Smoke-free Public Housing:
HELPING SMOKERS QUIT

American Cancer Society | North American Quitline Consortium | Smoking Cessation Leadership Center UCSF

Case Study: Louisville, Kentucky

Introduction

There are approximately 1.2 million households in the United States living in federally funded public housing. Of those, around 40% have children in the household, and nearly 50% of families live in public housing for 5 years or more.[1] The health disparities and burden of chronic disease for those who live in public housing is well documented, and one of the most concerning examples can be seen in tobacco use: nearly 34% of adults living in public housing smoke, compared to about 14% of the general adult population in the United States, and the smoking rate is particularly high (37.5%) among adults receiving HUD assistance with children in the home.[2]

In an effort to create healthier public housing communities, the U.S. Department of Housing and Urban Development (HUD implemented a smoke-free rule in all federally funded public housing communities) in July 2018. In support of the smoke-free rule, public housing residents must have full access to a range of tobacco cessation services from front-line healthcare providers, public housing staff, and quitlines to increase successful quit attempts. The healthcare, housing, and public health sectors must provide well-coordinated and comprehensive cessation services to maximize the public health benefits of the smoke-free rule for public housing residents.

Over the last two years, the American Cancer Society, North American Quitline Consortium, and Smoking Cessation Leadership Center at the University of California, San Francisco worked in 7 communities nationwide, one each in California, Florida, Kentucky, Missouri, New York@, Pennsylvania, and South Carolina; 5 sites worked comprehensively with community health centers (CHCs), public housing agencies (PHAs), and state health departments/quitlines, while 2 sites primarily focused on the CHC but included the PHA's informal collaboration. The initiative, known as Smoke-free Public Housing: Helping Smokers Quit, kicked off in early 2019 and continued through spring 2020 with generous funding from the Robert Wood Johnson Foundation. Visit our frequently asked questions document for best practices and lessons learned.

This initiative sought to help **PHA residents access cessation services to reduce tobacco use and improve the overall health, well-being, and equity of PHA communities** through a two-tier approach:

- Local collaboration among sectors in each community to ensure public housing residents (and all other patients at their health center) know about and can access evidence-based tobacco cessation services
- Smoke-free Public Housing ECHO sessions (a virtual tele-mentoring model) that took place every 2 weeks featuring an instructive presentation by a subject matter expert; individual or systems case presentation, followed by expert recommendations and all-participant best practice sharing; and community collaborative action plan update

[1] HUD; National Center for Health in Public Housing
[2] Helms VE, King BA, Ashley PJ. Cigarette smoking and adverse health outcomes among adults receiving federal housing assistance. *Prev Med*. 2017;99:171–177. doi:10.1016/j.ypmed.2017.02.001

Our experience working in the selected communities to increase access to tobacco cessation services for residents of public housing uncovered ongoing needs on how best to reach residents of public housing with tobacco cessation services, support the smoke-free rule, and ultimately improve health equity for those who live in public housing. Findings from this pilot initiative showed that public housing administrators and front-line healthcare providers are well-positioned to raise awareness, provide resources, and engage residents in tobacco cessation services. However, there are large gaps in knowledge and capacity to do so.

Where we worked

States and communities were chosen based on a variety of factors including percentage of smokers in the population, percentage of the population who are public housing residents, availability of government-related resources, geographical diversity, and quitline capacity. The following chart offers a more complete look at the CHCs, PHAs, and quitlines that participated in this initiative.

Initiative Location	Relevant Statistics (2018)	Total number of patients served by CHC*	Percentage of CHC patients who live in public housing*	Percentage of CHC patients uninsured*	Percentage of CHC Racial and/or Ethnic Minority Patients*	Percentage of CHC patients at or below 100% of poverty line*	Number of resident units at primary PHA**	Number of calls/referrals to state quitline***	Quitline referral methods***	State Medicaid expansion
San Francisco, CA#		1,094	n/a - RAD housing	7	62	100	n/a - RAD housing	54,810	FAX; email/online; eReferral	Yes
Winter Haven, FL		47,927	46.87	24.53	66.36	66.67	248	n/a	n/a	No
Louisville, KY		3,986	0	11.77	82.85	65.17	4,887	6,464	FAX; email/online; eReferral	Yes
St. Louis, MO		43,677	7.69	42.09	81.68	90.59	150	10,632	FAX; email/online	No
Lancaster, PA		21,658	43.19	10.28	82.03	70.10	566	13,146	FAX; email/online; eReferral	Yes
Florence, SC		41,072	71.66	21.34	67.2	73.00	809	20,405	FAX; eReferral	No
Long Island City, NY@		20,022	7.43	32.08	94.36	90.25	358	n/a	n/a	Yes

#San Francisco CHC data from 2017 (most recent available)
*Source: US Health Resources and Services Administration Uniform Data System
**Source: US Department of Housing and Urban Development
***Source: North American Quitline Consortium
@Project work not funded by Robert Wood Johnson Foundation. Information included for a full look at the initiative.

Please visit smokefreePHA.org or contact Becky Slemons for more information.

Case study: Louisville, Kentucky

This case study is intended to provide an overview of work in Louisville, KY, as part of the Smoke-free Public Housing: Helping Smokers Quit initiative. This cross-sector collaboration may provide a template for similar communities, and/or one of the sectors may provide inspiration to break down or transcend local barriers. For a more detailed view of both patient and systems-based challenges, please view the case presentation videos from the biweekly Project ECHO sessions and read the best practices.

Community statistics

Louisville, KY, is located in Jefferson County and has a population of 619,000. The median household income is about $51,000/year. While nearly 89% of residents have a high school diploma, nearly 17% of residents live below the poverty line.[3] Jefferson County has an adult smoking rate of 24%[4], compared to the national average of 14%.[5]

Community health center (CHC)

Shawnee Christian Healthcare (SCHC) is a federally qualified health center that sees about 4,000 patients per year. Of their patients, 65% are at or below 100% of the federal poverty line, and nearly 12% are uninsured. They're located less than 10 minutes from the PHA.

At the beginning of the grant, SCHC primarily provided tobacco cessation services to public housing residents who are patients at the health center. They offered patients behavioral health counseling, nicotine replacement therapy, quitline referral, motivational interviewing, and care management. Primary care providers assessed for tobacco use and provide brief cessation counseling during a patient's primary care visit, then worked with patients to create a cessation plan that met the patient's health goals. They were also set up to work collaboratively with a behavioral health provider during a primary care appointment refer patients to receive direct behavioral health services to address tobacco use, but they usually were only able to arrange one visit. They periodically offered tobacco cessation group sessions using the American Lung Association's Freedom from Smoking curriculum.

In light of the HUD smoke-free rule, they also planned to hire an additional Behavioral Health Consultant (BHC) to specialize in substance use disorder and mental health counseling including tobacco cessation to allow multiple behavioral health visits. A Community Health Worker (CHW) was assigned to work closely with the BHC to assist patients in navigating social factors that affect health and tobacco cessation and provide tobacco cessation group sessions.

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[3] https://www.census.gov/quickfacts/louisvillejeffersoncountybalancekentucky

[4] http://www.kentuckyhealthfacts.org/data/topic/show.aspx?ind=6

[5] https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

SCHC staff perceived the following barriers to patients quitting:

- Difficulty accessing NRT: even though patients often were eligible for free NRT, they lost the paper prescriptions and/or didn't take the extra step of picking it up
- Lack of understanding regarding NRT: SCHC heard, "You want me to stop using tobacco, but you're giving me nicotine"
- Difficulty providing tobacco cessation services on site at public housing locations due to lack of space/other activities scheduled at the same time
- Tobacco use is a coping mechanism for stress, anxiety, or mental health concerns, and often ongoing, individualized behavioral health support is needed to make longstanding change
- Electronic medical records not formally set up to track patient quit attempts, so providers wouldn't easily see quit history to provide follow-up or support

Public Housing Agency (PHA)

Louisville Metro Housing Authority (LMHA) has 4,887 federally funded units that consist of multiunit family sites, scattered sites throughout Louisville, and housing for elderly and disabled residents. This work took place in family sites near the community health center. More than 95% of the families they assist are classified as Very Low Income, meaning that their income is less than 50% of the Area Median Income. In Louisville for a family of 4, Very Low Income is a household income under $38,200.

LMHA estimated that 30-40% of their residents smoked, so they expected the smoke-free rule to improve resident safety, health, and happiness and liability reduction and cost savings. To prepare for the smoke-free rule, they:

- Updated all administrative plans, as well as leases and lease addendums with no-smoking rules
- Placed signage that indicated there could be no smoking within 25 feet of buildings in all prominent locations (front door, lobby, etc.)
- Had smokers go to smoking shelters equipped with receptacles for cigarette butts
- Established an enforcement plan consisting of the following:
    - Staff are responsible for informing management of an incident of on-campus smoking; they keep a smoking notification log
    - Upon first infraction, residents will receive a warning. Upon the second infraction, resident wills be charged $15, which is added to their rent bill. The third infraction carries a $30 penalty and the 4th infraction carries a $45 penalty.
    - Multiple infractions would be reason to begin an eviction process

LMHA held meetings with residents and did experience significant pushback to the smoke-free rule. At the beginning of the initiative, they'd issued 9 smoke-free violations but felt that number was not indicative of actual violations but rather the amount of paperwork involved in reporting the violation. This PHA does have a resident council that was brought in early in the implementation process and acted as champions for the smoke-free rule.

Quitline

The Quit Now Kentucky state quitline is part of the Kentucky Tobacco Prevention and Cessation Program at the Kentucky Department of Public Health ("quitline" in this case study), and patients can be referred by fax referral, eReferral from a member of the health care team, or web referral. They receive about 6,500 calls each year and spend $0.32 per smoker on services and medications. They offer free counseling for all Kentucky residents 15 years of age and older and free nicotine replacement therapy in the form of gum, lozenge, and patch for Kentucky residents 18 years of age or older who are uninsured or on Medicare and enrolled in counseling. Services are available in English, Spanish, Arabic at the point of contact, and for the deaf and hard-of-hearing.

Leading up to the implementation of the smoke-free rule, Kentucky did have some activities to promote tobacco control and cessation services to PHA residents. The North American Quitline Consortium worked with quitlines nationwide including Kentucky's to better track clients who are public housing residents.

Collaboration and systems change

At the beginning of this initiative, SCHC, LMHA, and the Kentucky quitline had no working relationship in any combination. In January 2019, all parties met in Atlanta for the project's kickoff. The Kentucky stakeholders sat together to begin to establish a rapport, to discuss barriers to tobacco cessation access, and to create a community action plan to follow.

The team set up regular calls that included local ACS cancer control staff to discuss internal quality improvements, plan for events including the Great American Smokeout in November, introduce additional partners, and improve collaboration.

In addition to bi-weekly SFPH ECHO sessions, the Kentucky team held monthly calls for SCHC, LMHA, the quitline, and additional community partners to break down silos. For example, the SCHC learned of all of the cessation classes nearby to refer patients. Indeed, "lines of communication have been opened, allowing for collaboration related to smoking cessation and other initiatives."

Action	Organization(s) Responsible	Timeline	Measurement
Meeting schedule- KY leaders touch base monthly to see how things are going and how we can collaborate (ACS, state, public housing, American Lung, FQHC etc.) *This is separate from the ECHO****	ACS to send invite out Jeff sent out Doodle poll this week to see when first meeting should be	Within 2 weeks	Monthly meeting
Data needs and requests for project	CHC, state and public housing	ASAP	• Public housing visits to FQHC by location • # of visits to quitline • Quit class attendance
Health Ambassador info: • Separately, CHC is also working on Freedom from Smoking classes)	Public housing and state to look into more information about the Louisville Health Ambassador info which also supports cessation work	ASAP	Need more info on this already established program that works with at-risk populations
Printed materials for public housing: • Separately, CHC said they can do some social media and in clinic marketing) • SCLC also has a ton of materials, workflow docs etc.	State to provide printed materials	ASAP	Discussed needing cultural appropriate materials: Spanish, Somali, Muamuay, Vietnamese, Arabic, Nepali etc.) Some languages are not available so will need to work through that.
Investigate EHR capability for e-referral	CHC, state	ASAP	Can we do a e-referral to the quitline? (clinic not sure if provider's would fill this out)

Formal work with the housing authority led to prioritization of cessation classes on-site at LMHA and allowed the CHW to hold "office hours" in a prominent location so residents knew when and where to contact her for more information about quitting smoking.

Conversations with the quitline led to a strengthened understanding by the PHA that they could help residents access quitline services without the referral of a health care provider and helped SCHC get around barriers to patients receiving quitline services. For instance, the quitline is unable to use a local number for caller ID, so patients/residents were reluctant to answer calls from unknown numbers. As a result of this collaboration, SCHC was able to identify a date and time patients will receive a call back, then provide patients with a reminder to answer phone calls during that time. **In their words**, "The relationships between partner organizations allows us to provide wrap around support for residents of public housing, coordinate efforts, combine resources, and access additional supports. We've developed relationships that will allow us to build on the momentum of this grant project to provide services to residents of public housing."

Early on in the process, each organization identified **significant staff training needs**. LMHA staff had referred to the quitline as part of its smoke-free rule implementation protocol but needed additional support and resources. This initiative allowed them to train staff on how best to interact with residents who violated the smoke-free rule and refer them to cessation services. SCHC staff were trained in cessation techniques but were not necessarily given continuing education on discussing cessation with patients or referring them to resources and services (including the quitline), and the absence of regular training did not allow tobacco cessation to stay top of mind. This initiative has led to a regular training for SCHC staff, including both providers and clinical support staff, who are often left out of the cessation protocol, and whose inclusion frees up patient time for providers. The CHC is also planning to train additional staff members in facilitating cessation curriculum to be able to provide classes on an ongoing basis.

Through this project, **quitlines discovered that there is an immense lack of awareness** about what the quitline is, the services it provides and even that fact that it exists. Therefore, an immediate first step

included educating CHCs on what a quitline is – an evidence-based free service available to their patients – and the services it provides.

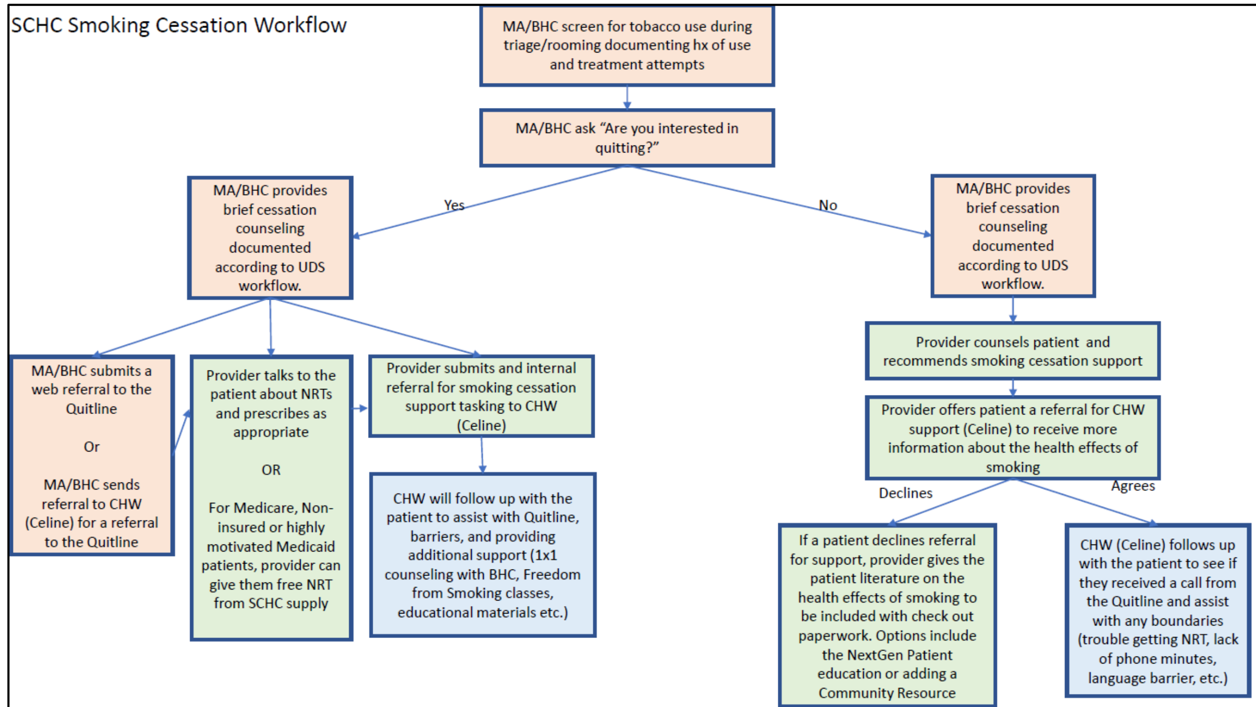
Impact

Moving forward, SCHC is expanding work with LMHA to promote tobacco cessation services to Section 8 housing residents, which is a separate housing program than federally funded public housing. As a result of this collaboration, the Kentucky Department of Health will continue to collaborate with SCHC to track web referrals, and they recently received funding from another foundation to continue and expand on work accomplished through the initiative. The Kentucky quitline will also continue to partner with LMHA on events, such as the Great American Smokeout and cessation classes, and they also will continue to provide technical assistance to LMHA on how to refer to the quitline.

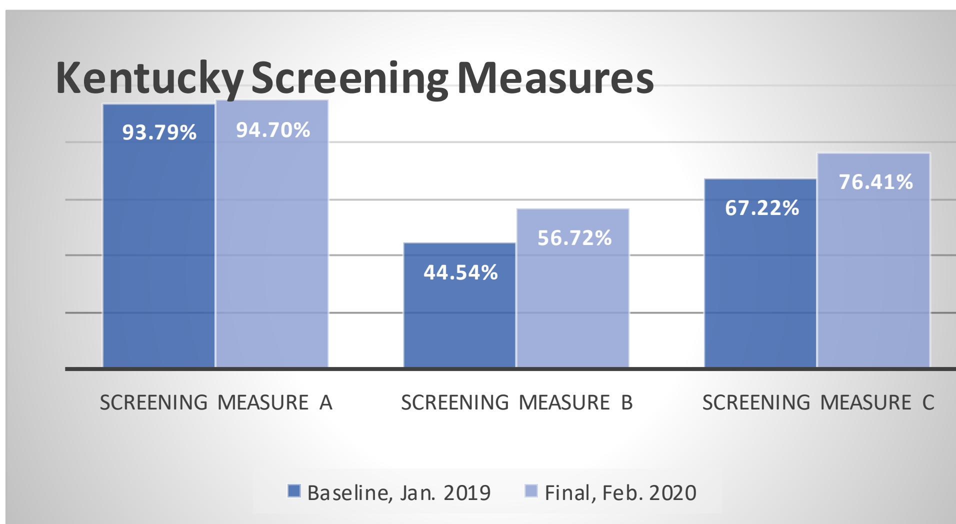
In short, SCHC, LMHA, and quitline collaboration and tactics had the following impact:

- In-person kickoff and in-person or virtual regular meetings led to free flow of information and problem-solving; also built relationships among different sectors to create better systems change opportunities for patient/resident support
- Integrating tobacco cessation into monthly quality improvement (QI) committee meetings, including interventions to improve metrics (see chart below)
    - Including cessation in morning huddles to continue focus on QI
    - Successful integration of quitline referral into providers' workflow
- Increased tobacco screening and patient intervention rates (see chart below)
- Monthly events on-site at the PHA that brought services and information directly to residents, including health fairs, well publicized tobacco cessation classes that continue, and more staff trained so they may offer classes on an ongoing basis
- Great American Smokeout event that included a trophy ceremony for those who'd taken part in cessation classes in November or who signed up to commit to quitting smoking (photo above), and a follow-up to the Smokeout in February
- Regular CHW office hours at the PHA, building trust and connecting residents with local services
- Creation by NAQC and the quitline of a [Kentucky cessation resource directory]
- LMHA staff received increased training on interacting with residents who violated the smoke-free rule; smoking cessation flyers, brochures, and other resources were widely distributed
- Ongoing tobacco cessation training for SCHC and LMHA staff to better help stakeholders and keep cessation top of mind
- Quitline will continue to assist LMHA with events and provide SCHC with technical assistance to encourage providers to refer to the quitline
- Increased knowledge by providers of the quitline as a free resource
- Continued collaboration as work is expanded to reach Section 8 housing voucher recipients
- Continued collaboration as sectors work together to find funding for additional work with public housing residents

SCHC smoking cessation workflow post-quality improvement



SCHC screening measure improvement



Screening Measure A: Patients Screened for Tobacco Use within 24 Months
Screening Measure B: Patients Identified as a Tobacco User Who Received Intervention in the last 12 months
Screening Measure C: Patients Screened for Tobacco Use AND Who Received Intervention if Identified as a Tobacco User in the last 12 months
Source: SCHC Self-reporting

Kentucky Quitline project measures

Measure	4/1/18-3/31/19*	4/1/19 – 3/31/20
1: Number of calls from PHA residents to participating quitlines	295	356
2: Number of calls from the selected PHA sites to participating quitlines	51	n/a
3: Number of PHA residents receiving cessation services from participating quitlines	73	356
4a: Total number of referrals from the participating CHC to the state quitline	n/a	63
4b: Number of unique tobacco users referred to the state quitline and identified as PHA resident at intake	n/a	63

*The initiative kicked off in January 2019, so relationships hadn't been fully established nor referral procedures created

Analysis: Public housing administrators and front-line community health workers are well-positioned to raise awareness, provide resources, and engage residents in tobacco cessation services. However, there are large gaps in knowledge and capacity to do so. The use of the virtual tele-mentoring Project ECHO model to foster cross-sector collaboration and regular in-person meetings led to an open flow of information that removed siloes and reduced barriers to residents accessing care. While the initiative was time-intensive at first, a template of care has been created in Louisville that has made it easier to expand healthcare access for tobacco cessation and has already led to getting in front of new audiences. All sectors have identified continuing education and training as a need, and they've committed to working together to ensure needs are met. Read more about the best practices we've identified.

Personal stories

- A 56-year-old woman who had been smoking for 45 years was dealing with a severely ill husband, a move from public housing due to the need to care for her estranged husband who wasn't on the lease into living with family who also smoked, and end-stage renal (kidney) disease. She needed to stop smoking to qualify for a kidney transplant, but the stress from these situations and a lack of interest was making it difficult to quit. She began getting support from the health center's CHW, and they worked together to get her on the path to quitting and also to remove obstacles causing her stress, which kept her smoking, which kept her from a kidney transplant, which continued the stress in a never-ending cycle. They also needed to convince her family to help, who were not supportive of a quit attempt even though it was putting her life in imminent danger if she couldn't get a new kidney. After presenting this case during the SFPH ECHO, the CHW had new ideas to help the patient, including how to help her feel more in control, how to move her along from contemplative to ready to quit, and how to best support her in her quit attempt. The patient – and eventually her husband – joined the CHW's cessation classes at the PHA, met with the behavioral health team to identify triggers for smoking so she could avoid them, and realized they wanted to look for housing with a smoke-free policy. She

made a quit attempt, then relapsed after her husband's death, but has cut down again and is planning her next quit attempt.

- "John Doe" came to one of the health fairs SCHC hosted at LMHA. He had no income, had not seen a doctor or dentist in a long time, and had no real motivation to quit smoking. After he met with the CHW, they helped him get the medical and dental care he needed, plus transportation for these appointments. He also started engaging in regular behavioral health services. SCHC helped him get a phone so he could connect with the quitline, and he completed a cycle of Freedom from Smoking classes – which led to him quitting smoking. Further, SCHC helped him contact a lawyer to apply for Social Security benefits, for which he was approved and granting him income. He even volunteered as a "quit champion" during the Great American Smokeout event and was recognized for his success. Since the pandemic started, the CHW called to check-in with him, and he said that he had a few slips but had not relapsed to his baseline tobacco use. The CHW plans to engage him as a quit champion to take the lead in offering smoking cessation services at LMHA. If he is interested, SCHC will help get him the tools, resources, and education to provide support to his neighbors. He is well-known and trusted at LMHA, so they hope his presence will lead to more residents considering a quit attempt – and help him stay quit.

Tobacco Cessation Quick Guide

What can help people quit smoking?

Aside from systems change as exemplified in this case study, what can help people quit smoking in clinical or residential settings?

Nicotine Replacement Therapy and Behavioral Counseling

The 2020 Surgeon General's Report on Tobacco Cessation (SGR) reveals that more than three out of five U.S. adults who have ever smoked cigarettes have quit. Although a majority of cigarette smokers make a quit attempt each year, less than one-third use cessation medications approved by the U.S. Food and Drug Administration or behavioral counseling to support quit attempts. The report highlights that behavioral counseling and cessation medications are each cost-effective and work to increase smoking cessation on their own, but they're even more effective when used together. The report advises that combining short- and long-acting forms of nicotine replacement therapy (NRT) increases smoking cessation compared with using single forms of nicotine replacement therapy. In addition, proactive quitline counseling, when provided alone or in combination with cessation medications, increases smoking cessation rates.[6]

Medications: NRT, including gum, lozenges, patch and the less-commonly used inhaler and nasal spray, can help with the difficult withdrawal symptoms and cravings that most people say is their only reason for not giving up tobacco. Many people can quit tobacco without using NRT, but most of those who attempt quitting do not succeed on the first try. In fact, smokers usually need many tries – sometimes as many as 10 or more – before they're able to quit for good. Most people who try to quit on their own go back to smoking within the first month of quitting – often because of the withdrawal symptoms. Together with counseling or other support, NRT has been shown to help increase the number of smokeless tobacco users who quit, too.[7]

Download and print an American Cancer Society patient-facing flyer that helps them make a plan to quit and explains how to use all forms of NRT and prescription medication correctly.

There are also **non-nicotine medications** that can help people quit and are available by prescription only:

- Bupropion SR (Zyban), which might be more helpful if used in combination with NRT
- Varenicline (Chantix), which helps reduce withdrawal symptoms

Behavioral counseling brings together a patient and counselor to help the patient quit smoking. Behavioral counseling often focuses on the 5As: Ask, Assess, Advise, Agree, and Assist. The 5As help the patient-counselor team work through why the patient wants to quit and how to do it. They work together in a variety of ways, including but not limited to making a quit plan, finding emotional or situational triggers, and planning how the patient will get through cravings. Behavioral counseling can be

[6] United States Surgeon General's Report on Tobacco Cessation, 2020
[7] American Cancer Society Guide to Quitting Smoking, cancer.org, 2017

offered in person (individual and group), by phone (quitlines), and via other technology like virtual sessions.

If seven out of 100 smokers are able to quit smoking for at least six months with brief counseling (i.e., brief advice, educational self-help materials, or usual care), adding individual behavioral counseling delivered by a trained therapist would increase this number to 10 to 12 out of 100 smokers. If 11 out of 100 smokers are able to quit smoking with pharmacotherapy, adding individual behavioral counseling by a trained therapist might increase this number to as many as 16 out of 100 smokers.[8]

In addition, **technology** tailored to each individual can play a part in helping someone quit smoking for good:

- Short text message services about cessation are independently effective in increasing smoking cessation rates, particularly if they are interactive or tailored to individual text responses.
- Web or Internet-based interventions increase smoking cessation and can be more effective when they contain behavior change techniques and interactive components.[9]

What about e-cigarettes?

The SGR concluded that since the e-cigarette/vaping landscape is so rapidly changing, there's insufficient evidence to recommend for or against e-cigarettes.

What we do know is that e-cigarettes or "vapes" contain nicotine, as well as typically contain other ingredients that could be harmful when inhaled (propylene glycol, glycerin, flavorings, etc.) While some people do use them for help when trying to quit, there's insufficient evidence to recommend them. E-cigarettes don't have nearly as much proof that they're as safe and effective as the 7 types of FDA-approved medications, and we don't know if they'll harm people over time. We DO know that NRTs are the safest nicotine products available. Most importantly: we already know what works – medications/NRT + counseling.

More about quitlines

Free quitline support is available 24 hours a day, 7 days a week at 1-800-QUIT-NOW. Quitlines deliver support and referrals to tobacco users to help them quit smoking in all US states, regardless of their geographic location, race/ethnicity, or economic status. Callers get access to many different types of cessation information and services, including:

- Free counseling from a cessation coach and medications
- A personalized quit plan and self-help materials, social support and coping strategies to help
- How to deal with cravings and withdrawal
- How to get the right kind of help from your friends and family
- Websites, apps, and texting programs might help you quit

[8] https://www.aafp.org/afp/2018/0701/p21.html#:~:text=If%20seven%20out%20of%20100,12%20out%20of%20100%20smokers
[9] United States Surgeon General's Report on Tobacco Cessation, 2020

- Information on effective quit-smoking medication and how to use it

Callers may get free NRT, and many quitlines offer texting programs so callers may not have to use cell phone minutes. Coaching is available in many languages. To learn more about Quitline services in your state, see: http://map.naquitline.org/

CDC has created short videos to help callers understand what a quitline is, what quit coaches can do, how to make a plan to quit, how they can help with quit-smoking medications, managing triggers and

North American Quitline Consortium Map	This map provides information on the type of counseling and medication services available by phone and online at no cost to smokers in each state.
NAQC Resource Directories for 5 quitlines for this SFPH initiative and a template to create your own resource directory	Can support quitlines, PHAs, CHCs, health care providers and others in connecting tobacco users who are interested in quitting with cessation services that best meet their needs. Each directory includes a broad list of national tobacco cessation resources available to and that can be accessed by tobacco users, regardless of state, that complies with the Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update. The directories feature the quitline along with face-to-face and online cessation resources.
CDC quitline videos	CDC has created brief videos to help callers understand what a quitline is, what quit coaches can do, how to make a plan to quit, how they can help with quit-smoking medications, managing triggers and cravings, and handling setbacks.

cravings, and handling setbacks. More information about quitlines:

What can health care professionals do?

The Surgeon General's Report on Cessation says that four out of every nine adult cigarette smokers who saw a health professional during the past year did not receive advice to quit.[10] Physicians, psychologists, pharmacists, dentists, nurses, and numerous other healthcare professionals can treat nicotine addiction in smokers. Thus, by extension, the various settings in which such professionals work represent appropriate venues for providing these services.

Indeed, health care providers from all corners of your hospital, clinic, long-term care facility, behavioral health facility, or other clinical setting can help support an individual's quit attempts. Similarly, specialists (pulmonologists, cardiologists, oncologists, endocrinologists, etc.) who are part of a patient's health care team should be involved as well.

The development and dissemination of evidence-based clinical practice guidelines increases the delivery of clinical interventions for smoking cessation. And strategies that link smoking cessation-related quality measures with payments to clinicians, clinics, or health systems increase the rate of delivery of clinical treatments for smoking cessation. Here are some resources:

[10] United States Surgeon General's Report on Tobacco Cessation, 2020

Million Hearts Tobacco Cessation Change Package	Quality improvement tool created by the CDC intended for health care professionals in outpatient, inpatient, and behavioral health settings and public health professionals who partner with these groups. It presents a list of process improvements that clinicians can implement as they seek to deliver optimal treatment to patients who use tobacco. It also gives clinical teams a practical resource to increase the reach and effectiveness of tobacco cessation interventions and to incorporate these interventions into the clinical workflow.
Billing Guide for Tobacco Screening and Cessation (*American Lung Association*) Billing Guide Addendum for Behavioral Health (*American Lung Association*)	Tobacco Use Disorder can be effectively treated in a behavioral health setting and is considered a billable service by Medicare, Medicaid, and many commercial insurance carriers. However, there are some important distinctions and nuances that behavioral health providers should consider to optimize the chance of successful billing.
Smoking Cessation Leadership Center Toolkits for Hospitals and Health Systems	A variety of packaged resources, at-a-glance flyers, and tools to aid cessation efforts at your health center/clinic, including 1-800-QUIT-NOW blue cards, Drug Interaction with Tobacco Smoke chart for providers; Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation for providers (from SCLC); and the Tobacco Epidemic Among People with Behavioral Health Disorders Facts and Resources for providers.
Smoke-free Public Housing ECHO series case studies	Learn more about what was discussed for tobacco cessation-related systems change for health centers, public housing agencies, and quitlines during the virtual all-teach, all-learn Project ECHO series for the Smoke-free Public Housing: Helping Smokers Quit initiative

Additional resources for smoke-free public housing

SmokefreePHA.org	Our Smoke-free Public Housing: Helping Smokers Quit website, which includes lessons learned, printable resources, clips to ECHO didactics and case presentations, links to helpful sites and documents, and more
Smoke-free Public Housing FAQs and Best Practices	We have created a document of frequently asked questions and best practices to help CHCs, PHAs, quitlines, and other interested sectors learn what helps to promote and achieve cessation in public housing populations. These FAQs were gleaned from SFPH ECHO case presentations and grantee reporting.
Smoke-Free Public Housing Compliance and Enforcement Toolkit	Digital toolkit including educational resources, sample documents, and communications materials to promote compliance and best practices for effective and equitable enforcement of smoke-free policies

Clean Air for All Newsletter	Get updates on smoke-free housing news, upcoming webinars and events, new resources, tips, and more.
Technical assistance for PHAs	Clean Air for All also provides individualized smoke-free housing assistance and referrals to local support for PHAs. Contact them at info@smokefreepublichousingproject.org or 651-646-3005 ext. 325.
National Center for Health in Public Housing smoke-free resources	Health centers located in or immediately accessible to public housing are the primary source of health care for this special population. The longer the smoking ban is in effect, it is likely that many public housing residents will attempt to quit tobacco products, resulting in a higher need for smoking cessation and counseling services.

Sample social media messages

Studies show that social media can help people think about quitting smoking. Here are some resources:

- CDC Tips From Former Smokers campaign messaging
- CDC Tips messaging for specific groups
- #EliminateTobacco from MD Anderson