilot Project (PSPP)

The RRFSS PSPP is intended to provide reliable and representative estimates for 2011 RRFSS indicators for Ontario as a whole, and in so doing:

- Provide a valid comparator for local health unit results for selected indicators;
- Allow for a reduction in RRFSS “core” content; and
- Provide a more flexible, timely system by which to collect provincially-relevant risk factor surveillance data than is currently available.

The provincial sample includes over 1800 interviews, with the number of interviews proportionate to the size of the health units’ populations. Within households, the adult with the most recent birthday is selected to participate in the survey.

### B. PSPP Evaluation

The evaluation of the RRFSS PSPP is supported by Locally-Driven Collaborative Project funding through Public Health Ontario.

The purpose of the PSPP evaluation is to summarize the implementation and results of the RRFSS PSPP, documenting what worked well and why, what the challenges were, what the benefits of the PSPP were and whether or not they were worth the costs.

The information will be used to inform decisions related to future provincial sampling in RRFSS.

### C. Data Collection

January – December 2011  
(Data was collected for all RRFSS-participating health units during this time period)

May – December 2011  
(Ontario)

Only RRFSS participating health units who agreed to share their data have been included in this report.

### D. Definitions

A multi-unit dwelling is a residential building with shared walls or living spaces. This includes apartment buildings, condominiums, semi-detached houses, duplexes, townhouses, row houses, and seniors or retirement homes.

“Inside multi-unit dwelling” refers to: inside all units including balconies and patios as well as all shared indoor spaces.

### PURPOSE OF MODULE

The purpose of this RRFSS module is to assess the public’s support for legislation to make multi-unit dwellings smoke-free. The 2011-2012 Report Card on Cancer discusses the importance of having smoke-free multi-unit dwellings to prevent exposure to environmental tobacco smoke (ETS)<sup>1</sup>.

### KEY FINDINGS

- In 2011, 68% (95% CI, 65-71) of Ontario adults aged 18 and over supported banning smoking inside multi-unit dwellings and 32% (95% CI, 30-35) opposed banning smoking inside multi-unit dwellings (see Figure 1 and Table 1). The 68% who supported a ban are composed of:
  - 34% (95% CI, 31-37) who supported a ban in all inside and all outside spaces;
  - 28% (95% CI, 25-31) who supported a ban in all inside and some outside spaces; and
  - 6% (95% CI, 5-8) who supported a ban in all inside spaces and either did not support, or didn’t know if they supported a ban in outside spaces

### Sex

- In 2011, the proportion of Ontario adults who supported and opposed the banning of smoking inside multi-unit dwellings did not vary significantly by sex (see Figure 2).

### Age Groups

- In 2011, the proportion of Ontario adults who supported and opposed the banning of smoking inside multi-unit dwellings did not vary significantly by age group (see Figure 2).

### Smoking Status

- In 2011, the proportion of Ontario adults who supported and opposed the banning of smoking inside multi-unit dwellings varied significantly by smoking status (see Figure 3):
  - Current smokers were least likely to support and most likely to oppose banning smoking; and
  - Former smokers were more likely than current smokers and less likely than never smokers to support banning smoking; they were also less likely than current smokers and more likely than never smokers to oppose banning smoking

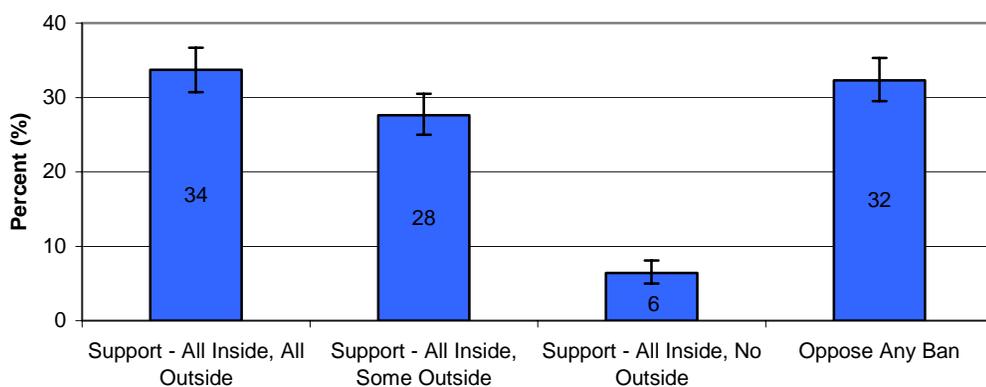
### Dwelling Type

- In 2011, the proportion of Ontario adults who supported and opposed the banning of smoking inside multi-unit dwellings did not vary significantly by dwelling type (see Figure 4).

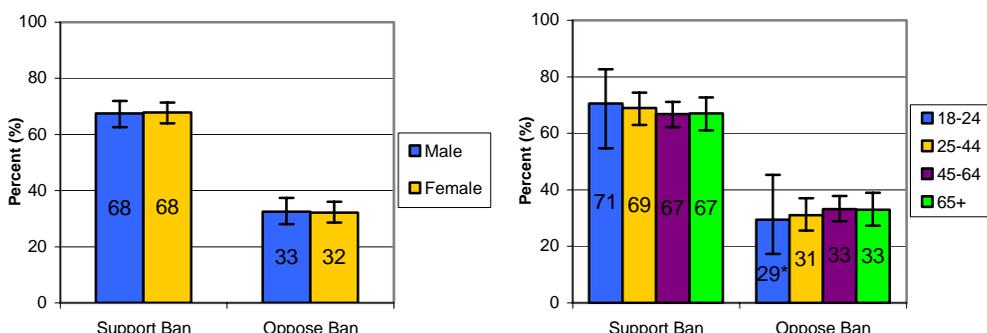
### Health Units

- In 2011, the proportion of adults who supported the banning of smoking inside multi-unit dwellings was significantly lower in Brant, Chatham-Kent, Durham Region, Leeds, Grenville and Lanark, Ottawa, Simcoe-Muskoka District, Sudbury and Waterloo than in Ontario (see Table 1 and Figure 5).
- In 2011, the proportion of adults who opposed the banning of smoking inside multi-unit dwellings was significantly higher in Brant, Chatham-Kent, Durham Region, Leeds, Grenville and Lanark, Ottawa, Simcoe-Muskoka District, Sudbury and Waterloo than in Ontario (see Table 1, Figure 5).

**Figure 1: Support and Opposition to Ban Smoking Inside Multi-Unit Dwellings, Ontario Adults Aged 18 and Over, By Type of Support, 2011**



**Figure 2: Support and Opposition to Ban Smoking Inside Multi-Unit Dwellings, Ontario Adults Aged 18 and Over, By Sex and Age Group, 2011**



A 95% confidence interval (CI) refers to the range of values that has a 95% chance of including the 'true' estimate. A large CI means that there is a large amount of variability or imprecision. When CI's do not overlap, estimates are significantly different. CI's were selected as the measure of significance due to their conservative nature and transparency; there is less chance of incorrectly identifying a significant difference, which is important given the multiple tests of significance. CI's are reported in brackets or presented as  $\pm$  in the graphs. CI's for Ontario are also presented in Figure 5 using a dashed line (---).

Coefficient of variation (CV) refers to the precision of the estimate. When the CV is between 16.6 and 33.3, the estimate should be interpreted with caution because of high variability and has been marked with an asterisk (\*). Estimates with a CV of 33.3 or greater are not reportable.

### E. Limitations

RRFSS results are self-reported and may not necessarily be recalled accurately. Individuals not living in households (such as those in prison, hospitals, or the homeless) are excluded. Similarly, individuals who live in a household without a landline telephone (about 12% of all Ontario households<sup>2</sup>) will not be reached through RRFSS. Thus the percentages may not represent the true estimates for the general population as respondents may have different characteristics than people who have not been included in the survey.

Household (HH) weights were used for any questions related to individuals. The HH weight adjusts for the fact that adults from larger HH are less likely to be selected than individuals from smaller HH. Provincial results were also weighted to account for the actual distribution of adults among health units in Ontario. Estimates were multiplied by the 2006 population for the health unit to adjust for this difference.

Household weights for Ottawa have been adjusted to account for the French oversample.

Don't know and refused responses were excluded from the analysis.

Non-rounded estimates and confidence intervals were used when determining significant differences; however, rounded numbers were used for the presentation of data, thus estimates may not total 100 and confidence intervals may appear to overlap.

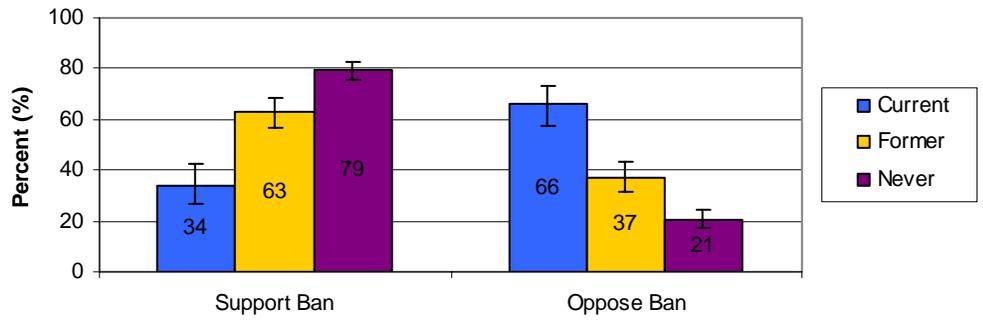
### F. References

<sup>1</sup> Saltman, D., Coady, K. (2012). Smoke-Free Multiunit Housing in Canada. Retrieved June 2012 from <http://www.canceradvocacy.ca/reportcard/2012/Smoke-Free%20Multiunit%20Housing%20in%20Canada.pdf>

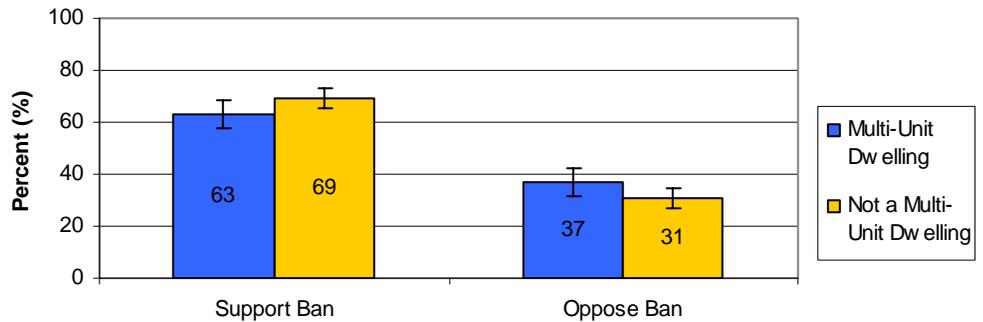
<sup>2</sup> Ialomiteanu, A., Adlaf, E. M. (2011). CAMH Monitor 2010: Technical Guide. Retrieved May 2012 from [http://www.camh.ca/en/research/Documents/www.camh.net/Research/Areas\\_of\\_research/Population\\_Life\\_Course\\_Studies/CAMH\\_Monitor/CM2010\\_TechDoc.pdf](http://www.camh.ca/en/research/Documents/www.camh.net/Research/Areas_of_research/Population_Life_Course_Studies/CAMH_Monitor/CM2010_TechDoc.pdf)

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**Figure 3: Support and Opposition to Ban Smoking Inside Multi-Unit Dwellings, Ontario Adults Aged 20 and Over, By Smoking Status, 2011**



**Figure 4: Support and Opposition to Ban Smoking Inside Multi-Unit Dwellings, Ontario Adults Aged 18 and Over, By Dwelling Type, 2011**



**Table 1: Support and Opposition to Ban Smoking Inside Multi-Unit Dwellings, Ontario Adults Aged 18 and Over, By Health Unit, 2011**

Health Unit/Province	Support		Oppose	
	Percent (CI)	↑ ↓	Percent (CI)	↑ ↓
<b>ONTARIO</b>	<b>68 (65-71)</b>	-	<b>32 (30-35)</b>	-
Brant	53 (50-56)	↓	47 (44-50)	↑
Chatham-Kent	57 (54-60)	↓	44 (41-47)	↑
Durham Region	62 (59-64)	↓	38 (36-41)	↑
Haliburton, Kawartha, Pine Ridge	65 (62-68)		35 (32-38)	
Halton	70 (67-72)		31 (28-33)	
Kingston	64 (62-67)		36 (33-38)	
Leeds, Grenville and Lanark	55 (51-58)	↓	45 (42-49)	↑
Middlesex-London	67 (64-69)		34 (31-36)	
Ottawa	56 (53-59)	↓	44 (41-48)	↑
Peel	65 (62-68)		35 (32-38)	
Simcoe-Muskoka District	61 (58-64)	↓	39 (36-42)	↑
Sudbury	56 (53-59)	↓	44 (41-47)	↑
Waterloo	62 (59-65)	↓	38 (36-42)	↑

↓ Health Unit was significantly lower than Ontario

↑ Health Unit was significantly higher than Ontario

**Figure 5: Support and Opposition to Ban Smoking Inside Multi-Unit Dwellings, Ontario Adults Aged 18 and Over, By Health Unit, 2011**

