

1 HOUSING AND URBAN DEVELOPMENT (HUD)  
2 HOW TO SUCCESSFULLY ADOPT A SMOKE-FREE POLICY IN PUBLIC  
3 AND MULTIFAMILY HOUSING WEBINAR  
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10 Thursday, March 5, 2015

11 2:00 p.m.  
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PARTICIPANTS

Moderator:

PETER ASHLEY, HUD

Presenters:

BILL COOK

RICK BALL

MARY KURTH

1 P R O C E E D I N G S

2 DR. ASHLEY: Hello, and welcome to our webinar  
3 today, titled "How to Successfully Adopt a Smoke-Free  
4 Policy in Public and Multifamily Housing."

5 This webinar is sponsored by the Department of  
6 Housing and Urban Development's Office of Lead Hazard  
7 Control and Healthy Homes.

8 Thanks to all of you who are joining us today. We  
9 had a great response, over 1,000 registrants. I know  
10 we can -- our phone line can handle 1,000. So,  
11 hopefully, we're to capacity.

12 My name is Peter Ashley. I'm with HUD's Office  
13 Lead Hazard Control and Healthy Homes.

14 I'm going to give a quick overview on the history  
15 of HUD's Smoke-Free Housing Initiative, and then I'll  
16 turn it over to our presenters today -- Bill Cook, Rick  
17 Ball, and Mary Kurth.

18 Bill and Rick will discuss the experiences of  
19 their public housing agencies in implementing smoke-  
20 free policies, and Mary will discuss the value of  
21 partnering with organizations such as the American Lung  
22 Association and their efforts to promote smoke-free

1 housing policies.

2 At the end of the presentation, I'll moderate a  
3 Q&A session to give our presenters a chance to respond  
4 to some of your questions. We'll probably extend the  
5 webinar for the Q&A session today for about 15 minutes  
6 past the 3:00 p.m. Eastern Time end time for the  
7 presentation portion of the webinar. We'll be somewhat  
8 flexible on that, but I think we'll probably extend by  
9 15 minutes for those of you who can stay with us.

10 Today's webinar will be archived and available for  
11 viewing online on the Office of Lead Hazard Control and  
12 Healthy Homes Web page in the next few weeks. Ben  
13 Abraham with Penngood, who is our contractor, said that  
14 he'd be able to send out an email link to registrants  
15 to let you know -- give you a link to the archive.

16 So I'm pleased and I think we're pleased at HUD  
17 that we've been part of this national movement toward  
18 establishing smoke-free multifamily housing. The  
19 movement is not just in subsidized or affordable  
20 housing, but also market-rate housing. And you know,  
21 like I said, we're really happy that we can be, I  
22 think, somewhat at the forefront of this movement.

1           We think that smoke-free housing will soon be  
2           considered a best management practice for multifamily  
3           housing, and maybe we're already there. I just wanted  
4           to mention that we see -- at HUD, we see this smoke-  
5           free housing as part of an integrated Healthy Homes  
6           approach that has been promoted by HUD, especially my  
7           office, since that's really our mission.

8           We promote an integrated approach to dealing with  
9           housing, dealing with residential hazards such as lead-  
10          based paint hazards, radon, safe and effective pest  
11          control, mold and moisture, and injury hazards with the  
12          idea of addressing these issues simultaneously rather  
13          than in a somewhat piecemeal, issue-specific fashion.  
14          But sometimes, like today, it's important to address an  
15          individual issue.

16          So this slide just talks -- shows you a little bit  
17          about the history of the initiative at HUD. It started  
18          in 2009 with a notice that was published by our Office  
19          of Public and Indian Housing that strongly encouraged  
20          public housing agencies to adopt smoke-free policies in  
21          at least some of the buildings that they manage.

22          In 2010, our Office of Housing published a similar

1 notice that covered subsidized multifamily properties.

2 In 2012, the Office of Public and Indian Housing's  
3 notice was reissued, and HUD released what we called  
4 smoke-free housing toolkits. These were documents that  
5 provided information to both residents and housing  
6 managers on the reasons to adopt smoke-free policy,  
7 steps in implementing, and provided sources of -- other  
8 sources of information.

9 In 2012, HUD published a Federal Register Notice  
10 soliciting feedback on HUD's initiative, especially  
11 interested in identifying barriers to implementation  
12 and effective implementation practices. And recently,  
13 in October of 2014, we released what we called our  
14 action guide for implementing smoke-free policies.  
15 I'll talk a bit more about that today.

16 Next, please.

17 This is the -- this slide shows the cover page for  
18 our action guide, which was released this past October.

19 It addresses many of the topics that were covered in  
20 the smoke-free housing toolkits but goes into  
21 additional detail, especially with respect to  
22 implementing a policy.

1           The guide also incorporates some information from  
2   our 2012 Federal Register Notice, and these are  
3   summarized in an appendix.

4           Next, please.

5           So this slide just covers some of the major  
6   contents of the guide. All of -- and you'll see there  
7   is some good guidance out there that's been put out by  
8   other organizations as well. You'll see similar  
9   information in all of them. Of course, reasons to  
10   adopt smoke-free policy, recommended steps toward  
11   implementing a policy, frequently asked questions, and  
12   then resources.

13           One unique aspect of HUD's action guide is that it  
14   summarizes interviews with nine what we call "smoke-  
15   free housing pioneers" in the guide. So these are  
16   housing managers who've implemented smoke-free policies  
17   and have experience doing that.

18           Both Bill and Rick, who are presenting today, are  
19   interviewed in the guide. So I recommend, if you  
20   haven't seen the guide, take a look and especially read  
21   through those interviews. I think you'll find it  
22   interesting.

1           This slide shows a navigation page from the action  
2 guide. On the online version, there are links that  
3 will take you directly to the information sources. The  
4 second row in the figure, the implementation steps, we  
5 believe will be especially useful to those of you who  
6 are just starting or thinking about implementing a  
7 smoke-free policy.

8           And then if you look down at the bottom row there,  
9 that mentions the summaries of the interviews that I  
10 just mentioned.

11           So take a look. We'll provide a link later to  
12 this guide.

13           This slide shows you the main reasons for  
14 implementing a smoke-free policy that are covered in  
15 the guide and in most other similar guidelines,  
16 guidance that you'll see on this. Let's start at the  
17 top and go around clockwise.

18           So protecting health and safety of residents and  
19 staff. Secondhand smoke has been classified as a known  
20 human carcinogen by the U.S. EPA and other  
21 authoritative organizations, such as the International  
22 Agency for Research on Cancer.

1 I think that -- I've read that there is five  
2 different carcinogens that have been identified in  
3 secondhand smoke. And the Surgeon General has  
4 concluded that there is no safe exposure level to  
5 secondhand smoke. Smoking is also the leading cause of  
6 fatal residential fires.

7 Cost savings. Housing providers can save money by  
8 adopting a smoke-free policy. It's significantly more  
9 expensive to turn over a unit where you've had a smoker  
10 than to turn over a nonsmoking unit. That's because,  
11 as you might expect, increased cost from cleaning,  
12 additional layers of paint, and replacing damaged  
13 materials. There's also potential for a reduction in  
14 property insurance if you adopt a smoke-free policy.

15 Next, the issue of secondhand smoke traveling  
16 between units. We know that happens. It's been  
17 identified in research studies where they measure  
18 components of secondhand smoke, and you can smell it if  
19 you walk down a corridor and you can smell smoke coming  
20 from someone's unit.

21 You can smell it when someone is cooking fish  
22 possibly in the unit below you and unit next door.

1 Well, secondhand smoke also travels through those same  
2 channels. And there's no practical way to prevent it  
3 other than by banning smoking within a building.

4 We know that residents prefer smoke-free housing.

5 Housing providers, many housing providers have  
6 supplied surveys, have conducted surveys among their  
7 residents, and they consistently show that the majority  
8 of residents support smoke-free policies. Sometimes  
9 just a little over 50 percent. Sometimes it's quite a  
10 bit over that.

11 If you look at it nationally, a recent CDC study  
12 reported that based on national survey results, 83  
13 percent of U.S. households have a no smoking policy in  
14 their homes, and this has increased significantly over  
15 about a 10-year period that they looked at.

16 And finally, we know that smoke-free policies are  
17 legal. There was some uncertainty among housing  
18 providers on this question a few years ago. But it's  
19 quite clear that these policies are legal.

20 Next, please.

21 So this slide just expands a bit on the health and  
22 safety considerations. I want to jump down to the

1 fourth bullet because this is something that's not  
2 widely known.

3 Secondhand smoke is a significant source of lead  
4 exposure for children and adults. There's lead in the  
5 smoke itself. It settles out on surfaces and then  
6 becomes this residue from smoke, which is referred to  
7 as thirdhand smoke.

8 Well, research has shown that this shows up when  
9 you look at factors influencing a child's blood lead  
10 level and you use statistics to show what goes into a  
11 child's blood lead, secondhand smoke shows up as a  
12 significant contributor. And we know that there's no  
13 safe exposure level to lead. So this is something in  
14 itself is a reason to ban smoking in any unit where  
15 there's a child.

16 And then the last bullet, we know that secondhand  
17 smoke exposure is a very important asthma trigger, and  
18 it's also been linked to the development of asthma in  
19 young children.

20 Next, please.

21 So what's our progress to date implementing smoke-  
22 free housing at HUD? We know, based on publically

1 available information, there's been about 570 public  
2 housing agencies that have adopted at least partial  
3 smoke-free policies, covering about 16 percent of those  
4 that administer conventional public housing.

5 So that's great. It's wonderful progress. It  
6 covers more than 186,000 units. We know that we're  
7 aware of nine Native American communities adopting  
8 smoke-free policies in tribal housing, and we don't  
9 have as good an estimate for subsidized multifamily  
10 properties, but we know a substantial number have  
11 adopted smoke-free policies.

12 But we know there's a lot more work to do. That's  
13 why we, at HUD, are continuing to aggressively promote  
14 this issue.

15 Next, please.

16 Okay. Just briefly, we're planning -- what we're  
17 planning in this fiscal year, we have this webinar  
18 today. We're going to have another webinar that I'll  
19 talk about at the end of this -- at the end of this  
20 webinar. We're going to expand and improve our smoke-  
21 free housing Web page. That's my office. We'll  
22 provide a link to that.

1           We're discussing an executive PowerPoint briefing  
2 presentation that we'll make available on this Web page  
3 as well. And then I've mentioned the action guide.

4           And then this is the URL for my office. So take  
5 note of that. And if you go -- the smoke-free Web  
6 pages are still being worked on, but if you go onto our  
7 Web site, you'll see very clearly a link to the action  
8 guide.

9           Okay. Next, please.

10          That's my email in case any of you -- quickly, if  
11 any of you want to get in touch, please feel free.

12          Next, please.

13          Okay. We don't want this webinar to be strictly  
14 in one direction. So we have a poll for you to fill  
15 out. Please let us know what type of organization you  
16 represent. Just select from the choices on the screen.

17          Give you a little while to do that.

18          (Pause.)

19          DR. ASHLEY: Okay. Well, here are the results.  
20 Public housing wins. Fifty-three percent of our  
21 audience, with a good portion of you being --  
22 representing multifamily properties. I suspect most of

1 you are representing federally subsidized or project-  
2 based Section 8 property. That's 25 percent. Public  
3 health department at 8 percent, and then we have 10  
4 percent "other."

5 Okay. Well, thank you for responding to that.

6 We have one more -- one more question for you.  
7 What topic are you most excited or interested in  
8 hearing about today? Please take a moment to respond  
9 to this as well.

10 (Pause.)

11 DR. ASHLEY: Okay, well, here are the results.  
12 Steps to implement a smoke-free policy is the slight  
13 winner at 35 percent. Strategies for enforcement, a  
14 close second, 34 percent. Challenges and solutions, 19  
15 percent. Obtaining buy-in, that's 9 percent. And  
16 partnering at 2.

17 Okay. Well, let's start -- let's hear from the  
18 folks out in the field. Enough from the guy who sits  
19 at the desk in Washington. Well, today the Government  
20 is shut down. So it's my home in Maryland.

21 But our first speaker is Bill Cook with King  
22 County, the King County Housing Authority. Bill is the

1 Director of Property Management, where he's been since  
2 2006. He has more than 20 years with private and  
3 public property management experience. He served on  
4 several national committees with the National Apartment  
5 Association, and he helped found and direct the  
6 Washington Multifamily Housing Association.

7 Over to you, Bill. Thanks.

8 MR. COOK: Well, good morning for everybody on the  
9 west coast, and good afternoon on the east coast.

10 The slide you're looking at here just gives you a  
11 little bit of the relevant data about King County  
12 Housing Authority or, as we call it, KCHA. I'm going  
13 to talk to you a little bit today about how and why we  
14 decided to implement a nonsmoking policy at all of our  
15 properties.

16 And we basically started with a pilot process. We  
17 got together as a working committee in 2006 and 2007  
18 and decided to try this at a few properties, and this  
19 sort of snowballed over the coming years. In 2008-  
20 2009, we expanded, and then in 2012, we just decided to  
21 flip the switch and convert everything that we manage  
22 to nonsmoking.

1           So I'm going to tell you a little bit about how we  
2 did that and why we wanted to do that and some of the  
3 challenges we had. We saw that that was one of the  
4 popular topics for you.

5           So, next slide.

6           So here are some of the benefits for the residence  
7 staff and properties themselves, and I just want to  
8 cover each one of these very quickly. We talked about  
9 the exposure piece, about the health effects of  
10 secondhand smoke. One thing we focused on, which Peter  
11 mentioned, was the thirdhand smoke.

12           We have -- like a lot of agencies and a lot of  
13 housing providers, we have lots of kids in our  
14 developments, and this was a real concerning factor for  
15 us, given that kids like to crawl around on the floor  
16 and basically get their hands all over walls, which is  
17 where thirdhand smoke tends to settle.

18           But we also looked at this from a staff point of  
19 view, and we really used Portland's model for this,  
20 which was they treat second and thirdhand smoke just  
21 like asbestos. They're the same level carcinogen, and  
22 they don't let their staff deal with asbestos. So why

1 would they have their staff exposed to secondhand smoke  
2 or thirdhand smoke? And we thought that was a great  
3 point, and that was a big selling point for us when we  
4 went back to our staff.

5 We know that this is less expensive for agencies  
6 to turn units when you have this policy. You're not  
7 having to do multiple coats of paint. You're not  
8 having to seal the walls. You're not having to clean  
9 all the cabinets. All the things that go along with  
10 turning a smoking unit.

11 We don't have any exact figures, but we know it  
12 costs about anywhere from \$1,000 to \$3,000 less per  
13 unit to turn a unit that hasn't been smoked in versus  
14 one that has. So that's a significant difference  
15 depending on how many turns you have every year.

16 We also looked at the fire potential and the risk  
17 of fires. The data we saw when we started this process  
18 was that while there was only 9 percent of fires in  
19 apartments caused by smoking, 16 percent of the  
20 injuries and 40 percent of the deaths were caused by  
21 smoking-related fires, which are obviously huge  
22 numbers.

1           We also found out that there are about 7,600  
2 smoking-caused fires every year in multifamily housing,  
3 and we've actually experienced, and you'll hear a  
4 little bit about this from Rick as well, we had a near-  
5 death experience actually from a resident who was  
6 smoking in her unit, fell asleep, and almost was killed  
7 through a fire. So that was a big deal for us.

8           Another thing we heard when we did our resident  
9 meetings, which I'm going to talk about in a second, is  
10 that this is a very expensive habit for anyone, but  
11 specifically for our residents. Smoking a pack of  
12 cigarettes a day equates to about \$200 a month in  
13 smoking expense.

14           And you know, for some of our residents who have  
15 zero income, that's actually less than -- or excuse me,  
16 more than they pay for the rent every month. So we  
17 heard at the resident meetings, when we did this, that  
18 residents would actually stand up and call out another  
19 resident and say, "You can't afford to do that. You're  
20 on Social Security. You're on zero income. How can  
21 you afford to smoke?" Which was interesting for us to  
22 experience.

1           We also found that this is something -- as Peter  
2 talked about earlier, this is resident preference.  
3 People want this. We did surveys before we did the  
4 process, and we found that about 85 percent of our  
5 residents wanted nonsmoking housing, which was a  
6 compelling number for us.

7           Actually, that number has gone up over the course  
8 of the last few years. We continue to survey all of  
9 our properties, and we're above 90 percent now of  
10 people who don't smoke and want nonsmoking housing,  
11 which is great.

12           From our State point of view, what's interesting  
13 is there are only four housing authorities here in  
14 Washington State that have not enacted some sort of  
15 nonsmoking policy. And I know agencies are working  
16 really close with all four of those, actually, to try  
17 to change that. But kind of gives you an idea that  
18 this is the right thing to do, and this is the wave of  
19 the future, if you will, that's here now.

20           So, next slide?

21           So talking a little bit about the buy-in, and that  
22 was one of the topics on one of the polls earlier, one

1 thing we did that I would recommend anybody that's  
2 going to go through this process is reach out to your  
3 local health departments and any other health-related  
4 agencies that you have in your areas. We found great  
5 partners in both the King County Health Department and  
6 the Comprehensive Health Education Foundation, which we  
7 call CHEF.

8 They provided a lot of resources to us in the  
9 beginning of this process. They committed a lot of  
10 staff to this process. They brought implementation  
11 materials. They brought cessation materials. They  
12 came to all the resident meetings we had. They were a  
13 real strong partner in this process.

14 The second thing we knew we had to do was we had  
15 to make sure that all of our staff knew that this was a  
16 good idea and something that was good for everybody.  
17 We made sure we met with all staff before we decided to  
18 do this conversion and have them understand that they  
19 are a large part of the decision in doing this because,  
20 frankly, the frontline staff are the ones that are  
21 enforcing the policy.

22 The third point, which is probably the most

1 important, excuse me, is that meeting with the  
2 residents is key. We decided early on that we were  
3 going to meet with every building before we did this  
4 process. So we had 58 property meetings that were very  
5 well attended by residents, and we explained the  
6 policy.

7 We talked about how it was going to work. We  
8 certainly opened it up for questions, and we heard a  
9 lot of good feedback, things like some of them wanted  
10 covered smoking shelters. Others wanted to know, you  
11 know, if they had to quit smoking, which was a question  
12 we hadn't really anticipated.

13 We obviously told them you don't have to quit  
14 smoking. You just have to quit smoking inside the  
15 building. But we had great feedback from those  
16 meetings.

17 The next bullet point you see there is convincing  
18 your executive director and the executive management  
19 team at your agency that this is a good idea, and that  
20 took multiple meetings on our part because there is a  
21 potential for fallout from doing a policy like this.  
22 We were concerned about media exposure, which we

1 actually ended up getting the day we converted.

2 We had an 87-year-old woman in one of our  
3 buildings on TV saying, "This isn't fair. Why are they  
4 doing this? I can't go outside," et cetera, et cetera.

5 So making sure that senior staff knew that that was a  
6 possibility and that we had a plan in place to deal  
7 with that was very helpful.

8 And then, last piece is really convincing the  
9 board, obviously, that this is a good idea and  
10 something they should support. We came up with a  
11 strategy of doing a presentation to the board before we  
12 decided to do the actual implementation and then  
13 brought the resolution to them later on. That gave  
14 them a chance to digest it, to talk amongst themselves  
15 and have any questions for us before we implemented.

16 And then the last bullet there you see is  
17 reconvincing yourself that this is a good idea. You  
18 know, we kept saying around the office, "Make sure you  
19 stay the course. This is the right thing to do." We  
20 kept telling that even if other people were saying this  
21 is a questionable thing to do. It's going to be a  
22 problem, et cetera, et cetera. We kept convincing

1 ourselves that this is the right thing to do.

2 Next slide.

3 So this is an example of a timeline that we came  
4 up with before we did the implementations. And while I  
5 won't go through all the different steps, I think this  
6 explains a process that can be repeated by other  
7 agencies.

8 But some of the things I do want to highlight is  
9 we wanted to get this message out early, and we did  
10 that by sending notices to all the residents. But at  
11 the same time, that's when we started training the  
12 staff because we knew as soon as the notices went out  
13 to the residents, staff were going to start getting  
14 phone calls. So we wanted to make sure that those  
15 things happened at the same time so they'd be able to  
16 answer those questions.

17 Then the resident meeting portion really started,  
18 and that was a big time commitment for staff. I went  
19 to all those meetings. So it was a big time commitment  
20 for the senior staff here, but we knew that that was  
21 going to be critical in getting this going.

22 And then, basically, at those meetings we had

1 armfuls of addendums ready for people to sign, and most  
2 people did sign at those meetings. So then we got to  
3 D-day and started, and that's where all the fun starts.

4 So, next slide.

5 Here is just some tips about the actual policy  
6 generation and implementation phase for nonsmoking. We  
7 recommend not grandfathering residents in. That was  
8 something we kicked around early on, but it was clear  
9 that grandfathering residents and allowing them to  
10 smoke wasn't going to reduce the health risks that have  
11 been covered already.

12 It takes a long time to get the impact that you  
13 want until residents move out, and frankly, from a  
14 management standpoint, this is just an enforcement  
15 nightmare. Figuring out who is allowed to smoke in  
16 their unit and who isn't becomes almost next to  
17 impossible.

18 The other thing we knew we needed to do was to  
19 make sure that our nonsmoking policy document looked  
20 just like our lease and used the same type language.  
21 And that's why that third bullet talks about using the  
22 attorney to review that to make sure that they conform

1 and that it would hold up in court if you decided to go  
2 down that road of evicting somebody for violating this  
3 policy.

4 Another thing we always do and certainly wanted to  
5 do in this case was we reached out to our local tenant  
6 advocate groups, and there are quite a few here in  
7 Seattle. We met with them. We talked about the policy  
8 and what it meant. And actually, we were graced with  
9 overwhelming support for this from all of those groups.

10 We definitely ran this by our resident advisory  
11 groups, which we call councils. Many people call them  
12 boards. We again explained the benefits, talked about  
13 how the policy would work. They were unanimously  
14 supportive of this.

15 And then all along through the process, even now,  
16 we're allowing residents the opportunity to let us know  
17 how this is working for them. We do a survey every  
18 year of actually all of our residents and ask smoking-  
19 specific questions.

20 Is the policy working? Do you think people are  
21 still smoking in their units? Those kind of questions.

22 And it's become a yearly thing that we get great data

1 back on.

2 So, next slide.

3 Very quickly about the staff training. Obviously,  
4 in any new policy, enforcement is going to be more  
5 difficult at the start than it will 2, 3, 4 years down  
6 the road. But we knew that getting the message out  
7 that consistent enforcement efforts would be required,  
8 would help, and then always providing cessation support  
9 is something that we've built into our policy.

10 And the way we looked at it is if we can get one  
11 person to quit, not only is that better for that  
12 particular person, but it's easier to enforce if we've  
13 eliminated one of the possible violators of this rule.

14 But definitely treat smoking like it's any other lease  
15 violation. You have to be consistent, firm, and fair,  
16 just like you would with any other policy.

17 We found that residents actually become a very  
18 good enforcement tool and not in a negative way that  
19 most people would think. We found that actually  
20 residents would talk to each other civilly and say,  
21 "You know you're not supposed to smoke in this  
22 building. You're going to get in trouble. I don't

1 want to report you, but just please stop doing it."

2 And we've heard that since we implemented that  
3 that's been going on at this buildings, and it's  
4 actually helped with our enforcement and that it hasn't  
5 been as onerous as we thought it would. But the last  
6 bullet point there is it does get easier, just like any  
7 other policy, over time. People conform, and the word  
8 gets out.

9 As people move in, they get introduced to the  
10 policy. We make sure that staff is aware of that and  
11 does that every time they do a new move-in. So that  
12 helps the process move along.

13 So, next slide.

14 So I'm going to walk you through the enforcement  
15 piece for us because I know that's a popular topic and  
16 certainly came up in the poll that way. We have a  
17 fixed process in place that we require our field staff  
18 to use when they have a complaint. And this kind of  
19 walks you through that process, but it's on two  
20 parallel tracks.

21 The left side really talks about the management  
22 piece of it and how we deal with a smoking complaint.

1 But also it's coupled with using our resident services  
2 department as a cessation material forwarding piece of  
3 this, and it really helps using both of those at the  
4 same time all the way through all these steps.

5 But it starts off with just a warning letter going  
6 to the residents. We actually ask our property  
7 managers when a complaint comes in to walk up to the  
8 unit, if they can, and find out what's going on. Knock  
9 on the door. Talk to the resident.

10 A lot of times we've actually caught people  
11 smoking in their unit that have opened the door. But  
12 you know, it has been helpful to do that. But  
13 obviously, if there's no other complaints, then we just  
14 make a notation in the file and move on.

15 So, next slide.

16 So this is kind of stage two, and this is where it  
17 gets a little more complex. This is where we've  
18 received a second complaint about the same unit. At  
19 this point, we have the manager send a letter to that  
20 lease holder, requesting a meeting. And if they come  
21 to the meeting, we talk about it.

22 Many times when this has happened, we've actually

1 had the residents admit that they've been smoking in  
2 their unit. They've told us they're going to stop, et  
3 cetera, et cetera. But a lot of times, they actually  
4 won't respond to the meeting request.

5 And at that point, then we start the legal  
6 process, where we send what we call a 10-day notice to  
7 the resident. And basically, that is another trigger  
8 or another chance for them to have a meeting with the  
9 manager. And we've, generally speaking, gotten most of  
10 our residents in line when we get to that point.

11 We haven't had to go past that point very often at  
12 all. So next slide I'll talk a little bit about that.

13 So this is kind of the last stage or the last  
14 straw, if you will. If we get a third complaint, we  
15 basically go straight to what we call a 30-day notice,  
16 which is, you know, the lease violation notice that  
17 triggers the eviction process. If there aren't any  
18 other complaints, obviously the issue is complete, and  
19 we make a note to file.

20 So on the next slide, I'm going to talk a little  
21 bit about the eviction prevention program that ties  
22 into the nonsmoking piece. And really what that is, is

1 once we get to that 30-day notice process, I get  
2 involved as the director of the department, and we  
3 really try to work on coming up with a solution for the  
4 resident that doesn't involve an eviction because, as  
5 we all know, we're in the business of housing people.  
6 We're not in the business of making people homeless.

7 So we've kind of adopted the mantra here that  
8 eviction really is the last resort. And so far, you  
9 know, out of the 3,500 units that we have that are  
10 nonsmoking, in the first year of this policy, we had 16  
11 warning letters, which are that first step. We had 13  
12 of those 10-day notices, and we did have 1 termination  
13 notice that, actually, the resident ended up moving out  
14 to assisted services facilities.

15 And in the second year, we had 20 of the warning  
16 letters go out, but only 1 of those 10-day notices go  
17 out and no termination notices go out, which speaks to  
18 what I was talking about earlier about this does get  
19 easier over time. Because once the message gets out  
20 that you're serious about enforcing this, a lot of  
21 people will talk amongst themselves in the buildings,  
22 and the word will spread. And that will take care of a

1 lot of the problems.

2 So, next slide.

3 So this is kind of a just a look back or a  
4 reflection on where we are. Starting this up, for  
5 those that haven't done this yet, it definitely  
6 requires, in our opinion, putting a committee together  
7 with staff who all have a stake in the implementation  
8 and enforcement of the policy. And that was critical  
9 for us.

10 We had frontline staff. We had resident services  
11 staff. We had our communications staff. All were a  
12 part of this process.

13 The ongoing effort piece. The property staff need  
14 to stay on top of the complaints, and the other thing  
15 that we know is important is when we get new staff, we  
16 need to make sure that they're trained on the policy  
17 and how it works. As much as we train the new  
18 residents, we also need to make sure the staff gets  
19 that training on a continual basis.

20 I get asked all the time, "Is it working?" And I  
21 get asked, "Do you think people are still smoking in  
22 the buildings?" And I have to say, "Yeah, I think they

1 still are." But I think that number is actually really  
2 low. I think it's only a handful, and it's probably  
3 related to mobility and those kind of things.

4 But the other question we get asked a lot is, "How  
5 much did this cost?" And for us, the actual cost of  
6 implementing was pretty low.

7 It was more about the staff time it took to  
8 develop the policy and to go to all the meetings that  
9 we talked about and to actually implement the process.

10 You know, the attorney reviewing a lease was an  
11 expense, but not much. But the staff time was really  
12 the big one.

13 And then last question I get asked all the time  
14 is, "Was it worth it?" And you know, absolutely. If  
15 we had to do it all over again, we would do it pretty  
16 much the same way. The only change we might make is we  
17 might not do the pilot process that we did. We might  
18 just say starting January 1st, we're going to convert  
19 all of our housing to nonsmoking, and here we go.

20 So, but the resulting payoff is, obviously, better  
21 health for the residents, better health for our staff,  
22 and really for us, more importantly, better health for

1 the kids that are growing up in our housing.

2 So thank you all for your time. I look forward to  
3 taking some questions at the end of the webinar.

4 DR. ASHLEY: Thanks very much, Bill. We  
5 appreciate hearing of your experience in Washington  
6 State.

7 So let me introduce Mary Kurth. Mary serves as  
8 Program Director of the Smoke-Free Living Collaborative  
9 Program for the American Lung Association in Arizona.

10 She started with the American Lung Association in  
11 2008, leading a major COPD program focusing on disease  
12 management and has directed the smoke-free program  
13 since its inception in 2012. She has over 25 years of  
14 nonprofit executive-level experience.

15 Over to you, Mary.

16 MS. KURTH: Thank you, Peter. Can you hear me?

17 DR. ASHLEY: Yes.

18 MS. KURTH: Very good. Okay.

19 It's a pleasure to be on the call today. By way  
20 of background, for the first 4 years of my tenure with  
21 the American Lung Association in Arizona, I directed a  
22 statewide program addressing the needs of the COPD

1 community. But in 2012, our work shifted a bit in the  
2 direction of prevention rather than intervention.

3 We started working on creating smoke-free  
4 environments in the multifamily communities, and the  
5 Smoke-Free Living Collaborative Program was formed.

6 Next slide, please.

7 In June of 2012, our program launched, thanks to  
8 funding from two sources. We received a continuing  
9 grant from the Arizona Department of Health Services  
10 and a shorter-term grant from the CDC to accelerate the  
11 startup.

12 For year one, we focused on infrastructure  
13 development and research to identify successful models  
14 and resources on a national and local basis. We found  
15 ourselves partnering with key organizations, which led  
16 to the creation of a very strong program. We actually  
17 formed a community-based, grassroots coalition that  
18 continues to meet and work together regularly.

19 The CDC grants we received required our attendance  
20 at CDC conferences held in Atlanta that introduced us  
21 to experts at public health law center and to others in  
22 Oregon, Maine, Minnesota, and Washington State who had

1     been working on smoke-free housing for years.

2             Next slide.

3             Our networking and research got us to the point  
4     where we are now, conducting outreach to property  
5     managers, property management companies, and housing  
6     authorities throughout Arizona. We offer education,  
7     information, and advice. Often we dispel myths and  
8     fears, and we share data and evidence.

9             We provide technical support, sometimes working  
10    directly with the residents to help them understand the  
11    importance of living smoke-free and provide support for  
12    them through the transition, including referrals to  
13    quit lines that can help them quit smoking if they want  
14    to be led in that direction.

15            Our team coaches property managers and the  
16    stakeholders through the process as well. We've  
17    developed toolkits and provide sample documents such as  
18    resident surveys, lease addenda, house rules, sample  
19    letters to residents, and policies. And all of that is  
20    available on our Web site for anybody to download.

21            And we actually join property managers in  
22    celebrating the successes and highlighting their good

1 work through social media and recognition events.

2 The next slide shows the home page for  
3 azsmokefreeliving.org, our program Web site. Now --  
4 pardon me -- if you visit the Web site and if you were  
5 to click on the tabs at the top or the big boxes down  
6 below, you would see resources for residents who are  
7 concerned about secondhand smoke. The first step we  
8 say is to talk with the property manager. Be positive,  
9 polite, and stick to the issue.

10 Now if you explore what we offer property  
11 managers, you'd find sample documents, such as lease  
12 addenda and sample language that can be used when  
13 changing house rules, if that applies to your property.

14 You'd see lots of resources, including a page showing  
15 the five steps that we recommend here for going smoke  
16 free. You'd see tips for property managers, including  
17 some on enforcement, and the recently issued HUD action  
18 guide for going smoke free.

19 Next slide, please.

20 This is what we've learned along the way that we  
21 can recommend. It's really important to develop those  
22 partnerships with organizations like the American Lung

1 Association, your local or statewide smokers quit line,  
2 health-oriented nonprofits, and your State and  
3 community health -- I'm sorry, county health  
4 departments.

5 Many of these organizations are going to be happy  
6 to connect with you and help you along the way. You'll  
7 also want to check out the global directory for smoke-  
8 free housing that I'm going to reference in a couple of  
9 slides.

10 If you don't have an active program in your State,  
11 you want to connect with the pioneers who have been  
12 doing this work for years. Eventually, we hope that  
13 that includes us here in Arizona, although we're happy  
14 to hear from you, as well as the great programs that  
15 have been going on in Minnesota or the King County  
16 Housing Authority in Washington. Those are just a few  
17 examples, but there are a lot of people doing this work  
18 who want to help.

19 You'll want to keep track of your efforts and your  
20 data. For example, if you get calls from residents who  
21 complain about exposure to secondhand smoke, keep track  
22 of those calls to help build your case, and the data

1 that you gain from resident surveys is going to be very  
2 helpful.

3 And the survey that we have downloadable online is  
4 really short. It's only, I think, three questions  
5 long. But if those survey results that you get are not  
6 what you're expecting or if you don't get a strong  
7 response, you'll want to consider bringing in a  
8 community partner to support you in a discussion in a  
9 resident meeting.

10 You want to talk in a resident meeting about the  
11 health risks of smoking and to hear and discuss  
12 resident concerns. Really what you're trying to do,  
13 whether it's through resident meetings or through those  
14 surveys, it's just to start that smoke-free  
15 conversation with residents.

16 This last resource is really important. You want  
17 to connect with your peers out there. That is where  
18 you're going to find access to a really strong  
19 knowledge base. We have learned so much from property  
20 managers and leaders in housing authorities. Our  
21 property managers forum members have been great  
22 advisers to our program and to our work.

1 Next slide, please.

2 We were asked to share how our property managers  
3 forum came about. And the property managers forum grew  
4 out of a workshop that we hosted here probably a year  
5 or a year and a half ago. The workshop was designed to  
6 help property managers understand the nuts and bolts of  
7 going smoke free.

8 During that event, there was a lot of great  
9 conversation. One of the participants showed interest  
10 in talking with others on an ongoing basis. Now a  
11 small group meets and talks regularly to share ideas  
12 and to discuss their efforts.

13 The steps to form a property managers forum are  
14 pretty simple, as you can see here. You identify like-  
15 minded professionals who want to keep talking. You get  
16 one or two people to help organize the group. You've  
17 got to figure out what you want to talk about each  
18 time, of course, and you want to figure out how the  
19 group wants to communicate.

20 Is that going to be in person or via email or  
21 maybe using some other online tool? Here in Arizona,  
22 we use Yammer, in part because we can share documents

1 on that forum.

2 Our property managers forum talks about subjects  
3 such as legal issues and enforcement. And they even  
4 helped us at the American Lung Association create a  
5 leasing office poster that helps promote smoke-free  
6 living to remind existing residents and new residents  
7 of the smoke-free policies.

8 Next slide, please.

9 Here are just a few ideas for connecting with  
10 others. The smoke-free housing talk listserv, that's a  
11 mouthful, is a great way to communicate with others on  
12 this topic and to learn about the issues.

13 There's a global directory that has been put  
14 together just recently again. It's been revised, and  
15 it's a great tool. When you go to the global  
16 directory, if you don't happen to see your State  
17 listed, what you want to do is look at what other  
18 States are doing, what other agencies are working  
19 together so that you can then figure out what agencies  
20 are available in your State who may want to work with  
21 you.

22 ASTHO and NACCHO are organizations made up of

1 public health officials. If you were to visit their  
2 Web sites, you'd see that they really do want to talk  
3 with you, if you reach out to them, about going smoke  
4 free.

5 Contact your State health department and your  
6 county health department or similar departments, and  
7 that is especially important if you are located in a  
8 rural area.

9 Next slide, please.

10 Finally, if you hit any dead ends, call us here in  
11 Arizona. We, at the American Lung Association, have  
12 five people working full-time on this issue, on this  
13 work, and we're happy to help. And we look forward to  
14 talking with you.

15 Peter?

16 DR. ASHLEY: Thank you, Mary.

17 Some great work you're doing in Arizona. We  
18 really appreciate you summarizing that. And hopefully,  
19 you've really identified how organizations like yours  
20 can be helpful to property managers who want to go  
21 smoke free.

22 Let's jump to Rick. We'll go past 3:00 p.m. with

1 Rick's presentation. There's a lot of good  
2 information. I know we'll probably lose some of you,  
3 but hopefully, a lot of you can stay with us.

4 Please go ahead, Rick.

5 MR. BALL: Can you hear me now, Peter?

6 Thank you. Thanks, and it's good to be with you.

7 We are a large -- a medium-sized housing authority  
8 with about 1,153 public housing units on the western  
9 tip of Lake Superior.

10 And if we'll skip to the next slide. This is a  
11 headline story about the event that occurred on New  
12 Year's Day in 2011 that no public housing authority  
13 would want to see. This occurred as we were preparing  
14 to designate this property as a smoke-free property  
15 just 4 months before implementation.

16 The same story quoted one of our residents as  
17 saying that he was looking forward to having smoking  
18 banned from the building and also noted that nationwide  
19 fires had -- started by cigarettes had killed about 680  
20 people that year and caused injury to 1,520 people,  
21 resulting in damage to property of over \$737 billion.

22 Next slide, please.

1           We first began discussing going smoke free in 2004  
2   and in February of 2009 began to get serious about it  
3   and had heard some complaints from residents, which  
4   actually helped launch us into taking action. It was  
5   October of 2009 when our board finally approved a first  
6   phase, and May of 2010 was the implementation of the  
7   first of our six buildings that went smoke free.

8           We did hear resident complaints. People that had  
9   health issues and were offended by the smell of  
10   smoking, they felt smoking going from window to window  
11   and coming into their units or transferring in the air  
12   handling system was inappropriate and unfair to them.  
13   And that was a significant concern to us.

14          We also saw maintenance issues. Many of you have  
15   probably experienced yellow, nicotine-stained walls and  
16   burn marks on countertops that, again, as Bill  
17   mentioned, make the unit turnover a more lengthy and  
18   involved process. We had had several fires and had had  
19   a previous fatality that was caused by smoking, and we  
20   wanted to do whatever we could to prevent another.

21          We began talking with folks at NAHRO conferences  
22   and so forth to realize that we're not in a unique

1 situation and began thinking more seriously about  
2 implementing a smoke-free policy. American Lung  
3 Association has been with us pretty much every step of  
4 the way, and I'll talk about their role in just a  
5 minute.

6 We started off with staff discussions, doing a  
7 little bit of soul searching and identifying pros and  
8 cons in this process and shared the same kind of  
9 information with our board, and that gradually led to  
10 consensus that becoming smoke free was definitely the  
11 right thing to do.

12 Next slide, please.

13 We began by taking surveys. We wanted to weigh  
14 the level of resident support and identify how much  
15 resistance there might be in doing this, and I'll talk  
16 more about that in just a second. We did want to open  
17 up dialogue with resident advisory groups and  
18 understand through discussion with resident advisory  
19 groups both what the level of support might be and what  
20 the level of resistance.

21 With regard to pushback, we did see some  
22 resistance. But frankly, we realized that there was

1 less resistance than we expected, and probably less  
2 than 5 percent of the population living in our  
3 properties really objected to the idea of having a  
4 smoke-free policy.

5 So we continued with our board discussion and  
6 reported on progress, and that led to a board action  
7 over about a 6-month period that resulted in the  
8 policy.

9 Next slide.

10 With regard to our survey, we realized that 78  
11 percent of our survey respondents said that they could  
12 smell secondhand smoke coming into their unit, that  
13 that smoke smell bothered them or made them ill, or  
14 that they were worried about health effects of their  
15 exposure to secondhand smoke or the exposure of people  
16 that they live with.

17 That was a bigger number than we expected to see.

18 Forty-five percent of the respondents said that they  
19 or someone they live with suffered from heart disease  
20 or a lung condition, such as asthma or emphysema.

21 Seventy-three percent of the survey respondents  
22 preferred a smoke-free building or had no preference.

1 And again, that surprised us to see -- to see that  
2 large of a number.

3 Forty-three percent of the respondents indicated  
4 that they either currently smoked in their unit or  
5 allowed others to smoke in their unit.

6 Next slide, please.

7 So with regard to our implementation process, we  
8 felt that it was very important to have staff buy-in,  
9 and that's where the discussion began. We have smokers  
10 on staff and had some folks that initially weren't  
11 fully onboard, but as we discussed the maintenance  
12 issues and the health issues became full supporters.

13 We felt that the timeline was very important to be  
14 strategic. Here in Duluth, we wanted to not launch the  
15 program in the middle of winter. We wanted to do that  
16 as summer was beginning. So May 1st was our launch  
17 date to kind of coincide with a timeline that would be  
18 more comfortable for smokers to take their smoking  
19 activity outdoors and, hopefully, lead to a smoother  
20 process.

21 Resident education was a very important part of  
22 building up the launch date. We had a number of

1 meetings with residents. We provided them with notice  
2 and had discussions with the resident advisory  
3 councils.

4 Signage was another critical aspect of  
5 implementing the program. We have signage both inside  
6 and outside the building both to inform visitors as  
7 well to remind residents of the policy. And the  
8 American Lung Association was very supportive in  
9 providing signage to us and working with us on that and  
10 thinking through how we can best communicate with the  
11 residents.

12 Another important aspect, as Bill mentioned, was  
13 the distribution of cessation kits, and those were  
14 freely distributed. We did find that a number of  
15 residents felt -- who were smokers, felt that they had  
16 wanted to quit. Many of them had tried to quit many  
17 times but not been successful. And in several  
18 situations, we had -- with the support of the American  
19 Lung Association's cessation kit and so forth, we found  
20 that people were able to succeed in quitting smoking.

21 And so, we were close partners with both the  
22 American Lung Association and with Essential Health

1 Care, a local hospital, which provided doctors to speak  
2 at some of our resident council meetings and a lot of  
3 information.

4 Next slide, please.

5 With regard to enforcement, we also have basically  
6 a "three strikes and you're out" kind of approach where  
7 a resident who does not follow the policy is first  
8 issued a letter, is next issued a letter along with a  
9 notice that they will be evicted if caught once again,  
10 and finally an eviction notice.

11 We found early on that residents kind of wanted to  
12 test whether we were serious about this, and so we were  
13 probably pretty heavy on those initial first strike  
14 letters as we got started. But I think that as  
15 residents understood that this was, in fact, a policy  
16 that we were planning to enforce strictly, there was a  
17 lot more compliance.

18 So our experience over the last 4 years has been  
19 that we have had 11 evictions initiated, none of which  
20 actually went to court. Most of those individuals  
21 moved out as the court date approached, and we have not  
22 had to follow through with any actual court evictions

1 based on this.

2 The resident response really was one of  
3 appreciation. We've gotten a lot of feedback that  
4 indicated that no longer having secondhand smoke is  
5 something that they really appreciate.

6 Next slide, please.

7 One of the things -- next slide. One of the  
8 things that's unique perhaps to Duluth is that we have  
9 very cold weather here. We're looking out at a frozen  
10 Lake Superior right now. So it's important to have  
11 outdoor shelters that people could go to where they  
12 would be able to smoke.

13 It's important to say that these shelters are not  
14 just for smokers and, in fact, have become little  
15 social hubs. And so, sometimes we see people that are  
16 not smoking sitting and having good conversations and  
17 that sort of thing as well. But we do think it's  
18 important to the compliance overall of the smoke-free  
19 policy.

20 These were designed and built to be more than 50  
21 percent open to the air. So there's a kind of a wind  
22 block, but it had to be at least 50 percent open to the

1 air. They had to be designed at least 25 feet from the  
2 entrance to the building or windows so that we weren't  
3 creating smoke impact at the entry to the building.

4 And so, it really is kind of a social environment.

5 I will say that they're not inexpensive. We had  
6 various solutions at various properties. Probably  
7 ending up spending between \$20,000 and \$40,000 on  
8 individual shelters, and so that was an expense that we  
9 had to take on.

10 Next slide.

11 This is showing one of our cessation contest  
12 winners. We, along with the American Lung Association,  
13 had a contest regarding cessation and, again, worked  
14 with the local hospital. The quote from this person  
15 was, "How can you quit smoking in a place that you can  
16 smoke in?"

17 She had been a two pack a day smoker and quit and  
18 felt very good about it. And we did as well, and it  
19 was great to celebrate that. I think one of the things  
20 that we found was it's very important to celebrate  
21 success, and at our first year anniversary, we held a  
22 celebration with our board and residents and the mayor.

1 And those kinds of celebrations and publicizing the  
2 activity is something that I think has helped to lead  
3 to our success.

4 I guess, in conclusion, I would just say that this  
5 has been a very positive and successful policy for us  
6 and for our residents. If you were to ask me what we  
7 might have done differently, we would not have phased  
8 it in two stages. But, so kind of like Bill was  
9 saying, too, that launching the entire policy all at  
10 once for all of the properties would have been a better  
11 approach in hindsight.

12 But otherwise, we're very pleased with how it's  
13 worked out, and back to you, Peter.

14 DR. ASHLEY: Thank you, Rick. I really appreciate  
15 your insights from Duluth.

16 So jumping to our Q&A session, one question for  
17 Rick and Bill is how you handle the issue of electronic  
18 cigarettes. Rick, let's start with you on this.

19 MR. BALL: In Duluth, we do consider e-cigarettes  
20 the same as tobacco cigarettes, and there's a city  
21 policy that has recently come out that has also  
22 referenced and dealt with the issue of e-cigarettes as

1 the same as tobacco cigarettes when the city ordinances  
2 are enforced relating to smoking in public places. So  
3 they are banned along with our policy.

4 DR. ASHLEY: Thank you, Rick. And what about you,  
5 Bill?

6 MR. COOK: Well, we're kind of on the other side.  
7 We haven't made a decision on it yet, mainly because  
8 our local jurisdictions haven't ruled on it yet.

9 Right now, you can smoke e-cigarettes in doors and  
10 certainly can in our buildings. But I expect in the  
11 next couple months that that will actually change, and  
12 you won't be allowed to do that anymore. But we're on  
13 the other side right now.

14 DR. ASHLEY: Okay, thanks, Bill.

15 I think that's probably the case for a lot of  
16 housing providers. I know some have adopted -- have  
17 included e-cigarettes in their policies just to make it  
18 easier to enforce because it's sometimes hard to tell  
19 if someone is smoking an e-cigarette or tobacco. And  
20 it's not -- HUD has not come out with any position on  
21 this yet. We know there is ongoing research on it.

22 Mary, a question for you. You know, one of the

1 concerns at HUD is how housing providers in rural areas  
2 can find help in implementing smoke-free policy. What  
3 are your thoughts on that?

4 MS. KURTH: Sure. Yes, I think in the rural areas  
5 especially, reaching out to local health departments is  
6 going to be important. But I wouldn't stop there.

7 There are resources in every community, even if  
8 it's a very small community. For example, usually fair  
9 housing councils are statewide. So that's a  
10 possibility.

11 We partner often with hospitals. They have  
12 typically an education department or community  
13 departments that conduct outreach, and they can even  
14 help with smoking cessation at times if there's no  
15 American Lung Association office nearby.

16 Housing associations and alliances, faith-based  
17 organizations, and smaller grassroots organizations  
18 that are health minded can make really great partners.

19 Just be creative, and any time that you make a new  
20 contact out there, ask them, "Who else can we get  
21 involved?" And it just grows from there.

22 DR. ASHLEY: That's great. Thank you for that,

1 Mary. That's helpful advice.

2 And also, Mary, with respect to smoking cessation  
3 resources, any comments on how housing providers can  
4 find resources for their residents, and if you could  
5 just talk a little bit about what we know is most  
6 effective in terms of smoking cessation, what approach?

7 MS. KURTH: Sure. What we find most effective is  
8 getting a partner who's going to help you refer those  
9 people who are ready to quit. And that's why the  
10 American Lung Association and the Maricopa County  
11 Public Health Department are both involved in making  
12 what we call "active referrals."

13 We actually visit apartment communities, spend  
14 time with residents at resident meetings or community  
15 health fairs, and we make those active referrals to a  
16 quit line. There is also a national quit line that  
17 will refer you to whoever is providing that service for  
18 free locally.

19 I think any time that you can get a person who  
20 smokes in touch with some kind of support, whether it's  
21 telephonic support or in-person support, it's going to  
22 give them a great advantage and help them get to that

1 quit successfully.

2 DR. ASHLEY: Thank you, Mary. Appreciate that.

3 Question for Bill and Rick. What about resident  
4 council, getting buy-in from them in the beginning?  
5 Was that -- did you find that difficult at all?

6 Bill, why don't we start with you?

7 MR. COOK: No, we really didn't have a problem  
8 with that, and I want to say that it was largely due to  
9 the fact that I think the makeup of our council is  
10 probably 99 percent nonsmoking. And maybe that was  
11 just dumb luck, but it wasn't a problem.

12 Once we launched into the benefits for the  
13 residents, that was the easy part. But they really  
14 appreciated the fact that our staff were being  
15 subjected to secondhand smoke on a regular basis.

16 In fact, we used a story that we heard from one of  
17 our maintenance guys who said he went into one of the  
18 units, and the woman had a cigarette going in her  
19 living room on the table. She had one going in the  
20 bathroom, you know, in an ashtray, and then another one  
21 in the kitchen in an ashtray. And you know, he kind of  
22 came out of the unit saying, "It's overwhelming. I

1 can't do this."

2 And so, that was a compelling piece for the  
3 council to hear, too, because they do -- they do care  
4 about the staff. You know, we're the ones that provide  
5 the service for them, and I think that was super  
6 helpful in getting their buy-in.

7 DR. ASHLEY: Okay, thanks, Bill. What about you,  
8 Rick?

9 MR. BALL: I think we had a similar experience  
10 where it really was we got a lot of support from the  
11 resident council from the beginning. I think the point  
12 that Bill made early in his presentation that starting  
13 very early, 6 months or so prior to implementation, was  
14 very important. To have lots of dialogue, lots of  
15 input and opportunity for discussion among residents  
16 was very helpful.

17 So they felt engaged and really very much a part  
18 of the decision and were very supportive of it. And  
19 that support kind of grew over time to the point where  
20 they were very supportive by the time the board took  
21 action adopting the policy.

22 DR. ASHLEY: That's great. Thank you, Rick.

1           You know, I was struck, Rick, by your point that  
2   you had residents expressing appreciation for the  
3   policy. We often hear about the other side, about  
4   opposition, you know, telling people what they can't do  
5   in their own homes. They should have freedom to do  
6   what they want.

7           What about you, Bill? Did you have residents  
8   expressing appreciation for the policy?

9           MR. COOK: Yeah, we actually were pleasantly  
10   surprised when we went out and did the resident  
11   meetings about how many residents wanted this and have  
12   wanted it for a long time.

13          We have, in most of our what we call mid-rise  
14   buildings, positive pressure ventilation systems, which  
15   if somebody is smoking in a unit, it actually spreads  
16   the smoke throughout just about every other unit on  
17   that floor. So residents were really happy to hear we  
18   were going this route.

19          A few -- and I mentioned this earlier during my  
20   slides. A few brought up the fact that they thought we  
21   were forcing them to quit. So we quickly realized we  
22   needed to get that message out, that we weren't asking

1 people to quit. We're just asking them to stop smoking  
2 inside the building. So --

3 DR. ASHLEY: Yeah, that's -- thanks, Bill. That  
4 seems to be an important message. I hear that. We  
5 hear that repeatedly that the policy targets the act of  
6 smoking. It's not targeting the person, the smoker.  
7 So I think that's a very important message to get out  
8 early.

9 So I think we're getting towards -- getting to a  
10 time to wrap up. I'd like to offer, you know, the  
11 podium to any of our presenters. If there's anything,  
12 any last comments they'd like to make, please go ahead.

13 MS. KURTH: This is Mary. I would just offer that  
14 if you go through this process and get help along the  
15 way, once you complete it, you will not be sorry.  
16 We've heard this over and over again from property  
17 managers whether it's luxury communities or in  
18 affordable communities.

19 So go for it.

20 DR. ASHLEY: Thank you, Mary. That's a great  
21 closing comment.

22 And I think that's an important point. You know,

1 that this is a movement that it goes across housing  
2 lines. You know, I've heard some concern that, you  
3 know, by targeting affordable housing, subsidized  
4 housing, you're targeting a vulnerable population, but  
5 it is a movement that you see in market-rate housing as  
6 well.

7 Well, I'd like to thank our speakers one last  
8 time. Bill Cook, Rick Ball, and Mary Kurth, we really  
9 appreciate your insights. And Mary, I really  
10 appreciated your slide with the palm tree on it today.

11 That was great, a good vision for this snowy day.

12 This last slide shows an email box that we have  
13 set up at HUD for any additional questions on smoke-  
14 free housing issues. We'll try to get that to you with  
15 your -- with answers in a timely manner.

16 As I mentioned, we'll have this webinar archived  
17 on our Web site, and we'll send out that link to you.

18 We do have a date for the next webinar, June 4th,  
19 and the focus on that one will be enforcement and  
20 overcoming barriers to implementation. So please put  
21 that on your calendar. That'll be 2:00 p.m. Eastern  
22 Time as well.

1           And I'd like to thank our contractors who've  
2 helped set this up, Penngood and Cadmus, for their work  
3 on the webinar today.

4           So closing this out, and thanks to all of you  
5 who've joined us today. And please go forth and  
6 implement this important policy and let us know how we  
7 can help you out.

8           So thanks to everybody.

9           (Whereupon, the webinar was concluded.)

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