

Smoke-free Rental Housing in Springfield, MO

Prepared by the Springfield-Greene County Health Department

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Background of Tobacco Impact

Cardiovascular disease, lung disease and mental illness are identified as the three priority health issues in the Springfield Community in the 2016 Ozarks Health Commission Regional Health Assessment. These issues have a profound impact on the health of Springfield residents. Tobacco use is a key risk factor in the development of these diseases and the single most important and modifiable risk factor.¹

Of all Emergency Department (ED) visits in the Springfield community, 28.5% are given a primary diagnosis of cardiovascular disease. In fact, in the Springfield community, coronary heart disease is the leading cause of death. At 197.39, the age-adjusted rate of death due to coronary heart disease per 100,000 is higher in Springfield than U.S. (184.55).²

In the Springfield community, 10% of all ED visits and 18% of all pediatric ED visits are due to respiratory illness. According to the Centers for Disease Control and Prevention (CDC), chronic lower respiratory disease (CLRD) accounted for approximately 6% of all deaths and was the third leading cause of death in 2013.³

Smoking raises triglycerides (a type of fat in blood) and increases the buildup of plaque causing blood vessels to thicken and reduce blood flow. This can cause a heart attack or stroke. Smokers are more likely to develop heart disease and lung cancer than nonsmokers. It can cause Type 2 diabetes, mellitus, increase your risk for cataracts and can affect the health of your teeth, gum and bone health. Smoking can make it harder for a woman to become pregnant and can affect her baby's health before and after birth.⁴

In addition to the impact to the smoker, secondhand smoke (SHS) has many serious health threats to children and adults. SHS exposure contributes to chronic diseases such as coronary heart disease, stroke, and lung cancer in adults and increased risk of sudden infant death syndrome (SIDS), asthma attacks, ear infections and respiratory infections in children.⁵

¹ Ozarks Health Commission Regional Health Assessment, 2015
<http://ozarkshealthcommission.org/wp-content/uploads/Reports/Springfield/5-Priority-Health-Needs-Identified.pdf>

² Ozarks Health Commission Regional Health Assessment, 2015
<http://ozarkshealthcommission.org/wp-content/uploads/Reports/Springfield/5-Priority-Health-Needs-Identified.pdf>

³ Centers for Disease Control
<http://www.cdc.gov/nchs/data/hus/14.pdf#020>

⁴ Center for Disease Control
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

⁵ U.S. Department of Health and Senior Services, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>

Breathing second-hand smoke increases a nonsmoker's risk of developing coronary heart disease by 25 to 30 percent.⁶ Nearly 34,000 nonsmokers die each year from coronary heart disease as a result of breathing second-hand smoke. It also increased the risk for stroke by 20—30 %. Approximately 8,000 nonsmokers die each year from stroke caused by breathing in cigarette smoke.⁷

In Springfield, nearly 14% adults have asthma, which is higher than the national rate of 13%. Approximately 52,000 children throughout the OHC Region have asthma. Additionally, 6% of the population is living with COPD. Lung cancer also occurs more commonly here than in the rest of the nation with 5-4 an incidence rate of 72 per 100,000 people compared to 65 per 100,000 people. The age-adjusted rate of death (per 100,000 people) due to lung disease across the nation is 43; yet, in the OHC Region it is 57, and within the Springfield Community it is 51.⁸

While more studies need to be done, indications are there is also a negative health impact associated with third-hand smoke (THS). Per the National Institutes of Health, the exposure risk does not end when a cigarette has been extinguished and may persist in the absence of further smoking, because THS pollutants, trapped and deposited on surfaces and in dust, persist in environments in which smoking took place at some earlier points in time.⁹

Tobacco, now considered a substance-related disorder, contributes to mental illness as well. Risk factors for developing a mental disorder include prenatal damage from exposure to alcohol, illegal drugs, and tobacco.¹⁰ At 20%, mental illness ranked third of the top six priority health concerns in the number of ED visits.¹¹

The importance of smoke-free housing is addressed in the Springfield Community Health Improvement Plan (CHIP). CHIP objectives include completing a feasibility study of smoke-free multi-unit housing and working with businesses to achieve tobacco control through policy and system change.¹²

The United States Department of Health and Human Services has placed tobacco use as a key priority within Healthy People 2020. Overall, Healthy People 2020 aims to reduce the use of both tobacco and

⁶ Institute of Medicine, <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2009/Secondhand-SmokeExposure-and-Cardiovascular-Effects-Making-Sense-of-theEvidence/Secondhand%20Smoke%20%20Report%20Brief%203.pdf>

⁷ U.S. Department of Health and Senior Services, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>

⁸ Ozarks Health Commission Regional Health Assessment <http://ozarkshealthcommission.org/wp-content/uploads/Reports/Springfield/5-Priority-Health-Needs-Identified.pdf>

⁹ National Institutes of Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3230406/>

¹⁰ Mental Health: A Report of the Surgeon General <https://profiles.nlm.nih.gov/ps/access/NNBBHS.pdf>

¹¹ Ozarks Health Commission Regional Health Assessment <http://ozarkshealthcommission.org/wp-content/uploads/Reports/Springfield/5-Priority-Health-Needs-Identified.pdf>

¹² 2016-2019 Springfield Community Health Improvement Plan <https://www.communitycommons.org/groups/ozarks-health-commission-hub/springfield-hub/>

smokeless tobacco products across all age ranges and through a wide-range of strategies. To achieve these objectives, the Ozarks Health Commission suggests a collaborative approach to improve the health of the area through targeted tobacco-prevention efforts, such as smoke-free housing.¹³

People are particularly at risk in their homes. Up to 65 percent of air moves from smoking areas to nonsmoking areas through doorways, cracks in the walls, electrical lines, plumbing, and ventilation systems, causing nonsmokers to be exposed to secondhand smoke. It is estimated that living with a smoker increases a person's chance of developing lung cancer by 20 to 30 percent. Furthermore, ventilation systems and most air filters do not protect people from secondhand smoke. Eliminating indoor smoking is the only way to protect nonsmokers from the harmful effects.¹⁴

Safety Risks

Tenants of buildings that allow smoking are at higher risk of being displaced, injured or killed in a fire. Careless smoking was the 2nd leading cause of residential fires in Springfield in 2017, accounting for 12% of all residential fires (26 total calls). This is a 31% increase in 3 years. Of these fires, 85% occurred in rental properties and more than half (54%) in multi-family housing structures.¹⁵

Additionally, smoking is the leading cause of fire-related fatalities and injuries in Springfield. From 2005 through 2015, 38% of fires that resulted in a death¹⁶ and 14% that resulted in an injury were caused by careless smoking.¹⁷

Economic Impact

Smoking has a profound economic impact. In the United States in 2009, lung diseases (excluding lung cancer) resulted in \$117 billion in direct costs, and \$69 billion in indirect costs, making it the fifth most costly illness.¹⁸ The total cost of tobacco related disease is \$300 billion a year.¹⁹ Tobacco is also impacting employers with an annual additional burden estimated at \$5,800 by each tobacco user due to increased medical claims and lost productivity.²⁰ Lost productivity results from exposure to secondhand

¹³ Ozarks Health Commission Regional Health Assessment, 2015
<http://ozarkshealthcommission.org/wp-content/uploads/Reports/Springfield/5-Priority-Health-Needs-Identified.pdf>

¹⁴ Building a Healthier Jackson County
<http://www.marc.org/Community/Public-Health/Assets/Smoke-free-multi-unit-housing-brochure.aspx>

¹⁵ FireHouse Records Management System, Springfield Fire Department, 2017

¹⁶ "Fatal Fires in Springfield 2005-2015", Springfield, MO Fire Department

¹⁷ "Springfield Fire Injuries, 2005-2015" Springfield, MO Fire Department

¹⁸ National Heart, Lung, and Blood Institute,
http://www.nhlbi.nih.gov/about/documents/factbook/2009/chapter4#4_7

¹⁹ Centers for Disease Control and Prevention, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/

²⁰ Berman, Micah; et al, "Estimating the cost of a smoking employee,"
<http://tobaccocontrol.bmj.com/content/early/2013/05/25/tobaccocontrol-2012-050888>

smoke is estimated to cost the United States approximately \$5.6 billion annually.²¹ Smoking is costing Springfield Community employers \$222,331,400 each year.²²

There are other associated costs as well. Per information obtained through surveys of local property management companies combined with national data from the American Lung Association points to dramatically higher repair, replacement and maintenance costs in properties that allow smoking.

The Smoke-free Housing Initiative from the American Lung Association reports apartment turnover costs in smoking units are 2-7 times higher than smoke-free units²³. One of Springfield's largest property management companies, TLC, reports the average direct costs associated with repairing and re-renting a smoking unit is \$2,500 compared to around \$500 for a non-smoking unit.²⁴

COST TO REHABILITATE A SMOKING UNIT - TLC PROPERTY MANAGEMENT

Treatment	Cost
Paint plus Kilz	\$898.50
Ozone odor treatment	\$160
Carpet replacement	\$1288.29
Duct cleaning	\$120
Total	\$2,455.79

Other communities report similar costs.

COST TO REHABILITATE A HOUSING UNIT: SMOKING VS NON-SMOKING²⁵

	Non-smoking	Light smoking	Heaving smoking
General Cleaning	\$240	\$500	\$720
Paint	\$170	\$225	\$480
Flooring	\$50	\$950	\$1,425
Appliances	\$60	\$75	\$490
Bathroom	\$40	\$60	\$400
Total	\$560	\$1,810	\$3,515

²¹ The Health Consequences of Smoking-50 years of Progress-Surgeon General Report

²² Ozarks Health Commission Regional Health Assessment, 2015

<http://ozarkshealthcommission.org/wp-content/uploads/Reports/Springfield/5-Priority-Health-Needs-Identified.pdf>

²³ Smoke-free Housing Initiative, American Lung Association

<http://www.lung.org/assets/documents/tobacco/smuh-policy-brief-update.pdf>

²⁴ TLC Properties survey information

²⁵ Building a Healthier Jackson County, Smoke-free Living in Multi-unit Housing

<http://www.marc.org/Community/Public-Health/Assets/Smoke-free-multi-unit-housing-brochure.aspx>

While the tenant can be legally responsible for these costs, property managers are rarely reimbursed, placing the shared burden of these costs on all remaining tenants in the form of increased rent.²⁶

Careless smoking fires caused \$237,280 damage to rental properties in Springfield in 2017. This was an average loss per property of \$10,790²⁷. The average cost to repair a unit following a fire is \$6,000 to \$8,000 for the smoke damage alone. This does not include property damage caused by the flames themselves.²⁸

Three Springfield insurance agencies were surveyed for this report. While none report that insurers will provide a credit or premium reduction for smoke-free housing, policies could include a penalty for owners who don't presently have a smoke-free policy in tenant leases. A more comprehensive study of local insurance providers must be conducted to determine if other incentives are currently offered.

Legal Impact

Smoke-free policies can help avoid lawsuits because residents, staff members, and maintenance workers can file lawsuits over secondhand smoke. Claims may be based on legal precedents for nuisance, warranty of habitability, or the covenant of quiet enjoyment. Landlords, management companies, and smokers may all be found liable in such cases. Tenants with preexisting conditions, such as asthma or other respiratory illnesses, can file claims under civil rights laws, such as the Fair Housing Act.²⁹

Scope of Problem

The Springfield rental community is particularly susceptible to these negative effects, as both smoking rates and rental rates are higher in Springfield than other communities our size.³⁰

In the Ozarks Health Commission Region, 23% of people smoke and 21% smoke within the Springfield Community; rates that are higher than the national average of 18% and well above the 12% goal of Healthy People 2020. In the Springfield Community, nearly 14% adults have asthma, which is higher than the national rate of 13%. Approximately 52,000 children throughout the OHC Region have asthma. Additionally, 6% of the population is living with COPD. Lung cancer also occurs more commonly here than in the rest of the nation with 5-4 an incidence rate of 72 per 100,000 people compared to 65 per 100,000 people. The age-adjusted rate of death (per 100,000 people) due to lung disease across the nation is 43; yet, in the OHC Region it is 57, and within the Springfield Community it is 51.³¹

²⁶ TLC Properties survey information

²⁷ Firehouse Records Management system, Springfield Fire Department

²⁸ ServiceMaster Restore

²⁹ A Guide to Implementing HUD's Smokefree Housing Policy
https://www.hud.gov/sites/documents/SMOKEFREE_GUIDEBK.PDF

³⁰ United States Census Bureau Data, 2106

³¹ Ozarks Health Commission, Regional Health Assessment, 2015
<http://ozarkshealthcommission.org/wp-content/uploads/Reports/Springfield/5-Priority-Health-Needs-Identified.pdf>

There are approximately 73,450 Springfield residents living in rental properties. Approximately 30% of them are children.³² Additionally, 28% of Springfield residents live in multi-family occupants (two or more units)³³, meaning approximately 46,850+ Springfield residents live in a multi-family setting, including 14,000+ children.

While specific data on renters who smoke is not available at this time, using the above data, if 22.1% of Springfield's renters smoke, it can be ascertained that approximately 16,232 of those living in rental properties smoke. Of these, 10,000+ live in multi-family occupancies, which will have a negative impact on the tenants of all surrounding units as well.³⁴ Further study is needed to determine the exact rate of renters who are smokers as well as the number of adults and children impacted by cigarette smoking in neighboring units.

Current Policies in Springfield, MO

At the time of this writing, the following progress has been made in the smoke-free housing initiative.

- TLC, one of Springfield's largest property management companies, has expanded smoke-free policies to 1,098 units. The company will phase in more smoke-free housing each year. No specific goal or timeline has been established.
- On December 5, 2016, HUD finalized a rule that requires all Public Housing Authority properties to implement a smoke-free policy by July 30, 2018. In Springfield, this impacts 760 units.
- Springfield Community Land Trust (SCLT) implemented a smoke-free policy in all of its multi-unit housing and for all future acquisitions.

Feasibility

Smoke-free national movement

Nationally, 38 states plus D.C. have a dedicated smoke-free housing programs. These efforts have been made successful through the engagement of state and local health departments and public health agencies, property managers, and national policy advisors to implement their smoke-free housing initiative. Several states have passed laws requiring smoking disclosure statements. Others have implemented smoke-free housing registries.

State health department leadership in both Iowa and North Carolina developed a collaborative network of partnerships at the state and local levels that included trade associations, housing authorities, property owners and managers, and other public health agencies. Building relationships with key influencers and decision makers from a state level encouraged acceptance of the smoke-free living

³² American FactFinder

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

³³ American FactFinder

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

³⁴ American Lung Association, <http://www.lung.org/assets/documents/tobacco/smuh-policy-brief-update.pdf>

concept within the multi-family housing industry and increased the number of properties that committed to adopting smoke-free policies.³⁵

Key strategies state health department leadership deployed to achieve success included engaging stakeholders in the policy development process, educating them about the impact of tobacco on health, and communicating the benefits of the policy that protect the safety of residents as well as the investment of the property, while reducing some of the property owner's annual operating costs. A property manager in Iowa reported hundreds of dollars saved in turnover costs per unit (including time it would otherwise take to rehabilitate smoke damage) after implementing a smoke-free policy. The manager also received a 20 percent reduction in the property's insurance premium due to fewer claims submitted. Iowa and North Carolina leaders leveraged existing state resources, such as their state quit-lines, to promote available cessation support to property managers and residents who became motivated by the policy change to attempt quitting smoking. Some property managers partnered with public health agencies to extend their offerings and provide on-site cessation classes for residents.³⁶

Legality of smoke-free policies

Smoke-free rental policies have been established in Springfield, MO and other communities with success. Despite initial fears that establishing smoke-free policies may not be constitutional, there is no legal basis for this argument. People who smoke are not a protected class and do not have special legal status under the Equal Protection Clause of the Constitution.³⁷ Smoking is not a specially protected liberty right under the Due Process Clause of the Constitution. The fundamental right to privacy does not apply to smoking. This is because smoke-free policies are about where people smoke, not whether they smoke. Smoke-free policies are not discriminatory because they do not prohibit anyone from renting a unit.

Since smoking is not a specially protected constitutional right, the Constitution does not bar the passage of local, state or federal smoke-free laws or restrictions on smoking imposed by the owner or manager of the property. They merely set rules for activities permitted on the property. However, it important to note, a tenant's status as a smoker or nonsmoker cannot be used to determine eligibility for applying for or residing in rental housing.³⁸

³⁵ Iowa and North Carolina Reduce Secondhand Smoke Exposure through Partnerships with Property Owners & Local Health Departments

<http://www.astho.org/Prevention/Tobacco/Smoke-Free-Housing-Multi-Level-Case-Study/>

³⁶ Iowa and North Carolina Reduce Secondhand Smoke Exposure through Partnerships with Property Owners & Local Health Departments

<http://www.astho.org/Prevention/Tobacco/Smoke-Free-Housing-Multi-Level-Case-Study/>

³⁷ There is No Constitutional Right to Smoke: 2008, Tobacco Control Legal Consortium

https://www.changelabsolutions.org/sites/default/files/documents/There%20Is%20No%20Constitutional%20Right%20to%20Smoke%20%28national%20version%29_3_08.pdf

³⁸ Implementing HUD's Smoke-free Policy in Public Housing, US Department of Housing and Urban Development

https://www.hud.gov/sites/documents/SMOKEFREE_GUIDEBK.PDF

Enforcement of smoke-free policies

The smoking policy must be included in the lease agreement signed by the tenant. It is recommended that the lease be clear that the policy pertain to residents and guests. It should include a clause making residents financially responsible for returning the unit back to the original condition if they violate the smoke-free policy.³⁹

Landlords with smoke-free policies indicate they are mostly self-enforcing because residents frequently complain about another resident that may be violating the policy. Neutral third parties such as painting or carpet cleaning companies may also be able to assess whether or not smoking has occurred. Violations of smoke-free policies should be dealt with in a similar fashion as other lease violations.

Many landlords and owners recommend progressive discipline if a tenant violates the policy, beginning with a verbal warning, followed by a two written warnings before a termination notice is issued. During all phases of disciplines, it's recommend that the landlord provide smoking cessation information.⁴⁰

Financial feasibility

Property owners with smoke-free policies indicate there is no net cost of implementing the policies. In fact, smoke-free policies can result in significant savings.

A survey of TLC Properties following the implementation of smoke-free policies in 1000+ of its rental units points to the following savings associated with the change:

- Decrease in the cost of grounds keeping due to reduction of litter pick-up
- Decrease in transfer costs associated with relocating a tenant living near a smoking unit (generally above). This costs \$900-2,300 per unit plus the costs associated with having a unit vacant during cleanup.
- Decrease in time units remain vacant due to longer turnaround of smoking units.
- Decrease in direct costs associated with cleaning and re-renting a smoking unit (generally \$5,000).

The only costs associated with the change include additional signage on the property and the costs associated with changing lease agreement including the potential for a legal consultation.

Vacancy rates

We found no reports of a negative impact on vacancy rates following the implementation of smoke-free policies in rental housing. TLC reported no change in their vacancy rates in affected buildings since the implementation of the smoke-free policies.

³⁹ Smoke-free Oregon

<http://www.smokefreeoregon.com/wp-content/uploads/2012/05/EnforcementStepsWithTIPS.pdf>

⁴⁰ Smoke-free Oregon

<http://www.smokefreeoregon.com/wp-content/uploads/2012/05/EnforcementStepsWithTIPS.pdf>

Conclusion

Smoke-free housing provides health, safety and economic benefits to both property managers/owners and occupants.

Employees and occupants are not exposed to the harmful effects of secondhand smoke (SHS) which contributes to both cardiovascular and lung disease. It's expected smoke-free housing policies will result in a reduction in chronic diseases such as coronary heart disease, stroke and lung cancer. Over time, we would also expect a decrease in cases of sudden infant death syndrome (SIDS), asthma attacks, ear infections and respiratory infections in children.

Smoke-free buildings are less likely to experience a fire due to careless smoking, resulting in less loss of life and property.

Economically, it is expected that smoke-free housing policies will result in a reduction in health costs due to smoke exposure. Additionally, property managers and owners save on the cost of maintaining their properties.