



## SMOKE-FREE MULTI-UNIT HOUSING POLICIES

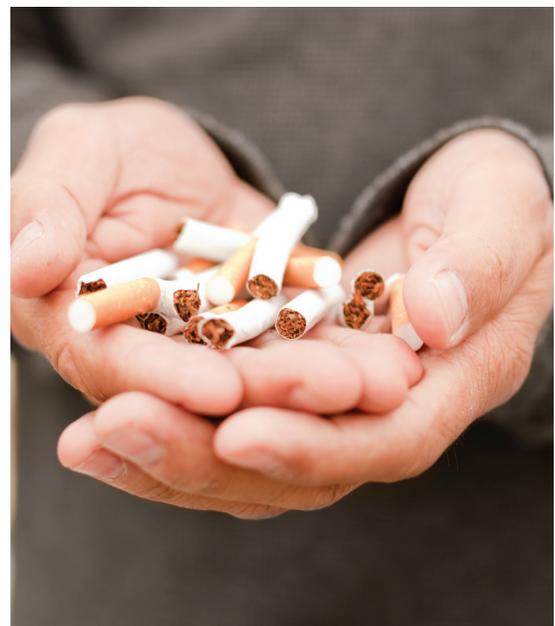
SMOKE-FREE MULTI-UNIT HOUSING POLICIES AIM TO PROTECT NONSMOKERS WHO LIVE IN, WORK, AND VISIT MULTI-UNIT RESIDENCES SUCH AS APARTMENTS, CONDOMINIUMS, TOWNHOUSES, DUPLEXES, AND AFFORDABLE HOUSING COMPLEXES FROM SECONDHAND SMOKE.

### MAKE THE CASE:

#### Why Is This A Health Equity Issue?

The issues below highlight the need for smoke-free multi-unit housing policies that advance health equity:

- **Increased Secondhand Smoke Risks among Vulnerable Populations:** Low-income individuals generally have higher smoking rates,<sup>30</sup> which may result in increased exposure to secondhand smoke in affordable and public housing. Given that many residents living in these settings are vulnerable population groups (e.g., children, older adults, racial/ethnic minorities, and those with a disability),<sup>53</sup> secondhand smoke exposure is critical to address. For instance, many racial/ethnic minorities and low-income populations suffer higher rates of asthma and other tobacco-related health issues,<sup>54</sup> making them particularly vulnerable to the effects of secondhand smoke exposure. Children are also vulnerable to developing health effects from secondhand smoke exposure.<sup>55</sup>
- **Residents Who are Being Exposed to Secondhand Smoke May Have Limited Alternative Housing Options:** Even when residents of multi-unit housing do not allow smoking in their unit, secondhand smoke can enter their unit from other units or common areas through shared ventilation systems, air spaces, windows, and hallways, putting residents at risk.<sup>54,56,57</sup> Low-income residents in affordable or public housing complexes who are being involuntarily exposed to secondhand smoke in their homes in this manner may have limited alternative housing options or be unable to move.



## Design and Implement with Health Equity in Mind

To maximize health impact and advance health equity, consider these factors and others when designing, implementing, and evaluating smoke-free multi-unit housing policies:

KEY FACTORS	BARRIERS OR UNINTENDED CONSEQUENCES	OPPORTUNITIES TO MAXIMIZE IMPACT
<p><b>MISPERCEPTIONS</b></p> <p>Clarify intent and address misperceptions about smoke-free multi-unit housing strategies</p>	<p>Organizations that work on behalf of low-income residents (e.g., residents' rights organizations, affordable housing groups) may have misconceptions about the intent or effects of smoke-free multi-unit housing strategies.</p>	<ul style="list-style-type: none"> <li>• Ensure residents and owners understand that the smoke-free policy is designed to promote a healthy home environment and reduce secondhand smoke exposure—not to remove smokers or prevent new smokers from moving in, as long as they comply with the policy.</li> <li>• Consider working across different types of multi-unit housing (e.g., public, affordable, and market-rate) to show everyone deserves clean air and prevent concerns about discrimination.</li> </ul>
<p><b>STAKEHOLDER SUPPORT</b></p> <p>Address concerns and build support among housing providers</p>	<p>If landlords are unaware of resident support for smoke-free policies, they may have concerns that such a policy will lead to reduced occupancy or will be difficult to enforce.</p>	<ul style="list-style-type: none"> <li>• Alleviate concerns of stakeholders (e.g., landlords, apartment owners) by educating them on the business, health, and safety benefits of smoke-free policies.</li> <li>• Provide tools and training on how to gather resident feedback, navigate the implementation process, develop monitoring mechanisms, and address noncompliance.</li> </ul>
<p><b>COMMUNITY INVOLVEMENT &amp; AWARENESS</b></p> <p>Engage residents in strategy development and implementation</p>	<p>Strategies developed without resident input may negatively affect strategy implementation and enforcement.</p>	<ul style="list-style-type: none"> <li>• Identify residents to serve as champions and involve them throughout the development and implementation process.</li> <li>• Gather input through resident surveys and forums, and collaborate with resident associations to develop the strategy.</li> <li>• Establish mechanisms to ensure that residents are aware of the policy and its benefits (e.g., culturally appropriate education initiatives, resident forums).</li> </ul>
<p><b>ACCESS</b></p> <p>Increase access to free or low-cost cessation services</p>	<p>Residents without access to cessation supports may not comply with smoke-free policies, placing other residents at risk for secondhand smoke exposure.</p>	<ul style="list-style-type: none"> <li>• Provide smokers with free access to evidence-based cessation treatments to ease the transition to a smoke-free environment, increase compliance, prevent smokers from feeling stigmatized, and help them quit smoking, thus maximizing the policy's health benefits.</li> <li>• Offer and promote cessation services in or near the complex at convenient times before and during policy implementation.</li> </ul>
<p><b>EQUITABLE IMPLEMENTATION</b></p> <p>Anticipate additional challenges to policy implementation</p>	<p>After policy implementation, smokers may tend to congregate in outdoor areas near buildings, exposing residents in outdoor or adjacent indoor areas to secondhand smoke, which may enter the building through doors, windows, or vents.</p>	<ul style="list-style-type: none"> <li>• Make the entire property smoke-free or restrict smoking to a few designated outdoor areas located far enough away from entrances and exits to prevent secondhand smoke from infiltrating indoor areas.</li> <li>• Improve compliance by conducting tailored resident engagement, education, and cessation efforts.</li> <li>• In supportive housing settings, (e.g., homeless shelters, mental health and substance abuse treatment facilities), work with staff to find tailored, context-specific approaches.</li> </ul>

## Build the Team: Partnership for Success

Successful efforts to implement smoke-free multi-unit housing policies depend on bringing a diverse set of partners to the table early, consistently, and authentically. These partners may include the following:

- Area Agencies on Aging
- Cessation support services
- Community members (of diverse abilities, ages, cultures, gender, income levels, race/ethnicity, and sexual orientation)
- Condominium owners
- Faith-based organizations
- Housing industry organizations, local housing authorities, and nonprofit housing associations
- Immigrants and refugees
- Low-income residents
- Organizations serving populations experiencing health inequities
- Real estate developers
- Residential property owners, management companies
- State tobacco control programs
- Residents' rights/fair housing organizations
- Youth, the elderly, and people with disabilities



HEALTH EQUITY IN ACTION

## Creating Healthy Environments through Smoke-Free Multi-Unit Housing Policies

### San Antonio, TX

Everyone has the right to breathe clean air, especially in their own home. Yet in many San Antonio multi-unit housing complexes, residents were being exposed to secondhand smoke infiltrating their units from neighboring units. To address this issue, the San Antonio Metropolitan Health District (SAMHD) worked with the San Antonio Housing Authority (SAHA) to implement a smoke-free multi-unit housing policy for all 70 of its housing sites. These efforts were made possible with support from a combination of state and local funds.

SAMHD focused on making multi-unit housing smoke-free with a strategy that covered all indoor areas, since a comprehensive policy would have a greater impact on health equity for all SAHA residents and staff. Both organizations recognized the importance of community engagement to ensure policy success. They worked closely with residents and staff in mini-community centers associated with each housing campus. Engaging

the residents through the community centers—a resource that residents were already turning to for information—was key to the success of this approach.

SAMHD bolstered its outreach and education efforts through a partnership with the American Cancer Society (ACS). ACS educated community center staff on how to answer questions about the new policy, to refer residents to the state quitline, and to discuss options for obtaining nicotine replacement therapy (e.g. nicotine patches). All materials were printed in both English and Spanish, and staff in many centers were able to communicate the benefit of smoke-free air protections to residents in their own language.

ACS and SAHA also helped organize town hall meetings to educate residents and discuss the benefits of smoke-free protections in an open forum. As a result of the policy, nearly 16,000 residents (many of them low-income immigrants and racial/ethnic minorities) now have access to cleaner air in their homes.



## Housing Authority and Public Health Commission Partner on Smoke-Free Housing

### Boston, MA

Building relationships with the Boston Housing Authority, other city agencies, and community-based organizations, the Boston Public Health Commission (BPHC), with support from the CDC's *Communities Putting Prevention to Work* program, educated housing providers about the voluntary adoption of smoke-free multi-unit housing policies. The Commission has also successfully leveraged support for smoke-free housing among residents in all market sectors (e.g., market rate, public housing), as well as used data to identify disparities in health outcomes across residents of different types of housing. The goal is to ensure that residents, particularly those most vulnerable to secondhand smoke exposure, have clean air to breathe in their homes. Smoke-free protections in public housing, affordable housing, and market-rate housing have the potential to provide protection for populations with high exposure to secondhand smoke, including low-income families, children with asthma, immigrants, elderly residents, and persons with chronic diseases or disabilities.

The BPHC has taken a series of steps to increase smoke-free protections in and around multi-unit housing complexes. One key to the success of the BPHC's policy was its approach of working closely with stakeholders such as the Boston Housing Authority and landlords, property management companies, and community development

corporations. Input from residents in policy development was critical, and mini-grants to community development corporations supported community engagement. The BPHC also worked strategically with a variety of community partners to make the case to landlords and housing agencies that a majority of residents wanted smoke-free housing, and that going smoke-free would benefit all stakeholders. The BPHC provided technical assistance in developing and implementing a smoke-free multi-unit housing policy. Because Massachusetts has relatively good coverage of smoking cessation treatments, many smokers in the state can access affordable cessation services.

The BPHC approach led to some notable early successes. The Boston Housing Authority portfolio became 100% smoke-free in September 2012, assuring a healthier environment for the 23,000 residents living in their 12,000 units. Community development corporations have transitioned over 600 units to smoke-free status, and continue to bring additional units on line as smoke-free. There are now 6,600 non-public smoke-free units and the BPHC sees this as just the beginning. As Margaret Reid, Director of the Division of Healthy Homes and Community Supports at the BPHC, says, "We are supporting smoke-free policies and awareness so that smoke-free becomes the norm in Boston multi-unit housing, whether it is public, subsidized, or market-rate."