

“Smoke-free Public Housing: Helping Residents Quit Tobacco”

hosted by SCLC, American Cancer Society and North American Quitline Consortium,
Tuesday, July 21, 2020, at 2:00 pm EDT (60 minutes)

Speakers’ Responses:

- **Celine Mutuyemariya, M.Ed.**, Community Health Coordinator, Shawnee Christian Healthcare Center
 - **Izzy Rivera**, Resident Service Coordinator, Lancaster City Housing Authority
 - **Katy L. Wynne, Ed.D., MSW**, Cessation Coordinator in the Division of Tobacco Prevention and Control, South Carolina Department of Health and Environmental Control, and Manager, South Carolina Tobacco Quitline
 - **Becky Slemons, MNPO**, Director of Tobacco Cessation Initiatives, American Cancer Society
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Q: What was the key to establishing relationships between PHAs and FQHCs in this effort?

A: **Becky Slemons:** The key to this project was a third-party convener connected these entities and had modest funding to help incentivize. Grant funding is a bonus but not essential – it’s really about having a champion to drive the project forward and reach out to other key stakeholders, and to keep it moving.

Q: Have the participating PHAs and FQHCs extended their collaborations beyond just SFPH/Smoking Cessation?

A: **Becky Slemons:** Yes, many of them have. In CA, the FQHC already did meet health needs for the neighborhood and added cessation to their focus. In PA, they have started a clinic onsite with help from the FQHC (but the FQHC doesn’t staff it). In MO, KY, and SC, they helped residents find a medical home and will continue their collaborations and referrals.

Some of the communities are seeking new funding to continue and expand their work, and all of the communities now have contacts at the PHAs to collaborate with.

Q: Has COVID-19 stimulated Smokers to seek cessation assistance?

A: **Becky Slemons:** We don’t have any data on this at this time.

NAQC minimum data set currently collecting data that may help answer the question. I have heard there was more recently an uptick but it started slowly.

Q: Since smoking is not a protected class can a smoker be denied housing?

A: **Becky Slemons:** Yes, according to the smoke-free rule that HUD mandated, someone cannot be evicted for being a smoker (this does not mean that if they have repeated violations they will not be), but housing authorities are required to refuse new requests for housing from people who smoke.

Q: What examples did you have of getting a resistant person who smoked to consider quitting and quit? What do you think brought this about?

A: **Celine Mutuyemariya:** Unfortunately, the most resistant clients did not engage in the support we offered. One of the first things I shared with clients is the theory of the stages of changes. I would often talk about the difficulty of trying to motivate someone to quit smoking who is in the pre-contemplation stage of change. I think learning about the fact that relapse is a part of the change process really helped people feel less guilty/shame around their relapse and they were encouraged to try again!

For the most resistant folks, I would normalize/meet them where they were in terms of the stages of change and tried to encourage them to reach out if they ever wanted to try and decrease or quit smoking. Presenting the option to decrease by even half a cigarette per day also helped move some people closer towards the contemplation stage of change as well.

Also, if you approach the conversation as a general wellness discussion, people will often speak on goals they have, and you can provide connections to how smoking might stand in the way of that goal to help find motivation. “Rolling with resistance” is a major part of working with clients to inspire change.

Overall, most people I encountered wanted to quit smoking and just needed to feel trust and build rapport with the provider in order to take the next step of actually planning to quit. I would encourage anyone who does this work to study motivational interviewing because it was a very useful intervention to use.

Q: For each panelist, are e-Cigarettes included in the no smoking criteria?

A: **Becky Slemons:** Each PHA can choose to include or exclude e-cigarettes from their smoke-free implementation. In this case, all 3 PHAs involved in the initiative did not allow e-cigarettes. We’ve found that PHAs that did ban e-cigarettes had better implementation success.

A: **Celine Mutuyemariya:** I can’t speak on the policies of our local PHA on this specific question but as the CHC, we always pointed out the risk involved in using e-Cigarettes. We had demonstrations that I pulled from the Stanford Tobacco Prevention Toolkit. The demos they offer really helped a lot and there is one specific demo I would often do around e-Cigarettes that really stuck with the younger folks I encountered.

A: **Izzy Rivera:** There is currently no HUD regulation on e-cigarettes for Public Housing.

A: **Katy Wynne:** According to the federal Department of Housing and Urban Development, ‘The HUD rule requires PHAs to implement a policy that prohibits the use of all lit tobacco products inside all living units, indoor common areas, and PHA administrative office buildings. The smoke-free area must extend to 25 feet from all housing and administrative buildings.’ The rule does not define ‘tobacco products’ and does not mention e-cigarettes specifically.

Q: Has there been any follow up on successful quit attempts? Any success stories?

A: Please visit smokefreepha.org for ECHO sessions, with case studies.

A: **Izzy Rivera:** Yes. ‘Michael’ was a 2 pack a day smoker. I set him up with cessation classes. He didn’t have transportation so the grant allowed me to purchase bus passes so he can get to his classes. He’s been going to classes for 6 months. He’s currently only smoking one cigarette a day. He’s not completely smoke-free but he’s made major strides.

A: **Celine Mutuyemariya:** Some of the individuals I met at our local PHAs through our health fairs and smoking cessation office hours ended up becoming patients at our clinic, so I have been able to follow-up closely with them. Many people I followed up with were making efforts to maintain their quit status, but new life stressors would often cause slips or a relapse.

Teaching clients about the difference between a relapse and a slip helped them maintain progress because they tried to make sure their slips didn’t turn into a relapse. Success story: I worked with a client that we will call John Doe for privacy reason. When I met John at one of our PHA health fairs we hosted, he had no income, had not seen a doctor or dentist in a long time and had no real motivation to quit smoking.

After we met, we helped him get the medical and dental care he needed and helped get him transportation for these appointments. He also started engaging in regular behavioral health services. We helped him get a phone so he could connect with the quit line and he completed a cycle of Freedom from Smoking classes where he quit smoking.

We also helped him get in touch with a lawyer to apply for social security benefits which he was approved for and now has income. He even volunteered as a “quit champion” during our Great American smoke-out event in November and was recognized for his success. Since the pandemic started, I called him to check-in around April and he said that he had a few slips but had not relapsed to his baseline tobacco use. Soon, I am going to reach out to see if he would be interested in becoming one of our quit champions and taking the lead in offering smoking cessation services at his PHA.

Q: Our organization is working to implement smoke-free policies in private, multi-unit housing complexes. What advice would you give to us in order to reach the decision makers in order to implement a smoke-free policy?

A: **Becky Slemons:** This is a very complex answer, and I’d encourage them to contact the following organizations that are experts in this very thing and can talk to them about what they need and how to get it.

- Americans for Nonsmokers Rights Foundation, which also has a GREAT resource database that might be just what they’re looking for
- Mnsmokefreehousing.org – tools, resources, printable materials, staff training, technical assistance for housing managers.

A: **Celine Mutuyemariya:** I’m not sure that I can speak on this because I have not participated in reaching out to decision makers to implement [private] policies.

A: **Izzy Rivera:** Thank you for your question. I believe it begins with education. You and I know the dangers of smoking. They may know the dangers but unfortunately many property owners think solely on the revenue. I would encourage you to educate them on the cost of unit turnovers due to residents smoking (painting, carpets..), as well as the staff (maintenance) taking sick days due to the smoking. It doesn’t matter why the building is smoke-free as long as it is.

A: **Katy Wynne:** Prior to the smoke-free public housing rule being put into effect, the federal Department of Housing and Urban Development (HUD) published a guidebook for smoke-free policy development and implementation. The guidebook can be found online at:

https://www.hud.gov/sites/documents/SMOKEFREE_GUIDEBK.PDF

Although written specifically for public housing, this guidebook has excellent information that can be adapted to private housing: explanation of the rule and enforcement, legality of smoke-free policies, cost savings and health/safety benefits, communicating with residents and staff, training and building community partnerships, examples of model policies and sample letters, and other helpful tools and guidance. There is also an 18-month timeline to guide from first steps to implementation. You may find this resource very helpful in working to implement smoke-free policies in private, multi-unit housing complexes.

Q: What advice do you have on surveying multi-unit housing tenants about ENDS product use, commercial tobacco use and secondhand smoke exposure?

A: **Izzy Rivera:** Great question! I would definitely reassure the residents that they will not be evicted for their answers. Let them know that the survey is simply a guide for you to use as an aide on how to best serve them. No survey is 100% accurate as the tenants will withhold information due to fear but letting them know that they will not be evicted for their answers will give you more honest answers.

Q: Would you recommend these strategies when working with privately owned multi-unit housing complexes to adopt a smoke-free policy?

A: **Izzy Rivera:** Absolutely! Unfortunately many property owners think solely on the revenue. I would encourage you to educate them on the cost of unit turnovers due to residents smoking (painting, carpets..), as well as the staff (maintenance) taking sick days due to the smoking. It doesn't matter why the building is smoke-free as long as it is.

Q: Katy, can you clarify the "quitline myths"?

A: **Katy Wynne:** Initially, the CHC providers were not aware of the state's new Medicaid policy that removed member copay and provider prior authorization for the cessation medications, or how they could utilize the Quitline. But we also have had other providers who mistakenly thought that there was a fee for Quitline services and that participants had to pay for the NRT, neither of which is the case for SC's Quitline.

The lesson learned here is that no matter how long we've been around we should not assume that providers or others know about our state Quitlines and how they work; demonstrating how we need to be promoting Quitlines on a continual basis.

Q: You mentioned that SC is a tobacco state. What has been the impact of this program state wide or in the given services area?

A: **Katy Wynne:** Growing tobacco is steeped in the history and culture of both Carolinas. Even with decades of health warnings, the tobacco industry still has heavy lobbying influence in SC and sentiments run high in tobacco producing communities. The historic Master Settlement Agreement did not benefit tobacco control in SC and funds were shifted to other areas of need, such as Medicaid.

Still today, it is not uncommon for communities to fully support local tobacco farming as their economic lifeline. Public health efforts, such as the Smoke-Free Public Housing project, must be innovative and resilient, but also respectful, as we go into local areas to promote tobacco free changes. It has become easier over the past 20 years to recruit local leaders as champions for tobacco-free policies and cessation programs, and we are hopeful the SFPH model used in our targeted community can be replicated statewide. We will measure the impact over time in public housing as smoke-free becomes the norm.