

Smokefree Public Housing Initiative

Bristol-Meyers Squibb Foundation Final Evaluation Report

January 2018 to May 2019

PROGRAM DESCRIPTION

As a national leader, the American Lung Association is working to save lives by improving lung health and preventing lung disease through education, advocacy and outreach. The Smokefree Public Housing Initiative addressed disparities in access to tobacco cessation among public housing residents and worked to reduce instances of lung cancer and other lung diseases by assisting Public Housing Authorities (PHAs) in implementing the smokefree housing ruling announced by the U.S. Department of Housing and Urban Development (HUD) in November 2016.

The Lung Association's Smokefree Public Housing Initiative leveraged successful implementation of the HUD rule to improve health outcomes for people living with lung cancer in disproportionately impacted communities across ten states: Alabama, Arkansas, Illinois, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and West Virginia. The Lung Association focused on the following objectives to provide the expertise, resources and support necessary for HUD's network of PHAs to implement the smokefree housing rule:

- Increasing the number of PHAs and other low-income housing units that were smokefree;
- Providing effective and culturally relevant tobacco cessation assistance to residents;
- Increasing awareness of the impact of secondhand smoke and tobacco use on health outcomes for lung cancer; and
- Increasing referrals to lung cancer screening programs.

The Smokefree Public Housing Initiative worked to serve at least 20% of PHA units in each of the target states—representing 56,384 public housing units. Individual state goals for number of public housing units served were as follows:

- Alabama – 7,742 units
- Arkansas – 2,847 units
- Illinois – 11,843 units
- Mississippi – 2,192 units
- North Carolina – 5,541 units
- Oklahoma – 2,625 units
- South Carolina – 3,055 units
- Tennessee – 7,270 units
- Texas – 11,931 units
- West Virginia – 1,338 units

EVALUATION OVERVIEW

The Smokefree Public Housing Initiative evaluation utilized both quantitative and qualitative data to track process indicators (e.g., number and types of technical assistance activities, number of Cessation Navigators trained) and outcome indicators (e.g., number of smokefree units, number of cessation referrals) relevant to the project goals and objectives. The evaluation data monitored progress toward program objectives, informed program improvements and modifications, and engaged stakeholders around common goals.

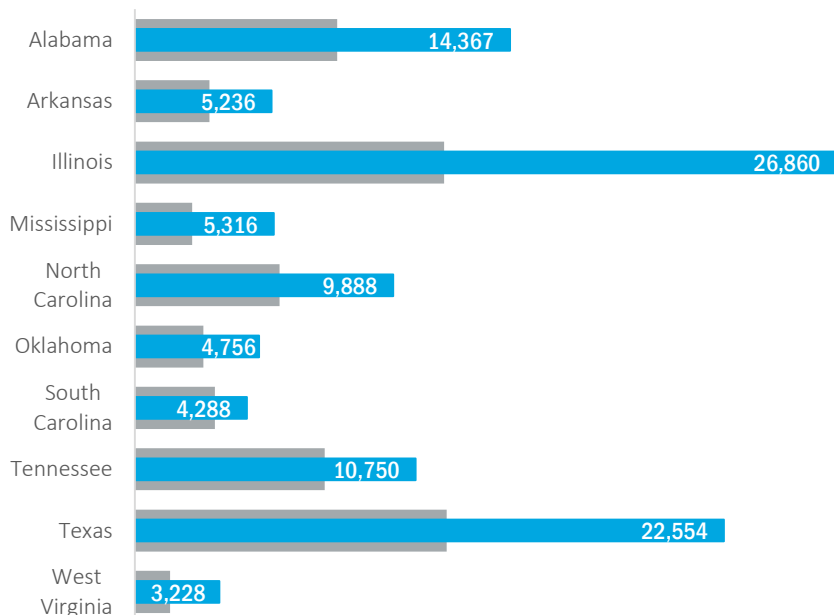
Smokefree Public Housing Initiative

107,243

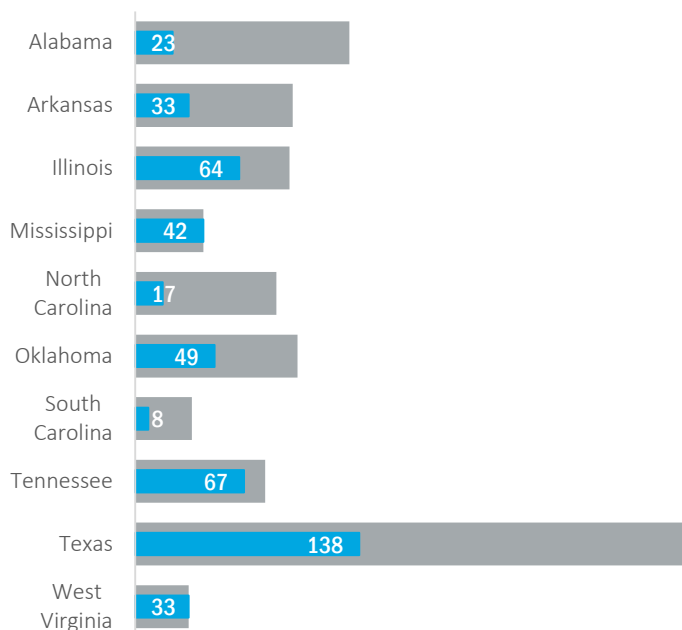
Total Units Served

From January 2018 to May 2019, the Smokefree Public Housing Initiative served a total of 474 Public Housing Agencies (PHAs), reaching 107,243 units and an estimated 240,000 residents across ten states.

All ten states **surpassed their target goals** and served¹ more PHA units than required.

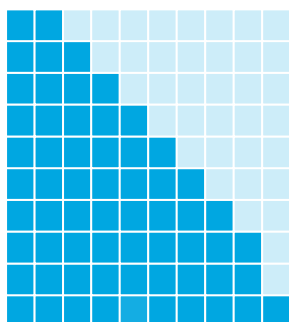


Lung served¹ a total of **474** PHAs, representing 45% of all PHAs across the ten states.

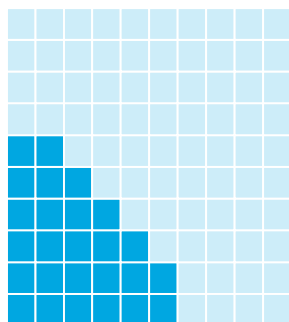


3,604 Residents referred to cessation services

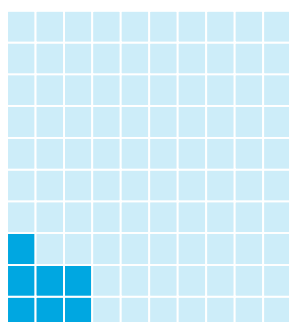
63% to State Quitline or Lung Helpline



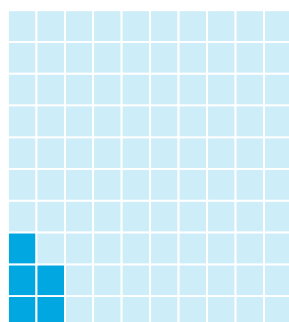
26% to other programs



7% to FFS Plus



5% to FFS clinics

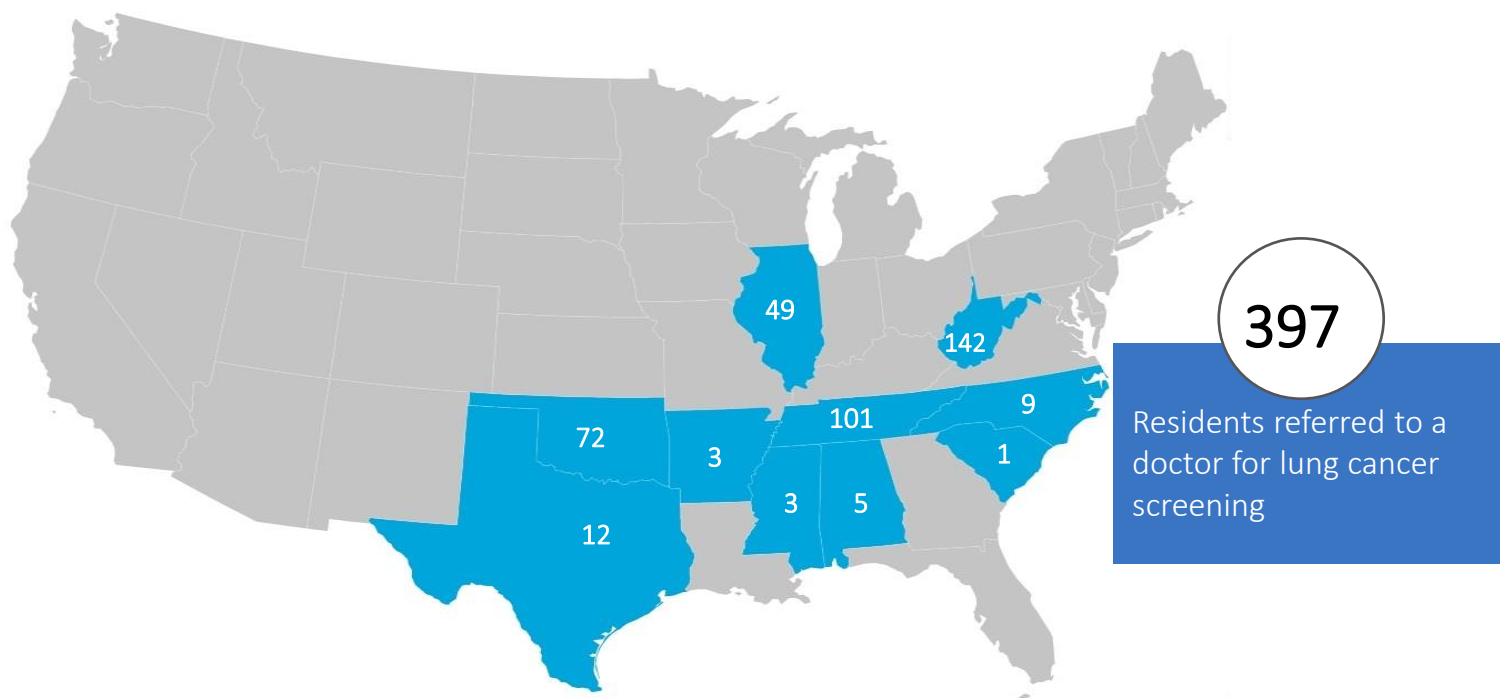


105 residents enrolled in Freedom From Smoking (FFS) clinics offered at PHAs or nearby community settings. Among those with available data, **52 percent** (n=33) completed the program and **49 percent** (n=31) reported making a quit attempt.²



¹ "Served" is defined as an offer of implementation, smoking cessation and/or lung cancer education AND direct assistance to staff and/or residents.

² Freedom From Smoking enrollment and quit attempt data was collected via an online, monthly survey sent to all Freedom From Smoking Facilitators leading clinics under this grant. A quit attempt is defined as quitting for at least 24 hours with the intent to quit for good.



Educational Materials & Presentations

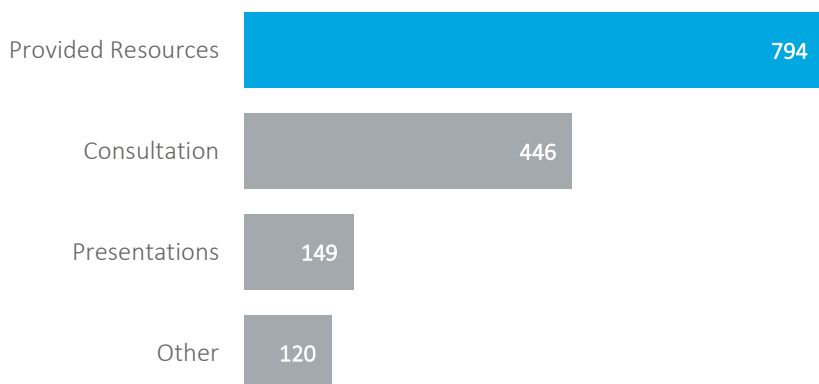
Lung staff and Cessation Navigators distributed educational materials to PHA staff and residents, including **over 28,000** about the impacts of secondhand smoke on lung cancer and **nearly 28,000** about lung cancer screening. Lung staff made **160 presentations** to PHAs and/or residents about the impacts of tobacco and secondhand smoke on lung cancer.

Media Placements & Impressions

Lung staff in each of the ten states promoted the program through **67 media communications/placements**. Nearly a third were press releases and about a quarter were website communications.³

³ Lung staff were also asked to report on the number of media impressions for each placement. However, due to inconsistency in reporting, those values are not presented here.

A total of **1,509** technical assistance (TA) activities were performed throughout the project, with **providing resources** being the most form of TA provided.



Lung trained **122 residents and/or community members** as Cessation Navigators and Freedom From Smoking Facilitators.⁴



⁴ These values may include some individuals who were trained in both capacities and thus may not represent unique individuals.

External Stakeholders



In addition to PHAs, Lung staff in each state engaged numerous types of stakeholders to move the Smokefree Public Housing Initiative forward. Stakeholders included:

- Health departments;
- Community groups;
- Universities;
- Hospitals and health care providers; and
- Non-profit organizations.

External Factors



There were several external factors that supported implementation of this initiative, including:

- Online Cessation Navigator training and guidance on approaching residents;
 - Networking opportunities;
 - Development of lung cancer brochures; and
 - Collaboration with external stakeholders.
- Older residents hesitant to use online services

Challenges & Barriers



Lung staff and their partners faced several challenges and barriers to implementation, including:

- Lack of community interest in Cessation Navigator and hosting FFS clinics;
- Low FFS enrollment and high drop-out;
- PHA resistance to HUD ruling, especially rural PHAs; and
- Tailoring presentations to services to unique audiences (e.g., older adults).

Success Stories

Alabama

Lung staff presented to a group of residents whose lives were all affected by lung cancer. The presentation resonated with residents, with one individual sharing that they had never been taught about lung cancer this effectively before.

Illinois

Based on the screening guidelines, a Cessation Navigator encouraged a resident to speak with his doctor about lung cancer screening. The resident followed through and ultimately had a lung cancer screening.

West Virginia

Success is not always judged by the numbers, but by the impact of the action. West Virginia helped link a rural community with the healthcare they need and deserve via a Lung Health Screening Day.