

CDC *Vital Signs* Town Hall Teleconference

A Breath of Fresh Air: Reducing Secondhand Smoke in Multiunit Housing  
February 10, 2015  
2:00 pm (EST)

Coordinator: Welcome everyone and thank for standing by. At this time participants will be on a listen only mode until the question and answer portion. If at that time you would like to ask a question press star one. Today's conference is also being recorded. If you have any objections, please disconnect at this time. Now I will turn the call over to your host today Dr. Dan Baden, sir, you may begin.

Dr. Dan Baden: Thank you, Melissa. Good afternoon everyone. I'm Dr. Dan Baden, the associate director for External Partner Outreach and Connectivity at CDC's Office for State, Tribal, Local and Territorial Support. I'm glad you could join us today. We'll be discussing the latest *Vital Signs* report on secondhand smoke.

Before we get started, let's go over some housekeeping details. If you haven't done so already, you can go on-line and download today's PowerPoint presentation so you can follow along with the presenters. The web address is [www.cdc.gov/stltpublichealth](http://www.cdc.gov/stltpublichealth), that's S-T-L-T public health. Look on the far right side of the page for *Vital Signs* teleconference link. Or you can Google "CDC *Vital Signs* Town Hall" and click on the top link. That should get you there.

On the same web page you can access bios for today's presenters and the audio recording and transcript should be available here next week. There'll be time for questions after today's presentations but you can get in queue

any time just by pressing star one. You'll record your name when prompted and we'll come to you when the time is right.

Back to our topic for today, Reducing Secondhand Smoke in Multiunit Housing. We're going to hear from three colleagues. First we're going to hear from Dr. David Homa, the acting senior science advisor for epidemiology at CDC's Division of Population Health at the National Center for Chronic Disease Prevention and Health Promotion. He will talk about this month's *Vital Signs* report.

Then, Gail Livingston will present. She is the deputy administrator for housing programs at the Boston Housing Authority. She will discuss nonsmoking policies at the Boston Housing Authority, and then hand the call over to Kara Skahen, the program director for Live Smoke Free at the Association for Nonsmokers, Minnesota. She will talk about Minnesota's approach for smoke-free housing. And now, I'll turn the call over to Dr. Homa.

Dr. David Homa: Thank you Dr. Baden. And good afternoon everyone. I'll spend the next few minutes summarizing the major points of our *Vital Signs* article and addressing what can be done to further reduce exposure of nonsmokers to secondhand smoke or SHS as I'll refer to it often throughout the presentation.

This slide illustrates the composition of SHS listing a few of the more than 7,000 chemicals found in tobacco smoke. Two hundred and fifty of these chemicals are toxic and 70 are carcinogenic. Next slide. The 2006 Surgeon General's report on health effects of involuntary exposure to tobacco smoke found there to be no risk free level of exposure to secondhand smoke.

To date, Surgeon General's reports have concluded that secondhand smoke causes sudden infant death syndrome or SIDS in infants, respiratory infections, ear infections, and asthma attacks in children, and heart disease, lung cancer, and stroke in nonsmoking adults. Next slide.

In terms of economic costs, SHS causes about \$5.6 billion in productivity losses annually. In human costs, secondhand smoke exposure causes about 41,000 heart disease/lung cancer deaths in adult nonsmokers and 400 SIDS deaths annually. SHS related illnesses in children also add to this cost.

Exposure to secondhand smoke in the US has decreased considerably since the early 1990s when nearly all nonsmokers were exposed. Despite this progress, the literature still indicates that millions of US nonsmokers remain exposed to SHS in the places they live, work, and gather.

In the recently published *Vital Signs* report, we described exposure to US nonsmoking population, ages three years and older, secondhand smoke for the years 1999 to 2012 using data from the National Health and Nutrition Examination Survey or NHNES. The slides that follow will present an overview of that report, its findings and implication. Next slide.

The NHNES is a national survey which provides a representative sample of a non-institutionalized US population. It consists of home interviews and a physical examination. This examination includes collection of biological specimens. We used serum cotinine a metabolite of nicotine, to assess secondhand smoke exposure.

Serum cotinine is measured in nanograms per milliliter and we defined exposure to SHS as a serum cotinine level of .05 to 10 nanograms per

milliliter. Serum cotinine levels greater than 10 nanograms per milliliter are associated with active smoking.

We define nonsmokers as those who reported not being current smokers, who had not used any nicotine containing product in the past five days, and who had a serum cotinine of 10 nanograms per milliliter or lower.

We looked at both the overall population and the specific demographic variables listed here: sex, age, race ethnicity, poverty level, education, and housing status. Next slide. This slide lists some of our key findings.

First, the good news. SHS exposure declined from almost about one in two to one in four over a 14 year period, a decline of 52%. Declines occurred in all demographic groups we examined. Now I must temper this with the not-so-good news, not all subgroups experienced the same level of decline during the period.

Specifically declines were lower for children aged 3-11 years, non-Hispanic blacks, persons living below the poverty level, and persons who rent their housing. More not-so-good news is that 58 million US nonsmokers, the one in four I mentioned earlier, were still exposed to SHS in 2011–12. This includes 15 million children ages 3–11 years old. Next slide.

This slide illustrates existing disparities to exposure to SHS in the US In 2011–12, 41% of children ages 3–11 years, 47% of non-Hispanic blacks, 43% of persons who live below the poverty level, and 37% of persons who rent their housing, were exposed to SHS. Next slide.

This slide focuses on exposure in children 3–11 years old, where we observed a marked difference by race ethnicity. Non-Hispanic black children

consistently had the highest exposure throughout the period covered in our report. In 2011–12, nearly 70% of black children remained exposed to SHS. Next slide.

Our findings indicate that though we have made considerable progress during the period examined, further work is needed. The following slides address what we can do to add to our progress.

One strategy is to promote comprehensive smoke-free policies in indoor public places which includes work sites, restaurants, and bars. These policies are beneficial in reducing SHS exposure, promoting smoking cessation, increasing voluntary smoke-free rules in homes, and establishing smoke-free norms.

Right now only about half of the US population is covered by these kinds of policies. To expand this coverage further, states and localities could protect the health of their residents by adopting laws that prohibit smoking in work sites, restaurants, and bars. Next slide.

This slide demonstrates how far US states have come in establishing comprehensive smoke-free laws. In 2000 only one state had such a law. By 2014, this had expanded to 26 states and the District of Columbia. Other states passed partial laws during this time but these laws do not provide full protection to nonsmokers. Next slide.

Another thing we can do to continue the progress is to encourage the household to adopt smoke-free rules for their homes. As this slide shows, considerable progress has been made on this front, with the percentage of homes that have such rules doubling from 43% to 83% in a 20-year period. Next slide.

Even with this progress, home exposure remains a significant problem. The home is the primary source of SHS exposure for children and children are often not able to remove themselves from places where people are smoking. About 80 million Americans live in multiunit housing, a setting that can present increased risk of exposure to SHS.

SHS can seep into nonsmoking units from other units where smoking occurs as well as from common areas. Public and subsidized multiunit housing is particularly of concern as it houses a high proportion of persons who are vulnerable to the effects of SHS, namely children, the elderly, and the disabled.

A recently published study estimated the savings of \$500 million yearly if subsidized and public housing were to become smoke-free. Next slide. HUD has encouraged public housing authorities and operators of multi-family housing programs that provide rental assistance to implement smoke-free policies.

As of October 2014, several hundred housing authorities have instituted such policies, including all 20 in Maine. Furthermore, operators of market rate, multiunit housing can be educated on the benefits of adopting smoke-free policies. A small number of localities in this country have made all multiunit housing, including market rate housing, smoke-free.

Our next presentations will provide more information on smoke-free multiunit housing. Next slide. This concludes my presentation, thank you. And now I'm turning over the call to Gail Livingston.

Gail Livingston: This is Gail. Good afternoon. Great to be here this afternoon. And next slide, which is slide, I think, I don't know what number it is. Anyway it's at the beginning of my presentation and I love this slide because there's a picture of a bunch of kids in a mural.

And it indicates that it's in support of the residents and especially in support of kids, the young people can be very valuable in putting in place these kind of policies. Next slide.

First, I'll tell you a little bit about the BHA (Boston Housing Authority) and first to say that our nonsmoking policy applies to our conventional public housing portfolio only, not our leased housing or our Section 8 programs. We have a large public housing program with about 12,000 units in different types, elevated buildings, townhouses, and three story walk-ups.

We have about 26,000 residents in our units and they are both family and elderly disabled buildings. Next slide. Also, just to set the stage a little bit, we house a very poor, a very diverse, and as Dr. Homa was saying, a very vulnerable population.

The average household income of the residents of Boston Public Housing Authority is about \$12,000 per year. And our resident population is 38% Hispanic, 26% African American, 19% white, 16% Asian and only 47% of our residents claim English as their primary language.

So it's an interesting and diverse population and sometimes makes the implementation of policies a little more complex. But also, we think that this is important to implement these kinds of policies because three times as many public housing residents rate their health as poor as compared to non-public housing residents in the city of Boston.

And residents of public housing have asthma rates twice those in non-subsidized housing. And 19% of our households report a smoker and that's only about 14% city-wide. Next slide.

At the BHA, several factors created an atmosphere that needed adoption of this policy. First, existing policies in the city and at the Housing Authority. We have, for the last decade or more, participated in a number of healthy homes related projects.

The BHA has had a smoke-free workplace policy for more than a decade and also for that period of time, the city of Boston has a lot of smoke-free ordinances in restaurants and public places.

Secondly, we were involved in a number of public conversations outside of the Housing Authority to, around smoke-free housing. Initially, the city of Boston, Boston Public Health Commission, convened a city-wide group of housers, both affordable housing, the Housing Authority and market rate housing providers to talk about promoting smoke-free housing in the city.

And then secondly when we were considering putting in place a smoke-free policy, we held what we called our policy summit, involving both folks from the universities nearby, public officials and residents to talk about what, how implementation might look and what it might mean for public housing authority residents.

And thirdly, there was political support. As you can see from the slide, our former Mayor, Mayor Menino went public very early in the process saying that he wanted to go smoke-free. So that was a big motivating factor and

HUD has been very supportive of smoke-free policies and the Massachusetts Department of Housing and Community Development also. Next slide.

As important as it is to have external support, it's equally important to have internal agreement in your organization about the implementation of smoke-free housing. Everybody's got to be on board. And how did we get a, so we had to put in place a mindset within the Authority that this was the right thing to do.

First, as I said before, we had been involved in healthy housing programs before. Especially the implementation of integrated pest management throughout our properties.

Secondly, as part of our redevelopment with Hope VI and other sorts of programs, when we redeveloped housing we started doing smoke-free pilots in the redeveloped housing.

We had, we were experiencing increasing requests for transfers from current residents from people who had respiratory or other problems or illnesses and were seeking a smoke-free environment which without a smoke-free policy we certainly could not guarantee to anyone.

And then we did a survey. Next slide. So before moving ahead, we needed to gauge resident sentiment on smoke-free housing. We thought that was important. So we created a very simple, three question questionnaire or survey, and mailed it to every, almost all of our households, so we mailed 10,230 surveys.

We got 2,723 responses, so our response rate is almost 27% which actually for a mailing I'm told is pretty good. Of the non-, we asked people if they

were a nonsmoker and if so would they support the policy. If they had a smoker in their household, would they support the policy and that indicated that a smoke-free policy would be a serious issue.

So you can see that the nonsmoker support rate was over 79%. Even households with smokers, almost 11% supported the policy and we only had 10% of the respondents to the survey say that they were not supportive of a smoke-free policy. Next slide.

So, we then moved to implement a policy and the implementation timeline was, shall we say, deliberate. We really spent a couple of years implementing the policy.

First of all we started in 2011 having people sign a lease amendment for smoke-free housing and they did that when they came in for their annual re-certification process and the lease amendment indicated that the smoke-free housing policy would begin to be effective October 1, 2012.

So some people had, well we had had discussions, but some people were signing the lease addendum almost a year in advance of the implementation. Secondly we had, we spent that year while people were signing leases, doing a lot of staff training and resident meetings. And talked about the policy itself which was pretty simple.

It was no smoking by residents or their guests in any unit, hallway, common areas, or outside within 15 feet of the buildings. And we tried to emphasize that the policy was making the housing smoke-free, not smoker-free. Meaning you don't have to stop smoking, you just can't smoke inside the buildings. Next slide.

For implementation of a smoke-free policy, staff training is essential. Your site staff, the people who manage the properties, are going to be the people who are responsible for enforcement, and if they don't think that it's a reasonably good idea, you're going to have a much more difficult time of enforcing it.

So we did a lot of staff training and we focused on a number of things. And a lot of that was the really effects of secondhand smoke and a lot of the stuff that Dr. Homa went through were the kinds of educational programs that we did with our staff.

And we were very lucky because here at Boston we have a lot of universities and so we were able to get speakers and researchers from local universities and schools of public health to talk with some of our resident groups and also with our staff.

And the increased cost of maintenance and vacancy turn around were clear to everyone who worked for us. And the risk of fires, our risk management folks are always telling us about that. Next slide.

So we also spent that pre-implementation year having resident meetings at each of our public housing sites and sometimes we had more than one meeting because we also had meetings with the local tenant organization of that site, if there was such an organization.

So we have about 65 sites around the city so this was a pretty major undertaking but we think it was really important and the meetings were managed by senior staff, not just the site manager. We had people come out there to talk about the, what, why we were doing it and what it would mean

and also to get some suggestions from residents about means of implementation.

So the message is very much like what it was with our staff, in trying to convince people that smoke travels between units. There's really no way to stop that. You can't change your ventilation system in your average multi-family building to eliminate smoke.

And one of the really most effective things that we were able to say because lots of time people say, you know, I can't smell smoke, I can't tell if people are smoking. And, but to ask them, well can you smell you're neighbor's dinner when they are cooking it?

And of course you can, the cooking smells go throughout the building and so people could begin to see that if the cooking smells were going throughout the building that perhaps some secondhand smoke was getting into their unit as well. Next slide.

Also important in the implementation project, process rather, was our partnership with other organizations, especially the Boston Public Health Commission. They were able to provide supports to residents, they were able to have a smoking cessation specialist work with residents and set up programs at individual sites if those were wanted. And to provide the patch to some residents as well. Next slide.

Enforcement. This is where everybody seems to want to go at the beginning of their conversation about movement to smoke-free housing. But it is a very important piece, because visible enforcement efforts are really important, especially at the beginning, to establish the credibility of your policy.

You can put in place a smoke-free policy but if it doesn't appear to anyone as though you are enforcing it, then people are going to think that you're not serious. On the other hand, you need to balance that, need to establish the credibility of the policy with an approach that's not too heavy-handed. That allows people to really modify their behavior to comply with the policy.

So initially we put in place a five-step enforcement policy that had, it was really a go slow process, trying to emphasize that we were really just trying, not trying to make people quit smoking but just trying to have them modify their behavior not to smoke in the buildings.

So the policy is written out here first, we would just sort of give people another copy of the policy and visit them. If there was another complaint, we would go back and actually give them a written notice. By the third time, we would start a private conference which is the first step in our eviction process.

So in the first two years, we had, we gave out about 79 violation notices, we held four private conferences and we did no evictions for smoking alone. Although there were some evictions that took place where violation of the smoke-free policy was part of the grounds.

So after the first two years, so starting with last fall and meeting with my site managers and talking about, because we have to talk about, you know, we have to talk about this pretty regularly to keep everything thinking about the smoke-free policy.

The managers were wanting to really change the policy and make the enforcement of the smoke-free policy like any other lease violation. And so therefore, the first violation would result in a private conference and an

agreement by the resident to comply with the policy going forward. So we're beginning that now and I think that's going to work very well.

And the important thing about that was it came from the enforcers, the managers, themselves. And one of our, you know, big problems, or one of the continuing problems is smoking in common hallways because it's hard to pinpoint who that's coming from. So next slide.

So finally, you know, lessons learned. So what did we think were, what were the important good things about our implementation process? First, engage residents. Do a survey, do education, do lots of meetings. Get them to participate in how implementation might work.

Engage any other health partners and other allies for education purposes, very important. Make sure that you have some political support if you think you are going to get pushback from residents or other folks, it's always good to have political support and then make sure that you have consistent support within your organization and also from the top of the organization. That's very important as well. Next slide.

Then ongoing issues. You know, and these are some things that we may want to talk about in the question and answer period. More regulation for low income families than others. Residents sometimes feel that there are other quality of life issues that concern them more than smoking.

The challenges of enforcement which I'm happy to talk about later and then the issue of reasonable accommodations for folks with disabilities. So, that's all of my presentation for now and next slide has my contact information. And now I'm going to turn it over to Kara so she can talk about what's going on in Minnesota. Thank you.

Kara Skahen: Okay, thank you so much Gail and good afternoon to everyone on the call. My name is Kara Skahen. I am program director of Live Smoke Free which is a non-profit member-based organization located in St. Paul, Minnesota. We are a program of the Association for Nonsmokers Minnesota. Next slide please.

So why smoke-free housing in Minnesota? According to the last few census, approximately 22% of Minnesotans live in multiunit housing. This translates to about 5,000 units. We have found that these residents are disproportionately low age workers, people of color, the elderly, and the young.

They struggle with poverty, chronic disease, mental illness, and chemical dependency and are exposed to secondhand smoke at high rates. Members of these groups often have limited housing options, resources to move and access to health care.

And due in part to the fact that these individuals frequently live in multiunit housing, they cannot 100% control the air that they breathe in their own home. At Live Smoke Free we believe that everyone deserves a healthy, safe, clean place to call home. Next slide please.

There are a number of societal benefits to smoke-free policies as well, including protecting priority populations from second and thirdhand smoke exposure, encouraging people who smoke to reduce their consumption or quit, reducing cigarette caused fires, protecting housing investments, and saving money.

This was alluded to earlier but a recent study from the Center for Disease Control and Prevention found that smoke-free subsidized housing would save \$521 million a year and that's health care and housing related costs. Next slide.

The policy approach up until this point that has largely been taken in Minnesota is one that is voluntary in nature. Which means that by providing outreach and education to property owners and managers, those owners and managers choose to implement the policy of their own accord. However, there are other approaches being tried throughout Minnesota, including housing tax credits and disclosure policies.

At Live Smoke Free, we work on all housing types, ranging from subsidized to market rate, public, private, and common interest communities such as condos, townhomes, and cooperatives. And we also partner with a number of public and private groups statewide including the Public Health Law Center at William Mitchell College of Law as well as the Minnesota Department of Health, just to name two of the many.

A common question we receive is what makes for a good smoke-free policy? So a few things we always recommend, make sure that the policy is written in a lease or house rules. Make sure that the policy defines smoke-free and what areas of the property are covered by the policy. Outline consequences for violations and also highlight that violations may result in eviction.

We strongly encourage no grandfathering, especially no permanent grandfathering. And our bottom line at Live Smoke Free is that 100% of the indoors are covered so no smoke-free floors, no smoke-free units but 100% of the indoors and an additional plus is outdoor areas that are included in the policy as well. Next slide.

A basic how-to overview, and you heard about the importance of this in the presentation prior to this, that it is really important to engage residents in the process. We always recommend beginning by a survey to the residents and/or soliciting input potentially in another capacity.

I've heard of managers using resident meetings to solicit input as well. So a really important part of the process. When residents and stakeholders have provided input, management then creates policy details and a timeline for implementation.

At that point notifying resident, staff and guests, and I also agree that educating staff is a really important part of this process as well, early on. Organizing resident meetings. Some properties find this to be a really important part of the process to provide details to residents about the smoke-free policy, what enforcement will look like and also answer any questions that residents might have about the impending policy. At this time I typically recommend to offer cessation resources to any residents that are interested in quitting smoking. This is a really important part of the process.

And finally, posting signage, planning a celebration. This is a really wonderful thing for not only residents, but also staff as well. So plan a celebration. And finally advertise and enforce the policy.

Live Smoke Free offers a number of different resources for Minnesota based property owners, managers, developers, and residents. In front of you is just a sample of some of the resources that we provide to managers. Our spectrum of services include consultations, promotions, press releases, signage, implementation tools such as surveys, notification letters, and a number of educational resources.

Our most popular with property managers is the three-part how-to module series that you see on the screen in front of you. Step one outlines all of the benefits that we're talking about today. Step two includes tips and tools for actually implementing the policy on a property and step three educates a manager about how to capitalize on market demand for smoke-free housing and promote their smoke-free policy in the market.

Live Smoke Free also offers a number of different types of free signage for properties. There are three examples on the screen in front of you as well as education resources and trinkets as well.

Live Smoke Free also hosts Minnesota's statewide smoke-free housing directory. All smoke-free properties that we come across, we strongly encourage them to list their property in the directory and all renters who call our office looking for smoke-free housing are encouraged to search for smoke-free housing using this tool. It receives about 1,500 independent hits per month.

Live Smoke Free also provides statewide and national technical assistance, resources Live Smoke Free can offer includes individual consultations, strategy development and educational materials, sample implementation tools including smoke-free lease addendums translated in a number of different languages, training resources for staff, and educational resources to provide to property managers.

The outcomes of all of the wonderful direct outreach that is attributed to both Live Smoke Free and all of our partners throughout the state, in 2007 we knew of 50 smoke-free properties throughout Minnesota. Flash forward to 2015, we know of over 1,600 smoke-free properties and this includes over

half of all of our public housing authorities, including Minneapolis which is our largest in the state.

This translates to thousands of Minnesotans that are now protected from secondhand smoke and this is really reflected in our Minnesota Adult Tobacco Survey which is done here within the state. As you can see, exposure to secondhand smoke at home has dropped dramatically over the past few years. Next slide.

So what are some lessons learned? Communicating and partnering with other local grants is really important in this work. I also encourage smoke-free housing advocates to track your progress and to keep in touch with managers that have already gone smoke-free. At Live Smoke Free we do this utilizing a Microsoft Access database.

And we're able to communicate with managers that have been some of our best advocates and provided testimonials moving forward that have really convinced other properties to go smoke-free as well. I also encourage advocates to connect with a local program that may already be working on smoke-free housing near you.

There is really no need to re-invent the wheel, there are hundreds of wonderful advocates throughout the United States and the globe that are working on this issue so please connect with them.

Another thing to keep in mind is to utilize appropriate messaging. Messaging that may be effective for a market rate building might not be the same sort of messaging that is effective for an affordable housing provider or developer. So something to keep in mind as you move forward.

I also encourage smoke-free housing advocates to maintain a strong web presence as this has created a lot of great networking and leads for us at Live Smoke Free.

And finally, have fun with this process. Smoke-free policies are really positive for residents in the building as well as staff as well as community members so have a lot of fun with your outreach.

A few resources available for you. I encourage you to visit our website at [www.mnsmokefreehousing.org](http://www.mnsmokefreehousing.org). We host the global directory of smoke-free multi-housing programs. As I mentioned earlier, I strongly encourage you to visit this resource and see if there is a local smoke-free housing organization near where you are located and if not, a resource can be found on our website at the link on the screen.

Through Live Smoke Free, we can also provide you with a 215 page manual called “Developing a Smoke Free Multiunit Housing Program.” This is an excellent resource, not only if you are just getting started in your smoke-free housing work but also if you are looking for new ideas for outreach and you may have a few years of experience under your belt. Next slide.

A few additional resources. We do offer a booklet for property managers as well called “An Apartment Manager’s Guide to Adopting a Smoke Free Policy in the United States.” You can also access the smoke-free lease addendum I mentioned on our website. That lease addendum is available in English, Spanish, Hmong, Oromo, Samoli, and Vietnamese.

And last but not least, we do offer a “Smoking and Special Population” booklet that addresses some myths in reducing barriers to providing smoke-free housing to individuals with mental illness, chemical dependency or those

who are homeless. That concludes my presentation, thanks so much and now I turn the call over to begin the question and answer portion.

Dr. Dan Baden: All right. Thank you very much Kara. Thank you for all these wonderful presentations.