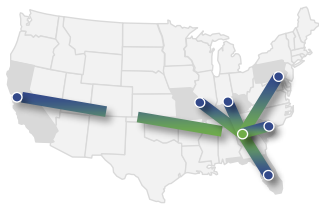


# Smoke-free Public Housing: HELPING SMOKERS QUIT

## More Information: Project and Early Experiences

A U.S. Department of Housing and Urban Development (HUD) rule required all public housing agencies (PHAs) to implement a smoke-free policy by July 30, 2018, prohibiting the use of tobacco products in all residential units, indoor common areas, administrative offices, and all outdoor space within 25 feet of these areas. Enforcement varies, but residents could be evicted if they don't comply. Approximately 34% of adults living in public housing smoke cigarettes, so the rule provides a public health opportunity to help residents get access to tobacco cessation services and help them quit smoking for good. With generous funding from the Robert Wood Johnson Foundation, the American Cancer Society (ACS), Smoking Cessation Leadership Center (SCLC) at UCSF, and the North American Quitline Consortium (NAQC) are collaborating with PHAs, state quitlines, and community health centers (CHCs) to help residents in public housing who are ready to quit smoking. **To support the goals of this project, we have created a Smoke-free Public Housing ECHO that meets every 2 weeks from January 2019-January 2020.**

## Hub and Spokes



The **ECHO Hub** is physically located at the American Cancer Society Global Headquarters in Atlanta and includes the ECHO coordinator and facilitator. Other expert hub faculty are located across the U.S. and join ECHO sessions virtually. The **spokes** represent community health centers, state quitlines, public housing agencies, and quitline service providers in **California, Florida, Kentucky, Missouri, New York, Pennsylvania, and South Carolina.**

## Recruitment challenges

- To meet our short timeline for spoke recruitment, we concurrently had to get CHCs and nearby PHAs to sign on, and state health departments had to agree to join the project.
- Administrative challenges with state quitlines forced us to select new states to include their important role.
- The CHCs and PHAs were offered grant funding as part of their participation, so there were additional processes to follow for those entities.

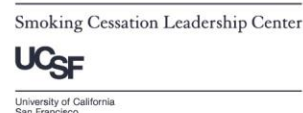
Once we signed on state quitlines, we quickly moved to formal recruitment of CHCs and PHAs, which went quickly in a couple states but presented challenges in others. In a couple of states, the PHAs and/or quitlines declined to participate citing other pressing priorities.

## Discussion

**Community Health Centers:** Formally participating in all states.

- ▶ All CHCs recognized the need for this work, but several did not have the capacity for a project outside their already-determined strategic plans.
- ▶ Most CHCs did not have relationships with their nearby PHAs nor state quitlines but wanted to work more closely with them.
- ▶ All CHCs felt that outreach to residents on the PHA site is essential to increase access to cessation services.

**Initial Conclusions:** Time spent to identify and recruit the CHCs will result in more local cross-sector relationship building, and the project will possibly serve as a template for additional work with PHAs in the future.





# Smoke-free Public Housing: HELPING SMOKERS QUIT

**Public Housing Trends and Enforcement:** PHAs formally participating in KY, SC, PA; work takes place at all PHAs. There is a widening housing assistance gap as housing voucher programs increase, new public housing isn't available, and more people are in need.

- ▶ The smoke-free policy does not apply to HUD trends like cost-neutral RAD housing, so more and more residents won't have the urgency to quit tobacco.
- ▶ HUD left policy enforcement to each PHA, resulting in inconsistency. Our PHA spokes' enforcement varies from fines to increased rent to potential eviction.
- ▶ PHAs that started communication early, addressed resident feedback, worked with resident councils, and clearly outlined enforcement have had cleaner implementation and fewer enforcement incidents.
- ▶ Many PHAs have long-term issues with housing quality, crime, and illegal drug use. Therefore, enforcement of the smoke-free policy appears to be low on the list of staff priorities.
- ▶ Many families in public housing suffer from greater financial, health-related, and environmental stress than the general population. Stress is commonly cited as a reason for tobacco uptake, for smokers' lack of interest in quitting tobacco, and/or failed quit attempts.

**Initial Conclusions:** Participating PHAs had prioritized implementation and compliance of the smoke-free policy and used the grant opportunity to get support from and form relationships with their nearby CHC. As the need for housing grows but HUD-owned and -managed public housing declines in favor of privately owned subsidized housing and RAD properties, fewer people receiving government housing assistance will be subject to the smoke-free policy. Residents won't have as much exigency to quit.

**Quitlines:** Formally participating in CA, KY, MO, SC, and PA, along with their service providers State quitlines were largely established by the Master Settlement Agreement and are part of the state's public health department. They are managed by service providers who staff them with trained cessation counselors. Funding and resources to offer callers vary state to state.

- ▶ Many states were already preparing for the HUD smoke-free rule, and some had provided resources to PHAs. Some states therefore felt this project was redundant.
- ▶ Resource limitations and administrative challenges are concerns. We also had to ensure the quitline's level of participation was not overly burdensome.

**Initial Conclusions:** Flexibility and long timelines are required when government agencies are involved as often there are barriers beyond any individual's control. At this time, there are no further conclusions.

## Next steps

- ECHO sessions will take place every 2 weeks until Jan. 21, 2020.
- Spoke participants are strongly encouraged to have the same individuals or teams attend for consistency, with additional staff joining as the didactics or case discussions pertain to them.
- Each ECHO session is designed to appeal to the three varied audiences of our project participants, who are both clinical and non-clinical.
- Case presentations consist of both individual and systems-based cases to spur discussion among the subject experts and other project participants to help patients, uncover and develop solutions to challenges, and share best practices and increased efficiencies. Reporting will be released in Spring 2020.

