Promoting smoking cessation in psychosocial rehabilitation centers: feasibility and implementation of a model curriculum

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Background

- 36%-49% of individuals with mental illness smoke.1
- Adults with mental illness can and do quit when evidence-based interventions are used.2
- The NC Health and Wellness Trust Fund (HWTF) and Southern Regional AHEC (SR-AHEC) launched a pilot project implementing wellness and cessation in nine clubhouses (outpatient day centers).
- Based on model curriculum developed by UMDNJ.3,4

Methods

- Qualitative
  - Evaluation team interviewed clubhouse staff members (n=12) who implemented curriculum (Figure 1).
  - Semi-structured interview protocol.
  - Inductive and deductive codes using MAXQDA 10.
- Quantitative (n=148)
  - Participating clubhouse members surveyed at completion of 26-week curriculum.
  - Measured perceived changes in clubhouse norms, clubhouse characteristics, and well-being outcomes of interest in tobacco-free policies, motivation to quit, and self-reported attempts to quit or reduce tobacco.
  - 148/271 surveys = 55% response rate

Figure 1: Program logic model

Figure 2: Themes on use and implementation of curriculum

- Staff leveraged curriculum to advance policy changes
- Curriculum appreciated and well implemented
- Technical assistance vital to program outcomes

“Staff leveraged programming to advance policy changes. I think there was an increase in smoking awareness, understanding of smoking, and knowledge of healthy choices.”

“We sort of used the fact that we were bumping up our wellness programming and we were doing Breathe Easy Live Well to help us move the smoking into some set locations.”

“It seems like everybody, everybody did something to improve their life. They did something, whether it was eat different or walk a mile every day.”

“It wouldn’t have went over [without the SR-AHEC support]. It would have been one of those things that was a nice idea and then fell to the wayside.”

Figure 3: Themes on potential improvements for curriculum

- Better integration of wellness content
- More emphasis on group interaction
- Challenges promoting pharmacotherapies

“Better integration of wellness content. We’re more interactive, we do more movement.”

“One week is not enough emphasis on [physical activity]… include movement exercise at each meeting”

“If there’s more maybe kind of interactive things that we could do next time.”

“It’s not something we do […]. I let them know it was available, and they seemed interested, but there wasn’t much of a follow-up…”

Figure 4: Attendance at group meetings

Figure 5: Tobacco cessation and policy support

Conclusions

- Program well received and feasible in clubhouse setting.
- Improvements in curriculum should include:
  1. Integration of tobacco cessation, physical activity, and nutrition throughout the curriculum
  2. Emphasis on group interaction for peer-to-peer support
  3. More comprehensive strategies to promote evidence-based cessation pharmacotherapy when appropriate.
- Use of wellness curricula warrants a randomized controlled trial to identify impact.

References

3. More comprehensive strategies to promote evidence-based cessation pharmacotherapy when appropriate.