Pilot Implementation of a Wellness and Tobacco Cessation Curriculum in North Carolina Group Homes

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Background

- Individuals with mental illness have smoking prevalence between 34% and 88%; the general population has smoking prevalence of 18.3% [1,2]
- Disparities may persist in part due to difficulty in changing tobacco-related norms in the treatment setting
- Limited data exist regarding cessation programs integrated into the treatment setting
- Breathe Easy Live Well (BELW) is a wellness and cessation curriculum for individuals with mental illness and substance use disorders successfully implemented in other mental health treatment settings [3]
- Evaluated feasibility of implementing the 15-week BELW curriculum in two group home settings in North Carolina

Methods

- In January 2014, the North Carolina Southern Regional Area Health Education Center (SR-AHEC) provided a 1½ day training for group home staff, i.e. instructors implementing BELW
- Site visits and instructor interviews conducted prior to implementation assessed norms, policies, environmental attributes that contribute to smoking and wellness-related behaviors of residents
- SR-AHEC staff checked in with instructors and provided technical assistance as needed throughout
- Following completion of BELW, in-depth interviews with group home staff members and site visits conducted
- Post-implementation interviews recorded and transcribed, coded using Atlas.ti qualitative data analysis software
- Emergent themes related to facilitators, barriers, and program implementation identified
- Pre- and post-observational data from site visits compared side-by-side to identify discrepancies

Results

- Qualitative analysis of the data indicate successful implementation of BELW in both group homes. Results suggest:
  - Increased interest among group home residents in implementing positive coping strategies for their mental health symptoms as a strategy for reducing smoking
  - One group home moved the designated smoking area out of the direct path of the entrance/exit

Table 1. Emergent Themes and Illustrative Quotes

(1) Training and technical assistance provided throughout implementation was sufficient
- “I don’t think I needed any more assistance than we got in the class that we took in the initial...It was very good. I didn’t need any more assistance at all...the book that we had was self-explanatory. It was very well-written.” (Instructor A)
- “I knew that she was always available...but I never got stuck. I think if I got stuck on something, I probably would have reached out to her, but there was never a time when I felt like I needed any additional support.” (Instructor B)

(2) Instructors used prior professional experiences and goal setting to facilitate program success and participant engagement
- “I used my nursing experience and...my life experience and also my knowledge of dealing with people with mental illness...” (Instructor A)
- “…We took frequent breaks and did more fun stuff in between the lessons to break up the monotony of just having them sit there and read.” (Instructor A)

(3) Fostering positive coping strategies reduced smoking
- “I have seen improvement in their [mental health] symptoms...Like sleeping, their sleeping habits, one of them in particular was drinking a lot of coffee, was associating the smoking and the coffee. So, he’s drinking more water and not drinking as much coffee.” (Instructor A)
- “So, rather than be out there sitting outside with nothing to do from 12-5, they would be involved in the lunch prep for 12 o’clock and then later on even at 4 o’clock...because one other thing that we talked about too was you doing something else with your hands.” (Instructor B)

(4) Curriculum length may be a barrier to recruitment of potential instructors
- “Not the client, but the person who is going to teach it, it might discourage them to participate. I think maybe it could be shortened...so that more people would participate because I think it’s a good program. I liked it a lot, but I don’t think I need all that time to teach it.” (Instructor A)

Figure 1. Materials From BELW Workbook, “The Power of Addiction” Lesson

Dopamine Reward Pathway
- Prefrontal cortex
- Dopamine neurons
- Nucleus accumbens
- Ventral tegmental area
- Stimulation of dopamine receptors
- Nicotine enters brain

Survival Pathway
- Your brain rewards you for survival behaviors such as eating or drinking
- Addiction uses the same pathway
- From the brain’s viewpoint, addiction is tied to survival

Conclusions

- This evaluation provides initial evidence for successful implementation of smoking cessation interventions in mental health residential homes.
- Findings strengthen evidence base for use of BELW as a promising strategy for addressing wellness behavior change, in particular tobacco use in mental health treatment settings.
- BELW implementation is likely feasible in other group homes; expanding and adapting the program to include other types of mental health treatment programs may support policy and behavior change in these settings.
- A need exists for the implementation of smoking cessation interventions in the mental health treatment setting.