Smoke-free Public Housing:
HELPING SMOKERS QUIT

Case Study: San Francisco, California

Introduction

There are approximately 1.2 million households in the United States living in federally funded public housing. Of those, around 40% have children in the household, and nearly 50% of families live in public housing for 5 years or more.[1] The health disparities and burden of chronic disease for those who live in public housing is well documented, and one of the most concerning examples can be seen in tobacco use: nearly 34% of adults living in public housing smoke, compared to about 14% of the general adult population in the United States, and the smoking rate is particularly high (37.5%) among adults receiving HUD assistance with children in the home.[2]

In an effort to create healthier public housing communities, the U.S. Department of Housing and Urban Development (HUD implemented a smoke-free rule in all federally funded public housing communities) in July 2018. In support of the smoke-free rule, public housing residents must have full access to a range of tobacco cessation services from front-line healthcare providers, public housing staff, and quitlines to increase successful quit attempts. The healthcare, housing, and public health sectors must provide well-coordinated and comprehensive cessation services to maximize the public health benefits of the smoke-free rule for public housing residents.

Over the last two years, the American Cancer Society, North American Quitline Consortium, and Smoking Cessation Leadership Center at the University of California, San Francisco worked in 7 communities nationwide, one each in California, Florida, Kentucky, Missouri, New York&, Pennsylvania, and South Carolina; 5 sites worked comprehensively with community health centers (CHCs), public housing agencies (PHAs), and state health departments/quitlines, while 2 sites primarily focused on the CHC but included the PHA's informal collaboration. The initiative, known as Smoke-free Public Housing: Helping Smokers Quit, kicked off in early 2019 and continued through spring 2020 with generous funding from the Robert Wood Johnson Foundation. Visit our frequently asked questions document for best practices and lessons learned.

This initiative sought to help **PHA residents access cessation services to reduce tobacco use and improve the overall health, well-being, and equity of PHA communities** through a two-tier approach:

- Local collaboration among sectors in each community to ensure public housing residents (and all other patients at their health center) know about and can access evidence-based tobacco cessation services
- Smoke-free Public Housing ECHO sessions (a virtual tele-mentoring model) that took place every 2 weeks featuring an instructive presentation by a subject matter expert; individual or systems case presentation, followed by expert recommendations and all-participant best practice sharing; and community collaborative action plan update

[1] HUD; National Center for Health in Public Housing

[2] Helms VE, King BA, Ashley PJ. Cigarette smoking and adverse health outcomes among adults receiving federal housing assistance. *Prev Med*. 2017;99:171–177. doi:10.1016/j.ypmed.2017.02.001

Our experience working in the selected communities to increase access to tobacco cessation services for residents of public housing uncovered ongoing needs on how best to reach residents of public housing with tobacco cessation services, support the smoke-free rule, and ultimately improve health equity for those who live in public housing. Findings from this pilot initiative showed that public housing administrators and front-line healthcare providers are well-positioned to raise awareness, provide resources, and engage residents in tobacco cessation services. However, there are large gaps in knowledge and capacity to do so.

Where we worked

States and communities were chosen based on a variety of factors including percentage of smokers in the population, percentage of the population who are public housing residents, availability of government-related resources, geographical diversity, and quitline capacity. The following chart offers a more complete look at the CHCs, PHAs, and quitlines that participated in this initiative.

Initiative Location	Relevant Statistics (2018)	Total number of patients served by CHC*	Percentage of CHC patients who live in public housing*	Percentage of CHC patients uninsured*	Percentage of CHC Racial and/or Ethnic Minority Patients*	Percentage of CHC patients at or below 100% of poverty line*	Number of resident units at primary PHA**	Number of calls/referrals to state quitline***	Quitline referral methods***	State Medicaid expansion
San Francisco, CA[#]		1,094	n/a - RAD housing	7	62	100	n/a - RAD housing	54,810	FAX; email/online; eReferral	Yes
Winter Haven, FL		47,927	46.87	24.53	66.36	66.67	248	n/a	n/a	No
Louisville, KY		3,986	0	11.77	82.85	65.17	4,887	6,464	FAX; email/online; eReferral	Yes
St. Louis, MO		43,677	7.69	42.09	81.68	90.59	150	10,632	FAX; email/online	No
Lancaster, PA		21,658	43.19	10.28	82.03	70.10	566	13,146	FAX; email/online; eReferral	Yes
Florence, SC		41,072	71.66	21.34	67.2	73.00	809	20,405	FAX; eReferral	No
Long Island City, NY[@]		20,022	7.43	32.08	94.36	90.25	358	n/a	n/a	Yes

#San Francisco CHC data from 2017 (most recent available)
*Source: US Health Resources and Services Administration Uniform Data System
**Source: US Department of Housing and Urban Development
***Source: North American Quitline Consortium
&Project work not funded by Robert Wood Johnson Foundation. Information included for a full look at the initiative.

Please visit smokefreePHA.org or contact Becky Slemons for more information.

Case study: San Francisco, California

This case study is intended to provide an overview of work in San Francisco, CA, as part of the Smoke-free Public Housing: Helping Smokers Quit initiative. This cross-sector collaboration may provide a template for similar communities, and/or one of the sectors may provide inspiration to break down or transcend local barriers. For a more detailed view of both patient and systems-based challenges, please view the case presentation videos from the program's biweekly Project ECHO sessions.

Community statistics

While smoking rates in the city of San Francisco (11%) are lower than the national average (14%)[i], disparities continue to persist. In 2019, San Francisco had population of 881,549[ii]. While 88.5% of all San Francisco residents have at least a high school diploma and the median household income is $104,552, economic inequalities are evident. Although the city possesses great wealth, many low-income residents have been left behind. In 2019, 10.1% of all city residents were living below the poverty level.

Community health center (CHC)

Curry Senior Center is a Federally Qualified Health Center located in San Francisco, California. Curry serves more than 2,500 patients who are 55 and older and live in the Tenderloin and South of Market areas. Curry's integrated service model includes an onsite health center, behavioral health services (mental health and substance use), case management, as well as wellness and socialization opportunities. Clinic data show that 34.9%, or 417, of Curry patients smoke. Among Curry patients who smoke, African Americans make up the largest group (34%), followed by Latinx (7.4%) and those living with HIV/ AIDS (1.9%). Approximately 90% of all Curry patients live in some sort of subsidized housing, whether that is San Francisco Housing Authority (SFHA), HUD, or state- or locally funded.

During key informant interviews held in November 2018 at the beginning of the project, Curry staff discussed initial barriers to increasing tobacco screening and intervention rates. They communicated that the age of clients is often their biggest obstacle; many seniors are long-time/life-long smokers. Clients remark, "I've been smoking for so long, what's the point of quitting?" They also report having a tremendous amount of trauma in their lives and using cigarettes to relax and cope with anxiety. Additional barriers are related to mental health obstacles, limited finances, and lack of access to classes, specifically for seniors who are experiencing mobility issues.

At the start of the project, initial cessation efforts in the health center consisted of a primary care physician or a behavioral health assistant providing one-on-one counseling and referral to either the Stop-Smoking group at San Francisco General Hospital and/or the California Smokers' Helpline. Many seniors reported having difficulty accessing the Helpline on their own.

In addition, Curry operated a Wellness Nursing Program at three senior SFHA Rental Assistance Demonstration buildings in San Francisco. 120 of the 598 residents joined the Wellness Nursing program, which was comprised of three bilingual staff - a registered nurse and two health educators. Out of the 120 participants in this program, 20 smoked cigarettes.

While Curry did offer some cessation assistance prior to receiving the grant, none of Curry's programs provided any tobacco cessation classes or programming on site.

Public Housing Agency (PHA)

The California project did not include participation from a local housing authority. The city of San Francisco does not operate under a typical public housing model. Instead, the city participates in the Rental Assistance Demonstration (RAD) program. Under the RAD program, public housing units are exempt from requirements to follow the smoke-free housing rule. This has created a complication, as programs that are exempt from the rule have not shown urgency to voluntarily comply. Curry Senior Center does have strong relationships with the Tenderloin Neighborhood Development Corporation (TNDC) and the Cadillac SRO, both of which manage low income housing apartments. While the lack of formal participation in the grant from a public housing authority has created issues, Curry has been able to leverage their strong local contacts to bring cessation resources directly to participants' homes. As many of their clientele have difficulty with health, mobility, and transportation, meeting clients "where they are" has been essential. Rates of participation in activities are better when held on-site.

Although RAD extends beyond the bounds of traditional public housing and has no smoke-free rule, it maintains the rent-assisted structure for low-income residents and is the trend for public housing. We felt working with a health center located within a RAD property could give us some early learnings as more federally funded housing is transforming their model to RAD.

Quitline

The California Smokers' Helpline is operated by the Moores UCSD Cancer center and offers free, evidence-based telephone counseling services to all California residents. Callers can be referred via a web-based portal, through direct email messaging and peer-to-peer via the HL7 interface.

The Helpline offers telephone counseling with trained quit coaches, as well as a texting program and mobile app. They also offer special services for quitting vaping and chew. Counseling is available in English, Spanish, Chinese, Korean and Vietnamese. Eligible callers receive a free 2-week supply of nicotine patches, while supplies last.

In late 2018, working with NAQC ahead of HUD smoke-free implementation, the California Smokers' Helpline added a new question at intake to get a better sense of how many callers are public housing residents. The question appears in the intake script as follows: "Do you currently live in low-income housing (sometimes called federally assisted housing or public housing)?

Collaboration and systems change

At the beginning of this initiative, the CHC and quitline had no formal working relationship. Curry did refer clients to the Helpline; however, they reported that clients often had trouble connecting or were not interested in calling.

In January 2019, all parties met in Atlanta for the project's kickoff. The California stakeholders sat together to begin to establish a rapport, to discuss barriers to tobacco cessation access, and to create a community action plan to follow. The team set up regular calls to discuss internal quality improvements, plan for events including the Great American Smokeout in November, introduce additional partners, and improve collaboration.

In addition to bi-weekly SFPH ECHO sessions, Curry Senior Center, the local ACS cancer control staff member, and the Helpline held monthly calls to better collaborate and set up systems that would result in more patients receiving tobacco cessation resources. Curry and the Helpline set their goals and created a collaborative action plan to reach them:

- Systems-based:
    - Improve information workflow between Curry Senior Center, the CA Smokers' Helpline and local low-income housing sites
    - Improve workflow within Curry to connect patients to evidence-based cessation interventions
- Cessation program delivery:
    - Provide tailored education and awareness around tobacco cessation to clients
    - Deliver on-site support
    - Increase the number of clients to make quit attempts and/or reduce their smoking
- Provide participants with access to nicotine replacement therapy

Collaborative Action Plan

Action	Action Details	Timeline	Measurement/Outcome
Assess what data exists/how to collect future data	Sharon: # referrals by zip; how Quitline will track going forward; articles on timing to assess f/u quit attempts Curry: measures of interest and how they could be tracked (participation in interventions and quit attempts) Jaime: UDS reporting measure	Completed: Feb 28	Identified measures and data sources for the project year
Conduct Health fair	Could be an opportunity to gather feedback from patients/residents (location?) and/or kick-off initiative.	March TBD	# participants
Gather (and adapt) intervention resources	Sharon: share promotional resources for quitline & ASQ (including protocol differences) Angela and Humberto: research interventions and chose what would like to pilot	Completed: April 30	Evidence-based interventions chosen for implementation and implementation pilot plan.
Outreach to housing sites and internal staff	Inform housing sites where Curry already has a presence and gather any information. Could approach other sites. Inform staff of the initiative and conduct any training/workflow/data collection method implementation as needed.	Completed: April 30	Intervention sites secured. Any additional assistance from the housing sites procured. Staff knowledgeable about initiative. Own responsibilities.
Intervention implementation	Pilot interventions and change as necessary. Could include classes, quitline referrals, more structured approach/lower cost approach to NRTs, etc. Collect and assess process data	May – February	Measures TBD # participants in interventions # quit attempts by participants
Broaden reach through San Francisco Community Clinic Consortium	Could include presentations to consortium clinics through SFCCC peer groups	December – February	Presentations, etc TBD
Conduct Great American Smoke Out (GASO) event	Activities TBD	November	# participants
Evaluate and assess next steps	Could include instituting bi-directional referral system to Quitline; Assessing changes needed in Epic; Assessing any additions needed for sustainability; etc.	January & February 2020	

Curry developed their own smoking cessation program called Life Without Tobacco (LWT) with the Helpline, local cessation services, and their own primary care providers that can be tailored to a wide range of different groups and tries to meet participants at any stage of their cessation journey. They also sought to partner with other public housing entities, such as Tenderloin Neighborhood Development Corporation to offer LWT to their tenants on an ongoing basis. They also reached out to several public housing buildings that were already associated with Curry Senior Center and provided tabling and informational sessions to these buildings. This increased outreach enabled Curry to change their messaging from promoting a mandatory smoke-free rule to a message of community health improvement. Both residents and building managers viewed this work in a positive light.

As the team met and talked through barriers, they realized that many of the senior housing residents were Asian- and Russian-language speakers and were not able to be counseled for tobacco cessation by current staff Curry Senior Center. Through this partnership, the Helpline worked with the health center to be added to the eReferral system that seamlessly allows us to refer patients to the quitline, as well as setting up an eReferral system with the Asian Smokers' Quitline. Curry was then able to create a clinic workflow that refers everyone to the Quitline unless they "opt out," meaning they must verbally state that they *do not* want to be referred.

This language barrier resulted in Curry training Vietnamese- and Cantonese-speaking program assistants on referring clients to the Asian Smokers' Quitline, and they created language-specific workflows for LWT referrals. They will continue this training and include Russian-speaking health educators as well.

Moving forward, Curry plans to train additional staff (Peer Outreach, Community Programs bilingual assistants, Wellness Health Educators, and others) to provide smoking cessation counseling to all patients who want it.

Impact

- In-person kickoff and in-person or virtual regular meetings led to free flow of information and problem-solving; also built relationships among both the health, tobacco control, and housing sectors to create better systems change opportunities for patient/resident support
- The Great American Smokeout event was held at Curry Senior Center on November 18, 2019. There were 36 residents who attended, and a registered nurse was onsite to conduct blood pressure screenings and answer questions about smoking and health. Three health educators provided education via trivia games and three-dimensional models. The CDC's "Tips from Former Smokers" videos ran in both rooms where the event was held. Participants received LWT-branded items chosen to encourage healthy behaviors.
- eReferral to the CA Smokers' Helpline and the Asian Smokers' Quitline allowed for seamless and culturally sensitive coaches and resources for Curry's patients
- Addition of "opt-out" to the workflow: The opt-out system has been generally well received and has resulted in a high referral rate. A total of 189 people were referred to the Helpline through LWT classes, clinic providers, and additional community outreach. Of those referred, 7 were enrolled in Helpline services.

- Collaboration with the housing sector around the neighborhood led to increased outreach and more tailored community health messages to reach varied audiences
- Creation of Curry's Life Without Tobacco Program
    - During the project period, 6 group classes and 20 one-on-one interventions for LWT were offered. Out of 22 graduates of the program, 21/22 or 95% made a quit attempt. Four clients reported they quit smoking.
    - The Life Without Tobacco Program (LWT) worked with the clinic to develop a workflow that satisfied the needs of both entities. Clinic patients continue to receive an intervention by their PCP and behavioral health clinician before being referred to the LWT program. This adds an extra layer of support.

Data Collection

While Curry tracks tobacco and cessation related data carefully, a recent transition to different electronic medical record software by the San Francisco Department of Health resulted in a loss of historical data that make their data incomplete and difficult to analyze. Aside from incomplete data migration, some staff lacked appropriate software access and the documentation that did occur was often incomplete due to poor quality of staff training on the Epic system. These technical challenges are common and similar problems plagued other FQHCs involved in this initiative. They demonstrate one of the difficulties health systems face in managing and tracking tobacco cessation (and other) data.

California Smokers' Helpline project measures

Measure	4/1/18-3/31/19*	4/1/19 – 3/31/20
1: Number of calls from PHA residents to participating quitlines	1,864	3,772
2: Number of calls from the selected PHA sites to participating quitlines	n/a	n/a (no PHA)
3: Number of PHA residents receiving cessation services from participating quitlines	1,232	2,506
4a: Total number of referrals from the participating CHC to the state quitline	n/a	5**
4b: Number of unique tobacco users referred to the state quitline and identified as PHA resident at intake	236	419

*The initiative kicked off in January 2019, so relationships hadn't been fully established nor referral procedures created

**While Curry records 7 referrals, the Helpline records 5. It's unclear why this discrepancy occurred.

Analysis

Housing management and health workers are well-positioned to engage residents in tobacco cessation services, but there is inconsistent knowledge and capacity to do so. The use of the virtual tele-mentoring Project ECHO model to foster cross-sector collaboration and regular in-person meetings led to an open flow of information that removed siloes and reduced barriers to residents accessing care. By pairing a health center with a well-resourced quitline, a relationship built around efficient patient care has been established. This partnership has expanded access to tobacco cessation messaging and services for new

and varied audiences, and notably, has broken down language barriers to ensure all patients can access culturally sensitive and appropriate cessation services. The sectors have committed to ongoing conversations and workflow improvement to ensure needs are met and create better health outcomes for financially disadvantaged patients/residents. Read more about the best practices we've identified.

Personal story

A 69-year-old woman had been smoking for more than 40 years. She was a long-standing resident of a local public housing community for seniors. She had prior quit attempts, but stress always made her return to cigarettes. Her most recent quit attempt failed because of family-related stress. The health center had tried a number of interventions and was looking for new ideas to help her quit for good.

When the health center staff brought the case to the Smoke-free Public Housing (SFPH) ECHO, the faculty wanted to know what in her life was good, what could help motivate her. Ultimately, more than anything, what inspired her to try to quit once more was knowing that secondhand smoke could be harmful for her dog, who she loves dearly.

The health center worked with the patient to overcome barriers regarding the use of medication for help with quitting, ensured she was receiving appropriate counseling to find better ways to deal with stressors, and supported her adherence to her other prescription medications for anxiety and depression.

Curry Senior Center also discovered that it was easier for her to avoid smoking when she was working, and because she was between jobs, they connected her to local vocational assistance. This had the added benefit of additional income, which helped her stress level too. Curry continues to work with this patient through slips and relapses, and she is committed to quitting smoking.

Tobacco Cessation Quick Guide

What can help people quit smoking?

Aside from systems change as exemplified in this case study, what can help people quit smoking in clinical or residential settings?

Nicotine Replacement Therapy and Behavioral Counseling

The 2020 Surgeon General's Report on Tobacco Cessation (SGR) reveals that more than three out of five U.S. adults who have ever smoked cigarettes have quit. Although a majority of cigarette smokers make a quit attempt each year, less than one-third use cessation medications approved by the U.S. Food and Drug Administration or behavioral counseling to support quit attempts. The report highlights that behavioral counseling and cessation medications are each cost-effective and work to increase smoking cessation on their own, but they're even more effective when used together. The report advises that combining short- and long-acting forms of nicotine replacement therapy (NRT) increases smoking cessation compared with using single forms of nicotine replacement therapy. In addition, proactive quitline counseling, when provided alone or in combination with cessation medications, increases smoking cessation rates.[3]

Medications: NRT, including gum, lozenges, patch and the less-commonly used inhaler and nasal spray, can help with the difficult withdrawal symptoms and cravings that most people say is their only reason for not giving up tobacco. Many people can quit tobacco without using NRT, but most of those who attempt quitting do not succeed on the first try. In fact, smokers usually need many tries – sometimes as many as 10 or more – before they're able to quit for good. Most people who try to quit on their own go back to smoking within the first month of quitting – often because of the withdrawal symptoms. Together with counseling or other support, NRT has been shown to help increase the number of smokeless tobacco users who quit, too.[4]

Download and print an American Cancer Society patient-facing flyer that helps them make a plan to quit and explains how to use all forms of NRT and prescription medication correctly.

There are also **non-nicotine medications** that can help people quit and are available by prescription only:

- Bupropion SR (Zyban), which might be more helpful if used in combination with NRT
- Varenicline (Chantix), which helps reduce withdrawal symptoms

Behavioral counseling brings together a patient and counselor to help the patient quit smoking. Behavioral counseling often focuses on the 5As: Ask, Assess, Advise, Agree, and Assist. The 5As help the patient-counselor team work through why the patient wants to quit and how to do it. They work together in a variety of ways, including but not limited to making a quit plan, finding emotional or situational triggers, and planning how the patient will get through cravings. Behavioral counseling can be offered in person (individual and group), by phone (quitlines), and via other technology like virtual sessions.

[3] United States Surgeon General's Report on Tobacco Cessation, 2020
[4] American Cancer Society Guide to Quitting Smoking, cancer.org, 2017

If seven out of 100 smokers are able to quit smoking for at least six months with brief counseling (i.e., brief advice, educational self-help materials, or usual care), adding individual behavioral counseling delivered by a trained therapist would increase this number to 10 to 12 out of 100 smokers. If 11 out of 100 smokers are able to quit smoking with pharmacotherapy, adding individual behavioral counseling by a trained therapist might increase this number to as many as 16 out of 100 smokers.[5]

In addition, **technology** tailored to each individual can play a part in helping someone quit smoking for good:

- Short text message services about cessation are independently effective in increasing smoking cessation rates, particularly if they are interactive or tailored to individual text responses.
- Web or Internet-based interventions increase smoking cessation and can be more effective when they contain behavior change techniques and interactive components.[6]

What about e-cigarettes?

The SGR concluded that since the e-cigarette/vaping landscape is so rapidly changing, there's insufficient evidence to recommend for or against e-cigarettes.

What we do know is that e-cigarettes or "vapes" contain nicotine, as well as typically contain other ingredients that could be harmful when inhaled (propylene glycol, glycerin, flavorings, etc.) While some people do use them for help when trying to quit, there's insufficient evidence to recommend them. E-cigarettes don't have nearly as much proof that they're as safe and effective as the 7 types of FDA-approved medications, and we don't know if they'll harm people over time. We DO know that NRTs are the safest nicotine products available. Most importantly: we already know what works – medications/NRT + counseling.

More about quitlines

Free quitline support is available 24 hours a day, 7 days a week at 1-800-QUIT-NOW. Quitlines deliver support and referrals to tobacco users to help them quit smoking in all US states, regardless of their geographic location, race/ethnicity, or economic status. Callers get access to many different types of cessation information and services, including:

- Free counseling from a cessation coach and medications
- A personalized quit plan and self-help materials, social support and coping strategies to help
- How to deal with cravings and withdrawal
- How to get the right kind of help from your friends and family
- Websites, apps, and texting programs might help you quit
- Information on effective quit-smoking medication and how to use it

[5] https://www.aafp.org/afp/2018/0701/p21.html#:~:text=If%20seven%20out%20of%20100,12%20out%20of%20100%20smokers

[6] United States Surgeon General's Report on Tobacco Cessation, 2020

Callers may get free NRT, and many quitlines offer texting programs so callers may not have to use cell phone minutes. Coaching is available in many languages. To learn more about Quitline services in your state, see: http://map.naquitline.org/

CDC has created short videos to help callers understand what a quitline is, what quit coaches can do, how to make a plan to quit, how they can help with quit-smoking medications, managing triggers and cravings, and handling setbacks. More information about quitlines:

North American Quitline Consortium Map	This map provides information on the type of counseling and medication services available by phone and online at no cost to smokers in each state.
NAQC Resource Directories for 5 quitlines for this SFPH initiative and a template to create your own resource directory	Can support quitlines, PHAs, CHCs, health care providers and others in connecting tobacco users who are interested in quitting with cessation services that best meet their needs. Each directory includes a broad list of national tobacco cessation resources available to and that can be accessed by tobacco users, regardless of state, that complies with the Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update. The directories feature the quitline along with face-to-face and online cessation resources.
CDC quitline videos	CDC has created brief videos to help callers understand what a quitline is, what quit coaches can do, how to make a plan to quit, how they can help with quit-smoking medications, managing triggers and cravings, and handling setbacks.

What can health care professionals do?

The Surgeon General's Report on Cessation says that four out of every nine adult cigarette smokers who saw a health professional during the past year did not receive advice to quit.[7] Physicians, psychologists, pharmacists, dentists, nurses, and numerous other healthcare professionals can treat nicotine addiction in smokers. Thus, by extension, the various settings in which such professionals work represent appropriate venues for providing these services.

Indeed, health care providers from all corners of your hospital, clinic, long-term care facility, behavioral health facility, or other clinical setting can help support an individual's quit attempts. Similarly, specialists (pulmonologists, cardiologists, oncologists, endocrinologists, etc.) who are part of a patient's health care team should be involved as well.

The development and dissemination of evidence-based clinical practice guidelines increases the delivery of clinical interventions for smoking cessation. And strategies that link smoking cessation-related quality measures with payments to clinicians, clinics, or health systems increase the rate of delivery of clinical treatments for smoking cessation. Here are some resources:

[7] United States Surgeon General's Report on Tobacco Cessation, 2020

Million Hearts Tobacco Cessation Change Package	Quality improvement tool created by the CDC intended for health care professionals in outpatient, inpatient, and behavioral health settings and public health professionals who partner with these groups. It presents a list of process improvements that clinicians can implement as they seek to deliver optimal treatment to patients who use tobacco. It also gives clinical teams a practical resource to increase the reach and effectiveness of tobacco cessation interventions and to incorporate these interventions into the clinical workflow.
Billing Guide for Tobacco Screening and Cessation (*American Lung Association*) Billing Guide Addendum for Behavioral Health (*American Lung Association*)	Tobacco Use Disorder can be effectively treated in a behavioral health setting and is considered a billable service by Medicare, Medicaid, and many commercial insurance carriers. However, there are some important distinctions and nuances that behavioral health providers should consider to optimize the chance of successful billing.
Smoking Cessation Leadership Center Toolkits for Hospitals and Health Systems	A variety of packaged resources, at-a-glance flyers, and tools to aid cessation efforts at your health center/clinic, including 1-800-QUIT-NOW blue cards, Drug Interaction with Tobacco Smoke chart for providers; Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation for providers (from SCLC); and the Tobacco Epidemic Among People with Behavioral Health Disorders Facts and Resources for providers.
Smoke-free Public Housing ECHO series case studies	Learn more about what was discussed for tobacco cessation-related systems change for health centers, public housing agencies, and quitlines during the virtual all-teach, all-learn Project ECHO series for the Smoke-free Public Housing: Helping Smokers Quit initiative

Additional resources for smoke-free public housing

SmokefreePHA.org	Our Smoke-free Public Housing: Helping Smokers Quit website, which includes lessons learned, printable resources, clips to ECHO didactics and case presentations, links to helpful sites and documents, and more
Smoke-free Public Housing FAQs and Best Practices	We have created a document of frequently asked questions and best practices to help CHCs, PHAs, quitlines, and other interested sectors learn what helps to promote and achieve cessation in public housing populations. These FAQs were gleaned from SFPH ECHO case presentations and grantee reporting.
Smoke-Free Public Housing Compliance and Enforcement Toolkit	Digital toolkit including educational resources, sample documents, and communications materials to promote compliance and best practices for effective and equitable enforcement of smoke-free policies

Clean Air for All Newsletter	Get updates on smoke-free housing news, upcoming webinars and events, new resources, tips, and more.
Technical assistance for PHAs	Clean Air for All also provides individualized smoke-free housing assistance and referrals to local support for PHAs. Contact them at info@smokefreepublichousingproject.org or 651-646-3005 ext. 325.
National Center for Health in Public Housing smoke-free resources	Health centers located in or immediately accessible to public housing are the primary source of health care for this special population. The longer the smoking ban is in effect, it is likely that many public housing residents will attempt to quit tobacco products, resulting in a higher need for smoking cessation and counseling services.

Sample social media messages

Studies show that social media can help people think about quitting smoking. Here are some resources:

- CDC Tips From Former Smokers campaign messaging
- CDC Tips messaging for specific groups
- #EliminateTobacco from MD Anderson

[i] Vuong TD, Zhang X, Roeseler A. California Tobacco Facts and Figures 2019. Sacramento, CA: California Department of Public Health; May 2019.
[ii] 2019 U.S. Census Bureau; QuickFacts – San Francisco, CA.