Leveraging Smokefree Policies to Help Smokers Quit

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Office on Smoking and Health

Smokefree Public Housing Workshop ● Sept. 25-26, 2017
We Know What Works:

Individual, group, and telephone counseling

7 FDA–approved cessation medications

Counseling and medications are even more effective when combined

Mobile phone text messaging cessation interventions

Comprehensive, barrier–free, widely promoted cessation insurance coverage

Health systems changes to integrate cessation treatment into routine care

Cessation Behaviors: 2015

- 68.0% wanted to stop smoking
- 55.4% made a past-year quit attempt
- 7.4% recently quit smoking
- 57.2% who had seen a health professional in the past year had been advised to quit
- 31.2% used cessation counseling and/or medication when trying to quit
- 59.1% who had ever smoked had quit

State Quitlines: Advantages

- Accessible/convenient/confidential
- Remove time and transportation barriers
- Increase quit rates
- Effective with diverse populations
- Referral resource for providers
- Available in all states and DC by calling 1-800-QUIT-NOW
All states offer quitline coaching.

Most states offer limited supply of NRT to at least some callers.

Eligibility for and amount of coaching and NRT vary across states.

State quitlines reach about 1% of state’s smokers on average.

Main constraint on reach and services is limited funding.
State Quitlines: Promotion

Effective promotion approaches include:

• Cessation media campaigns tagged with quitline number (Example: CDC Tips From Former Smokers campaign)

• NRT promotions

• Referrals from health care providers/systems

National Cessation Resources

1–800–QUIT–NOW (1–800–784–8669)
Asian quitline
(http://www.asiansmokersquitline.org/)
www.smokefree.gov
www.cdc.gov/tips
SmokefreeTXT
Available services/resources vary widely across states/communities
Tips From Former Smokers™

BE CAREFUL NOT TO CUT YOUR STOMA.

Shawn, Age 50, Diagnosed at 46 Washington State

Smoking causes immediate damage to your body. For Shawn, it caused throat cancer. You can quit. For free help, call 1-800-QUIT-NOW.

A Tip From a Former Smoker

Some of the reasons to quit smoking are very small.

Amanda, Age 30, Wisconsin

Amanda’s smoked while she was pregnant. Her baby was born 2 months early and weighed only 2 pounds. She was put on a ventilator and fed through a tube. Amanda could only hold her twice a day. If you’re pregnant or thinking about having a baby and you smoke, please call 1-800-QUIT-NOW.

A Tip About Secondhand Smoke

LET FUTURE GENERATIONS KNOW THE DANGERS OF SECONDHAND SMOKE.

Nathan, Age 54 Ogden, Idaho

Secondhand smoke at work triggered Nathan’s severe allergic reactions, asthma, bronchitis, and lung disease. If you or someone you know wants free help to quit smoking, call 1-800-QUIT-NOW.

#CDCTips
Messaging Considerations

• Policy–cessation link needs to be messaged carefully
  • Policy does not require you to quit
  • Policy offers a great opportunity to quit
  • If you want help quitting, we are here for you

• Cessation messaging also needs to be handled carefully
  • Using proven cessation treatments increases your chances of success
  • But don’t discourage smokers from trying to quit without treatment
  • Encourage smokers to keep trying to quit
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Breakout Session:
Identifying and Coordinating Smoking Cessation Resources

Christine Cheng, Partner Relations Director
Smoking Cessation Leadership Center

September 25, 2017 – Atlanta, GA
Smoke Free Public Housing Workshop
History of the Smoking Cessation Leadership Center (SCLC) at UCSF

- Given the opportunity to run a national program office for the Robert Wood Johnson Foundation, in 2003 Dr. Steve Schroeder return to UCSF to launch the SCLC

- Five year, $10 million grant to establish SCLC; $4 million earmarked for re-granting
**NRT: Products**

**Polacrilex gum**
- Nicorette (OTC)
- Generic nicotine gum (OTC)

**Lozenge**
- Nicorette Lozenge (OTC)
- Nicorette Mini Lozenge (OTC)
-Generic nicotine lozenge (OTC)

**Transdermal patch**
- NicoDerm CQ (OTC)
- Generic nicotine patches (OTC, Rx)

**Nasal spray**
- Nicotrol NS (Rx)

**Inhaler**
- Nicotrol (Rx)
Bupropion SR
Zyban, Wellbutrin, generics

- Non-nicotine cessation aid
- Sustained-release antidepressant
- Oral formulation
Varenicline
Chantix

- Non-nicotine cessation aid
- Partial nicotinic receptor agonist
- Oral formulation
Why Pharmacists?

• Long term, established relationships with many clients
• High degree of trust
• Easily accessible
• Point-of-sale contact:
  - Clients filling prescriptions for tobacco-related illnesses
  - Clients purchasing cessation medications
  - Identify potential drug interactions
It’s a New Era
What’s Happening Nationally with Pharmacies

- CVS Health taking a lead to stop tobacco sales
  - 7,800 stores, 2 billion in sales (1.5-2% of tobacco market)
  - 8 months after - cigarette pack sales in CVS states w/15% or greater share of retail pharma market, bought 1% fewer cigarettes, 95 mill fewer packs were sold
  - CVS pharmacists counseled more than 260K patients, newly installed Minute Clinics doubled counseling
  - 4% increase NRT, positive effect on quit attempts

“It looks like one way to get people to smoke less is to stop selling cigarettes,”

Troyen A Brennan, M.D.,
Chief Medical Officer,
CVS Health
Los Angeles County Tobacco Control cessation initiative in collaboration with Ralphs grocery store chain, LA Care Health Plan, and the California Smokers’ Helpline (1-800 NO BUTTS)

Distributed free two-week Ralphs branded NRT starter kits to LAC residents through Ralphs’ pharmacies, LA public health Centers & community health events

Ralphs pharmacists trained virtually on Ask, Advise, Refer

Between June 2008-January 2011, over 28,700 kits were distributed (84% were distributed at Ralph’s)
Specialized Materials for Special Populations 2013, 2014, 2016 & 2017*

*Data Source: NAQC Quitline Profile
Behavioral Causes of Death in the U.S.


Mokdad et al., JAMA 2004; 291:1238-1245
Mokdad et al; JAMA 2005; 293:293
Current Smoking Among Adults With Past Year Behavioral Health Condition (BHC): NSDUH, 2008-2015

Source: SAMHSA

Current Smoking is defined as any cigarette use in the last 30 days prior to the interview date.

Behavioral Health Condition includes Any Mental Illness and or Substance Use Disorder

*Due to changes in survey questions regarding substance use disorder in 2015, including new question on meth and prescription psychotherapeutics, this data is not comparable to prior years.
Myths About Smoking and Behavioral Health

- Tobacco is necessary self-medication (industry has supported this myth)
- They are not interested in quitting (same % wish to quit as general population)
- They can’t quit (quit rates same or slightly lower than general population)
- Quitting worsens recovery from the mental illness (not so; and quitting increases sobriety for alcoholics)
- It is a low priority problem (smoking is the biggest killer for those with mental illness or substance abuse issues)

Source: Prochaska, NEJM, July 21, 2011
• National Council for Behavioral Health provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions

• Jointly funded by CDC’s Office on Smoking & Health and Division of Cancer Prevention & Control

• 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

• State Strategy Sessions for Behavioral Health Tobacco & Cancer Control

• SCLC is 1 of 3 national strategic partners and sub-contracts with the network

• https://bhthechange.org/
State Strategy Sessions/Leadership Academies for Wellness and Tobacco Free Recovery

- Purpose: Launch statewide partnerships among behavioral health providers, consumers, public health groups, and other stakeholders to create and implement action plan reducing smoking prevalence among behavioral health consumers and staff.

- To date, 15 states selected over 10 years for holding summits.

- Criteria/Readiness Assessment

  - Available data, catalytic leadership, planning team, geographic location, prevalence, ability to evaluate.
Quitting isn’t about what you give up. It’s about what you get back.

Rebecca, age 57, Florida

Rebecca struggled with depression. She thought smoking would help, but it just made her more depressed. When she quit smoking it changed her life, mentally and physically. Now she runs 5Ks and hopes to live to be one hundred.

You can quit smoking.
Final Thoughts about BH

- Behavioral health has unique environmental & political history
- BH is integral to whole person health
- Integrate cessation under umbrella of wellness
- Tobacco control & behavioral health partnership key if we are to continue to lower the smoking rate in U.S.
- Smokers w/BH conditions want to quit, can quit, and do quit tobacco!
Contact Us

- Website: http://smokingcessationleadership.ucsf.edu/
- Toll free: 1-877-509-3786
- Christine Cheng, Christine.Cheng2@ucsf.edu
Smoking Cessation Resources:

Health Centers

National Center for Health in Public Housing
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 caring for public housing residents by providing training, technical assistance and research. The PHPC program is built on a foundation of collaboration between Health Centers and Public Housing Agencies and residents.

NCHPH is a National Cooperative agreement funded in part by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)
Health Centers

- 1,400 Federally Qualified Health Centers (FQHC)
- 10,400 Clinical Sites
- 297 FQHCs In or Accessible to Public Housing
- 105 Public Housing Primary Care (PHPC)
Nearly **26 million** people – **1 in 12** people across the United States – rely on a HRSA-funded health center for care, including:

- **About 2.7 million** publicly housed
- **Nearly 1.3 million** homeless
- **Nearly 1 million** agricultural workers
- **More than 750,000** served at school-based health centers

![Image of people, houses, children, veterans, and agriculture icons.](Image)
Federally Qualified Health Centers (FQHCs)

- Community Based for over 50 Years
- Comprehensive Primary Healthcare Providers
- Approved by HHS/HRSA
- Sliding Fee Scale
- Boards Include Patients
- Care for Medically Underserved
- Serve Vulnerable and Special Populations, including Residents of Public Housing
Public Housing Primary Care (PHPC)

- Health Care for Residents of Public Housing
- Clinics located in or accessible to Public Housing
- Public housing means agency-developed, owned, or assisted low income housing, including mixed finance projects, but excludes housing units with no public housing agency support other than section 8 housing vouchers.
- PHPCs have been serving PH residents for over 25 years -- Existing relationships with PHAs.
Public Housing Primary Care
Demographics

Patients in 297 HCs In or Accessible to PH: 1.5 Million

Patients in 105 PHPCs: 487,034

Characteristics of PHPC 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 at or below 100% of poverty
Adults in HUD assisted housing have higher rates of chronic health conditions and are greater 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
○ 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
Collaboration between Health Centers and Public Housing Authorities

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%

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

Answered: 47  Skipped: 14

Yes: 51.06%
No: 48.94%
Smoking Cessation Services Offered at Health Centers located near Public Housing

On-site smoking cessation: 74.47% Yes, 23.40% No
Referrals to smoking cessation counseling: 93.62% Yes, 4.26% No
Quit line number or information about other resources: 82.98% Yes, 12.77% No
Nicotine replacement therapy (e.g. patches, gum, lozenges): 78.72% Yes, 14.89% No
Quit smoking information (e.g. booklet, brochure, video, etc.): 95.74% Yes, 2.13% No
Suggestions to contact primary care provider: 87.23% Yes, 2.13% No
5 As Model

- **Ask** about tobacco use
- **Advise** to quit
- **Assess** willingness to make a quit attempt
- **Assist** in quit attempt; and
- **Arrange** follow-up.

Or

- **Ask**, **Advise** and **Refer** to evidence based cessation services
Resources

NCHPH.ORG, website:
- Abstracts, Best Practices, Factsheets
- Smoke-free Widget--> Links to partners’ information
- List of Community Health Centers
- List of Primary Care Associations
- Maps of Health Centers and PHAs
- Webinars and Training Symposia
- Health Center Locator: BPHC.HRSA.GOV
Smoking cessation interventions in public housing

- Alan Geller, Harvard School of Public Health
- CDC Conference
- September 25, 2017
- ageller@hsph.harvard.edu
Boston Housing Authority (BHA) Intervention: Rationale

- Low-income smokers face additional obstacles to a successful quit attempt
- Low-intensity, high-reach interventions may not be well-suited
Boston Housing Authority (BHA) Intervention: Rationale

- Low-income smokers face additional obstacles to a successful quit attempt
- Low-intensity, high-reach interventions may not be well-suited
- Ongoing engagement with a health advocate could reduce obstacles
- Advocate from same environment might be more effective
- Advocate to complement, not replace, existing smoking cessation resources
BHA Intervention: Design

• Test whether use of lay health advocates (Tobacco Treatment Advocate, TTA) can:
  • **Increase utilization** of smoking cessation resources (SQL, clinic programs, MDs)
  • **Increase quit rates** among smokers
BHA Intervention: Design

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  • Motivational interviewing (MI)
  • Basic skills in smoking cessation
  • Basic Community Health Worker skills, inc. navigation
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- Intervention arm (n=163): eligible for multiple visits by TTA over 6 months
- Control arm (n=170): one visit, non-MI
# BHA Intervention: 12-mo Results

## Cessation

### Cessation Outcomes (n=253)

<table>
<thead>
<tr>
<th></th>
<th>TTA-MI</th>
<th>TTA-SC</th>
<th>All participants</th>
<th>Treatment Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Visit</td>
</tr>
<tr>
<td>7-day PPA**</td>
<td>16.5%</td>
<td>10.1%</td>
<td>2.60 (1.72 - 3.94)</td>
<td>2.05 (0.93 - 4.51)</td>
</tr>
<tr>
<td>30-day PPA**</td>
<td>14.9%</td>
<td>7.8%</td>
<td>2.98 (1.56 - 5.68)</td>
<td>2.78 (1.30 - 5.95)</td>
</tr>
</tbody>
</table>

**OR**: Odds Ratio; All results adjusted for language, race/ethnicity, health status, depression, enrollment time and cigarettes per day; accounting for group randomization

**CO-verified**
Possible Venues for Cessation Education by Community Health Workers

• National associations of community health workers

• HUD funding to nearly 1,000 PHAs for ROSS (Resident Opportunity for Self-Sufficiency) and FSS (Family Self-Sufficiency)

• Research to expand text based programs for residents and web-based programs for training of advocates
Social Media

• Follow us on Twitter
  https://twitter.com/NCHPHorg

• Follow & Like us on Facebook
  https://www.facebook.com/NCHPH.org/

• Subscribe to our YouTube channel
  http://www.youtube.com/namgthealth