

December 18, 2012

The Honorable Shaun Donovan  
Secretary  
Office of General Counsel, Regulations Division  
Department of Housing and Urban Development  
451 Seventh Street SW, Room 10276  
Washington, DC 20410-0001

**RE: Request for Information on Adopting Smoke-Free Policies in PHAs and Multifamily Housing  
(Docket No. FR-5597-N-01)**

Dear Secretary Donovan:

The *Childhood Asthma Leadership Coalition* (CALC) convened in June of 2012 with a primary purpose of engaging diverse stakeholders to advance policy proposals that will improve childhood asthma management and symptom prevention. Relying on a strong foundation of evidence-based policy analysis to inform its work, one of CALC's policy goals is to reduce asthma triggers in homes and communities. As exposure to secondhand smoke is one of the most significant contributors toward childhood asthma exacerbations – especially for low income and minority children – we are particularly supportive of policies that promote reduced exposure to secondhand smoke. We appreciate this opportunity to comment on the implementation of smoke-free policies in public housing agencies and multifamily housing. We are joined in these comments by the Association of Asthma Educators, First Focus, Merck Childhood Asthma Network and Trust for America's Health.

CALC commends the U.S. Department for Housing and Urban Development (HUD) for its recent actions to protect the health of residents of multifamily housing by encouraging broader adoption of smoke-free policies. In 2009 and 2010, HUD issued recommendations to public housing agencies and owners and managers of multifamily housing to encourage adoption of smoke-free housing policies. HUD's leadership has contributed to over 225 public housing agencies implementing policies to become smoke-free. We applaud this success. However, there is a long way to go before all children living in multifamily housing will be protected from the dangers of tobacco smoke in their own homes. We strongly believe that the only way to fully protect children living in federally-assisted multifamily housing is to adopt a nationwide smoke-free policy covering all multifamily housing under HUD's control.

While we recognize the wide range of adverse health effects related to secondhand smoke exposure in multiunit housing – including lung cancer, heart disease, respiratory infections, sudden infant death syndrome, and public safety concerns from residential fires – we focus our comments on the detrimental impact secondhand smoke exposure has on children with asthma.

**Secondhand Tobacco Smoke is a Significant Public Health Hazard, Greatly Contributing to the Burden of Childhood Asthma.** Asthma is the single most common chronic condition among children in the United States. Approximately 7 million children aged 0 to 17 in the U.S. have asthma, with poor and minority children suffering a greater burden of the disease.<sup>1</sup> Not only is pediatric asthma widespread, it is very costly to the healthcare system, accounting for more than \$10 billion dollars in direct health care expenditures each year (asthma is the leading cause of emergency department visits and hospitalizations among children), and an additional \$10 billion in indirect costs (school absenteeism and

missed work by caretakers).<sup>2,3,4</sup> Unfortunately, childhood asthma cannot be cured and symptoms may continue into adulthood. While symptoms usually can be controlled with guideline-based management, reducing exposure to environmental pollutants that trigger or exacerbate childhood asthma symptoms is one of the best ways to combat this burdensome and pervasive chronic condition.

While the underlying causes of asthma are unknown, the prevalence and severity of asthma have been connected to pollutants in the air, including secondhand smoke. The Surgeon General's Report *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, describes the extensive data establishing a connection between secondhand smoke exposure and increased asthma in children.<sup>5</sup> Children who are exposed to secondhand smoke are at a greater risk for developing asthma, and if they already have asthma, they are more likely to experience increases in the severity of their symptoms.<sup>6,7</sup> The impact of secondhand smoke on childhood asthma is profound: secondhand smoke is estimated to cause asthma symptoms in 200,000 to one million children and contributes to as many as 8,000 to 26,000 new cases of asthma every year.<sup>8</sup>

The reason secondhand smoke causes such significant asthma morbidity in children is that a child's developing body and lungs are especially vulnerable to the health effects of environmental pollutants.<sup>9</sup> According to the Surgeon General's Report, there is no safe level of secondhand smoke exposure, and even brief exposure can cause immediate harm to children.<sup>10</sup> Protecting children from the harmful effects of tobacco smoke exposure, therefore, should be a major priority of federal policy.

**Addressing Smoking in Multifamily Housing is a Significant Opportunity to Protect Children from Asthma.** Nearly 2.2 million children – about 60 percent of children aged 3-11 – are exposed to secondhand smoke.<sup>11</sup> The home is a major source of secondhand smoke exposure for children. While secondhand smoke exposure is declining for adults as smoking becomes increasingly restricted in workplaces and public places, these policies do not protect children; children continue to be exposed at home by smoking adults either in their households, or in nearby units:<sup>12</sup>

- Approximately 25 percent of children live with a smoker,<sup>13</sup> and household smoking is associated with a significantly increased risk of pediatric asthma.<sup>14</sup> According to one survey from the Asthma Regional Council of New England, children who live in smoking households show a rate of asthma 44 percent higher than children in nonsmoking households (13% vs. 9%).<sup>15</sup>
- Even where children live in a nonsmoking household, they may not be safe from tobacco smoke exposure. For example, a recent study of low-income Boston apartments found detectable air nicotine levels in 89 percent of the units occupied by nonsmokers.<sup>16</sup> Studies of multiunit housing residents in New York and Minnesota found similar results.<sup>17,18</sup>
- Overall, children who live in multifamily housing have significantly higher exposure to secondhand smoke than those who live in detached housing. A 2011 study published in *Pediatrics* examined a national sample of over 5,000 children. The study showed that children living in multifamily housing had a 45 percent increase in blood-levels of cotinine (a metabolite caused by exposure to tobacco smoke), compared to children living in detached homes.<sup>19</sup>

These studies provide compelling evidence that multiunit housing is a significant source of secondhand smoke exposure for children. The reason multiunit housing poses such a significant threat is that tobacco smoke does not stay confined to a single unit. Unlike smokers in single-family homes, those who smoke in multiunit housing pose health risks to their neighboring tenants as smoke slips through air ducts, ventilation systems, elevator shafts, electrical lines, and cracks in walls and floors.<sup>20,21</sup>

Given the ease at which secondhand smoke can infiltrate other units in multifamily housing, the only way to fully protect children from secondhand exposure is to implement building-wide smoke-free air policies. Partial smoke-free policies, those that prohibit smoking in common areas like hallways, will not fully protect residents from secondhand smoke. The 2011 Social Climate Survey showed that when building policies only prohibit smoking in common spaces—and not individual units—they do little to prevent residents from smelling smoke in their homes.<sup>22</sup> Experts in building ventilation agree that partial smoke-free policies are insufficient. The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) explained in a policy statement that the only means of effectively eliminating the health risks associated with indoor exposure to tobacco smoke is to make buildings smoke-free.<sup>23</sup>

Smoke-free multifamily housing policies are especially important for residents of publically-funded housing, as these residences bear a unique burden of secondhand smoke. Studies show that public housing residents smoke at a rate almost twice as high as residents of non-public housing.<sup>24,25</sup> Increased rates of smoking equate to increased exposure of secondhand smoke: residents of publically-assisted housing are more likely to smell tobacco smoke in their building than residents of other multifamily housing.<sup>26</sup> Rulemaking from HUD to implement smoke-free policies in all HUD-assisted multifamily housing would go a long way to easing the burden of secondhand smoke for low-income children and families that depend on public housing.

**Secondhand Smoke Prevention in Public Housing Protects Minority and Low-Income Children Susceptible to Asthma.** Asthma is disproportionately prevalent among residents of federally-assisted public housing. Minority and low-income families are more likely to reside in public housing,<sup>27</sup> and these populations experience a greater burden of asthma:<sup>28,29</sup>

- Currently, 12.2 percent of children with a family income of less than 100 percent of the federal poverty level (FPL) have asthma – compared to just 8.2 percent of children with a family income greater than 200 percent FPL.<sup>30</sup>
- The burden of asthma is also higher 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).<sup>31</sup>

Given the disproportionate rates of childhood asthma among low-income and minority populations, and the demographics of public housing, it is critically important to address asthma triggers within federally-assisted multifamily housing. All people, regardless of income, should be able to enjoy healthy housing, free of secondhand smoke and other dangerous conditions.

**Promoting and Supporting Reduced Secondhand Smoke Exposure among Vulnerable Populations is a National Priority.** In May 2012, the President’s Task Force on Environmental Health Risks and Safety Risks to Children released the *Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities* (“Asthma Action Plan”).<sup>32</sup> The Asthma Action Plan identifies strategies and priority actions that address the preventable factors leading to asthma disparities. Included among these priority actions are two that address the problem of secondhand smoke and children with asthma:

- 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)

The strategies and priority action items described in the Asthma Action Plan are aimed at accelerating federal efforts to reduce childhood asthma disparities. The Asthma Action Plan aligns with other federal initiatives, including *Healthy People 2020*, the Surgeon General’s *Call to Action to Promote Healthy Homes*, and the National Prevention Strategy.

HUD’s statements within this current request for information that it will develop “useful and effective guidance to support the implementation of smoke-free policies in both public housing and multifamily housing” is a start toward achieving the priority actions outlined in the Asthma Action Plan and the goals of other federal initiatives. As a fundamental step toward a larger national effort to eliminate involuntary exposure to tobacco smoke in all multifamily housing—whether publicly assisted or not—we urge HUD to initiate rulemaking to implement smoke-free policies in all HUD-assisted multifamily housing.

A national smoke-free policy is the only way to ensure that the over 800,000 children who live in public housing are protected from the dangers of secondhand smoke. Furthermore, confronting secondhand smoke in multiunit housing is a significant opportunity to protect children from asthma, and to protect all nonsmokers – children and adults – from a primary cause of chronic and fatal disease.

Thank you for your attention to this critical public health issue. We look forward to working with HUD to promote healthy living environments for all children, free of exposure to secondhand smoke. If you have any questions or would like to contact the Childhood Asthma Leadership Coalition, please call Mary-Beth Harty at 202-994-4214.

Sincerely,

Childhood Asthma Leadership Coalition  
Association of Asthma Educators  
First Focus  
Merck Childhood Asthma Network, Inc.  
Trust for America’s Health

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<sup>1</sup> Akinbami, L.J., Mooreman, J.E., 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>

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- <sup>4</sup> Diette, G.B., Markson, L., Skinner, E.A., et al. (2000). Nocturnal asthma in children affects school attendance, school performance, and parents' work attendance. *Archives of Pediatrics & Adolescent Medicine*, 154, 923-928.
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- <sup>6</sup> Institute of Medicine Committee on the Assessment of Asthma and Indoor Air (2000) Clearing the Air: Asthma and Indoor Air Exposures. Washington, DC: National Academy Press.
- <sup>7</sup> US Department of Health and Human Services Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion Office of Smoking and Health (2004) The Health Consequences of Smoking: A Report from the Surgeon General. Atlanta, GA.
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- <sup>16</sup> Kraev TA et al. Indoor concentrations of nicotine in low-income, multi-unit housing: associations with smoking behaviours and housing characteristics. *Tob Control*. 2009 Dec;18(6):438-44.
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<sup>31</sup> 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](http://www.epa.gov/childrenstaskforce/federal_asthma_disparities_action_plan.pdf)

<sup>32</sup> 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](http://www.epa.gov/childrenstaskforce/federal_asthma_disparities_action_plan.pdf).