

2018

Will HUD's Smoke-free Rule Motivate Residents to Quit? Measuring the Number of Public Housing Residents Who Receive Quitline Services



Executive Summary

This report provides an overview of the process undertaken by NAQC to develop a standard intake question to assess the number of callers to state quitlines that reside in public housing and to gain adoption of the question by state quitlines. To advise the development of the question, NAQC established a workgroup comprised of 10 members representing funders for state quitlines, quitline service providers, researchers, and evaluators. The workgroup was charged with reviewing existing intake questions used by state quitlines to identify PHA residents who call the quitline, as well as other mechanisms (i.e., cross-matching); developing a draft standard intake question for presentation to the membership; reviewing feedback on the draft question from stakeholders; and recommending a final standard intake question.

The workgroup initially determined no single approach would meet the needs of all state quitlines due to variability in budget, staff capacity and information gathered at intake. As such, two approaches were identified and tested: 1) an intake question; and 2) a mechanism for cross-matching quitline caller's addresses to PHA addresses. Although the mechanism for cross-matching did not prove feasible within the timeframe for this project, the workgroup recommended an intake question to NAQC.

NAQC reviewed the workgroup's recommendations along with feedback from the full membership, and has accepted the workgroup's recommendation. **On June 19, 2018, NAQC added a time-limited and optional intake question to the MDS for states interested in identifying PHA residents who call the state quitline. NAQC has requested that states interested in adopting the optional intake question do so by December 31, 2018, and keep the question in place through December 31, 2020 (a two-year timeframe).**

The question and responses are listed below:

- **Introduction for question:** "We are asking all of our callers about where they live because there is a new rule that prohibits smoking in public housing managed by HUD and we would like to help as many public housing residents as possible to quit."
- **Question:** "Do you currently live in low income housing (sometimes called federally assisted housing or public housing)?"
- **Response options:** Yes, No, Don't know and Refused.

In July 2018, a poll was conducted of NAQC members to determine how many state quitlines plan to adopt the new time-limited and optional intake question. Among the 53 state quitlines, three states reported they had already adopted the question, 28 states indicated they plan to adopt the question, 18 states indicated they do not plan to adopt the question, and 4 states were unable to provide information on their intention to adopt the question.

Finally, NAQC collected data from the 53 state quitlines to assess activities being undertaken to promote tobacco control and cessation activities to PHA residents. Of the 53 state quitlines, 29 reported having some type of activities with PHAs in their state. The activities being undertaken with PHAs can be categorized as follow:

- *Print resources and materials;*
- *Education and training for PHA staff and other stakeholders;*
- *Individualized technical assistance; and*
- *Focus groups.*

Moving forward, NAQC will continue encouraging state quitlines to adopt the new question, provide technical assistance, and seek to understand the barriers for states that do not plan to adopt. NAQC will also continue to gather data on the new optional intake question in its Annual Survey of Quitlines, explore cross-matching, and seek state quitlines and other member organizations that are able to further test the feasibility of this approach.

Introduction

In December 2016, The U.S. Department of Housing and Urban Development (HUD) published a final rule (Rule) requiring each Public Housing Agency (PHA) administering low-income, conventional public housing to implement a smoke-free policy. The rule prohibits lit tobacco products (cigarettes, cigars or pipes) in all living units, indoor common areas, administrative offices and all outdoor areas within 25 feet of housing and administrative office buildings. The Rule took effect in February 2017 and included an 18-month implementation period, with all PHAs expected to comply and have a smoke-free policy in place by July 31, 2018. The goals of the new Rule are to: improve the health of all PHA residents by reducing exposure to secondhand smoke; reduce damage to PHA units (and subsequent repair and cleaning costs) caused by smoking; and reduce fire risk. As the new Rule is implemented, PHAs, as well as federal, state and local health agencies, will also promote a variety of cessation services (such as state quitlines) available to PHA residents who are interested in quitting.

The new Rule presents an opportunity for state quitlines to increase reach to and utilization by PHA residents, an important population to state quitlines and tobacco cessation professionals. NAQC estimates that one-third of all PHA residents (i.e., about 400,000 adults) are current smokers. In addition to higher smoking rates, PHA residents are considered a vulnerable population due to their need for low-income housing and high enrollment in Medicaid. While there are no exact prevalence data on current smoking rates among PHA residents, we can gain a sense by looking at national data for smoking rates for Medicaid and low-income populations. The 2016 National Health Interview Survey (NHIS) found the current smoking rate for U.S. adults overall was 15.5%; compared to 25.3% among Medicaid enrollees, 28.4% among people who are uninsured, 24.8% among adults with less than a high school education and 40.6% among adults with a GED.

Finally, we know from experience with states and local governments enacting smoke-free indoor air policies that as these policies have been implemented there is a subsequent increase in quit attempts and seeking of cessation assistance. As such, NAQC sought to advance our understanding of whether HUD's new Rule would increase utilization of state quitlines through development of a standardized approach for identifying PHA residents who call state quitlines. Preliminary data from NAQC's FY2017 Annual Survey indicated only two of the 53 state quitlines currently gather data about PHA residents. To support state quitlines, NAQC sought to develop a standard intake question for the Minimal Data Set (MDS) with the goal to enable states to assess the number of PHA residents who reach out to state quitlines for cessation services. Through this new measure, NAQC hopes to:

- *Enable states and other interested parties to assess the number of PHA residents who received cessation services from state quitlines for evaluation and surveillance purposes;*
- *Help in identifying best practices for linking PHA residents to cessation supports; and*
- *Spearhead a foundation-setting activity that may lead to setting goals to improve service delivery to PHA residents and to measuring progress.*

A workgroup was formed to develop recommendations on ways state quitlines can monitor calls from PHA residents. The goal of the workgroup was to develop a new intake question to measure the number of PHA residents who call the state quitline. This paper describes the new intake question and the rationale for the new question, the process undertaken to develop the new question and recommendations for state quitlines interested in or seeking to adopt the new question. In addition, this paper describes the activities and partnerships states have engaged in with PHAs to assist with implementation of smoke-free policies and promotion of cessation services (including state quitlines).

Overview of Workgroup Process and Findings

NAQC established a workgroup of 10 members representing funders for state quitlines, state and provincial service providers, researchers, and evaluators. The workgroup, which met by telephone between February –

June 2018, was charged with reviewing existing intake questions used by state quitlines to identify PHA residents who call the quitline, as well as an alternative mechanism (i.e., cross-matching procedure) to identify PHA residents; develop a draft standard intake question (and possible alternate mechanism) for presentation to the membership; review feedback on the draft question (and possible alternate mechanism) from NAQC members, key researchers and professionals; and recommend a final standard intake question (and possible alternate mechanism).

The workgroup initially determined no single approach would meet the needs of all state quitlines due to variability in budget, staff capacity and information gathered at intake (i.e., mailing address for all quitline callers). As such, the workgroup identified and tested two approaches: 1) an intake question; and 2) a mechanism for cross-matching quitline caller addresses to PHA addresses.

Workgroup members tested both approaches from April – June 2018 and concluded:

- *An intake question is able to identify PHA residents with a high degree of reliability. A review of data from Pennsylvania’s existing intake question, which has been in place since 2012, shows that the question has provided consistent data for the past five years; asked of over 65,000 quitline callers, with only 0.4% of callers refusing to answer, and no reports of negative feedback or confusion from quitline callers when asked the question. The number of PHA residents identified will vary from state-to-state due to the variability in the PHA population. This information indicates that the question will provide reliable surveillance data for state quitlines.*
- *Cross-matching, while promising, will require additional time to determine feasibility. Workgroup members were unable to identify a consistent methodology for states to conduct cross-matching. In addition, there are numerous questions about HUD’s PHA buildings data set that need to be further clarified. Due to the variability in testing outcomes, the workgroup continues to view cross-matching as a promising approach, but will require additional testing and collaboration with HUD to make it a viable approach for state quitlines.*

The workgroup therefore recommends:

- **NAQC should adopt a time-limited and optional intake question for states interested in identifying PHA residents who call the state quitline.**

Overview of New Intake Question

NAQC reviewed the workgroup’s findings and recommendations, along with feedback from the full membership and had accepted the workgroup’s recommendation. **On June 19, 2018, NAQC added a time-limited and optional intake question to the MDS for states interested in identifying PHA residents who call the state quitline. NAQC has requested that states interested in adopting the optional intake question do so by December 31, 2018, and keep the question in place through December 31, 2020 (a two-year timeframe).**

The question and responses are listed below:

- **Introduction for question:** “We are asking all of our callers about where they live because there is a new rule that prohibits smoking in public housing managed by HUD and we would like to help as many public housing residents as possible to quit.”
- **Question:** “Do you currently live in low income housing (sometimes called federally assisted housing or public housing)?”
- **Response options:**
 - Yes
 - No

- Don't Know
- Refused

In July 2018, NAQC conducted a poll of members to determine how many state quitlines plan to adopt the new intake question. Among the 53 state quitlines, three states reported they had already adopted the question, 28 states indicated they plan to adopt the question, 18 states indicated they do not plan to adopt the question, and 4 states were unable to provide information on their intention to adopt the question. Among the 18 states that indicated they do not plan to adopt the question, reasons those states reported for not adopting the question included:

- *Concern about the added length to the registration process for quitline callers.*
- *The quitline is currently working to reduce the number of questions asked at intake.*
- *The quitline does not have specific cessation programming for PHA residents and therefore does not feel the need to gather the data.*
- *The population of PHA residents in the state is too small.*
- *Concern the question will offend PHA residents.*

Over the next year, NAQC will encourage state quitlines to adopt the new question, provide technical assistance, seek to better understand the barriers for states that do not plan to adopt, and identify ways to overcome the barriers and concerns expressed by states. In addition, NAQC will gather data on the new optional intake question in its Annual Survey of Quitlines. Finally, NAQC will continue to explore cross-matching and seek state quitlines and other member organizations that are able to further test the feasibility of this approach.

Overview of Activities between State Quitlines and PHAs

Over the past five months, NAQC gathered information from the 53 state quitlines to assess activities to promote tobacco control and cessation activities PHA to residents. Of the 53 state quitlines, 29 reported having some type of activities with PHAs in their state. Below, is the list of 29 states that reported having PHA activities, and a description of those activities.

Arizona	Minnesota	South Carolina
Colorado	Missouri	South Dakota
District of Columbia	North Carolina	Texas
Florida	Nebraska	Utah
Georgia	New Hampshire	Virginia
Hawaii	New Jersey	Vermont
Indiana	New York	Washington
Kentucky	Oklahoma	Wisconsin
Massachusetts	Pennsylvania	Wyoming
Michigan	Rhode Island	

The activities being undertaken by state tobacco control programs with PHAs can be categorized as follow:

- *Print resources and materials;*
- *Education and training for PHA staff and other stakeholders;*
- *Individualized technical assistance; and*
- *Focus groups.*

Print Resources and Materials

Several states, reported developing and disseminating toolkits, resource packets and/or companion materials, to include quitline promotional materials, designed to promote implementation of the smoke-free policy in multi-unit housing (MUH) and evidence-based cessation best practices.

Examples of specific activities include:

- In **Minnesota**, the Minneapolis Health Department partners with ClearWay QuitPlan Services to place QUITPLAN door hangers on the doors of PHA residents.
- **Missouri** is providing a toolkit, smoke-free building signs, smoke-free property window decals, and quitline promotional materials to all Missouri PHAs. The toolkit includes resources to assist PHA's in developing and implementing their smoke-free building rule, cessation resources, including the Missouri Tobacco Quitline and the offer of technical assistance by tobacco control specialists.
- Tobacco Free **Nebraska** assembled approximately 150 Nebraska PHA toolkits. Toolkits were mailed to the PHA's, statewide tobacco-free coalitions, and statewide partners. The toolkits were filled with resources including sample policies, order forms to request door hangers, window clings, yard signage, and Nebraska Tobacco Quitline educational and promotional items.
- In **New Hampshire**, Helpline promotional materials are provided to PHA management and are posted/placed in common areas along with the notice of the smoke-free policy.
- **New York** is educating and engaging federally qualified health centers, community health centers and behavioral health organizations on the new rule and identifying resources and materials that will support their patients in either quitting tobacco or complying with the Rule. New York is also developing media messaging to foster the education of the health care community on the new Rule.
- **Rhode Island** works with PHAs to promote the quitline and other local cessation services via print materials, website and e-newsletters.
- **South Dakota** offers free resources to smoke-free properties to include a going smoke-free apartment guide, signage and window clings.
- **Utah** provides materials for PHAs to publicize the free tobacco cessation services offered through the quitline.

Education and Training

Quitlines are working with state health departments to deliver dedicated trainings by multidisciplinary subject matter experts to PHA property managers on implementing and enforcing a smoke-free policy and actively communicating the availability of free, evidence-based cessation resources.

- In **Arizona**, the state quitline - Arizona Smokers' Helpline (ASHLine) collaborates with Arizona Smoke-Free Living (ASFL) in the HUD Smoke-Free policy implementation. ASFL has actively engaged the twenty PHAs within the state by way of ongoing presentations and provision of print materials. ASFL has outlined a detailed timeline for PHAs informing them of steps to undertake to become smoke-free by July 31, 2018 deadline set by HUD. Among key recommendations, is a call to inform clients of cessation strategies (the ASHLine) to receive nicotine replacement therapy and evidence-based behavioral coaching. The ASHLine also provides training opportunities on 'Ask, Advise, and Refer', focusing on programs serving behavioral health populations. Finally, ASFL continues to make one-on-one visits to PHAs and provides resources for cessation services, which included referring clients to the ASHLine.
- In **Colorado**, dedicated trainings are being delivered by multidisciplinary subject matter experts for property managers on implementing and enforcing a smoke-free policy and actively communicating the availability of free, evidence-based cessation resources through the Colorado QuitLine.
- In **Minnesota**, the Minneapolis Health Department partners with ClearWay QuitPlan Services to train the Voices of America social workers on services available to residents of PHAs.

- In **New Hampshire**, the community and state program specialist travels statewide for "town hall meetings" to educate tenants about the health impacts of tobacco use and exposure to secondhand smoke, and offered the New Hampshire Tobacco Helpline as a resource for PHA residents.
- Over the past few years, **Rhode Island** has conducted statewide trainings to educate PHA officials and staff on adopting smoke free policies and has presented on available tobacco cessation services, which included the RI Smokers' Helpline, cessation services available at PHA's, and local cessation services at community-based health centers.

Individualized Technical Assistance

- **Massachusetts** provides technical assistance to public housing managers and stakeholders on best practices for implementing smoke-free policies and on free cessation resources offered through the MA Smokers Helpline.
- In **Michigan**, a letter was sent from the state tobacco section manager to all public housing commissions informing them of the resources and technical assistance available to help with the adoption of the policy and to inform about the Michigan Tobacco Quitline. In addition, all local health department contractors are required to reach out to PHAs to offer technical assistance, including information about cessation and the Michigan Tobacco Quitline.
- **Utah** has an assigned staff member available to meet with PHAs and help them design a plan.

Focus Groups

- **New York, Pennsylvania and Oklahoma** have all conducted focus groups with PHA residents to understand barriers to cessation and the quitline.
- In 2017, **Pennsylvania** engaged an external evaluator to recruit tobacco users who live in public housing for a focus group. They were also able to successfully engage with administration to implement earned media.
- **New York** has also conducted focus groups with public housing residents to understand the barriers they face regarding quitting or being compliant with the new Rule.

In addition to the above activities, state tobacco control programs have built relationships and coalitions with local partners and sought to leverage support from other state agencies.

- In July 2018, the **Colorado** state tobacco control program will begin funding for a MUH cessation navigator project. The cessation navigator is embedded within PHA settings to conduct brief cessation intervention and referral to the Colorado QuitLine and other treatment resources for residents who smoke and who are interested in quitting. The cessation connectors will also identify and address individual-level barriers to cessation, provide tailored guidance and support, and use motivational intervention to assist individuals throughout their cessation process.
- The **Hawaii** Tobacco Quitline (HTQL) originally partnered with the Hawaii Department of Health Asthma and Tobacco (DOH Tobacco) Program on posters and other signage that were distributed to interested Hawaii Public Housing Authority (HPHA) campuses. The DOH Tobacco program and the HTQL continue to work together with other stakeholders in supporting the HPHA with implementation of the Rule.
- The **Massachusetts** Tobacco Cessation and Prevention Program (MTCP) at the Department of Public Health funds Community Partnership programs (CPs), that are based in local organizations such as community health centers and mental health and substance abuse service providers. These programs are located throughout Massachusetts and cover all 351 cities and towns in the State. CPs provide technical assistance to PHAs and other MUH properties that are planning for, implementing or have adopted a smoke-free policy. Specifically, CP activities around cessation in the PHA setting involve providing promotional materials on the quitline and other cessation resources available to residents of public housing and presenting educational information about the cessation process and MA cessation resources, including quitline services, to residents of public housing at in-person resident engagement sessions.

- **Nebraska's** tobacco-free coalition partners are providing Nebraska Tobacco Quitline resources to the PHA's across the state of Nebraska.
- **Ohio** is collaborating with Partners for Smoke-Free Families on implementing a 5A's community project in four communities.
- **Oklahoma** is working with community health workers to assist with connecting PHA residents with the quitline or other cessation services.
- In addition to collaborating with PHA's, community-based health centers and a behavioral healthcare organization have also contracted with **Rhode Island** to conduct in-person cessation services as well as promote QL services.
- **South Dakota** offers tobacco prevention coordinators and coalitions throughout the state available to help present to residents and facilitate discussions/provide assistance.

Conclusion

We know many states are interacting, conducting outreach and engaging PHAs to help to educate, promote and implement the Rule. However, we also know that currently, 50 (94%) state quitlines do not have the capabilities to identify residents that call the quitline. Adding an intake question will allow quitlines to identify the number of PHA residents who call the state quitline. It will also further assist quitlines in serving PHA residents and evaluating the impact of quitline activities on quit attempts by PHA residents.

To balance concerns about adding a new question to intake, the decision was made to make the new intake question optional and temporary (in place for a two-year time period). In July 2018, NAQC polled state quitlines to determine the number of quitlines that intend to adopt the new time-limited and optional intake question. The poll revealed that 3 (6%) state quitlines have already adopted the new question and an additional 28 (53%) state quitlines plan to adopt the optional intake question. NAQC will monitor the adoption of the new question by state quitlines via the NAQC annual survey and reach out to states to assist with implementation and overcoming barriers to adoption.

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For more information about the NAQC's HUD Initiative, contact naqc@naquitline.org.

APPENDIX A: Web Resources

[Link](#) to NAQC's Quitline Map – A resource that provides a profile on each state quitline with details about services offered, hours of operation, patient referrals, and more.

[Link](#) to the HUD Rule and Smoke-Free Resources

This website provides the Final Rule Notice as well as resources to help PHA Owners/ Management Agents and residents plan for, implement, and build support for smoke-free policies for PHAs and Multifamily federally assisted properties. Resources available on the website include:

- Implementing HUDs Smoke-Free Rule Guidebook with Fact Sheets, recommended 18-month Implementation Timeline and Checklist
- **Smoke-Free Housing Action Guide** that offers tips, real stories and best practices from experienced public housing administrators and owners/agents of multifamily housing.
- Smoke-Free Multifamily Housing Toolkits for Owners/Management Agents and **Residents**
- Access to webinars on the smoke-free Rule

Information and resources can be accessed by visiting -

https://www.hud.gov/program_offices/healthy_homes/smokefree.

[Link](#) to CDC's **Healthy Home Webpage** – A resource page that provides information on HUD's smoke-free rule, information on effects of secondhand smoke and resources to quit smoking.

APPENDIX B: NAQC's Comments on the Proposed Rule

In January 2016, NAQC submitted formal response in the form of a letter to HUD that strongly supported HUD's proposal to implement a national smoke-free Rule for PHAs. NAQC's response to HUD's request for comments was developed based on feedback submitted from NAQC members and stakeholders. The response provided the following four key messages and recommendations:

- *NAQC estimates that one-third of all PHA residents (i.e., 400,000 adults) are smokers. If no action is taken, their continued smoking is likely to result in poorer general health than non-smoking PHA residents, development of tobacco-related diseases, considerable healthcare and other costs, and the loss of 4 million years of life due to premature deaths from tobacco-related diseases.*
- *NAQC recommends that housing authorities coordinate with healthcare organizations that serve PHA residents and local cessation treatment providers (such as quitlines) as soon as possible to make residents aware of available smoking cessation resources and encourage them to quit.*
- *To maximize the impact of the smoke-free rule on successful quit attempts, NAQC recommends that HUD make effective smoking cessation treatments, as described in the U.S. Clinical Practice Guideline, available to PHA residents.*
- *To prevent implementation challenges and to gain the most benefit possible for PHA residents from the smoke-free rule, NAQC recommends HUD make a concerted effort to partner with cessation providers and healthcare organizations to ensure the availability of adequate levels of cessation treatment.*

NACQ's full response can be accessed by visiting the following link -

https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/Newsroom/_NAQC_comments_HUD_FR5597_P02.pdf.

APPENDIX C: Journal Article: Cigarette Smoking and Adverse Health Outcomes Among Adults Receiving Federal Housing Assistance

This article outlines the process undertaken and results of a study that assessed smoking-related behaviors, and health outcomes among 5218 adults who, received federal housing assistance during 2006–2012. Data were analyzed from the National Health Interview Survey linked with administrative data from the U.S. Department of Housing and Urban Development. The results concluded that housing assistance programs provide a valuable platform for the implementation of evidence-based tobacco prevention and control measures, including smoke-free policies for adults who receive housing assistance. The full article can be accessed by visiting the following link - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508864/>. Citation: Veronica E. Helms, Brian A. King, and Peter J. Ashley. Cigarette smoking and adverse health outcomes among adults receiving federal housing assistance. Preventive Medicine, June 2017, Vol.99, pp.171-177.