Global Leadership for Health Education & Health Promotion

January 22, 2013

The Honorable Shaun Donovan
Secretary of Housing and Urban Development
U.S. Department of Housing and Urban Development
ATTN: Office of General Counsel, Regulations Division
451 7th Street, SW, Room 10276
Washington, DC 20410

Re: Adopting Smoke-Free Policies in Public Housing Agencies (PHAs) and Multifamily Housing (Docket No. FR-5597-N-02)

Dear Secretary Donovan:

The Society for Public Health Education (SOPHE) welcomes the opportunity to comment on Adopting Smoke-Free Policies in Public Housing Agencies (PHAs) and Multifamily Housing.

SOPHE is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the *only* independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

SOPHE has a vested interest in changing systems to support smoke-free policies and smoking cessation, which is why the Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) program was created. SCRIPT is an award-winning, evidence-based smoking cessation program shown to be effective in helping thousands of pregnant women quit smoking. It is designed to be a component of a patient education program for prenatal care providers, and is cited by the Agency for Healthcare Research & Quality's Smoking Cessation Clinical Practice Guidelines (AHRQ, 2000 & 2008). The SCRIPT program was developed and evaluated by Dr. Richard Windsor, professor and an established NIH Principal Investigator in the Department of Prevention and Community Health at The George Washington University School of Public Health and Health Services. The effectiveness, cost effectiveness and acceptability of SCRIPT has been rigorously demonstrated through independent evaluations both nationally and internationally.

SOPHE would like to take this opportunity to comment on the following questions identified in the request for information:

Benefits, Risks and Costs of Implementing a Smoke-Free Housing Policy 1a: What benefits support the implementation of a smoke-free policy?

About 7 million people in the U.S. reside in public housing and approximately 40 million people live in multiunit housing. This includes families with children that have no control over tobacco exposure. The effects of secondhand smoke can cause heart disease, asthma, and even cancer in those that have never smoked. Tobacco smoke remains on fabric, walls and floors after smoking has stopped. Recent data is showing this "thirdhand smoke" continues to be a risk. The 2010 Surgeon General's report states that there is no safe exposure to tobacco smoke. The US spends an estimated \$10 billion annually on illness, medical costs, and deaths caused by secondhand smoke. In multiunit housing tobacco smoke can move through air ducts, wall and floor cracks, elevator shafts, and along crawl spaces to contaminate apartments on other floors, even those that are far from the smoke. Secondhand smoke cannot be controlled with ventilation, air cleaning, or by separating smokers from non-smokers.

Numerous evidence-based research studies have proven that smoke-free environments improve health outcomes. This holds true not only in our homes, but also in the workplace, on planes, and restaurants. The only way to protect tenants and eliminate the harmful effects of secondhand smoke is to prohibit all indoor smoking. Incentives for multifamily housing units to be smoke-free include: reduced staff time; lower turnover costs; improved tenant health; popular amenity with existing and prospective tenants; new amenities in selling points; reduced fire risk; and lower insurance costs.⁴

1d: How can the benefits, risks and costs of a smoke-free policy be measured or tracked?

Surveying residents and assessing their response on smoking and exposure to secondhand smoke could offer insight on the benefits of implementing a smoke-free policy.

Smoking-related costs such as cleaning and replacing upholstery and carpet can be tracked to demonstrate the benefit of housing owners and managers implementing smoke-free policies. Renovating smokers' units can cost twice as much as renovating a non-smoker's unit. Smoke-free policies actually reduce smoking-related costs and can generate savings in property operation costs. According to the Sanford Housing Authority in 2004 and the Auburn Housing Authority in 2006, the average cleaning and renovation of a nonsmoking unit is \$570, while the cost of a smoking unit is more than \$1,340.⁵ A study of multiunit housing properties in

¹ U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

² American Cancer Society. 2012. Secondhand Smoke. Retrieved from: http://www.cancer.org/cancer/cancercauses/tobaccocancer/secondhand-smoke

⁴ Centers for Disease Control and Prevention. 2011. *Healthy Homes Manual: Smoke-Free Policies in Multiunit Housing*. Retrieved from: http://www.cdc.gov/healthyhomes/healthy_homes_manual_web.pdf.

⁵ Id.

California found that a complete smoke-free policy could reduce the likelihood of occurrence of smoking-related costs by half.⁶

Insurance costs can also be tracked. In some states, multiunit property managers/owners, and condominium associations with smoke-free policies are eligible for discounts on fire, life and property insurance.⁷ This is important because smoking-related fires are the leading cause of fire deaths, and account for 17 percent of fire deaths in residential buildings and \$303 million in property loss each year.⁸

Initial Policy Development and Implementation2e: What are the major elements of a smoke-free policy?

A smoke-free policy should contain the following elements:

<u>Timeline:</u> Residents should be informed of when the new policy will take effect via letters and fliers. Housing owners and managers should also issue lease addendums to acknowledge compliance of the new policy. Owners and managers should also offer outreach via tenant meetings to help residents understand the new policy. Staff should be trained on how to implement and enforce the policy before it goes into effect.

<u>Rationale:</u> Residents should be provided with an explanation of why the policy was created and educated on the increased benefits and safety of living in a smoke-free building.

<u>Complete smoke-free policy:</u> A complete smoke-free policy will apply to all residents (not just new or future residents) and extend to guests and employees. The policy should define smoking, clearly identify the designated areas that are smoke-free, and if there will be any areas where smoking is allowed. This includes placing appropriate signage in those areas.

<u>Policy Enforcement:</u> The policy should outline the consequences of violating the smoke-free policy and what actions will occur on behalf of management. Residents should have a mechanism to report incidences of smoking.

Policy Enforcement

3a: How should smoke-free policies be enforced? What should the consequences of violating the smoke-free policy be? How should the consequences of violating the smoke-free policy be communicated to residents?

The consequences of violating the policy should first be communicated before the policy takes effect. Housing owners and managers should educate residents on all of the elements of the new policy and how infractions will be handled. Residents should also be provided with a copy of the enforcement plan.

⁸ Id.

⁶ Michael K. Ong, Allison L. Diamant, Qiong Zhou, Hye-Youn Park, and Robert M. Kaplan. Estimates of Smoking-Related Property Costs in California Multiunit Housing. American Journal of Public Health: March 2012, Vol. 102, No. 3, pp. 490-493.

⁷ American Lung Association. 2011. *Smokefree Multi-Unit Housing: Bringing Healthy Air Home*. Retrieved from: http://www.lung.org/assets/documents/healthy-air/smuh-policy-brief-update.pdf.

Housing owners and managers should decide on protocol where verbal warnings are issued first and then are followed by written warnings and referrals to cessation and other counseling services. A smoking log should be recorded in order to track violations. The ultimate enforcement effort would be to initiate termination or eviction proceedings for long-standing failures to comply with the smoke-free policy.⁹

Thank you for consideration of these comments on Adopting Smoke-Free Policies in Public Housing Agencies (PHAs) and Multifamily Housing. SOPHE looks forward to working with you on implementing best practices and strategies for ensuring healthier homes for public and multifamily housing residents. Please contact Jerrica Mathis at jmathis@sophe.org or 202-408-9804 with any additional questions.

Sincerely,

Elaine Auld, MPH, MCHES Chief Executive Officer

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⁹ Tobacco Control Legal Consortium. 2012. *Creating Smoke-Free Affordable Housing*. Retrieved from: http://www.publichealthlawcenter.org/sites/default/files/resources/tclc-guide-creatingsmokefree-affordablehousing-2012.pdf