

Welcome to the SFPH ECHO



- You will be muted with your video turned off when you join the call. Use the buttons in the black menu bar to unmute your line and turn on your video.
- Type the name and email address of all attendees joining with you in the Chat window.
- Slides, forms, and additional materials referenced today will be available on the SFPH Partner Hub.
- This call will be recorded.
- Remember, avoid PHI/PII on this SFPH ECHO session.
- Questions about Zoom during the call? Just chat with Rich Killewald.





Smoke-free
Public Housing:

HELPING SMOKERS QUIT

Agenda

Intros and housekeeping/important dates	8 min.
A word from Frank	3 min.
Wrap-up questions and discussion	47 min.
Next steps and thank you	2 min.



Housekeeping

- This is our final SFPH ECHO ☹️
- **LAST CALL FOR CE!!!! If you need to claim CEUs from any of this year's ECHO sessions, email jennifer.matekuare@ucsf.edu**
 - *You must have attended the live sessions*
- All case and didactic presentations have been added to our YouTube channel – check them out and share them
- IMPORTANT DATES:
 - Project period continues until Feb. 29
 - Final reports and financial reports due by MARCH 31
 - For CHCs and PHAs only
 - Even if you have an NCE
 - Includes data from 1/1/19 – 2/29/20
 - Ask your ACS contact and Becky if you have questions

Smoke-free
Public Housing:

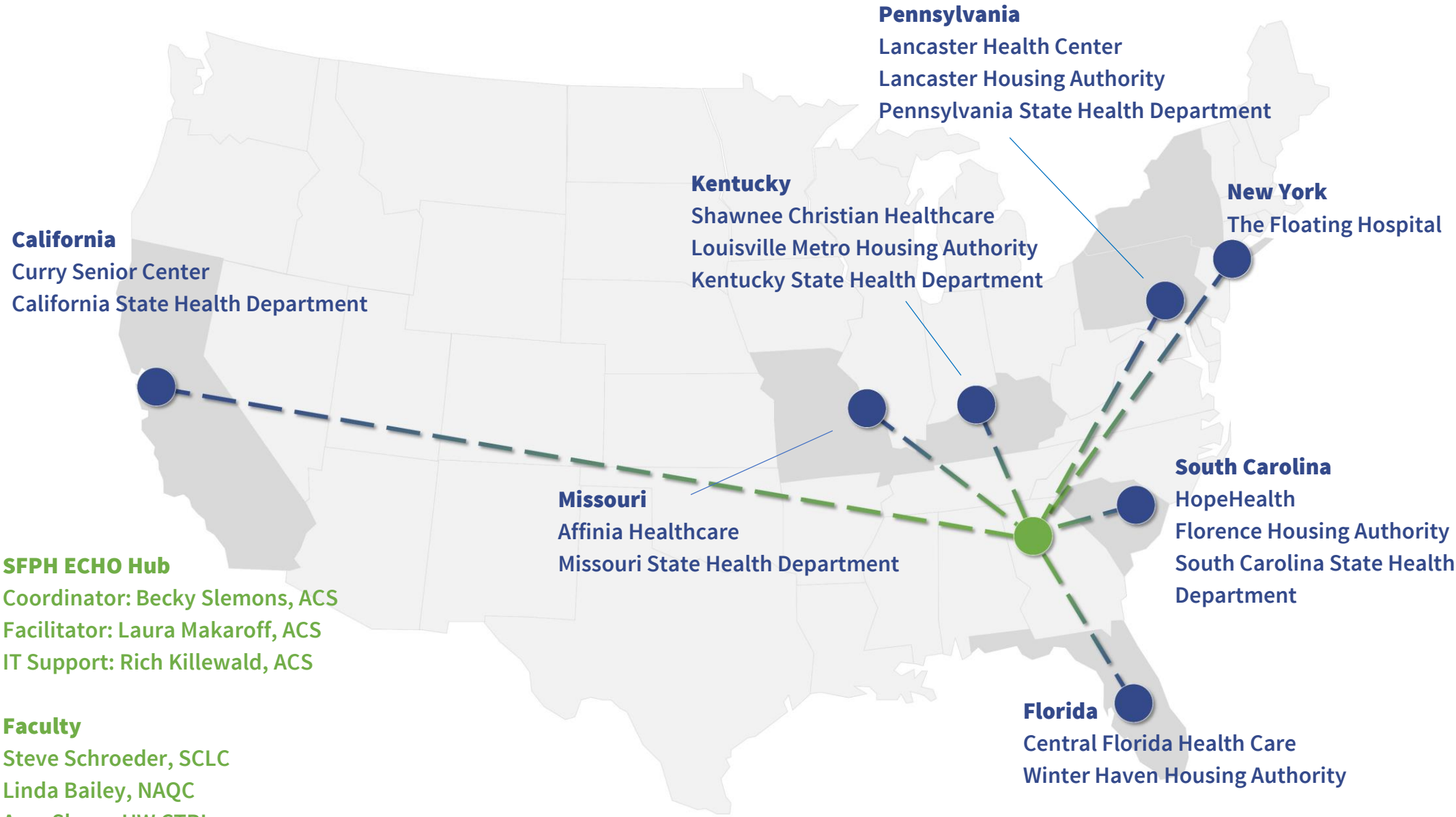
HELPING
SMOKERS
QUIT





Smoke-free
Public Housing:

HELPING SMOKERS QUIT



SFPH ECHO Hub
 Coordinator: Becky Slemons, ACS
 Facilitator: Laura Makaroff, ACS
 IT Support: Rich Killewald, ACS

Faculty
 Steve Schroeder, SCLC
 Linda Bailey, NAQC
 Amy Skora, UW CTRI
 Frank Vitale, Pharmacy Partnership for Tobacco Cessation

Quitline service providers: Optum and National Jewish



Smoke-free
Public Housing:

**HELPING
SMOKERS
QUIT**

A Brief Word from Frank Vitale

Wrap-up Questions and Discussion



Smoke-free
Public Housing:

**HELPING
SMOKERS
QUIT**

Round Robin



Wrap-up questions: Lancaster, PA P.H.A.

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

I learned of the help that is available through the Quitline, the use of patches and medications. This knowledge will help me long term as I can use this information to assist my residents in the present and future.

2. What's one challenge you feel we didn't solve during the project period?

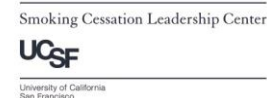
A challenge may be in the aspect of continual education? The ECHO's were very educational for me. Where can I continue to receive such education when this project ends?

3. What are your next steps for tobacco cessation with your organization?

1. Continue annual training sessions for employees in assisting residents on Smoking Cessation. This needs to be an organizational effort.
2. Smoking Cessations information will be given to all residents as part of their annual review. This will ensure that all residents will be given information on the help that is available to them within the PHA and elsewhere.

4. How can we help you accomplish those next steps?

Maybe you can continue to provide educational material I can give to my residents.





Wrap-up questions: Curry Senior Center

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

That no one program can satisfy everyone. Tailoring the program to the needs of the population is paramount to prove successful. In order to accomplish that, you have to develop a large bank of knowledge to be able to switch between different clients' needs. This is especially helpful for grantees in very diverse cities, as we were able to hear what other grantees were doing with their similar populations.

2. What's one challenge you feel we didn't solve during the project period?

We struggled with engaging housing sites, especially since the public housing buildings in San Francisco did not enforce the no-smoking rule; it seemed there was less incentive for the housing sites to host our program.

3. What are your next steps for tobacco cessation with your organization?

We want to continue to build upon what we have begun. The dream goal would be to reach 100% of our smoking population to offer information and services. This goal requires increasing outreach and in-reach efforts. Offering our program in multiple languages would also expand our footprint, especially to populations that have historically been resistant to smoking cessation services. We will be offering the program in English, Spanish, Cantonese and Russian in the future and hope to reach as many of these populations as possible. We are planning staff training classes to expand this outreach.

4. How can we help you accomplish those next steps?

Continued support of our program to help us build capacity by training more staff members on smoking cessation. Access to resources or webinars for continuing education in changing areas of interest, such as e-cigarettes. Thank you!





Wrap-up questions: HopeHealth, Inc.

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

I have learned of the various perspectives that each SC team representative had to offer throughout this program. I also discovered that we all come from dissimilar organizations, yet we have individual contributions that made the program special whether it was being an advocate for quitting smoking counseling services, creating relationships/bonds with others to break down communication barriers and build trust and confidence in the team and with the residents on his/her journey with quitting smoking; or even informing and educating others about health services available to the community that addresses health concerns from tobacco use and health improvements from quitting tobacco use. However distinct we all may be, we all contributed to a common vision/goal that linked us all together; Helping Parkview Housing Authority of Florence residents make at least one attempt to quit smoking.

2. What's one challenge you feel we didn't solve during the project period?

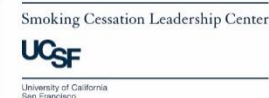
Being confined to only one HAF. This project could have been expanded to more residents at other HAF locations regardless of funds. Truly, most residents could have been educated on tobacco use and how it affects one's health.

3. What are your next steps for tobacco cessation with your organization?

We will continue to use any resources we have leftover from the grant term to educate our patients, staff, and our community. We also have clinical/organizational goals in place and will continue to strive to meet these goals and improve the lives of our patients and people within our community.

4. How can we help you accomplish those next steps?

You all have done an amazing job supporting not only HopeHealth or the SC tobacco team, yet all states and participants involved with this project. We are so appreciative of this grant because it has opened many doors for additional/closer partnerships with other organizations including ACS. Additionally, some HopeHealth employees, who are not directly involved with this grant, are working on some new tobacco projects that effect specific populations (ex. our teen population) who, I'm sure, would appreciate receiving more information to aid in making the project(s) successful.





Wrap-up questions: The Floating Hospital

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

MH: We learned that smoking cessation implementation is not an easy process. We've tried group session and individual session formats, offered incentives (gift cards, snacks, etc) and still the number of people engaged in treatment were very limited. Cigarette consumption is a systemic issue and needs to be addressed systemically, not just by healthcare teams but by housing authorities directly where regulations are implemented.

Community Outreach: I've learned that there are many people in the 65+ age group that continue to smoke 1-2 packs/day and do not want to quit. While outreaching in the Queensbridge community, the reduction of smoking within this age group was minimal. Residents have continued smoking outside on the premises. We need to develop a targeted non -smoking message to this age group stressing the quality of life gained by the reduction of smoking.

Medical: Reinforcing tobacco cessation in our patients is so important and often, we get side tracked in what could be the most beneficial to our patients long term. Remembering to counsel made a huge difference and impact on my patients and their outlook on smoking. Collaborations between medical and behavioral health teams to share tips/counseling re: smoking cessation will be helpful and integrating these techniques into my practice, especially if patients are resistant to see therapists for this.

2. What's one challenge you feel we didn't solve during the project period?

MH: We were not able to have a lot of Housing Authority interactions to discuss their implementation of rules and their interventions to coordinate with our efforts at The Floating Hospital.

Community Outreach: It was difficult to get the community to listen to the information on the no smoking campaign and reflect on the health effects and impact on the local community. More opportunities to have public contact in coordination with housing authorities would be helpful.

Medical: After hearing from multiple other organizations, Our program lacked a dedicated person to follow up with the patient, through phone call or other means. I believe this would provide excellent additional reinforcement for them.





Wrap-up questions: The Floating Hospital

3. What are your next steps for tobacco cessation with your organization?

MH: We will offer a Smoking Cessation Open Group Session on 1/27/20 open to our entire TFH population, including homeless and community populations. After that event we will continue to offer individual smoking cessation sessions to all our patients.

Community Outreach: Continued Community Events about smoking cessation. It's an ongoing message. We have one more community event scheduled to promote smoking cessation.

Medical: We will have a wrap up meeting to discuss the pros/cons of this project and further changes needed to help our patients.

4. How can we help you accomplish those next steps?

MH: The feedback of what other clinics/programs are working on through initiatives and interventions are helpful.

Community Outreach: Provision of printed materials is helpful to take to community events.

Medical: The coordination in finding resources to help in follow up with patients would be useful. We have limited staff and may need additional help in the outreach of these patients.





Wrap-up questions: Affinia Healthcare

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

I learned don't be afraid to ask for help. Seek advice and others ways to work with when something else fails. Quitting smoking can be a challenge, don't give up on people that want to quit, keep trying and if all fails, start over and try again.

2. What's one challenge you feel we didn't solve during the project period?

Well I know that there is no magic pill to take to stop one form smoking, however I'm not 100% sure if this was talked about and/or enough because there was a lot of material that was spoken on over this last year. I would like to learn more about well, I know a few triggers that causes one to smoke and to continues to smoke, but I would like to hear more on is there some kind of medical reason as far as dealing with the brain that makes a person wants to continue to smoke or why is it so hard for them to just stop. I say that because I know of some people personally that was on meds and they still felt like they couldn't stop and I know some people that was just able to quit cold turkey. So addressing more about is it a medical situation dealing with the brain or is it just something they are familiar with doing and is it really a simple choice if they want to quit or not..



Wrap-up questions: Affinia Healthcare

3. What are your next steps for tobacco cessation with your organization?

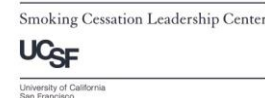
The next step for tobacco cessation with Affinia is to keep promoting Quit Line with our clients, we also have created a smoking cessation program for Affinia Healthcare employees as well, our mission is to have a least 95% of smokers to quit for good by addressing those factors that may be contributing to them smoking.

At this time the only change in practices we are doing is we have a created a Quit Smoking Cessation Program involving employees that are smoking some were referred to the Quit Line as well. We are also keep track of those that have enter in the Quit line referral program to keep pushing them to stay on track with not smoking. Those who opt out from the referral Quit Line we are also keeping track of those clients to keep addressing quit smoking with them I follow up with those clients about every 2 months to see if I can resign them back up for the Quit Line.

I see Affinia working on for pregnant women to find and promote a fast and efficient way to stop moms from smoking as soon as they find out they are with child. Those moms are screened and put in a database with that I can start working on them ASAP to see what we can do to help them from stop smoking like immediately.

4. How can we help you accomplish those next steps?

You can help by keeping me with updates on any new changes, continuous invites to Echo's sessions, new smoking materials , in-services about smoking, etc.





Wrap-up questions: Louisville Metro Housing Authority

- 1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?**

We have learned that there is a rich, densely connected network of cessation professionals to whom we can refer when a resident wants to quit.

- 2. What's one challenge you feel we didn't solve during the project period?**

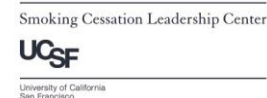
I can not think of anything we didn't solve. The goal of the project was increasing education and I feel that we accomplished that.

- 3. What are your next steps for tobacco cessation with your organization?**

Meet with Louisville partners to come up with a plan to continue these efforts post-grant.

- 4. How can we help you accomplish those next steps?**

Right now, we have a meeting set up with KY ACS staff to work on a plan.





Wrap-up questions: SC DHEC

- 1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?**
 - *Our struggles with provider engagement are not unique; other states have the same issues.*
 - *Even with the public housing tobacco-free mandate, residents who smoke need many more supports to help them with their addiction.*
 - *It truly takes a team effort to move the needle in tobacco cessation with hard-to-reach users.*
- 2. What's one challenge you feel we didn't solve during the project period?**
 - *How to establish on-site and on-going cessation support that is readily available to residents and is tailored to their specific needs and preferences.*
- 3. What are your next steps for tobacco cessation with your organization?**
 - *To continue our work with local public housing agencies in supporting their residents to quit tobacco.*
 - *Hopefully, to spread the model of a co-located partnership between local rural health care and public housing.*
- 4. How can we help you accomplish those next steps?**
 - *Continue to communicate with states on federal and state policies that would help support quitting among residents of public housing.*
 - *Free educational materials from ACS, NAQC, and SCLC are always appreciated.*



Wrap-up questions: Health Promotion Council of PA

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

Transportation to health care facilities continues to be a major barrier for many people living in low-income housing and HUD-supported housing. Making care and services available onsite, with face-to-face interactions is often necessary.

2. What's one challenge you feel we didn't solve during the project period?

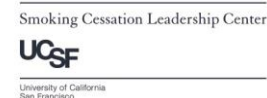
Lack of caller ID coming from the QuitLine.

3. What are your next steps for tobacco cessation with your organization?

Continually training client-facing staff about the Quitline. Profession-specific social media and online advertisements.

4. How can we help you accomplish those next steps?

Trainings on Best-Practices for measuring Social Media Advertising impacts (ie. views, interactions, click-throughs, A-B testing, etc)





Wrap-up questions: Missouri Dept. of Health

- 1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?**

The level of provider education on the Quitline needs to increase. The health department needs to find ways to build relationships with health care providers and engage them to find ways to ensure that patients receive tobacco use treatment.
- 2. What's one challenge you feel we didn't solve during the project period?**

Missouri never received a commitment from the PHA to participate in the project. It would have been nice to be able to engage and work collaboratively with the PHA to help its residents.
- 3. What are your next steps for tobacco cessation with your organization?**

We plan to continue with the development of materials, resources, trainings for provider education on tobacco use treatment, the Missouri Tobacco Quitline and the Medicaid tobacco cessation benefit. Additionally, we plan to finalize development of an online, searchable statewide database of local tobacco cessation resources.
- 4. How can we help you accomplish those next steps?**

Continue to foster relationships among state health departments, health centers and local PHAs. Also, create a centralized online repository of research, best-practice, other states' experience (tips, lessons learned, etc.).





Wrap-up questions: Shawnee Christian Healthcare Center

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

- We learned about the importance and benefit of encouraging the use of the 7 FDA approved medications for treating an addiction to nicotine. It was helpful to hear from professionals who compared nicotine addiction to any other health problem that cannot be cured simply through willpower. I think this message helped clients to reduce the shame and guilt they might have from their inability to quit by looking at it through a medical lens.
- It isn't a new lesson, but one we learned again through this grant – Workflow changes take a long time with clinical staff. With an FQHC we have many requirements for each visit. While we made significant improvements in documenting tobacco use screening and cessation counseling, we still have not seen a large increase in formal Quitline referrals.

2. What's one challenge you feel we didn't solve during the project period?

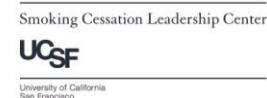
- We would have liked to discuss more stress management techniques and resources. Many of the triggers for smoking were stress related and (although I (Celine) missed several ECHO's and might have missed some information) I would have liked to work with the public housing authority in our city to discuss how they can help residents resolve stress and increase access to resources.
- Solidifying the Quitline as a go to for smoking cessation counseling.

3. What are your next steps for tobacco cessation with your organization?

- We are going to continue our relationship with the housing authority and maintain contact with the residents there via office hours and participating in any events they have.
- We will promote our smoking cessation services to public housing residents on an ongoing basis.

4. How can we help you accomplish those next steps?

- ACS can be a source of educational information and other tools such as the blue Quitline cards that we can use when we visit the PHAs to continue promoting the Quitline and offering other health-related services.





Wrap-up questions: PA Dept. of Health

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

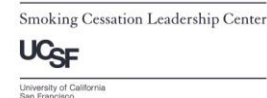
We've learned that continuity in messaging (repetitive messaging) about quitting is what tobacco users need – the reasons to do so and the potential positive outcomes of quitting. People will not quit until they are ready, but “Quit now” messages will help to move them in that direction and will inform them what to do (available cessation resources) when they are ready. The Tips Campaign messaging continues to be useful to us – and helps to draw people to the quitline and ultimately to quitting.

We also learned that the counselors and social service providers have a lot of compassion and patience with their clients and we applaud their efforts to guide and help those with multiple medical, economic and social issues to quit tobacco to improve their lives. We are so proud of the Lancaster Housing Authority and The Lancaster Clinic for all of their great work in the community.

2. What's one challenge you feel we didn't solve during the project period?

You can force people to quit smoking inside a building, but you cannot force them to quit in total if they don't want to. Many of them don't want to quit; not ready yet.

Not specific to this project, however, we do need to reduce the number of Quitline referrals who “cannot be contacted.”





Wrap-up questions: PA Dept. of Health

3. What are your next steps for tobacco cessation with your organization?

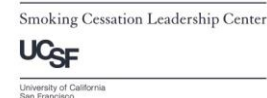
The PA DOH and the PA Free Quitline will continue to support cessation initiatives at public housing facilities and community health centers in the state. Need to be persistent and make sure that we reduce the number of “smoking cues” that can trigger a person to want to light up: ashtrays, “smoking areas,” lack of signage. Today, smoking is no longer “cool” with teens or adults. We will continue to promote the quitline and local cessation resources, focusing on those with mental health issues and the behavioral health population. As we persist, it will continue to be less and less cool/accepted.

Behavioral health/mental health service centers in PA are starting to become smoke free (Philadelphia’s BH centers since 2016). Also, the PA State Hospital system (6 hospitals) and now the state correctional system (all state prisons) are smoke free! Drug and Alcohol treatment centers in Philadelphia are going tobacco free as of January 2020 and we are hoping to model that approach across the state. Efforts to dispel the “myths” providers have around going smoke free paid off – and created a cultural shift. We offered cessation in-person classes at our state prisons in 2019, as a collaboration with the Department of Corrections.

These systems overlap to serve the target population – smokers – and reach many in the public housing community. By continuing to support the public housing community with cessation resources, we hope decrease the number of smokers.

4. How can we help you accomplish those next steps?

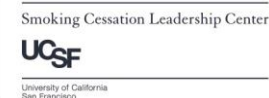
Continue to provide opportunities to learn, to participate in studies, to share information.





Wrap-up questions: Lancaster Health Center

- 1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?** We learned so much about the extent to which smoking continues to impact our health system in such far-reaching ways. The local cessation program resources that we have gained comfort with have allowed us to confidently disseminate cessation information to many patients and community organizations. Also, the importance of addressing cessation with people with addiction and how data shows that tobacco cessation can help people stay free from other substances was very helpful.
- 2. What's one challenge you feel we didn't solve during the project period?** We didn't get our e-referral system completely implemented.
- 3. What are your next steps for tobacco cessation with your organization?** We are going to launch quitline e-referral in the coming months and are continuing to make patient access (including for new pts) our #1 priority this year.
- 4. How can we help you accomplish those next steps?** You can continue to communicate information regarding new cessation resources and serve as a resource for all of our continued tobacco-related questions that will surely arise.





Wrap-up questions: HAFSC

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

Find out what motivates the smoker to quit smoking, such as children, pets, etc.

2. What's one challenge you feel we didn't solve during the project period? Getting at least one committed smoker to quit smoking in the one year of the pilot program.

3. What are your next steps for tobacco cessation with your organization? Plan to introduce the Quitline and possibly programs available at HopeHealth to all PH sites pending approval by Executive Director of HAF.

4. How can we help you accomplish those next steps? Brochures, pamphlets, promotional material, etc.





Wrap-up questions: CENTRAL FLORIDA HEALTH CARE, INC.

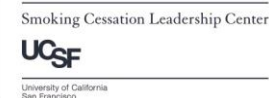
1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

This grant opportunity partnered Central Florida Health Care, Inc. (CFHC) with the Winter Haven Housing Authority (WHHA) to assist residents of the WHHA to quit smoking. Initially we discovered that the residents of the WHHA were skeptical of our presence on-site and their willingness to stop smoking. Over time the residents began to look forward to CFHC being on-site and were eager to learn more about the program.

2. What's one challenge you feel we didn't solve during the project period? Although CFHC had its own challenges internally, the support provided by the American Cancer Society through ECHO Sessions and program materials helped to contribute to the success of the program.

3. What are your next steps for tobacco cessation with your organization? CFHC will continue to monitor patients currently in the program at our Winter Haven Medical Home and will continue to track their progress. We will utilize the informational packets and cessation materials purchase through the grant to help decrease the UDS Measures.

4. How can we help you accomplish those next steps? If funding became available we would like to continue the program at its full capacity for the next year or two and would be able to see a much better result in the Tobacco Cessation Measures. We would like to provide this initiative at our other CFHC locations and partner with other Housing Authorities within our service area. With the population we serve, incentives have been a powerful tool in patient compliance. Having an incentive program in place would help to ensure patient participation.





Wrap-up questions: California Smokers' Helpline

1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?

We've discovered that, even after 27 years, there are lots of groups doing tobacco control work in the state who are unaware of the range of services the Helpline offers and that we can be a resource to them.

2. What's one challenge you feel we didn't solve during the project period?

Since California does not have a typical public housing authority with many designated housing sites, it is difficult to determine how to target our efforts to reach public housing residents.

3. What are your next steps for tobacco cessation with your organization?

We will continue trying to reach out to clinics, including CHCs, to establish direct referral systems with them as that seems to be the most effective avenue for targeting this population.

4. How can we help you accomplish those next steps?

We have a section of our website dedicated to providers and community professionals. It would be helpful to keep us informed of any promotional materials or fact sheets that are developed with the public housing resident population in mind. Then we can make sure we have links to them on our provider page.





Wrap-up questions: KY Dept of Public Health

- 1. What's one thing you've learned or discovered during the course of this initiative that will help you long term?**
I've been able to meet people from across the state and learn how we partner in different ways to combat tobacco.
- 2. What's one challenge you feel we didn't solve during the project period?**
n/a
- 3. What are your next steps for tobacco cessation with your organization?**
At the state we are looking into the next grant cycle with the CDC and coming up with new goals we would like to accomplish. We are working with partners across the state to find ways to help more Kentuckians and have more collaboration.
- 4. How can we help you accomplish those next steps?**
Continuing the collaboration is key. I think having a diverse group of people working on similar goals and giving them a space to come together to share is a wonderful way to work together to fix a problem.

Next Steps

- Final reports and financial reports due 3/31
- LAST CALL for no-cost extensions (NCEs)
- Stay tuned for last newsletter and summer webinar
- Any suggestions? Send our way!

Smoke-free
Public Housing:

**HELPING
SMOKERS
QUIT**

It's been a truly amazing
year, thanks to you!

UNTIL NEXT TIME!

Smoke-free
Public Housing:

**HELPING
SMOKERS
QUIT**



Smoke-free
Public Housing:

HELPING SMOKERS QUIT

