

SMOKE FREE POLICIES AND POLICY ENFORCEMENT TO PREVENT SHS EXPOSURE AMONG FOSTER CARE CHILDREN IN ROMANIA

Lorand Ferencz MD PHD

University of Medicine & Pharmacy

Tirgu-Mures, Romania



Acknowledgement Conflicts of Interest

- Research reported here is supported by the Fogarty International Center and National Cancer Institute of the National Institutes of Health (NIH), USA, under Award Number R01TW009280
- There are no conflicts of interest to disclose.

Overview of the Presentation

- **Background**
 - Foster Care in Romania
 - Current SHS Tobacco Control Policy in Romania
- **Methodology**
- **Results**
- **Practice Implications**
- **Acknowledgements**

Foster Care in Romania

Total number of children:

- in the social protection system: 57,581
- protected in residential system: 20,156*



* Source: Statistics ANPDCA (National Authority for Child Protection and Adoption) March 31, 2016

Foster Care in Romania

Boarding school → **children's homes**, with large capacity

Swings for abandoned children → **foster care centers**



Transition in Foster Care in Romania

- ✓ Hundreds of children are raised in these services by a large staff
- ✓ Outcomes obtained were analyzed by the state service
- ✓ Conclusion: the most appropriate environment for raising and a good upbringing of each child is the **family**,
- ✓ Children who have been separated from their families require special protection
- ✓ Residential services with **small capacity** (maximum 12 children in a home)
- ✓ **Parental couple (social parents)** live permanently with these children providing a model and a **family environment**.

Reform 2000 of child protection



In the meantime the reform of child protection was completed in Romania's most counties by

- **Creating and establishing residential services with small capacity: family care home/modular centers**
- **Transferring of children from care centers/orphanages to these new and modern facilities**
- **Closing high-capacity residential facilities.**

Foster Care in Romania



Our Research

Target groups were children living:

- in small capacity family houses (n=153) and
- family type centers (N=5)



Number of children in residential services of 5 counties we targeted for our research study

Name of the County		Nr. of Children
AB	Alba	553
CV	Covasna	335
HR	Harghita	686
MS	Mureș	645
SB	Sibiu	495*

* Source: Statistics ANPDCA (National Authority for Child Protection and Adoption) March 31, 2016

Tobacco Control in Romania



Legislation on smoking control in Romania:

- ✓ Law no. 349 of June 6, 2002 to prevent and combat the effects of tobacco products entered into force on 21 December 2002.
- ✓ Law no. 15 of January 29, 2016 amending and supplementing Law no. 349/2002 on preventing and combating the effects of tobacco products entered into force as of March 17, 2016.

Our Initiatives

After analyzing the conclusions of our research and the already existing legal regulations we proposed a legislative amendment, by the representative of Mures County in the Parliament.



As a result: two amendments / completions to the Law 349/2002 respectively:

Article 2, letter m) definition of enclosed public places where smoking is prohibited, to include those in which the protection of children is done.

Article 3, paragraph 1¹ is completed by complete ban on smoking in public and private health establishments and child protection services

Legal Tobacco Control in Romania

Two proposals were approved and included in Law no. 15/2016:



- Article 3 paragraph (1¹)
- It **completely ban smoking** in health units, schools, as well as those **designed to protect and assist child**, public and private. "
- Article 2, letter m) on the **definition of enclosed public spaces has been reformulated** so that also included child protection services:
- Article 2, paragraphs m) and n) shall be amended and shall read as follows:
- **enclosed public space, means any area accessible to the public or for collective use, regardless of form of ownership or right to access, which has a roof, ceiling and which is bordered by at least two walls, whatever their nature or character temporarily or permanently**

PURPOSE

To evaluate the adoption and enforcement of home- and car-based policies to reduce SHS among children and employees in foster care homes.

Methodology

- 1) Cross-sectional, self-administered survey of foster care employees in “small” family care homes (n=579) in 2015**
- 2) Descriptive statistics to assess the prevalence and enforcement of SHS policies**
- 3) Multivariable logistic regression to assess correlates of SHS self-reported policy enforcement**

Characteristics of the Sample

- **70% of employees are female**
- **Employees' age**
 - 20% are <30
 - 54% are 30-49
 - 26% are 50+
- **29% are current smokers**
 - 22% daily
 - 7% occasional
 - Note: 7% did not answer the question
- **92% affirm that smoke from other people's cigarettes is harmful**



Home and Car Policies in Foster Care

- **86% have a policy prohibiting smoking indoors among kids**



Among 515 respondents who indicate having any policies related to tobacco use targeting kids or adults, **only 51% report that the policy is strictly enforced**

Therefore, it is not surprising that....



- 16% of respondents report that there is someone smoking in the home everyday
- An additional 6.5% report smoking in the home either weekly, monthly, or less than monthly

Factors associated with self-reported complete SHS policy enforcement

Variables	Adults	Children
Male employees	0.61 0.37-0.99	0.59 0.30-0.95
Current smokers	0.45 0.30-0.68	0.51 0.34-0.77
Age (vs <30 years)		
30-45 years	n.s.	n.s.
50+ years	0.43 0.23-0.83	n.s.
Perceives SHS is harmful	n.s.	n.s.

Significance of this Study

Children living in institutionalized settings, throughout the world, are more likely to engage in high risk behaviors



- High risk behaviors lead to long-term physical and emotional consequences
- In addition, SHS exposure has immediate and long-term consequences

Conclusions

While national policies are now in place to reduce SHS exposure, family care employees have the authority and responsibility to implement and enforce policies within their homes and cars



- **Our team is focused on creating:**
 - **100% smoke free homes to promote the health of foster children**
 - **100% smoke free cars while transporting foster care children**
 - **Identifying barriers to and interventions for reducing tobacco use and SHS exposure among vulnerable children**
- Success will depend upon support and commitment from family care employees

Our Team

- Kristie Foley PHD, Wake Forest School of Medicine (USA)-Principal Investigator
- Melinda Ferencz MD, University of Medicine & Pharmacy, Tirgu-Mures (Romania)-Co-Investigator
- Peter Balazs MD PHD, Semmelweis University (Hungary)-Project Mentor
- Andrea Fogarasi-Grenczer PHD, Semmelweis University (Hungary)-Project Mentor
- Zoltan Abram MD PHD, University of Medicine & Pharmacy, Tirgu-Mures (Romania)-Consortium Principal Investigator
- Nimrod Tubak MD, University of Medicine & Pharmacy, Tirgu-Mures (Romania) -Co-Investigator
- Lorand Schmidt MD-Project Leader, Children's Protection Authority (Romania)

THANK YOU

for attention