



National Center for Health in Public Housing

SMOKING CESSATION LEARNING COLLABORATIVE

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HUD's Smoke Free Rule: What Health Centers and Public Housing Agencies Need to Know

On December 5, 2016, HUD issued a final rule requiring all Public Housing Agencies (PHAs) administering low-income, conventional public housing to initiate a smoke-free policy. The rule, which became effective on February 3, 2017, provided an 18-month implementation period. All PHAs were required to have a smoke-free policy in place by no later than July 31, 2018. The smoke-free policy prohibits the use of lit tobacco products (cigarettes, cigars or pipes) in all living units, indoor common areas, and administrative offices and extends to all outdoor areas within 25 feet of housing and administrative office buildings.

For more than 50 years, Health Centers have delivered comprehensive, high-quality preventive and primary care to patients regardless of their ability to pay, including more than 3.5 million patients living in or around public housing developments. The HUD rule banning smoking in public housing is an excellent opportunity for Health Centers and PHAs to forge collaborations and address the health care needs of those living in public housing.



Learning Objective: *During this session, participants explored challenges PHAs faced to implement the smoke free rule; the smoking cessation services provided by Health Center programs; and the opportunities to collaborate across agencies.*

To ensure the quality and value of the discussion, participants were asked to come prepared to discuss the following questions:

- Where is your PHA in the implementation process: needs, challenges, best practices
- What smoking cessation services are provided by your Health Center?
- Is your Health Center collaborating with the local PHA on the smoking cessation rule?

PARTICIPANTS:

- Bob Burns, National Center for Health in Public Housing
- Jose Leon, National Center for Health in Public Housing
- Pamela Jones, Hampton Roads Community Health Center, Portsmouth, VA
- Bridget Power, Albany Housing Authority, Albany, NY
- Barbara Willis, Hampton Roads Community Health Center, Portsmouth, VA
- Jeanie Orr, Saint Peter's Health Partners

ALBANY HOUSING AUTHORITY, ALBANY, NY

The Albany Housing Authority shared their experience with implementing a smoke free policy in 2016.

Partnerships. The Albany Housing Authority engaged with multiple community partners to implement the smoke free initiative. Partners included: Capital Logistics, Asthma Coalition, local clinics, local hospitals, Albany County Health Department, Commissioner of Health, insurance companies, and many others. There were many informational meetings with partners so that everyone stayed informed about the campaign. A couple of the partnering organizations Saint Peter's Health Partners and Health Systems for New York received grants from the NY State Department of Health to work on the smoke free initiative. The Healthy Living Partners was established for this campaign and will reconvene in the future to address other issues.

We Are Free to Breathe. The initiative was called "We Are Free to Breathe" to create a positive campaign that supported the health of the community. The Housing Authority wanted to avoid a punitive or negative connotation to the smoke free policy. The initiative took six months to a year from the beginning of the roll out to the implementation of the rule. During that time, the Housing Authority met with community partners and residents to inform them of the new policy.

Reverse Trick or Treat. The Housing Authority organized an event called Reverse Trick or Treat to educate residents about the campaign. Staff dressed up in costumes and went door to door passing out reusable bags filled with healthy snacks, swag, and information related to the initiative, including smoking cessation resources. It was well-received in the neighborhood. An asthma educator also came and spoke to residents. Staff felt that it was a good way for the Housing Authority to give back to the community. Staff visited 350 units, including senior buildings and high rises. Leftover bags were passed out to residents at later dates. The contents of the bags were donated from partners in the community while the Housing Authority purchased the reusable bags, labeled We Are Free to Breathe.

Challenges. The Albany Housing Authority did receive some resistance from seniors. Seniors felt that they were being asked to give up a freedom. Therefore, the staff made sure to explain that residents could continue to smoke, just not while inside the units. There are still some issues with noncompliance because quitting smoking is extremely difficult. At an event designed to allow both smokers and nonsmokers to share their stories, many residents described how hard it is to break free from addictions. One resident shared that he was able to quit hard drugs, but still unable to quit smoking. The Staff responded to this challenge accordingly. In the first 6 months of implementation, violators were given a gentle reminder of the policy. A second offense resulted in a more stringent reminder of the rule and a fine. There has been one third offense case that went to court for eviction, however the outcome of that case is unknown.

Lessons Learned. Overall, the implementation went smoothly because the Housing Authority started the process early and collaborated with multiple partners.

DAUGHTERS OF CHARITY HEALTH CENTER, NEW ORLEANS, LA

The Daughters of Charity Health Center described their collaborations with the local housing development on the smoke free policy and steps the health center took to address access to smoking cessation services.

Staff Training. The most successful means for improving patient attendance at smoking cessation counseling and group meetings has been through an intense training given to health care providers. Most providers are aware of the negative health effects of smoking and discourage patients from tobacco use, however it is important to understand the power providers have over the behavior and the strength of that discussion. Typically, after an initial conversation with the provider, a referral is made to the Patient Care Coordinator for follow up and delivery of smoking cessation services. Counselors train providers on a one- on-one basis, which is a different model for provider training. The counselor, sometimes a licensed social worker, will supply the provider with language to use, so it's more of a warm hand off to the integrated behavioral health staff at the center.

Relationship with Housing Development. One of the Daughters of Charity sites is close to a public housing site; therefore, the health center has developed a close relationship with the Housing Authority. Staff from the health center have permission from the housing development to communicate with residents on site. They have Community Health Workers that attend housing meetings, however they have found those to be poorly attended by residents. A more effective form of communication has been to leave materials on resident doors.

HAMPTON ROADS COMMUNITY HEALTH CENTER, PORTSMOUTH, VA

The Hampton Roads Community Health Center is the largest provider of health care in Portsmouth, VA and fully committed to the residents there. Hampton Roads Community Health Center described their collaborations with the Housing Authority on the smoke free rule. Staff have visited the housing development sites and provided health education materials. They have had a good collaborative relationship with the housing authority and one of their health centers is located directly in a housing development site.

Challenge. One challenge the health center has faced is manpower. Staffing fluctuations has made direct interactions with public housing residents sporadic. In addition to face to face health education opportunities, the health center has been using a newsletter to communicate with residents. However, the increasing amount of information provided in the newsletter has made it a less effective tool. Another challenge for the health center is providing the smoking cessation treatments, including medications, to patients with an interest in quitting. Identifying resources to provide medication-assisted treatments is a necessary next step for patient care.