

# Breathe Easy, Live Well Pilot Project

## DRAFT EVALUATION PLAN

2009-10-13

Prepared for the North Carolina Health and Wellness Trust Fund

Prepared by the Tobacco Prevention and Evaluation Program, UNC School of Medicine

### I. Background

While there have been successes in the overall decline in prevalence of tobacco use, these reductions have been less evident among individuals with mental illness.<sup>1-3</sup> tobacco control has been historically underemphasized in mental health services. Norms around tobacco use have been slow to change among consumers and staff.<sup>4,5</sup> When evidence-based cessation interventions are used, however, mental health consumers show success in quitting,<sup>6,7</sup> with motivation to quit and quit rates comparable to the general population.<sup>8</sup> Mental health providers have historically been reluctant to address tobacco.<sup>4,9</sup> A number of barriers to quitting have been identified by focus groups among providers and consumers, including findings suggesting the importance of norm and policy change around tobacco in psychiatric campuses and clubhouses,<sup>10,11</sup> the need for integration with routine mental health care,<sup>7,9</sup> and the use of tobacco as a coping strategy.<sup>12</sup>

It is clear that strengthened approaches to recognizing and addressing tobacco among mental health consumers is necessary, with increasing calls for more flexible approaches that combine counseling with cessation pharmacotherapy, policy change, and integration of tobacco assessment and advice to quit into routine mental health care.<sup>13,14</sup> Some have called for smoking reduction to be the initial treatment goal.<sup>7</sup>

A model curriculum for wellness programs at mental health clubhouses developed by the University of Medicine and Dentistry of New Jersey exists, although no formal evaluations have been published.<sup>15</sup> Mental health clubhouses provide an excellent opportunity for changing norms around tobacco as clubhouse members participate in the running of the clubhouse and its programs.

Little research has examined the barriers and facilitators to implementing tobacco-cessation-centric wellness curricula or smoke-free policy adoption at clubhouses.

## II. Project Goals

- A. **Implement a wellness curriculum that increases interest in quitting, improves self-efficacy, and changes norms around tobacco use and policies using a train-the-trainer model.**

## III. Program Logic Model

The program logic model was collaboratively developed between SR-AHEC, NC HWTF, and UNC TPEP staff. See Appendix 1.

## IV. Plan for Process Evaluation

This evaluation seeks to answer the following questions related to four process areas and developed from the logic model: implementation, technical assistance & training, participation, and perceptions around normative/policy changes. Interview guides for clubhouse staff will be developed that operationalize each evaluation question into a number of interview questions.

### A. Implementation

1. **Was the curriculum implemented as designed?**  
Purpose/rationale: identify if the wellness curriculum was implemented as designed by SR-AHEC
2. **What were barriers and facilitators of implementation?**  
Purpose/rationale: identify assets and barriers that aided or hindered implementation.
3. **Which portions of the curriculum were most applicable and useful to the group?**  
Purpose/rationale: Identify if sections of the curriculum are not used and which are judged to be most helpful in achieving objectives.
4. **Will the curriculum be used after the project ends at the participating clubhouses? What are the reasons it will be continued or discontinued?**  
Purpose/rationale: identify the sustainability of the curriculum model and what resources would be required to make it sustainable along with what prevents clubhouses from continuing to utilize the curriculum
5. **What resources were necessary to implement the curriculum?**  
Purpose/rationale: identify what resources were most helpful and if additional resources/assets are needed for implementation or if the lack of resources would be a barrier to scale-up (e.g., was \$7,500 stipend, TA support, etc. necessary?)

6. **What were barriers or facilitators to successful group moderation and processes?**

Purpose/rationale: identify if additional skills/trainings are needed to strengthen facilitation strategies

7. **How was the curriculum presented or framed to members?**

Purpose/rationale: identify successful strategies for gaining member buy-in and breaking from traditional anti-smoking language

Source: Staff interview, [member survey](#)

8. **Were there other unexpected successes related to implementing the curriculum?**

Purpose/rationale: identify if implementation had an effect on other areas of clubhouse activities

## B. **Technical Assistance and Training**

1. **What aspects of technical assistance (AHEC to clubhouses) were most useful in implementing the curriculum?**

Purpose/rationale: identify areas of training that were perceived to be most useful during implementation in order to further refine future trainings

2. **What aspects of technical assistance (HWTF to AHEC) were most useful in implementing the grant?**

Purpose/rationale: identify if additional strategies, resources, or assistance from funding agency could improve project implementation. *Note: separate, non-clubhouse-staff, interview required with SR-AHEC staff.*

3. **In what areas would additional training, skills be useful?**

Purpose/rationale: identify potential gaps in trainings and technical assistance that would be useful/necessary during scale-up or continuation

4. **How did staff view and implement motivational interviewing in the group setting?**

Purpose/rationale: identify if staff perceptions about MI skills, if those skills are perceived as useful, and if additional skill development would be helpful

## C. **Participation**

1. **What led to buy-in by participating members?**

Purpose/rationale: identify perceived facilitators to participation by members in order to strengthen, continue participation

Source: Staff interview, [member survey](#)

- 2. What kept non-participating members from participating?**  
Purpose/rationale: identify perceived barriers to participation by members and potentially ways to overcome those barriers.

Source: Staff interview, [member survey](#)

## D. Norm and Policy Changes

- 1. Did the curriculum change norms around tobacco use in the clubhouses?**  
Purpose/rationale: identify qualitative opinions on the effect of the curriculum on clubhouse norms

Source: Staff interview, [member survey](#)

- 2. Did the curriculum change interest tobacco-free policies in the clubhouses?**  
Purpose/rationale: identify qualitative perceptions on the effect of the curriculum on readiness to adopt tobacco-free policies, future interest to adopt tobacco-related policies (e.g., move smoking area away from front door)

Source: Staff interview, [member survey](#)

- 3. Did the curriculum increase interest in quitting?**  
Purpose/rationale: identify perceptions of increased interest in quitting

Source: Staff interview, [member survey](#)

- 4. Did the curriculum increase confidence in quitting?**  
Purpose/rationale: identify perceptions of increased confidence in attempting to quit

Source: Staff interview, [member survey](#)

- 5. Would members have reduced interest in participation if a clubhouse adopted a 100% tobacco-free policy?**

Purpose/rationale: identify if 100% tobacco-free policies are perceived to be a goal in attending a clubhouse

Source: [member survey only](#)

- 6. What are barriers to coordinating tobacco cessation with affiliated medical providers?**

Purpose/rationale: identify barriers to engaging affiliated physicians in promoting pharmacotherapy for tobacco cessation, identify if trainings changed staff perceptions of barriers.

Source: staff interviews, [member survey](#)

## V. In-Depth Interview Guides and Paper Survey for Members

See Appendices 2 and 3.

Interviews were professionally transcribed using a smooth verbatim protocol that eliminated stutters, pauses, and the like (i.e., “uh” and “um”). TPEP staff use a qualitative software analysis program (MAXQDA 2007) to develop themes and code interview transcripts.

The University of North Carolina Public Health-Nursing Institutional Review Board reviewed the research plan and found it to be exempt from further review (09-1703).

## VI. Sampling Strategy to Survey Members

AHEC provided a list of all clubhouse members who participated in the Breathe Easy, Live Well curriculum to each clubhouse.

(Participation is defined as having completed either an initial or quarterly assessment during the curriculum. For wave I, there were 160 such members in the four clubhouses.)

Adventure House- 73 members  
Atlantic House- 27 members  
Sanctuary House- 34 members  
Threshold- 26 members

TPEP provides one copy of the survey for each of the clubhouse members on the list, plus five extras per clubhouse in case of miscounts, errors, etc. A postage paid flat-rate priority mail box/envelope is also provided. The surveys and list of members are given to clubhouse staff with written and verbal instructions after the TPEP interview with the clubhouse staff member. Clubhouse staff distribute surveys to the participating members over the course of one to two weeks, after which all surveys are mailed back to TPEP. Clubhouse staff will receive a TRU water bottle in appreciation. Members completing the survey receive a “Be Tobacco Free” wrist-band in appreciation.

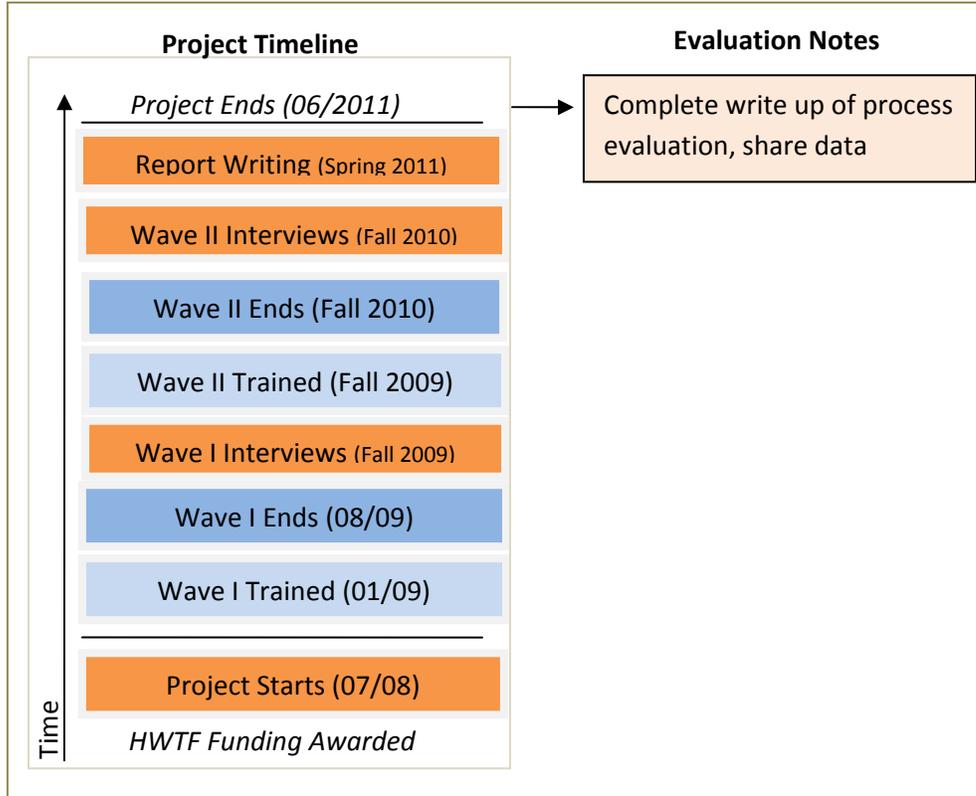
## VII. Program Description

AHEC staff used a train-the-trainer approach to train members and staff at four clubhouses in the first wave of the project. Five additional clubhouses were trained in a second wave that is ongoing at the time of this writing. AHEC staff developed trainings to include factual information on tobacco, cessation, pharmacotherapy, and motivational interviewing.

Using the UMDNJ “Learning about Healthy Living” curriculum (described elsewhere<sup>15</sup>), AHEC staff produced a 30-week group curriculum in two parts: the first to promote wellness and interest in quitting and the second to help in quitting tobacco use. Experts at UMDNJ served as paid consultants on implementation and data collection for the program. In consultation with experts at UMDNJ, AHEC staff developed initial and quarterly assessment forms that were administered to clubhouse members who participated in the groups.

Each clubhouse was provided a stipend of \$7,500 paid in three parts as an incentive for participating and to cover costs. Clubhouses and AHEC provided incentives for participating to members including coffee, snacks, t-shirts, water bottles, wrist bands, and tote bags. Incentives were sometimes tied to the completion of initial and quarterly assessments. Technical assistance was provided by an AHEC team with regular site visits, phone and e-mail consultations, and conference calls between participating clubhouses. The total allocation to the project was \$505,000 over three years. The curriculum and groups started at the first four clubhouses during January – March of 2009 and finished in September – October 2009.

## Evaluation Schematic

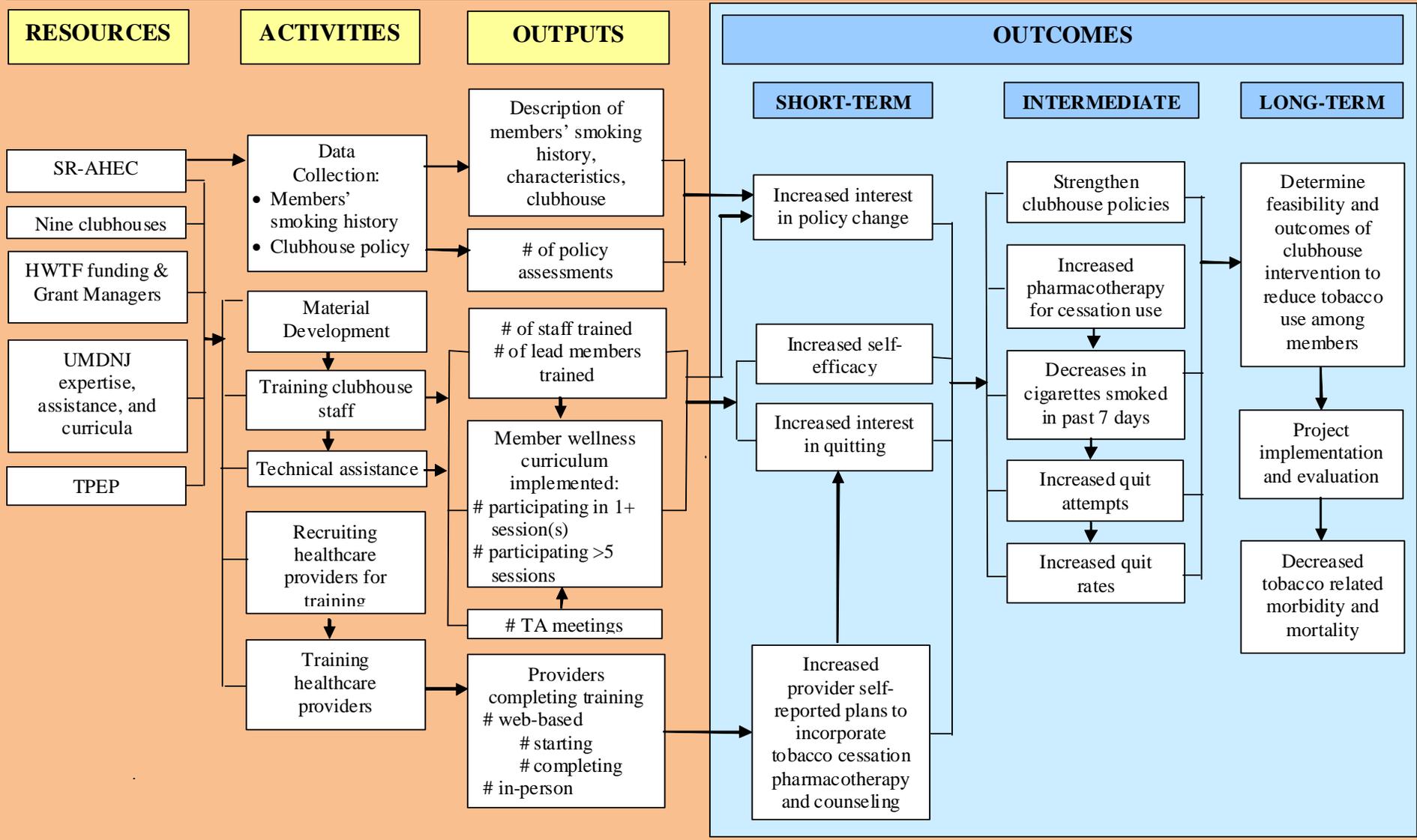


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Note: Thanks to Ashley Carver for help with data entry.

## Appendix 1: Logic Model for Breathe Easy Live Well Pilot Project (2008-2011)



## Appendix 2: Interview Guide

### Interview Guide for Clubhouse Staff

#### Breathe Easy, Live Well Pilot Project Evaluation, Wave I

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##### Introduction

Hello, I'm \_\_\_\_\_ from the Tobacco Prevention and Evaluation Program at the University of North Carolina at Chapel Hill. We are working with Todd and AHEC to evaluate Breathe Easy, Live Well and the "Learning About Healthy Living" curriculum. We are interested in your experience with Breathe Easy, Live Well. In particular, we are interested in what parts of Breathe Easy, Live Well worked well for you and what we can do to improve the program.

Your participation in this interview is voluntary and you can stop at anytime. Also, the interview is confidential. This means we will not share your name or affiliation. The interview will take approximately an hour to complete, and you will receive a small gift, a water bottle as a thank you for your time. Would you be willing to participate in the interview?

[If the response is no, thank the person for their time and offer contact information if they change their mind.]

[If the response is yes – continue below:]

I find it helpful to record interviews so I don't miss important information in my notes. May I record our conversation?

**[If yes, initiate audio recording device.]**

[Restate:] Do you understand that your participation in this interview is voluntary and you can stop at any time?

[If non-verbal response, ask for verbal response.]

Again, we will not share your name or identity in our reports. May I record our conversation?

## Questions

**[Frame]** First, I would like to talk about your experience with Breathe Easy, Live Well.

1. **What was your role in running Breathe Easy, Live Well?**
2. **What strategies did you use to gain member participation before the Breathe Easy, Live Well group met for the first time?**
3. **Which of these strategies worked best with your members?**
4. **How did you describe Breathe Easy, Live Well to members in your clubhouse?**

[Prompt: Pretend I'm a member; tell me about it]

5. **Tell me about how you ran the group. For example, what was your process for getting the group started?**

[Check if mentioned; probe if not mentioned:

- Introduction and Ground Rules (i.e., open and affirming w/clear ground rules set)

Tell me about the introduction to the group and any ground rules.

- Healthy living

Tell me about starting and running the parts on healthy living.

- Getting ready to quit

Tell me about starting and running the parts on quitting tobacco use.

- Mutual Support (members encourage one-another)

Tell me about getting members to support and encourage each other.

6. **Why do you think members continued to participate in Breathe Easy, Live Well?**
7. **What do you think are the biggest reasons why other clubhouse members did not participate?**
8. **Which parts of Breathe Easy, Live Well did members seem more interested in?**

[Check if mentioned; probe if not mentioned:

- Health effects

How interested were members in learning about the health effects of tobacco?

- Managing Stress

How interested were members in learning about managing stress?

- Food choices

How interested were members in learning about making healthy food choices?

- Quitting tobacco use

How interested were members in learning about quitting tobacco use?

- Pharmacotherapy for tobacco use cessation

How interested were members in learning about nicotine replacement therapy or medicines to stop using tobacco?

**[FRAME:]** Now, I want to talk a little about how you ran the Breathe Easy, Live Well group.

**9. Think about the things you learned in Todd’s trainings. Which were most helpful in running the group?**

**10. What other techniques or skills that you already had were helpful in running the group?**

**11. Tell me about how you used motivational interviewing in the group?**

[Probe if not used or unsure:

What are some reasons you didn’t use motivational interviewing?

What would you have needed to use motivational interviewing?

**[FRAME:]** Now, I would like to ask you about the effects of Breathe Easy, Live Well.

**12. What impact do you think Breathe Easy, Live Well had on clubhouse members?**

[Prompt:

- What changes have you noticed in the way members and staff talk about tobacco in the clubhouse?

- How has Breathe Easy, Live Well changed staff and member interest in clubhouse tobacco policies?

- For members who participated in Breathe Easy, Live Well, how do you think the experience affected their thinking about quitting?

- How did Breathe Easy, Live Well affect staff and member confidence in being able to quit?

**13. How do you think Breathe Easy, Live Well will be used in the future at [clubhouse name]?**

[Probe: If not used, what are the reasons that the curriculum will be continued or discontinued?

**[FRAME:]** I would like to talk about the help you received running Breathe Easy, Live Well.

**14. What were the three most important resources for making Breathe Easy, Live Well happen at [clubhouse name]?**

[Note items \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_]

[PROMPT:] Tell me more about each of those.

[Check if mentioned; probe if not mentioned:

- Tell me more about how you used the Breathe Easy, Live Well Clubhouse Training?
- Tell me more about the help from Todd via phone and e-mail?
- Tell me more about the help from Todd in person?
- How about the weekly sign-in sheet and initial and quarterly assessment forms?

**15. You said these three things were most important \_\_\_\_, \_\_\_\_, \_\_\_\_. What would it be like to run Breathe Easy, Live Well without each of those?**

[Prompt if not mentioned previously:

- How did you use the \$7,500 stipend?
- What if Todd only provided help via phone and e-mail instead of visiting?

**16. What were some things that made running Breathe Easy, Live Well harder?**

**17. Imagine Breathe Easy, Live Well will be used on a larger scale, in other clubhouses or other mental health treatment settings, what additional training and help might be useful to people running this group in another setting?**

**[FRAME:]** I now have one question about working with medical providers.

**18. Tell me about how medical providers are currently involved in promoting nicotine replacement therapy and medication to help members stop using tobacco?**

[Probe if problem:] What needs to happen to overcome some of these challenges?

**[FRAME:]** We are nearing the end, but first I want to ask about tobacco policies at [clubhouse name].

**19. How do you think members might react if the clubhouse ever went 100% tobacco-free (meaning no tobacco use inside or outside on the clubhouse grounds)?**

**20. Can you see a time when [clubhouse name] might adopt a 100% tobacco-free policy (again meaning no tobacco inside or outside)?**

[If no, continue to next question.]

[If yes, probe:

- What are some reasons why there is not currently a 100% tobacco-free policy?
- What skills or resources would the clubhouse need to implement a 100% tobacco-free policy?

**21. [SKIP IF YES to previous question] What do you think keeps the clubhouse from adopting a 100% tobacco-free policy (again, I mean this to include both inside and outside)?**

**22. Tell me about any unexpected changes or results you saw from Breathe Easy, Live Well?**

**23. And, our last question: Is there anything else that would be useful for me to know?**

Thank you very much for taking the time to talk with me and help with the evaluation of Breathe Easy, Live Well. Your responses are very important in the development Breathe Easy, Live Well.

### **Conclusion**

Once we finish the evaluation process in 2011, Todd will receive copies of the final evaluation report. Would you like to receive a copy, as well? [If so, request e-mail address] It will also be available on our web site [give web site]. Please feel free to call or e-mail me if you think of anything else that would be helpful for me to know.

## Appendix 3: Member Survey

### Questionnaire for Clubhouse Members

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We are inviting you to participate in a short survey of the “Breathe Easy, Live Well” group (the group about quitting tobacco) in your clubhouse. The purpose is to help improve this program for adults like you across North Carolina. If you join this survey, we will ask you some questions about “Breathe Easy, Live Well.”

Joining the survey is up to you. If you do not join, you will not lose any benefits you have at the clubhouse. We will not collect any personal information about you.

It should take you about less than ten minutes to finish the questions for this survey. If you do not want to answer some of the questions, you can leave them blank. You can stop answering questions at any time.

This survey will help us learn new information and may help people in the future. You may or may not receive any direct benefit from being in the survey. This survey has no or little risk. You can stop this survey at any time.

About this study:

**Title of Study:** Breathe Easy, Live Well Pilot Project Process Evaluation

**Principal Investigator:** Adam O. Goldstein, MD, MPH

**UNC-Chapel Hill Department:** Family Medicine

**UNC-Chapel Hill Phone number:** 919-966-4090

**Funding Source:** North Carolina Health and Wellness Trust Fund

**Study Contact telephone number:** 919-966-8948

**Study Contact email:** tpep@med.unc.edu

Finishing the survey means you give permission for us to use your answers with others who complete the survey. We will combine answers in a report.

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1. What is your gender?

[Circle one choice.]

- a. Female
- b. Male

2. What is your age?

\_\_\_\_\_ years

3. Have you smoked a cigarette in the past seven days?

Yes    No  
   

4. Have you used smokeless tobacco in the past seven days?

Yes    No  
   

5. How did you first hear about the “Breathe Easy, Live Well” group (the group about quitting tobacco)?

[Circle one choice.]

- a. Clubhouse Staff
- b. Clubhouse Member
- c. Flyer or Sign
- d. Other: *[If so, who or what?]* \_\_\_\_\_

6. When you first heard about “Breathe Easy, Live Well,” how was it described?

	<b>Yes</b>	<b>No</b>
Open and helpful group activity.....	<input type="checkbox"/>	<input type="checkbox"/>
No pressure to join.....	<input type="checkbox"/>	<input type="checkbox"/>
To help me become healthier.....	<input type="checkbox"/>	<input type="checkbox"/>
To help me quit using tobacco.....	<input type="checkbox"/>	<input type="checkbox"/>

7. Why did you choose to participate in the “Breathe Easy, Live Well” group?

	<b>Yes</b>	<b>No</b>
I had nothing better to do.....	<input type="checkbox"/>	<input type="checkbox"/>
It seemed interesting.....	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to learn about being healthy.....	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to quit using tobacco.....	<input type="checkbox"/>	<input type="checkbox"/>

8. Approximately how many “Breathe Easy, Live Well” group meetings did you attend?

\_\_\_\_\_ group meetings

9. Why do you think other clubhouse members did not take part in the “Breathe Easy, Live Well” group?

	<b>Yes</b>	<b>No</b>
They were not interested	<input type="checkbox"/>	<input type="checkbox"/>
Group met at the wrong time	<input type="checkbox"/>	<input type="checkbox"/>
Other reason [ <i>write the reason</i> ] _____		

10. Do you think members in your clubhouse are more interested in creating new no-tobacco areas because of the “Breathe Easy, Live Well” group? (For example, a no-smoking area by the front door)

Yes	No	Do not know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you think members are more interested in quitting using tobacco because of the “Breathe Easy, Live Well” group?

Yes	No	Do not know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Did going to “Breathe Easy, Live Well” group meetings cause you to cut down or quit using tobacco?

Yes      No      Do not know  
           

13. Do you think members who use tobacco talk to their doctors more about quitting tobacco use because of the “Breathe Easy, Live Well” group?

Yes      No      Do not know  
           

14. Do you think members are more aware of the bad health effects of secondhand smoke because of the “Breathe Easy, Live Well” group?

Yes      No      Do not know  
           

15. If the clubhouse did not allow tobacco use inside or outside of the clubhouse, would it help you to quit or reduce your tobacco use?

Yes      No      Do not know      I do not use tobacco  
                 

16. If the clubhouse did not allow tobacco use inside or outside of the clubhouse, would you still come to the clubhouse?

Yes      No      Do not know  
           

The end

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Thank you for taking part in this survey.