Change is in the Air: Taking Initiative Towards a Tobacco-Free Texas

Tuesday, February 7th, 2017 | 2:00-3:30 pm EST

Lorraine Reitzel, PhD
Cho Lam, PhD
Timothy Stacey, MS, LPC
Bryce Kyburz, MA

National Behavioral Health Network
For Tobacco & Cancer Control

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

Welcome!

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National Behavioral Health Network
For Tobacco & Cancer Control

- Jointly funded by CDC's Office on Smoking & Health & Division of Cancer Prevention & Control
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Smoking Cessation Leadership Center

CRI Centerstone Research Institute

National Council for Behavioral Health
State Associations of Addiction Services
Stronger Together.

Want your organization to go tobacco-free & integrate tobacco cessation services?

YOUR
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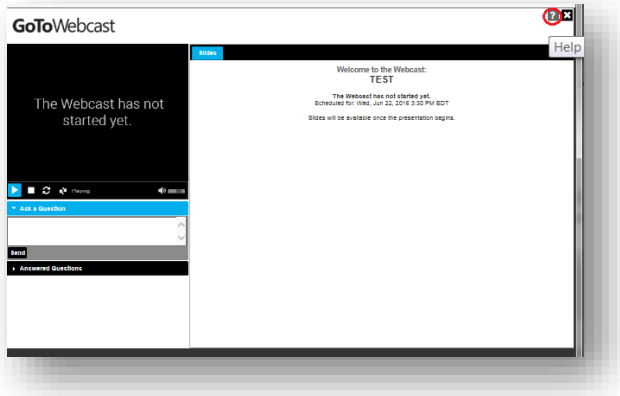
MATTERS!

Housekeeping

Dial-In 1-888-585-9008 passcode: 355-990-303

QUESTIONS?



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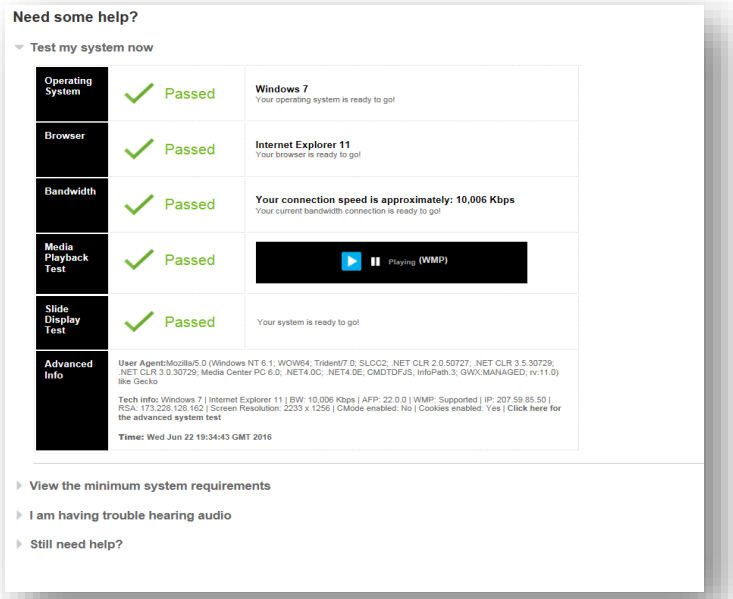

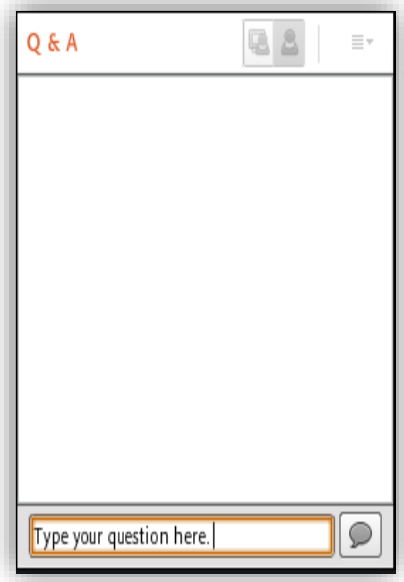

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Agenda

- Resources Overview
- Making the Case for Integrating Tobacco Cessation Practices and Creating Tobacco-Free Policies
- Taking Texas Tobacco Free Initiative: Overview and Impact
- Program Components, Resources, and Lessons Learned
- Question & Answer

Download resources during this webinar!

http://www.takingtexastobaccofree.com

- Tobacco educational tools, pamphlets, & worksheets
- PowerPoints for tobacco cessation trainings
- Examples of Tobacco Free policies
- Printable Campus Signage
- Examples of “tobacco no hire” policies
- Technical Assistance Resources

Guest Speaker #1

Lorraine R. Reitzel, Ph.D.

- Associate Professor & Associate Chair, Department of Psychological, Health & Learning Sciences
- Co-Director, HEALTH Research Institute
- University of Houston
- Co-PD of original CPRIT-funded TTTF program (PP130032) and PD of follow-up CPRIT-funded TTTF dissemination and implementation grant (PP160081)

Project Partners and Affiliates

Cho Lam, PhD
Project Director

Lorraine Reitzel, PhD
Project Director

Bill Wilson, DrPH
Project Director

TAKING TEXAS TOBACCO FREE

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Integral Care

RICE

UNIVERSITY of HOUSTON
PSYCHOLOGICAL, HEALTH, & LEARNING SCIENCES

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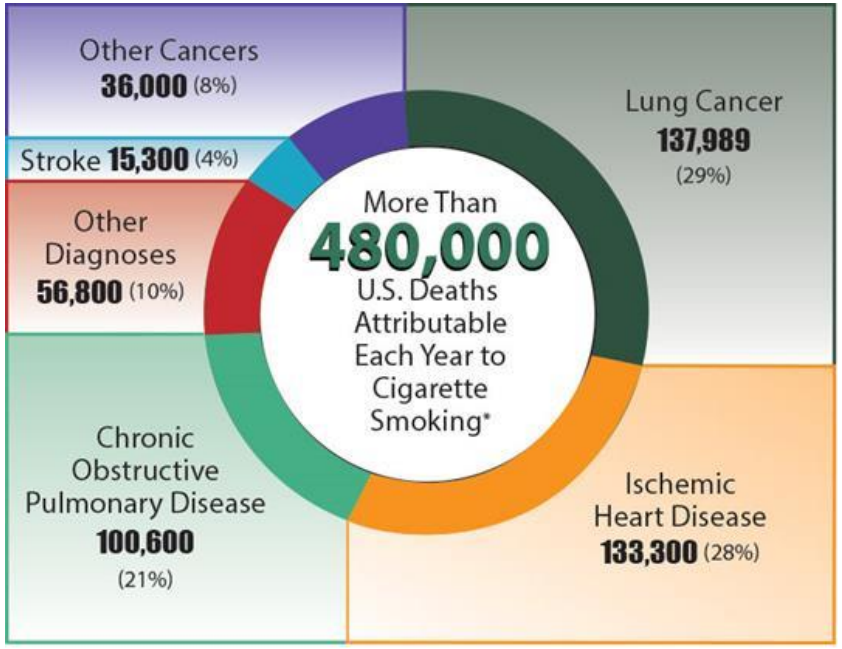
Why is addressing tobacco use important?

- At least 10 types of cancer (lung, esophagus, larynx, mouth, throat, kidney, bladder, pancreas, stomach, cervix) (NCI)
- 30% of all cancer deaths (CDC)
- 90% of all lung cancer deaths (ACS)
- Numerous other medical conditions (e.g., strokes, COPD, reduced fertility, heart disease)



Source: The Health Consequences of Smoking—50 Years of Progress:
A Report of the Surgeon General, 2014

- Smoking costs:
  - > Annual excess costs to employ smokers is $5816 (Berman et al., 2016, Tob Control)
  - > Smoking linked to $278 billion in annual losses for U.S. employers (Witters & Agrawal, 2013, Gallup)
  - > 60% of annual smoking-attributable healthcare spending is paid by *public* programs (e.g., Medicare) (Xu et al., 2014, Am J Prev Med)

http://www.denverwebsuccess.com/i/pages/denver-website-roi.jpg

- Tobacco cessation programs have a significant ROI:
  - > Every $1 in program costs was associated with $3.12 in medical savings = $2.12 ROI (Medicaid cessation program in Massachusetts; Richard et al., 2012, PLoS One)
  - > Between 1989-2008, the CA Tobacco Program cost $2.4 billion and led to cumulative healthcare expenditure savings of $134 billion (Lightwood & Glanz, 2012, PLoS One)

http://www.cutterlegal.com/368/

http://ruralhealthlink.org/portals/0/Images/ROI.jpg

Why tobacco use in Texas?

- Cigarette smoking in Texas
  - > 15.9% (over 3 million people)

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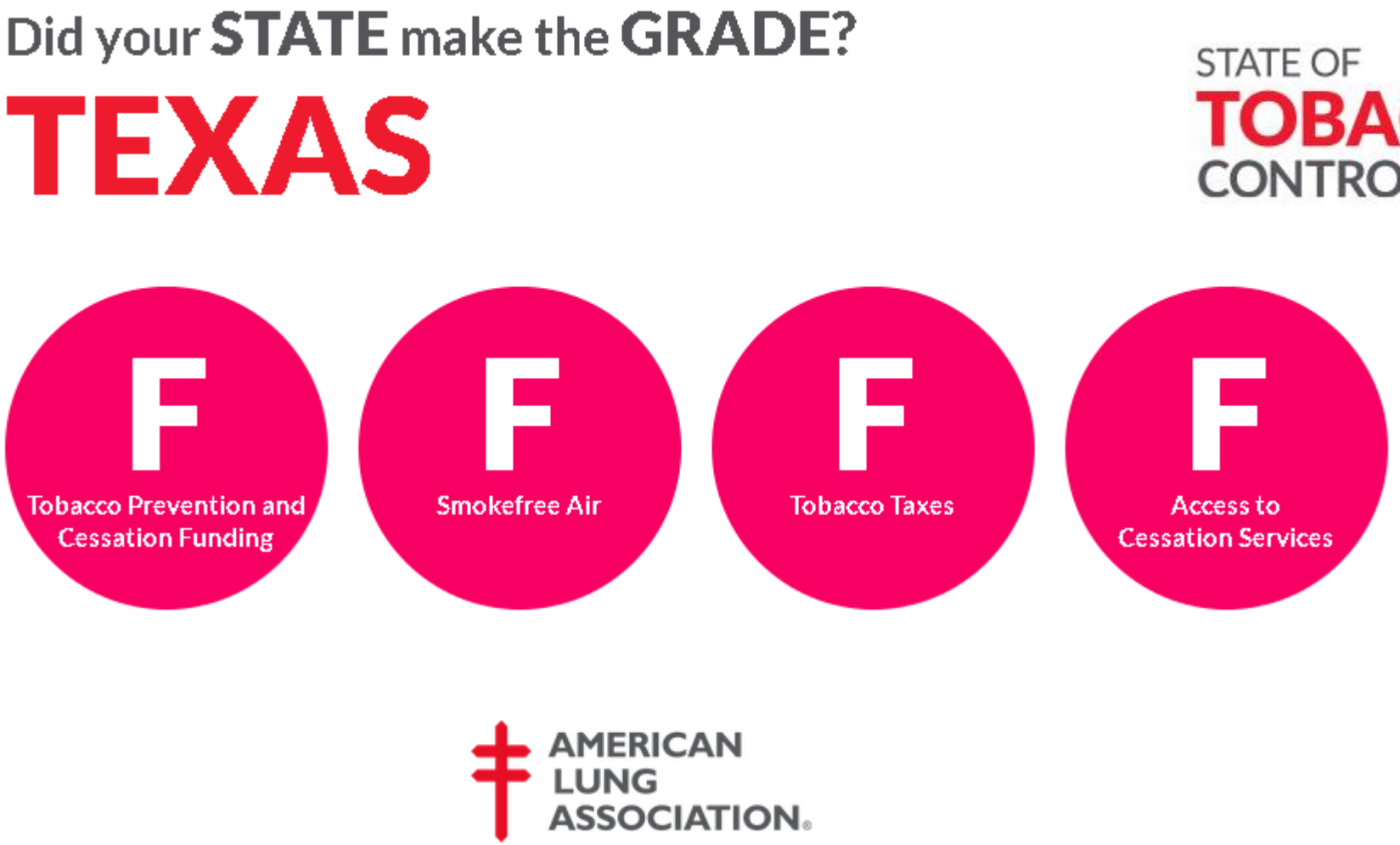
- Tobacco use is decreasing in Texas, but there still is no bigger factor in preventable death and disability in Texas than tobacco use.

- Texas still has a higher rate of death attributable to smoking — 273 per 100,000 — than the rest of the United States.

Taken from: Texas Public Health Coalition
- Reduce the Toll of Tobacco in Texas

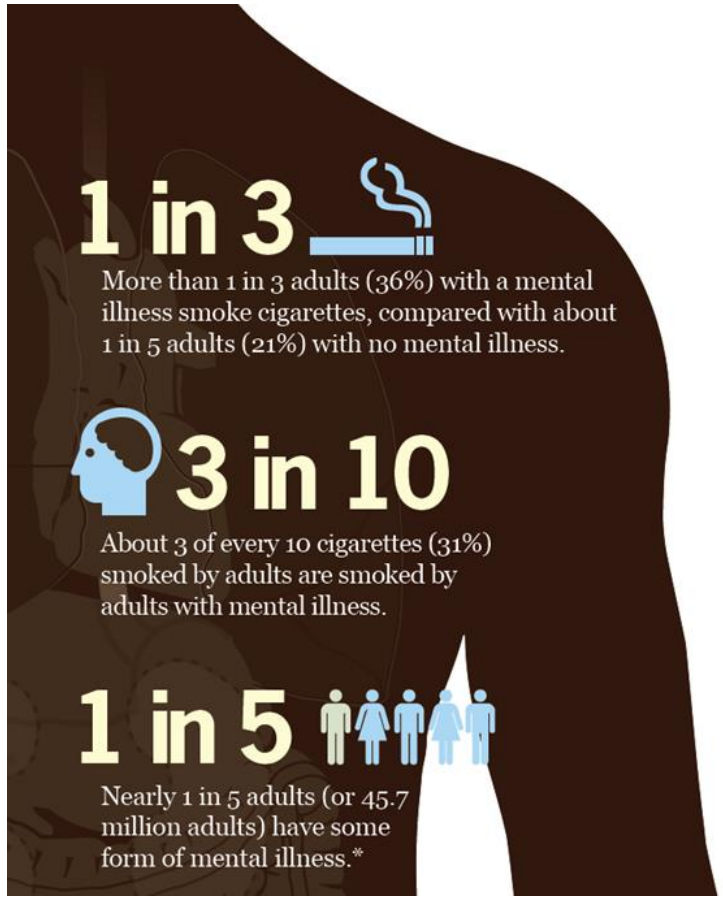
Isn't tobacco use already being addressed in Texas?



Why individuals with behavioral health care needs?

Tobacco use is increasingly concentrated in certain groups and geographic areas

- Socioeconomically deprived
- Individuals with mental and behavioral health needs (including substance users)
- Individuals with chronic health conditions
- Rural areas



CDC. Vital Signs, Feb. 2013

These represent priority groups for the uptake of effective interventions.

Why do individuals with behavioral health care needs use tobacco at higher rates?

- Are often directly targeted for tobacco marketing
- Are at higher risk for tobacco use because of the mood-altering effects of nicotine
- Are more likely to be poor and have stressful living conditions
- Lack access to health insurance, health care, and help to quit

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Won't tobacco use cessation compromise mental health recovery?

- Quitting smoking was associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke (Taylor et al., 2014)
  - > effect size seems as large for those with psychiatric disorders as those without.
  - > effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders.
- And… risk reduction for mood/anxiety or alcohol use disorder, even among smokers with a diagnosis by history (Cavazos et al., 2014)

Doesn't smoking cessation increase suicide risk?

Compared to nonsmokers, current smokers were at 2x higher risk of:

- suicidal ideation,
- suicide plan,
- suicide attempt, and
- suicide death.

Recent meta-analysis (2016, PloS ONE)

But won't it compromise substance use recovery?

- Smoking cessation interventions were associated with 25% increased likelihood of long-term abstinence (Prochaska, 2004)

- Patients who quit smoking were significantly more likely to report non-nicotine substance use abstinence at follow-up – 93% vs. 62% (Joseph, 2005)
  - > Smoking abstinence was associated with fewer drinking days (P = 0.03), fewer drinks consumed on drinking days (P = 0.01), and lower odds of heavy drinking (P = 0.05); and no differences in the number of days of cocaine, marijuana/hashish, heroin or any drug use (Reitzel et al., 2014, Addiction)
- Tobacco use can harm recovery and trigger other substance use (Williams, 2005; APA, 2006)

- 50% of people in substance abuse recovery who continue to smoke die of tobacco related illness.

Do tobacco users in these settings really want to quit?

Yes, they do.

- From the CDC:

  Recent research has shown that adult smokers with mental illness—like other smokers—want to quit, can quit, and benefit from proven stop-smoking treatments. These treatments need to be made available to people with mental illness and tailored as needed to address the unique issues this population faces.

So why aren't we treating tobacco use in these settings?

- Treatment providers see smoking as less of a priority than other presenting problems
- Culture of acceptability among treatment providers
- Lack the necessary knowledge about tobacco addiction, the relation between tobacco use and mental illness, and cessation treatments. This leads to:
  - > Reduced confidence in their abilities to deliver cessation treatments
  - > Limited knowledge about the interactions between nicotine and psychiatric medications
  - > Failure to address tobacco use on the treatment plan
- Employees working in behavioral health settings have high smoking rates (between 30% to 50%)

Reasons to treat tobacco use:

- Tobacco use kills half of our patients
- Tobacco use disorder is in the DSM
- Tobacco use has a negative impact on behavioral health treatment
- Tobacco use intervention is consistent with behavioral health care mission – we are missing an **important opportunity** to enhance lifelong health of our consumers
- And…evidenced-based interventions already exist!

http://blog.doctoroz.com/wp-content/uploads/2013/01/011713PapSmear.jpg

What works in tobacco control?

- Organizational-level policy initiatives that create and enforce tobacco-free work environments to promote smoke-free norms and eliminate exposure to environmental tobacco smoke (ETS),
- Individual-level interventions that entail the provision of psychopharmacology and behavioral counseling to support tobacco cessation,
- Community-level interventions that involve the facilitation of broader, grassroots support for tobacco-free living.

Comprehensive approaches to tobacco control allow greater reach and have a larger impact on population health than mono-component strategies, likely due to a simultaneous focus on multiple ecological systems that can influence behavior change.

Guest Speaker #2

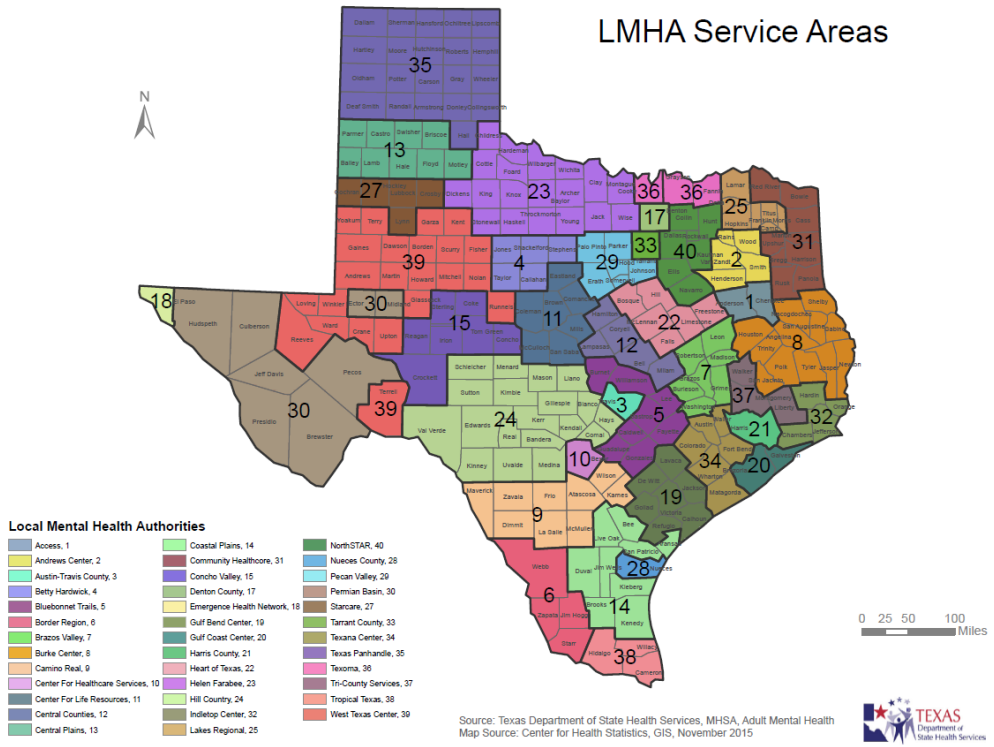
Cho Lam, Ph.D.

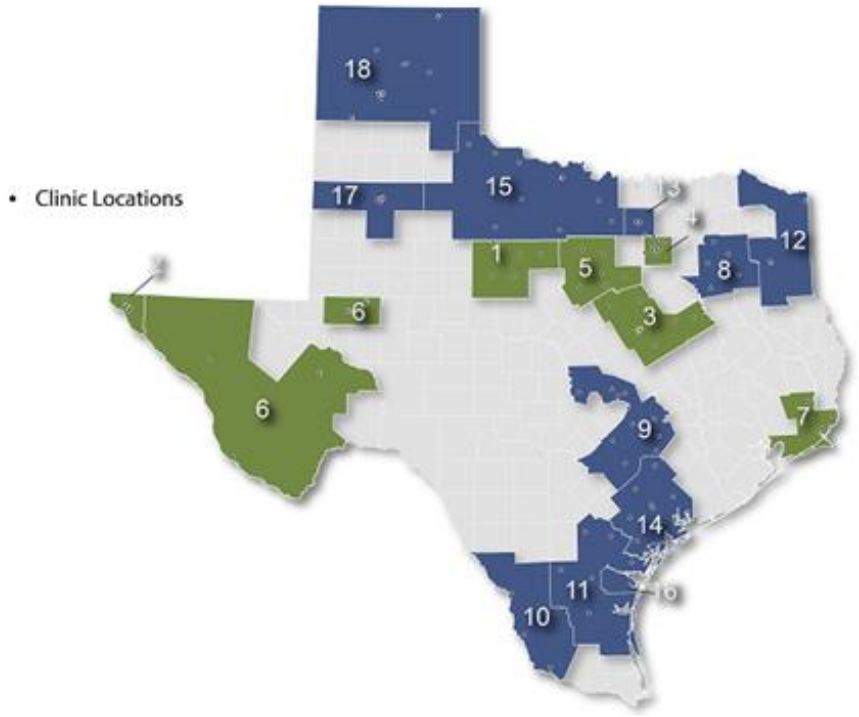
Co-Project Director, Taking Texas Tobacco Free
Research Associate Professor,
Department of Population Health Science
Huntsman Cancer Institute &
University of Utah Health Science Center

HUNTSMAN CANCER INSTITUTE UNIVERSITY OF UTAH

UNIVERSITY OF UTAH SCHOOL OF MEDICINE
DEPARTMENT OF Population Health Sciences

How is behavioral health care provided in Texas?





Taking Texas Tobacco Free (TTTF)

- TTTF is a multi-pronged Tobacco-Free Workplace Program
- Funded by the Cancer Prevention and Research Institute of Texas
- Assist 18 LMHAs, which oversees over 250 behavioral health centers across Texas
- TTTF provides the following different components to help LMHAs to implement and sustain a Tobacco-Free Workplace Program
  - > Training and education
  - > Consultation
  - > Policy assistance
  - > Treatment resources
  - > Practical guidance

Training and Education

- Education for all LMHA employees
  - > Hazards of smoking
  - > High prevalence of tobacco use among people with behavioral health disorders
  - > High burden of chronic illness borne by people with behavioral health disorders
- Training for clinical providers
  - > Tobacco use assessment
  - > Evidence-based treatments (e.g., 5 As)
- Certified Tobacco Treatment Specialists training (5-day workshop)
- Motivational Interviewing training (1-day workshop)
- Tobacco cessation pharmacotherapies training (2-day workshop)

Consultation, Policy Assistance

- Planning/information sessions for all LMHAs
- Memorandum of understanding regarding project participation

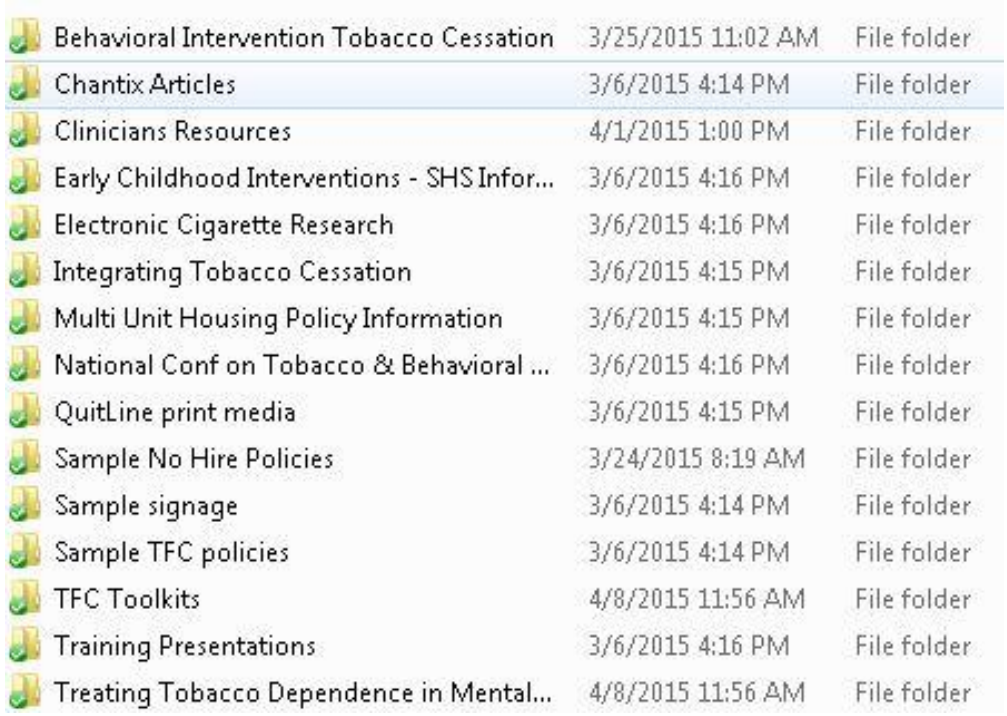
PARTICIPATION REQUIREMENTS

Participating LMHA Agrees To The Following:

- Identify one (or more) internal employee/s who will work as a project manager/clinic champion and collaborate closely with the project team to implement the policy and training required to take the LMHA tobacco free.
- Make employees (including physicians) available for our training program.
- Make all employees available for re-training, as necessary.
- Integrate regular Tobacco use Assessments (TUA) into the consumer assessment process with the help of the project team, so that tobacco screening is occurring at every consumer contact.
- Develop and implement a tobacco free campus policy that includes electronic cigarettes.
- Set an organization "Quit Date" and go tobacco free on that date.
- Have a fully implemented multi-component Tobacco-Free Workplace Program in place by the end of the implementation period.
- Agree to include tobacco education at all new employee orientations.
- Share generic organizational level TUA data on staff and consumers.
- Make available the Nicotine Replacement Therapies (NRT's) provided through the grant to staff and consumers.
- Work with the project team to identify ongoing sources of funding to support the provision of NRT for consumers and employees.
- Participate in all aspects of the grant elements (i.e., training, consultation, technical assistance, NRT's, data collection, followup).
- Properly record and regularly provide data to the project team that is essential to the evaluation strategy and continue to monitor these factors beyond the grant funding period.
- Maintain one or more clinic champions for the program in each clinic beyond the funding period to serve as a consultant and to devote a portion of service time to sustainability maintenance.
- Make TUAs and tobacco use cessation resources an ongoing change to their systems that will persist beyond the grant funding period.
- Work with project team to develop a strategy for including community stakeholders in training and in ongoing communication.

Consultation, Policy Assistance

- Planning/information sessions for all LMHAs
- Memorandum of understanding regarding project participation
- Using Dropbox, TTTF created a digital repository that allows LMHA staff access to resources on tobacco education, tobacco cessation, and tobacco-free workplace policy



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Chantix Articles	3/6/2015 4:14 PM	File folder
Clinicians Resources	4/1/2015 1:00 PM	File folder
Early Childhood Interventions - SHS Infor...	3/6/2015 4:16 PM	File folder
Electronic Cigarette Research	3/6/2015 4:16 PM	File folder
Integrating Tobacco Cessation	3/6/2015 4:15 PM	File folder
Multi Unit Housing Policy Information	3/6/2015 4:15 PM	File folder
National Conf on Tobacco & Behavioral ...	3/6/2015 4:16 PM	File folder
QuitLine print media	3/6/2015 4:15 PM	File folder
Sample No Hire Policies	3/24/2015 8:19 AM	File folder
Sample signage	3/6/2015 4:14 PM	File folder
Sample TFC policies	3/6/2015 4:14 PM	File folder
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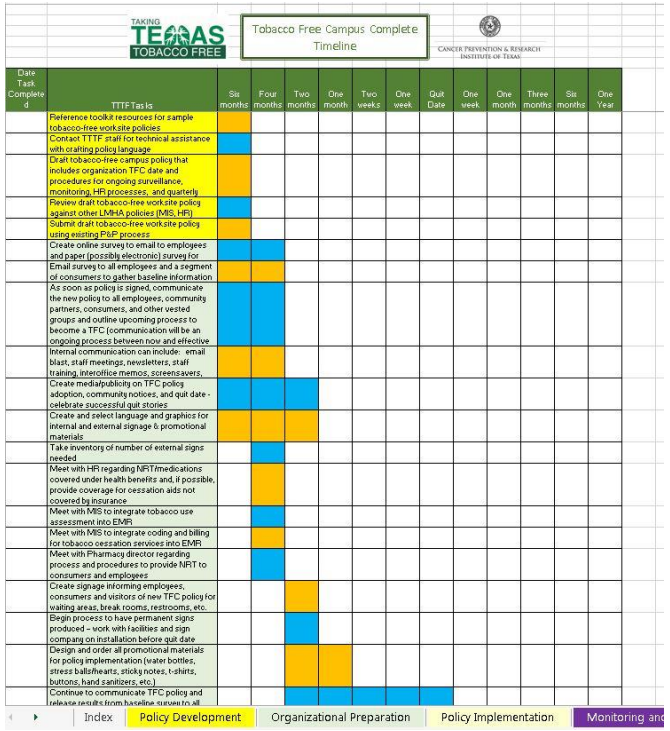

TAKING TEXAS TOBACCO FREE — Tobacco Free Campus Complete Timeline

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Date Task Completed	TTTF Tasks	Six months	Four months	Two months	One month	Two weeks	One week	Quit Date	One week	One month	Three months	Six months	One Year
	Reference toolkit resources for sample tobacco-free worksite policies												
	Contact TTTF staff for technical assistance with crafting policy language												
	Draft tobacco-free campus policy that includes organization TFC date and procedures for ongoing surveillance, monitoring, HR processes, and quarterly												
	Review draft tobacco-free worksite policy against other LMHA policies (MIS, HR)												
	Submit draft tobacco-free worksite policy using existing P&P process												
	Create online survey to email to employees and paper (possibly electronic) survey for												
	Email survey to all employees and a segment of consumers to gather baseline information												
	As soon as policy is signed, communicate the new policy to all employees, community partners, consumers, and other vested groups and outline upcoming process to become a TFC (communication will be an ongoing process between now and effective												
	Internal communication can include: email blast, staff meetings, newsletters, staff training, interoffice memos, screensavers,												
	Create media/publicity on TFC policy adoption, community notices, and quit date - celebrate successful quit stories												
	Create and select language and graphics for internal and external signage & promotional materials												
	Take inventory of number of external signs needed												
	Meet with HR regarding NRT/medications covered under health benefits and, if possible, provide coverage for cessation aids not covered by insurance												
	Meet with MIS to integrate tobacco use assessment into EMR												
	Meet with MIS to integrate coding and billing for tobacco cessation services into EMR												
	Meet with Pharmacy director regarding process and procedures to provide NRT to consumers and employees												
	Create signage informing employees, consumers and visitors of new TFC policy for waiting areas, break rooms, restrooms, etc.												
	Begin process to have permanent signs produced – work with facilities and sign company on installation before quit date												
	Design and order all promotional materials for policy implementation (water bottles, stress balls/hearts, sticky notes, t-shirts, buttons, hand sanitizers, etc.)												
	Continue to communicate TFC policy and release results from baseline survey to all												

Index | Policy Development | Organizational Preparation | Policy Implementation | Monitoring and

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Consultation, Policy Assistance

- Planning/information sessions for all LMHAs
- Memorandum of understanding regarding project participation
- Using Dropbox, TTTF created a digital repository that allows LMHA staff access to resources on tobacco education, tobacco cessation, and tobacco-free workplace policy
- Before tobacco-free workplace program implementation, site visit to meet with the LMHA executive team to discuss concerns and work with the team to plan for implementation

Treatment Resources and Practical Guidance

- Nicotine replacement therapy (patch and gum)
- Evidence-based tobacco cessation treatment training
- Online tobacco cessation resources
- After implementation, regular site visits to meet with LMHA staff to discuss progress and provide practical guidance

TTTF goal

- Prevent cancer by helping tobacco-using Texans receiving behavioral health care services, as well as those associated with their care, become tobacco-free and reduce their exposure to secondhand smoke.
- Achieve this goal through:
  - > Development and implementation of tobacco-free workplace policies
  - > Offering tobacco treatment education and training, including specialized training
  - > Integration of tobacco use assessment and tobacco treatment services into clinical practice
  - > Extending outward to provide community education and outreach

Funding provided through CPRIT
PP130032: ~$1.5 million

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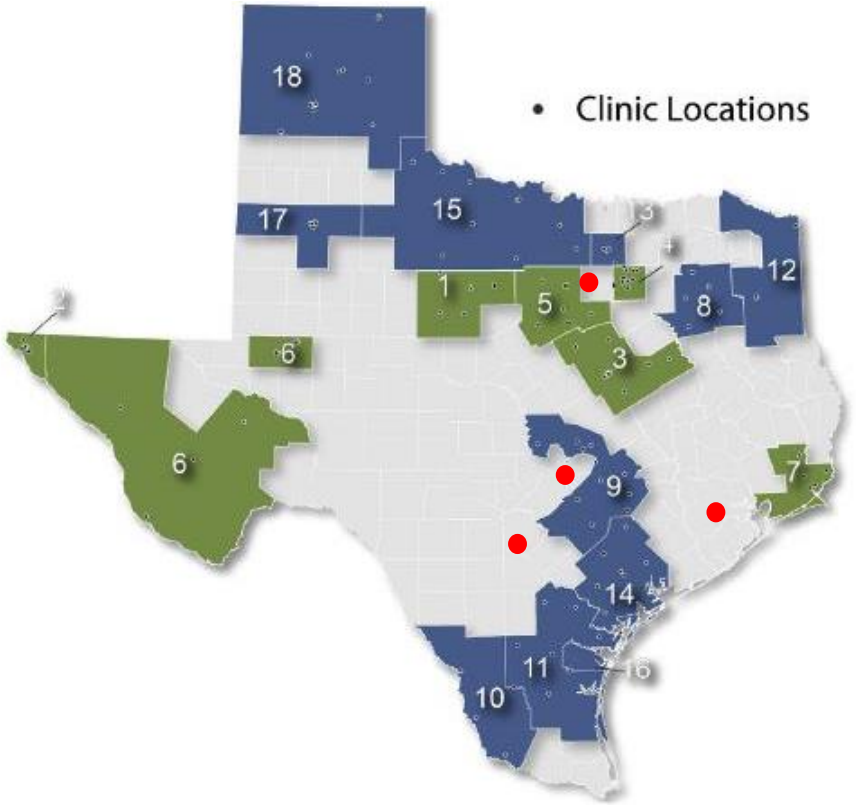
Cohort 1

Map Location	LHMA Site Location	General Staff Trainings	Clinical Staff Trainings	Total Number of Staff Trained
1	Betty Hardwick Center (Abilene)	3	3	178
2	Emergence Health Network (El Paso)	6	8	431
3	Heart of Texas Region (Waco)	3	4	303
4	Metrocare Services (Dallas)	8	16	559
5	Pecan Valley Centers (Granbury)	4	4	183
6	Permian Basin Centers (Midland/Odessa)	5	5	207
7	Spindletop Center (Beaumont)	8	6	411
	Total of Cohort 1	37	46	2272

Cohort 2

Map Location	LHMA Site Location	General Staff Trainings	Clinical Staff Trainings	Total Number of Staff Trained
8	Andrew's Center (Tyler)	5	5	130
9	Bluebonnet Trails Center (Round Rock)	8	11	124
10	Border Region Center (Laredo)	8	8	220
11	Coastal Plains Center (Portland)	5	5	151
12	Community Healthcore (Longview)	6	8	184
13	Denton County (Denton)	3	9	292
14	Gulf Bend Center (Victoria)	3	3	117
15	Helen Farabee Center (Wichita Falls)	6	6	260
16	Nueces County (Corpus Christi)	6	6	218
17	Starcare Centers (Lubbock)	6	6	382
18	Texas Panhandle Center (Amarillo)	6	6	248
	Total Cohort 2	62	73	2326



18 LMHAs have implemented 100% tobacco-free campus policy

- These LMHAs serve over half of all counties in Texas
- Over 5,000 staff and 150,000 consumers have been protected from tobacco smoke exposure

NICOTINE REPLACEMENT THERAPY

- Provision of “starter” NRT
  - > Distributed for free to consumers and staff
  - > Over $15,000 to each LMHA
- Over 13,000 boxes of nicotine patch and gum were distributed

SIGNAGE ASSISTANCE

- Over $1,000 per center to offset cost to create tobacco-free campus signage
- Provided examples of signage and suggested wording

TTTF goal

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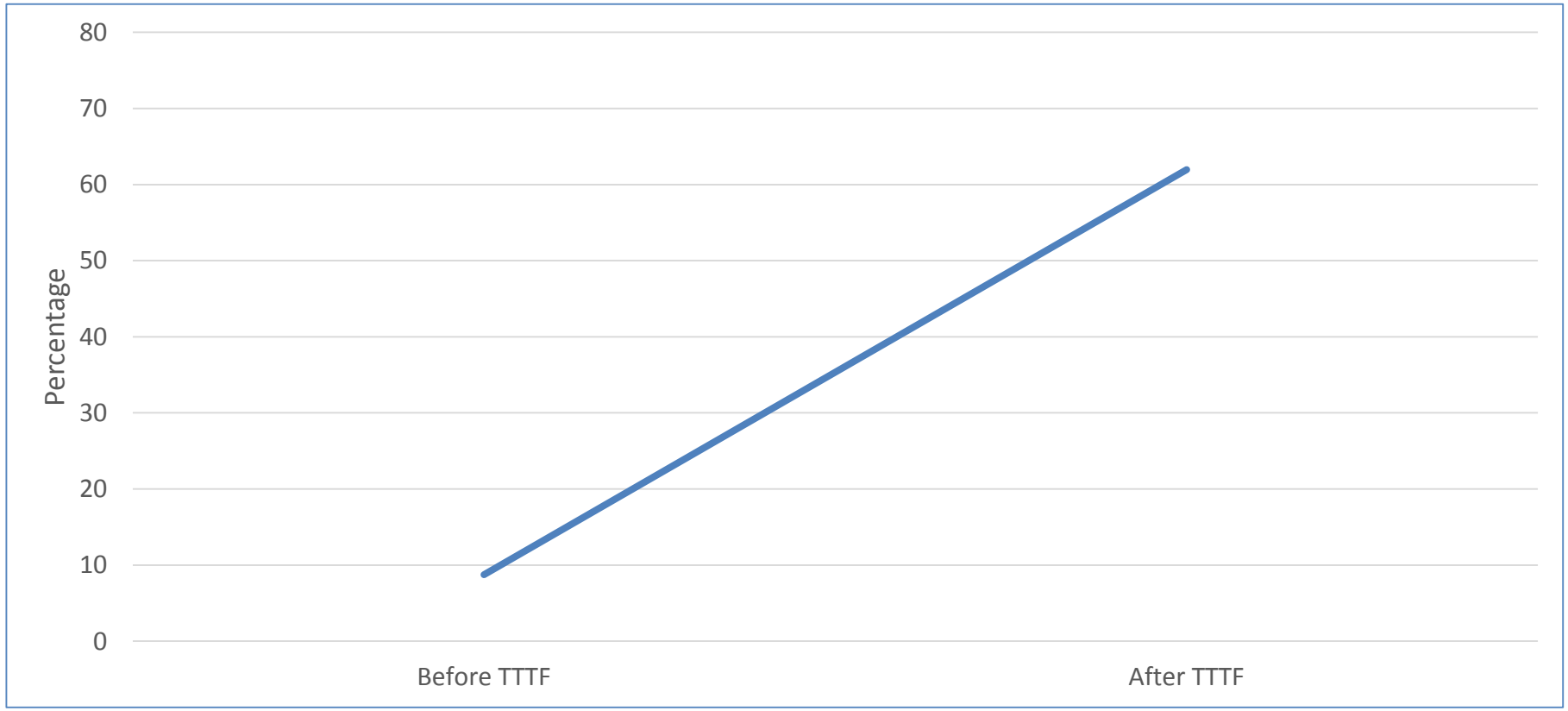
- Over 5,900 employees and clinical providers have attended the general tobacco education, tobacco assessment and treatment training, or both
- Over 200 clinical providers have attended the 1-day Motivational Interviewing workshop
- Over 75 clinical providers have attended the 2-day tobacco cessation pharmacotherapies workshop
- Over 60 clinical providers have attended the 5-day Certified Tobacco Specialist workshop

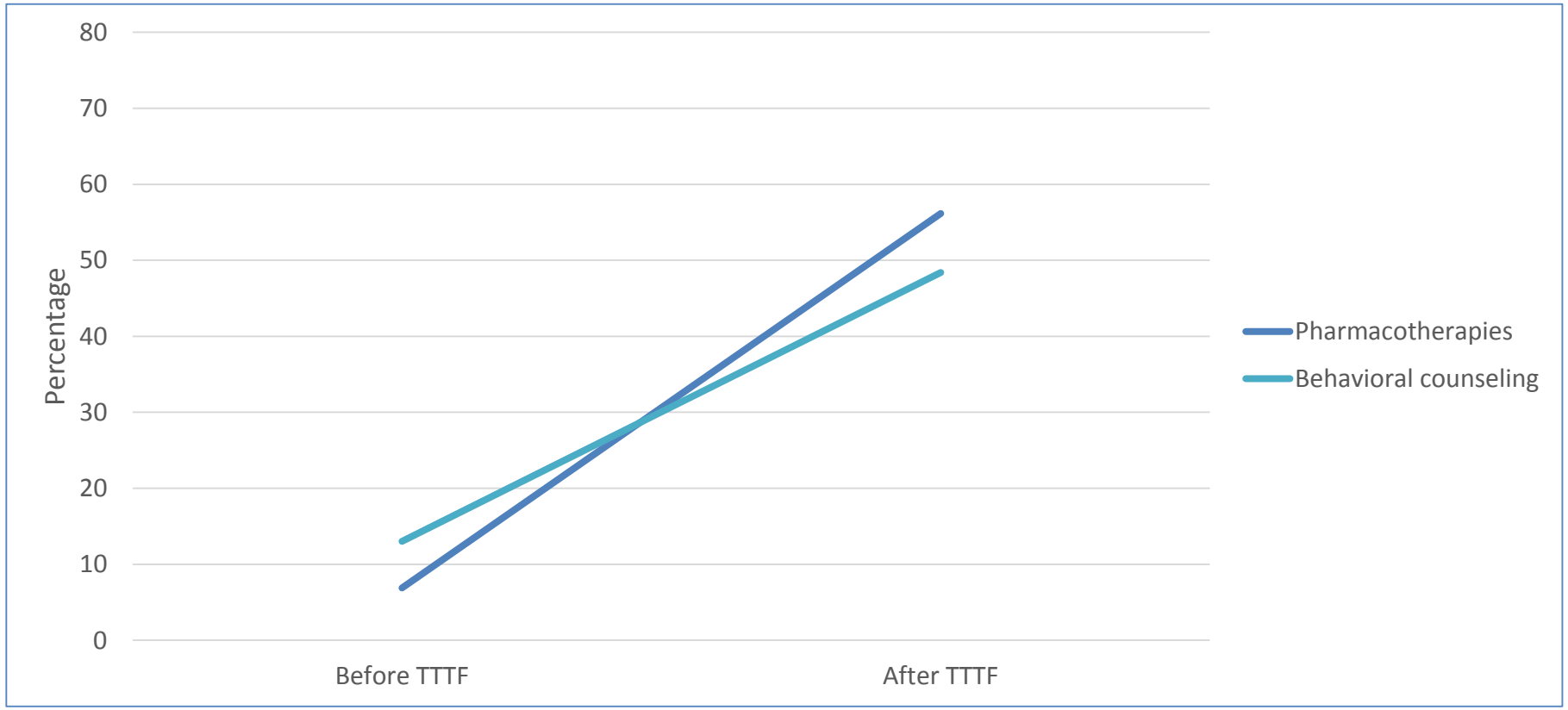
Offering Tobacco Treatment Education and Training

Tobacco Use Assessment Training



Offering Tobacco Treatment Education and Training

Use of Evidence-based Tobacco Cessation Treatments



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TTTF goals

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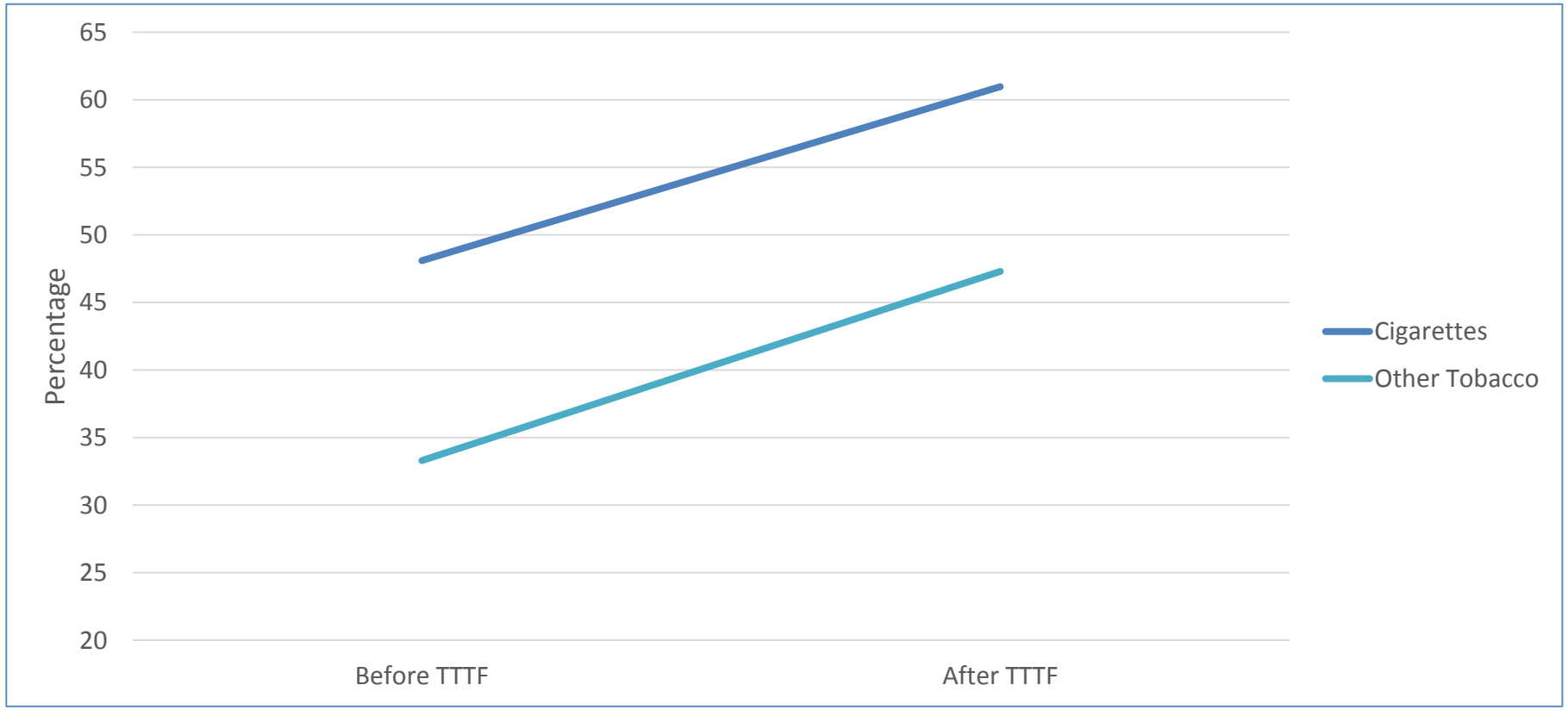
Evidence-Based Treatments

- 5 As – Ask, Advise, Assess, Assist, Arrange to follow up
- Nicotine replacement therapy
- Non-nicotine based medications (e.g., Chantix)

Integrating Tobacco Assessment and Treatment into Clinical Practice

Ask Consumers about Their Tobacco Use



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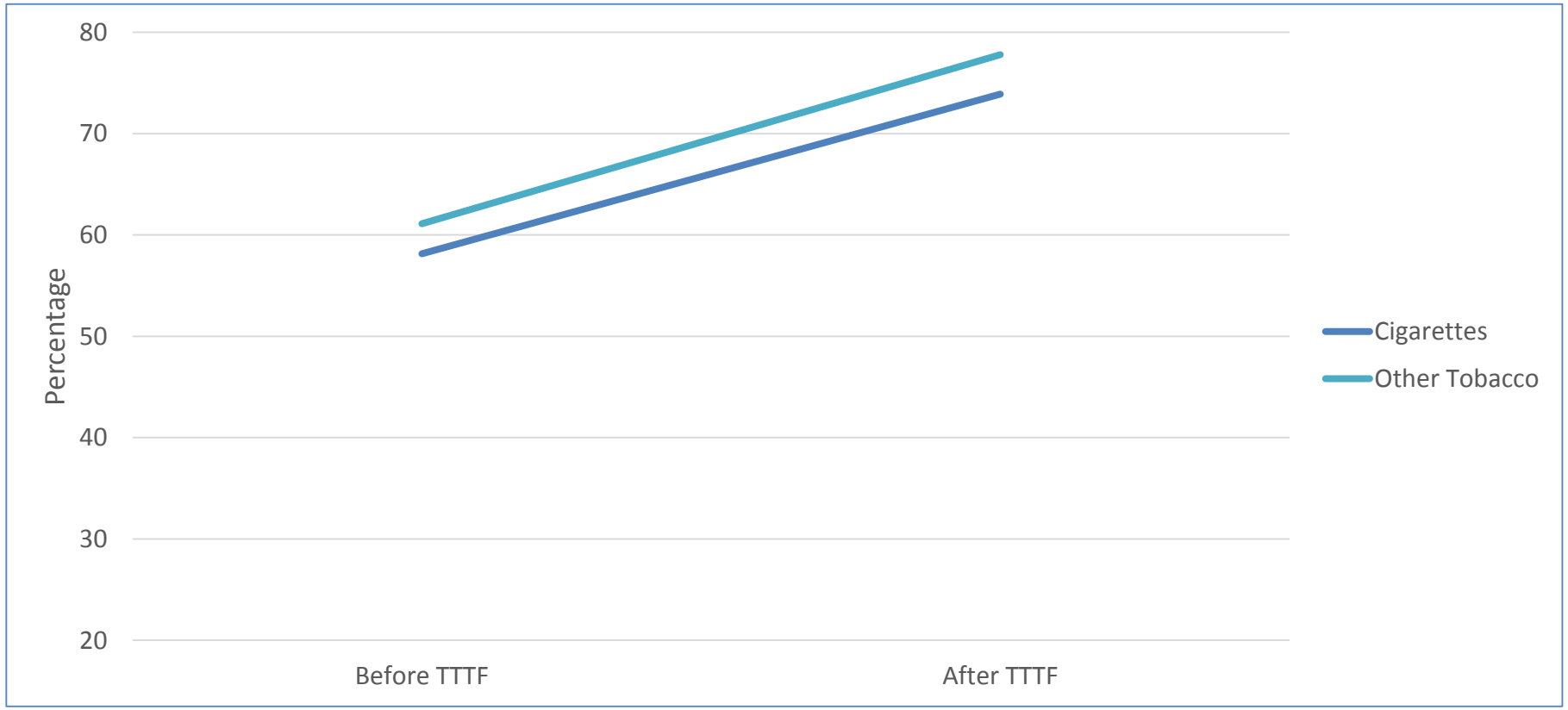
Integrating Tobacco Assessment and Treatment into Clinical Practice

Advise Consumers to Quit



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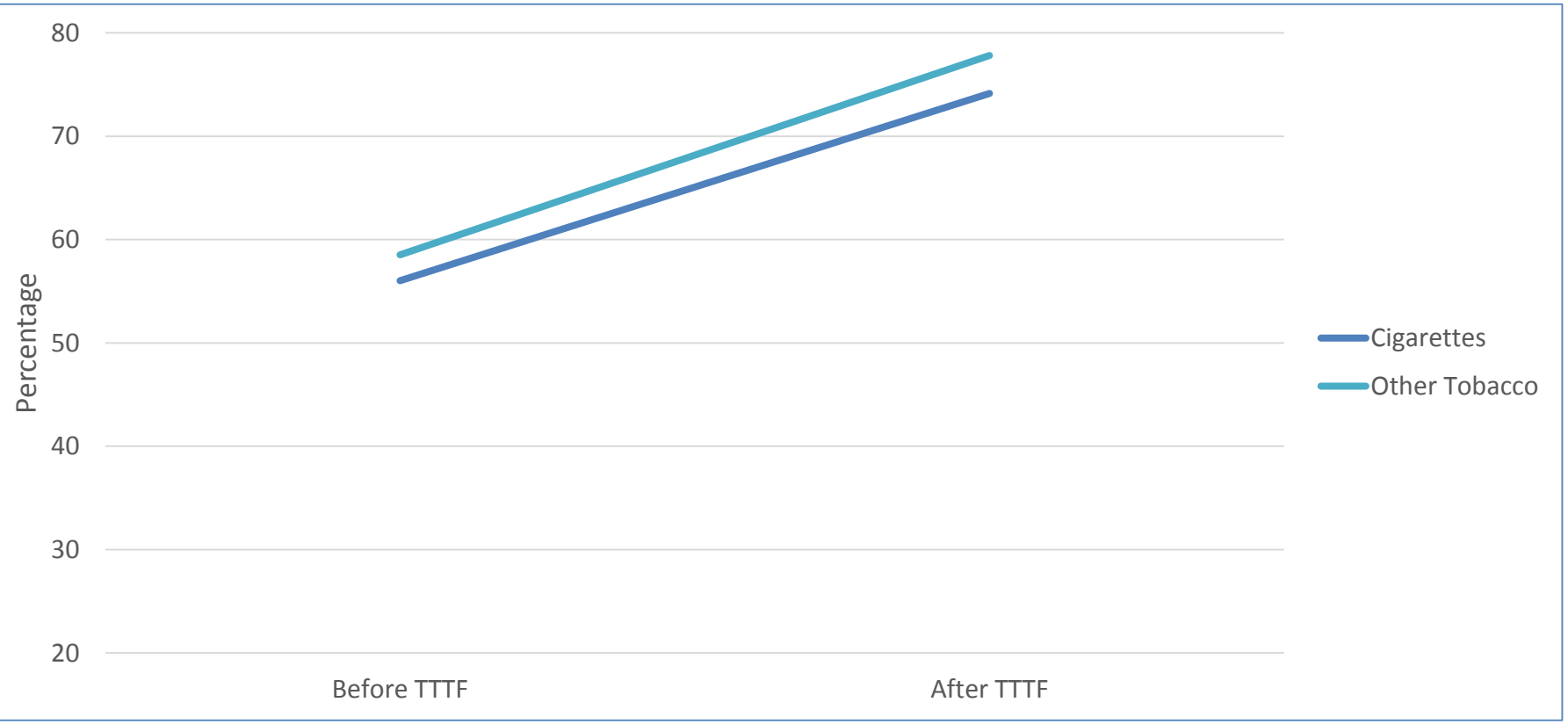
Integrating Tobacco Assessment and Treatment into Clinical Practice

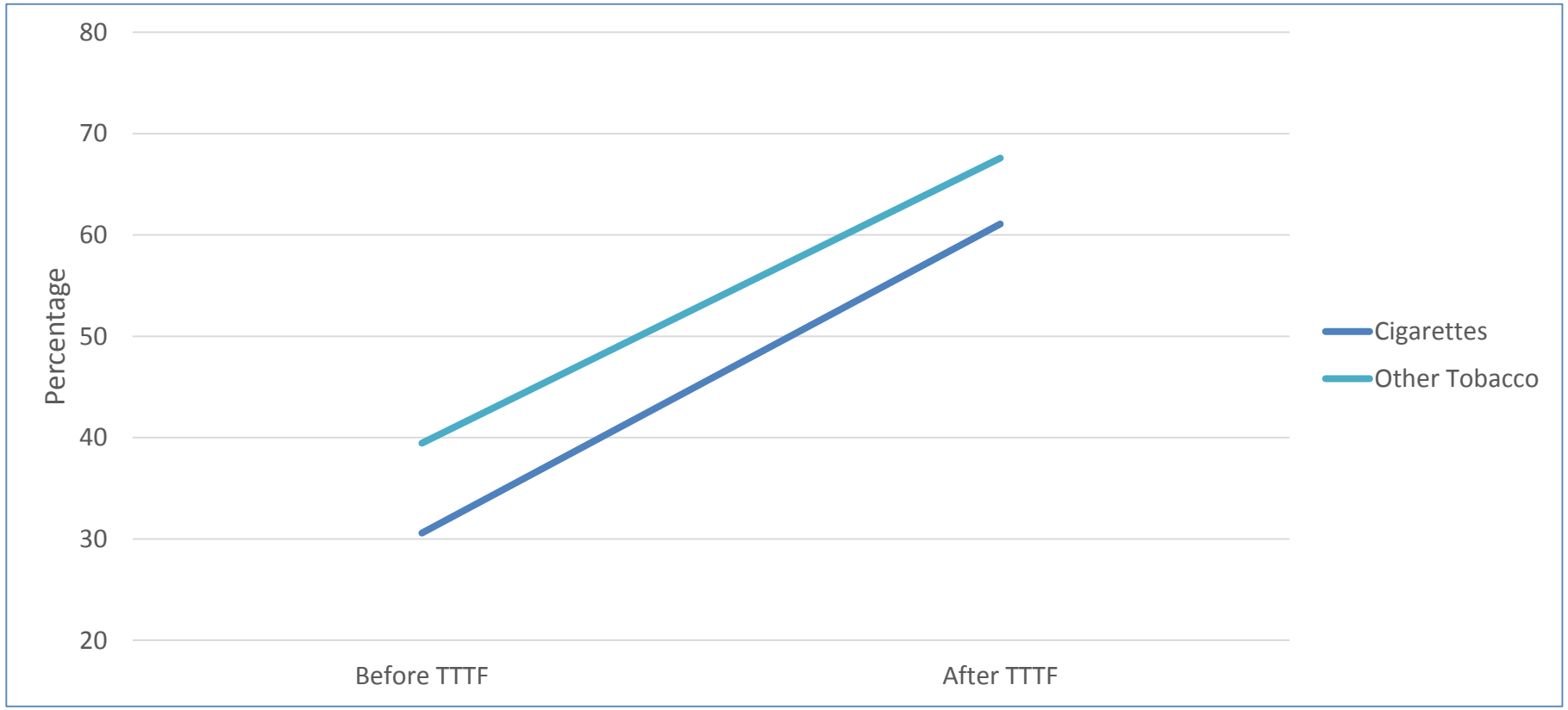
Assess Consumers' Willingness to Make A Quit Attempt



https://www.nysmokefree.com/CME/CME1Images/5As.jpg

Integrating Tobacco Assessment and Treatment into Clinical Practice

Assist – Provide Treatments or Make A Referral for Treatment



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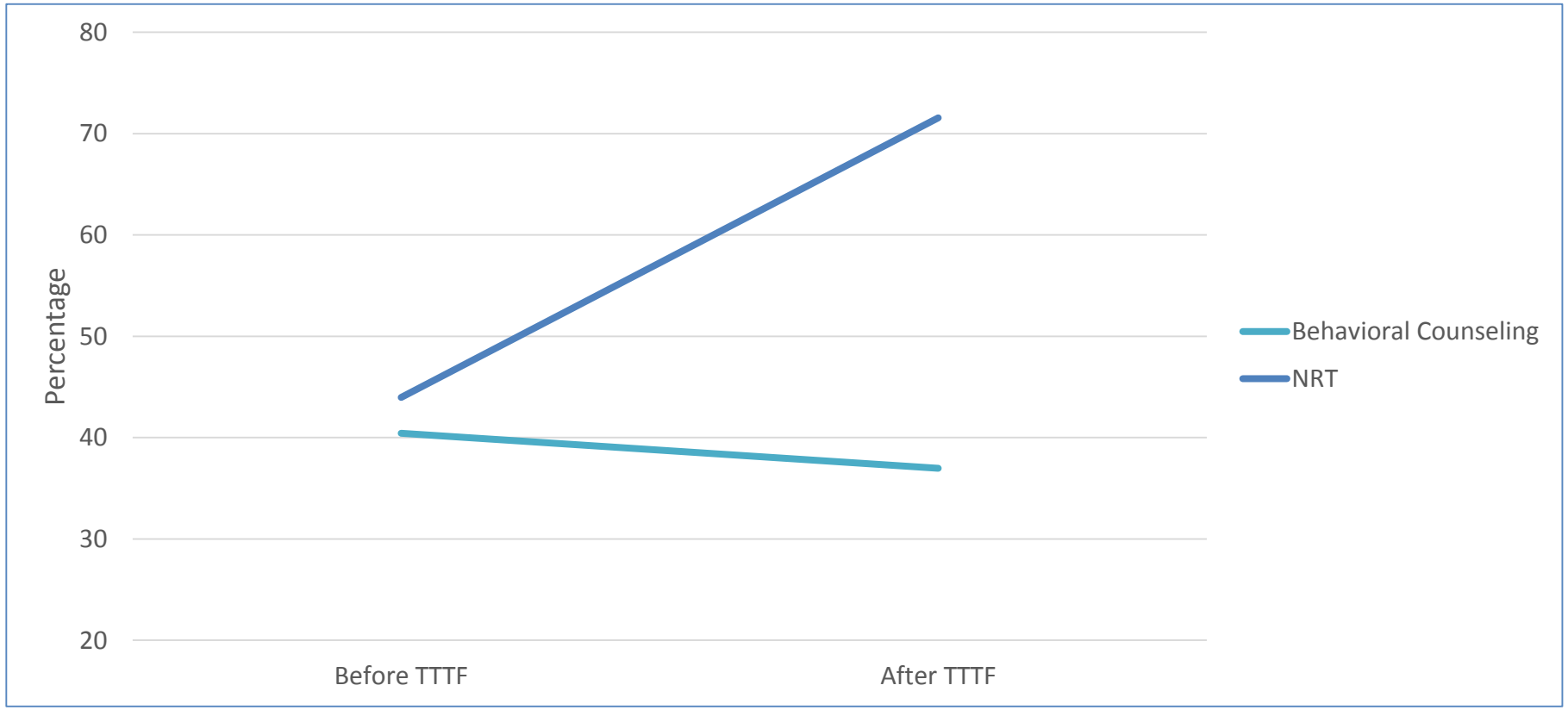
Integrating Tobacco Assessment and Treatment into Clinical Practice

Types of Cessation Treatments Provided by Clinical Staff



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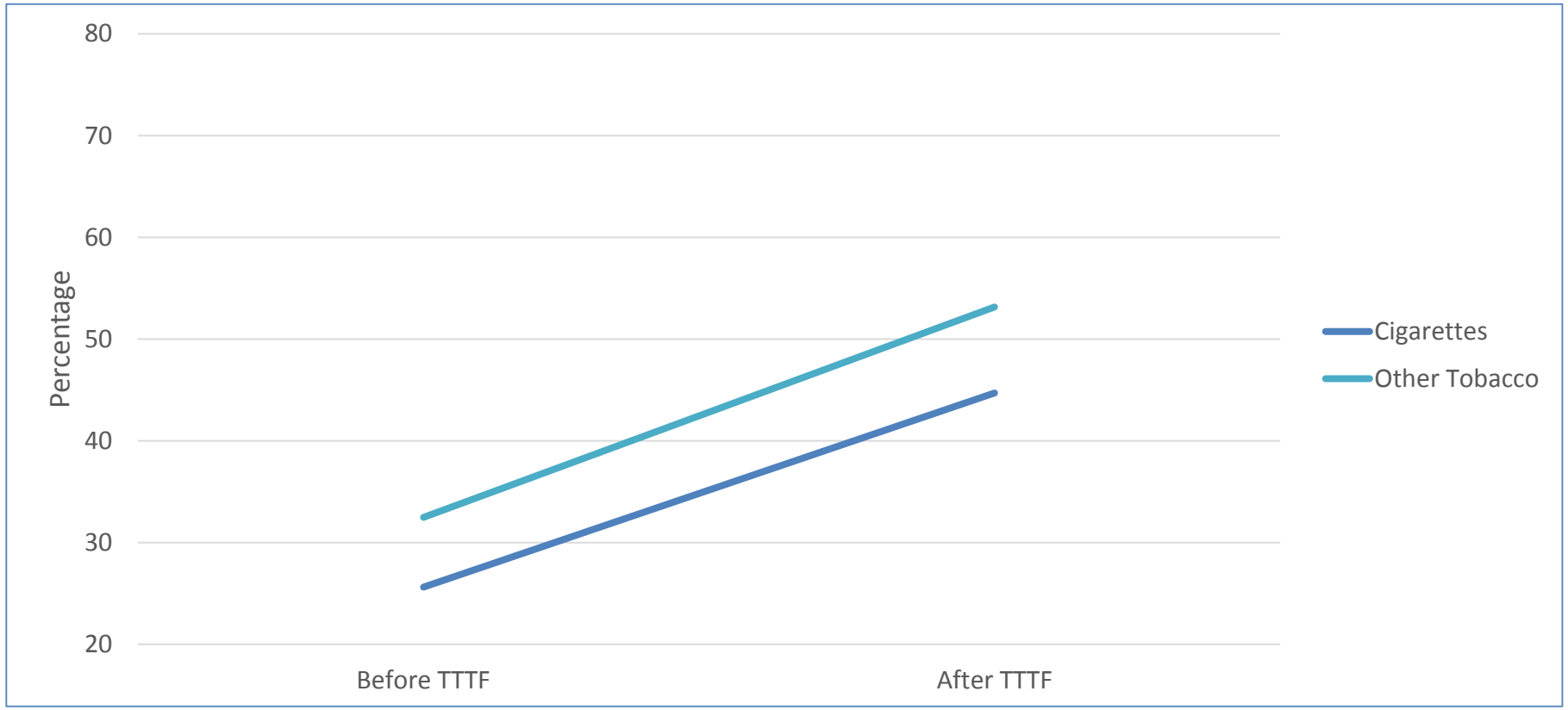
http://cdn-img.health.com/sites/default/files/migration/images/journeys/smoking/smoker-therapy-200.jpg

Integrating Tobacco Assessment and Treatment into Clinical Practice

Arrange to Follow Up to Assess Quit Progress



https://www.nysmokefree.com/CME/CME1Images/5As.jpg

TTTF goal

- Prevent cancer by helping tobacco-using Texans receiving behavioral health care services, as well as those associated with their care, become tobacco-free and reduce their exposure to secondhand smoke.
- Achieve this goal through:
  - > Development and implementation of tobacco-free workplace policies
  - > Offering tobacco treatment education and training, including specialized training
  - > Integration of tobacco use assessment and tobacco treatment services into clinical practice
  - > **Extending outward to provide community education and outreach**

Community Education and Outreach

- We estimated that we have reached over 117,000 individuals through various channels of community education and outreach
  - > Distribution of tobacco cessation leaflets and brochures

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STATE ASSOCIATIONS OF ADDICTION SERVICES
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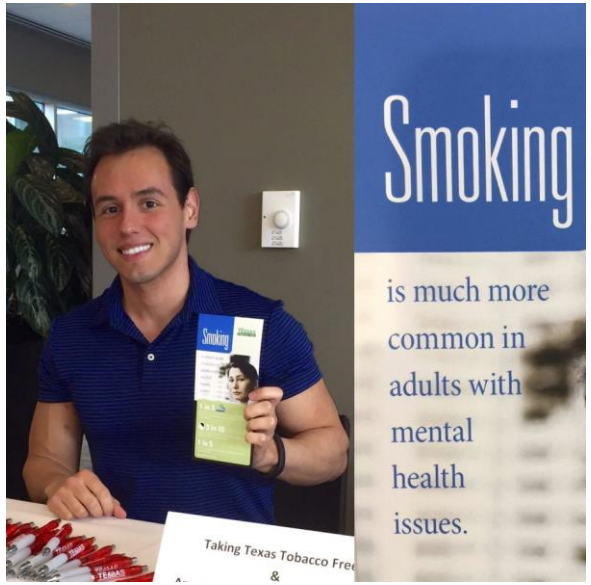
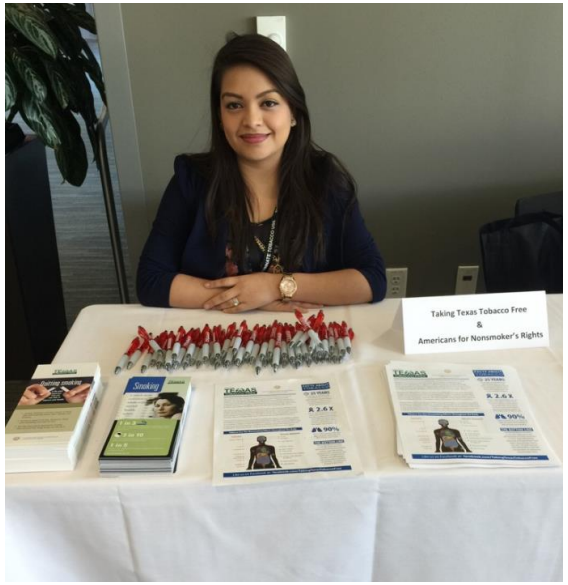
  - > Health and wellness fairs





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  - > Tobacco-free anniversary announcements in local newspaper

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  - > Health and wellness fairs
  - > Tobacco-free anniversary announcement in local newspapers
  - > Facebook (https://www.facebook.com/TakingTexasTobaccoFree/)
  - > Tobacco cessation videos on YouTube (https://www.youtube.com/channel/UC3bYTjR1f0oqmWJTBIyv89g)
  - > TTTF website (www.takingtexastobaccofree.com)
  - > Professional conferences and workshops

Guest Speakers #3 and #4

Timothy Stacey, MS, LPC

Austin Travis County Integral Care

Tobacco Cessation Specialist, Taking Texas Tobacco Free

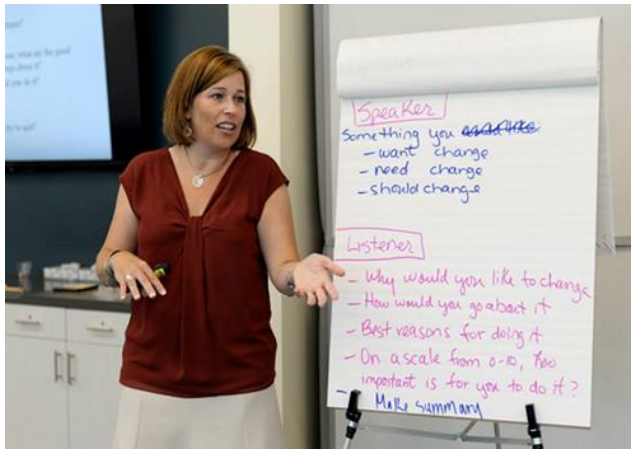
Bryce Kyburz, MA

Austin Travis County Integral Care

Project Manager, Taking Texas Tobacco Free

Capacity Building and Sustainability

- Staff training should be cornerstone of capacity building
  - > Provide training for *all* staff on tobacco dependence and resources to quit tobacco
    - Provide specialized training for specific staff to increase institutional expertise
    - Motivational Interviewing training for clinical staff
  - > Incorporate tobacco dependence education, administering TUAs, and resources to help people quit tobacco into new employee orientation
  - > Embed a clinic champion/s into centers to continue training beyond funding period



Capacity Building continued

- Encourage staff to participate in webinars, online in-service training, and attend conferences and symposiums on tobacco dependence
  - > Extend training opportunities to peer counselors
- Reach out to community partners to provide training and technical assistance to their staff
- Make free online print materials and resources readily available to clinical staff and accessible to consumers

Capacity Building and Sustainability

- Quality assurance and program improvement should be cornerstone of sustainability
  - > Develop processes to audit charts to ensure TUA are administered and treatment services being provided
    - Implement improvement plans for staff who are not meeting expectations
    - Environmental scan of facilities to ensure tobacco-free campus policy is enforced
  - > Line item budget for tobacco treatment services
    - Medication, training, facilities, print materials, etc.
  - > Integrate tobacco treatment into all levels of service – responsibility of all clinicians to address tobacco use
  - > Review processes on regular basis and adjust or enhance services based on consumer need or organization's capacity

Successes and Lessons From the Field

- Executive leadership is vital – support must come from the top
- Identify project champion(s) and develop task forces to achieve goals
  - > Seek diverse membership for task forces – smokers/non-smokers, clinical/administrative staff, in-patient/out-patient care units
  - > Keep tobacco treatment and tobacco-free policy relevant
- Communication with staff and consumers/clients is essential – be as transparent and open as possible
  - > Communicate early and often
- Provide resources to help people quit using tobacco
- Celebrate successes and be willing to improve practice

Future Efforts for TTTF

- Presently working with 4 community behavioral health centers
  - Offer technical assistance and consultation
  - Provide video conference training to staff
  - Create tobacco education videos (www.takingtexastobaccofree.com/videos)
  - Develop comprehensive tobacco-free workplace implementation guide
  - Enhancing website and online resource guides
- Hope to work with substance abuse facilities across Texas (2017)

Taking Texas Tobacco Free on Social Media

twitter @TTTF_

Find us on Facebook

facebook.com/takingtexastobaccofree

YouTube

youtube.com/channel/UC3bYTjR1f0oqmWJTBIyv89g

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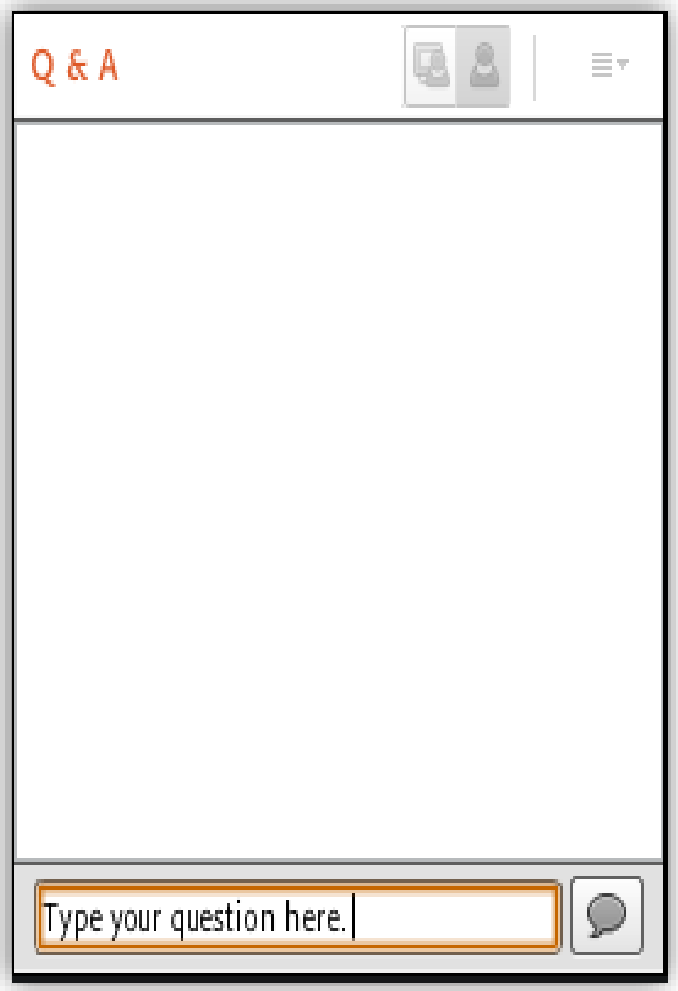
CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

www.takingtexastobaccofree.com

Questions?



The best way to ask a question is to type it into the Questions box in your WebCast window.

National Behavioral Health Network
For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Smoking Cessation Leadership Center

CRI Centerstone Research Institute

National Council for Behavioral Health
State Associations of Addiction Services
Stronger Together.

National Council for Behavioral Health
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CONFERENCE
NatCon Basics
Curriculum
Exhibit
Awards
Hotel
Discover Seattle
Register
GIVE + GAIN
GIVE A LITTLE, GAIN A LOT
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Thank you for joining us!

As you exit the webinar, please do not forget to complete the evaluation survey.

Questions? Please contact Krystle Canare at KrystleC@thenationalcouncil.org.