

California State University, Long Beach

HSC 301 Orientation to Health Science

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Health Advocacy

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Advocating for: The prohibition of smoking in apartment, condominium, and townhome buildings, patios, and balconies to reduce the impact of secondhand smoke in residential areas.

This would also include outdoor common areas.

Talking Points/Facts:

1. Stay at home mothers in multi-unit housing are more likely to be affected by secondhand smoke since they are home most of the day and have kids. This was shown to increase the amount of secondhand smoke reported. (Kim J, Lee K, Kim K, 2017).
2. Norwalk prohibits smoking in public city areas such as parks and workplaces with the purpose being to protect the public's health as well as decrease the amount of secondhand smoke in these public places (Health and Safety, 8.44.010, 2017). This purpose aligns with eliminating smoking in shared open spaces because smoking not only affects the smoker.
3. Secondhand smoke causes cancer. Simply by being home, the risk for lung cancer or heart disease is 25-30% greater for adults. For children, the odds are unfortunate as well. Babies are at a higher risk for SIDS and children are more likely to experience slower lung growth and breathing issues. (U.S. Department of Health and Human Services, 2006).
4. People living in apartments tend to have lower incomes and statistically own fewer cars. (National Multifamily Housing Council, 2016). They would therefore not have the access needed to leave the premise because they lack the resources. In turn, they are being exposed to more secondhand smoke at home or are being forced to shut themselves indoor to prevent inhaling the smoke.

5. Ethnic minorities and racial groups are more likely to be low-income or living in poverty (U.S. Census Bureau, 2014). This puts minorities at a higher risks of developing the negative health conditions associated with secondhand smoke and an added cost for treatment.
6. People who are low-income or minorities are less likely to be educated when it comes to health issues and getting help because they are often unaware that the issue is present (Jones, A. R., Thompson, C. J., Oster, R.A., Samadi, A., Davis, M. K., Mayberry, R. M., & Caplan, L. S., 2003). Some people don't associate secondhand smoke with carcinogens or are unaware that they could ask to be moved away from a smoker. By having a law in place, people would be protected against having to avoid their home surroundings and be able to go outside without being exposed to potential health risks.
7. Smoke-free policies in North Carolina were successful despite the worry that there would be financial losses. No loss was shown in terms of people moving out or wanting to move in (Stein, A., Baker, L., Agans, R., Xue, W., Collins, N., & Suttie, J., 2016). This is one of other studies that have proved that these potential financial losses tend to be myths. Norwalk would not lose much but would rather gain a sense of a healthier community.
8. Almost 60% of residents in condominiums in one study were bothered by the secondhand smoke that enters their home but very few of these housing communities have smoke-free policies. People in these communities tend to be the middle ground in terms of income from apartments and homeowners. A majority of people are for smoke-free policies. (Hewett, Ortland, Brock, & Heim, 2012).

9. Multi-housing units are allowed to legally implement smoke-free policies but many choose not to. A study with 40 agencies showed that collaboration between communities and authorities was the most successful way of policy adoptions (Satterlund, T., Treiber, J., Kipke, R., & Cassady, D., 2014). By implementing policies that ban smoking in common areas first, the agencies were most successful in reducing secondhand smoke. This could be modeled in Norwalk through the banning of smoking in common areas in housing communities.
10. Seniors, especially low-income and minorities, are also susceptible to the negative health effects of secondhand smoke. Secondhand smoke is linked to dementias, respiratory problems, and heart disease (Hollar, T., Cook, N., Quinn, D., Phillips, T., & Delucca, M., 2016). Norwalk is home to many seniors who live in community homes as well as apartments. Studies have shown that many seniors tend to live in apartments (National Multifamily Housing Council., 2016).

Reference List

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Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 709.

Norwalk City Hall
12700 Norwalk Boulevard,
Norwalk, CA 90650

Dear Councilmember Rios,

I am writing to advocate for those who have been affected by tobacco, not by choice but by circumstances. As a city that aims for healthy lives for its citizens, the next step is to prohibit smoking where it affects communities unwantedly. Apartments, condominiums, and townhomes are often a cheaper alternative to the rising costs of housing but for some this means dealing with the second-hand smoke brought on by their neighbors. A much higher cost for their lives in the long run. This is why I ask that you consider my proposition to ban smoking in these shared buildings, patios, and balconies for the safety and health of communities.

Currently, Norwalk bans smoking in city facilities and public recreational areas. This is a step in the right direction in terms of helping communities live healthier lives. What I propose is that this prohibition be extended to another community of people, those that share open spaces. Secondhand smoke is a human carcinogen affecting people of all ages. Besides cancers, it is also linked to heart disease, respiratory problems, SIDS, and dementia to name a few. This puts seniors, children, and stay at home mothers at a higher risk of disease because of the time they spend at home. Studies show that a majority of people agree with smoke-free policies in shared spaces, but little has been done. Financial loss is often an argument of this but in areas where this has been implemented, no loss has been incurred. On the other hand, minorities and low-income groups often live where there are shared spaces with their neighbors. They will benefit from healthier lives and avoid potential healthcare costs that secondhand smoke brings.

As a person who grew up with childhood asthma, I personally felt the effects tobacco had in my childhood. I grew up in apartment buildings where two of my neighbors smoked. I could rarely play outside in what should've felt like a home. As a consequence of this, I was labeled at risk of obesity. Sadly, my family's only option would have been to move, something that was financially not an option. My neighbors had a right to smoke but I also had a right to a healthy childhood. I ask that you consider not only those with health issues, low-incomes, children, seniors, babies, but also everyone else who is affected by secondhand smoke in these communities.

Sincerely yours,

Lizette Romano

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