

Overall Aim & Objectives

The overall aim of this project is to increase healthcare provider knowledge and understanding of the unique needs of tobacco cessation for individuals who experience severe and persistent mental illness through direct education and referral. This project will conduct outreach to adults experiencing severe and persistent mental illness who have high mortality rates related to tobacco consumption, the Certified Peer Support staff of COS Centers, and behavioral and primary healthcare providers and public health educators who serve them. We want to ensure that community healthcare providers have access to accurate information and effective resources to assist this target population in successful tobacco cessation. This education will result in a change of provider participant knowledge, and also change provider behavior. We hope to increase the number of providers who implementation of the “Ask, Advise, Refer” model of intervention with individuals at every patient contact. A secondary is goal of the project is engage consumers in their own health advocacy.

Using a multi-pronged approach: direct outreach to providers through education opportunities with providers and professional associations, direct outreach to COS staff and CPS, directed social media targeting consumers and providers, peer-to-provider initiated conversation, and peer-to-peer services, we will promote consumer tobacco cessation in Central Ohio.

Interventions by providers at multiple points to provide assistance and referral, has been demonstrated to increase the rate of successful tobacco cessation with this population according to the U.S. Department of Health and Human Services’ *Guidelines for Treating Tobacco Use and Dependency*,. By encouraging multiple and more appropriately tailored, cessation service access points in our community for individuals who experience mental illness, we should see an increase in successful longer-term cessation attempts.

The project will: 1) Increase understanding by healthcare professionals of the unique treatment challenges and needs of individuals with severe and persistent mental illness and co-occurring tobacco addiction; 2)Introduce the “Fifteen Minutes to Save A Life-Ask, Refer, Advise” model to health care providers; 3) Utilize social media, (including agency website, Facebook, blogs, and Twitter) to reach health professionals, care providers and individuals who experience severe mental illness with information about tobacco cessation and this targeted population; 4) Utilize existing relationships with professional associations and health-related committees to introduce educational materials to providers who may not be inclined to seek out educational workshops; 5) Educate consumers about tobacco-related health through peer support offered at COS centers.

People who experience mental illness die, on average 25-32 years earlier than their peers, primarily due to preventable conditions such as cardiovascular problems, diabetes, respiratory or infectious diseases. This population have higher an average risk factors due to high rates of tobacco consumption, obesity,

substance abuse, unsafe sexual practices, poverty, social isolation, trauma and incarceration, a lack of coordination between behavioral and primary healthcare providers, discrimination, side effects from psychotropic medication and lack of access to quality, culturally appropriate medical care services.

Providers do not, traditionally receive extensive training in tobacco cessation and mental health. This project will provide opportunities for professional development for those providers who express an interest in further education. For those providers who are not interested in participating in professional development in this area, up-to-date links to research and resources will be available for themselves and their clients.

We will make at least one educational contact with professional providers in Knox and Licking Counties, and at least five social media contacts a week. Presentations will be shared with Society of Health Educators (SOPHE), Licking County and Knox County Health Departments, Ohio Department of Health, Tobacco Free Ohio Alliance, Ohio Consumer Operated Services Association (OCOSA), Ohio Empowerment Coalition (OEC), Licking County Wellness Coalition, Licking County Tobacco Coalition, National Alliance on Mental Illness (NAMI), the Mental Health and Recovery Board for Licking and Knox Counties, professionals from Licking Memorial Health Systems and Medical Center of Newark, Mount Carmel Health System in Granville, our own Mental Health America of Licking County (MHALC) agency staff and program participants and the staff of the six Central Ohio regional COS centers.

Current Assessment of Need in Target Area

The 2010 US Census estimates the population of Licking County was 166,492, Knox County 60,921 Franklin County 1,163,414, Morrow County 34,827 and Delaware County 174, 210. The total population of the five counties combined is estimated to be 1,599,864. Franklin County is primarily urban community, Licking and Delaware are suburban and Knox and Morrow qualify as rural counties.

County and Agency	Total population	Caucasian %	Black %	Asian %	Latino or Hispanic %
Licking	166,492	93.2	3.4	.7	1.4
Knox	60,921	96.7	.8	.6	1.2
Franklin	1,163,414	69.2	21.2	3.9	4.8
Delaware	174, 210	89.7	3.4	4.3	2.1
Morrow	34,827	97.7	.3	.3	1.1

These central Ohio counties were chosen for this project because they form the Central Ohio region of as defined by OEC. This includes the service areas of our own agency and our existing COS center partners: Mental Health America in Licking County, The Main Place in Licking and Knox County, Safe

Harbor Peer Support Services in Delaware and Morrow Counties, and the Peer Center in Franklin County.

The Licking County Health Department reports that the current tobacco rate in Licking County of 28.7%, is higher than the state and national average. “The Healthy Ohio Profile of Licking County” reveals that 21.1 % of pregnant women living in Licking County smoked during their pregnancy, higher than state and national rates.

A report published in the November 2000 Journal of the American Medical Association stated that people reporting a mental disorder in the past month consumed approximately 44.3% of all cigarettes in the U.S.. Individuals who experience mental illness consume tobacco at higher rates than the general population and spend approximately 23-28% of their income on tobacco products. These individuals also experience more co-occurring chronic disease and or significantly more likely to live in poverty.

Conducting this project in Ohio is significant for three reasons. Ohio has made national news as the first state to successfully enact statewide tobacco-free laws and not significantly reduce tobacco consumption. There is an established state tobacco cessation advisory board, Tobacco Free Ohio Alliance (TOFA). Despite the best efforts of tobacco cessation advocates, the reallocation of funding originally directed towards tobacco cessation efforts to other budget areas, and reduced funding and access to cessation services for the most highly addicted and vulnerable populations. And thirdly, Ohio has a well establish COS history and professional association structure in place.

Previous Mental Health America of Licking County grant project funded through the “SAMHSA 100 Pioneers for Tobacco Cessation,” and the “SAMHSA 25 Pioneers for Tobacco Cessation” grants examined Licking and Knox County provider knowledge of issues related to tobacco cessation and individuals who experience severe and persistent mental illness. A free “lunch and learn” forum series was produced around the county at locations convenient to staff, to provide education to community providers, and focused upon case managers. Research has indicated that case managers are more likely to influence behavioral change of consumers, and more likely to implement “Ask, Advise, Refer” methods into practice.

Through this grant project, we discovered that community physicians, therapists and psychiatrists were less likely to participate in free training than other providers. The reasons given were: time limitations, belief that they were well-informed about this issue, and belief that clients were currently receiving tobacco cessation information.

Prior grant research in 2010, found that most providers in Licking and Knox counties have inaccurate information and are unfamiliar with current literature about cessation and mental illness. They self-

reported their own knowledge on the subject as much more accurate and culturally competent than assessments suggest. Providers were unfamiliar with the integration of psychiatric medications and cessation treatment options. County program composition and funding reflects the pronounced separation of tobacco from alcohol and other drug treatment services. Providers reported that tobacco cessation was a low priority in treatment approach for this population. It was a commonly held belief that tobacco cessation was neither possible nor recommended for this population, citing the discredited theory that tobacco usage provided a **benefit** to individuals who experience severe mental illness that outweighed the risk of disease and early mortality.

Providers may perceive that tobacco cessation services are effectively delivered, but that consumers do not share that perception, according to national and local research. Consumers also report a high desire to quit (approximately 79%), as well as a history of multiple unsuccessful attempts to quit without support. This lack of success is known to be a deterrent to individuals pursuing cessation services in the future according to The U.S. Department of Health and Human Services guidelines.

Historically, there have been, and remain to some extent, significant institution barriers to tobacco cessation for individuals who receive mental health services. Staff of behavioral healthcare facilities have a higher than average rate of tobacco consumption and addiction. Individuals with severe and persistent mental illness, the largest consumers of tobacco products, have not participated in cessation research studies at rates proportional to their population. Frequently individuals who experience Bipolar Disorder or Schizophrenia, who report dependency rates of 86-98%, are excluded from research studies. Research has also demonstrated that providers were not providing accurate or culturally appropriate information to consumers, and that consumers were less likely to be asked, advised of risks, or referred to appropriate cessation programs.

Individuals who receive services in Licking County were surveyed about their perceptions of tobacco services in the community and their knowledge of tobacco dependency in a follow-up Community Putting Prevention to Work (CPPW) grant in 2011. Public perceptions of tobacco-free policies were also examined.

Research has demonstrated that consumers are most likely to seek tobacco cessation when they are informed and involved in the development of their own treatment plan. Mental health consumers who have developed natural and service supports provided by peer contact, are more successful in setting and achieving their recovery goals.

Technical Approach, Intervention Design and Methods:

Barriers to consumer participation in tobacco cessation include: misinformation, lack of access and referral to appropriate cessations programs and services, and lack of social and natural supports in their

efforts to reduce tobacco use. In working with The Main Place, Safe Harbor, and The Peer Center on the Million Hearts campaign in the past several months, we have developed a team approach to central Ohio peer-to-peer education. Through this network, evidence-based, current best practice tobacco cessation education will be shared with peers and providers. Individuals will be referred by providers to affordable cessation treatment through the Ohio Quit Line, national quit lines and local cessation providers, such as Licking Memorial Hospital.

We have demonstrated success as a collaborative in wellness education. Mental Health America Peer Support staff member and Certified Tobacco Treatment Specialist, Kristen Frame has education and experience with issues related to the unique needs of individuals who experience mental illness and tobacco cessation. There are only two other tobacco treatment specialist in Licking County, both work at Licking Memorial Health Systems and provide all services for the surrounding area. Certified Peer Support staff at each COS center work with members to develop personal wellness plans using evidence-based practices, such as WRAP (Wellness Recovery Action Plans)

Targeted individual peer support is used to reinforce information learned through group participation and to support achieving individually determined goals. Research related to COS suggests that when consumers have access to peer provided programs in addition to treatment, they do significantly better than when they receive only treatment or only receive peer services.

After the initial funding of this project, the participating organizations will continue to educate consumers about tobacco cessation using the “Ask, Advise, Refer” method on which their staff will have been trained. The cost of continuing this practice is reduced after initial training and inclusion in the organizations intake protocol. Consumers will be referred to existing best practices in the community.

Providers armed with up to date research and resources will be better able to develop appropriate techniques for determining consumer need during their intake process, and will have up-to-date resources to direct consumers for cessation. It is not the goal to make every healthcare provider an expert on tobacco cessation and this population. Instead, we intend to provide them with access to current resources who maintain expertise in cessation and the ability to introduce a low-cost, high return method demonstrated to dramatically improve the health of their patients who experience mental illness. The “Ask, Advise, Refer” method has demonstrated the biggest impact on this vulnerable population, and is extremely cost effective.

Social media

Throughout the grant period, we will continue to post recovery information, agency events, and education and advocacy opportunities on Facebook, our MHALC webpage and Twitter. We will post content related to tobacco cessation and mental health for both providers and for consumers each week

during the grant period. This information will be provided to our partners to promote on their independent sites. In addition, we will provide, for providers who choose to use them, office materials and on-line resources with which to refer their clients to community consumer support and tobacco cessation services.

Each of these activities will encourage interactivity, i.e. comments, responses, posts and tags from people who “like” who are followers or who subscribe to any of our program pages. Although this impact is important to our project, it will not be as heavily valued as our more quantifiable outreach.

Targeting primary providers, Mental Health America of Licking County will contract for an email service to send our requests/information to various stakeholders. This service will be also be available to the agencies’ eight program areas and administration to email other contacts for various purposes, saving the agency costs in materials and labor. Cost of the new service is \$15 USD per month, ongoing. The benefit of using such a device includes the professional opt-in and opt-out technology, e mail opening statistics and newsletter templates. It also alleviates issues of agency mail being considered spam. For dissemination of information, primary care providers may choose to direct individuals to the website or Facebook page, tobacco quitline, or community peer support services via brochures in their offices.

While our agency programs connect consumers and the general community to resources for education and referral, this project will focus specifically on educating consumers and providers about the unique cessation needs of this vulnerable target population.

Educational sessions and materials will be offered to primary and behavioral healthcare providers through professional associations and health advisory committees, including the Society of Health Educators (SOPHE), Ohio Consumer Operated services Association(OCOSA), the Licking County Wellness Coalition/ Community Health (CHIC), the Knox County Health Department, Mental Health America-affiliated agencies, Licking Memorial Health Systems, Medical Center of Newark, NAMI, and the Mental Health and Recovery Board for Licking and Knox Counties. We will make direct contact with primary and behavioral health care providers in both Knox and Licking Counties, as well as through self-advocacy efforts of peers in the programs. We will identify and train COS personnel at each of the regional agencies to do follow up.

A Powerpoint presentation with related support materials will be offered through staff trainings and lunch and learns with area agency staff. Consumer/members who are members of our newly formed “Wellness Warriors,” a project which promotes wellness educational programs in which consumers facilitate and participate, will be trained to advocate with their primary healthcare and behavioral health providers to promote tobacco cessation and refer clients to programs and services.

Evaluation Design

The primary audience who will directly utilize or benefit from project outcome is individuals who experience mental illness in Central Ohio and providers who serve them. The general community will also benefit as reduction in tobacco consumption by this population will significantly reduce state costs for chronic care treatment.

Outcomes tracked as a measure of program effectiveness:

1. Participation in all aspects of the project, (number of events, activity attendance and document participation, professional contacts made, and education opportunities and materials provided to support staff, volunteers, peer specialists, health educators and primary and behavioral health providers.
2. Tracking increased social media awareness of providers and consumers will be evidenced through Facebook statistics, and records of telephone and face-to-face contact. Constant Contact program will also assist in data collection.
3. We will publish advocacy and educational information on a daily basis to our website. Reported or creative stories by recovering individuals related to the project will be encouraged and posted through our social media, as well.
4. Individuals who participate in workshops will be given pre- and post-test evaluations to demonstrate knowledge gained and change in attitude and behavior.
5. A second post-evaluation will be sent to training participants for feedback and to track change in behavior or procedure.
6. A sample control group of professionals and Peer Supports Specialists who did not receive our social media or education will be selected from a different region of the state. This will be coordinated through the OEC regional representation, which facilitates contact with COS throughout the state. The control group will be provided the post evaluation and their results will be compared to the results of those who participated in our project.
7. Individual participant defined goals and measures of attainment will be recorded. These goals include improving relationship with their provider.
8. Licking Memorial Healthcare Systems will continue to provide "Quit for Your Health" Smoking Cessation programs. Participation in Ohio Quit Line results are collected by county from the Ohio Department of Health. We do anticipate an increase over 2011 due to a state media campaign promoting the quitline.
9. Incentive prizes will be offered to encourage participation in post-evaluation process for provide and consumer project participants and for the control group.
10. A final report will be produced for the grantor detailing the project and results.

Detailed Work Plan and Deliverables Schedule

Deliverables	Start date	Completion Date
Contract arranged with Constant Contact provider	As soon as notified of grant	January, 2013
Staff member attends “Boot Camp” training		Nov. 15, 2012
Staff set up of MHALC contact system	Jan., 2013	One weeks time
In-house training on system	Jan., 2013	ongoing
Complete development of training presentation materials for professionals	In process	February 1, 2013
Interviews and offer to college intern	In process	December, 2012
Intern service	Jan. 1, 2013	
Complete development of training presentation for peers	In process	February 1, 2013
Schedule professional trainings	In process	2013
Schedule peer center trainings	January 1, 2013	2013
Deliver professional trainings		To be determined
Gather data on control group		October, 2013
Website and Facebook postings	beginning Jan. 1, 2013	5 each week
Tracking social media	Jan. 1, 2013	Each week, continued past project completion
Identify incentive provider		April, 2013
Toolkit creation		April, 2013
Second post evaluation delivered		To be scheduled
Interim evaluation		July, 2013
Second post evaluation collected		September 2013
Evaluation of pre-test and post-test results		October 2013
Comparison on control group results to participants		November, 2013
Incentive delivery for participants		November, 2013
Produce report for grantor		December, 2013

continuing and expanding those services. Her passion for reducing tobacco use is obvious and her concern for the health of consumers will show up as you read the grant application.

Thank you for your consideration of our application.

Sincerely,

A handwritten signature in cursive script that reads "Paddy Kutz". The letters are fluid and connected, with a large initial "P" and "K".

Paddy Kutz
Executive Director