

Four-Part Learning Collaborative

Community Partnerships to Address the Consequences of the COVID-19 Pandemic Among Residents of Public Housing

Part Two

Thursday, November 5, 2020



WELCOME!



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National Center for Health in
Public Housing

NATIONAL NURSE-LED CARE CONSORTIUM

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING



Training and
Technical
Assistance



Research and
Evaluation



Outreach and
Collaboration

Increase access, quality of health care, improve health outcomes,
and improve health equity for public housing residents

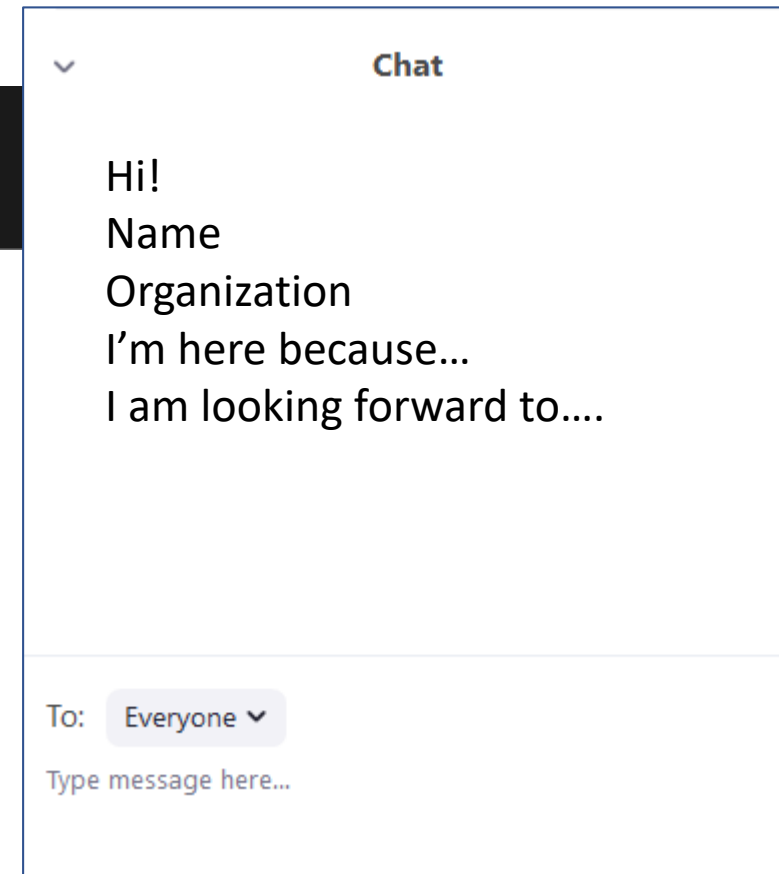
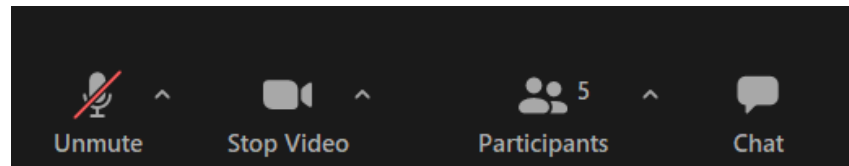
HOUSEKEEPING

Zoom Tips

- Videos on!
- Mute when not speaking
- Engagement
- Breaks when you need them

Follow-up Items

- Brief survey poll at the end of the module
- CME/CNE credit link to be shared in chat and on Bridge
- “Pitch” your partnerships!



BRIDGE

 **Welcome Packet: Community Partnerships**
Completed an hour ago

 **Introductions: Community Partnerships**
Completed an hour ago

Module 1

Featured health center: TCA Health

 **Module 1: Partnerships to address Social Determinants of Health**
1 Session / Beginning October 22, 2020 / Web Conferencing Available /
Step 3 in Community Partnerships to Address the Consequences of the COVID-19 Pandemic among Residents of Public Housing

[REGISTER NOW](#)

 **Module 1: Slides and Recording (10/22)**
Due tomorrow / Takes about a few seconds

 **Module 1 Discussion Forum: 10/22**
Due in 6 days / About a minute remaining

Module 2

Featured health center: Lancaster Health Center

 **Module 2: Partnerships to address Adverse Health Behaviors**
1 Session / Beginning November 5, 2020 / Web Conferencing Available /
Step 5 in Community Partnerships to Address the Consequences of the COVID-19 Pandemic among Residents of Public Housing

[REGISTER NOW](#)

DISCUSSION

- Pitch a Partnership
 - Why you're looking to partner,
 - Who your partner(s) will be, and
 - What you hope to achieve through the partnership(s)
- Guiding Questions
 - What's one promising practice you took away from today's presentations?
 - What could you see as a barrier for implementation for your health center?
 - Who in your community could you approach to create a partnership(s) like the one(s) described today?

REDUCING ADVERSE HEALTH BEHAVIORS: Smoking Cessation in a Public Housing Environment

Thursday, November 5th
1pm – 2pm



Saqi Maleque Cho, DrPH, MSPH
*Director of Research, Policy, and Health
Promotion*
National Center for Health in Public Housing

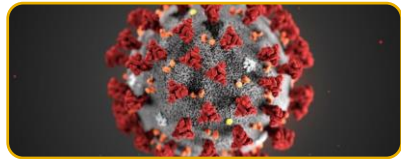
Agenda



SDOH



Health of Public Housing Residents



Smoking and COVID-19

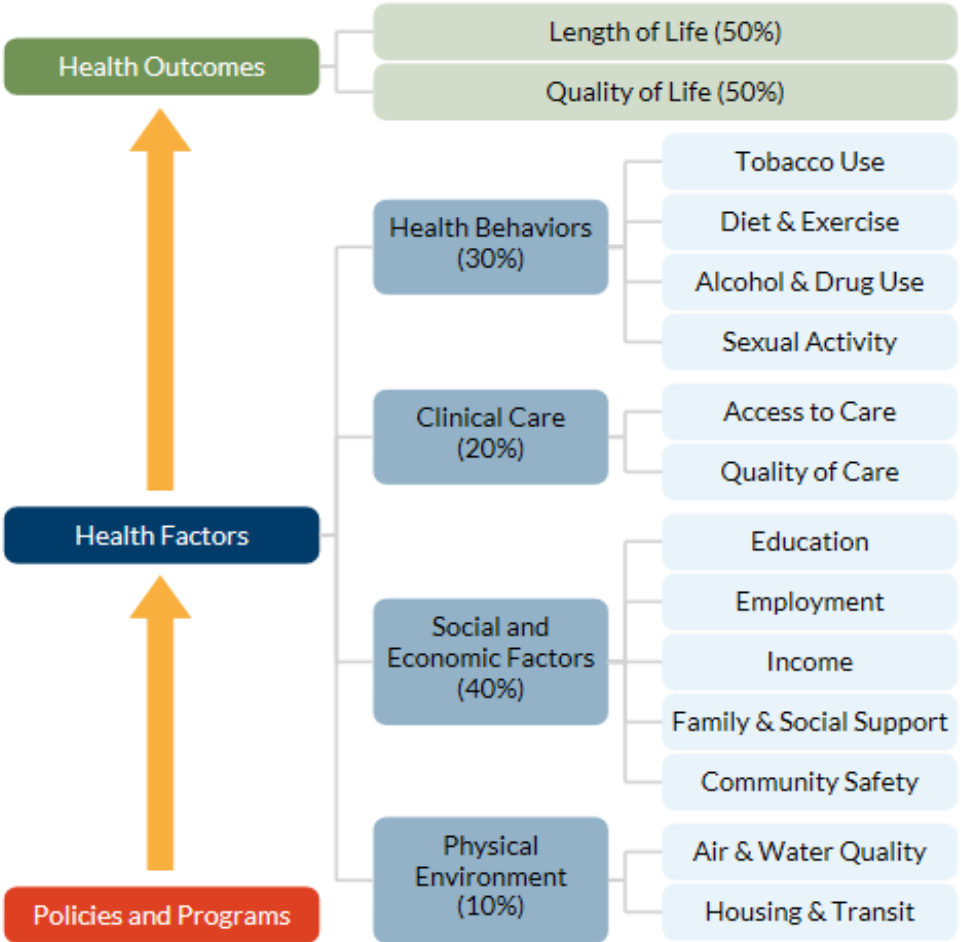


HUD's Smoke Free Policy



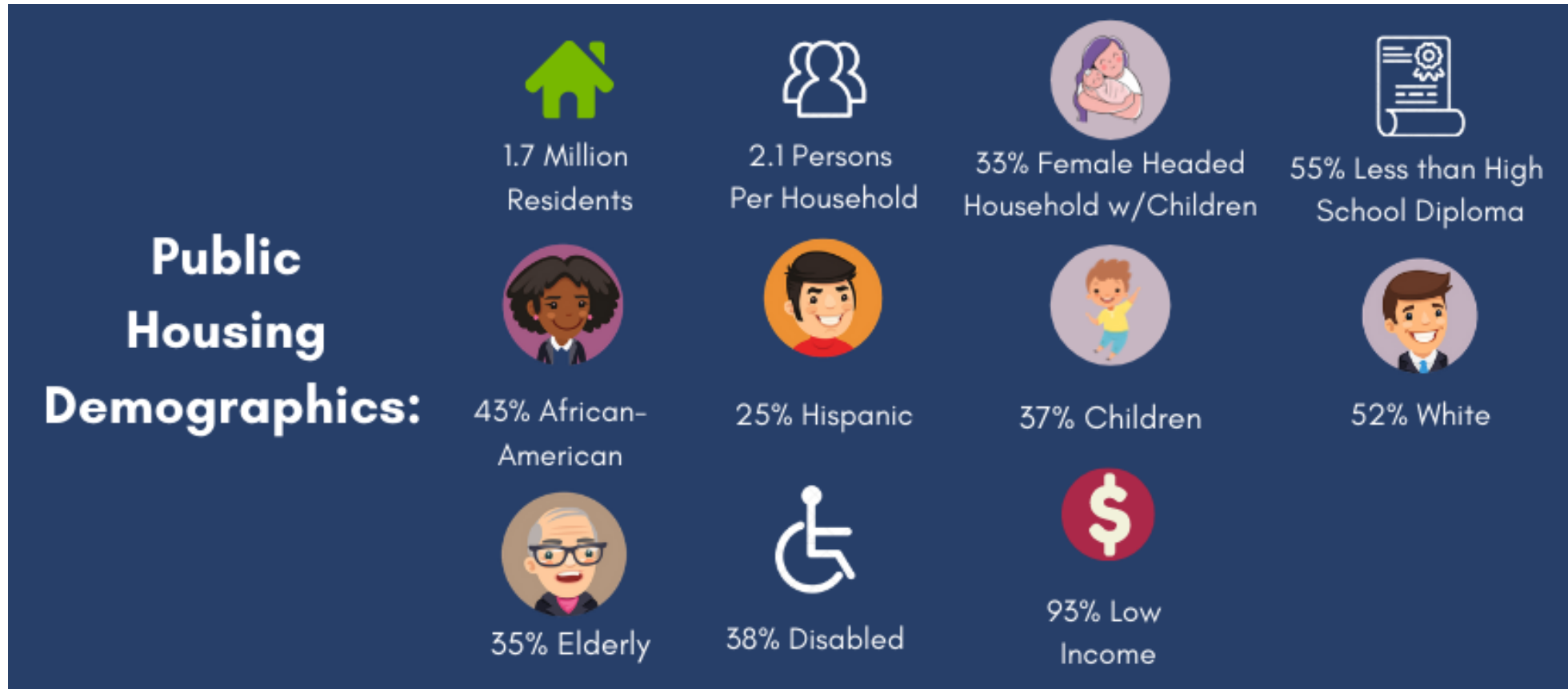
CDC Tips Pilot Project

Impacts of Housing on Health



County Health Rankings model © 2014 UWPHI

In 2020, there were roughly 1.7 million residents of public housing. Approximately 93% were living below poverty, 33% were headed by a single female, 37% of the households had children, and 38% had a member that was disabled. (Source: HUD)

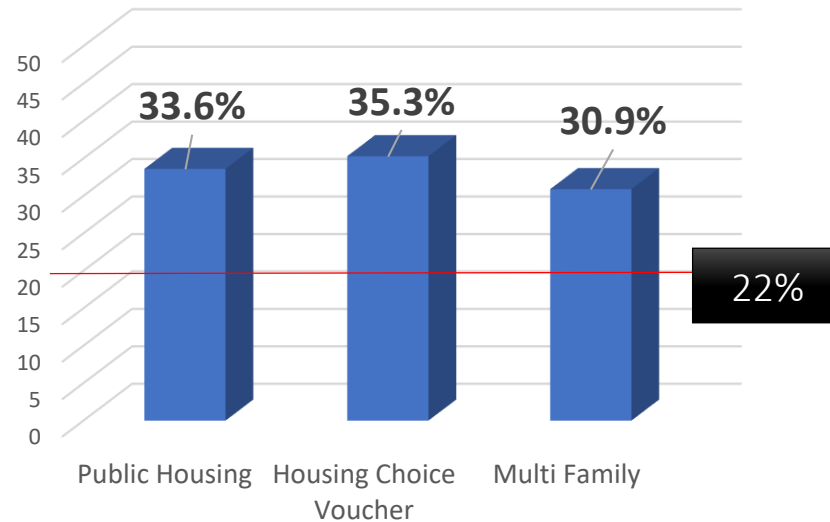


Source: HUD Resident Characteristics 2020

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

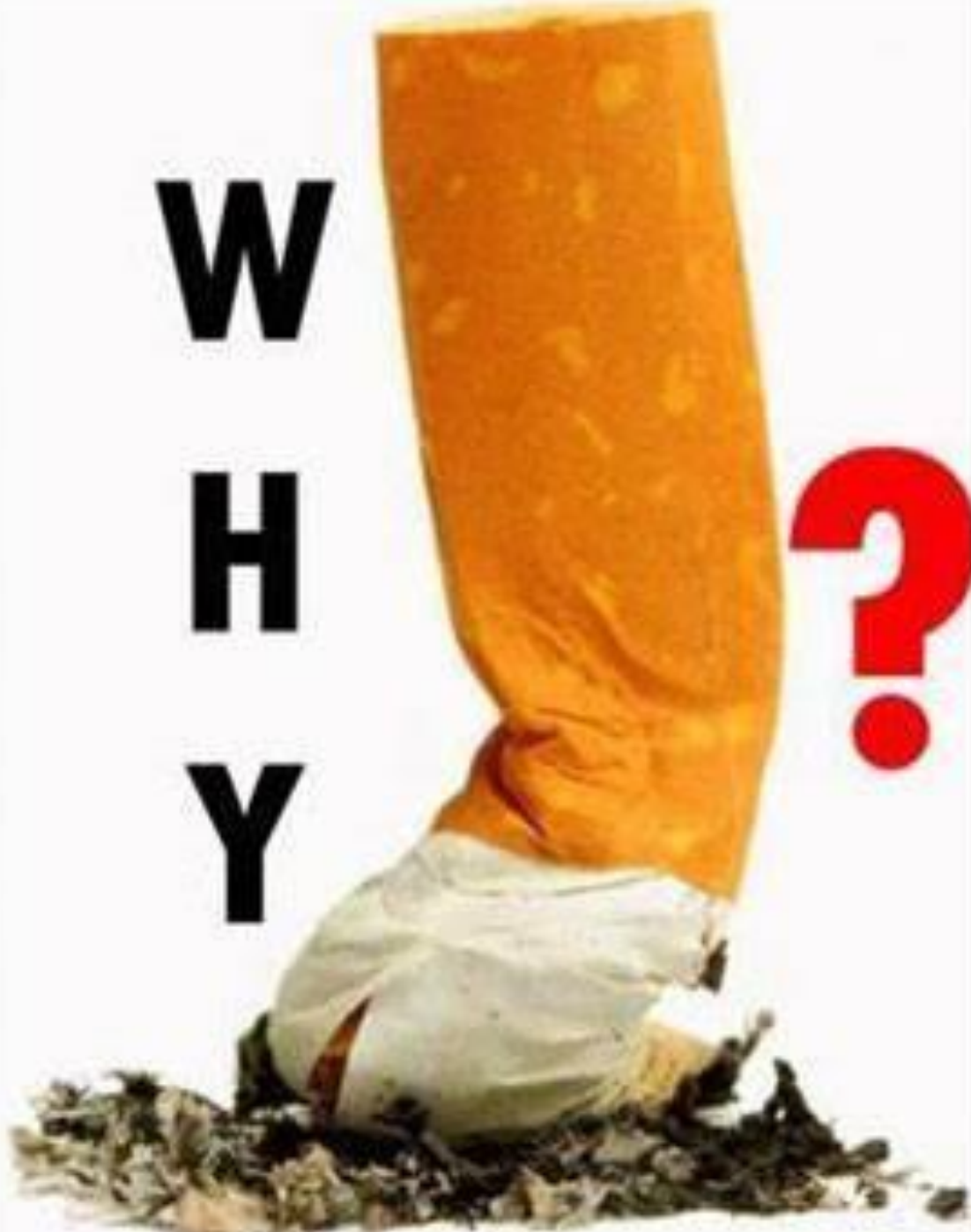
	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

W

H

Y

?



Smoking and COVID-19

Q. In the COVID-19 pandemic, questions have been asked about clinical outcomes for smokers, and whether they are equally susceptible to infection, and if nicotine has any biological effect on the SAR-CoV-2 virus ?

A. Smoking is associated with increased severity of disease and death in hospitalized COVID-19 patients.

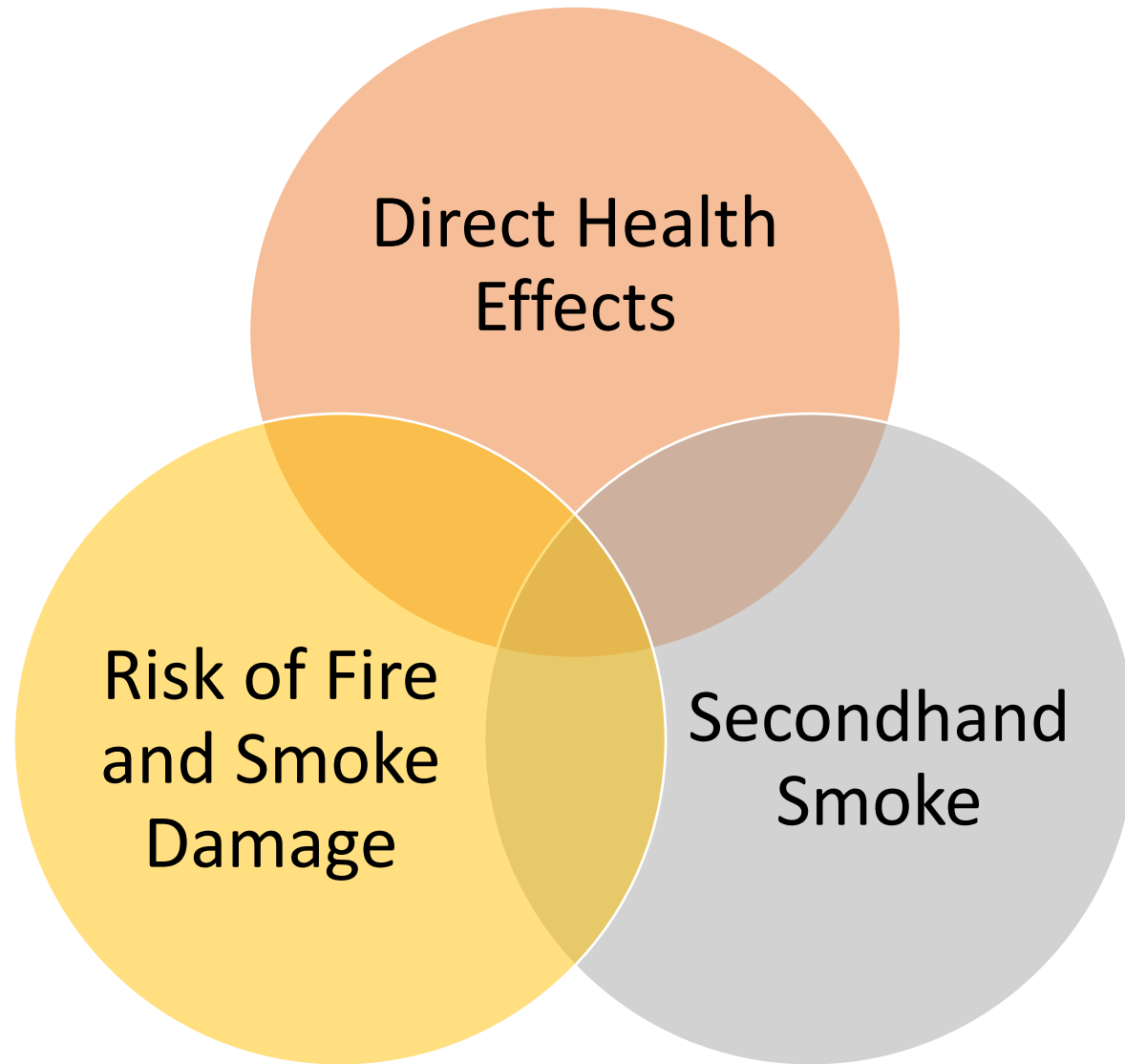
HUD Final Rule Banning Smoking

- Requires all Public Housing Agencies (PHAs) administering low-income, conventional public housing to initiate a smoke-free policy.
- Prohibits the use of tobacco inside or within 25 feet outside of the buildings.



The screenshot displays the Federal Register entry for the rule "Instituting Smoke-Free Public Housing". The page includes the following information:

- AGENCY:** Office of the Assistant Secretary for Public and Indian Housing, HUD.
- ACTION:** Final rule.
- SUMMARY:** This rule requires each public housing agency (PHA) administering public housing to implement a smoke-free policy. Specifically, no later than 18 months from the effective date of the rule, each PHA must implement a "smoke-free" policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings. The smoke-free policy must also extend to all outdoor areas up to 25 feet from the public housing and administrative office buildings. This rule improves indoor air quality in the housing; benefits the health of public housing residents, visitors, and PHA staff; reduces the risk of catastrophic fires; and lowers overall maintenance costs.
- DOCUMENT DETAILS:**
 - Printed version: PDF
 - Publication Date: 12/05/2016
 - Agency: Department of Housing and Urban Development
 - Dates: Effective date February 3, 2017
 - Effective Date: 02/03/2017
 - Document Type: Rule
 - Document Citation: 81 FR 87430
 - Page: 87430-87444 (15 pages)
 - CFR: 24 CFR 965, 24 CFR 966



(COVID-19)



- Work & School
- Healthcare Workers & Labs
- Health Depts
- Cases & Data
- More

COMMUNITY, WORK & SCHOOL

COVID-19 Guidance for Shared or Congregate Housing

Updated Aug. 22, 2020

Languages Print



On This Page

Plan and Prepare

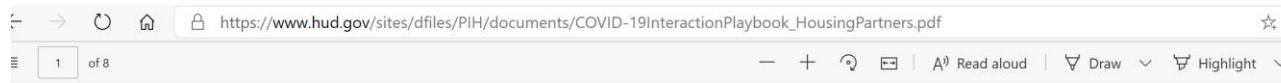
Emergency operations plans

Key resources: emergency operations plans

Communicate to staff and residents

Considerations for common spaces in prevent the spread of COVID-19

Considerations for specific communal



COVID-19 Interaction Playbook for Housing Partners

This playbook offers promising practices for common interactions and new business situations resulting from the COVID-19 pandemic. HUD recognizes the short- and long-term effects of the virus on both housing authorities and residents. It is critical that public housing agencies (PHAs) and tribally designated housing entities (TDHEs) continue to operate—albeit differently.

This guidance seeks to create a safer environment through social distancing and to ensure the safe distribution of goods and services to prevent the further spread of COVID-19 and to mitigate the health risks on staff, residents, service providers, and landlords.

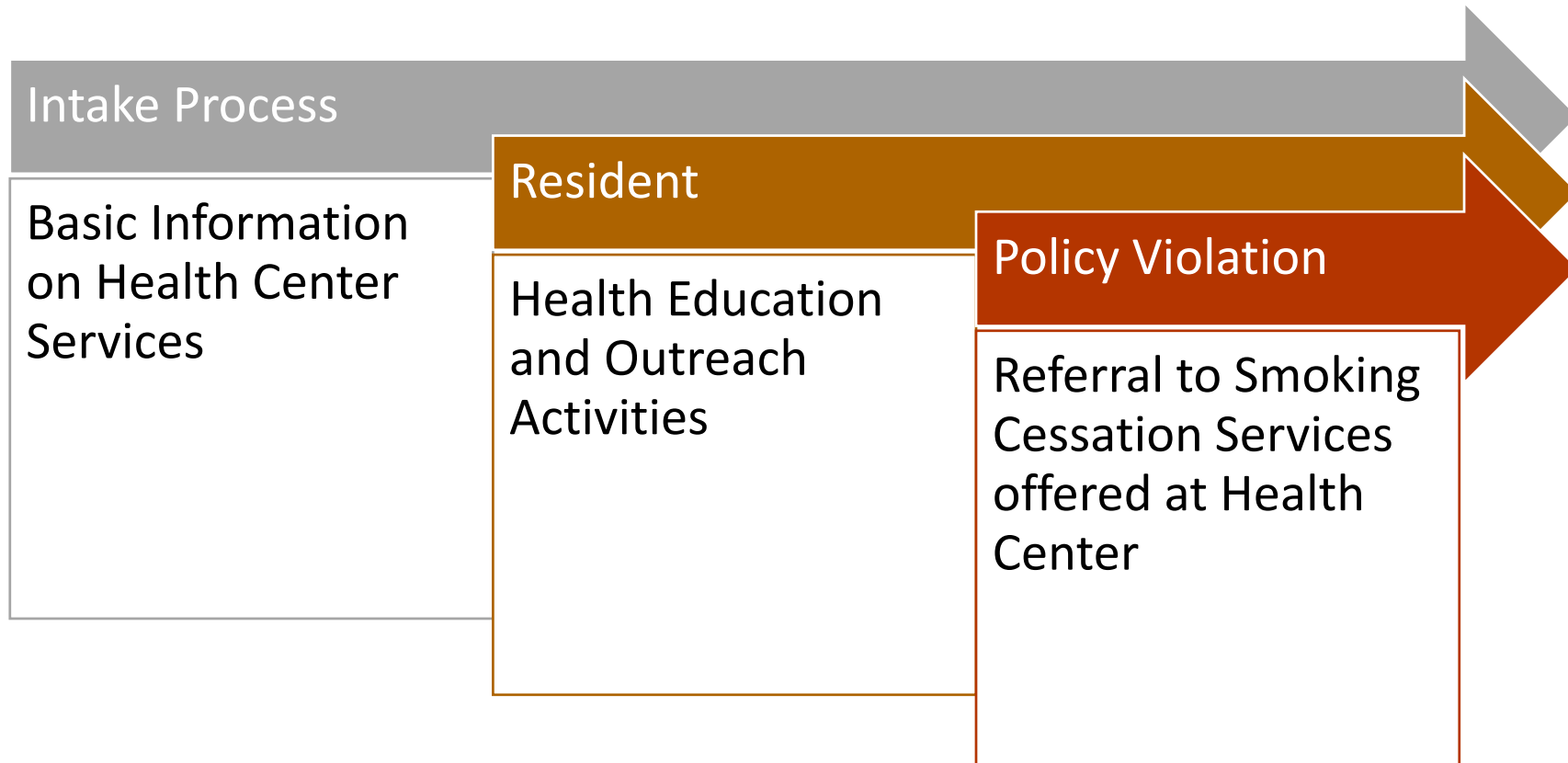
To create this playbook, PIH interviewed PHAs, TDHEs, and industry groups and researched global promising practices. This information is meant to underscore the official guidance of the CDC. Thank you to the PHAs, TDHEs, and industry groups that participated.

View more HUD resources at [hud.gov/coronavirus](https://www.hud.gov/coronavirus).

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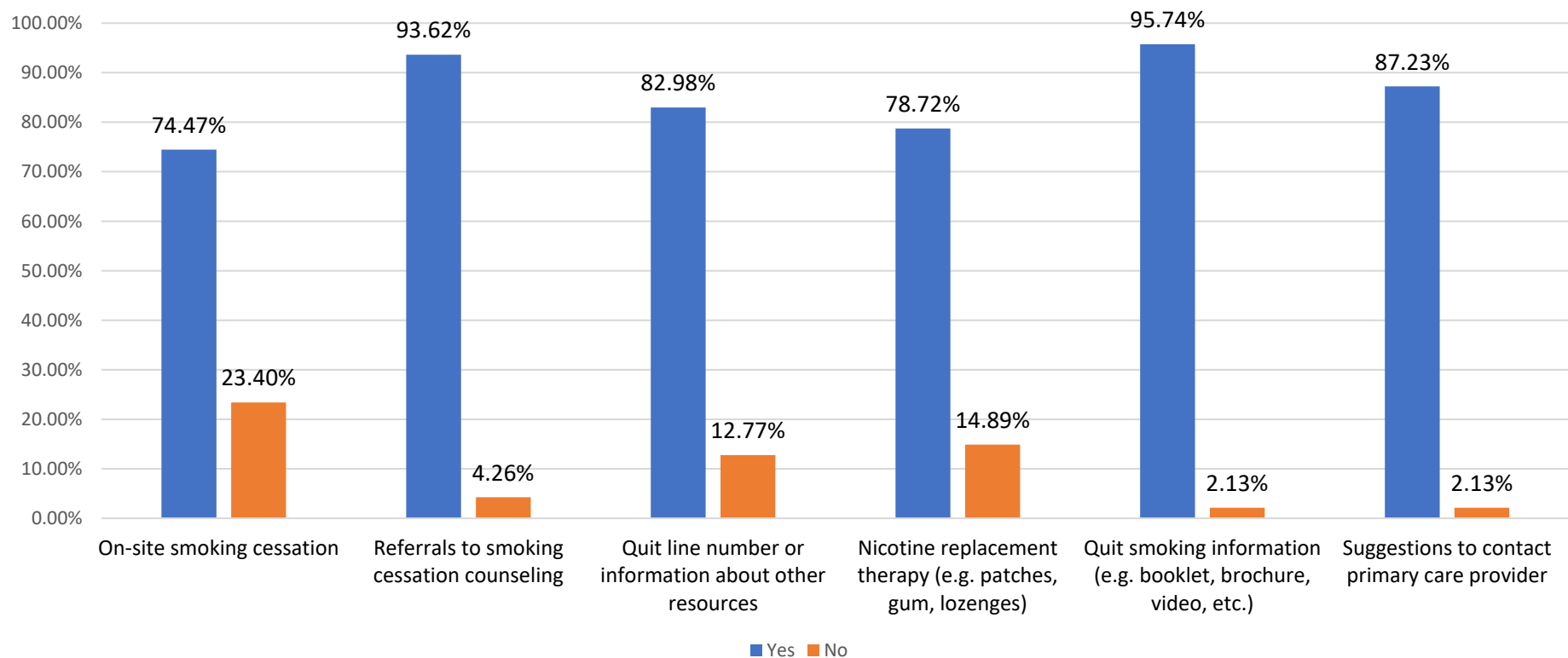
- I. Safe Distancing
 - A. Supporting Staff (2)
 - B. Supporting Residents (3)
- II. Safe Distribution (4)
- III. Responding to Confirmed Cases (5)
- IV. Other Findings (6)
- V. Case Studies (7)
- VI. Additional Resources (8)

Opportunities for Health Center Collaboration in Smoke free Housing Policy





Smoking Cessation Services Offered at Health Centers Located in or Accessible to Public Housing



Source: NCHPH 2016 Needs Assessment

Return on Investment for the Delivery of Tobacco Cessation at Public Housing Primary Care

Number of Smokers FY2019	35,312	35,312	35,312
Program Participation (5%, 10%, 20% reach)	5% reach=1,766	10% reach=3,531	20% reach=7,062
Number of Smokers that will Quit	81	162	325
Average Program Cost	\$14,823	\$29,646	\$59,475
Inpatient Cost Savings	\$46,251	\$92,502	\$185,575
ROI	3.12	3.12	3.12

The screenshot displays the Tips website interface. At the top, a carousel features four photos of participants: a woman with a hand on her chest, a woman with a serious expression, a man with a skin condition on his chest, and a woman with a mole. A text box above the photos reads "A TIP FROM FORMER SMOKERS". Below the photos is a "MEET THE AD PARTICIPANTS" button. To the right, a banner offers "FREE Tips & Tools to Help You Quit" with a "READ NOW" button. Below that, another banner says "1-800-QUIT-NOW 5 Ways Quitlines Help YOU Succeed" with a "SEE HOW" button. The main content area has three columns: "REAL STORIES" (with a woman's photo), "DISEASES AND CONDITIONS" (with a man's photo), and "ALL VIDEOS" (with a woman's photo). A fourth column, "TIPS IMPACT AND RESULTS", features a blue box with statistics: "In 2014, the Tips campaign motivated 1.83 million Americans to try to quit smoking cigarettes. 104,000 cigarette smokers to quit for good." Below the statistics are icons for former smokers and the CDC logo.

Tips[®] Website: CDC.Gov/tips

- + Campaign Background Information
- + Ads, Participant Vignettes and Bios
- + Social Media, Digital, Print Materials
- + Cessation Content
- + Impact & Results

Tips® website partner pages

Faith-Based Organizations
(FBO)

Health Care Providers

Organizations Serving Military
Members and Veterans

Organizations Serving Public
Housing Residents

Partners and Public Health
Professionals

Tips From Former Smokers®

Tips From Former Smokers® > Partners



↑ Tips From Former Smokers®

About the Campaign +

How to Quit Smoking +

Real Stories +

Diseases/Conditions Featured in
the Campaign +

For Specific Groups +

Partners -

Faith-Based Organizations +

Healthcare Providers

Organizations Serving Military
Members and Veterans

**Organizations Serving Public
Housing Residents**

Partners and Public Health
Professionals

Campaign Resources +

Stay Connected

Newsroom +

✉ Get Email Updates

To receive email updates about
this page, enter your email
address:

Organizations Serving Public Housing Residents

The Centers for Disease Control and Prevention (CDC) is supporting the U.S. Department of Housing and Urban Development (HUD) in its effort to protect residents and staff working and living in federally owned and operated public housing units from the dangers of secondhand smoke exposure.

HUD's Smokefree Rule: What You Need to Know

On December 5, 2016, HUD published its [final rule](#) ¹ in the *Federal Register* requiring each Public Housing Agency (PHA) administering low-income, conventional public housing to initiate a smokefree policy. The rule, which became effective on February 3, 2017, provided an 18-month implementation period after which all PHAs must have a smokefree policy in place, by no later than July 31, 2018. This smokefree policy prohibits 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. The rule improves indoor air quality in the housing; benefits the health of public housing residents, visitors, and PHA staff; reduces the risk of catastrophic fires; and lowers overall maintenance costs.

Since 2009, HUD has strongly encouraged PHAs to adopt smokefree policies covering living units and common areas, a policy many private housing developments already have in place, and more than 600 PHAs and Tribally Designated Housing Entities (TDHEs) adopted at least partial smokefree policies. Through this voluntary effort and local initiatives, more than 228,000 public housing units became smokefree. Once fully implemented, the HUD smokefree rule will expand the impact to more than 1.8 million public housing residents, including more than 500,000 units inhabited by elderly residents. Importantly, the rule will protect the nearly 680,000 children living in public housing.³

What is Secondhand Smoke and How is it Harmful?

Secondhand smoke is smoke from burning tobacco products or smoke that has been exhaled by a person smoking.³ Tobacco smoke contains more than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer. Exposure to secondhand smoke causes disease and premature death among nonsmokers.³ There is no risk-free level of secondhand smoke. The U.S. Surgeon General has warned that breathing secondhand smoke for even a short time is dangerous.⁴

Secondhand smoke has been shown to travel between units in multiunit housing, such as apartment buildings.^{4,5} Persons who live in rental housing are especially likely to be exposed to secondhand smoke. Other populations that are present in large numbers in public housing, including children, African Americans, and persons living below the poverty level, are also more likely to be exposed to secondhand smoke. African American children are especially likely to be exposed to

On This Page

- [HUD's Smokefree Rule: What You Need to Know](#)
- [What is Secondhand Smoke and How is it Harmful?](#)
- [How Does Smokefree Housing Benefit Housing Managers and Protect Residents?](#)
- [Free CDC Smokefree Resources](#)
- [Free HUD Smokefree Housing Resources](#)
- [Additional Smokefree Housing Resources](#)
- [Citations](#)

Tips® Posters for Smokefree Housing

AVAILABLE IN ENGLISH AND SPANISH

A TIP FROM A FORMER SMOKER



I stopped smoking and started exercising.

James, quit at age 46

If you want free help to quit smoking, CALL 1-800-QUIT-NOW.

#CDCtips



UN CONSEJO SOBRE EL HUMO DE CIGARILLO



No le dé pena pedirle a la gente que no fume cerca de sus hijos.


Aden, 7 años; Jessica, su madre

Si desea obtener ayuda gratuita para dejar de fumar, LLAME AL 1-855-DÉJELO-YA.

#CDCconsejos



UN CONSEJO DE UNA EXFUMADORA




Deje que sus hijos lo motiven a dejar de fumar.

Beatrice dejó de fumar a los 37

Si desea obtener ayuda gratuita para dejar de fumar, LLAME AL 1-855-DÉJELO-YA.

#CDCconsejos



NCHPH Pilot Objectives



Educate



Improve Access



Evaluate

To educate health care providers on the CDC Tips From Former Smokers resources.

To increase access to smoking cessation materials for public housing residents and the health care providers that serve them.

To evaluate the pilot project.

NCHPH Pilot Project

Participants receive

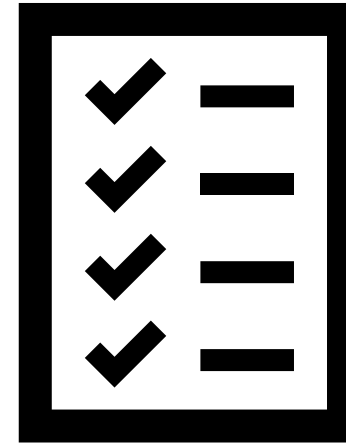
- Training about the *Tips* campaign
- Technical assistance and support throughout the 3-month project period
- Small stipend

Participants responsible for

- Placing materials in the health center
- Educating/ training staff to use the materials
- Providing baseline data and follow up data to inform evaluation
- Engaging community partners

Selection Criteria

- ✓ New to CDC Tips
- ✓ High prevalence of smoking
- ✓ High need for cessation materials
- ✓ Geographic diversity



Evaluation

- ❖ Two clinical quality indicators before and after project implementation:
 - 1.) number of patients receiving tobacco and smoking cessation counseling provided per month
 - 2.) the percent of smokers that receive appropriate tobacco cessation follow-up.

- ❖ Qualitative responses
 1. Background
 2. Implementation
 3. Results
 4. Lessons Learned

All Health Centers report those indicators through the Uniform Data System (UDS), as required by the Health Resources and Services Administration (HRSA).



Tips From Former Smokers® – Final Evaluation Form
This form should be used to report Tips-related activities at the close of the project period.

Contact Name:
 Email:
 Phone:
 Health Center Name:
 City, State:
 Website:

Pictures of Tips® campaign posters/materials

Background (Word Limit: 200)*
 Provide a brief background about your Health Center activities you're conducting in your community.

Project Overview (Word Limit: 200)*



Tips From Former Smokers® – Final Data Report Form
This form should be used to report Tips-related activities at the end of the project period.

Organization:		
Contact:	Telephone:	E-mail:
Date reported: <small>Click here to enter a date.</small>	Time Period:	

Patient Information
Number of patients with tobacco use disorders:
Percent of patients with tobacco use disorders:
Number of patients who have received smoking cessation counseling:
Number of tobacco users with appropriate tobacco cessation follow up:
Percent of tobacco users with appropriate tobacco cessation follow up:

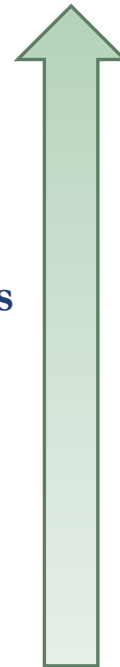
Media Activities/Materials Disseminated
 Please indicate what type(s) and # of media at the health center:
 Print



Promoting CDC Tips Campaign Materials to Public Housing Residents



3
months



Health Center	Percent Change in Tobacco Cessation Counseling
Hampton Roads Community Health Center, VA	2000% increase
Borinquen Health Center, Miami, FL	1000% increase
Foremost Health Center, Dallas, TX	900% increase
Alabama Regional Medical Services, Birmingham, AL	44% increase

Lessons Learned

- Easy access to the Tips® resources
- Multiple print and video formats
- Training staff on using Tips
- Ongoing conversation
- Sharing materials with other partners
- Point person with support
- Committed

TODAY'S PARTNERSHIP SHOWCASE



Karla Verkouw
Public Health Analyst
Lancaster Health Center

Goals of the Project:

- Increasing access to tobacco cessation services among residents of public housing to encourage quit attempts
- Strengthen collaborations among community health centers, quitlines, and public housing agencies to promote smoking cessation in public housing communities
- Improve systems and clinical workflows to effectively deliver high-quality tobacco cessation services in the Lancaster, PA area



Making the Case for Change

According to the CDC: Cigarette smoking is the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths every year, or about 1 in 5 deaths.¹

1. U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2019 Jan 30].



Cigarette smoking is down, but about
34 MILLION
American adults still smoke

Cigarette smoking remains high
among certain groups



Men



Adults 25-64
years old



Lower education



Below
poverty level



Midwest
and South



Uninsured
or Medicaid



Disabled



Serious
psychological
distress



American Indians,
Alaska Natives and
Multiracial



Lesbians, gays,
and bisexuals

Strategies essential to continue reducing
cigarette smoking overall



Implement
smoke-free laws



Run mass
media campaigns



Raise
tobacco prices



Make quit help
easy to access



CDC.gov/quit



Quitting Behavior

People of low SES are just as likely to make quit attempts but are less likely to quit smoking cigarettes than those who are not.³

- An estimated 66.6% of adult current daily cigarette smokers living below the poverty level attempt to quit smoking cigarettes compared with 69.9% of those living at or above the poverty level.³
- An estimated 39.0% of adult current daily cigarette smokers with no high school diploma attempt to quit smoking compared with 44.0% of those with some college education.³
- Adults who live below the poverty level have less success in quitting (34.5%) than those who live at or above the poverty level (57.5%).³
- Adults with less than a high school education (9–12 years, but no diploma) have less success in quitting (43.5%) than those with a college education or greater (73.9%).³
- Blue-collar and service workers are less likely to quit smoking than white-collar workers.⁹

<https://www.cdc.gov/tobacco/disparities/low-ses/index.htm>



Smoke Free Public Housing Group Picture

--Don't Reinvent the Wheel



Overview of Lancaster County Resources

- PA Free Quitline
- My Life, My Quit Program
- Tobacco Dependence Treatment Program at LGH (the Lanc. County SEPA TCP SubContractor)
- LHC Services for patients



PA FREE QUITLINE OVERVIEW 2019

Telephone Coaching Services and Nicotine Replacement Therapy (NRT)



- Specialized materials are provided for: over 170 languages, Deaf/hard of hearing services, youth under 18, pregnant and postpartum tobacco users, racial and ethnic populations, smokeless tobacco users, lesbian, gay, bisexual or transgender individuals, persons with mental and/or behavioral health conditions, persons with chronic health conditions.
- The Quitline offers evidence-based, supportive services to pregnant and postpartum women who use tobacco with monetary incentives!
- Coaching topics include enrollee's history of tobacco use, identification of triggers, setting a quit date, relapse prevention, use of cessation aids/medications and developing a personal quit plan.
- Free Nicotine Replacement Therapy (include patch, gum and/or lozenge) – for 4-8 weeks for qualified callers, as available and medically appropriate is shipped to the enrollee's home, or other preferred location



The My Life, My Quit program is a free and confidential service for teens who want help quitting all forms of tobacco including vaping.



**WHAT WOULD
YOU GAIN IF YOU
QUIT VAPING?**

Text "Start My Quit" to 855-891-9989.
Free, confidential help. Just for teens.

WWW.MYLIFEMYQUIT.COM

MY LIFE  MY QUIT™



The Tobacco Dependence Treatment Program at Lancaster General Hospital offers individual and group counseling by certified tobacco treatment specialists. Programs are provided through the Southeastern Pennsylvania Tobacco Control Project (SEPA TCP), a program of the Health Promotion Council and funded through a grant from the Pennsylvania Department of Health.

Phone Number:

717-544-5511

Web Link:

<http://www.lghealth.org/wellness>

Address:

2100 Harrisburg Pike, Lancaster, PA 17604

Hours of Operation:

Monday – Friday from 8:00am – 5:00pm

Services Offered:

Counseling and one-on-one counseling classes

Medications:

Nicotine patch, nicotine gum, and nicotine lozenge

Eligibility

**Requirements and
Cost:**

The program is available to all Pennsylvania residents at no cost



- **HACC Nursing Care Center (NCC)** - Patients can schedule an appointment with the NCC OR connect via a warm handoff during a medical or dental appointment. The HACC NCC can provide education and resources.
- **Behavioral Health Consultants** - Patients can schedule an appointment with the NCC OR connect via a warm handoff during a medical or dental appointment.





Some Things We've Accomplished So Far:

- Community education sessions, health fairs, and featured on podcasts.
- Staff trainings on smoking cessation best practices.
- Free NRT on site for distribution to patients experiencing barriers to accessing NRT.
- Wallet cards with the Quitline phone number to teams
- Posters and smoking cessation handouts to teams
- Free NRT in Sample Closets
- Text Macro



What's one promising practice you took away from Karla's presentation?

What could you see as a barrier for implementation for your health center?

Who in your community could you approach to create a partnership(s) similar to the one(s) Karla described?

THANK YOU!

- Next module on November 19th at 1pm
- Complete CME/CNE form: <https://www.proprofs.com/quiz-school/ugc/story.php?title=partnerships-to-address-adverse-health-behaviors-11520gh>
- Complete evaluation poll
- Post in discussion forum on Bridge
- Volunteer to pitch your partnership(s)