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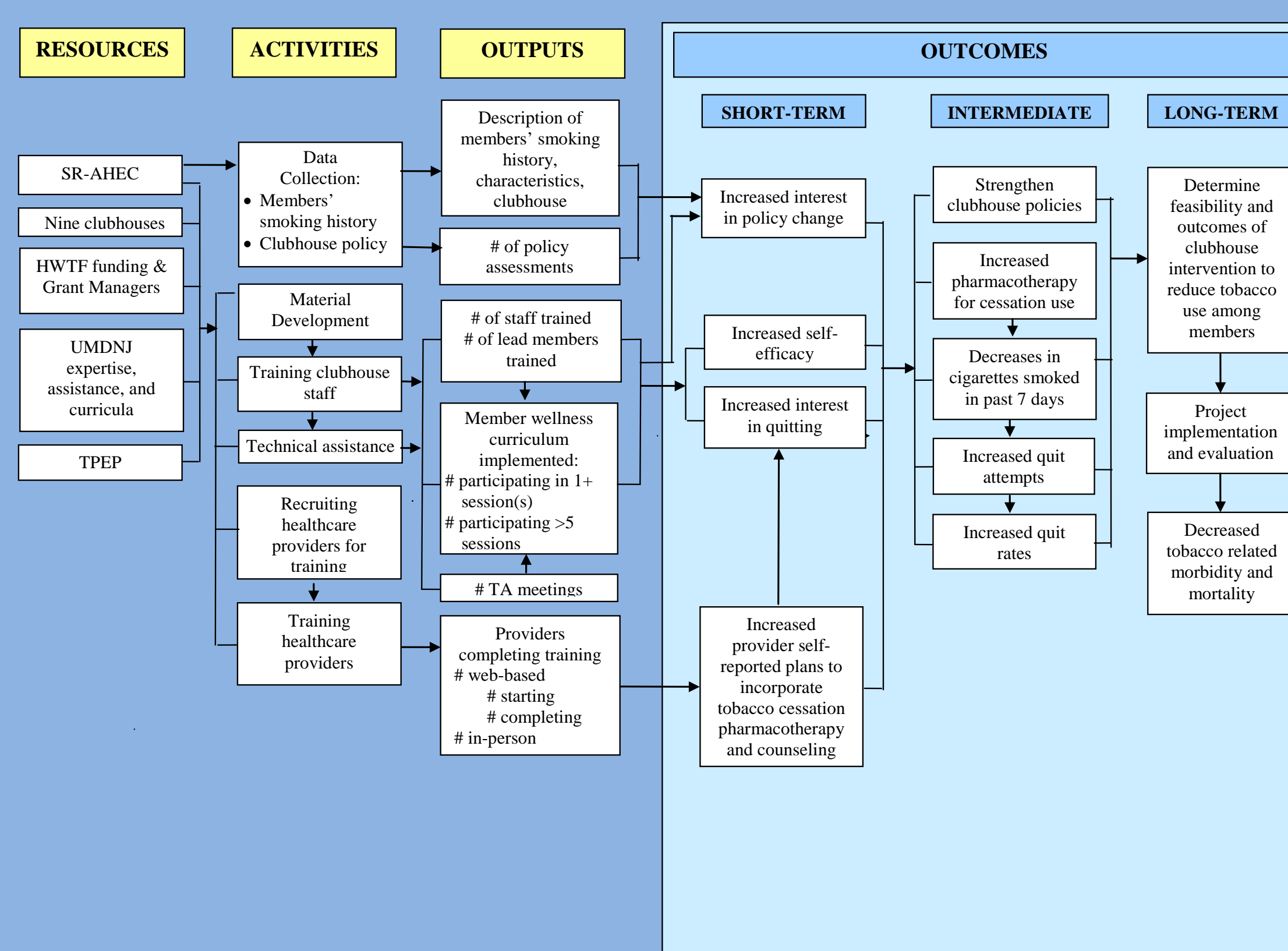
Background

- 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.
 - Interviews transcribed.
 - 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, 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



Qualitative Results

Figure 2: Themes on use and implementation of curriculum

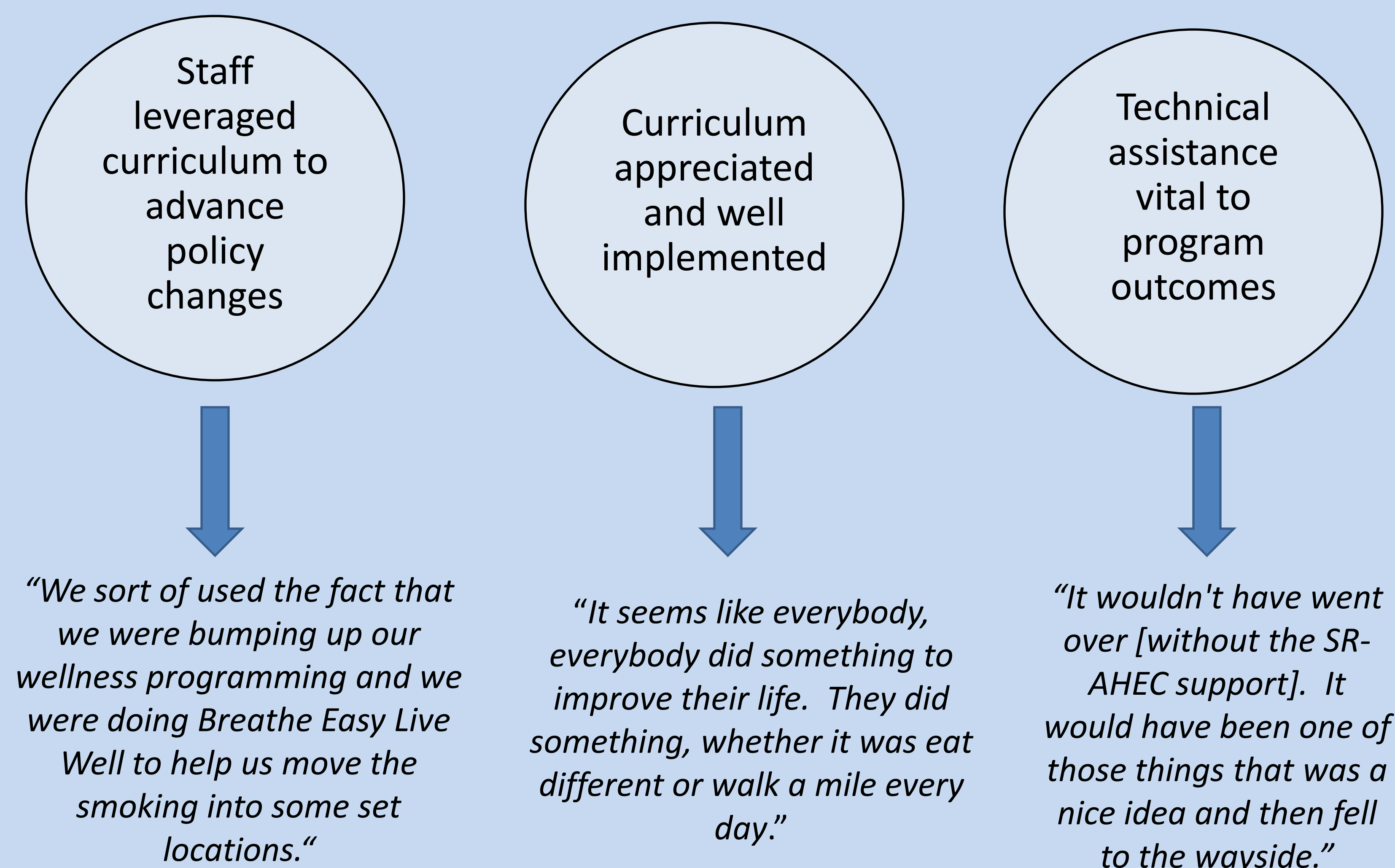
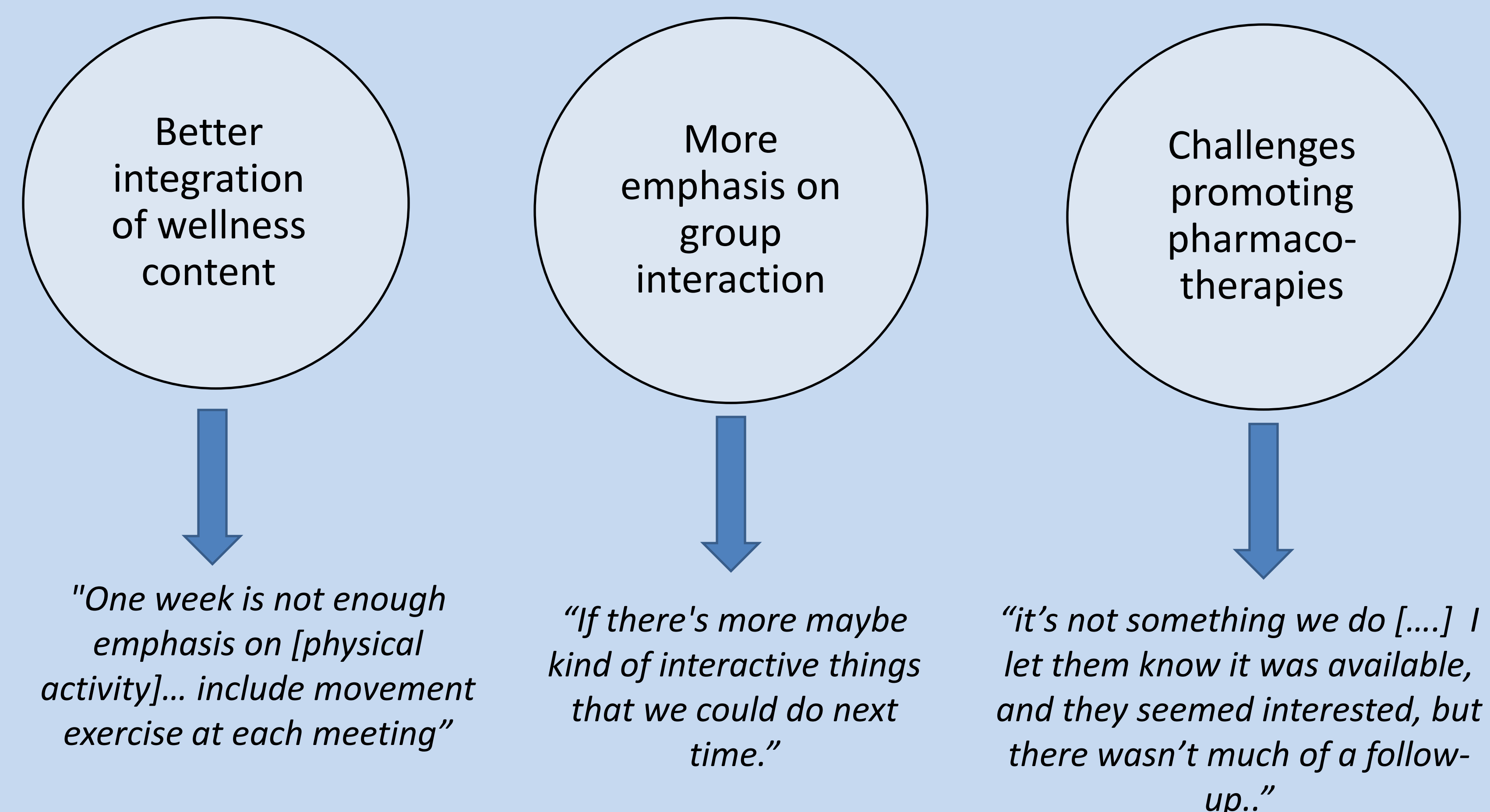


Figure 3: Themes on potential improvements for curriculum



Quantitative Results

Figure 4: Attendance at group meetings

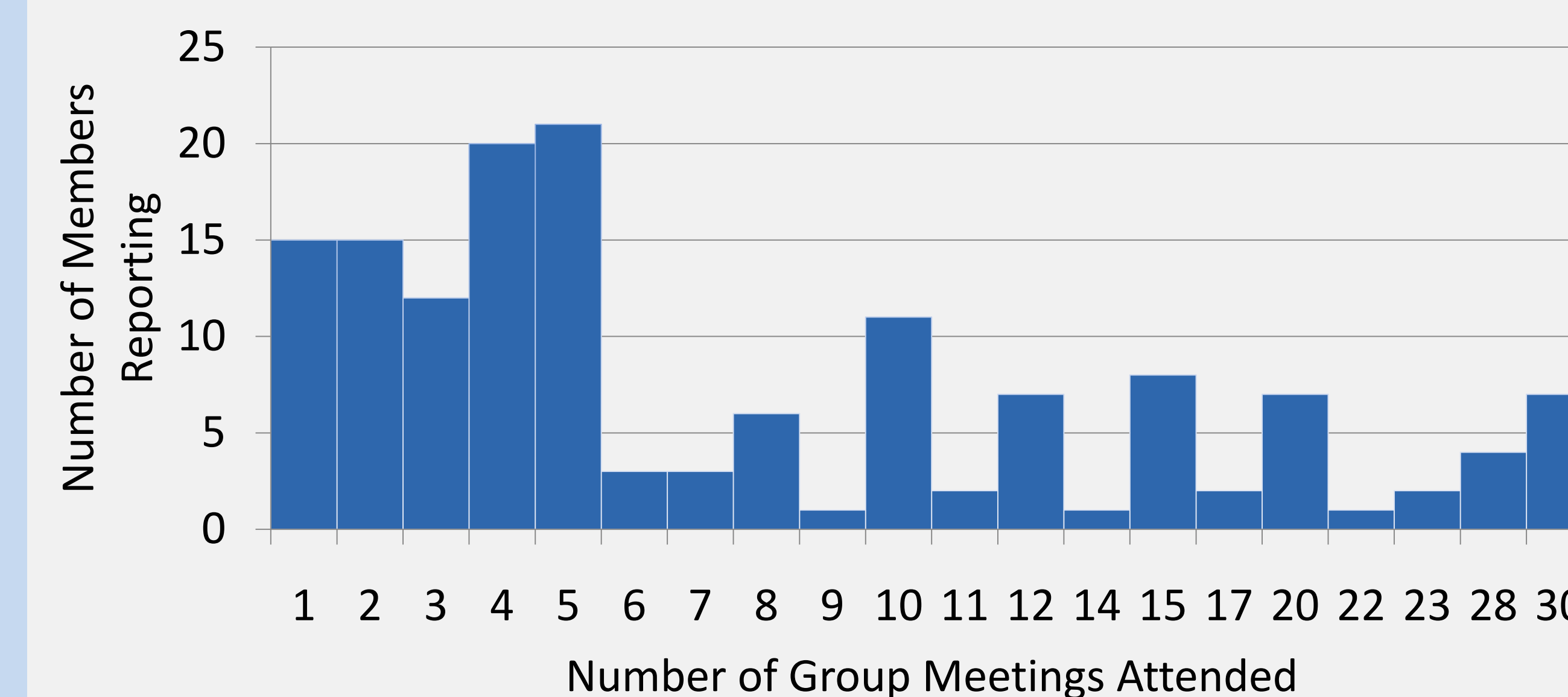
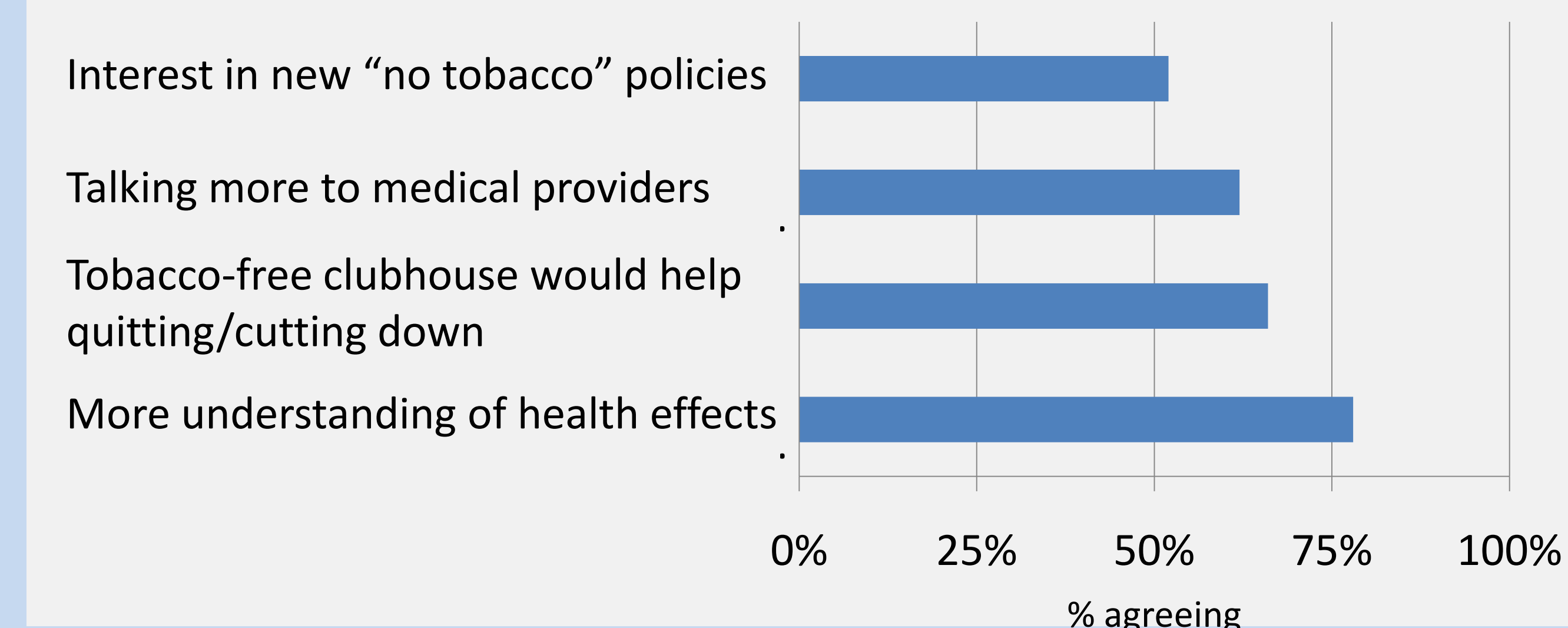


Figure 5: Tobacco cessation and policy support



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

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