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HACSA MEMORANDUM

TO: HACSA Board of Commissioners

FROM: Charles D. Hauk, Housing Director

AGENDA ITEM: DISCUSSION regarding HACSA's plans to institute a No Smoking Policy in its Agency-Owned Housing Programs.

AGENDA DATE: July 14, 2010

I. BACKGROUND:

Between its Public Housing, Multi-Family, Low Income Housing Tax Credit (LIHTC), Rural Development Administration (RDA), and non-subsidized, affordable housing programs, HACSA is directly responsible for approximately 1400 low-income affordable housing rental units. These units are occupied by elderly and disabled residents, as well as families with children. Currently, residents in Agency-owned housing are permitted to smoke in their units.

II. ISSUE

According to the American Lung Association (ALA), cigarette smoking is the number one cause of preventable disease in the United States. The elderly and young populations, as well as people with chronic illnesses (all of whom represent a significant percentage of HACSA's residents), are especially vulnerable to the adverse affects of smoking. It is virtually impossible to seal up units to completely prevent the migration of secondhand smoke into rental units. HACSA receives complaints, on a regular basis, from non-smoking residents about the infiltration of cigarette smoke into their rental units. In addition to not being able to completely prevent the infiltration of smoke into a non-smoker's unit, transferring the non-smoking resident is not an effective strategy, because there is no guarantee that future neighbors won't also smoke.

Because secondhand smoke can migrate between units in multifamily housing, causing respiratory illness, heart disease, cancer, and other adverse health effects in neighboring families, the U.S. Department of Housing and Urban Development (HUD) is encouraging

Public Housing Authorities (PHAs) to adopt non-smoking policies for all public housing units. On July 17, 2009, HUD issued Notice PIH-2009-21 on the subject of "Non-Smoking Policies in Public Housing." [Copy attached.] The Notice strongly encourages PHAs to implement non-smoking policies in their housing units.

In addition to the damage caused to non-smoking residents by secondhand smoke, property management and maintenance personnel are in general agreement about the fact that renovating a unit previously occupied by a smoker is considerably more costly than renovating the same unit previously occupied by a non-smoker. Given HACSA's limited operating funds and given the population that HACSA serves (i.e., low-income elderly/disabled/families), it is of concern that the costs of renovating a smoker's unit are almost never recovered by HACSA. Also, a recent Associated Press report indicates that cigarettes remain the top cause of home fires, which killed 138 people in Oregon in 2004-2008, according to a State Fire Marshall report. Cigarettes caused 46 percent of the fatal fires. A recent smoking related fire at the Vancouver Housing Authority resulted in more than \$1,000,000 in damage to the building.

III. DISCUSSION

As noted in the Plan Update to HACSA's Annual Agency Plan for Fiscal Year 2011, HACSA is planning to implement a No Smoking Policy in all of its Agency-owned units by January 1, 2011. This is in line with the No Smoking Policies implemented by a number of PHAs in the Pacific Northwest, including the Housing Authority of Portland – the largest PHA in Oregon (HACSA is the second largest PHA in Oregon). According to the Pacific Northwest Regional Council (PNRC) of the National Association of Housing and Redevelopment Officials (NAHRO), at least thirteen (13) Oregon PHAs – in addition to HACSA – have either implemented a No Smoking Policy or are working towards instituting such a No Smoking Policy.

As of January 2010, Oregon's Landlord-Tenant Law (Oregon Revised Statutes Chapter 90) requires that landlords disclose "...the smoking policy for the premises..." Consequently, HACSA has required that all residents in its Agency-owned housing units sign Lease Addendums, which explain what HACSA's current smoking policy is for each housing development.

Working closely with HACSA, Lane County Tobacco Prevention Coordinator, Stephanie Young-Peterson, MPH (Lane County Public Health), and Lisa Wheatley, MD (a local asthma and allergy specialist interning with Lane County Public Health), administered a survey about smoking to all residents in Agency-owned housing in March 2010. We received an excellent response rate of 56.5% (i.e, 778 surveys were returned out of 1376 mailed out). [Summary of results attached.] On April 21, 2010, HACSA took part in a Tobacco Policy Plan Community Forum, at the Lane County Mental Health Building, sponsored by representatives from the American Heart Association, Northwest Health Foundation, Oregon's Public Health Division, Lane County Public Health, and the

Tobacco-Free Coalition of Oregon, Inc. Local elected officials also took part in the Forum.

Ms. Young-Peterson will be presenting the results of the smoking survey to all Public Housing staff at HACSA's monthly Division Meeting on July 21, 2010. As HACSA moves towards implementing a No Smoking Policy, HACSA staff and LCPH staff will meet with individual resident groups at their regularly scheduled meetings to share the results of the survey and to provide information about the No Smoking Policy, as well as information about smoking cessation programs. This information will also be provided to residents in regularly issued resident newsletters. HACSA will be giving a minimum of 90-120 days' notice to residents about the effective date of the new No Smoking Policy. HACSA will revise its Lease Agreements to include the No Smoking Policy.

IV. ATTACHMENTS

1. HUD Notice PIH-2009-21 (HA) – 3 pp.
2. Summary of Smoking Survey results – 3 pp.



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Office of Healthy Homes and Lead Hazard Control**

SPECIAL ATTENTION OF:

Regional Directors; State and Area
Coordinators; Public Housing Hub
Directors; Program Center Coordinators;
Troubled Agency Recovery Center Directors;
Special Applications Center Director;
Public Housing Agencies;
Resident Management Corporations;
Healthy Homes Representatives

NOTICE: PIH-2009- 21 (HA)

Issued: July 17, 2009

Expires: July 31, 2010

Cross Reference:
24 CFR 903.7(b)(3)
24 CFR 903.7(e)(1)

Subject: Non-Smoking Policies in Public Housing

1. **Purpose.** This notice strongly encourages Public Housing Authorities (PHAs) to implement non-smoking policies in some or all of their public housing units. According to the American Lung Association, cigarette smoking is the number one cause of preventable disease in the United States. The elderly and young populations, as well as people with chronic illnesses, are especially vulnerable to the adverse effects of smoking. This concern was recently addressed by the Family Smoking Prevention and Tobacco Control Act, P.L. 111-31, signed by the President on June 22, 2009. Because Environmental Tobacco Smoke (ETS) can migrate between units in multifamily housing, causing respiratory illness, heart disease, cancer, and other adverse health effects in neighboring families, the Department is encouraging PHAs to adopt non-smoking policies. By reducing the public health risks associated with tobacco use, this notice will enhance the effectiveness of the Department's efforts to provide increased public health protection for residents of public housing. Smoking is also an important source of fires and fire-related deaths and injuries. Currently, there is no Departmental guidance on smoking in public housing.

2. **Applicability.** This notice applies to Public Housing.

3. **Background.** Secondhand smoke, which is also known as environmental tobacco smoke (ETS), is the smoke that comes from the burning end of a cigarette, pipe or cigar, and the smoke exhaled from the lungs of smokers. ETS is involuntarily inhaled by nonsmokers, and can cause or worsen adverse health effects, including cancer, respiratory infections and asthma. The 2006 Surgeon General's report on secondhand smoke identifies hundreds of chemicals in it that are known to be toxic. The report (*The Health Consequences of Involuntary Exposure to Secondhand Smoke*) is located at www.cdc.gov/tobacco/data_statistics/sgr/index.htm. Secondhand smoke causes almost 50,000 deaths in adult non-smokers in the United States each year, including approximately 3,400 from lung cancer and another 22,000 to 69,000 from heart disease.

Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke according to the U.S. Environmental Protection Agency (EPA)
www.epa.gov/smokefree/healtheffects.html.

There are over 1.2 million residents who reside in public housing. Residents between the ages of 0-17 represent 39 percent of public housing residents. Elderly residents over the age of 62 represent 15 percent of public housing residents. That accounts for at least 54 percent of public housing residents that could be at increased risk to the adverse effects of cigarette smoking. There are also a considerable number of residents with chronic diseases such as asthma and cardiovascular disease who are particularly vulnerable to the effects of ETS. Secondhand smoke lingers in the air hours after cigarettes have been extinguished and can migrate between units in multifamily buildings.

Based on data from the U.S. Fire Administration (USFA) of the Department of Homeland Security, there were an estimated 18,700 smoking-material fires in homes in 2006. These fires caused 700 civilian deaths (other than firefighters'), and 1,320 civilian injuries, and \$496 million in direct property damage www.nfpa.org/assets/files/PDF/OS.Smoking.pdf. In multifamily buildings, smoking is the leading cause of fire deaths: 26 percent of fire deaths in 2005 www.usfa.dhs.gov/downloads/pdf/publications/Residential_Structure_and_Building_Fires.pdf.

4. **Policy Discretion.** PHAs are permitted and strongly encouraged to implement a non-smoking policy at their discretion, subject to state and local law. Some PHAs have established smoke-free buildings. Some PHAs have continued to allow current residents who smoke to continue to do so, but only in designated areas and only until lease renewal or a date established by the PHA. Some PHAs are prohibiting smoking for new residents. According to a state-funded anti-smoking group, the Smoke-Free Environment Law Project of the Center for Social Gerontology, there are over 112 PHAs and housing commissions across the country that have implemented non-smoking policies. PHAs should consult with their resident boards before adopting non-smoking policies at their projects.

5. **PHA Plans.** PHAs opting to implement a non-smoking policy should update their PHA plans. According to 24 CFR 903.7(e), their plan must include their statement of operation and management and the rules and standards that will apply to their projects when the PHA implements their non-smoking policy. PHAs are encouraged to revise their lease agreements to include the non-smoking provisions. If PHAs institute non-smoking policies, they should ensure that there is consistent application among all projects and buildings in their housing inventory in which non-smoking policies are being implemented.

6. **Indoor Air Quality (IAQ).** According to the U.S. Green Building Council (USGBC), toxin-free building materials used in green buildings help combat indoor air pollution. Good IAQ includes minimizing indoor pollutants. As discussed above, ETS is known to be an indoor air pollutant; as a result it would be difficult for a PHA to achieve good IAQ in its buildings if residents are allowed to smoke, especially indoors. During construction or renovation of projects, PHAs should consider actions such as installing direct vent combustion equipment and fireplaces; providing for optimal, controlled, filtered ventilation and air sealing between living areas and garage or mechanical areas, and the use of paints and other materials that emit no or low levels of volatile chemicals (volatile organic compounds or VOCs). Since 65 percent of the public housing inventory was built prior to 1970, it would be hard for a PHA to implement retrofits that could improve IAQ significantly, unless renovation was scheduled. Also, if a PHA does conduct renovations to improve IAQ without also implementing a non-smoking policy, the IAQ benefits of the renovation would not be fully realized. A non-smoking policy is an excellent approach for those PHAs that are trying to achieve improved IAQ without the retrofit costs.

7. **Maintenance.** It is well known that turnover costs are increased when apartments are vacated by smokers. Additional paint to cover smoke stains, cleaning of the duets, replacing stained window blinds, or replacing carpets that have been damaged by cigarettes can increase the cost to make a unit occupant ready. View the Sanford Maine Housing Authority case study at <http://www.smokefreeforme.org/landlord.php?page=Save+Money%2C%3Cbr%3ESave+Your+Building>.

8. **Smoking Cessation National Support.** Because tobacco smoking is an addictive behavior, PHAs that implement non-smoking policies should provide residents with information on local smoking cessation resources and programs. Local and state health departments are sources of information on smoking cessation; see the American Lung Association's (ALA's) Web page on State Tobacco Cessation Coverage www.lungusa2.org/cessation2 for information on cessation programs, both public and private, in all States and the District of Columbia. The National Cancer Institute's Smoking Quit Line can be called toll-free at 877-44U-QUIT (877-448-7848). Hearing- or speech-challenged individuals may access this number through TTY by calling the toll-free Federal Relay Service at 800-877-8339. PHAs that implement non-smoking policies should similarly be persistent in their efforts to support smoking cessation programs for residents, adapting their efforts as needed to local conditions.

9. **Further Information.** For further information related to this notice, please contact Dina Elani, Director, Office of Public Housing Management and Occupancy Division at (202) 402-2071.

/s/

Sandra B. Henriquez
Assistant Secretary for Public and Indian
Housing

/s/

Jon L. Gant,
Director, Office of Healthy Homes and
Lead Hazard Control

Name of complex	responses/ residences	Number that allow smoking inside/ Homes with a smoker	number smelling smoke in residence/ number of non-smoking homes	In favor of smoke free units	In favor of smoke free grounds	In favor of entirely smoke free
Laurelwood Homes	16/30	3/6	7/10	11	7	7
McKenzie Village	86/172	15/29	38/55	59	40	39
Parkview Terrace	94/150	16/18	40/68	51	48	43
Lindeborg Place	25/40	7/7	8/13	11	11	10
Cresview Villa	30/34	5/6	8/22	12	14	10
Riverview Terrace	54/60	12/17	22/35	28	20	19
Veneta Villa	27/50	3/8	6/18	18	18	16
Pengra Court	8/22	0/5	0/3	3	2	2
Maple Wood Meadows	20/38	1/6	10/14	14	11	11
Scattered Sites	56/112	2/23	9/32	40	30	27
Abbie Lane	14/25	0/3	7/11	10	8	8
Village Oaks	38/67	3/7	19/29	27	21	20
Fourteen Pines	38/65	3/6	17/28	27	21	20
Firwood Apartments	53/90	8/13	22/38	35	29	27
Richardson Bridge	16/31	0/9	5/6	11	7	6
Walnut Park	19/32	1/8	5/9	13	10	10
Willakenzie Townhouses	11/25	0/4	3/7	10	7	7
Laurel Gardens	22/41	3/9	8/12	9	8	5
Jacobs Lane	27/63	0/9	12/15	20	12	10
Camas Apartments	18/36	4/9	5/9	9	6	5
Sheldon Village phase I	20/43	0/3	7/16	16	13	13
Sheldon Village phase II	16/35	1/5	7/11	13	11	11
Munsel Park Apartments	27/44	8/9	11/16	13	11	11
Norseman Village	35/44	6/10	13/23	20	14	13
Turtle Creek Apartments	5/27	3/3	2/2	2	3	2

		computed only as those who answered both questions	(computed as positive answers by total surveys returned in each category)
Total residences	1376		
Surveys returned	778	(56.5%)	
		30% of homes have a smoker in residence	but 56% of those don't allow smoke inside so 13% of homes (104) resident smokers smoke inside
		65% of home totally smoke free	
		64% would prefer smoke free units	(61%)
		52% would prefer smoke free common areas	(49%)
		48% would prefer both	(45%)
		82% believe that there are adverse effects of ET5	
Men	224		
		35% smoke of which 32% want help to quit	
		56% would prefer smoke free units	(55%)
		48% would prefer smoke-free common areas	(47%)
		42% would prefer both	(41%)
Women	531		
		25% smoke of which 32% want help to quit	
		69% would prefer smoke free units	(66%)
		54% would prefer smoke free common areas	(52%)
		50% would prefer both	(48%)
Homes with someone <18	245		
		35% with a resident smoker	
		4% allow smoking in the unit	
		78% prefer smoke free units	(76%)
		57% prefer smoke free grounds	(56%)
		55% would prefer both	(53%)

Homes with someone >62	218	<p>22% with a resident smoker</p> <p>61% prefer smoke free units (57%)</p> <p>49% prefer smoke free common areas (45%)</p> <p>45% prefer both (42%)</p>
Homes with relevant disease	305	<p>30% with a resident smoker</p> <p>70% prefer smoke free units (67%)</p> <p>54% prefer smoke free common areas (52%)</p> <p>52% prefer both (49%)</p>
Completely non-smoking homes	504	
Homes with a resident smoker	236	
Homes allowing smoke inside	133	(29 without a resident smoker)
Respondents who smoke	208	<p>32% prefer smoke free units (31%)</p> <p>7% prefer smoke free common areas (7%)</p> <p>3% prefer both (3%)</p> <p>71 (34%) want help quitting and of those</p> <p>44% have someone <18 at home</p> <p>44% have someone with a relevant disease</p> <p>47% would prefer smoke free units (45%)</p> <p>10% would prefer smoke free common areas (10%)</p> <p>6% would prefer both (6%)</p>