

A Case for Smoke Free Housing



Asthma Regional Council
of New England

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Authored by: Amy Helburn, MPH

Editors: Laurie Stillman, MM
Steven Ridini, Ed.D

The Medical Foundation

www.asthmaregionalcouncil.org



The Asthma Regional Council of New England (ARC)

ARC is a coalition of public agencies, private organizations and researchers in New England working to address the environmental contributors to asthma. Multidisciplinary leaders with knowledge, resources and determination have joined forces to swiftly identify and implement solutions to this growing public health epidemic through expanded application of innovative models and linkages to a larger network of potential partners.

The Asthma Regional Council's mission is to reduce the impact of asthma across New England, through collaborations of health, housing, education, and environmental organizations with particular focus on the contribution of schools, homes, and communities to the disease and with attention to its disproportionate impact on populations at greatest risk.

ARC is a program of The Medical Foundation (TMF), whose mission is *to help people live healthier lives and create healthy communities through prevention, health promotion and research.* Since its inception fifty years ago, TMF has been working on the region's most pressing health issues.

Contact Information

Laurie Stillman Executive Director
The Asthma Regional Council of New England
The Medical Foundation
622 Washington Street, 2nd Floor
Dorchester, MA 02124
Phone: 617-451-0049 x504
www.asthmaregionalcouncil.org

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Table of Contents

I.	Background and Overview	4
II.	The Problem of Secondhand Smoke	
	Serious Public Health Hazard	4
	Special Populations	4
	Asthma and Other Illnesses	4
	Health Disparities	5
III.	The Smoking, Health and Housing Connection	6
	Higher Rates of Smoking and Asthma in Affordable Housing	6
	Public Safety	6
	Smoke Incursion	7
IV.	Why Support Smokefree Housing?	7
	It's Good Public Health Policy	7
	Attitudes are More Favorable	7
	Smokefree Homes are Less Costly	8
V.	Considerations in Implementing Smokefree Housing	8
	Associated Costs	8
	Legality and Potential for Lawsuits	9
	Disenfranchised Communities	9
	Pros and Cons of Smokefree Policies	10
VI.	Developing Smokefree Policies	11
	Voluntary or Regulatory Approach?	11
	Educational Approach	11
	Model Policies from Around the Nation	12
VII.	Implementing Smokefree Policies	14
	Advice for Success	14
	Assessing Attitudes Through Surveys	14
	Enforcement Considerations	15
	Additional Challenges	15
VIII.	Guidance for Stakeholder	16
	Property Owners/Managers	16
	Condominium Associations	16
	Public Housing Administrators	16
	Advocates	17
	Tenants and Condo Owners	17
	Legislators/Regulators	17
IX.	Conclusion	18
X.	List of Appendices	21
	A. Interview Respondents Contact Information	22
	B. GASP Survey Respondents	23
	C. Smokefree Housing Survey Results	24
	D. Links to Helpful Websites	26
XI.	Map of New England Adult Smoking Rates	28

I. Background and Overview

The Asthma Regional Council of New England undertook a national analysis of existing and emerging Smokefree Housing policies. The purpose of this effort and the ensuing policy paper has been to 1) outline the complex issue of Secondhand Smoke (SHS) in multi-unit housing; 2) assess attitudes, advantages, legality and costs involved in adoption of Smokefree Housing policies; 3) compile and present voluntary and regulatory model policies developed by state agencies, city councils, and property owners/managers; 4) compile and present considerations for implementation by property owners/managers; and 5) share survey results and available resources such as web links, sample surveys, and sample leases.

This paper presents a wealth of information for policy makers, public health professionals, and healthy homes or tobacco control advocates to learn about what other states across the country are currently doing to adopt Smokefree Housing policies in multi-unit housing. While Smokefree Housing is a relatively new arena, 17 U.S. states, and 46 public housing authorities, have already begun to undertake and promote this effort through voluntary and regulatory policies. There is a great deal to learn from these experiences. For purposes of this paper, we refer to what is frequently referred to as “Environmental Tobacco Smoke” (ETS) or “Side Stream Smoke” as Secondhand Smoke (SHS).

II. The Problem of Secondhand Smoke

a) Serious Public Health Hazard

In 2006, U.S. Surgeon General Richard H. Carmona issued *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, a comprehensive scientific report which concluded that there is no risk-free level of exposure to secondhand smoke (SHS) and that even brief SHS exposure can cause immediate harm. The finding is of major public health concern, as nearly half of all nonsmoking Americans are still regularly exposed to SHS. The Surgeon General’s report is a crucial warning to nonsmokers and smokers alike. “The scientific evidence is now indisputable: SHS is not a mere annoyance. It is a serious health hazard that can lead to disease and premature death in children and nonsmoking adults,” said Carmona.ⁱ

Secondhand smoke contains more than 50 cancer-causing chemicals, and is itself a known human carcinogen. Nonsmokers who are exposed to SHS inhale many of the same toxins as smokers.ⁱⁱ SHS has been identified as a toxic air contaminant in California, classifying it as a substance that may cause and/or contribute to death or serious illness.ⁱⁱⁱ

b) Special Populations

Although SHS exposure among children has declined over the last 15 years, children remain more heavily exposed to SHS than adults. About 60% of children

ages 3-11 – or almost 22 million children – are exposed.^{iv} Secondhand smoke exposure is a known cause of sudden infant death syndrome (SIDS), respiratory problems, ear infections, and asthma attacks in infants and children, according to the Surgeon General report. The report notes that because children’s bodies are still developing, they are especially vulnerable to the poisons in SHS. Indeed, some clinical providers recommend that children be kept overnight post-surgery, if there is a known smoker in the home, as SHS has been associated with poorer post-surgery outcomes.^v

Senior citizens and individuals with chronic health problems are also vulnerable to SHS, which can exacerbate pneumonia, bronchitis, cancer, cardiovascular disease and other health problems.

c) Asthma and Other Illnesses

According to the Asthma Regional Council’s March 2006 report, *The Burden of Asthma in New England*, 1 in 10 children in the region currently has asthma. These rates were 44% higher among those children in households in which there was reported to be a cigarette, pipe or cigar smoker (13% vs. 9% for households without a smoker). Asthma rates among adult smokers were also higher (11% vs. 9% of non-smokers). Other research also makes strong correlations between smoking and asthma.

According to a November 2006 article in *The New England Journal of Medicine*, “The Asthma Epidemic”, passive or active exposure to tobacco smoke leads the pack, so to speak, among environmental exposures that have consistently been shown to influence the incidence of asthma. Research has concluded that parental smoking is likely causally related to acute lower respiratory tract illnesses in infancy and to childhood asthma and wheezing. A number of studies have also shown that active smoking is associated with the onset of asthma in adolescents and adults.^{vi}

An *Annals of Allergy, Asthma and Immunology* article entitled “Study Links Secondhand Smoke, Childhood Asthma” (May 2007) found a correlation between the parallel increases in asthma and smoking rates, emphasizing that child asthma rates rose by approximately 5% from 1980 to 1995, a time when cigarette smoking increased drastically. Despite the fact that laws prohibiting smoking in workplaces and restaurants have helped curb exposure to SHS in the past decade, there have been few efforts to specifically protect children.^{vii}

The nation’s direct and indirect costs of asthma total \$16 billion annually.^{viii}

d) Health Disparities

Considerable progress has been made toward reducing tobacco use in the United States, and recent trends show a continuous decline in prevalence. However, such positive trends mask the substantial burden of tobacco-related morbidity and mortality that persists among low income, less-educated, and underserved racial/ethnic minority populations.^{ix}

According to the 1998 *Surgeon General’s Report on Tobacco Use Among U.S. Racial and Ethnic Minorities*, “Tobacco products are advertised and promoted disproportionately to racial/ethnic minority communities”, especially among African American and Hispanic communities. While American Indian and Alaskan Natives have the highest smoking rates, African Americans disproportionately suffer and die from smoking related diseases.

From a socio-economic standpoint, according to a 2002 National Household Survey on Drug Abuse (NHSDA) report, 35% of persons with family incomes of less than \$9,000 reported smoking cigarettes compared with 19% of those from families with incomes of \$75,000 or higher. Thirty-three percent of persons who did not

complete high school reported cigarette use compared to 14% of those who completed four years of college. ^x

Asthma burden is also higher in low income, as well as Latino and African American families. Given the connection between smoking and the development of asthma, it is important to note that asthma rates of children living below 100% of the federal poverty level are more than double of those living at or above 300% of the poverty level (7.6% vs. 15.6%).^{xi}

Promoting and supporting tobacco cessation among underserved populations is, and should be, a national health priority.^{xii} While on the one hand disenfranchised communities can strongly benefit from protections against SHS, it is crucial that policy-makers seek to develop smoke-free housing rules that are sensitive to the fact that many low income and racial minorities could be unfairly burdened by these policies. This is because they are already disproportionately targeted by tobacco companies, find it more difficult to secure housing because of discrimination and a lack of affordable stock, and could suffer more heavily by financial penalties associated with enforcement rules.

“Asthma rates were 44% higher among those children in New England households in which there was reported to be a smoker.”

— Asthma Regional Council’s report *The Burden of Asthma in New England* (2006)

III. The Smoking, Health, and Housing Connection

The home is the place where children are most exposed to secondhand smoke and a primary site of exposure for adults as well. About 25% of children live with a smoker, as compared to about 7% of nonsmoking adults.^{xiii} By not addressing smoking in the home, we miss a significant opportunity to protect children and adults from a primary cause of chronic and fatal disease.

Smoking in residential settings, and particularly in multi-unit housing, poses unique hazards:

a) Higher Rates of Smoking and Asthma in Affordable Housing

There appears to be higher rates of smoking and asthma in affordable housing. In comparing the health status of residents in public housing developments to other low-income individuals, a 2005 study found that the health status of public housing development residents was decidedly poorer than that of individuals living in other

types of assisted and/or private housing, despite their similarity in terms of economic deprivation.^{xiv}

According to the 2005 *Respiratory Health of Public Housing Residents* analysis conducted by the Boston Public Health Commission (BPHC) Research Department, using data from the Federal 2001 Behavioral Risk Factor Surveillance System (BRFSS), a much higher percentage of public housing respondents reported a current smoker living in the home compared to respondents living in private housing. The data also shows a higher percentage of adults living with asthma in public housing, as compared to private housing. Additionally, an informal 2006 survey of 69 Boston public housing residents conducted by the Boston Area Tobacco Control Coalition (BATCC), funded by the Massachusetts Department of Public Health and the Asthma Regional Council, indicated even higher rates of asthma among public housing respondents.

Asthma Rates and Smoking Status: Public vs. Private Boston Housing

Year/Housing Type	Adult living in the home w/asthma	Current smoker living in the home
2001 Private Housing Boston Public Health Commission	10%	23%
2001 Public Housing Boston Public Health Commission	18%	47%
2006 Public Housing Boston Area Tobacco Control/ARC	25%	36%

As evidenced in the findings above, there appears to be a correlation between residency in affordable housing, and higher smoking and asthma prevalence rates among adults. These findings illustrate the high level of exposure to SHS in public housing, and the challenge of promoting health among residents facing economic constraints. There are a wide range of Smokefree housing policies that acknowledge and accommodate these varying prevalence rates and population characteristics, which will be explored in depth in Section VII of this paper.

b) Public Safety

Smoking tobacco products in the home may also cause or contribute to residential fires. According to the Federal Emergency Management Agency (FEMA), “careless smoking” is the leading cause of fire deaths.^{xv} In 2000, in Massachusetts alone, 1,280 fires (5% of 24,931 total fires in 2000) were attributed to cigarettes. Those fires were responsible for 17 civilian deaths (22% of the total civilian deaths in 2000) and injuries to 81 civilians and 61 firefighters in the line of duty. Insurers and property owners lost over \$9.3 million due to the same blazes.^{xvi}

c) Smoke Incursion

Secondhand smoke lingers long after smoking and can seep through doors, ventilation, holes in walls, pipes, outlets, elevator shafts, between thin walls and down hallways. Assessments done in several states across the country determined that 25% to 63% of tenants experienced smoke incursion in their respective units. SHS from outdoor areas, such as playgrounds and patios, also drifts indoors through windows, doors and ventilation systems.

Multi-unit housing presents a particular challenge when it comes to protecting the respiratory health and well-being of residents, as units share ventilation causing secondhand smoke to blow from room to room in con-

dominiums, apartments, assisted living facilities, group homes, shelters, and public housing. While some multi-unit properties across the U.S. have attempted to protect residents by separating smokers from nonsmokers, and attempting to clean the air and ventilate units or buildings, research has demonstrated that no ventilation system is effective. Multi-housing units experience up to 65% air exchange between units. The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), the preeminent U.S. body on ventilation issues, has concluded that ventilation technology cannot control health risks from SHS exposure. Commercial air-filtering systems are designed to remove the odor but they cannot remove the particles that have settled indoors.

IV. Why Support Smokefree Housing?

Smoke free housing is a term that describes a set of guidelines, rules or legislation that dictates restrictions about where smoking can occur—or not occur—on the property of multi-unit dwellings. These units may be apartment buildings, affordable housing developments, group residences, condominiums, or multi-unit homes. The restrictions can be voluntary policies or mandatory regulations. And options range from setting aside existing units, or building new smoke free housing units, to restricting smoking anywhere on the premises. There are good reasons why Smokefree housing is reasonable to pursue:

a) It's Good Public Health Policy

Public health had its earliest roots and successes in addressing housing and community sanitation. Florence Nightingale once said, “The connection between health and the dwelling of the population is one of the most important that exists.” In some states, the home is the only domain that is not regulated, in contrast to some other states in New England and around the U.S. in which Smokefree housing policies were adopted even before workplace smoke-free ordinances.

Historically, tobacco advocates tended to shy away from regulating homes, in the belief that people should be able to make personal choices when it comes to their own homes and privacy. But housing is already expect-

ed to be free of lead, asbestos, and radon. Limiting exposure to SHS is a common-sense safety measure that is consistent with the public health role. A growing number of respected national organizations, such as the President's Cancer Panel (a division of the National Cancer Institute) and the National Academy of Science's Institute of Medicine are calling for more restrictive policies to control tobacco exposure. The panel's August 2007 report cited, “cancer control research evidence clearly recognizes the critical need for legislative, policy and environmental changes to support individual behavior change.”^{xix}

b) Attitudes are More Favorable

Some studies indicate that Smokefree housing policies can help smokers quit and can reduce the risk of adolescents becoming smokers.^{xx} There have been many national and local assessments conducted over the last decade of attitudes and behaviors around smoking in the home. According to the *Census Bureau's Current Population Survey*, U.S. households instituting their own Smokefree home rules increased from 43% in 1993 to 66% in 2002. As illustrated in Table I, the percentage of New England residents who do not allow smoking in their homes has increased significantly in the twenty year period between 1993 and 2003, increasing from about one-third to three-quarters of households.^{xxi}

Table I: Percentage of New England Residents Prohibiting Smoking in their Home

State	1992-1993 No Smoking in Home	2003 No Smoking in Home	% Change
Connecticut	45%	73%	64%
Maine	39%	75%	75%
Massachusetts	40%	76%	88%
New Hampshire	38%	75%	94%
Rhode Island	39%	70%	80%
Vermont	39%	69%	78%

Source: Centers for Disease Control and Prevention, 2007

Several assessments have shown that potential tenants and condominium buyers prefer Smokefree properties, increasing their marketability. In 12 assessments conducted across seven U.S. states, 65% of respondents on average indicated their preference for Smokefree housing, with 50% of respondents in Oregon and Washington willing to pay additional rent. (See Appendix D.)

c) Smokefree Homes are Less Costly

Smokefree Maine conducted a cost analysis to determine the financial burden to property owners and found that a smoking unit requires more extensive labor, additional (or customized) paint to cover stains and odors, and replacing burnt floor materials. The cost of maintenance for a smoking unit is \$2,740, nearly five times greater than for a non-smoking unit \$570.^{xxii} Permitting smoking can affect property values, with SHS currently listed as the primary cause of decreased values in New York City.^{xxiii} Owners that permit smoking may incur higher insurance costs as well.

V. Considerations in Implementing Smokefree Housing

a) Associated Costs

There are various costs related to adopting voluntary Smokefree policies, although they are not terribly onerous. These include:

i) *Costs for Owners/Managers:*

- Printing Smokefree signs to post in indoor and outdoor common areas
- Communicating policy change to tenants in writing and in leases
- Advertising may need to be amended to promote new Smokefree policy

On the other hand, there are financial incentives that can be made available for housing developers to adopt Smokefree Housing policies. In their 2007 Qualified Allocation Plan (QAP), as part of a competitive process

that provides an opportunity for affordable housing developers to earn tax-credit dollars, Maine Housing included a one-point incentive for applicants who proposed to implement a 100% Smokefree building policy. Maine is the second state in the nation to do this after California passed a similar incentive in 2005.^{xxiv} As this is a highly competitive process, with every point counting, this incentive can offset possible costs for developers/applicants. In California, out of 74 housing authorities, 38 are current recipients of these tax credit points.^{xxv} (Appendix C4)

ii) *Costs for Health Agencies:*

Although not generally in a position to enact Smokefree housing policies, state health agencies are well-positioned to raise awareness, promote policies, conduct media campaigns, generate public support, and advo-

cate for Smokefree housing ordinances. Some of the costs involved in the aforementioned activities and strategies include:

- Launching a website (Smokefree Housing Registry)
- Hiring program personnel
- Developing assessments
- Conducting legal and financial analyses
- Coordinating media, education and organizing strategies

Many of the smoke free health promotion efforts around the U.S. have been developed and implemented through state, county and city public health departments, often with support from private foundations. About half of the Smokefree housing experts interviewed for this paper were able to cite budgetary costs, which ranged from \$35,000 to \$300,000 per year. These are appropriately funded through Multi-state Tobacco Settlement funds.

b) Legality and Potential for Lawsuits:

Smokefree housing is an area of law which is evolving as new laws are enacted, old laws are amended, and courts interpret existing laws. It *is* legal for owners/managers of condominiums, apartments, assisted living facilities, group homes, shelters, and public housing developments to prohibit smoking. Some proponents have likened the restrictions on smoking to those concerning pets. There are many legal resources available on the Internet to consult. One of the most useful is the Smoke-Free Environments Law Project (SFELP) based in Michigan <http://www.tcsg.org/sfelp/>.

A cited case in Pompano Beach, Florida in 2005 (Merrill v. Bosser) found that SHS constituted a nuisance in that a family's health problems were exacerbated and thus had to vacate the premises on occasion due to the number of smoke incursion experiences.^{xxvi} The challenge in these cases is in establishing what constitutes a nuisance. Also in (Dworkin v. Paley, 1994) and (Gainsborough St. Realty Trust v. Haile, 1998), Ohio Appellate 8 and Boston Housing courts respectively ruled that smoke incursion breached the tenant's right to "quiet enjoyment of one's home."^{xxvii}

Smokefree coalitions and housing authority administrators have long sought to clarify U.S. Housing & Urban Development (HUD) regulations pertaining to Smokefree policies in public housing. In July 2003, Chief Counsel of the HUD Detroit field office issued an opinion stating that, "Currently, there is no HUD policy that restricts landlords from adopting a prohibition of smoking in common areas or in individual

units." The opinion goes on to state that there is nothing in federal law, including the Fair Housing Act, which prevents a landlord from making some or all of apartment units smoke-free. These policies should be adopted as "house rules", rather than lease amendments, as HUD has requested. HUD approval is not required to enact such a policy, nor does HUD need to be notified.^{xxviii}

It is clear from the language of the Fair Housing Act (FHA), its interpretation by HUD General Counsel, and subsequent court decisions, that this federal act is one avenue open to people with breathing disabilities seeking reasonable accommodation. Persons who are substantially limited in a major life activity as a result of exposure to SHS may be covered by the Americans with Disabilities Act (ADA), as was the case in Colorado, in which a woman leveraged ADA to get her building to go Smokefree. The ADA may be enacted with respect to any type of property, but must concern a resident with a documented medical condition exacerbated by SHS.^{xxix}

Among model policies available for consideration is a "Disclosure Requirement", which requires landlords to disclose to potential tenants the location of designated smoking and non-smoking units and common areas. The drawback is that it may leave owners/managers vulnerable to a lawsuit by non-smoking tenants exposed to SHS. Due to the complexity of legal considerations involved, experts recommended consulting an attorney early in the policy development process.

c) Disenfranchised Communities

The issues raised in the "Health Disparities" section of this report should inform policy makers about the need to be sensitive to the particular burdens of low income people and communities of color. Although it may appear easier to target affordable housing developments for Smokefree policies, consider that the people living in them have particular circumstances and hardships than folks living in more affluent residences might not have, including a lack of choices about where to live. These policies must be developed with the voices and interests of the residents at the table, and ensure that cessation services are made available.

Pros and Cons of Smokefree Policies

In general, there are advantages and disadvantages to consider when undertaking the promotion of voluntary and regulatory policies. They include:

Advantages of Voluntary and Regulatory Policies

- Health benefits to residents, employees, and visitors
- Promotes tobacco cessation among residents
- Reduces health care costs
- Improves employee and student productivity
- Cleaner homes – odor and pollution free
- Reduces tenant complaints
- Reduces safety hazards such as fire risks
- Possible reduction in insurance costs
- Reduction in expenses to landlords, condominium associations, and housing authorities
- Can improve resale value of property
- Tax credit benefit (if established by state)

Disadvantages of Voluntary and Regulatory Policies

- Potential opposition from general public and policy makers; viewed as an intrusion of privacy
- May pit residents against one another
- May not be specific or comprehensive enough to get desired impact (ex. Utah)
- If smoking bans are too extensive, leaving addicted smokers with no options, then enforcement may become difficult
- May be unfair if cessation options are not made available
- May have a disproportionate impact on certain disenfranchised groups who are already vulnerable to housing shortages and targeting by tobacco companies
- Threats of legal liability

Specific to Voluntary Policies

Pros	Cons
Perceived positively – less intrusive	Carry less weight
More likely to be embraced	Adopted case by case – more intensive
May not require as many resources	May be harder to enforce

Specific to Regulatory Policies

Pros	Cons
Greater sustainability	Can be a lengthy and difficult process
Impacts more properties and people	Owners/managers may prefer voluntary
Enforceability	May need resources to enact and enforce

VI. Developing Smokefree Policies

In order to compile and assess existing regulatory and voluntary policies, as well as examine implementation and enforcement issues, interviews by the Asthma Regional Council were conducted with 11 respondents from eight U.S. states (California, Colorado, Maine, Minnesota, Ohio, Oregon, Utah, and Washington) in July-August 2007. Please see Appendix A for respondents' contact information. Pete Bialick of GASP of Colorado was generous to share "*How to Start a Smoke-Free Housing Program*", a 2007 survey of six respondents in five states via the Smokefree housing-talk national list-serve which SFELP hosts. Please see Appendix B for a list of respondents. Ideas, recommendations, and suggestions drawn from the aforementioned individuals have been attributed throughout this paper. A range of policy approaches was also drawn from a broad Internet search as well as the aforementioned interviews.

Voluntary or Regulatory Approach

Any of the policies outlined in this paper can be implemented either as *voluntary policies*, which are not mandated by laws, or as *regulatory policies* (through ordinances). They can be adopted by any person, business, or organization and enforced only by those who control the places affected by the policy. The language of a policy can be modified for voluntary or regulatory application.

Some housing authorities are part of local government, while others are not. The distinction as to whether housing authority policies should be considered voluntary or regulatory must be made accordingly, on a case-by-case basis.

A word about ordinances. There have been very few Smokefree housing ordinances passed at the city, county or state level in the U.S. to date. Utah passed a secondhand smoke statute in 1998, classifying SHS as a nuisance. As the statute is civil in nature, state and local health departments cannot enforce compliance through inspections or by fines. Individuals have to bring lawsuits themselves, thereby incurring legal costs. There is a good deal of legislative activity currently underway in cities and counties across California. As of August 2007, three counties (Contra Costa, Sacramento, and San Mateo) as well as 10 cities (Belmont, Buellton, Burbank, Calabasas, Dublin, Emeryville, Temecula, Thousand Oaks, Sacramento, and San Jose) have passed ordinances and resolutions to limit and/or ban smoking in multi-unit residential properties.

There is a broad continuum of policy approaches that can be utilized to promote Smokefree Housing. Different processes and documents may be utilized to draft, adopt and enact Smokefree policies in public or private multi-unit dwellings, but the same concepts apply. Combining a range of options, as well as utilizing both voluntary and regulatory approaches, is recommended by respondents, who also advised that policies be written as specifically as possible. Incorporating a written enforcement component is also important in order to promote clear expectations, and consequences.

Educational Approach

To support Smokefree Home prevention efforts at the policy level, a number of public and environmental health organizations have developed Smokefree Housing Pledge Campaigns, such as "Not in Mama's Kitchen", "Home Smoke Free Home", and "Keep your Home and Car Smoke Free" an initiative of the EPA and Head Start. These campaigns consist of educating parents and tenants about the ill-effects of secondhand smoke, the benefits of making their home Smokefree, as well as providing information and steps to make their home smoke free.

We recommend that any policy approach be augmented with an educational campaign, supported by resources/referrals to quit smoking.

For an excellent guide on existing voluntary and regulatory policies in California, see The Center for Tobacco Policy and Organizing's *Matrix of Local Smokefree Housing Policies* (June 2007) at www.californialung.org/thecenter.

Model Policies from Around the Nation

ARC's goal is to highlight model policies to improve asthma outcomes so that best practices can be replicated. There is no sense reinventing the wheel! There are a variety of existing model policies that can be drawn from and adapted to meet local goals. They are listed below in order of least to most restrictive.

No Smoking Indoors

Common Area Restrictions

Tenants, visitors, and employees may not smoke indoors in designated common areas.

- Smoking is prohibited in all enclosed and non-enclosed common areas of residential development projects including apartments, condominiums, retirement homes, nursing homes, assisted living facilities, and residential portions of mixed-use projects except within designated smoking areas. Common areas are those accessible to all residents, including but not limited to hallways, stairways, elevators, lobbies, laundry rooms, trash rooms, recreation rooms, gyms, and garages. *Burbank, CA*

Designating Smokefree Units/Buildings for Existing and/or New Properties

Tenants, visitors, and employees are restricted to smoking only inside designated units and/or buildings on the property. May apply to designated groups (seniors, tenants with chronic illness) or types of housing (e.g. supportive, nursing homes).

- Two-thirds of senior housing becomes non-smoking for new tenants (grandfather clause + 1 building remains "smoking"). *Madera, CA*
- 25% of all units (with 10 or more units) must be designated non-smoking and must be groups horizontally and vertically (separate buildings where possible). *Temecula, CA*

Prohibiting Smoking in all Units/Buildings

Tenants, visitors, and employees may not smoke indoors in any unit, in any building on property.

- Smoking is not permitted anywhere in the building including apartments. All current residents, all employees, all guests and all new residents are prohibited from smoking anywhere in the building including apartment units. There is a temporary exception to this policy for current residents who are smokers. Any current resident as of [date of adoption] who smokes must complete a temporary smoking exemption form allowing them to smoke in their apartment only. This exemption will continue only until the date of the resident's lease renewal, at which time the smoking policy will also apply to the resident. Failure of any resident to follow the smoke-free policy will be considered a lease violation. *Courtesy of Jim Bergman of Smoke Free Environment Law Project (SFELP) of Ann Arbor, Michigan*

Model Policies from Around the Nation

No Smoking Outdoors

Designated Outdoor Smoking Area

• General Restrictions

All smokers may smoke outside buildings on the property but are limited to designated areas.

- A designated smoking area of an outdoor common area of a multi-unit residence must not overlap with any area where smoking is otherwise prohibited by local, state, or federal law; must be located at least 25 feet in all directions from non-smoking areas; must not include areas used primarily by children; must be no more than 25 percent of the total outdoor common area; must have a clearly marked perimeter; and must be identified by conspicuous signs. *Contra Costa County, CA*

• Restrictions re: distance from buildings and/or ventilation systems

All smokers may smoke outside but must do so at a proscribed distance from property buildings.

- Smoking is prohibited within 20 feet of doors, windows, air ducts and ventilation systems of multi-unit residences, except while passing on the way to another destination. *Contra Costa County, CA*

• Restrictions re: Smokefree Outdoor Common or Recreational Areas

All smokers may smoke outside but not in designated Common or Recreational Areas.

- Smoking is prohibited in all common areas of residential development projects, including but not limited to swimming pools, decks, patios, yard areas, play areas, pedestrian paths, driveways, parking areas, and garages. (*May or may not*) include private balconies or patios that are not generally accessible to other residents. *Burbank, Calabasas, Buellton, San Jose, and Contra Costa County, CA*

Curb to Curb

All smokers are prohibited from smoking anywhere indoors and outdoors – property is entirely Smokefree.

• No Smoking on Premises

- Due to the increased risk of fire, and the known adverse health effects of secondhand smoke, smoking is prohibited in any area of the property, both private and common, whether enclosed or outdoors. This policy applies to all owners, tenants, guests, employees and servicepersons. *Seattle, WA*

VII. Implementing Smokefree Policies

a) Advice for Success

There is no set formula that will work for every state or community. However, there are models for success that can be followed. Primary recommendations from experts include:

1. **Assess** attitudes and behaviors regarding second-hand smoke among owners/managers and current tenants.
2. **Outline** goals and objectives for Smokefree housing promotion.
3. **Compile** a list of stakeholders and **convene** a meeting. Bring together unlikely partners and try to work things out cooperatively first.
4. **Review** existing policies and regulations in your state and community.
5. **Educate and Organize** by using existing models, materials, resources and policies – don't reinvent the wheel – a helpful website is www.smokefreeme.org.
6. For statewide policies, choose initial **focus**: market-rate apartment owners, condominium associations, and/or housing authorities.
7. **Draft** voluntary and/or regulatory policies with specificity for clear communication and to achieve desired effect.
8. **Adopt and communicate** new policies – in writing, through meetings, through signage.
9. **Assist** existing tenants who smoke (with limited or unlimited grandfather clauses).
10. **Offer referrals and resources** on information and tobacco cessation.
11. **Enforce** Smokefree policies as outlined in lease agreements and/or house rules. Policies are only effective when they are consistently and fairly enforced!

Some states have had more success by working with housing authorities while others have worked with private property through Apartment Associations. In California, the State Health Department funds the Center for Tobacco Policy and Organizing to provide technical assistance to organizations and coalitions addressing tobacco issues (including Smokefree housing) thereby providing a centralized place for information, resources and evaluation, which ensures greater consistency and better utilization of resources.^{xxxi}

b) Assessing Attitudes Through Surveys

Smokefree experts emphasized the importance of conducting an assessment (or survey) of tenants and owners/managers. By gaining an understanding of the specific issues and needs of all stakeholders and their readiness for change, the greater the likelihood that policies will be supported. It is imperative to know at the outset:

The total number of tenants

The number of current tenants who are smokers

Perceived risk of SHS to tenants generally and to those with chronic illnesses

Perceived incursion of SHS among units and throughout the property

The number of tenants who are interested in developing/adopting/enforcing a policy to limit SHS

Whether tenants and/or management currently limit or prohibit smoking (indoors and/or outdoors) – as policy change may just formalize what is already happening

Concerns and fears that tenants and owners/managers are harboring (i.e. enforcement, marketability)

Please refer to Appendix C1 to view sample surveys for tenants/residents from coalitions and organizations around the U.S, and Appendix C2 for sample surveys for owners/managers. Appendix C3 includes sample petitions requesting Smokefree Housing.

Challenges cited in conducting Smokefree assessments include:

1. **Costs and logistics:** Administering, compiling, analyzing and sharing data with constituencies effectively can be burdensome.
2. **Access to Data:** Some coalitions around the U.S. hired consultants, so there may be limited access to use of survey tools and results due to proprietary interests.
3. **Privacy issues:** One housing authority manager recommended coding surveys by development, rather than by building, in order to protect the privacy of respondents.

c) Enforcement Considerations

A violation of a smoking prohibition should be treated like any other lease violation, and should be applied consistently and equitably:

- Enforcement should be written into policy to ensure clarity of communication
- Other residents may need to help with monitoring policy violations
- Verbal and written warnings administered
- Fines where appropriate
- Utilize a grandfather clause

Almost all organizations working to promote Smokefree housing encourage use of a grandfather clause to exempt current smokers and ease the transition. The Smokefree Environments Law Project (SFELP) recommends a short grandfathering period, from 6 months to one year. Their model policy states that grandfathered smokers are the only ones who can smoke in their own unit (or outside in designated smoking area), so that multiple smokers don't congregate.^{xxxii}

Enforcement of Smokefree Housing policies at a public housing authority in Auburn, ME was made easier by management taking the process slowly, and allowing for a transition period. Over time, there has been attrition among the residents who smoke. Originally 22% of the residents smoked but as many have moved out voluntarily, only 10-11% who were grandfathered smokers still reside there. If a non-smoking resident took exception to a neighbor who was exempt (and smoking) the first option would be to move the smoker to another unit. The fall back option would be to move the non-smoking tenant. Manager Rick Whiting cited that they have provided some smokers with Section 8 vouchers to move them from the multi-unit building to another housing site where smoking is permitted.^{xxxiii}

d) Additional Challenges

A number of challenges to enacting Smokefree housing have been described throughout this report. Due to the complexities involved in enacting these policies, policy-makers, advocates, property owners/managers and tenants should be prepared to face some additional complications, which may include:

1. Lack of consistency among regulatory and voluntary policies across the U.S.
2. Budget cuts to tobacco programs
3. May not be a priority for many key stakeholders
4. Tobacco addiction is difficult and expensive to control
5. Political controversy due to privacy concerns
6. Process is slow and takes time
7. Scarcity of affordable housing can put low income smokers in a difficult position to find alternative housing

VIII. Guidance for Stakeholders

There is no one-size-fits-all approach to developing and enacting effective regulatory and voluntary Smokefree housing policies. The consensus among experts around the country is that the policy process be driven by stakeholder data collected during an initial assessment and that the specifics be tailored to the particular community affected. Below are options for different categories of stakeholders.

Property Owners/Managers of Apartments

- Designate a certain percentage of units as Smokefree (ranging from 25% - 100%) (existing and new units) – determined by number of units, buildings, smokers and support.
- Wherever possible, Smokefree units should be in a separate building from smoking units and where necessary in separate wings, vertically and horizontally contiguous.
- Designate an outdoor area for smoking, at least 25 ft from building/s.
- Amend leases and communicate changes to tenants in writing.
- Post Smokefree signs.
- Utilize a limited grandfather clause (one-year recommended) to exempt current smokers.
- Offer information to tenants about tobacco cessation www.trytostop.org.
- Enforce “no-smoking” policy – write into lease and treat like other violations (i.e. “no pets”).
- Include a “fine per violation” clause for tenants in policies.
- Update advertising to let prospective tenants know the property has gone “Smokefree”. A good resource is the national registry www.smokefreeapartments.org.
- Partner with policy-makers/tenants/advocates and local health departments to promote, develop, and enact fair and enforceable Smokefree housing policies.

In July 2006, First Centrum, a company that owns multi-unit housing in Virginia, Maryland, North Carolina, Michigan, Illinois, and Tennessee enacted a “curb to curb” Smokefree Housing policy, with a grandfather clause for current smokers. The policy affects 49 apartment complexes with a total of 5,452 units.^{xxxiv} First Centrum was aided through the policy process by SFELP.

Condominium Associations

- Educate condominium owners about the benefits of Smokefree housing
- Vote/approve a Smokefree housing policy for the Association.
- Undertake all of the steps outlined for [Property Owners/Managers](#), substituting “owner” for “tenant”.
- Include a “fine per violation” clause for owners in policies.
- Partner with policy-makers/advocates and local health departments to promote, develop, and enact fair and enforceable Smokefree housing policies.

Approval by an association often requires 75% or higher approval by membership and can be revised at any point in time through an association vote. It involves a review of the condominium CC&R (Covenant, Conditions and Restrictions) and determination as to whether to include SHS as a nuisance clause. Some of the earliest adopters of Smokefree policies in associations include Mendham Knolls, NJ; Black Hawk, UT; and Meadow Creek Hoskins, MN.

Public Housing Administrators

- First consult with head regulatory agency.
- Amend House Rules to reflect Smokefree policy.
- Amend leases where appropriate.
- Undertake all other steps outlined for [Property Owners/Managers](#).
- Partner with policy-makers/tenants/advocates to promote, develop, and enact fair and enforceable Smokefree housing policies.

According to SFELP, there are more than 46 housing authorities in the U.S. which have adopted smoke-free policies including 22 in Michigan, 10 in Maine, five in California, three in Washington, two in Nebraska, and one in Florida, Minnesota, Montana, New Jersey, Oregon, and Wisconsin. The first housing authority in the country to go Smokefree was in Kearney, NE in 1996. The largest Smokefree housing authority is in Grand Rapids, MI with 900 units.^{xxxv}

Advocates

- Educate stakeholders, build alliances and trust, raise awareness, and generate broad-based support for Smokefree Housing policies. Conduct outreach to:
 - 1) Property owners through trade associations meetings, events, and newsletters.
 - 2) Developers, contractors and condominium associations.
 - 3) Tenants affected by secondhand smoke.
 - 4) Housing Authority administrators.
 - 5) Medical societies and public health organizations.
- Focus on new buildings and new tenants in crafting the strongest policies and highest percentage of Smokefree units and buildings.
- Partner with policy-makers and local health departments to promote, develop, and enact fair and enforceable Smokefree housing policies.

Advocate for:

- A certain percentage of units as Smokefree (ranging from 25% - 100%) (existing and new units) to be determined by the number of units, buildings, current smokers and support (assess).
- Smokefree units to be located in a separate building from smoking units and where necessary in separate wings, vertically and horizontally contiguous.
- Designated outdoor areas for smoking, at least 25 ft from building/s.
- Clearly communicating policy changes to tenants/owners.
- Utilizing a limited grandfather clause to temporarily exempt current smokers.
- Tobacco cessation support/services.
- Fair and consistent enforcement of Smokefree policies.
- A Smokefree Housing Registry

Tenants and Condominium Owners

- Commit to making your own home Smokefree through a pledge campaign.
- Circulate a petition to demonstrate broad-based support for Smokefree housing.
- Become an advocate and promote Smokefree housing.
- Where possible, locate Smokefree properties in which to live.
- Learn about existing policies and federal acts already in place to protect your health (i.e. FHA, ADA) and enact them as needed.
- Work with property owners/Housing Authorities/condominium associations/policy-makers and local health departments to promote, develop, and enact fair and enforceable Smokefree housing policies.

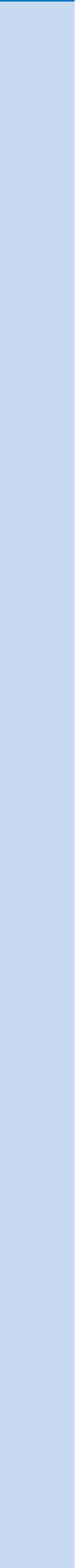
Legislators and Regulators

- Enact a city or countywide ordinance prohibiting smoking in all workplaces and residences.
- Legally designate secondhand smoke (SHS) as a nuisance so that tenants who experience smoke incursion in their units have legal recourse against fellow tenants.
- Establish a tax credit benefit (a Qualified Allocation Plan) that provides an incentive for affordable housing developers to earn tax-credit dollars by implementing a Smokefree policy (Please see Appendix C4).
- Enact a state law designating local health departments to enforce Smokefree Housing ordinances through inspections and fines (similar to existing Smokefree Workplace), once an ordinance restricting smoking is in place.

IX. Conclusion

Smokefree Housing is rapidly becoming the next arena for policy makers, public health professionals and healthy housing advocates to address the effects of secondhand smoke (SHS). Although there are complex issues involved and new approaches to undertake, there is a wealth of information and model policies that have already been created by organizations and agencies in states around the country. Please take the time to review the array of resources and information included in the body and appendices of this paper. The time has come for all states to enact Smokefree housing policies to prevent and curtail the serious health effects of SHS on children and adults, especially for those with asthma and other related health problems.

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- i <http://www.surgeongeneral.gov/library/secondhandsmoke/>
- ii Ibid
- iii California Identifies Second-hand smoke as a “*Toxic Air Contaminant*” CA EPA Air Resources Board January 2006 www.arb.ca.gov
- iv Waltraud, E. et al. “*The Asthma Epidemic*” The New England Journal of Medicine Vol. 355 Issue 21 November 23, 2006 p.2226-2235
- v Nagourney, Eric *At Risk: A Surgery Hazard for Children Exposed to Smoke* New York Times July 25, 2006
- vi Waltraud, E. et al. “*The Asthma Epidemic*” The New England Journal of Medicine Vol. 355 Issue 21 November 23, 2006 p.2226-2235
- vii Goodwin, *Annals of Allergy, Asthma and Immunology* 5/28/07 www.rwjf.org/programareas/features/digest
- viii *The Burden of Asthma in New England 2006* a report by The Asthma Regional Council (ARC) of New England March 2006 <http://www.asthmaregionalcouncil.org/Publications.htm>
- ix Delva, Jorge et al. “*Cigarette Smoking Among Low-Income African –Americans: A Serious Public Health Problem*” Am J Prev Med. 2005 October; 29(3): 218–220
- x The NHSDA Report: *Tobacco Use, Income, and Educational Level*, May 3, 2002. SAMHSA, Office of Applied Studies, 2002. <http://www.oas.samhsa.gov/2k2/Tob/tob.pdf>
- xi *The Burden of Asthma in New England 2006* a report by The Asthma Regional Council (ARC) of New England March 2006 <http://www.asthmaregionalcouncil.org/Publications.htm>
- xii Cancer Control Research 5R01CA085930-04 Ahluwalia, Jasjit S. *Smoking Prevalence Among Housing Developments* <http://dccps.nci.nih.gov>
- xiii Waltraud, E. et al. “*The Asthma Epidemic*” The New England Journal of Medicine Vol. 355 Issue 21 November 23, 2006 p.2226-2235
- xiv Howell, Embry *The Health Status of HOPE VI Public Housing Residents* Journal of Health Care for the Poor and Underserved – Volume 16, Number 2, May 2005, pp. 273-285
- xv Berdik, Chris “*No smoke, no ire*” The Boston Globe October 17, 2004
- xvi Dakake, Bradley *Where There’s Smoking, There’s Fire* MassPirg Report November 13, 2001 www.masspirg.org
- xvii <http://www.rwjf.org/programareas/features/digest.jsp?c=EMC-ND141&pid=1141&id=6186>
- xviii <http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet4.html>
- xix MMWR Report 56(20) 5010-504 *Prevalence of Smoke Free Home Rules in the U.S.* 5/25/07
- xx Smokefree ME power point presentation www.smokefreeme.org
- xxi Rogers, T.K. “*What’s That Smell?*” New York Time Real Estate August 6, 2006
- xxii <http://www.no-smoke.org/document.php?id=540>
- xxiii Phone Interview with Esther Schiller of CA and Phone Meeting with Rick Whiting 8/2/07
- xxiv Samouce, Rob “*Secondhand smoke can be considered a legally actionable nuisance*” Naples Daily News November 8, 2005
- xxv Shaffer, Stephanie “*Mass Court Upholds Eviction of Condo Tenants for Smoking*” The National Law Journal 07/08/05
- xxvi <http://www.tcsg.org/sfelp/>
- xxvii <http://www.tcsg.org/sfelp/news.htm> and Interview with Pete Bialick of GASP Colorado
- xxviii Interview with Vanessa Marvin of Center for Tobacco Policy and Organizing in CA 8/7/07
- xxix <http://www.tcsg.org/sfelp/>
- xxx Phone Meeting with Rick Whiting of Auburn, ME 8/07
- xxxi <http://www.tobacco.org/news/232124.html>



Appendices

[Appendix A.](#) Interview Respondents Contact Information

[Appendix B.](#) GASP Survey Respondents

[Appendix C.](#) Smokefree Housing Survey Results

[Appendix D.](#) Links to Helpful Websites

Other resources, such as sample surveys, petitions and fact sheets can be downloaded from the Asthma Regional Council's website at www.asthmaregionalcouncil.org

APPENDIX A

Interview Respondents Contact Information

A Case for Smokefree Housing

Conducted July-August 2007

- 1) Pete Bialick – GASP of Colorado
303-444-9799
www.gaspforair.org/gasp/contact/
- 2) Carisa Duke – ISFA Initiative for Smokefree Apartments and ANS Association for Non-Smokers (Minnesota)
651-646-3005
ansrmn@ansrmn.org
- 3) Cassandra Fairclough – Utah State Health Department
801-538-6754
cassabdrafairclough@utah.gov
- 4) Steve Hadden – Utah State Health Department
801-538-6260
shadden@utah.gov
- 5) Colleen Herman-Franzen – Smoke Free Oregon (ALA)
503-924- 4094
colleen@lungoregon.org
- 6) Dian Kiser – RESPECT: Resources and Education Supporting People Everywhere Controlling Tobacco (CA)
916-739-8925
breath@jps.net
- 7) Vanessa Marvin – Center for Tobacco Policy& Organizing (CA)
916-442-4299
thecenter@californialung.org
- 8) Ruth Milligan – Smokefree Housing Ohio and Tobacco Prevention Foundation
614-246-0566
tobaco@law.capital.edu
info@otpf.org
- 9) Esther Schiller – SmokeFree Housing Registry and S.A.F.E. Smokefree Air For Everyone (CA)
818-363-4220
SmokefreeApt.@Pacificnet.net
- 10) Barbara Smithson – Kitsap County Health District (Washington)
360-337-5250
www.kitsapcountyhealth.com/contactus.htm
- 11) Rick Whiting – Auburn Housing Authority (Maine)
207-874-7351

APPENDIX B

GASP – Colorado “How to Start a Smoke-Free Housing Program”

Survey Respondents

Kylie Meiner
Multnomah County Health Department
Portland, Oregon

Kathleen Hok Dachille
Law School Assistant Professor – Director
Baltimore, Maryland

Esther Schiller
S.A.F.E. SmokeFree Air for Everyone
California

Tina Pettingill
Smoke-Free Housing Coalition
Portland, Maine

Jim Bergman, J.D.
Smoke-Free Environments Law Project
Ann Arbor, MI

Susan Schoenmarklin
Consulting Attorney
Smoke-Free Environments Law Project

Appendix C

Smokefree Housing Survey Results

Utah Black Hawk condo owners/managers and residents were surveyed by mail and phone. N = 200

Oregon Residents by phone in three counties (including Portland) and one Washington state county in 2006. N=400. Campbell DeLing Resources, Inc.

Newport, RI Housing Authority residents surveyed at eight housing properties (family and senior housing). N = 301.

Boston, MA Boston Area Tobacco Control Collaborative (BATCC) surveyed residents in public housing developments. N =69.

Washington Residents through phone interviews (countywide) and written surveys (housing authority).N= 250. (2004)

Minnesota Owners/managers and residents surveyed through phone interviews and surveys. N = 600. (2001)

Northern California Tenants surveyed by phone. N= 602. Goodwin Simon Strategic Research (2004)

Calabasas, CA Voters surveyed. N = 300. (2006) The Center for Tobacco Policy & Organizing of California

Los Angeles Voters surveyed. N = 400. Goodwin Simon Strategic Research (2003)

California Apartment renters surveyed by phone. N = 600. Owners/managers surveyed by phone N = 300. Goodwin Simon Strategic Research

USC-Latino Tobacco Education Partnership and Center for Tobacco Policy and Organizing Survey Latino renters surveyed by phone. N = 409. (2006)

Maine Owners/managers and residents in Lewiston and Androscoggin surveyed. Landlords N = 880. Tenants N = 850. (2003)

Survey Results - Snapshot of common findings

a) Percentage of households with smoker in the home (and/or % of respondents who are smokers).

Boston, MA – 36%
Newport, RI – 51%
Oregon – 25%
Calabasas, CA – 8%
LA – 21%
Maine – 18%
Minnesota – 29%

b) Currently do not allow smoking in the home.

Boston, MA – 48%
Washington State – nearly 50%
Oregon – 80%
Calabasas, CA – 90%
LA – 77%
Black Hawk Condos – Utah 94%

c) Degree of support in favor of smoke free policies inside residential multi-unit buildings.

Boston, MA – 57%
Newport, RI – 45%
Washington State – 66%
Oregon – 73%
Northern CA – 69%
Calabasas, CA – 67%
LA – 67%
California – 69% renters, 67% of owners
Latino CA Renters – 82%
Maine – 76%
Minnesota – 46%
Black Hawk Condos – Utah 61%

d) Tenants who would be willing to pay more rent for smoke free housing.

Washington State – almost 50%
Oregon – 50%
Minnesota – 34%

Appendix C (continued)

Smokefree Housing Survey Results

e) Tenants who experienced exposure to smoke incursion.

Boston, MA – 49%
Washington State 42%
Oregon – 25%
Minnesota – 48%
Northern CA – 46%
Calabasas, CA – 53%
LA – 41%
Maine – 48%
Latino CA Renters – 63%
Black Hawk Condos – Utah 63%

f) Feel SHS is harmful.

Boston, MA – 74%
Washington State – 88%
 of smokers and 93% of nonsmokers
Oregon – 80%
Northern CA – 90%
Calabasas, CA – 92%
LA – 86%
California – 85%
Latino CA Renters – 98%
Black Hawk Condos – Utah 80%

g) Know of tenants with asthma and/or chronic illness rates (and/or have in household).

Boston, MA – 25%
Newport, RI - 45%
Washington State >33%
Northern CA – 25%
Calabasas, CA – 11%
LA – 28%
California – 25%

Appendix D

Links to Helpful Websites

Action on Smoking and Health (ASH)

<http://www.ash.org>

Americans for Nonsmokers' Rights

<http://www.no-smoke.org/getthefacts>

Apartment Association of South Central Wisconsin

<http://www.aascw.org/industry-resources/local-ordinances-addendums.php>

(ASHRAE) American Society of Heating, Refrigerating and Air Conditioning Engineers

www.ashrae.org

Association for Non-Smokers: Initiative for Smokefree Apartments – Minnesota

<http://www.ansrmn.org>

Asthma Regional Council of New England

<http://www.asthmaregionalcouncil.org/>

Auburn, Maine Housing Authority

<http://www.affordablehousingonline.com/housingauthority.asp?State=ME>

Boston Area Tobacco Control Coalition (BATCC)

<http://www.smokefreecommunity.org/who.html>

Boston Urban Asthma Coalition (BUAC)

<http://www.buac.org/>

Boston Public Health Commission (BPHC)

<http://www.bphc.org/programs/program.asp?b=2&p=23>

California Apartment Association

<http://www.caanet.org/AM/Template.cfm>

Campaign for Tobacco Free Kids

www.tobaccofreekids.org

CDC

http://www.cdc.gov/tobacco/ETS_Toolkit/index.htm

Center for Tobacco Policy and Organizing

www.center4TobaccoPolicy.org

GASP – Colorado

www.gaspforair.org

Massachusetts Tobacco Control Program

www.mass.gov

MISmoke-Free Apartment

<http://www.mismokefreeapartment.org>

Nebraska

<http://www.omahasmokefreeapartments.info/>

Newport RI Housing Authority

<http://www.affordablehousingonline.com/housingauthority.asp?State=RI>

Ohio Smokefree Housing

<http://www.ohiosmokefreehousing.com/>

Oregon

www.smokefreehousingNW.com

RESPECT – Resources & Education Supporting People Everywhere Controlling Tobacco

<http://www.respect-ala.org/drift.htm>

Smoke-free Air For Everyone

<http://www.smokefreeairforeveryone.org/>

Smoke-free Apartment Registry

<http://smokefreeapartments.org>

Smoke-Free Environments Law Project

<http://www.tcsg.org/sfelp/home.htm>

Smoke-Free Housing Consultant

<http://www.s-fhc.com/>

Smokefree Housing.Org

www.smokefreehousing.org

Smokefree Maine

www.smokefreeforme.org

Smokefree.Net

<http://www.smokefree.net/>

Appendix D (continued)

Links to Helpful Websites

Smokefree Seattle

<http://www.smokefreeseattle.org/>

Surgeon General's Report

<http://www.surgeongeneral.gov/library/secondhandsmoke/report/>

Technical Assistance Legal Center (TALC)

<http://talc.phi.org/>

Tobacco Control Legal Consortium

www.tobaccolawcenter.org

Utah Smokefree

<http://www.tobaccofreeutah.org/ets.html>

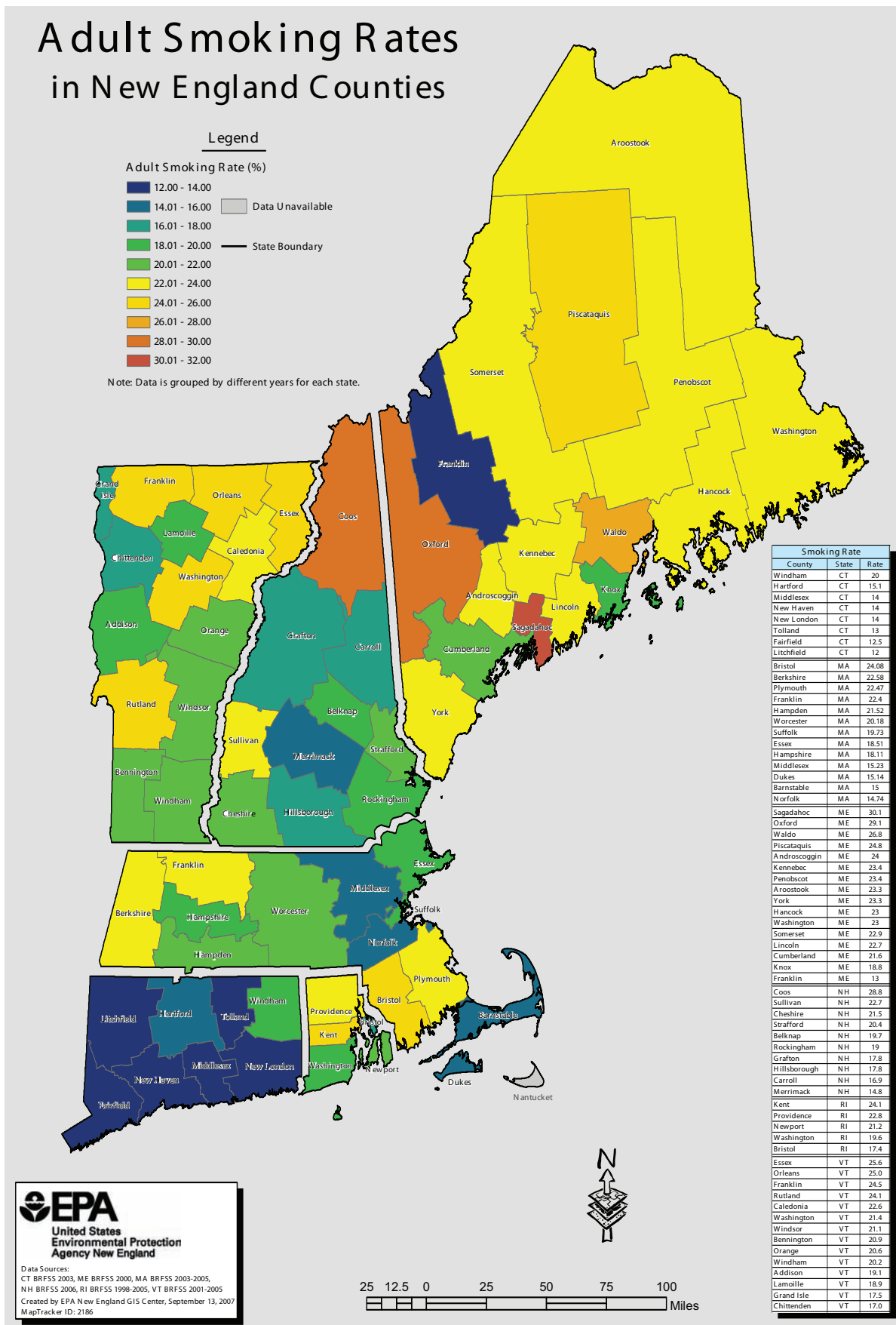
Washington State – Kitsap County

www.tpchd.org/smokefreehousing/

Wisconsin Initiative on Smoking and Health

<http://www.wish-wi.org/>

XI. Map of New England Smoking Rates



For more information about this document, contact:

[Asthma Regional Council of New England \(ARC\) at The Medical Foundation](http://www.asthmaregionalcouncil.org)

622 Washington Street, 2nd floor, Dorchester, MA 02124 • (617) 451-0049 x504 • www.asthmaregionalcouncil.org