



HHS Public Access

Author manuscript

Policy Brief UCLA Cent Health Policy Res. Author manuscript; available in PMC 2017 July 17.

Published in final edited form as:

Policy Brief UCLA Cent Health Policy Res. 2016 March ; (PB2016-2): 1–8.

Unequal Protection: Secondhand Smoke Threatens Health of Tenants in Multi-Unit Housing in Los Angeles

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SUMMARY

Secondhand smoke is dangerous to a person's health at any level of exposure. Yet policies that prevent smoking are not in place for a majority of market-rate multi-unit housing complexes, according to a new survey of nearly 1,000 apartment dwellers in the city of Los Angeles. Approximately 37 percent of respondents reported that secondhand smoke had drifted into their apartments in the past year. Households with members of vulnerable populations, such as children or individuals with chronic conditions, are more likely to report smoke drifting from adjacent units. Four out of five respondents—including more than half of those who self-reported currently smoking—supported a smoke-free policy in common areas and/or individual units.

“Eighty-two percent of respondents said they would prefer living in a nonsmoking building.”

Exposure to secondhand smoke (SHS) is a major public health issue, with an estimated 41,000 nonsmoking adults dying as a result of SHS every year in the United States.¹ Approximately 58 million people in the U.S., or one in four nonsmokers, are exposed to SHS. Individuals living in multi-unit housing (approximately 80 million individuals

nationally) are especially vulnerable to SHS from neighboring units, balconies, and outdoor areas. Nationally, more than one in three nonsmokers living in rental housing are exposed to SHS.¹ Exposure to secondhand smoke from the burning of tobacco products has been linked to such avoidable health issues for nonsmoking adults and children as heart disease, lung cancer, stroke, severe asthma attacks, and poor respiratory health.²

With funding from the Centers for Disease Control and Prevention's (CDC) Racial and Ethnic Approaches to Community Health (REACH) program, the UCLA-Smokefree Air for Everyone (UCLA-SAFE) project at the UCLA Center for Health Policy Research aims to improve health by increasing access to smoke-free housing for low-income neighborhoods in the city of Los Angeles for both affordable and market-rate privately owned multi-unit housing (e.g., apartment buildings or condominiums). This policy brief presents data collected from public opinion surveys of 985 tenants (adults ages 18 years and older) living in multi-unit housing in the city of Los Angeles.

Most Tenants Are Living Without Smoke-Free Policies

Currently, there is no ordinance in the city of Los Angeles that requires the prohibiting of indoor smoking in apartments and condominiums.³ Therefore, voluntary adoptions of smoke-free housing policies are at the discretion of individual property owners and management companies, especially in market-rate multi-unit housing. There have been some efforts by private owners to adopt smoke-free multi-unit housing policies, but more work needs to be done.⁴ A majority of survey respondents (80 percent) reported either living in a building that does not have a smoke-free policy or being unaware of whether such a policy was in place. Many respondents also noted observing cigarette butts in residential common areas such as outdoor walkways (44 percent), parking areas (35 percent), and hallways (19 percent). When asked whether smoking was ever allowed in their apartment or condo, 17 percent of respondents said smoking was permitted. About 16 percent reported currently smoking; 6 percent said they smoked every day, and 10 percent said they smoked only some days.

“A majority of households reported that their building had no existing smoke-free policy, or that they were unaware of a such a policy.”

Vulnerable populations (e.g., children, individuals with a preexisting chronic medical condition, or the elderly) are at a heightened risk of adverse health effects from SHS exposure,⁵ especially if they live in buildings where smoking is allowed.^{6, 7} Eighty-one percent of respondents with children in the household reported either living in buildings with no current smoke-free policies or being unaware of whether a nonsmoking policy had been implemented. Additionally, about 68 percent of respondents who either had a chronic illness themselves or who lived with someone with a chronic illness reported living in a building without a smoke-free policy.

Vulnerable Populations Are More Likely to Be Exposed to Secondhand Smoke

Secondhand smoke exposure can be an issue for people living in multi-unit housing, since tobacco smoke can drift in from adjacent units, common areas, or even outdoors. Approximately 37 percent of all respondents reported experiencing SHS drifting into their apartment in the past year. Of those who had SHS drift into their apartment, 20 percent said it came from another unit, 42 percent said it came from outdoors, and 33 percent said it drifted from both another unit and outdoors. Of the 37 percent who reported secondhand smoke drifting into their apartment, a majority (71 percent) had attempted to prevent the smoke from entering their home, but only a small number reported complaining to the smoker (22 percent) and to the owner or management directly (19 percent). This means that many apartment owners are unaware that drifting SHS is a problem for their tenants.

There is no safe level of exposure for SHS.⁵ Inhaling SHS causes various health problems, and it is especially harmful to vulnerable populations, such as children, women who are pregnant, and people living with chronic conditions.^{5, 7} A majority of households in the target community have children living in the household. About 22 percent of respondents reported having an infant/young child (age 0–5 years) living in their apartment, and 40 percent have a child who is 6–17 years of age living with them (these are not mutually exclusive). Of those respondents living with children (age 0–17 years), 41 percent had noticed SHS drift into their apartment, a significantly greater number than those without children (Exhibit 1).

People with chronic conditions such as asthma, heart disease, diabetes, or other respiratory or cardiovascular conditions are also vulnerable, because exposure to SHS can further exacerbate their conditions.⁵ Twenty-four percent of respondents noted that either they or a family member have a chronic health condition. Among respondents who reported that they or a family member have a chronic condition, 53 percent have had SHS drift into their apartment, which is also significantly more than those without a chronic condition (Exhibit 1). Additionally, 71 percent think their health was worsened by exposure to SHS.

Minority populations living in multi-unit housing are also disproportionately exposed to SHS.¹ Forty-one percent of Latinos, 33 percent of African-Americans, and 31 percent of Asian-American/Pacific Islanders reported experiencing SHS drifting into their apartments, compared to 26 percent of Whites (Exhibit 2).

Tenants, Even Those Who Smoke, Support Smoke-Free Housing Policies

Tenants surveyed were largely aware that SHS exposure negatively impacts health. Ninety-one percent of respondents believe SHS is harmful to a person's health. Findings from the tenant survey suggest that there is major support for smoke-free housing policies among multi-unit housing residents living in the project target area. Approximately four out of five respondents (82 percent) would prefer to live in a nonsmoking section of a building and/or in an entirely nonsmoking property. Approximately half of people who smoke (53 percent)

would prefer to live in a nonsmoking section of the building and/or in an entirely nonsmoking building, as would a majority of nonsmokers (91 percent) (Exhibit 3).

“The majority of respondents (95 percent) said they believed that smoke-free policies should apply to both new and existing buildings.”

Respondents living with children or with a chronic medical condition (self or household member) are more likely to prefer living in a nonsmoking section of the building and/or in an entirely nonsmoking building than those not living with these vulnerable populations.

When asked what kinds of properties smoke-free housing laws should apply to, the majority of respondents (95 percent) said they believe the laws should apply to new buildings, existing buildings, or both. Among residents who smoke, 85 percent think these laws should apply to new buildings, existing buildings, or both.

Tenants Believe Owners Can Implement Smoke-Free Policies on Their Properties

To protect the health of residents, property owners can voluntarily prohibit tobacco use on their properties. Respondents’ support for smoke-free policies was further reflected by their beliefs regarding the ability of property owners to limit smoking on their properties, with many respondents (68 percent) believing that apartment owners can prohibit smoking on their properties. Overall, more respondents believe that property owners can prohibit smoking in common areas (69 percent) and individual apartment units (65 percent) than believe that property owners cannot prohibit smoking in these areas (Exhibit 4).

Additionally, among respondents who smoke, a significant number believe property owners can prohibit smoking in common areas (73 percent) and individual apartments (43 percent) (Exhibit 4). Respondents living with children or with a chronic condition (self or household member) were more likely to report believing that property owners could prohibit smoking in individual units, common areas, or both than those living without these vulnerable groups (Exhibit 4).

A majority of respondents believe that property owners could take actions to protect the health of all their residents, including nonsmokers, children, and those with medical sensitivities. Sixty-eight percent of all respondents believe that in the event of a violation of an existing smoking restriction in the signed lease, the property owner can require the tenant to move out. Additionally, the survey showed that 53 percent of people who smoke believe that such a violation is permissible grounds for requiring the tenant to move out.

“Residents living in privately owned apartments should be offered the same protections from secondhand smoke as those living in public housing.”

Conclusion and Recommendations

Progress has been made to eliminate exposure to SHS in workplaces and public spaces, but SHS exposure at home—especially in apartments and condominiums—is a persistent problem. There has been increasing support for smoke-free housing policies throughout the

United States. Since 2009, the U.S. Department of Housing and Urban Development (HUD) has encouraged public housing agencies to adopt voluntary smoke-free policies for their buildings and common areas, and a recently proposed rule would require *all* public housing properties in the nation to be entirely smoke-free. While this provides a tremendous opportunity to further reduce the risk of SHS exposure among nonsmokers and vulnerable populations, those living in privately owned market-rate and affordable multi-unit housing are not yet offered the same protections. The results obtained from this survey clearly highlight the need and support for smoke-free multi-unit housing policies in Los Angeles. Recommended actions are:

- ***Support uniform smoke-free multi-unit housing policies:*** There should be a greater effort to implement smoke-free housing policies to protect the health of those individuals living in privately owned market-rate and affordable multi-unit housing. Currently, nine cities in Los Angeles County have implemented smoke-free housing policies.⁸ In addition, the Housing Authority of the County of Los Angeles established a smoke-free policy for public housing two years ago, while the Housing Authority of the City of Los Angeles is moving toward a smoke-free policy for public housing by 2018. This creates a system of unequal protection for people living in market-rate and affordable multi-unit housing if no efforts will be made to protect this population.
- ***Protect the most vulnerable:*** Properly implementing smoke-free policies for multi-unit housing can reduce involuntary SHS exposure for nonsmokers. Smoke-free protections can be especially important for those who are most vulnerable (e.g., low-income households and individuals, children, elderly, pregnant women, and people with chronic conditions or disabilities), since exposure to SHS can increase the risk of respiratory and cardiovascular illnesses and cancer and can exacerbate existing health conditions.
- ***Bring together stakeholders through community-based education:*** Bring together diverse stakeholders through community-based education to enable implementation of voluntary policies prohibiting smoking in and near residential areas. This multisectoral convening should include representation of tenants, property owners, community-based organizations, local health professionals, city officials, and landlord associations to ensure communication and collaboration among these nontraditional partners in implementing smoke-free protections for all.
- ***Support cessation efforts:*** Studies show relatively high self-reported quit rates and reduction of tobacco consumption following the implementation of smoke-free housing policies.⁹ Efforts are needed to help adults and teens quit smoking through referrals to local smoking-cessation services. The availability of smoking-cessation resources provides an opportunity to assist residents of multi-unit housing who want to quit smoking and preserve their tenancy in smoke-free housing.

Methodology

The UCLA-SAFE Multi-Unit Housing Tenant Survey (“Tenant Survey”) was adapted from the Los Angeles County Department of Public Health, Division of Chronic Disease and Injury, Tobacco Control and Prevention Program, Smokefree Multi-Unit Housing Survey, 2012. Staff from UCLA-SAFE project partners, Community Development Technologies (CDTech), and FAME Corporations administered the tenant survey door-to-door and in convenient locations such as carwashes and laundromats. The target location for surveying was limited to Council Districts 8, 9, and 10 in the city of Los Angeles because of the high density of the study’s target population of African-Americans, Latinos, and multi-unit housing tenants. Survey responses were recorded using handheld electronic devices on the Survey Analytics platform. Survey Analytics was used as a secure data-storage platform and for preliminary data analysis. A total of 985 surveys were conducted between October 2015 and January 2016. No other personal identifying information was collected for the survey.

Respondents were initially screened for age and residence to match the objective of the survey, which was to get the opinions of adults (age 18 years and older) living in multi-unit housing (e.g., apartments, condominiums, townhouses, duplexes, etc.) in the target districts. Those living in residential motels/hotels or single-family homes were excluded from the survey. Voluntary participants who passed the screening protocol (i.e., adults who rent or own their apartment or other multi-unit housing) were administered the rest of the survey. The survey was conducted in either English or Spanish.

Acknowledgments

The authors wish to thank the staff of CDTech and of FAME Corporations for conducting the surveys in the community. The authors would also like to thank the following individuals for their thoughtful reviews and assistance: Terry Kanakri, Gwen Driscoll, Venetia Lai, and Celeste Maglan. The authors would also like to thank the following individuals for their helpful comments: Esther Schiller, founder and strategic consultant, S.A.F.E.; John Yi, advocacy director, American Lung Association in California; and Montgomery Messex, staff analyst, Los Angeles County Department of Public Health.

This publication was supported by the Cooperative Agreement Number DP005812, funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the U.S. Department of Health and Human Services.

Endnotes

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Survey Priority Population

Priority populations for this project are low-income Latino and African-American families residing in multi-unit housing in the city of Los Angeles (City Council Districts 1, 6, 8, 9, 10, and 14). Latinos are approximately 48 percent of the city’s population, with 56 percent of all Latino households residing in multi-unit buildings. African-Americans are estimated to be approximately 11 percent of the city’s population, with more than half (54 percent) living in multi-unit housing. Comparative analysis with U.S. Census data showed that the racial/ethnic distribution of survey respondents was representative of the priority project area in Council Districts 8, 9 and 10: 52 percent Latino, 31 percent African-American/Black, 10 percent Asian/Pacific Islander, 5 percent White/Non-Hispanic, and 2 percent other categories. The tenant survey was conducted in either English or Spanish.

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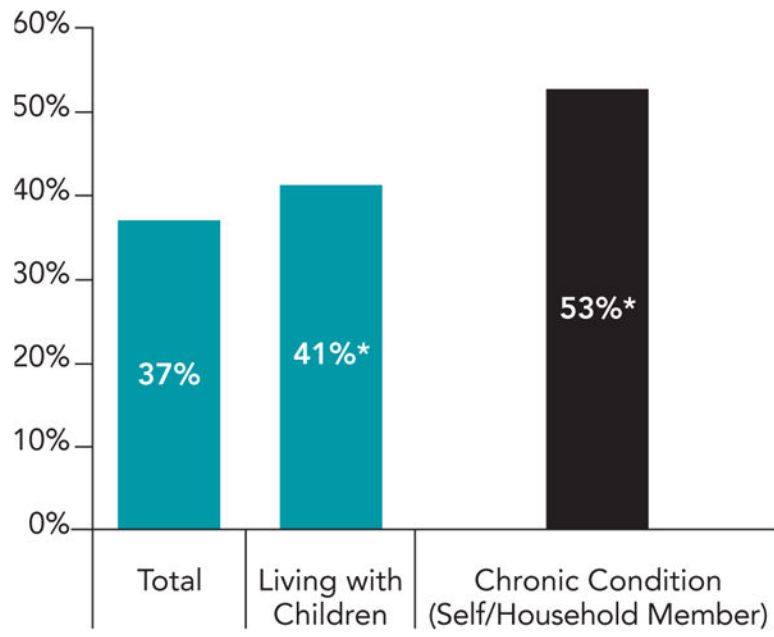


Exhibit 1. Reported Secondhand Smoke Drifting from Outside Unit

* Indicates statistically significant difference from those in a household without children or those without a chronic medical condition, respectively.

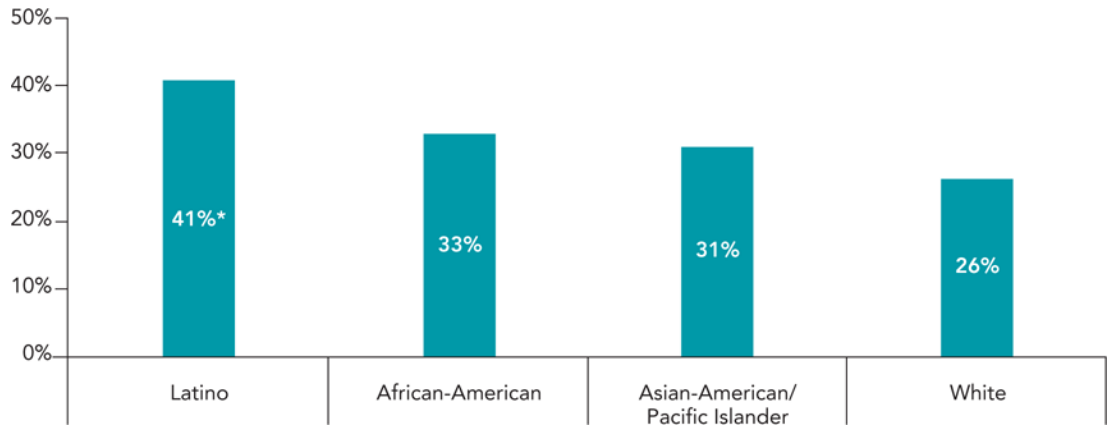


Exhibit 2. Secondhand Smoke Drifting into Apartments, by Race/Ethnicity

*Indicates statistically significant difference from other racial/ethnic groups.

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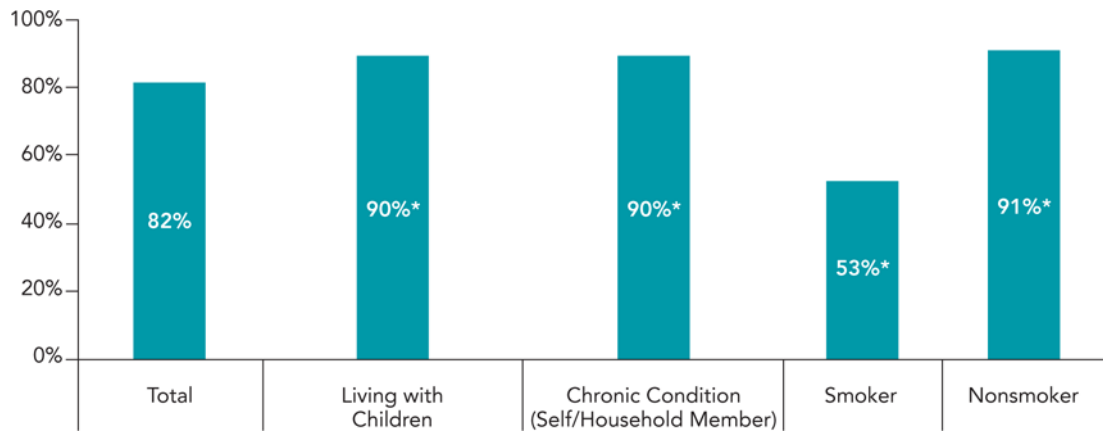


Exhibit 3. Preference for Living in Nonsmoking Part of a Building or in Entirely Smoke-Free Building

* Indicates a statistically significant difference from comparison group, such as without children or without chronic condition and smoker vs. nonsmoker.

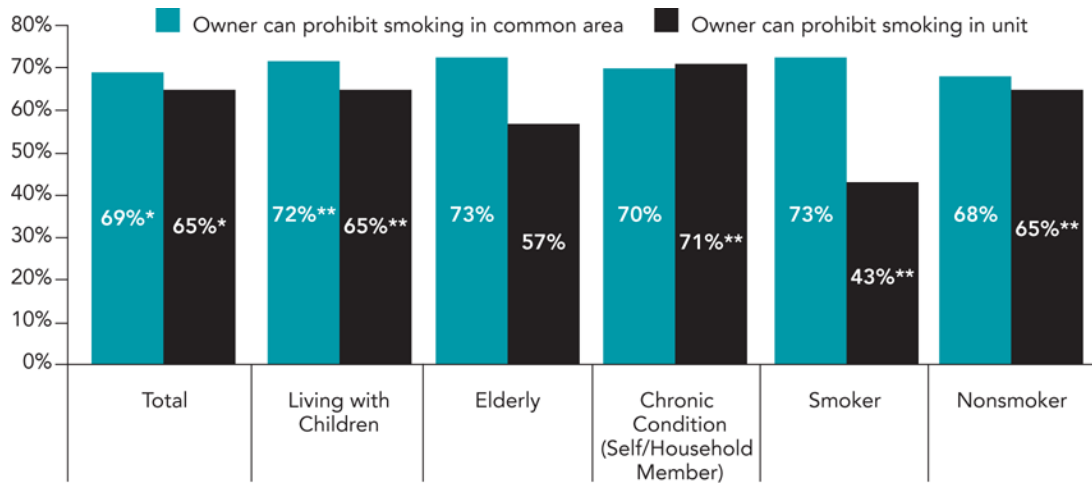


Exhibit 4. Believe Property Owners Can Prohibit Smoking in Common Areas and/or Units

* Indicates a statistical significance in comparison with those who do not believe that owners can prohibit smoking in their properties.

** Indicates a statistically significant difference from comparison group, such as without children or without chronic condition and smoker vs. nonsmoker.