Comprehensive Tobacco Cessation in Public Housing Community Health Centers: Beyond Policy Adoption and Implementation

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7/20/17
Thank you to our partners
Moderator

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INSPIRING TOBACCO-FREE LIVES

National Behavioral Health Network
For Tobacco & Cancer Control
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Presenter

Jose Leon, MD
Chief Medical Officer
National Center for Health in Public Housing

National Center for Health in Public Housing
a project of North American Management
Presenter

John Kane
Senior Project Coordinator
Boston Housing Authority
Presenter

Elizabeth A. Davis, MD

Chief of Adult Medicine, Medical Director of Addiction Medicine
South End Community Health Center
Presenter

Bill Blatt, MPH
National Director of Tobacco Programs
American Lung Association
The mission of National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.
HUD’s Rule Banning Smoking in PH

- On December 5, 2016, HUD published a final rule requiring all Public Housing Agencies (PHAs) administering low-income, conventional public housing to initiate a smoke-free policy.
- The Rule was effective on February 3, 2017 with an 18-month implementation period.
What Does the Smoke-Free Rule Mean?

• No one is permitted to smoke anywhere inside the apartment building or outside within 25 feet of the buildings.

• Applies to every member of the household, as well as all visitors.

• This policy does not mean that residents who smoke cannot reside in the housing properties — they just cannot smoke in non-smoking designated areas.
Health Centers within 5 Miles of Public Housing Authorities that contain Smoke-Free Units

Percent of Smoke-Free Units at PHA

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%
- Health Centers
Public Housing Residents
Demographics

- NCHPH currently supports health centers in or immediately accessible to public housing in meeting the healthcare needs of 1,510,842 patients, including the 487,034 patients at 105 PHPC sites. From the 487,034 patients:
  - 30.9% are less than 18 years old
  - 62.4% are adults (18-64)
  - 6.8% are older adults (65 and over)
  - 21.9% are uninsured
  - 58.4% receive Medicaid/ 7.7% receive Medicare
  - 62.3% patients with a poverty of 100% and below.
Adults that receive assistance from HUD have higher rates of chronic health conditions and are higher utilizers of health care than the general population.

- 35.8% are in fair or poor health vs. 13.8% of other adults
- 71% are overweight or obese vs. 64% of other adults
- 61% have a disability vs. 35.4% of other adults
- 17.6% have diabetes vs. 9.5% of other adults
Tobacco-Related Illnesses/Health Conditions Exacerbated by Secondhand Smoke in HUD Housing-Assisted Programs

- 33.5% are current smokers vs. 22% of other adults
- 13.6% have COPD vs. 6.3% of other adults
- 16.3% have asthma vs. 8.7% of other adults

Source: A Health Picture of HUD-Assisted Adults 2006-2012
2015 UDS Tobacco Data

Tobacco-Related Illnesses/Health Conditions Exacerbated by Secondhand Smoke and Tobacco Use in PHPCs

Source: 2015 UDS Data
Cigarette Smoking: National Vs. Housing Data

Cigarette Smoking U.S. Adults Aged 18 Years and Older in 2015

- Percentage of Smokers: 15.1%
- Percentage of Non-Smokers: 84.9%

Source: Center for Disease Control

Cigarette Smoking – HUD Programs

- Public Housing: 33.6%
- HCV: 35.3%
- MF: 30.9%

Source: Cigarette smoking and adverse health outcomes among adults receiving federal housing assistance - HUD
Tobacco Use Disorder UDS Data by Year

Tobacco Use: No. of Visits and Patients

- 2013: 32,962 visits, 13,684 patients
- 2014: 36,410 visits, 15,439 patients
- 2015: 65,282 visits, 28,177 patients

Percentage of Smokers in PHPC Settings by Year

- 2013: 29%
- 2014: 27%
- 2015: 26%
**Q43** Are you familiar with a new HUD rule prohibiting lit tobacco in all living units, outdoor areas (25 feet from the housing) and indoor common areas in public housing?

- **Answered:** 47
- **Skipped:** 14

**Yes:** 74.47%

**No:** 25.53%

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**Q44** Are you collaborating with your PHA to implement a smoke-free policy?

- **Answered:** 47
- **Skipped:** 14

**Yes:** 51.06%

**No:** 48.94%
Contact Information

Jose Leon, M.D., M.P.H.
Chief Medical Officer
National Center for Health in Public Housing

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(703) 812-8822
Implementing Non-Smoking Policy at the Boston Housing Authority: John Kane
July 20, 2017
BHA Background

• Approx. **12,000** Family and Elderly/Disabled units in many building types
• Approx. **26,000** residents

• All multi-family attached units
Non-Smoking Policy: Leadership

MAYOR KICKS ASH

Menino vows to ban smoking in public housing projects, P. 2-3
Non-Smoking Policy: Staff Trainings

Spring / Summer 2012

1. Second Hand Smoke
2. Site-Based Plans
3. Enforcement / Lease
4. Reasonable Accommodation
5. Tracking Database
6. Ongoing Check-ins
Non-Smoking Policy: Resident Engagement

- City-wide Meetings
- Community Meetings
- Individual Meetings
- Residents & Applicants via mail and on website
- Ongoing
Resident Engagement: Continued

Information:
• Policy
• Lease
• Tips for Compliance
• Cessation Resources
• Second Hand Smoke
Non-Smoking Policy: Resident Engagement

Reporting Options:
• In person
• Phone
• Email
Non-Smoking Policy: Partnerships

**Partners:**

- BPHC: grants / data
- Community Health Centers
- Colleges
- Non-Profits

**Evaluation:**

- Air quality – Nicotine
- Resident Surveys / Interviews
Non-Smoking Policy: Enforcement

Multiple Steps:
• Investigation
• Private Conference
• Manager Agreement
• Standard Operating Procedures
Improved Implementation:
• Tracking Database
• Reporting Options
• Signage
• Resident Engagement
• Section 8 Outreach
Non-Smoking Policy: Context

• Amenities – lighting, benches, shelter, ashtray
• Work Place Ordinances
• Private Housing
Non-Smoking Policy: Contact

John.kane@bostonhousing.org

BHA website: BHA Non-Smoking Policy
Guidebook for Implementation:
https://www.bostonhousing.org/en/SmokeFreeBHA.aspx

HUD Guidebook:
Clinic Background

- Established 1969 in South End, Boston
- Federally Qualified Health Center
- Three locations: main clinic, school-based health clinic, Department of Mental Health program
- Serves approximately 15,000 patients, >46% live in subsidized housing, 65% Hispanic, majority receive public assistance for health insurance
- Adult Medicine, Family Medicine, Pediatrics, Women’s Health, Addiction Medicine, Infectious Disease Clinic, Integrated Behavioral Health, Behavioral Health, Dental, Eye Care, Community Services
Clinic Housing Statistics 2015

- Housing Estimates
- Patient Sample
- Screening

- Yellow: Homeless
- Orange: Public Housing
- Green: General Population
Disclaimers

- The 25% Public Housing number is extrapolated from 2014 data, which we believe to be too low.

- Total patients seen 2015 (13,271) lower than average as there was significant loss of providers. Now >15,000.

- By 2016 all patients determined to be in public housing because of changing in UDS reporting rules.

- Screening and counseling approaching 96% since 2016.
Supports for Smoking Cessation

- **What’s in Place**
  - Addiction Program
  - Wellness Program
  - Direct engagement in community housing
  - USD requirements to screen for tobacco at each appointment

- **What’s not in place**
  - Dedicated smoking cessation behavioral therapy
  - Group treatment
  - Dedicated couch/navigator
  - Protocol for smoking cessation treatment
Community Programs

- Team of 5 individuals who live in the community, some of whom live in public housing
- Face outward, provide health care education to community, often in public housing
- Provide assistance connecting individuals with Mass Health and other subsidized insurance plans
- Provide assistance with housing, clothes, and food
- Provide information about preventative health care
- Connect individuals to providers and specialists
SUPPORT Wellness

- Management for substance use disorders and HCV
- Team comprised of a physician, psychologist, nurse, nurse practitioner, case manager who faces in and out
- Federal and Industry Grant funding, started October 2016
- Licensed by Department of Public Health
- 60 patients treated for addiction and 40 with HCV
- Expanding linkage to care with homeless shelter, correctional facility, sober/half-way houses
Support Wellness

- HCV/HIV/STI screening (on site and point of care testing in the community)
- Group and individual therapy
  - Initial psychological evaluation for all patients
  - Weekly groups, Spanish and English, led by team co-leaders and graduate students
- Tiered Risk drives frequency of appointments, biweekly, weekly
- Medication Assisted Therapy, including Vivitrol and Buprenorphine
- Provide HCV and other STI treatment, including straightforward cases of HBV and SIV
- Data Collection, monthly
Wellness Program

- Individual and group coaching aimed at:
  - Overall wellness
  - Increasing awareness of preventative tests
  - Providing self-management tools to change behavior

- Smoking has frequently been a topic with regard to setting personal goals and disease prevention

- Patients discuss personal struggles with addiction, both identifying triggers, setting achievable goals, stress management
Pediatrics Asthma Program

- 12-15% SEC HC pediatric patients have asthma
  - 9.3% national average
- Collaboration with CHOB and partners such as Breathe Easy, Healthy Home, Tufts/CHOB home visiting programs
- Identify patients with poorly controlled asthma, multiple ED visits, urgent care visits, missed days of school
- Intensive nursing staff follow-up
- CM around environmental and insurance issues
- Smoking cessation support through QuitWorks
Upcoming Study Participation

- PCORI (Patient Centered Outcomes Research Institute)
- Federal funding for smoking cessation treatment for patients in community health centers with SMI
- Lifespan of individuals with SMI 25 years younger than average
- Smoking rates 53% among individuals with SMI (as compared with 18% general population)

Study Arm:
- Continuing Medical Education re barriers and treatment
- Community outreach workers to accompany patients
- Varenicline (Chantix)
COMPREHENSIVE TOBACCO CESSATION IN PUBLIC HOUSING COMMUNITY HEALTH CENTERS: BEYOND POLICY ADOPTION AND IMPLEMENTATION

Bill Blatt, MPH
National Director of Tobacco Programs
American Lung Association

July 20, 2017
TALKING TO MULTI-UNIT HOUSING RESIDENTS ABOUT QUITTING SMOKING
Talking to Residents about Quitting

(Some) Core Beliefs about Tobacco Cessation

• Everyone can quit.
• You don’t have to quit alone.
• You had to learn how to smoke and you have to learn how to quit.
• It takes most smokers several tries before they’re able to quit for good.
• One size doesn’t fit all.
• Everyone can quit.
Talking to Residents about Quitting

Things to Remember

• Smokefree air policies are about smoking, not smokers.

• Many tobacco users may decide to make a quit attempt when a property becomes smokefree.

• Not every tobacco user will decide to make a quit attempt when a property becomes smokefree.

• Be respectful, empathetic and positive. Roll with resistance.

• Don’t be judgmental, confrontational or argumentative.
Change is a process

Precontemplation

Contemplation

Preparation

Action

Maintenance

Termination
## Transtheoretical Model

### Stages of Change

<table>
<thead>
<tr>
<th>Formal Name</th>
<th>Simple Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Not ready to quit</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Thinking about quitting</td>
</tr>
<tr>
<td>Preparation</td>
<td>Ready to quit</td>
</tr>
<tr>
<td>Action</td>
<td>Quitting</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Staying quit</td>
</tr>
<tr>
<td>Termination</td>
<td>Living quit</td>
</tr>
</tbody>
</table>
Conducting a Brief Intervention

The 5 A’s

• Ask
• Advise
• Assess
• Assist
• Arrange
The 5 A’s – Ready to Quit

• “Do you smoke or use any other form of tobacco?”

• “Quitting isn’t easy but it’s possible, and it’s the single best thing you can do for yourself and for your family.”

• “Are you ready to try quitting smoking/chewing?”

• “Let’s get started by picking your quit date, then we’ll figure out what you need to do before then. I know the American Lung Association has some great resources to help you quit – let me tell you about them…”

• “I’m going to put a note so we remember to talk about this next time. It’s OK if you haven’t quit by then but let’s keep working toward this goal together.”
Conducting a Brief Intervention

The 5 A’s – Not Ready to Quit

• “Do you smoke or use any other form of tobacco?”

• “It can be a little daunting but quitting is the single best thing you can do for yourself and for your family. And quitting means you won’t have to go out for a smoke break when it’s raining or in the middle of the winter.”

• “Are you ready to try quitting smoking/chewing?”

• “ Quitting isn’t easy and you have to be ready. I’ll check back with you again in the future and you can always reach out to me if you want to talk about it. In the meantime, here are some resources to learn more…”
Ask – Advise – Refer

• “Do you smoke or use any other form of tobacco?”

• “You know, quitting is the single best thing you can do for yourself and for your family. Are you willing to give it a try?”

• “The American Lung Association would be happy to help you quit smoking. You can reach them at 1-800-LUNG-USA or Lung.org. If it’s OK with you, I can give them your contact information and they’ll reach out to you about quitting.”
AMERICAN LUNG ASSOCIATION RESOURCES TO HELP TOBACCO USERS QUIT
Freedom From Smoking®

• Voluntary, interactive and supportive
• Addiction-based model with behavior change focus
• Supports use of cessation medications
• Multiple options available:
  • Freedom From Smoking in-person group clinic *
  • Freedom From Smoking Plus
  • Lung HelpLine *
  • Freedom From Smoking self-help guide *

* Available in Spanish

FreedomFromSmoking.org
Lung HelpLine

- Staffed by nurses, respiratory therapists and smoking cessation counselors
- Open weekdays 9am-10pm Eastern and weekends 10am-6pm Eastern
- Can answer questions on any lung health topic, including:
  - Tobacco cessation
  - Lung cancer
  - COPD
  - Asthma
  - Air quality

1-800-LUNG-USA
Reaching the American Lung Association

To find our smoking cessation resources:
  • Lung.org/ffs
  • FreedomFromSmoking.org

To find our smokefree multi-unit housing resources:
  • Lung.org/smokefreehousing

To reach your local American Lung Association office:
  • Lung.org
  • 1-800-LUNG-USA
Q&A

• Submit questions via the chat box
Tips® Campaign Overview

National 1-800-QUIT-NOW Call Volume
January 2012 – January 2017
Example of Available Tips® TV Ads: Cessation Tips
Smokefree Resource Flyers

AVAILABLE IN ENGLISH AND SPANISH

WHEN YOUR BUILDING GOES SMOKEFREE, WILL YOU?

- Quitting smoking improves your health.
- It lowers your chances of getting:
  - Heart disease and stroke
  - Cancer
  - Long disease, including COPD
  - Other smoking-related illnesses

Secondhand smoke contains poisons. Breathing even a little can be harmful, especially for kids, older people, and those with health problems made worse by secondhand smoke. Smokefree policies protect everyone’s health.

Tiffany: I smoked for 15 years. Now... smokefree.

GET FREE SUPPORT TO QUIT SMOKING.

- 1-800-QUIT-NOW (1-800-784-6669) (English/Spanish)
- Saschinos.gov (for help with quitting)
- Smokefree.CDC (24/7 text messaging program)
- Certificate: Mobile app to build your ability to quit

Visit CDC.gov/tips for real stories and resources from the Tips From Former Smokers® campaign.

www.CDC.gov/tips
www.plowsharegroup.com/cdctips or www.CDC.gov/tobacco/mcrc
Leveraging Tips®

There are several ways we suggest our partners help promote the campaign.

• Share the Tips™ campaign resources with stakeholders
• Include Tips™ campaign materials, including free videos, handouts, and notepads, in your community health center or medical center locations and meetings
• Highlight the Tips™ campaign on your organization’s website, and in other materials
• Share our online quit guide and the 1-800-QUIT-NOW number with patients
Resources & Questions

- **Tips™ Campaign Resources:**
  - Tips™ Website [CDC.gov/tips](http://CDC.gov/tips)
  - Tips™ Campaign Download Center [www.plowsharegroup.com/cdctips](http://www.plowsharegroup.com/cdctips)
  - CDC Media Campaign Resource Center (MCRC) [www.cdc.gov/tobacco.mcrc](http://www.cdc.gov/tobacco.mcrc)

- **State and Local Health Departments**
  - NACCHO Directory of Local Health Departments [www.naccho.org/membership/lhd-directory](http://www.naccho.org/membership/lhd-directory)

- **General Public & General Tips™ Campaign Questions:**
  - Tobacco Education Campaign (CDC) [tobaccomediacampaign@cdc.gov](mailto:tobaccomediacampaign@cdc.gov)
Contact

Tips® Partner Resources

Shelley Hammond
770-488-3948
AQQ7@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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- Visit us online at smokingcessationleadership.ucsf.edu

- Call us toll-free at 877-509-3786

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Free Continuing Respiratory Care Education credit (CRCEs) are available to Respiratory Therapists who attend this live webinar. Instructions on how to claim credit will be included in our post-webinar email.
Save the date

SCLC’s next Live webinar:

“Rather wreck my gums than my lungs: Smokeless tobacco and California rural adolescent males”

with Benjamin Chaffee, DDS, MPH, PhD, Assistant Professor, UCSF School of Dentistry

Wednesday, August 30, 2017 @ 1pm EDT
• Jointly funded by CDC’s Office on Smoking & Health & Division of Cancer Prevention & Control
• Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
• 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

Visit www.BHtheChange.org and Join Today!

Free Access to...
Toolkits, training opportunities, virtual communities and other resources
Webinars & Presentations
State Strategy Sessions
Community of Practice

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- Call us toll-free at 877-509-3786
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