

Supporting Implementation of Smoking Cessation Programs in Public Housing Primary Care

Learning Collaborative Session 1



September 8, 2021

Housekeeping



- All participants muted upon entry
- Cameras on (if possible)
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email and posted to Moodle within a week after session

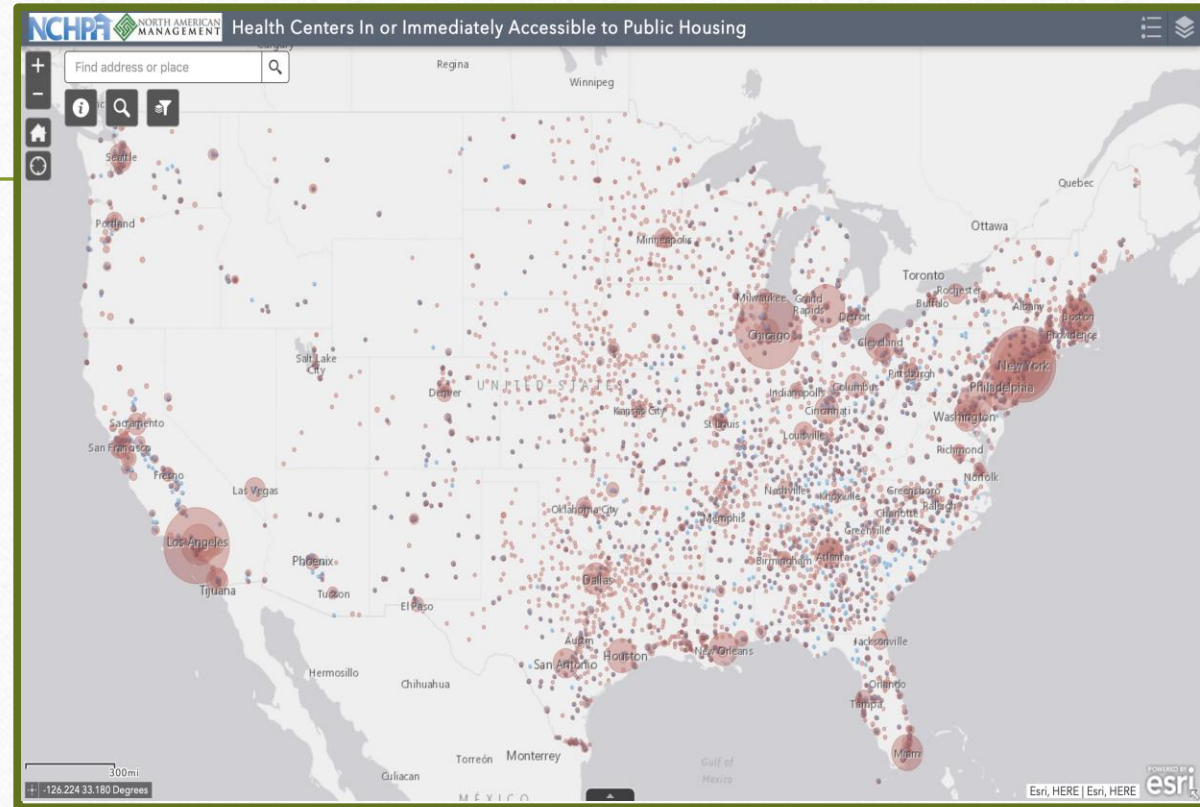
National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the 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 by providing training and a range of technical assistance.



Health Centers close to Public Housing

- 1,375 Federally Qualified Health Centers (FQHC) = 28.5 million patients
- 435 FQHCs In or Immediately Accessible to Public Housing = 5.1 million patients
- 107 Public Housing Primary Care (PHPC) = 866,851 patients
- Source: [2020 National Health Center Data](#)



Public Housing Demographics

Public Housing Demographics:



1.7 Million Residents



2.1 Persons Per Household



33% Female Headed Household w/Children



55% Less than High School Diploma



43% African-American



25% Hispanic



37% Children



52% White



35% Elderly



38% Disabled

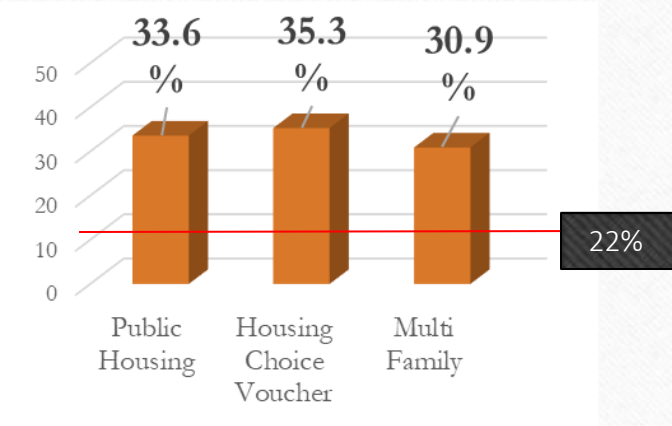


93% Low Income

A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

Access to Moodle

- LMS for all LC resources
- Visit [Moodle.nchphc.org](https://moodle.nchphc.org) select “Supporting Implementation of Smoking Cessation Programs...)
- Create account
- Detailed instructions on how to access materials included in our “Welcome Packet”.



Timeline and Commitment



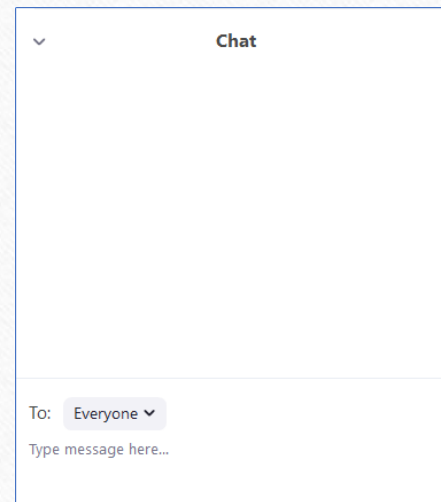
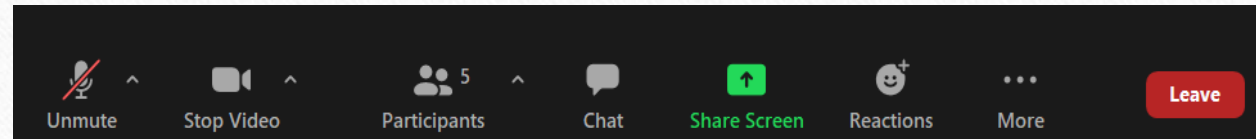
- Attend all four 60-minute live Zoom learning sessions.
- Engage in interactive dialogue during the live learning sessions.
- Access Moodle for slides, recordings, resources, and continued conversation.
- Complete post-evaluation surveys.

Icebreakers

In the Chat

- Name and role
- Health center name
- City and State

Answer the poll...



Panelist(s)



- **Frank Vitale**

National Director, Pharmacy
Partnership for Tobacco
Cessation

Clinical Assistant Professor,
Purdue College of Pharmacy

Stress Management and Smoking

Myth versus Reality

Frank Vitale, M.A.
National Director,
Pharmacy Partnership for Tobacco Cessation

Objectives

Upon successful completion of this activity

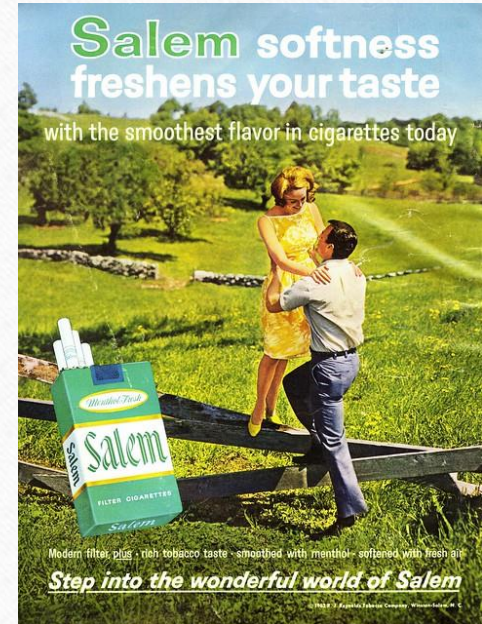
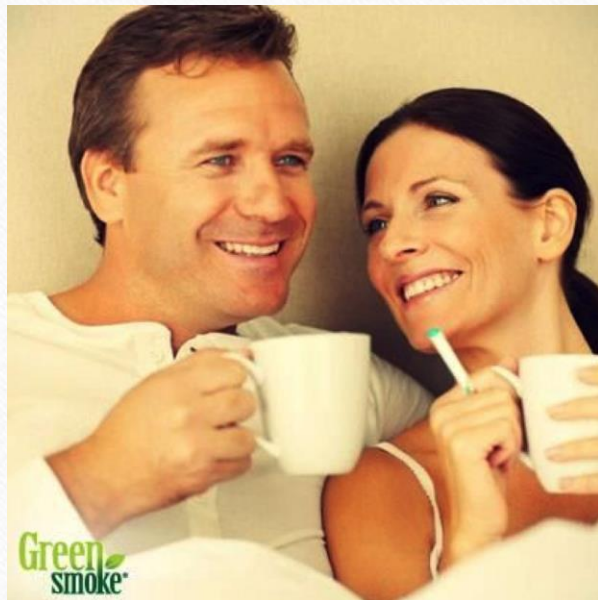
participants should be able to:

- Debunk the myth that smoking is an effective way to deal with stress
- Enumerate proven stress management techniques that can be used to maintain a quit
- Discuss how to successfully teach these techniques to patients

The Myth

- “Smoking gets rid of all the stress in my life!”
- “Cigarettes helped me deal with my boss/spouse/kids
- “I can’t cope without a cigarette.”
- “I have too much stress in my life to stop. Quitting will only make it worse.”

Role of Ads



What is Really Happening!

- Smoking doesn't get rid of stress it causes it!
- But why do so many people feel more calm and relaxed after they smoke?
 - Deep breathing
 - Taking a break
 - Reuptake of nicotine

Deep Breathing

- Same deep breathing technique taught for:
 - Yoga/Meditation
 - Martial Arts
 - Natural Childbirth
- They all use this technique because it works!!

Shifting Focus

- Where does stress come from?
 - Internal response to external events.
- Instead of focusing on the issue at hand you focus on smoking.
 - You “take a break”
- This shift reduces anxiety and tension

Reuptake of Nicotine

- Drop in nicotine levels causes withdrawal
 - Irritability, anxiousness, impatience, restlessness
- These are the exact same feelings one has when stressed
- Individual smokes another cigarette to relieve withdrawal and “feels better”
- They mix up getting rid of withdrawal with getting rid of stress:
 - They feel the same!

Healthy Ways to Deal with Stress

- “The Relaxation Technique”
- Talking
- Get Active
- Cognitive Coping
- Meditate/Pray
- Slow Down
- Stop “Tolerating”

The Relaxation Technique

- Find a quiet place and close your eyes
- Decide on a short word or phrase you can repeat
- Release tension by first tightening and then letting go all muscle groups
- Then slowly take in a breath, hold it, then let it out
- Do this for fifteen minutes each day

Talk to Someone

- Learn to discuss problem situations with:
 - Clergy
 - Trusted Friend
 - Therapist
 - Apps or websites
 - Chat rooms

Get Active

- Take a long walk every day
- Stretch for a few minutes each morning
- Join a yoga or tai chi class
- Swim
- Begin a formal exercise program
- Restart a hobby you enjoy

Cognitive Techniques

- “Just because you think about something doesn’t mean you have to do it.”
- Reframe what you consider stressors
- Rethink:
 - Your belief that smoking makes things better
 - The idea that you can get back at someone by smoking
- Visualize
 - See yourself handling stressful situations successfully without a cigarette

Stop Yourself

- The next time you are stressed and start to think about smoking:
 - Stop before you do anything, take a step back and
 - Ask:
 - “How could smoking make this any better?”
 - “What would I think of myself if I did smoke?”
 - “What else could I do to actually make the situation better?”
 - Smoking is not a good way to punish someone

Helpful Phrases

- “Every problem has a solution *that does not involve smoking.*”
- “I am in control.”
- “I am strong. I can handle this.”
- “I am proud of myself.”
- “I am calm.”

Meditate / Pray

- Set aside at least half an hour everyday for quiet alone time
- Reflect on what you are grateful for each day before bed
- Buy a “Thought for the Day” book to guide your prayer and reflection
- Journal your feelings each day
- Join a group at your local place of worship

Slow Down

- Create a place at home or outside where you can be quiet and peaceful.
 - “Hide” there every so often.
- Don’t live by such a rigid schedule that you have to be someplace every moment of every day.
 - Do something spontaneous every day.
- Eat slowly. Set aside plenty of time for meals.
 - Don’t eat in your car, at your desk, or on the run.
- Turn off the computer, cell phone, TV and radio.
 - Just try being quiet for a few minutes every day.
- Stop yourself when you are rushing around like crazy. Ask yourself “Why am I doing this?”
 - The answer may give you some important insight.

Stop Tolerating

- Tolerating:
 - Putting up with the little things that in and of themselves don't mean much but once you add them up become a major source of stress
 - The leaking faucet
 - The neighbor's barking dog
 - Your friend who is always asking for money
 - The broken mirror on your car

Other Stress Busters

- Get a pet
- Gardening
- Restart an old hobby
- Learn a new craft
- Volunteer at a hospital
- Get involved in a community organization

What Can You Do?

- Create a stress management group at the clinic
- Teach visualizations
- Form a walking “club”
- Refer individuals to the quit line or a formal group
- Turn the smoking area at the clinic into a garden that is quiet, peaceful and smoke free

Practice

- Role play with the patient ways to deal with stress without smoking:
 - Find a quiet spot
 - Ask the patient to describe, beforehand, a typical stressful situation where they used to reach for a cigarette
 - Instruct the patient to close their eyes
 - Describe the stressful situation back to the patient
 - Instruct the patient to see themselves, in their mind's eye, successfully dealing with that situation without smoking
 - Discuss the results

Educate

- A cigarette is nothing more than paper and dried leaves
- It can not and never has been able to get rid of stress
- Individuals have always done that on their own:
 - By what they have chosen to do or not to do
- They have just given credit to the cigarette
- You can deal with your own stress. You always have!

My Personalized Stress Management Plan

- Complete the plan with the patient:
 - Eliminate Stress by:
 - Deal with Stress by:
 - Relax by:
 - I will get rid of the following “tolerations”:

In Conclusion

- Smoking does not get rid of stress it causes it.
- Smokers mix up getting rid of withdrawal with getting rid of stress
- Plenty of people who smoke still have lots of stress and problems in their lives.
 - Smoking does not somehow magically give you a stress-free life.
- Our role is to help individuals learn healthy ways to deal with stress.

For More Information:

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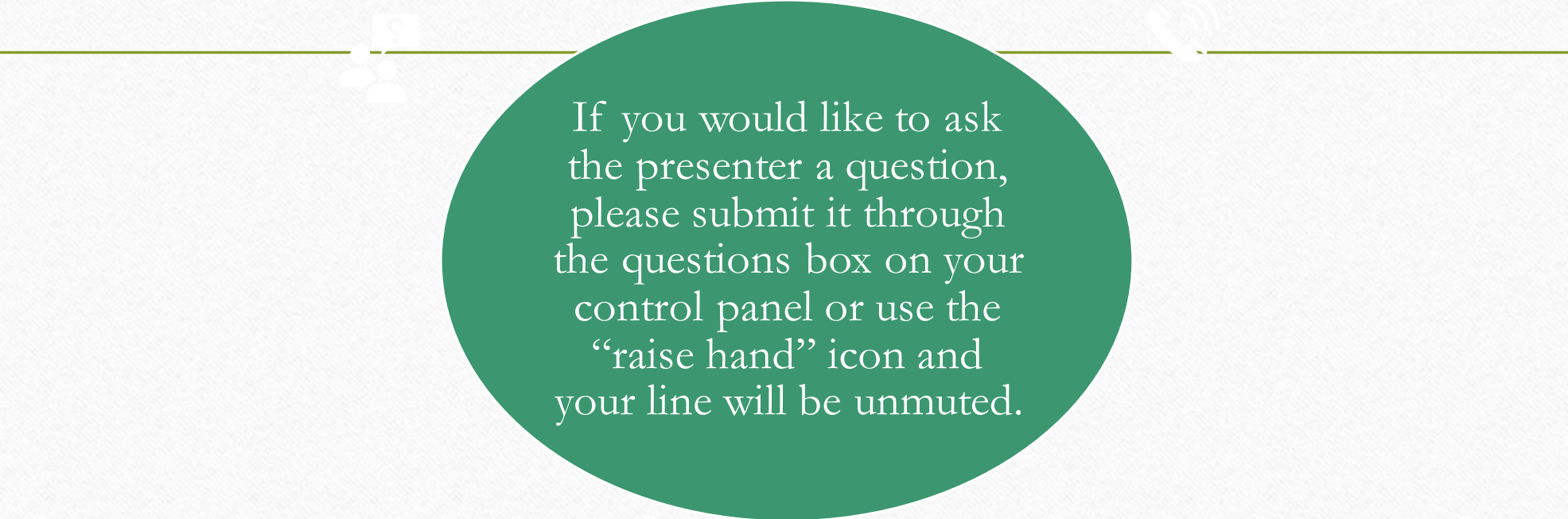
Upcoming session:

LC Session 2: Relapse Prevention and Treatment

Date: September 15th, 2020

Time: 1:00 – 2:00 pm EDT

Q&A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel or use the “raise hand” icon and your line will be unmuted.

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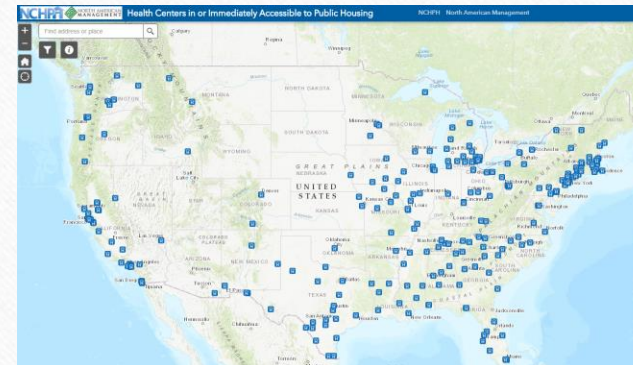
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THANK YOU!

