

Supporting Implementation of Smoking Cessation Programs in Public Housing Primary Care

Learning Collaborative Session 4



September 29, 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

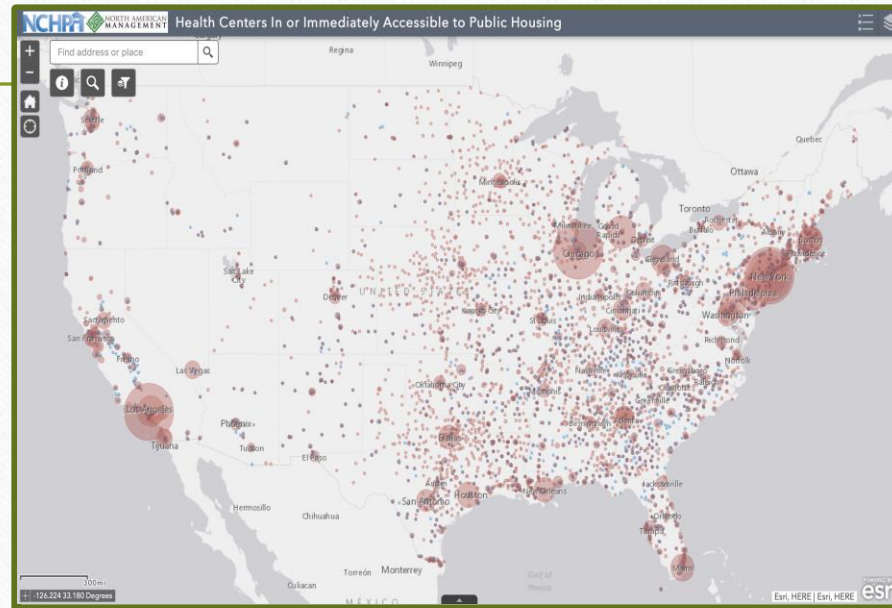
- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance 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.



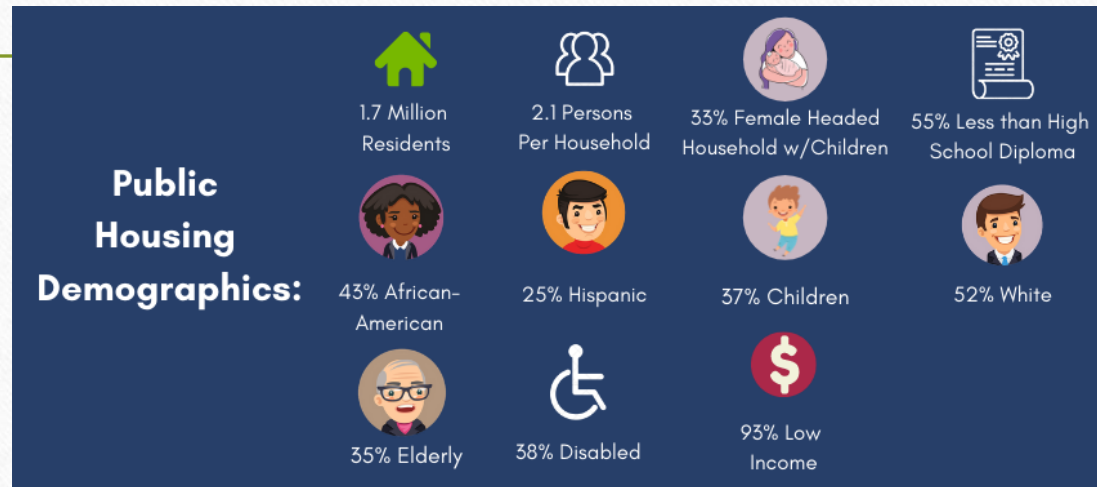
Health Centers close to Public Housing

- 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](#)



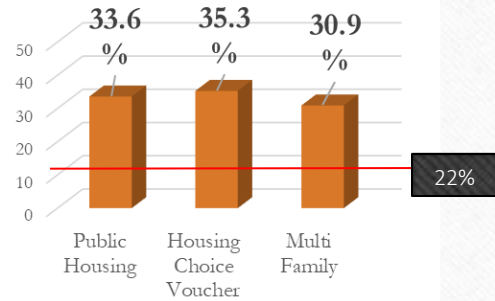
Public Housing Demographics



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.nchph.org](https://moodle.nchph.org) select “Supporting Implementation of Smoking Cessation Programs...”
- Create account
- Detailed instructions on how to access materials included in our “Welcome Packet”.



Post Evaluation Survey



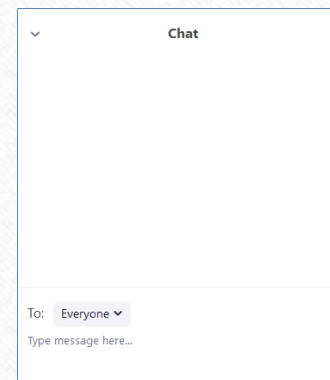
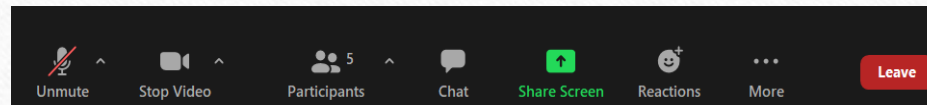
- Complete post-evaluation surveys.

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

Case Studies

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

Objectives

*Upon successful completion of this activity
participants should be able to:*

- Create behavioral “treatment plans” for individuals in the contemplative, action, and relapse phase of quitting through group discussion
- Devise appropriate medication recommendations for these same patients
- Model what can be done in real-time, five-to-ten-minute, interactions with a patient to effectively help them quit tobacco use, maintain the quit, or deal with relapse

Video

Patient Profile

Mrs. Harrison

- 50 years old with a history of diabetes
- Smoking History:
 - Began at 13
 - Smokes 1 Pack/Day
 - Has attempted to quit several times in the past
 - Never used a cessation medication or behavioral support

Other Information

- Has one daughter and two granddaughters
- Divorced
- Works as a home health aid
- Has no hobbies
- Attends church regularly
- Medical History:
 - On insulin once a day
 - Struggles to manage diabetes
 - No other significant health issues

She's Thinking about Quitting?

- Mrs. Harrison's physician is concerned about how her smoking is impacting her diabetes. She knows she should quit but is concerned about many things and is not quite ready to do it. What can you do to help her get ready?

Questions to Ask

- Barriers:

- What is the advantage to quitting later rather than now?
- What would have to happen for you to consider quitting?
- How can I help you get ready?

- Motivations:

- What are your main reasons for thinking about quitting?
- What might be some other reasons that would motivate you?

Educate

- Behavior Modification
 - What would you discuss?
 - How detailed would you get?
- Cessation Medications
 - Should you discuss them at this point?
 - How detailed would you get?

What Shouldn't You Do?

- Nag
- Guilt
- Push
- Tell her to Stop??

She's Ready to Quit

So Advise her to:

Pick A Quit Day

- It is important to quit on a specific day
 - It's like “breaking up” with someone
- One day is not necessarily better than another but:
 - Avoid:
 - Stressful times
 - Big Changes in your life



Clean House

- Get rid of all your cigarettes by quit day
 - This is **not** negotiable!!
- Put away ashtrays, etc.
- Look in closets, under the sofa, in your car!

Understand Motivations

- What is prompting you to quit?
 - Health
 - Money
 - Family
 - Social Pressures
 - Other

Remove Barriers

- What is preventing you from quitting?
 - Stress
 - Concern about weight gain
 - Fear of failure
 - Other



Boost Confidence

- What accomplishment in your life are you most proud of?
- “If you can do that, you can quit smoking!”

Be Prepared

- Anticipate
 - Know beforehand what situations are likely to be problematic
- Plan
 - Create a way to deal with the situation without smoking
- Rehearse
 - Practice the plan often

Learn To Cope

- Two types
 - Cognitive
 - Behavioral
- Two times
 - Prior to a situation
 - Right in the moment



Choose a Cessation Medication

OTC

Nicotine Patch

Nicotine Gum

Nicotine Lozenge

Prescription

Nicotine Inhaler

Nicotine Nasal Spray

Bupropion

Varenicline

NICOTINE PATCH

Available: 21 mg, 14 mg, 7 mg (OTC)

Pros:

- Once-daily dosing
- Delivers consistent nicotine levels over 24 hours
- Can be used in combination with other agents
- Of all nicotine replacement products, use is least obvious
- Relatively inexpensive (generic formulation)

Cons:

- Cannot be titrated to acutely manage withdrawal symptoms
- Not recommended for use with dermatologic conditions

NICOTINE GUM and LOZENGE

Available: 2 mg, 4 mg; various flavors (OTC)

Pros:

- Oral substitute
- Can titrate to manage withdrawal symptoms
- Might delay weight gain
- Used in combination with other agents to manage situational urges
- Relatively inexpensive (generic formulations)

Cons:

- Frequent dosing (short-acting) = risk for poor adherence
- Gastrointestinal side effects might be bothersome
- Dental work/jaw issues (gum only)
- Proper chewing technique is necessary (gum only)

NICOTINE INHALER

Available: 10 mg cartridge delivers 4 mg inhaled vapor for absorption across buccal mucosa (Rx)

Pros:

- Oral substitute
- Can titrate to manage withdrawal symptoms
- Mimics hand-to-mouth ritual of smoking
- Can use in combination with other agents to manage situational urges

Cons:

- Frequent dosing (short-acting) = risk for poor adherence
- Cartridges might be less effective in cold environments ($\leq 60^{\circ}\text{F}$)
- Cost of treatment (no generic available)



NICOTINE NASAL SPRAY

Available: 10 ml bottle; 0.5 mg per spray (Rx)

Pros:

- Can titrate to more closely manage withdrawal symptoms
- Can use in combination with other agents to manage situational urges

Cons:

- Frequent dosing (short-acting) = risk for poor adherence
- Nasal administration; nasal irritation often problematic
- Not recommended for use with chronic nasal disorders or severe reactive airway disease
- Cost of treatment (no generic available)



BUPROPION SR

Available: 150 mg tablets (Rx)

Pros:

- Twice-daily oral dosing
- Might be beneficial in patients with depression
- Can use in combination with NRT
- Relatively inexpensive (generic formulations)

Cons:

- Seizure risk is increased
- Several contraindications and precautions / more extensive screening
- Patients must be monitored for potential neuropsychiatric symptoms

Bupropion SR is initiated 1 to 2 weeks before the quit date.

VARENICLINE

Available: 0.5 mg and 1.0 mg tablets (Rx)

Pros:

- Twice-daily oral dosing
- Offers a different mechanism of action than other options
- Most effective agent for cessation when used as monotherapy

Cons:

- Nausea (28%): take after eating and with a full glass of water
- Insomnia/sleep disturbances
- Patients must be monitored for potential neuropsychiatric symptoms
- Cost of treatment (no generic available)

Varenicline is initiated 1 week before the quit date.

COMBINATION PHARMACOTHERAPY

- **Combination NRT**

Long-acting formulation (patch)

- Produces relatively constant levels of nicotine

PLUS

Short-acting formulation (gum, lozenge, inhaler, nasal spray)

- Allows for acute dose titration as needed for nicotine withdrawal symptoms

- **Bupropion SR + Nicotine Patch**

Combination therapy increases dosing flexibility and overall plasma nicotine concentration.

Important Question to Ask

“Would it be a challenge for you to take a medication frequently throughout the day (e.g., a minimum of 8 or 9 times)?”

- With the exception of the nicotine patch, all NRT formulations require frequent dosing throughout the day.
- If patient is unable to adhere to the recommended dosing, these products should be ruled out as monotherapy because they will be ineffective.

What Would You Suggest?

Get Support

- Find a support person
 - At home
 - At work
 - Within your social circle
- A person who will be there when needed, not a policeman
- Join a group program or use the Quit Line 1 800 QUIT NOW

Say Goodbye

- Have a quitting ceremony!
- A meaningful moment to end the relationship
 - “Dear John” letter
 - Flush cigarettes down the toilet
 - Have a funeral



She's Trying to Stay Quit

- She tells you that she has a family reunion to go to in three weeks and two of her cousins smoke. She is concerned about seeing them. What would you suggest she do to cope with the situation?

She's Trying to Stay Quit

- What else should you discuss with Mrs. Harrison?
- Motivations?
- Barriers?
- Cessation Medications?

She had a Slip!

- Mrs. Harrison tells you she saw her cousin smoking while at the reunion. She had been quit now for over a month so she thought “One cigarette won’t hurt. I deserve it!”
- Now she feels guilty and that “she blew it”! What would you discuss with her?
- What would you tell her to do about her cessation medication use?

For Additional Information:

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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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