

We all want a community where everyone has a safe and healthy place to live. We all have a role and responsibility in protecting the most vulnerable, especially children and chronically ill, from known dangers such as secondhand smoke. Unfortunately, many people who find themselves in dire need of safe housing are disproportionately the most impacted by the health effects of smoking, including children and minorities.

#### Tobacco related health disparities

There have been some great reductions in tobacco use across Oregon, however, we see large variation in use among specific groups; for example, in 2007 19% of all Oregonian adults were smoking cigarettes, but among adults whose income is under the federal poverty line or have not finished high school, that rate jumps to 31%. Across all race/ethnic groups except Latinos, poverty status dramatically increases smoking rates; for example, while 38% of all adult American Indian/Alaska Native Oregonians smoke, 50% of those who live in poverty smoke. The numbers are similar for African Americans- while 30% of all adult African American Oregonians smoke, 50% of those who live in poverty smoke.

With higher rates of tobacco use among these communities, we see higher numbers of children and adults being exposed to secondhand smoke, and we see higher rates of disease and illness related to tobacco use. Forty-six percent of Oregon adults who have lower income or have not finished high school are exposed to secondhand smoke in a typical week, as compared with 39 percent of all Oregonians. Additionally, African American men have the highest rate of lung cancer in Oregon among all races, and American Indian/Alaska Natives in Oregon have higher rates of heart attacks than non-Latino whites (10% vs. 4%).

#### Smoke-free affordable housing reduces health disparities

Access to affordable housing is essential to a person's physical safety and well being. Tobacco smoke is a Class A carcinogen and a toxic air contaminant, and should not be a permitted toxin for people to be exposed to in their own homes.

1. Tenants in affordable housing have the least amount of choice or mobility of where they live. There is a lack of affordable housing in Oregon, and many residents spend time on long wait lists before gaining a home. This can make it difficult or impossible to choose a smoke-free property.
2. Many affordable housing tenants are already negatively impacted by higher rates of chronic disease and disability. Oregonians who are at or below the poverty level or have not finished high school have higher rates of high blood pressure, diabetes, heart attacks, strokes, asthma, arthritis and heart disease than the general population.
3. A no-smoking policy can dramatically improve the indoor air quality of a building. There are many factors that influence the quality of housing, including mold, bed bugs, cockroaches, dust mites, rodents, and secondhand smoke. Reducing exposure to secondhand smoke is a cheap and easy way to reduce exposure to a deadly toxin in the home.

4. Smoke-free homes assist people who smoke to reduce and even quit smoking.
5. The opportunity to live smoke-free should be available to everyone regardless of their income. As more and more market rate multi-unit housing properties convert to non-smoking, a greater disparity in tobacco use and secondhand smoke exposure may be seen among people with fewer resources. The majority of residents in affordable housing are non-smokers, and across all income levels, renters desire smoke-free housing.

If you are interested in converting your properties to smoke-free, there are many resources available. Check out [www.smokefreehousinginfo.com](http://www.smokefreehousinginfo.com), or contact your local county health department and ask for the tobacco prevention program. In Multnomah County, you can contact Becky Wright at [rebecca.wright@multco.us](mailto:rebecca.wright@multco.us), or 503-988-3663 x26631.