

N.C. Tobacco-Free Behavioral Health Facilities



Region 8 Engages Private Behavioral Health Providers in adopting Tobacco-free/Smoke-free Policies

Summary:

Relationship-building and frequent follow-up helps behavioral health private providers adopt tobacco-free and smoke-free policies, and for some to also integrate tobacco cessation into treatment plans.

Challenge: It can be difficult to help mental health and substance use treatment facilities adopt best practices concerning tobacco policies or treatment. For years, the tobacco industry has promoted tobacco use as both beneficial to people with mental illness and benign compared to other substance use. Historically, this led facilities to be supportive of tobacco use among staff and clients. However, research shows tobacco-related illness is the number one cause of death for people with mental health and/or substance use disorders. Additionally, the rate of smoking amongst Medicaid recipients is significantly higher than that of the general population. Therefore, outreach to behavioral health organizations that serve Medicaid recipients is integral to reducing smoking and promoting health equity. There is also difficulty in identifying all the potential partners in a region, since there is no singular source or database with the names of facilities, staff and contact information.

Solution: **Start with who you know.** Region 8 Tobacco Control Manager Ernest Watts started by reaching out to Eastpointe, Coastal Horizons and Trillium, where he knew staff from his previous job and from work with coalitions such as Healthy Carolinians, which is an effort to bring together all the human services in a county to work together to improve county health. Watts started recruiting Eastpointe and Trillium staff onto his Tobacco Control Collaborative for Region 8. He tries to have three representatives on this group per county: one from public health, one from education and one from behavioral health.

Be creative about getting what you need. Watts was able to get a private providers list from Eastpointe by request, but found the Trillium list as part of Board of Directors meeting minutes, which were posted online.

Develop a process. 1) Ask for a meeting. Watts used email to ask for a face-to-face meeting with facility staff members, often including local health educators in these meetings. At these meetings he would request an opportunity to make a presentation to the Board of Directors, management team or full staff reinforcing the benefits of smoke-free/tobacco-free policies and including tobacco cessation as part of treatment plans. **2) Presentation.** Watts identified materials (PowerPoint presentations and handouts) that included the behavioral health viewpoint on tobacco use, the health effects of tobacco use, and comorbidity of tobacco

Quote

"Our agency participated in a study about smoking rates for outpatient clinics. The study showed as expected a high rate of smoking among patients in treatment for other substances. Upon further query, it was discovered that our Center did have one significant difference from other centers. Our tobacco-free campus did seem to impact the number of quit attempts and use of vapor products. Our center had significantly more quit attempts among patients than those without a tobacco-free policy and also a higher rate of vapor product usage."
Deeanna Hale-Holland, MA, CSAPC-Coastal Horizons Center, Inc.



use, mental health issues and substance use disorders. QuitlineNC fax referral information, QuitlineNC promotional cards, tobacco treatment information and policy templates are all important tools to share with facility representatives during on-site presentations. **3) Follow-up.** Face-to-face meetings and presentations helped Watts establish an ongoing relationship with some staff members of each private provider, including those that declined at first to adopt a policy. With engagement, Watts and local health educators continue to contact the facilities to offer additional materials, training and technical assistance that can help move the providers closer to systems changes and new policies.

Results: Thirty-seven private providers in Region 8 were either identified as having a smoke-free or tobacco-free policy or adopted such a policy between March and December 2017. Tobacco treatment integration is much more variable across providers. Strengthening tobacco treatment will be an important next step for many of these partners.

Lessons Learned:

- Start with people you know. By reaching out to behavioral health facility employees that he knew from previous interactions, Watts was able to build relationships that led to policy change.
- Offer specific assistance to begin building a relationship. Do they need cessation services for staff? Cessation training? Information on the benefits of smoke-free policies and tobacco treatment? Fill that first need and continue building the relationship.
- Persistence is important to keep the process moving forward. Occasional calls and visits to offer more QuitlineNC cards or other materials keeps the door open, even for facilities that are not ready for policy change yet.
- Working with the Tobacco Prevention and Control Branch Tobacco Treatment Specialist, along with Certified Tobacco Treatment Specialists in the region, could increase successes with tobacco treatment integration at these facilities.
- Additional information and training on QuitlineNC Fax referral could bring more partners into the fold from this group.

Contact Information:

Contact: Ernest Watts, Region 8 Tobacco Lead
Agency: Robeson County Health Department
Address: 460 Country Club Rd
Lumberton, NC 28360
Phone: 910 334-1488
Email: ernest.watts@hth.co.robeson.nc.us

To learn more about smoke-free and tobacco-free policies in N.C., visit

www.tobaccopreventionandcontrol.ncdhhs.gov



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