Childhood Asthma Leadership Coalition

November 24, 2014

Secretary Julián Castro
U.S. Department of Housing and Urban Development
451 7th Street, S.W.
Washington, D.C. 20410

Dear Secretary Castro:

On behalf of the Childhood Asthma Leadership Coalition (CALC), a multi-sector coalition dedicated to raising awareness and improving public policy to reduce the burden of childhood asthma, we are writing to encourage the U.S. Department of Housing and Urban Development (HUD) to issue regulations making all government-subsidized housing smoke free. Asthma is the single most common chronic condition among children in the United States, and exposure to secondhand smoke is one of the most significant contributors toward this pervasive disease.

As you may be aware, the Centers for Disease Control and Prevention (CDC) recently published a study in *Preventing Chronic Disease* that estimated annual cost savings of $497 million in health care and housing-related costs if all government subsidized housing was made smoke-free.[1] The study examined, among other indicators, health care expenditures attributable to secondhand smoke exposure, renovation-related costs in housing units where smoking has occurred, and the cost of smoking-attributable fires. Looking at healthcare expenditures alone, the authors estimate that a smoke-free housing in subsidized housing would yield approximately $310 million in annual savings due to averted secondhand smoke-related health care.

Multi-unit housing is a significant source of secondhand smoke exposure for children with asthma.[2] The US Environmental Protection Agency estimates that secondhand smoke contributes to worsened asthma symptoms in 200,000 to one million children every year.[3] As asthma is disproportionately prevalent among residents of federally-assisted public housing,[4,5,6] eliminating smoking in public housing would be an important step forward in preventing asthma symptoms and protecting children from the harmful effects of tobacco smoke exposure.

Confronting secondhand smoke in government-subsidized housing is not only a significant opportunity to protect children from asthma and reduce asthma-related health expenditures, but also an important opportunity to address asthma disparities. The burden of asthma is much greater among African American children and Puerto Rican children (16% and 16.5% respectively) compared to white and Asian children (8.2% and 7.9% respectively).[7] Because these populations are often overrepresented in public housing, it is vital that prevention efforts be made by housing authorities to improve health outcomes of minority residents. In the *Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities (of which HUD is a partner)*, two priority actions are noted related to second-hand smoke and housing:[8]

- As a strategy to reduce environmental asthma exposures in homes, CDC, CPSC, DOE, EPA, **HUD** and USDA should: "***Recommend that owners and managers of federally assisted housing***

***implement building-wide practices and policies that reduce exposures to secondhand smoke**, pests, mold and other asthma triggers*." (Priority Action 1.3)

- As a strategy to prevent the onset of asthma among ethnic and racial minority children, ACF, CDC, EPA, **HUD** and NIH should: "*Reduce exposure to maternal smoking and environmental tobacco smoke (ETS; also known as secondhand smoke) among pregnant women and infants…[by]* ***[p]romoting smoke-free living in federally assisted housing***." (Priority Action 4.1)

Employing these strategies would go a long way toward ensuring that the over 800,000 children who live in public housing are protected from the dangers of secondhand smoke. We understand the limited availability of affordable housing for families and we do not want to put any families at risk of losing their housing as a result of smoke-free policies. However, research shows that these policies can be implemented in ways that do not put families at risk of losing housing, while ensuring the health and safety of all tenants in federally-funded public housing.[9]

We recognize that HUD has worked to discourage smoking in public housing by issuing notices to Public Housing Authorities to adopt smoke-free policies and distributing toolkits with resources for owners, management agents and residents of public housing to create healthier home environments. While this represents progress, more decisive action should be taken by HUD to apply this latest research from CDC to ensure the healthiest conditions possible in government-subsidized housing.

Given the state of the research, making all government housing smoke-free would go a long way toward protecting the wellbeing of children while reducing societal costs and health disparities associated with asthma. Please do not hesitate to contact Lisa Shapiro, one of the Coalition's leaders, if you have any questions. She can be reached at (202) 657-0675 or at lisas@firstfocus.net.

Sincerely,

American Academy of Pediatrics
American College of Allergy, Asthma & Immunology
American Lung Association
Association for Asthma Educators
Children's National Medical Center
First Focus Campaign for Children
Green & Healthy Homes Initiative
National Association of School Nurses
Nemours Children's Health System
School-Based Health Alliance
The Joint Council of Allergy Asthma and Immunology
Trust for America's Health

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[1] King BA, Peck, RM, Babb SD. National and State Cost Savings Associated With Prohibiting Smoking in Subsidized and Public Housing in the United States. Prev. Chronic Dis 2014; 11:140222.
[2] Wilson et al. Tobacco-Smoke Exposure in Children Who Live in Multiunit Housing. *Pediatrics*. 2011; 127(1): 85-92.
[3] Environmental Protection Agency. Health Effects of Exposure to Secondhand Smoke. Available at: http://www.epa.gov/smokefree/healtheffects.html.
[4] U.S. Department of Housing and Urban Development, Resident Characteristic Report available at: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/50058/rcr.
[5] Akinbami, L., Mooreman, J., Bailey, C., Zahran, H., King, M., Johnson, C., & Liu, X. Centers for Disease Control and Prevention, National Center for Health Statistics. (2012). Trends in asthma prevalence, health care use, and mortality in the United States, 2001-2010. Retrieved from http://www.cdc.gov/nchs/data/databriefs/db94.pdf
[6] Akinbami, L.J., Garbe P.L., Moorman J.E., & Sondik E.J. (2009). Status of childhood asthma in the United States, 1980-2007. Pediatrics, 123, S131-S145.
[7] President's Task Force on Environmental Health Risks and Safety Risks to Children: Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities. May 2012. http://www.epa.gov/childrenstaskforce/federal_asthma_disparities_action_plan.pdf
[8] Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities. President's Task Force on Environmental Health Risks and Safety Risks to Children. May 2012. Available at: http://www.epa.gov/childrenstaskforce/federal_asthma_disparities_action_plan.pdf.
[9] King BA, Peck, RM, Babb SD. National and State Cost Savings Associated With Prohibiting Smoking in Subsidized and Public Housing in the United States. Prev. Chronic Dis 2014; 11:140222.