Smoke-free Public Housing:
HELPING SMOKERS QUIT

Case Study: South Carolina

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: Florence, South Carolina

This case study is intended to provide an overview of work in Florence, SC, 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 program's biweekly Project ECHO sessions.

Community statistics

Florence, SC, is located in Florence County and has a metropolitan population of about 206,000. The median household income is about $48,000/year. While nearly 89% of residents have at least a high school diploma, nearly 18.5% of residents live below the poverty line.[3] Florence County has an adult smoking rate of 26%[4], compared to the state smoking rate of 21% and the national average of 14%.[5]

Community health center (CHC)

HopeHealth, Inc. is a federally qualified health center that sees about 42,000 patients per year. Of their patients, 73% are at or below 100% of the federal poverty line, and 21% are uninsured. The clinic is located in close proximity to the PHA site for this initiative.

At the beginning of the grant, HopeHealth provided standard tobacco cessation services to public housing residents and other patients at the health center. Primary care providers assessed for tobacco use and provided brief cessation counseling during a patient's primary care visit, then recommended and/or wrote a prescription for nicotine replacement therapy (which would make it covered by insurance if filled at the health center), a call to the South Carolina quitline, or another local resource.

They perceived the following barriers to patients quitting:

- Poverty: the stress associated with being poor makes it hard to quit smoking and makes it harder to access care that could help someone quit tobacco
- Peer groups: people who smoke tend to group together, and you often see groups of people at the PHA smoking together
- Understanding preventive care: patients tend to use the ER instead of regular care, where smoking cessation is more likely to be addressed; HopeHealth also doesn't get the names of Medicare and Medicaid recipients who've used ER services and so can't follow up with them

[3] https://www.niche.com/places-to-live/florence-florence-sc/residents/

[4] https://www.cdc.gov/nccdphp/dch/programs/communitiesputtingpreventiontowork/communities/profiles/tobacco-sc_florence-county.htm

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

Public Housing Agency (PHA)

The Housing Authority of Florence, South Carolina (HAF) site in which this initiative took place has 124 residents, about 10% of the total number of residents who live in their 12 federally funded single-family sites and multifamily housing throughout Florence. Around 92% of the families they assist are classified as Very Low Income, meaning that their income is less than 50% of the Area Median Income. [6] In Florence County for a family of 4, Very Low Income in 2019 was a household income under $30,350[7].

The PHA estimated that 60% of their residents smoked. The PHA is not fully smoke-free but consider any rule change to be a high priority and did plan to implement the smoke-free rule "to the letter of the law." To prepare for the smoke-free rule, they:

- Placed "No Smoking" signage throughout administrative and multifamily buildings
- Engaged the resident advisory board a year ahead of policy implementation to help them educate and prepare residents
- Held resident meetings to introduce the policy
- Educated staff on the new policy
- Made cessation brochures provided by the Department of Health available to residents
- Established a 5-tier enforcement plan consisting of the following:
    - Upon first violation, a warning is issued.
    - Upon second violation a $50 fine is issued.
    - Upon third violation a $100 fine is issued.
    - Upon fourth violation, a $150 fine is issued.
    - Upon fifth violation, a $200 fine is issued, and the resident can face eviction.

By the beginning of the initiative in January 2019, they'd issued 2 smoke-free violations, with one individual receiving a $100 fine.

PHA staff felt strongly that residents were not interested in quitting smoking, but as HAF takes smoking in prohibited areas very seriously, they did want to do what they could to help their residents.

Quitline

The South Carolina Tobacco Quitline is part of the South Carolina Department of Health and Environmental Control (SC DHEC), and patients can be referred by fax referral or eReferral through electronic health records (although eReferral was unable to be implemented during this project period). They receive about 20,400 calls each year, and they have a quit rate of 34%. They offer free counseling to all callers who request assistance and free nicotine replacement therapy in the form of gum, lozenge, and patch for SC residents 18 years of age or older. All services are offered irrespective of insurance status. Services are available in English and Spanish, and for the deaf and hard-of-hearing.

Leading up to the implementation of the smoke-free rule, South Carolina did have some activities to promote tobacco control and cessation services to PHA residents, including providing cessation

[6] US Department of Housing and Urban Development data set for HAF
[7] US Department of Housing and Urban Development data set

brochures. The North American Quitline Consortium worked with quitlines nationwide including South Carolina's to better track clients who are public housing residents.

Collaboration and systems change

At the beginning of this initiative, HAF did have a passing relationship with HopeHealth for onsite health and wellness fairs, and they had received materials about the HUD smoke-free rule and quitline/cessation information from the SC DHEC secondhand smoke protection coordinator in the wake of the smoke-free rule, but none of the parties had any formal collaboration. In January 2019, all parties met in Atlanta for the project's kickoff. The South Carolina 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.

Action	Organization(s) Responsible	Timeline	Measurement
HopeHealth / SCDHEC Quitline e-referral process add on to EMR	HopeHealth/Quitline	ASAP – Start by 1/31/2019	First e-referral from HopeHealth to Quitline
SCDHEC send HopeHealth Medicaid Bulletin and other Provider Resources	HopeHealth/Quitline	By 1/31/2019	Information received by HopeHealth
HopeHealth Kickoff Training Meeting (Introduce PHA project, HopeHealth commitment, Staff Buy-In)	HopeHealth/ACS	2/26/2019	Meeting Agenda/Participant Sign-In sheet; Pre/Post Survey
HopeHealth Evaluate Standard Operating Procedures, ex SMART Form	HopeHealth	By 2/28/2019	
Start Planning November Great American Smokeout Block Party with HopeHealth Marketing Team	HopeHealth/ACS	By 2/28/2019	
Florence Housing Authority Staff Training (Add Quitline Information on Website)	Florence Housing Authority/ACS/HopeHealth	By 2/28/2019	Training Agenda/Participant Sign-In sheet; Pre/Post Survey
HopeHealth Provide Health Education Program (Topics To Be Determined via Helen's Resident Surveys) – Will be held onsite at Parkview Community Center to develop provider/resident relationships	HopeHealth/Florence Housing Authroity/ACS	By 4/1/2019	Agenda/Participant Sign-In sheet; Pre/Post Survey
American Cancer Society to provide Resources (Beth/Kim will vet which pieces to suggest/share with HopeHealth Marketing / Health Literacy Council, will also investigate Fresh Start Program for any applicable program materials)	ACS/HopeHealth Marketing & Literacy Council/Florence Housing Authority	By 2/15/2019	Resources disseminated to FHA staff and residents

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 South Carolina team held monthly calls for HopeHealth, HAF, SC DHEC and the quitline to plan, break down barriers, and have open, honest conversations. The residents of HAF, as noted previously, were disinterested in quitting smoking. One resident came to a cessation event with a cigarette behind his ear. A survey sent out by HopeHealth revealed that 50% of residents who admitted they are smokers were not interested in quitting. And over time, fewer residents came to on-site cessation classes.

The reasons for this stalwart attitude are numerous: residents are low income, a risk factor for tobacco use; most residents of HAF are minorities (95% total, of which 92% are African American or Black)[8] and have been targeted by tobacco companies for generations; Florence, SC, sits as it has for hundreds of years in the middle of tobacco farms in the Pee Dee region of the state[9]; lack of access to primary care means reduced focus on tobacco cessation; and more. Still, the team was undeterred and committed themselves to regular participation in the SFPH ECHO sessions and local collaboration. Together, they hosted several educational events for the residents, introduced health-related topics in the monthly residents' meetings, offered gift cards and other incentives for attendance, and provided a 6-week cessation class called *No Butts About It* that was created specifically for HAF residents.

As HopeHealth noted, "When we came together, we were simply a group of people with total opposite personalities, perspectives, jobs, and backgrounds. Over time, we have learned, and are still learning, to consider the ideas and opinions of others, strategize until barriers are mutually resolved, face challenges together including assisting others who are struggling with project demands, and share reminders for due dates or special event dates. All of these (and more that are not listed) are major components that characterize, strengthen, and grow a group of unique individuals and molds us into a team where future partnership opportunities are likely."

Through this project, the SC Quitline discovered that providers at HopeHealth (and elsewhere) were generally not aware of what the quitline is, the services it provides, or even that fact that it exists. Moreover, the SC Quitline also learned that providers were not aware of the newly adopted Medicaid policy for tobacco cessation coverage that removed all barriers to members and providers in accessing medication and counseling to quit; a policy that would certainly affect the level of cessation services that could be provided to HopeHealth patients who are covered under Medicaid. Therefore, an immediate first step included educating providers on what a quitline is – an evidence-based free service available to their patients. HopeHealth began implementing tobacco cessation improvement by providing information and updates during scheduled provider meetings and introduced a new order-set template that allowed providers to insert tobacco cessation and intervention data into patient charts for better documentation, navigation, and reporting. HAF became trusted partners, offering resources, space for onsite meetings and events, and the ability to get in front of residents regularly.

[8] US Department of Housing and Urban Development data set for HAF

[9] https://www.clemson.edu/extension/agronomy/tobacco.html

By the end of the initiative, none of the residents were ready to quit tobacco, but one of the participating residents did attempt to quit smoking for 3 days, a second resident decreased his daily cigarettes, and a staff member expressed interest in quitting smoking as well. As health care and public health professionals well know, quitting smoking is a difficult process, and anything that moves people closer to quitting, or even considering quitting, should be considered a win. And this isn't the end of the collaboration for this team.

Moving forward, HopeHealth continues to create and provide various engagement opportunities for the residents and other patients in hopes to "motivate and educate patients on living a tobacco-free life." They also plan to implement additional data collection through a tobacco cessation form in the EHR. That form will help them more closely examine any underlying gaps in care or access to tobacco cessation. In addition, while HopeHealth was able to establish a fax referral system to the quitline, they will continue to work toward eReferral to make it easier and more efficient for providers to refer patients. SC DHEC and the SC Quitline will also continue to partner with the PHA on events, such as the Great American Smokeout.

Impact

In short, the CHC, PHA, SC DHEC 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;
- A relationship between a growing healthcare provider in the area, the state public health agency and quitline, and public housing has been established to create systems change opportunities for patient/resident support
- Provider education by the clinical improvement staff in conjunction with the quitline reminded all staff about what the quitline does and the available referral options
- Electronic health record (EHR) enhancement: in the first half of the initiative, HopeHealth added tobacco cessation counseling to their provider dashboard as a quality measure; they are continuing work for a tobacco cessation smart form to bring tobacco cessation front and center for clinical staff and help better track data and trends
- Events at the PHA brought services and information directly to residents, including health fairs, tobacco cessation classes, and Great American Smokeout
- HAF staff have been trained to better interact with residents who smoke and, pending approval from their executive director, bring cessation information and materials to HAF housing that wasn't part of the initiative
- SC DHEC and the SC Quitline will continue to assist HAF with events and work with HopeHealth to establish eReferral from the EHR to the quitline

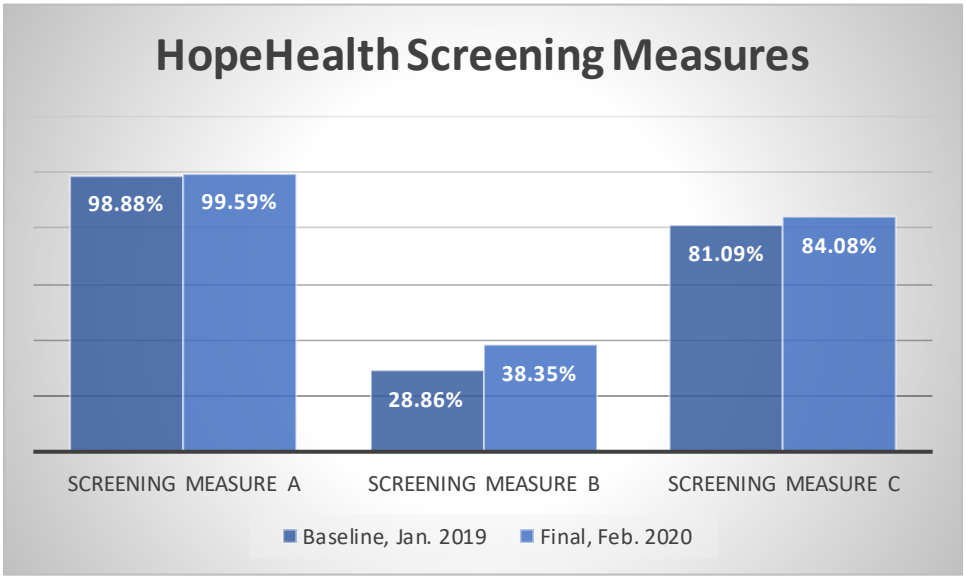
Analysis: Public housing administrators and front-line community health workers are well-positioned to raise awareness, provide resources, and engage residents in tobacco cessation services. However, there are large gaps in knowledge and capacity to do so. The use of the virtual tele-mentoring Project ECHO

model to foster cross-sector collaboration and regular meetings led to an open flow of information that removed siloes and reduced barriers to residents accessing care and allowed for brainstorming when faced with additional obstacles.

HopeHealth, HAF, and the SC Quitline have created a template of care and working relationships that will reduce barriers for future work. And HopeHealth affirmed their commitment to reach a population that hasn't shown much interest in quitting tobacco with EHR improvements to keep cessation top of mind for providers. As NAQC notes, CHCs can increase the number of tobacco users who are connected to evidenced-based cessation services through secure information exchange and coordinated services. This is especially important for CHCs whose patient base includes vulnerable populations that experience a disproportionate burden of tobacco dependence.[10] Read more about the best practices we've identified.

[10] North American Quitline Consortium smoke-free public housing case study

HopeHealth 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: HopeHealth self-reporting

South Carolina 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	71	444
2: Number of calls from the selected PHA sites to participating quitlines	n/a	0
3: Number of PHA residents receiving cessation services from participating quitlines	71	390
4a: Total number of referrals from the participating CHC to the state quitline	18	34
4b: Number of unique tobacco users referred to the state quitline and identified as PHA resident at intake	n/a	50

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

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.[11]

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.[12]

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

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

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.[13]

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.[14]

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

[13] https://www.aafp.org/afp/2018/0701/p21.html#:~:text=If%20seven%20out%20of%20100,12%20out%20of%20100%20smokers

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

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 cravings, and handling setbacks. More information about quitlines:

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.

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.[15] 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:

[15] 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