

1                   HOUSING AND URBAN DEVELOPMENT (HUD)  
2           ENFORCING SMOKE-FREE HOUSING POLICIES AND OVERCOMING  
3 BARRIERS TO IMPLEMENTATION: ON-THE-GROUND STRATEGIES  
4                   WEBINAR

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GAIL LIVINGSTON

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

2 DR. ASHLEY: Good afternoon, and good morning to  
3 those of you on the west coast. Welcome to our webinar  
4 today, titled "Enforcing Smoke-Free Housing Policies  
5 and Overcoming Barriers to Implementation: On-The-  
6 Ground Strategies."

7 The webinar is sponsored by the U.S. Department of  
8 Housing and Urban Development Office of Lead Hazard  
9 Control and Healthy Homes.

10 Thanks very much for joining us today. We've had  
11 a large number are registered. I think we're close to  
12 1,000, and we're up to about 500 of folks on the line,  
13 and we expect more to be joining us.

14 I'm Peter Ashley. I'm with the Office of Lead  
15 Hazard Control and Healthy Homes.

16 I'll give a quick overview today of HUD's Smoke-  
17 Free Housing Initiative, and then I'll turn it over to  
18 Shauna Sorrells from HUD's Office of Public and Indian  
19 Housing and follow that by our featured presenters  
20 today. And that's Gail Livingston from the Boston  
21 Housing Authority, Patricia Baines-Lake from the  
22 Lansing Housing Commission, and Larry Williams from

1 Freeport, Illinois, Housing Authority.

2 At the end of the presentation, I will moderate a  
3 conversation between them answering your questions.  
4 You can submit a question at any time during the  
5 webinar on the right-hand toolbar. We're not going to  
6 be able to get to all of your questions, of course, but  
7 we'll try to pick those where we see some common  
8 themes. And I think we can by now kind of expect some  
9 of the questions that you'll be asking.

10 So, as I said, today this webinar is the second of  
11 two webinars that we're giving this fiscal year. We'll  
12 probably have some more of these next fiscal year, so  
13 Federal fiscal year ending in September. The last  
14 webinar was on March 5th and was titled, "How to  
15 Successfully Adopt a Smoke-Free Policy in Public and  
16 Multifamily Housing."

17 We will be getting the information from that  
18 webinar up on our Web site soon, including the  
19 PowerPoint presentations from that and as well as the  
20 audio track. That one included two speakers  
21 representing housing authorities and one speaker from  
22 American Lung Association of Arizona.

1           We decided to focus on -- more on enforcement of  
2 smoke-free policies on this webinar because of the  
3 level of interest in this topic. It always comes up  
4 when smoke-free policies are discussed.

5           We found -- and research, actually survey research  
6 has shown that housing providers tend to overestimate  
7 the difficulty of enforcing smoke-free provisions  
8 before they actually try it. I don't want to play it  
9 down too much. It, of course, takes effort. But it's  
10 possible, and you can enforce it like any other lease  
11 provision, and we'll hear about that from our speakers  
12 today.

13           The slide in front of you now just gives an  
14 overview of the history of HUD's Smoke-Free Housing  
15 Initiative. Starting in 2009, our Office of Public and  
16 Indian Housing published a notice strongly encouraging  
17 public housing agencies to adopt smoke-free policies in  
18 at least some of the properties that they manage.

19           This was followed in 2010 from our Office of  
20 Housing. So that applied to the multifamily housing  
21 programs where the rents are subsidized. You hear that  
22 referred to as the project-based, Section 8 programs,

1 for instance. So that's privately owned housing.

2 In 2012, the PIH notice was reissued, and we  
3 released what we refer to as smoke-free housing  
4 toolkits. So information to managers and residents on  
5 smoke-free housing, including reasons for adopting  
6 smoke-free policies and for management selected -- we  
7 suggested steps to adoption and talked about some legal  
8 aspects as well.

9 In 2012, we published a Federal Register Notice  
10 soliciting feedback on our initiative, especially  
11 looking for best practices in implementation as well as  
12 barriers to implementation. And then recently, in  
13 2014, just this past October, we released additional  
14 guidance on adoption of smoke-free housing, what we  
15 refer to as our action guide, and that's what I'll talk  
16 about a little bit more.

17 Next slide, please.

18 So this slide shows you the cover of the action  
19 guide, which is available on our Web site, Office of  
20 Healthy Homes, and I believe Office of Public and  
21 Indian Housing also have this posted. We've  
22 incorporated some of the information that we received

1 through the Federal Register Notice in this guide. We  
2 also summarized the comments that we received in an  
3 appendix. The appendix also includes the HUD notices  
4 and provides links, sources for additional information.

5 And the guide, as you'd expect, talks about the  
6 reasons for implementation. You'll see that, and there  
7 is some other good guidance that have been published by  
8 others. And they all have that. So you'll find that  
9 in there, recommended steps for implementation.

10 And the one aspect that we think makes this  
11 somewhat unique is that we include summaries of  
12 interviews with nine housing providers, including  
13 public housing providers, subsidized, Section 8 housing  
14 providers, and I think at least one market-rate  
15 provider. And Gail Livingston, who you will hear from  
16 today, was one of those people that were interviewed.

17 Next, please.

18 So progress to date. We're very pleased that  
19 there's been a lot of interest in adoption of smoke-  
20 free policies by providers of subsidized housing. We  
21 have a better count on or better estimate of public  
22 housing agencies that have adopted smoke-free policies.

1 We don't have a formal way of counting this right now,  
2 but we have, you know, pretty good -- this is from  
3 field staff who are providing this information from the  
4 regions that they cover.

5 So we think we're pretty confident about these. I  
6 think they're a bit low because they're current as of a  
7 few months ago. But we have over 570 public housing  
8 agencies with at least -- with smoke-free policies  
9 covering at least some of their properties, and that  
10 represents about 16 percent of housing agencies that  
11 have conventional public housing, and that represents  
12 over 186,000 housing units.

13 We also know that some tribally designated housing  
14 entities have adopted smoke-free policies, and  
15 privately owned subsidized property owners/operators  
16 have adopted smoke-free policies. We believe the  
17 numbers are significant. We just don't have a good  
18 estimate there. We did, like I said, we highlighted  
19 four cases in our action guide where we interviewed  
20 executives from -- representing subsidized multifamily  
21 properties.

22 Next, please.

1 I just wanted to mention some additional guidance  
2 and activity that HUD has planned for this fiscal year.

3 My office is working on improving a Web site dedicated  
4 to smoke-free housing. And on the Web site, we'll make  
5 materials available, one of which is an executive  
6 PowerPoint briefing that's intended to target housing  
7 executives, governing boards, et cetera, that, you  
8 know, it talks about the benefits of smoke-free housing  
9 policy.

10 We'll have a handout, a one-pager for residents,  
11 and we're working on a video that will include some  
12 residents and housing providers from this Washington  
13 area. So watch for that. We were hoping that within  
14 the next month we'll have this information up.

15 And then also the information from the previous  
16 webinar and from this webinar as well.

17 Next, please.

18 Enforcement tips. This slide I thought was going  
19 to go with our next speaker, but I'll go through this  
20 quickly because I think it's better for you to hear  
21 from those who are actually doing this. But I think  
22 that these tips come more out of our action guide, what

1 we've learned from talking to others.

2 And that's just being consistent with following up  
3 on complaints, meeting with residents who resist  
4 complying, you know, to problem-solve, and meeting  
5 initially with residents to discuss the need and the  
6 reasons for a smoke-free policy.

7 Celebrating your successes. Saying the year after  
8 you implement, again, you could do meetings with  
9 residents, newsletters, et cetera. We recommend  
10 ongoing -- providing access to smoking cessation  
11 classes or, you know, other sources of help for those  
12 who want to quit.

13 And then communicating. You can't communicate too  
14 much about the policy. So I'll stop it at that, and we  
15 can move on because, like I said, I think you really  
16 need to hear from the people who are doing this in the  
17 field.

18 So next we hear from Shauna Sorrells. Shauna is  
19 the Director of HUD's Office of Public Housing  
20 Programs. This office oversees public housing policy  
21 development that impacts over 3,100 public housing  
22 agencies and about 1.2 million residents.

1 Her office was the lead office in drafting the  
2 initial 2009 notice that encouraged PHAs to adopt  
3 smoke-free policies. Shauna?

4 MS. SORRELLS: Hello. Hi, thank you all for  
5 joining us, and thank you, Peter, for putting all of  
6 this together.

7 I want to spend a few moments talking briefly  
8 about the department's decision to go down this path as  
9 smoke free. I think that Peter did an excellent job of  
10 providing the history of the things the department has  
11 done and the resources that we have pulled together to  
12 help support housing authorities who are -- who have  
13 begun this journey voluntarily.

14 So the topics that I will address will be four  
15 specifically. First, the upcoming rulemaking process.

16 Two, the programmatic priorities and essentially why  
17 we just chose to go down this path. Three, the general  
18 contours of the rule. And four, specific areas of  
19 stakeholder input that we are seeking.

20 Next slide.

21 Regarding the rulemaking, Secretary Castro, very  
22 shortly after he joined the department, announced an

1 intention to mandate smoke-free requirements within  
2 public housing. A lot of this work has obviously been  
3 going on for some time. Hearing about the success of  
4 housing authorities around the country at implementing  
5 these policies, but also recognizing the challenges  
6 that some agencies are having.

7 And interestingly, a number of housing authorities  
8 have actually asked the department to mandate,  
9 partially because I think that they believe that it  
10 might facilitate the process at the local level. But  
11 obviously, one of the things the department continues  
12 to stress is the involvement and collaboration with  
13 residents in building and moving towards a smoke-free  
14 policy, even in the context of a Federal mandate  
15 because it just allows residents the opportunity to  
16 sort of get prepared.

17 Currently, we have finalized our internal drafting  
18 of the rule, and it is at OMB. And what that means,  
19 what that means broadly is that we cannot talk about  
20 specifics of the rule, but I can give you general  
21 parameters and let you know that it is -- it's really  
22 fairly consistent with what you may have seen from the

1 department and other agencies who've implemented these  
2 policies before.

3 We anticipate that the rule will be -- will have  
4 completed the review process and be published in late  
5 summer. Sometime in August is what we are  
6 anticipating. Once that rule is published, we will  
7 have a full public comment period, and we anticipate  
8 that that will remain open for 60 days.

9 This is a rule in particular where we are very  
10 interested in receiving stakeholder feedback and  
11 guidance so that as we move to a final rule, it is  
12 well-informed and takes into consideration the  
13 implications on the ground.

14 From a program priorities perspective, we really  
15 focused on the benefits that housing authorities and  
16 residents receive through -- as a result of smoke-free  
17 policies. For housing authorities, and you will hear  
18 from agencies who have implemented this in their own  
19 communities, but one of the huge benefits has to do  
20 with the reduced maintenance cost, which the department  
21 certainly saw as a benefit, and particularly in another  
22 budget environment.

1           We keep waiting for things to get better. But  
2 this is one of the things that housing authorities have  
3 communicated as one of their strongest -- as a real  
4 benefit.

5           Improved unit turnover times. Obviously, when  
6 there is the absence of the tobacco and tar residue  
7 within units, it helps facilitate a quicker turnaround  
8 in getting units back online, as well as the decreased  
9 fire risk from a health and safety perspective and an  
10 insurance cost. So those are additional administrative  
11 benefits, administrative cost benefits resulting from  
12 the policies.

13           We also did take into consideration some of the  
14 tenant benefits. You know, it's interesting. Many of  
15 the calls that I receive from tenants, I would probably  
16 say about 15, 20 percent of the tenants who find my  
17 name or access online, they call about smoking  
18 complaints for other residents.

19           So there is obviously a concern about the reduced  
20 exposure to secondhand smoke, which is obviously a  
21 well-documented health risk and concern. But in  
22 addition to those improved health outcomes, we're

1 hoping that many communities are able to share an  
2 improved tenant relations, which some communities have  
3 also seen.

4 I'm sorry. Next slide. I don't think I'm giving  
5 good cues here.

6 In terms of the contours of the rule themselves,  
7 and I hope you guys have that in front of you because I  
8 don't. The rule sticks fairly closely to some of the  
9 general guidance, but it is expected to be a full  
10 mandate within public housing properties.

11 This rule does not include nonpublic housing  
12 properties, and you know, the department, while we have  
13 always encouraged housing authorities to look across  
14 their portfolio, this is specific to public housing.  
15 And in other meetings with stakeholders or industry  
16 groups, we have received the question of why haven't we  
17 moved into other programs?

18 And part of the challenge for the department is  
19 really assessing how this rolls out, taking -- make  
20 sure that we are able to respond to the needs of our  
21 key stakeholders around this, and the department truly  
22 sees this as the first step in this policy. Just as

1 the public housing program was the first to encourage  
2 housing authorities to go smoke free and multifamily  
3 followed behind, you know, we like being in the lead  
4 where possible.

5 So the contours are generally what you have seen  
6 before. But in particular, obviously enforcement is a  
7 strong concern for the department as it relates to how  
8 do we and how do housing authorities need to modify  
9 their enforcement or their lease documents? And while  
10 some of that is straightforward, the goal of this  
11 policy is not to kick out smokers. It's to make the  
12 units smoke-free, right?

13 And how do housing authorities manage the multiple  
14 priorities of serving some of our most vulnerable  
15 households while at the same time providing decent,  
16 safe, and sanitary housing and controlling costs  
17 wherever possible?

18 So enforcement is an area that we want to focus on  
19 and we want to receive plenty of stakeholder feedback  
20 around. And that is an area that we are really looking  
21 forward to receiving your comments and the comments of  
22 your peers in this space so that we can develop a

1 policy that is supportive of housing authorities as  
2 well as residents.

3 So successful enforcement strategies is one of the  
4 key things that we are hoping to receive through the  
5 public comment period. In addition, while a number of  
6 housing authorities have been able to communicate their  
7 anecdotal implementation costs and benefits associated  
8 with those, we really want to work to maximize that  
9 information as much as possible.

10 So to the extent you, your peers, or other  
11 organizations have information about the realized costs  
12 associated with reducing -- with going smoke free, we  
13 want to also incorporate that into our information,  
14 particularly as it relates to the benefits of the  
15 program. There is no expectation that any of these  
16 costs will sort of come away. Obviously, the program  
17 has more needs than resources.

18 But we do want to be able to talk about the  
19 benefits of the program as part of a regulatory impact  
20 assessment that gets done for every rule and share that  
21 with folks on the Hill.

22 One of the questions that we and any number of

1 organizations have is around e-cigarettes, and I know  
2 that while we have begun our drafting process several  
3 months ago, I know that very recently there was new  
4 research published regarding e-cigarettes.

5 So we are hoping that communities and  
6 organizations will provide information regarding e-  
7 cigarettes, regarding their thoughts about whether or  
8 not it could or should be addressed within the smoke-  
9 free regulation for public housing. And what would be  
10 the challenges associated with doing so if that were,  
11 in fact, the case?

12 Additionally, one of the areas -- this is also  
13 related to enforcement -- is this idea of how do you  
14 accommodate smokers? Again, I mentioned earlier that  
15 the goal is not to -- is not to kick out smokers. The  
16 goal is to make the housing unit smoke free, right, and  
17 reduce secondhand smoke.

18 While we recognize that smoking cigarettes is an  
19 addictive trait, and there are many people have  
20 challenges eliminating their habit, eliminating,  
21 reducing, or not, you know? We're looking at ways to  
22 partner with organizations for smoking cessation

1 resources, but also how have many other -- how have  
2 other housing authorities accommodated smoke-free, and  
3 what would you or how would you recommend that the  
4 department write a Federal rule around this issue?

5 So those are big concerns for the department. We  
6 look forward to your feedback in making this a rule  
7 that is implementable, actionable, and beneficial to  
8 your community.

9 So thank you.

10 DR. ASHLEY: Great. Thanks very much, Shauna.  
11 Appreciate your talk today and that information.

12 One suggestion, that you don't submit questions on  
13 the rulemaking because, as Shauna said, there's not  
14 much more that we can -- much more information we can  
15 put out on that at this time.

16 We just want to be a little bit interactive here.

17 So if you could look up from your lunches and take a  
18 look at this first poll? We want to see who our  
19 audience is. So please let us know. We'll give you 30  
20 seconds or so to send us an answer here so we can see  
21 where you fall in these four categories.

22 (Pause.)

1 DR. ASHLEY: Okay. We're up to 75 percent voting.  
2 That's pretty good.

3 So the majority of you want to learn about --  
4 let's see, which one is that? Okay, learn about how to  
5 support housing officials and residents. So you're not  
6 in housing, but you want to learn about how to support  
7 housing officials and residents. Okay.

8 The second-largest group are housing officials in  
9 need of tips to improve smoke-free policy enforcement,  
10 followed closely by the first one, and that's housing  
11 officials deciding on whether or not to implement a  
12 smoke-free policy.

13 Okay. Let's go to the next one. One more. What  
14 do you want most to hear about today? And I'll let you  
15 read the choices on the screen.

16 (Pause.)

17 DR. ASHLEY: Okay. We're up to about 80 percent  
18 of you who have voted here. It's pretty close between  
19 numbers 1 and 2. Number 2, at 36 percent, they want to  
20 hear about when enforcement worked well and when it  
21 failed. So the actual stories of people who are  
22 enforcing policies. And then 34 percent for number 1

1 on details, how does enforcement happen?

2 Okay. So let's get going and hear from people in  
3 the field who are actually doing this. So our first  
4 presenter or our next presenter will be Gail Livingston  
5 from the Boston Housing Authority.

6 Gail is the Deputy Administrator for Housing  
7 Programs at BHA. She has been in the position since  
8 February 2014 and was previously the Director of  
9 Property Management and Operations at BHA for 10 years.

10 She has worked in the public housing industry for more  
11 than 25 years.

12 Over to you, Gail.

13 MS. LIVINGSTON: Good afternoon. Good to be here.

14 And having seen your poll results, I'll go through  
15 my stuff so we'll have time to talk about together  
16 stories and details.

17 So the BHA is -- just a little background. We  
18 have 12,000 units of conventional public housing and  
19 house about 26,000 people in family as well as elderly,  
20 disabled units and with a number of building types and  
21 -- but the bulk of them are elevator buildings or  
22 three-story walkups.

1           Next slide, please.

2           And so, the residents we have are very poor with  
3           an average annual income of about \$12,000. And they  
4           are very diverse, with no particular ethnic or racial  
5           group having a clear majority. And only 47 percent of  
6           our residents call English their first language.

7           Three times as many public housing residents in  
8           Boston rate their health as poor as do nonpublic  
9           housing residents, and asthma rates in public housing  
10          are about twice those as in nonsubsidized housing.  
11          Nineteen percent of public housing, we did a survey  
12          before we implemented, and we learned that 19 percent  
13          of households reported having a smoker as part of the  
14          household, as opposed to 14 percent citywide.

15          And so, these health disparities in particular  
16          have driven much of the Healthy Homes work that we've  
17          done in Boston and including our move to smoke-free  
18          housing.

19          Next slide, please.

20          So we took a deliberate path to implementation of  
21          smoke-free housing. It took about a year and a half,  
22          well, probably more with the discussion beforehand.

1 But actual activities began in May and June of 2010  
2 with the resident surveys that I referred to. A little  
3 bit after that, we held a citywide resident meeting,  
4 which we cosponsored with our resident organizations  
5 and some of our Healthy Homes partners. And that was  
6 in July.

7 By January of 2011, we had finalized the policy  
8 statement and then submitted it with our annual plan.  
9 And during the summer and fall of 2011, we did  
10 trainings with all of our staff. And at the same time,  
11 we had resident meetings at each development throughout  
12 the summer, and that's about 60 developments. So  
13 that's a lot of meetings, but we like to have meetings.  
14 They were all about process.

15 We also put together some resident support  
16 activities in collaboration with the Boston Public  
17 Health Commission, with smoking cessation and other  
18 opportunities.

19 After the approval of our annual plan, we put in  
20 place the new lease addendum in the fall of 2011, and  
21 what we did was every resident at their annual  
22 recertification, in addition to the other things they

1 did, were asked to sign the new lease addendum. So by  
2 the following year, fall of 2012, everyone signed the  
3 lease addendum, and the policy became effective.

4 Next. I'm sorry, next slide. Oh, I didn't know  
5 if you did it.

6 Smoke-free enforcement. So, initially, we had a  
7 five-step enforcement policy, and so with the first  
8 time we got a complaint, the manager would just provide  
9 the complained-about resident a copy of the policy  
10 saying, yeah, remember, it's smoke-free housing.

11 At the second complaint, they would deliver a  
12 written copy of the complaint. If we got another  
13 complaint, we would send another written copy of  
14 complaint and tell the person that if we received any  
15 more complaints, they would have to come in for a  
16 private conference.

17 The fourth complaint, we did schedule a private  
18 conference with the resident and asked them to sign a  
19 written agreement to comply. Now the private  
20 conference process is the first step, the first sort of  
21 formal step of the eviction process here in Boston. So  
22 the private conference notice and holding a private

1 conference is a very significant thing to residents.

2 If the written agreement to comply is not abided  
3 by, then the manager will go to the legal department  
4 and discuss fines or further enforcement actions.

5 This very "go slow" process was meant to emphasize  
6 to residents, especially at the beginning of the  
7 process, that we wanted to make BHA housing smoke free,  
8 not smoker free. And it was to provide residents with  
9 time to comply and to enter into smoking cessation and  
10 other activities.

11 Next slide, please.

12 But we implemented, it's coming up on 3 years, and  
13 during the course of this, you know, our thoughts and  
14 the thoughts and desires of our managers, as well as  
15 our residents, have been evolving. And so, we are now  
16 in the process of putting together an enforcement  
17 policy that completely mirrors our regular lease  
18 enforcement policy and that a first credible complaint,  
19 it will result in a private conference.

20 Management will require the resident to sign an  
21 agreement not to violate the policy.

22 (Telephone ringing.)

1 MS. LIVINGSTON: Sorry. And also to include  
2 consent to inspections as part of the agreement.

3 And it's interesting because this is coming from  
4 residents wanting better enforcement and also from our  
5 managers, LITHC managers wanting to take a stronger  
6 hand.

7 The next slide.

8 So enforcement results. In our first year, we  
9 issued 79 violation notices and scheduled 4 private  
10 conferences. And the numbers were similar the second  
11 year. We have done no evictions based solely on  
12 smoking in units, but smoking has been cited as one of  
13 a number of lease violations in some cases, and the  
14 housing court judges have emphasized to the residents  
15 the importance of complying with this policy.

16 Shortly after the policy was implemented, we  
17 received about a dozen reasonable accommodation  
18 requests. We have approved none because we believe  
19 that allowing smoking in the units would be too much of  
20 a deviation from a policy.

21 We have revised our annual living unit inspection  
22 form for the inspector to note evidence of smoking so

1 that we can follow up on that. And smoking in common  
2 hallways remains a difficult problem to address. As I  
3 indicated, we have a number of -- probably the majority  
4 of our buildings, especially in the Valley portfolio,  
5 are three-story walkups with common entries.

6 Next slide, please.

7 So, as I said, we had meetings at every  
8 development prior to the implementation of a policy.  
9 What's the message that we send? Most residents  
10 understand the health impacts of secondhand smoke.  
11 That's been pretty widely publicized. But they  
12 question why they can't smoke in their units. They  
13 feel that they're not harming anyone else.

14 And so, we try to make the point about smoking  
15 traveling between units and the fact that ventilation  
16 systems can't eliminate this kind of movement of smoke.

17 And one of the things we like to tell them is if you  
18 can smell your neighbor cooking their dinner, then  
19 you'll get smoke from that unit in your unit as well  
20 that will travel, just like the cooking smell. So that  
21 eliminating indoor smoking in multi-unit housing is the  
22 only way to completely protect people from exposure.

1           Next.

2           In addition, we have tried to provide support and  
3   smoking cessation services to our residents. The  
4   Boston Public Health Commission has been a great  
5   partner in this regard. They have had a tobacco  
6   cessation specialist on staff to work with public  
7   housing residents, and they have organized and run free  
8   nonsmoking groups onsite and also provided nicotine  
9   patches to help folks quit.

10          And as I said, we met with residents at all the  
11   sites to talk about the policy, which I think is really  
12   important to give people an opportunity to speak about  
13   it and also to work with them to designate approved  
14   outdoor smoking locations that were at least 15 feet  
15   from doors and windows.

16          Next.

17          The response of the legal community. And as some  
18   of you might imagine, the legal services and advocacy  
19   community in Boston is very -- is very active.  
20   However, they have not taken any stand against this  
21   policy throughout the discussion and implementation  
22   process, nor after it was put in place.

1           We have had no legal action in response to our  
2 denial of reasonable accommodation requests. Before  
3 implementation, we met with the staff of the housing  
4 court here in Boston just to explain to them what we  
5 were doing so they would not be surprised.

6           And as I said, no eviction cases for the sole  
7 reason of smoking violations. But whenever that's been  
8 an issue along with another lease violation, we have  
9 made that part of the complaint, and we've had no  
10 increase in the number of court actions.

11           Next.

12           So going forward, what do we see? Well, I see  
13 that, you know, smoke-free housing and smoke-free areas  
14 around cities are becoming more and more prevalent, and  
15 so I think that the concept of smoke-free housing is  
16 going to become more and more -- there's going to be a  
17 growing acceptance of smoke-free housing.

18           We are working to have greater opportunities for  
19 smoke-free housing for our leased housing voucher  
20 holders. We've done some trainings with our leased  
21 housing landlords, and we allow them to designate  
22 smoke-free housing on our online list of available

1 Section 8 apartments.

2 We need to work on better enforcement strategies  
3 for common hallways. We want to continue to expand  
4 services for cessation. And then just, you know, as in  
5 the first -- first bullet, the normal turnover of  
6 residents will increase the percentage of folks who  
7 moved into our housing with the understanding that it's  
8 smoke-free and not having to make that transition.

9 So thank you.

10 DR. ASHLEY: Thanks very much, Gail. That's great  
11 information. We appreciate you sharing your experience  
12 with the audience.

13 Our next speaker we'll move on to is Patricia  
14 Baines-Lake from the Lansing Housing Commission.  
15 Patricia has worked in the field of assisted housing  
16 for more than 40 years. She became the Executive  
17 Director of the Lansing Housing Commission in 2009.

18 Prior to joining the LHC, she worked at the  
19 Detroit Housing Commission for 6 years and the Michigan  
20 State Housing Development Authority for 32 years. Over  
21 to you, Patricia.

22 MS. BAINES-LAKE: Good afternoon. It is a

1 pleasure to speak with you on this important topic  
2 today.

3 The Lansing Housing Commission, just for a little  
4 bit of information about our agency, has 833  
5 multifamily rental units. There are 5 townhouse or  
6 multifamily properties, 1 mid-rise, which is 6 stories,  
7 and 235 scattered site units, which are single family  
8 and duplex.

9 Our portfolio consists of 262 one-bedroom units,  
10 200 two-bedroom units, 242 three-bedroom units, 97  
11 four-bedroom units, and 32 five-bedroom units.

12 Next slide.

13 We first approved our smoke-free policy in July of  
14 2010. The actual beginning -- or our agency began  
15 looking at a smoke-free policy largely because of our  
16 being approached by Jim Bergman and the Smoke-Free  
17 Environmental Law Project. He is a huge advocate. His  
18 organization is a huge advocate in Michigan.

19 And if you live in Michigan and need assistance  
20 with your policies, he's a great resource. That  
21 organization will help you every step of the way.

22 At any rate, our highlights of our policy are no

1 person may use, smoke, hold, or carry lighted tobacco  
2 in any form, including cigarettes, pipes, or cigars,  
3 while in an LHC-owned property. That means the  
4 community buildings. That means your own unit. That  
5 means the hallway. That means everything, without a  
6 doubt.

7 The policy applies to 100 percent of our  
8 portfolio, whether it's scattered site and single  
9 family or the mid-rise. It was first introduced, we  
10 started the policy that is, to our residents through  
11 our annual plan comment process.

12 We received comments from the public, and we  
13 received comments from our residents. One of the major  
14 concern of the residents was that smoking was  
15 addictive, and those who were involved in it had been  
16 long-term addicted to nicotine.

17 Next slide, please.

18 As a result of that, it was clear that they  
19 wanted, if this policy was going to be implemented,  
20 assistance in dealing with their addictive behavior as  
21 it relates to smoking.

22 So we actually implemented the policy a year after

1 board approval. During that year, we worked with our  
2 local health department. They offered smoking  
3 cessation classes. They offered patches and other  
4 assistance to make sure that the residents were able to  
5 address the addictive behavior caused by long-term  
6 smoking.

7 We required that smoking be eliminated. At least  
8 it had to be at least 15 feet away from any door,  
9 walkway, or window or ventilation system.

10 Right now, our policy does not address e-  
11 cigarettes in the smoking policy, and it does not  
12 address marijuana in the smoking policy. It doesn't  
13 mean we allow smoking marijuana in our development.  
14 Smoking marijuana is covered under a different policy,  
15 our drug prohibition policy.

16 But we do think that in the future, we'll have to  
17 address both of those issues. Haven't started yet, but  
18 that's on the radar screen.

19 Next slide.

20 So our enforcement approach, like most other PHAs,  
21 is we are not interested in evicting individuals.  
22 We're interested in helping them to resolve an

1     addictive behavior. We want to improve the internal  
2     living environment from a health perspective. We want  
3     to reduce the adverse effects of smoking on young  
4     people and other people who are affected by asthma and  
5     other respiratory illnesses.

6             We also wanted to reduce the cost of turning units  
7     and address the disproportionate effects that smoking  
8     has on low-income households.

9             Next slide.

10            So our policy states that employees and residents  
11     who smell tobacco smoke from the inside of LHC  
12     buildings are to report that information to our office  
13     as soon as possible. And then our management staff  
14     will follow up and address the issue.

15            We're not interested in having residents snitch or  
16     tell on each other. We're really interested in making  
17     sure that our housing becomes smoke free, and when  
18     there's a need to enforce the policy that it's done  
19     with someone who is the best person to testify, and  
20     that may not be your next-door neighbor. It certainly  
21     is LHC staff.

22            So we approach enforcement by trying to eliminate

1 the unacceptable behavior and providing assistance to  
2 get rid of that unacceptable behavior. We educate both  
3 our residents and people who are intending to move into  
4 our properties and visitors, for that matter. Because  
5 often when there is a violation, it's a visitor.

6 So we first issue verbal warnings and then written  
7 warnings.

8 Next page, please.

9 We also met with judges. The judges are very well  
10 aware that we're not interested in evicting people for  
11 smoking. We're really interested in avoiding,  
12 reducing, eliminating the behavior in our properties.  
13 So they are aware that we are willing to make  
14 concessions in order to keep that person housed and to  
15 keep that unit occupied.

16 So often, if someone is represented by Legal Aid,  
17 we will meet with them, and Legal Aid already  
18 understands our policy objective, which is not to  
19 evict. So ideally, they will work with us, and they do  
20 work with us to develop solutions for the person to be  
21 able to remain in their unit.

22 One that I'll highlight quickly is that a resident

1 had a severe smoking addiction. Their walls were  
2 covered with tar and nicotine, and the unit had to be  
3 repainted in order for us, the PHA to get rid of the  
4 nicotine walls.

5 So rather than evict that person, that person  
6 agreed, who was healthy, that they would scrub down  
7 their walls. We got a community group that was willing  
8 to repaint the unit, and this is a group that repaints  
9 for a living. So it's not just someone who thinks they  
10 can paint. It's someone who we knew would paint the  
11 units at the standard that we would have expected, had  
12 we paid our staff to do it.

13 So in that case, we were able to work out a  
14 solution. That person stayed in their unit. But as a  
15 last resort, we do evict, and we have had to evict  
16 three households simply for smoking.

17 One of them simply said, "This is the way I've  
18 always done it. This is the way I'm always going to do  
19 it. I'm not going to stop smoking, and if this is my  
20 house, I can smoke in it."

21 So, and when I say evicted, we actually got a  
22 judgment. But two of the people left before the court

1 date. We had to get the judgment in order to get  
2 possession of the unit.

3 So, next slide.

4 So the evidence that we need in order to evict  
5 someone successfully is an eyewitness that actually  
6 will say that they saw this person smoking or some  
7 irrefutable evidence that there was smoking going on in  
8 the unit.

9 So LHC staff investigates, and for the most part,  
10 judges do honor our testimony that says there was a  
11 pervasive smell of smoke in the unit, or we have taken  
12 pictures of units where the yellow on the wall was  
13 clear that it could have been nicotine. And we've  
14 gotten judgments in our favor as a result of that.

15 Next slide.

16 We think our policy has been effective largely  
17 because of staff and resident support. Residents in  
18 our properties quickly realize or always realize that  
19 smoke-free homes were what they desire to live in,  
20 mostly because of the effect on young children.

21 And the young children in our developments became  
22 our champions of the policy because, just like

1 seatbelts -- and adults using seatbelts now are driven  
2 by children -- adults not smoking in children's  
3 presence is a policy change in the U.S. that is largely  
4 driven by young adults who are saying, "Please, not in  
5 front of me."

6 So we've assessed the effectiveness of the policy,  
7 and the way we've assessed it is looking at the cost of  
8 rehab and noticing that ashtrays are largely a  
9 decorating phenomena of the past. And also there are  
10 declining complaints about tobacco smoke.

11 So as a result of that, we truly believe that the  
12 policy is working.

13 Next slide.

14 LHC, if we had to do it differently, would, and  
15 one of the things we'd do differently is we would have  
16 started the policy earlier or implemented it earlier.  
17 And we probably would have had a longer dialogue  
18 period. We're very pleased with the relationship  
19 between us and the health agency, and so other than  
20 that, we don't have any issues.

21 Next slide.

22 So our unexpected benefits of the policy is that

1 we have reduced turnover cost as it relates to smoking  
2 as a result of paint and unit prep by somewhere between  
3 \$1,500 and \$2,000 per unit. Unfortunately, at the time  
4 that we started looking at this, we didn't track the  
5 numbers in a way that we can measure them definitively.

6 So this is more anecdotal than it is definitive.

7 We've got a long-term partnership with our State  
8 Department of Health, which has resulted in green  
9 approaches to extermination and maintenance, and that  
10 was long before HUD asked for a green PNA. The  
11 children with asthma who live in LHC properties have  
12 free access to public health resources, and we've had a  
13 long-term MOU with that department as it relates to  
14 asthma.

15 And the high-rise residents actually smoke in  
16 designated areas and not in their buildings, and they  
17 will tell other people who don't live in the building  
18 there is no smoking in this building.

19 Next slide.

20 Thank you very much, and have a great afternoon.

21 DR. ASHLEY: Thank you, Patricia. Some really  
22 interesting information and great suggestions. And

1 it's good to hear that you've had such a positive  
2 experience in implementing your policy.

3 Our final speaker today is Mr. Larry Williams.  
4 Larry is the CEO of the Housing Authority of City of  
5 Freeport, Illinois. He's been the CEO for the past 6  
6 years.

7 In 2013, Larry received the Rising Star Award at  
8 the North Central Regional Council of the National  
9 Association of Housing and Redevelopment Officials  
10 Conference and recently received the Charles A.  
11 Thompson Memorial Award for Distinguished Leadership  
12 from NAHRO.

13 And I guess I'll turn it over to you, Larry.  
14 Thanks.

15 MR. WILLIAMS: Well, good afternoon, everyone. I  
16 must warn you. I've had an energy drink. So if I'm  
17 talking fast, please let me know.

18 But I'm Larry Williams. I'm with the Freeport  
19 Housing Authority. We have 446 public housing units, 2  
20 high-rises with 179 units, 8 family developments with  
21 267 units, and over 800 residents.

22 Next slide.

1           Our smoke-free policy, basically we were, I think,  
2 the third housing authority in Illinois to go smoke  
3 free. We began in April of 2011, had a lot of  
4 discussion from a board level. We adopted the policy  
5 through our PHA plan. Resident meetings in June of  
6 2011. Surveys distributed to residents.

7           Now an interesting thing. We hired an independent  
8 contractor to basically do the surveys and analyze the  
9 numbers. We did that because we didn't want our  
10 resident base to kind of think, well, of course,  
11 they're going to, you know, say we should be smoke free  
12 because this is something they want to do. So most of  
13 the survey work was handled independently.

14           Our policy became effective June 1st of 2012. If  
15 anyone is thinking about implementing a policy, I  
16 always suggest that when you make it effective it's  
17 warm outside because the last thing you would want is,  
18 you know, an elderly person or a disabled person, the  
19 newspaper to come by and show a picture of them out  
20 attempting to smoke. So we always suggest that it's  
21 done when it's warm out.

22           Smoking cessation classes were offered, and

1 they're continually offered to this day. No reasonable  
2 accommodation -- I mean, reasonable accommodation  
3 requests have been made by our housing authority as far  
4 as smokers.

5 Next slide.

6 Reasons we went smoke free. Top three reasons was  
7 really to improve air quality and health for all  
8 residents, staff, and contractors. Increase safety.  
9 Preventing fires caused by smoking. Decrease apartment  
10 turnaround costs, which would benefit the residents, as  
11 well as the housing authority.

12 Next slide.

13 Enforcement. Evidence, meaning if we get to the  
14 unit we can smell smoke, we can see evidence like  
15 cigarette packs and ashtrays, not that they can't have  
16 cigarettes in the unit, but there should be minimal  
17 evidence within an ashtray. We do take photos and  
18 written reports.

19 Lease enforcement. We pretty much follow the same  
20 enforcement that we follow with all of our policies,  
21 which is first is a violation, written warning and a  
22 reminder of the policy.

1           Second time, written warning, and we mail -- we  
2 mail written and mail warnings, and we mail the policy  
3 as well.

4           Third, the third violation, a lease violation, and  
5 then we send to eviction. Of course, they get the  
6 opportunity to have a grievance. So, typically, most  
7 cases works out before they get to eviction.

8           Next slide.

9           Implementation concerns. We would have basically  
10 held more community and stakeholder meetings just due  
11 to the fact the more people you educate about the  
12 policy, kind of the more support you get, and you know,  
13 the more support you have, helps.

14           Future lease enforcement considerations. We are  
15 considering a ban for e-cigarettes as well. We are  
16 actually having discussions about that now. So we'll  
17 be making some modifications to our current policy.

18           Positive outcomes. Even individuals who smoke  
19 were very supportive of the housing authority becoming  
20 smoke free. Cleaner air quality for all staff,  
21 residents, contractors, and visitors. And we've  
22 reduced our apartment turnaround costs about \$1,000 per

1 unit, compared to a nonsmoking unit.

2 Next slide.

3 And that is it. I'm Larry Williams. If you have  
4 any questions, my contact info is on the screen.

5 DR. ASHLEY: Thanks very much, Larry. Appreciate  
6 your thoughts and observations on implementing your  
7 smoke-free policy.

8 One question for you. You mentioned that you had  
9 a survey, you surveyed residents. What were the  
10 results of that survey?

11 MR. WILLIAMS: Over 75 percent of the respondents  
12 responded that they were in favor of a smoke-free  
13 policy.

14 DR. ASHLEY: That's great. Do you remember about  
15 what percentage responded?

16 MR. WILLIAMS: Over, it was about half of our  
17 resident base that responded. So if I remember the  
18 number correctly, it was about 225 that responded, 225.

19 DR. ASHLEY: Yeah, thanks. I appreciate that. I  
20 was just curious.

21 We've found that a number of housing providers  
22 have found the using a survey has been very helpful at

1 meetings with residents, you know, to indicate that the  
2 majority, at least the majority who respond to the  
3 survey support smoke-free housing. And that's true  
4 nationally as well from national surveys.

5 So now we're opening up to our Q&A period. Thanks  
6 to those of you in the audience who have sent in  
7 questions.

8 One question I wanted to pose to the presenters  
9 that I found interesting is how can a PHA approach  
10 enforcement to minimize risk of assertions of selective  
11 enforcement? Does anybody want to run with that?

12 MR. WILLIAMS: Can you repeat the question?

13 DR. ASHLEY: How can a PHA approach enforcement to  
14 minimize risk of assertions of selective enforcement?

15 MS. BAINES-LAKE: I think that -- this is Patricia  
16 Baines-Lake.

17 I think that you absolutely must be able to prove  
18 that you followed up on every complaint regarding  
19 smoking because that will minimize the ability to  
20 assert, first of all, that you were arbitrary in who  
21 you picked out. And then if you're consistent about  
22 the policy, if your policy is a warning, first verbal

1 and written second, and you document in the file, that  
2 also will decrease the ability to allege that you did  
3 not or that you were arbitrary in your enforcement.

4 DR. ASHLEY: Great. Thanks, Patricia.

5 Anybody else want to weigh in on that question?

6 MS. LIVINGSTON: Yeah, this is Gail.

7 I'll just say one thing that we are trying to get  
8 better at, but I think would help address that, which  
9 is really keeping track in a systematic way of the  
10 complaints we receive and how we're dealing with them.

11 Just so that, I mean, because you could understand  
12 it's just hard to know what is going on out in the  
13 field and it's hard for me to know how aggressive --  
14 you know, some managers are more aggressive than  
15 others. You know, because I've got a lot of  
16 developments out there.

17 So I think putting in place at the beginning of  
18 your implementation some kind of system whether --  
19 hopefully electronic, where complaints and the  
20 disposition of the complaints are listed so that you  
21 have some kind of database for how it is that how many  
22 complaints you've gotten and how you've dealt with

1     them.

2             DR. ASHLEY:  Thanks, Gail.  That makes a lot of  
3     sense.

4             And now, Larry, if you want to jump in on that, or  
5     should we move on?

6             MR. WILLIAMS:  I think it's making sure that  
7     you're consistent and you handle -- like we don't  
8     handle our smoking violations any different than we  
9     handle any other violations.  So we're consistent  
10    across the board with all of our other policies and  
11    procedures, and I think that makes it a little easier  
12    for us.

13            DR. ASHLEY:  Okay.  Thank you.

14            There's a lot of interest in e-cigarettes,  
15    electronic cigarettes, and whether or not they should  
16    be included in the smoke-free housing policy.  I know  
17    some -- I've heard of some housing providers including  
18    them.

19            Larry, you made it sound like you plan on  
20    modifying your policy to include them.  Can you talk a  
21    little bit about the reasoning for that?

22            MR. WILLIAMS:  Our reasoning is based on like some

1 recent articles that we've read in reference to the e-  
2 cigarettes and then -- and I gave the impression that  
3 we are moving forward. I have that desire. Of course,  
4 it goes to my board, and you know, we discuss it from  
5 there.

6 But you know, I'm not so much concerned  
7 necessarily with the habit -- well, we're concerned  
8 with the habit forming and then the health implications  
9 of that, but also the impression that is being given to  
10 our children base. And so, like right now within our  
11 communities, we're having -- you know, schools are  
12 having issues with teenagers with the -- with the e-  
13 cigarette thing.

14 So it's a -- it's a real concern for us. And then  
15 since it's so new, we just don't know. So we're  
16 looking at this habit with it now because I can foresee  
17 other issues coming sooner -- I mean, coming later.

18 DR. ASHLEY: Sure, sure. Yeah. Thanks for that.

19 And Patricia, you said that you would probably be  
20 looking into e-cigarettes. Do you have any thoughts on  
21 that?

22 MS. BAINES-LAKE: Yeah, we don't have enough data

1 at this time to figure out how we should approach e-  
2 cigs. So where we are is at the data collection stage,  
3 if the same reasons why we made our units smoke free  
4 should be applied to e-cigs or not or if there are  
5 other turnover issues, health consequences that are  
6 attached to e-cigarettes.

7 And I'm not sure they've been around long enough  
8 to know what the health consequences are. So we'll  
9 probably look more at whether or not they cause the  
10 same environmental consequences that cigarettes cause  
11 or some other adverse environmental consequence.

12 DR. ASHLEY: Okay. Yeah, thank you.

13 I know that we've heard that some include it in  
14 their policy just because when they're smoked or  
15 inhaled, you do see a cloud of vapor that comes out,  
16 and it just makes enforcement difficult if you do not  
17 include them.

18 And as Larry mentioned, there is some information  
19 now on some contaminants that are exhaled that come off  
20 of the e-cigarette device, including formaldehyde and  
21 some other contaminants. So there should be more  
22 information on that as research continues.

1           Okay. Well, let's move on to another question  
2 that's often a concern. Of course, no housing provider  
3 wants to evict a resident, especially public housing.  
4 It's often kind of a last resort for low-income  
5 households.

6           And there's a special concern with vulnerable  
7 populations, including disabled and seniors. I wonder  
8 if any of our -- do any of our presenters have any  
9 suggestions on dealing with the most vulnerable  
10 residents and trying to not get to the point where  
11 you're talking about eviction with that group of  
12 residents especially?

13           Gail, could you -- could you take this one because  
14 I know you've talked about this a bit?

15           MS. LIVINGSTON: Well, sure. And I think that  
16 what you said as part of the question is pretty  
17 important. So trying to keep it sort of pre-court, you  
18 know, as much as you can to try and put in place  
19 agreements with the residents.

20           I think another thing that we really like to try  
21 and do is pull in, like with any kind of lease  
22 violation for especially the frail elderly or disabled

1 folks, to the extent there are service providers that  
2 are working with them, sometimes it's effective to pull  
3 those folks in to help us work with the households to  
4 maintain the residency.

5 To the extent that we can make it easier for an  
6 individual to get outside to smoke, we have, in the  
7 guise of reasonable accommodation, done unit transfers,  
8 moving people closer to areas where they can get out to  
9 smoke, where it might be easier for them to, as I said,  
10 to get outside and smoke in an approved area.

11 And so those are some of the kinds of steps that  
12 we would take. You know, all of us, I think, are  
13 really cognizant of the need to preserve tenancy. So  
14 we pull in not only our public health service  
15 providers, but also any service providers or family  
16 that might assist us in working with that resident and  
17 coming up with a workable plan.

18 Sometimes just sitting down with the person and  
19 saying so, you know, and coming up with strategies for  
20 -- to help them think through how they can comply is  
21 helpful.

22 DR. ASHLEY: Thank you, Gail.

1 Larry and Patricia, do either of you want to weigh  
2 in on that?

3 MR. WILLIAMS: This is Larry. I haven't had any  
4 request, but again, we would consider all requests, you  
5 know, if it's to avoid a tenant being evicted.

6 However, you know, I know that some housing  
7 authorities have like, you know, designated smoke  
8 areas. You know, our housing authority opted not to do  
9 any of those.

10 So we didn't put any of the little kind of, you  
11 know, places where they can congregate to smoke. We  
12 decided against that, but you know, within reason we  
13 would try to meet any accommodate if we could.

14 DR. ASHLEY: Thank you.

15 MS. BAINES-LAKE: In the case of Michigan, one of  
16 the things that we found out when we have great  
17 difficulties with the policies, it is with our  
18 individuals who have cognitive disabilities. And in  
19 those cases, we have reached out to service providers  
20 who are associated with them to help us to come up with  
21 a resolution and an understanding that ensures that  
22 person remains housed.

1           That is not easy, and that take quite a bit of  
2 time, but it's definitely worth the effort.

3           DR. ASHLEY: Thank you. Yeah.

4           We've also heard in the past presentations from  
5 Home Forward, public housing in Portland, Oregon. You  
6 reminded me, Gail, of this. It was Roger Moore, who is  
7 one of the managers there, that there was a woman with  
8 memory problems, and they actually went in and put  
9 notes/signs in her unit to remind her of the policy.  
10 So there are things you can do.

11           Another concern that we hear, and I think,  
12 Patricia, you touched on it a bit, is that the  
13 turnover, a smoke-free policy pitting residents against  
14 each other. So nonsmokers confronting smokers who they  
15 believe are violating the policy. What can you do to  
16 avoid that?

17           Do you -- could you talk a little bit more about  
18 that, Patricia, on how you've structured your policy in  
19 that respect?

20           MS. BAINES-LAKE: Well, we've encouraged the  
21 residents to come to the management office in a  
22 confidential way and advise us of their concerns.

1 We've also told them that we will investigate and we  
2 will take the initiative if there is a warning or  
3 anything else that needs to be issued and that their  
4 information to us will remain confidential unless, for  
5 some reason, they don't want it to be. Because again,  
6 we expect for our staff to be the individuals who can  
7 say, "I saw evidence of this."

8 Now that's difficult to do if it occurs after  
9 closing hours or on weekends. We do understand that.  
10 But in the cases that we've seen, they are folks who  
11 are going to smoke the entire week. It's not -- and at  
12 different times during the day.

13 So whenever we're doing a maintenance checkup or  
14 doing a maintenance repair, we've been able to find  
15 evidence that smoking was occurring without having to  
16 involve any residents, and we highly discourage, you  
17 know, residents from being the ones that are needed to  
18 testify in a court.

19 We don't discourage one resident saying to another  
20 one, "Hey, you know, it's not -- you can't smoke this  
21 close to the building," or "Can you move that along?"  
22 with an encouraging statement. We don't discourage

1 that at all. We encourage that because positive peer  
2 pressure is what's helping us to move the no smoking  
3 policy in the positive direction.

4 DR. ASHLEY: Okay. Well, thank you for that.

5 I don't know if, Gail or Larry, have you had any  
6 thoughts on that question?

7 MR. WILLIAMS; Pretty much again, the residents --  
8 basically, we follow the same procedure with all of our  
9 procedures and policies. So basically, I don't know if  
10 they have too much conversation with one another.  
11 They're definitely -- it's a big help for them to  
12 report it to us so that we can follow procedure.

13 So most residents, they'll do just that. They'll  
14 report it to us, and then we follow the procedure.

15 DR. ASHLEY: Thank you.

16 And is that pretty much the same in Boston, Gail?

17 MS. LIVINGSTON: Oh, yeah. I think everybody --  
18 you're going to get a lot of -- I mean, residents are  
19 going to come to the management office and tell you  
20 because the residents are there more and see more.  
21 But, and so it's really -- for the credibility of the  
22 policy, I would just say that it's really important to

1 impress upon your staff that you need to follow up on  
2 all of those complaints, understanding that sometimes  
3 residents will make complaints about other residents  
4 that may not be completely founded because there are  
5 some other issues going on.

6 But your managers know that and how to deal with  
7 it. But in any event, you need to follow up on  
8 everything, whether you think that it's well founded or  
9 not. That's important to the credibility of a policy.

10 DR. ASHLEY: Thank you. Thanks, Gail. Appreciate  
11 it. So pretty consistent responses to that question.

12 I guess we're coming towards the end of our time  
13 here. There is one more question, and I think you've  
14 all touched on this, and that's what tobacco cessation  
15 programs have you offered to residents? Does anybody  
16 want to take that first?

17 MR. WILLIAMS: Sure. This is Larry. We partnered  
18 with the health department and basically developed a  
19 relationship with the health department where they come  
20 in consistently and offer programming surrounding  
21 smoking. So it actually is not a burden on the housing  
22 authority at all because the health department has

1 totally taken that initiative.

2 DR. ASHLEY: Thank you. And I believe, Patricia,  
3 you've worked with your State health department?

4 MS. BAINES-LAKE: Correct. And we -- it has not  
5 cost us one penny. They have been extremely  
6 supportive.

7 And then, again, I just want to say that Smoking  
8 Law Project, as far as educational information is  
9 concerned, if you're having a tough time convincing  
10 folks that this is the right thing to do, they have a  
11 lot of data on all the places it's been implemented and  
12 how important the implementation is. And that's Mr.  
13 Bergman. So --

14 DR. ASHLEY: Sure. Yeah.

15 MS. LAKE: -- I can provide that information, if  
16 you want it, offline.

17 DR. ASHLEY: Thank you, Patricia.

18 Yeah, we've worked with Jim. Actually, he helped  
19 us get started here at HUD as well.

20 And then, Gail, I know you've partnered, I guess,  
21 with your local -- the local health department?

22 MS. LIVINGSTON: Yeah, with the Boston Public

1 Health Commission. When we were first implementing,  
2 they had some grants that provided some additional  
3 resources to them for nonsmoking programs citywide, and  
4 they were very generous with their support and, as I  
5 said, running at the request of the residents not, you  
6 know, quitting -- let's quit, you know, groups at the  
7 development level.

8 And they continue to provide assistance in smoking  
9 cessation. So that has not cost us money because we  
10 don't have any money, like any other housing authority.

11 No, but it's been very helpful.

12 And yes, I would suggest partnering with all of  
13 those organizations because there's a lot of --  
14 partners are important. There's a lot of folks out  
15 there to partner on education, as well as the cessation  
16 and other kinds of support.

17 DR. ASHLEY: Yeah, that's a great point. The  
18 local health department, State level, and also the last  
19 webinar we had a spokesperson from the American Lung  
20 Association, and they -- groups like that have been  
21 very helpful.

22 And we've heard some great stories about residents

1 quitting, taking the opportunity to quit because of the  
2 policy. Maybe they've been on the fence and this kind  
3 of pushed them over. And you know, stories about  
4 people smoking for 20, 30 years and quitting because of  
5 the smoking policy. So there's another benefit as  
6 well.

7 Well, we're at the end of our time. I'd like to  
8 thank our speakers again, very busy people. They've  
9 taken time out to present today and to prepare their  
10 slides. So we really appreciate that. Gail, Patricia,  
11 and Larry, thank you very much.

12 And thanks to all of you who've spent your time  
13 listening to us today. Please stay tuned to what  
14 information comes out of HUD. As Shauna said, we'll be  
15 -- the proposed rule will be -- will be published in  
16 the Federal Register probably later this summer, and  
17 we'll be looking for comments.

18 And then I just wanted to mention that we'll be  
19 sending out an evaluation for this webinar, and we'd  
20 appreciate if you could fill that out and get back to  
21 us.

22 So thanks all. Take care.

1                   (Whereupon, the webinar was concluded.)  
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