VIRTUAL
2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

30 YEARS

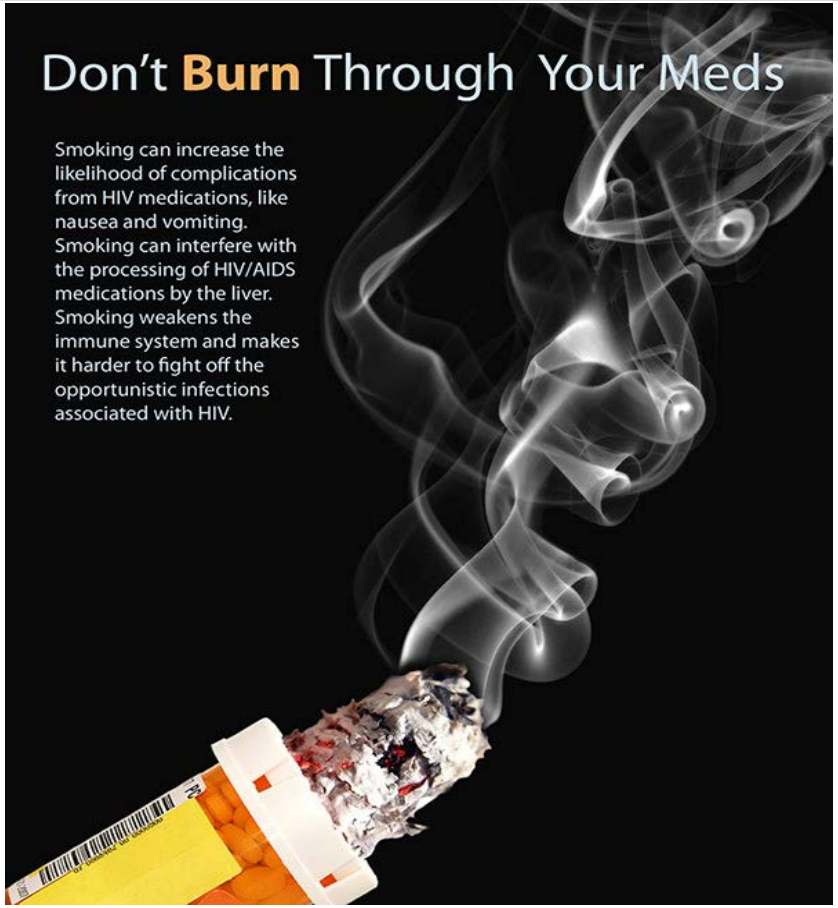
Tobacco Use Reduction for PLWH

Presented by Sheyonna Watson, Tom Moore, and Sean Bennett

Overview

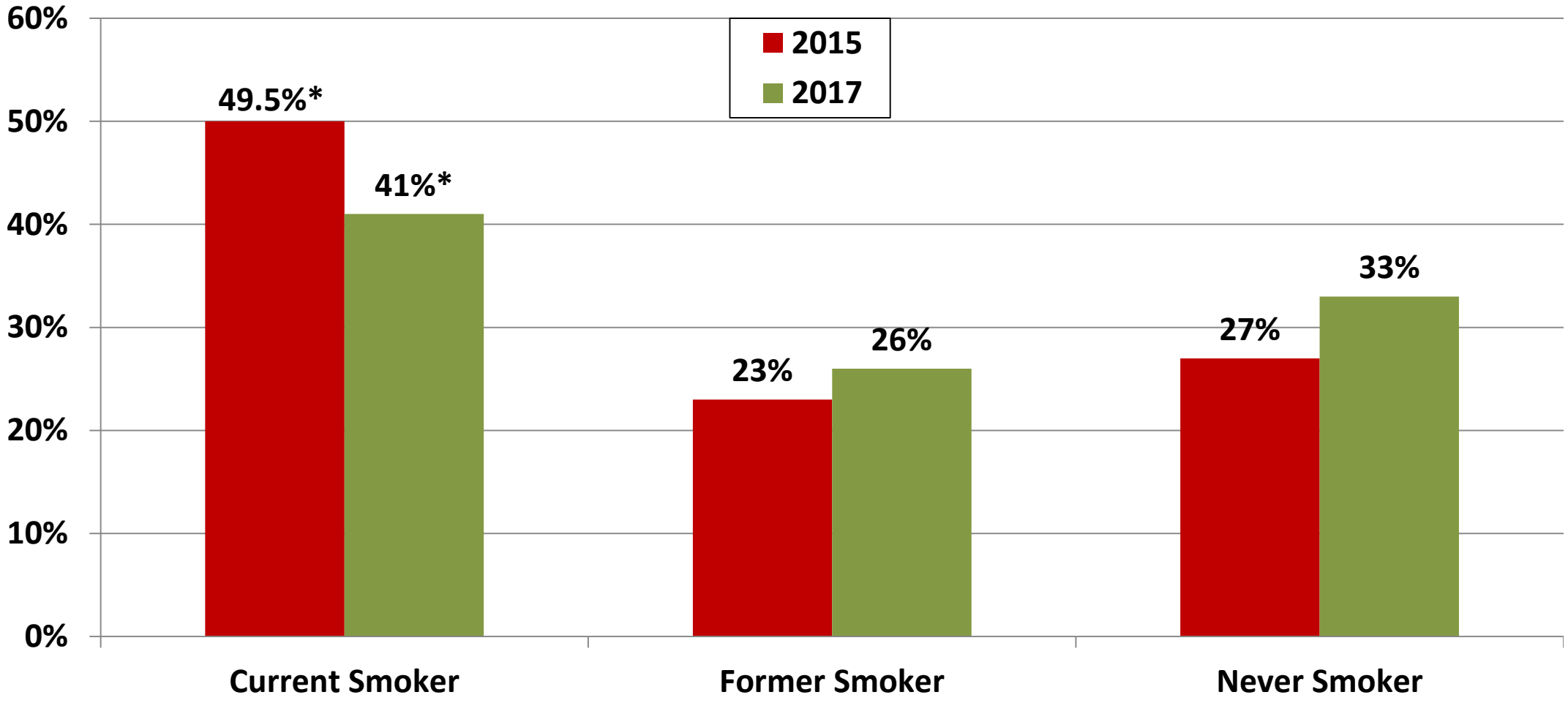
- Discuss the impact of tobacco use on PLWH
- Review background, goals, and services for the Tobacco Use Reduction for PLWH (TURP) Program
- Provide data on clinic and non clinic tobacco dependence treatment providers
- Discuss lessons learned and resources

Effect of Tobacco Use on PLWH



- Quicker progression to advanced HIV (HIV Stage 3)
- Interferes with liver functioning and processing of medications
- Increases likelihood of complications from medications
- Weakens the immune system
- On average PLWH die 12.5 years sooner from tobacco use.

Smoking Status Percentages Among PLWH 2017 compared with 2015

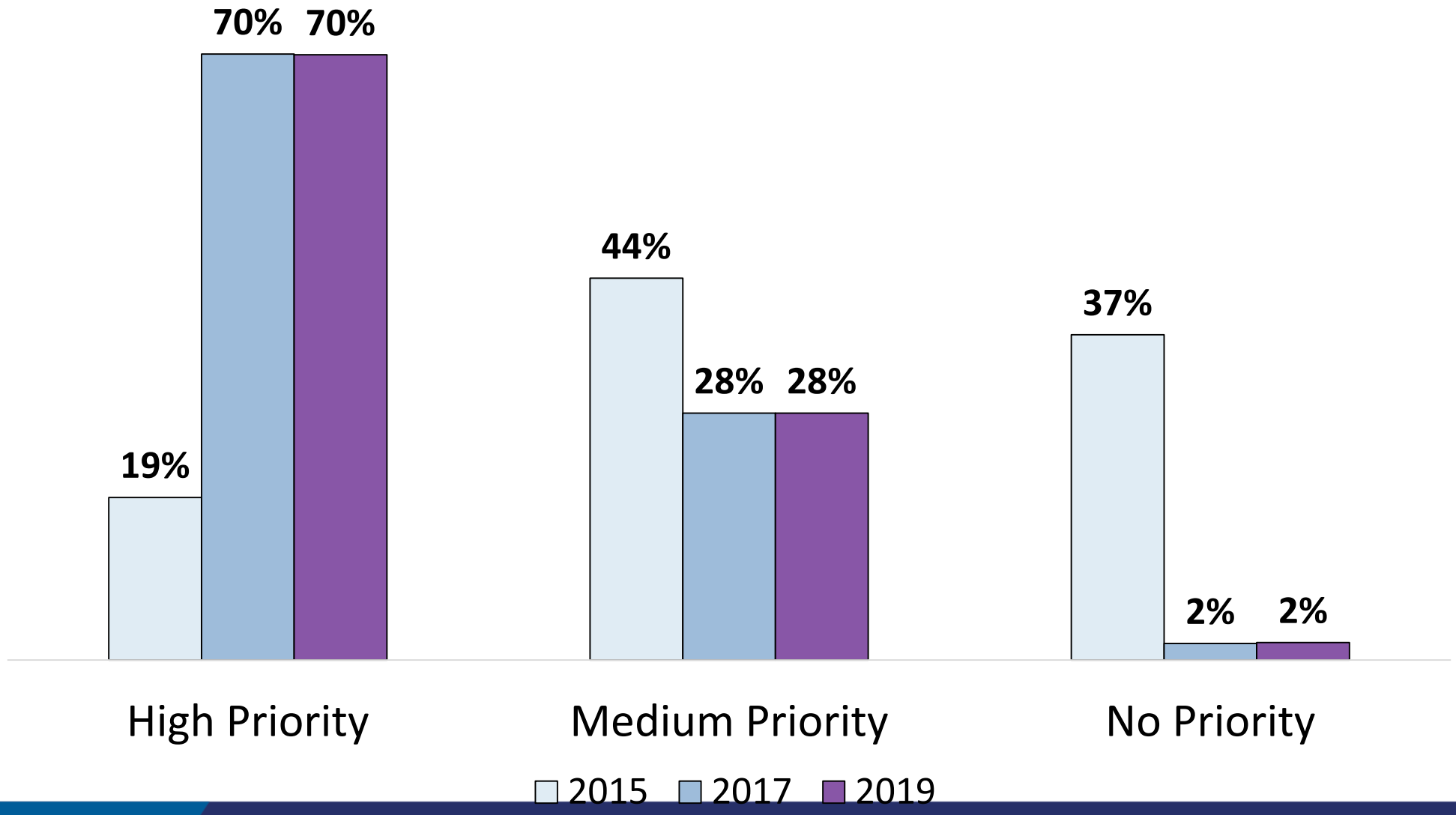


* Difference is statistically significant at P< 0.05

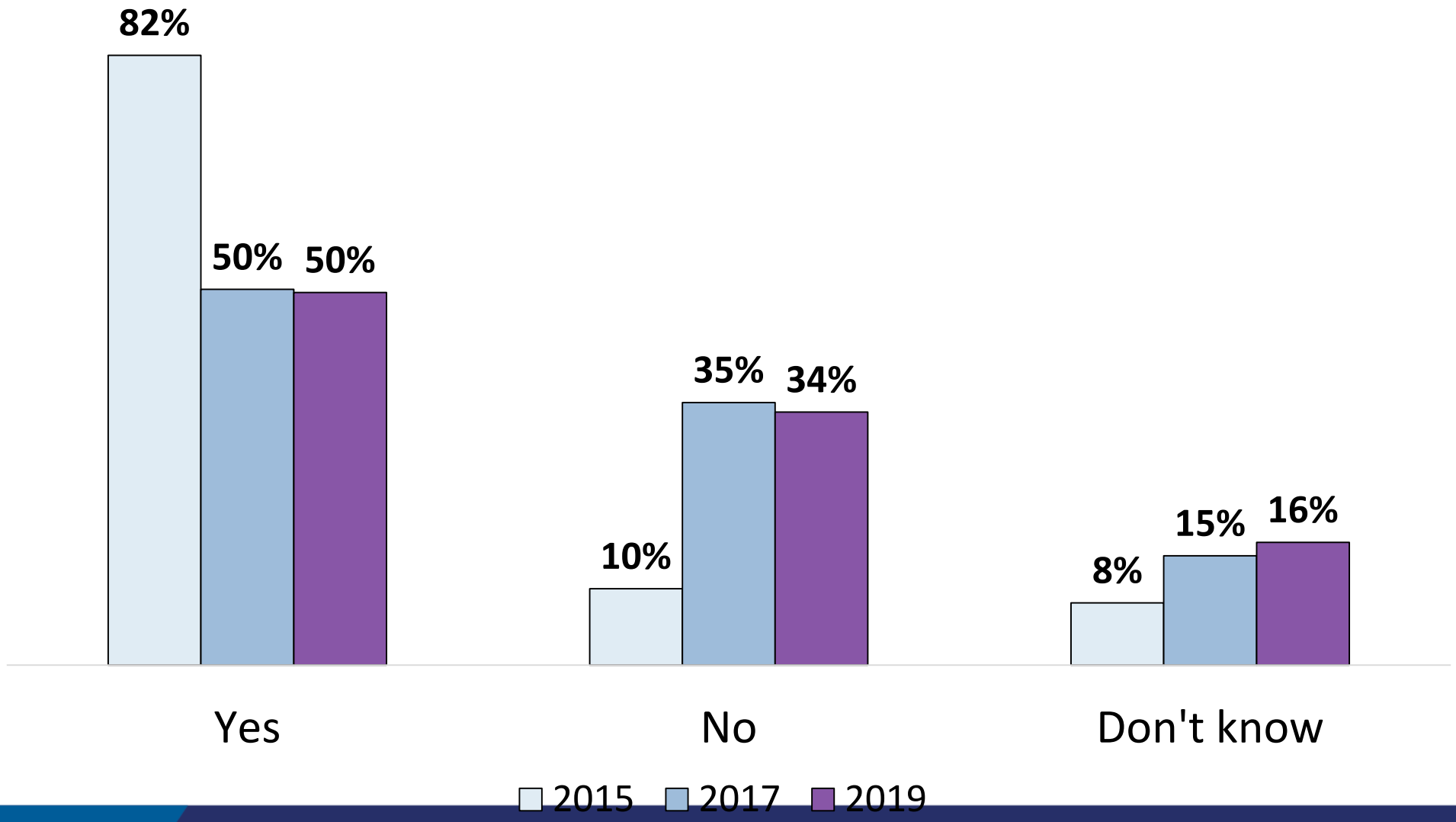
Barriers to Tobacco Cessation in PLWH

- Lack of knowledge of impact on disease status and medications
- Co-morbidity–mental health diagnosis or substance use disorder
- Smoking status not asked
- Minimal tobacco treatment expertise
- Tobacco industry – predatory marketing
- Limited tobacco policy

Level of Priority Among Agency Staff for Tobacco Use Reduction Services



Is the Lack of Training a Barrier to Supporting Tobacco Use Treatment?



Program Background

- Approached HIV Care Section with need and project concept
- Shared student recommendations
- Create & implement a pilot project
- Tobacco Section would manage and direct the project
- Agreed to a 3 year project (Jan 2015-Sept 2017) $1.3 Million each year
- Based on the promising results from the 2017 survey, it has moved from a demonstration/pilot to a fully funded program
- Program services are documented in CAREWare under the HRSA service category Psychosocial Support Services

Program Goals

- Goals:
  - Long term – Improve health outcomes for PLWH
  - Mid term - Increase the # of tobacco quit attempts for PLWH, Increasing the assessment, referral, and treatment of tobacco dependence amongst PLWH who are Ryan White eligible
  - Short term - ASOs implement clinical practice guidelines when treating for tobacco through creation of tobacco dependence treatment (TDT) policy and process

TURP Objectives/Activities

- **Educate and train**
  - Contracted agencies must have at least 1.5 FTE complete TTS training and all direct care staff complete basic skills for TDT
- **Improve**
  - Improve data through client and staff surveys to understand tobacco use prevalence in PLWH and staff knowledge
- **Document**
  - Document TDT activities through CAREWare and include Tobacco services in Quality Management activities
- **Create**
  - Create media that is positive and reflects community and promote tobacco cessation in PLWH
- **Implement Health Equity Framework**
  - Educate and use equitable practices for contracting with agencies and providing TDT services.

Project Timeline and Trainings:

- ❑Yr. 1 and 2: Training Requirements
  - Work with ASO to provide
    - Tobacco Treatment Specialist:
      - Basic Skills
      - Certification
    - Motivational Interviewing
- ❑Yr. 3: Feed Back and Problem Solving
  - Learned limited focuses on…
    - Tobacco Use Impacts on PLWH and Highly Impacted Communities
    - Tobacco Marketing
    - Health Equity and Systems Change
    - Trauma Informed Care
- ❑Yr. 4 to 6: Specialized Interventions for Priority Populations
  - Equity Based Tobacco Trainings
  - Work directly with agencies to create trainings
  - Use trainings to relationship build and increase agency buy-in

Tobacco Dependence IS a Chronic Disease

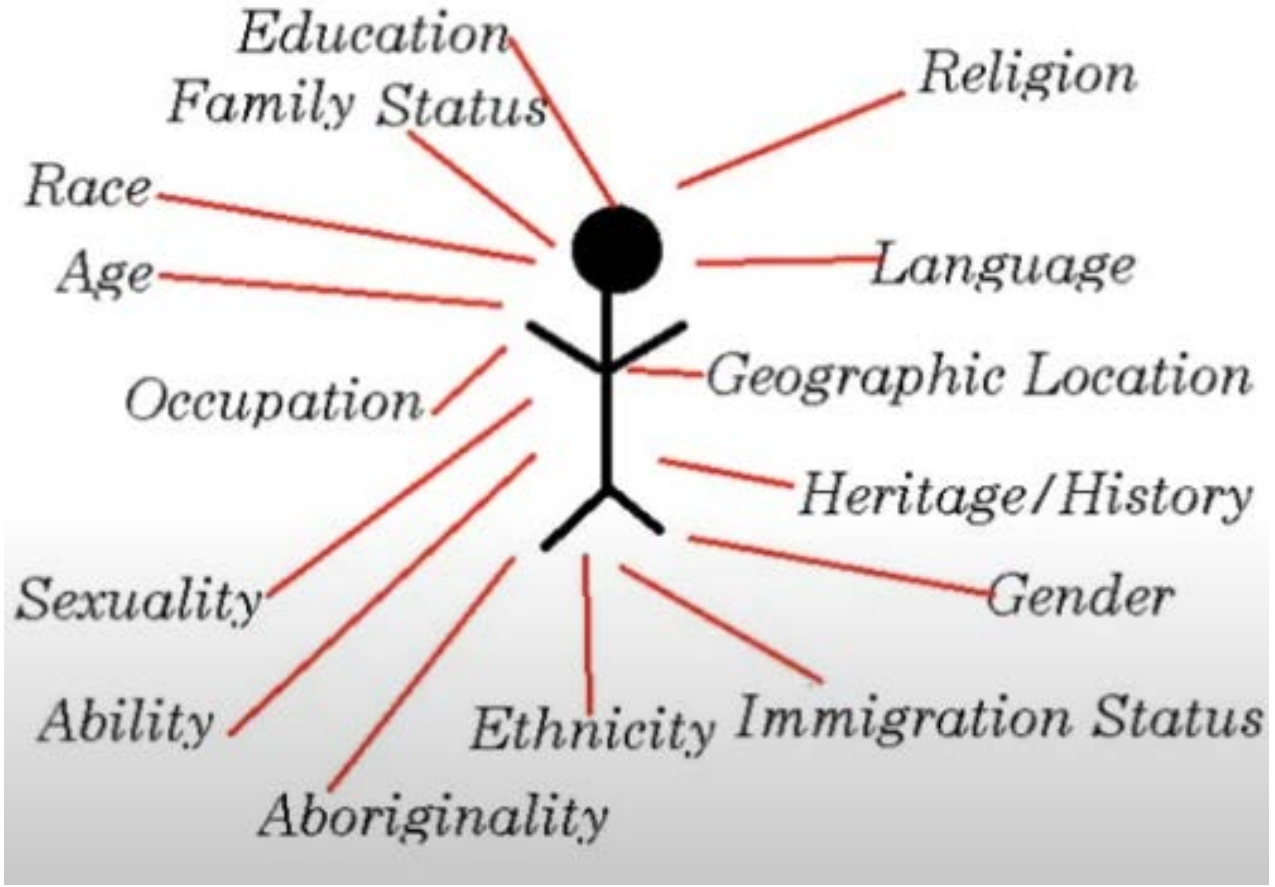
Similar to diabetes, heart failure, hypertension, hyperlipidemia

Expectation for remission and relapse

Provide ongoing treatment

Going beyond HIV and Tobacco: Intersectional Education

- Education aimed at meeting the needs of the highly impacted communities across Michigan
  - PLWH
  - Gender Identity: Trans and Non-Binary
  - Sexual Orientation: LGBQA
  - Youth
  - AA/B and Brown Communities
  - Native American
  - Low SES
  - Behavioral Health

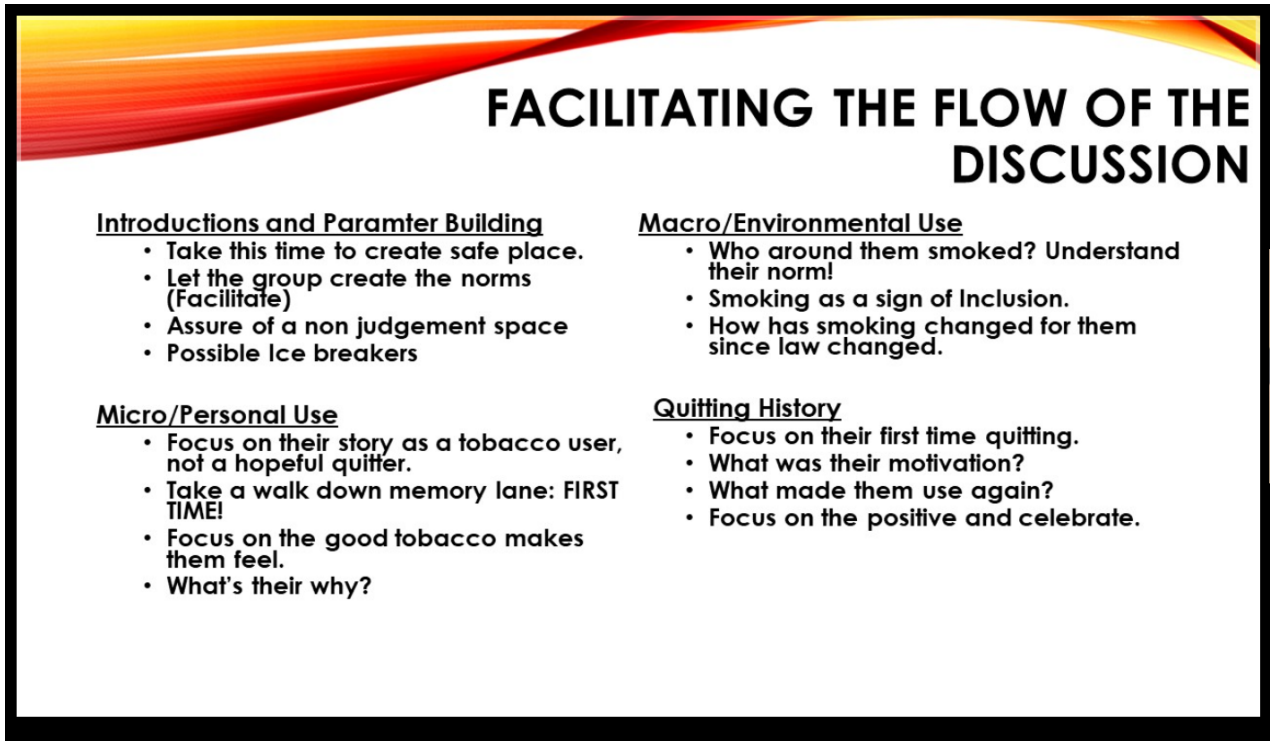


Training Goals

- Improve Service Delivery
  - Increase Quit Attempts
  - Support Groups
  - One-on-one counseling
  - Expand Community Outreach
  - Social Media Education
- Avoid/Address Program Service Gaps
- Continue Health Equity Conversation
- Encourage Programs to…
  - Develop their own educational trainings
  - Push us to be accountable

Talking about TAQ: Facilitating Guided discussion with PWLH Tobacco Users

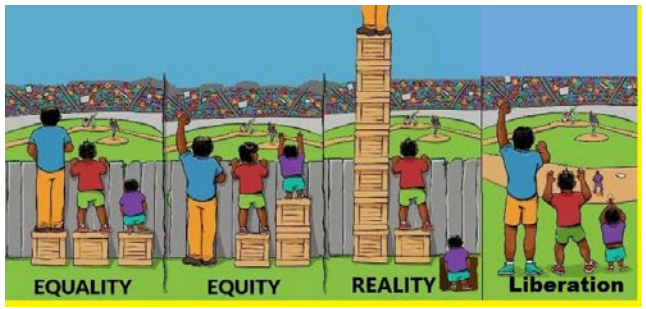
- Precontemplation Workshop Aim:
  - Develop Motivational Interviewing Skills
  - Deeper understanding of predatory marketing
  - Provided scenarios to review as a group
  - Provided materials for future reference
  - Focus on talking to PLWH about Tobacco Use
  - Focus on reduction and work on behavior change
  - Help relationship build between TTS and clients
  - Curriculum adopted into support groups



Webinar on Menthol Tobacco Use and the Black/African American Community

- Developed by TTS certified staff working with community to highlight tobacco use, marketing, health disparities, traumatized communities, and race
- Goal to educate on history of targeted menthol marketing towards AA/B community
- Discussed how traumatized communities are specifically targeted by tobacco industry
- Focused on how trauma impacts community health

Health Equity



- Participation Focused
- Define and explain the concept of health disparity
- Analyze how the environment and personal health are interrelated
- Analyze how specific factors (determinants) contribute to health disparities
- Identify groups that are most affected by health disparities
- Evaluate how health disparities impact people in the local community

Additional Trainings through State and National Organizations

- LGBTQ National Cancer Network
- Action on Smoking and Health (ASH)
- Tobacco Free Michigan
- NAADAC
- MDHHS Basic HIV Training

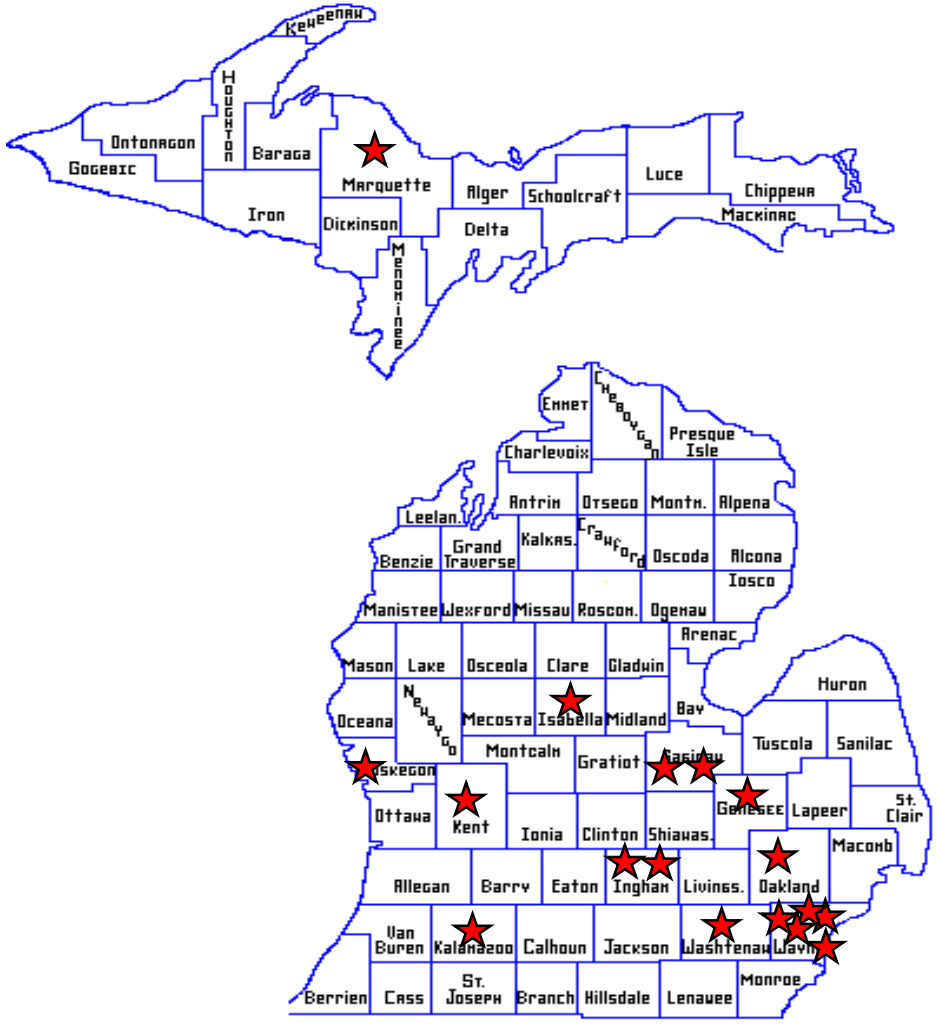
ASH ACTION ON SMOKING & HEALTH

TFM TOBACCO FREE MICHIGAN

national lgbt cancer network
ADVOCATING FOR HEALTH EQUALITY

NAADAC NAADAC.ORG
THE ASSOCIATION FOR ADDICTION PROFESSIONALS

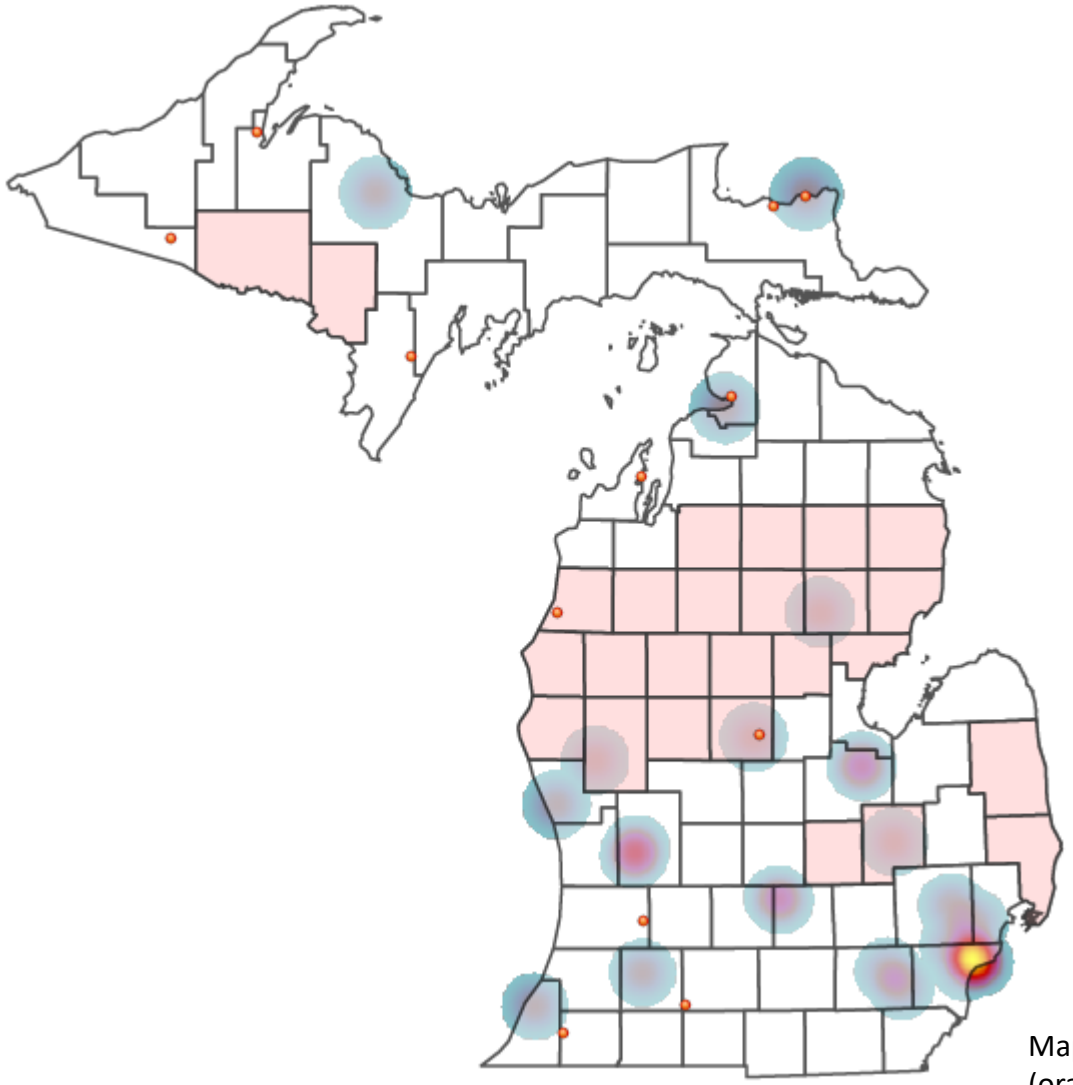
Current TURP Partners



Partners

1. Central Michigan District Health Department
2. Community AIDS Resources and Education Services (CARES)
3. Community Health Awareness Group (CHAG)
4. Grand Rapids Red Project
5. Great Lakes Bay Health Centers
6. Health Emergency Lifeline Programs (HELP)
7. Henry Ford Health System
8. Ingham County Health Department
9. Lansing Area AIDS Network (LAAN)
10. Marquette County Health Department
11. Matrix Human Services
12. Mercy Health – Hackley
13. Ruth Ellis Center
14. Sacred Hear Rehabilitation Center Inc.
15. UNIFIED HIV Health and Beyond
16. University of Michigan Health System
17. Wayne State University Horizon's Project
18. Wellness Services Inc.

Network Analysis and Goals for Expansion



Map shows the location of TCP partners (heat dots), Native American communities (orange dots), and counties with adult smoking rates higher than 24% (shaded red)

Areas for Expansion

- Organizations serving Northern MI and the Upper Peninsula
- Organizations serving African American/Black communities
- Organizations serving Hispanic/Latino communities
- Organizations serving individuals of a lower socioeconomic status

Clinical Vs. Non-Clinical TURP Partners

All the 18 TURP partners are classified as Clinical vs. Non-Clinical based on the type of services they offer. Clinical partners are those that serve more than the PLWH population and that can offer medical services not available at the non-Clinical Partners.

Clinical Partners

1. Central Michigan District Health Department
2. Great Lakes Bay Health Centers
3. Health Emergency Lifeline Programs (HELP)
4. Henry Ford Health System
5. Ingham County Health Department
6. Mercy Health – Hackley
7. University of Michigan Health System
8. Wayne State University Horizon's Project

Non-Clinical Partners

1. Community AIDS Resources and Education Services (CARES)
2. Community Health Awareness Group (CHAG)
3. Grand Rapids Red Project
4. Lansing Area AIDS Network (LAAN)
5. Marquette County Health Department
6. Matrix Human Services
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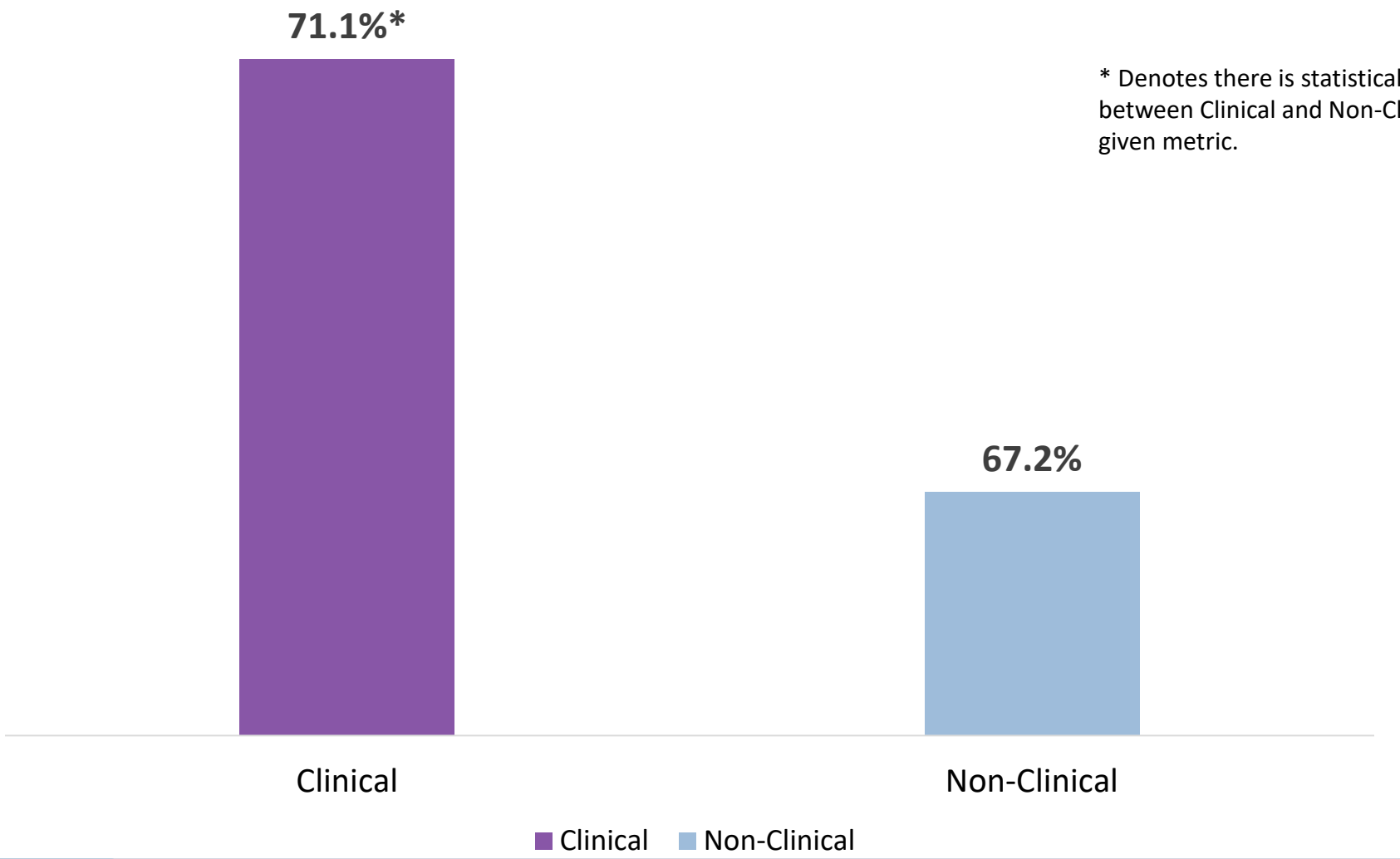
Staff Survey

- The staff survey was designed to assess TURP partners staff's attitudes, beliefs, and knowledge about tobacco and tobacco usage
- Staff surveys have been conducted in 2015, 2017 ad 2019
- Surveys administered in 2015 served as a baseline for subsequent iterations of the survey
- Surveys helped track the systems change aspect of the TURP program
- A Z-test of 2 independent proportions was calculated to determine if a statistically significant difference existed in the scores between Clinical and Non-Clinical partners
    - An * will be used on the charts to denote a statistically significant difference between Clinical and Non-Clinical

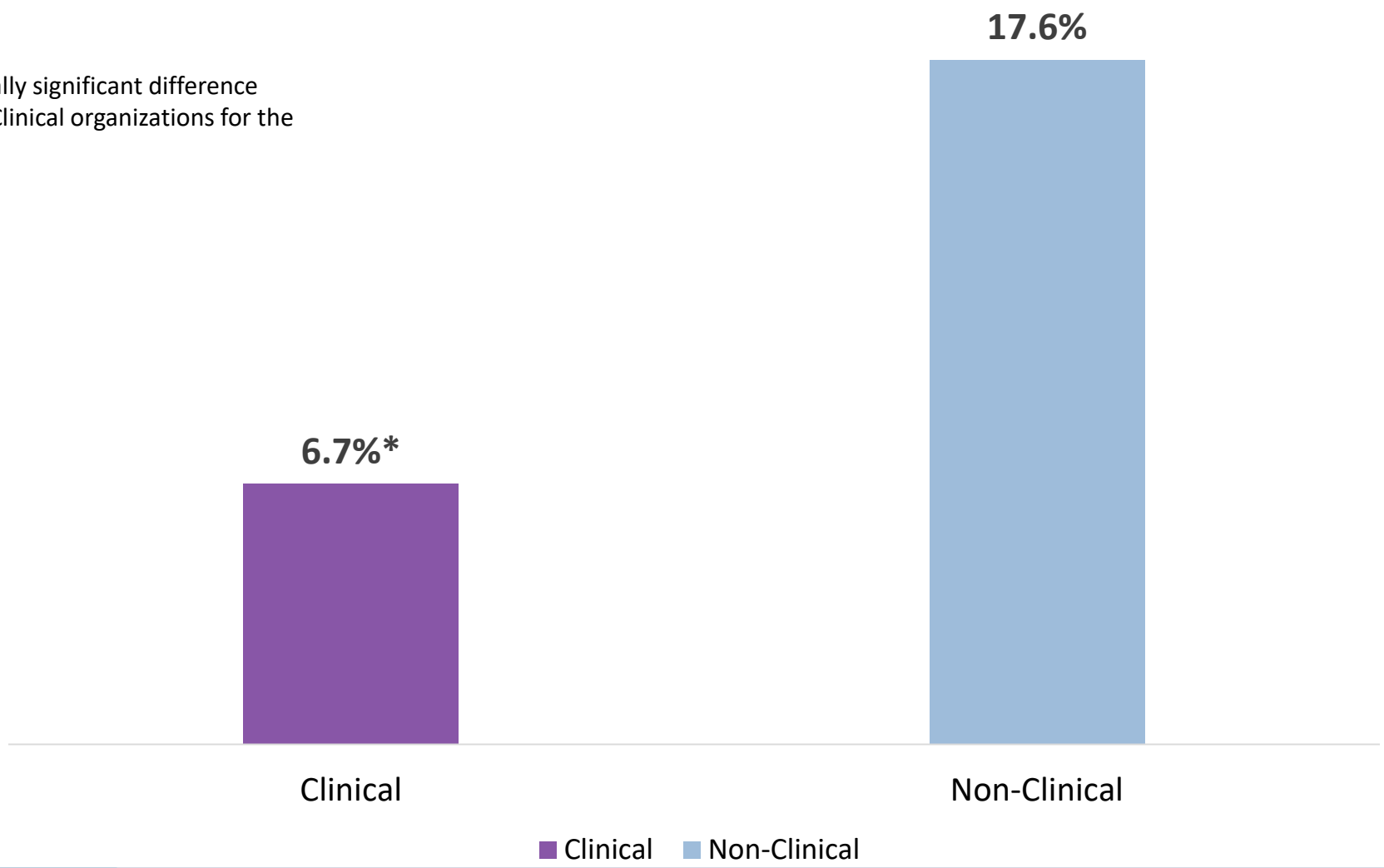
Staff Survey – Knowledge Check



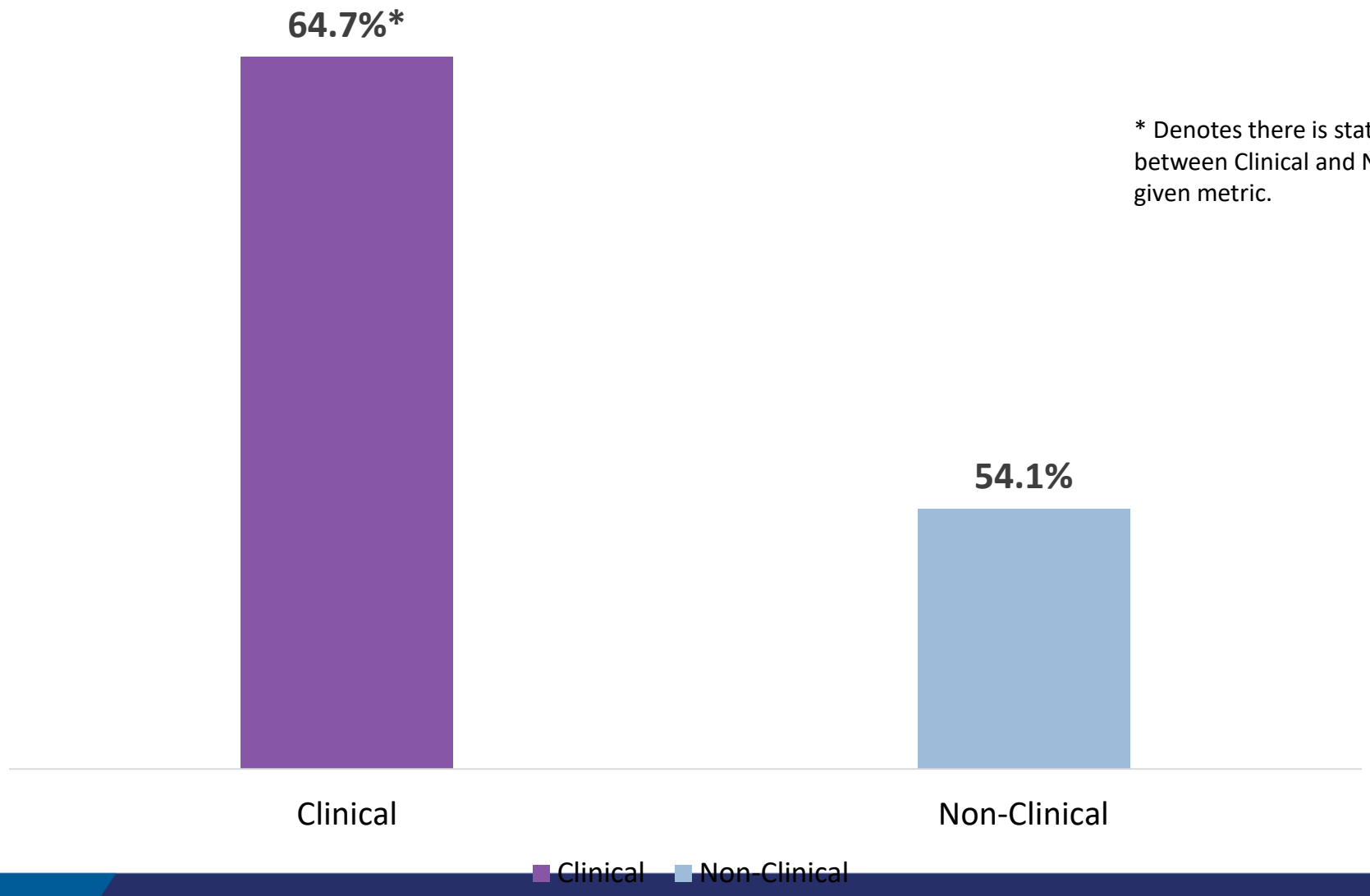
* Denotes there is statistically significant difference between Clinical and Non-Clinical organizations for the given metric.

Staff Survey – Current Smokers

* Denotes there is statistically significant difference between Clinical and Non-Clinical organizations for the given metric.



Staff Survey – Respondents High Level of Concern About Client Tobacco Use



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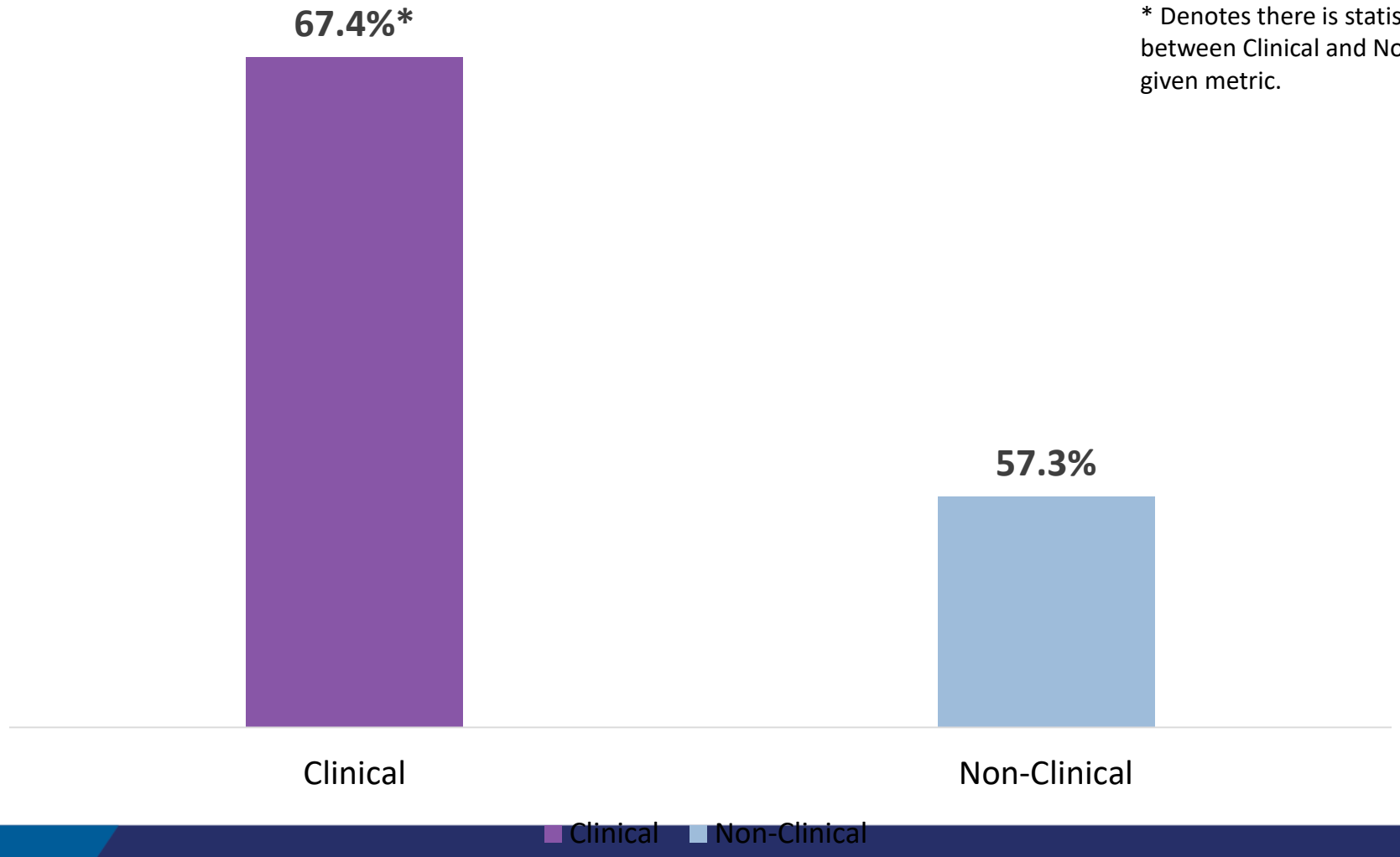
Staff Survey – Respondents Tobacco Cessation and Counseling is a High Priority



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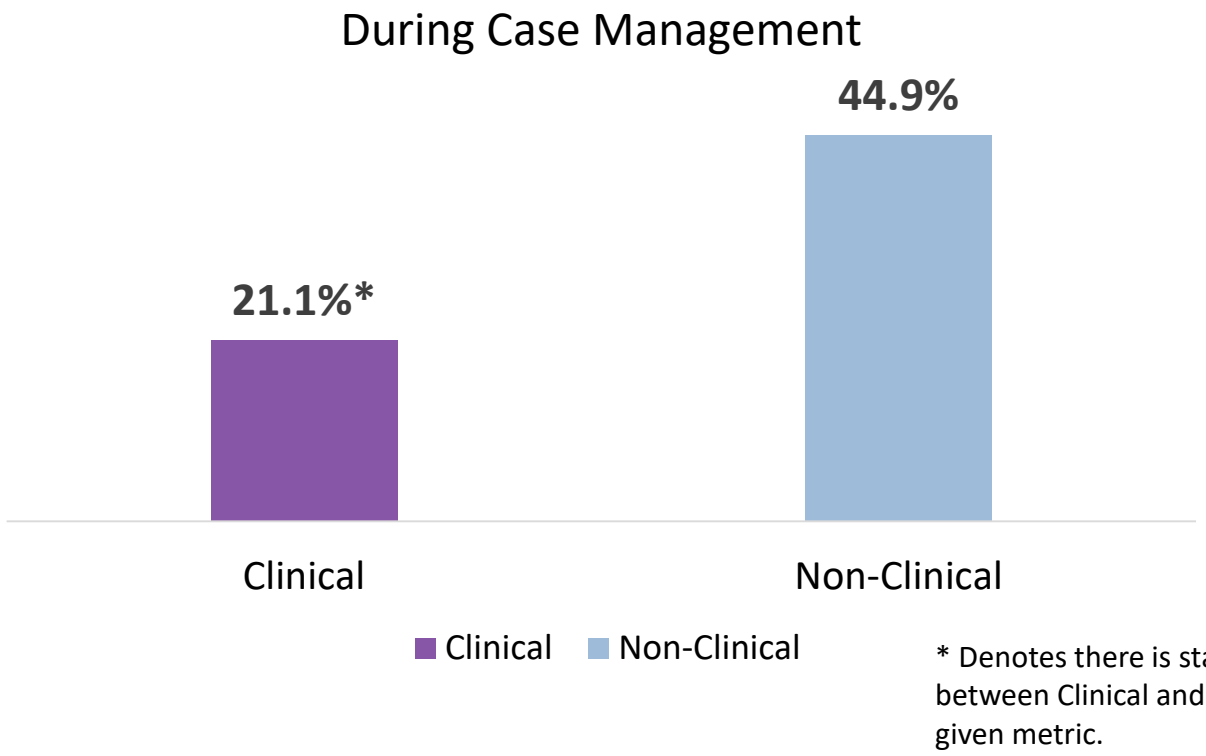
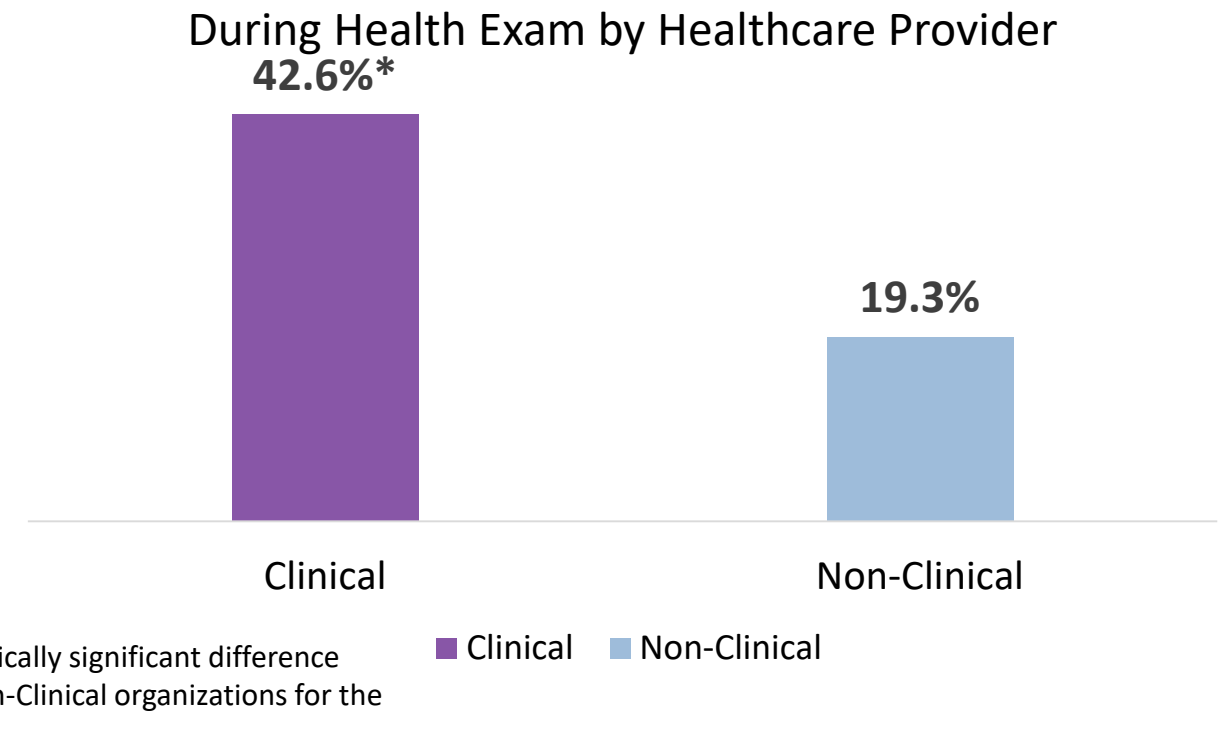
Staff Survey – Best Time to Address Tobacco Use with Clients





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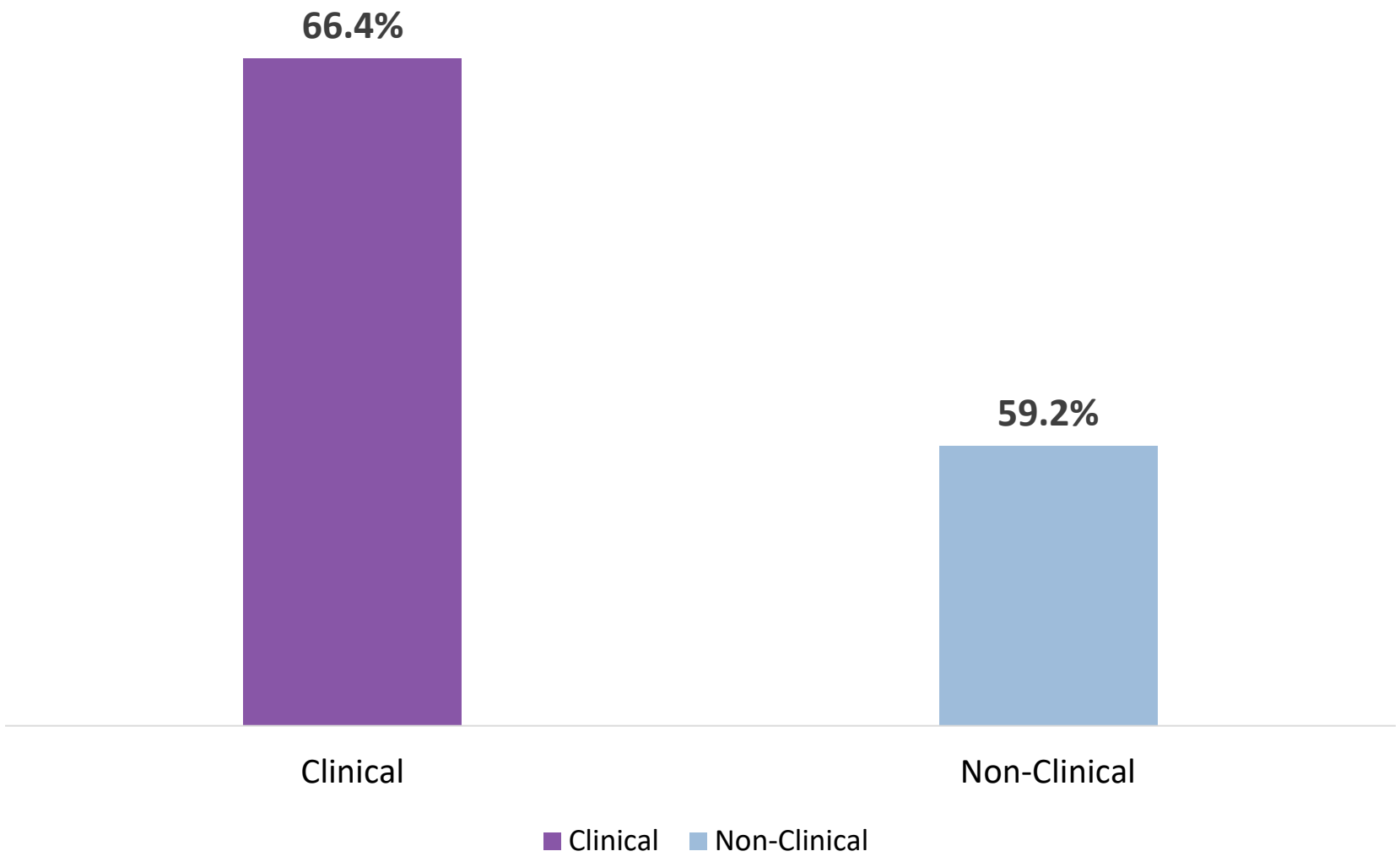
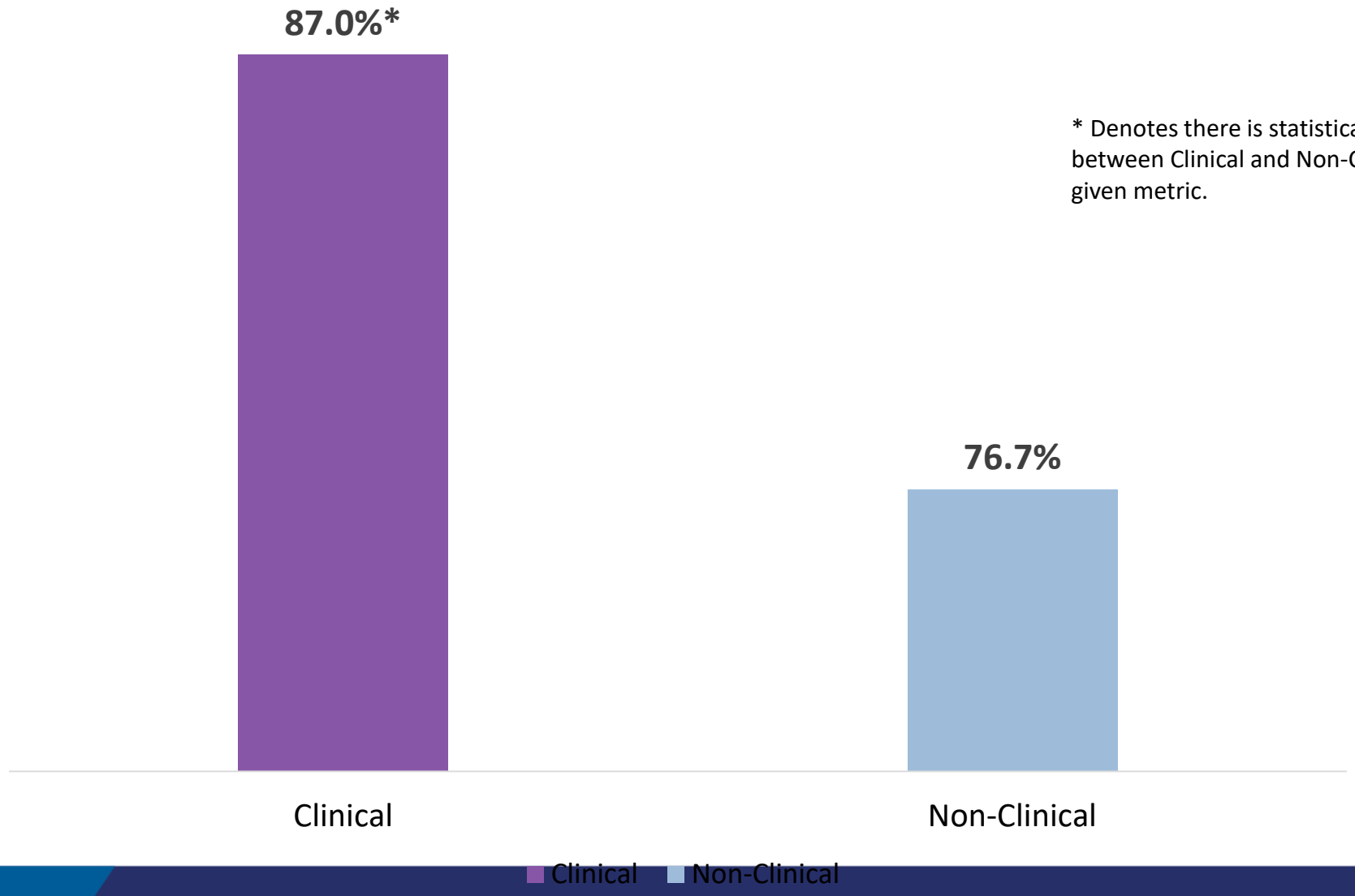
Staff Survey – Respondents Have the Skills to Address Tobacco Use Treatment



Staff Survey – Respondents Who are Aware of the Availability of NRTs for Clients



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Staff Survey – Respondents: They Never Encourage Clients to Quit by Using NRTs

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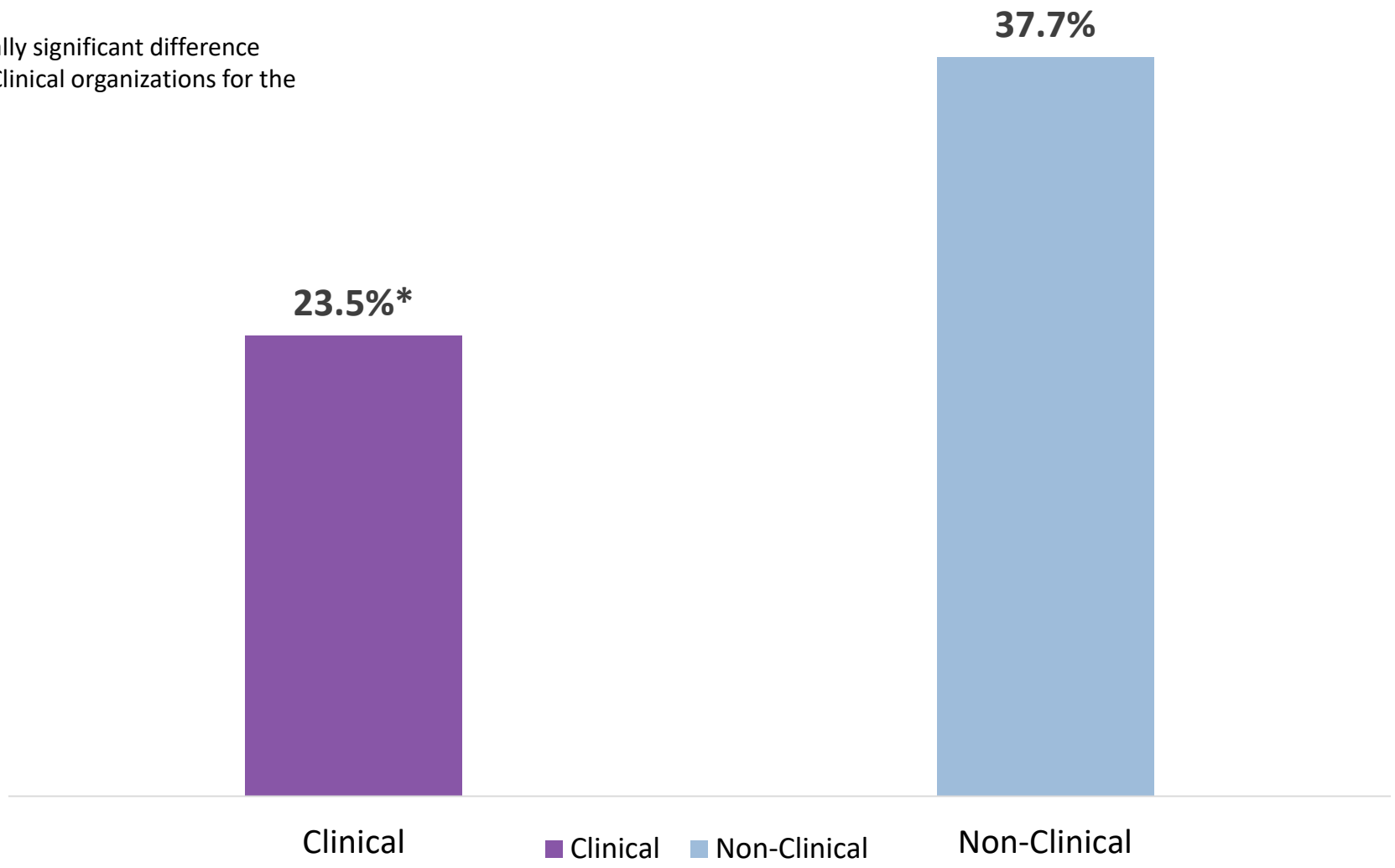
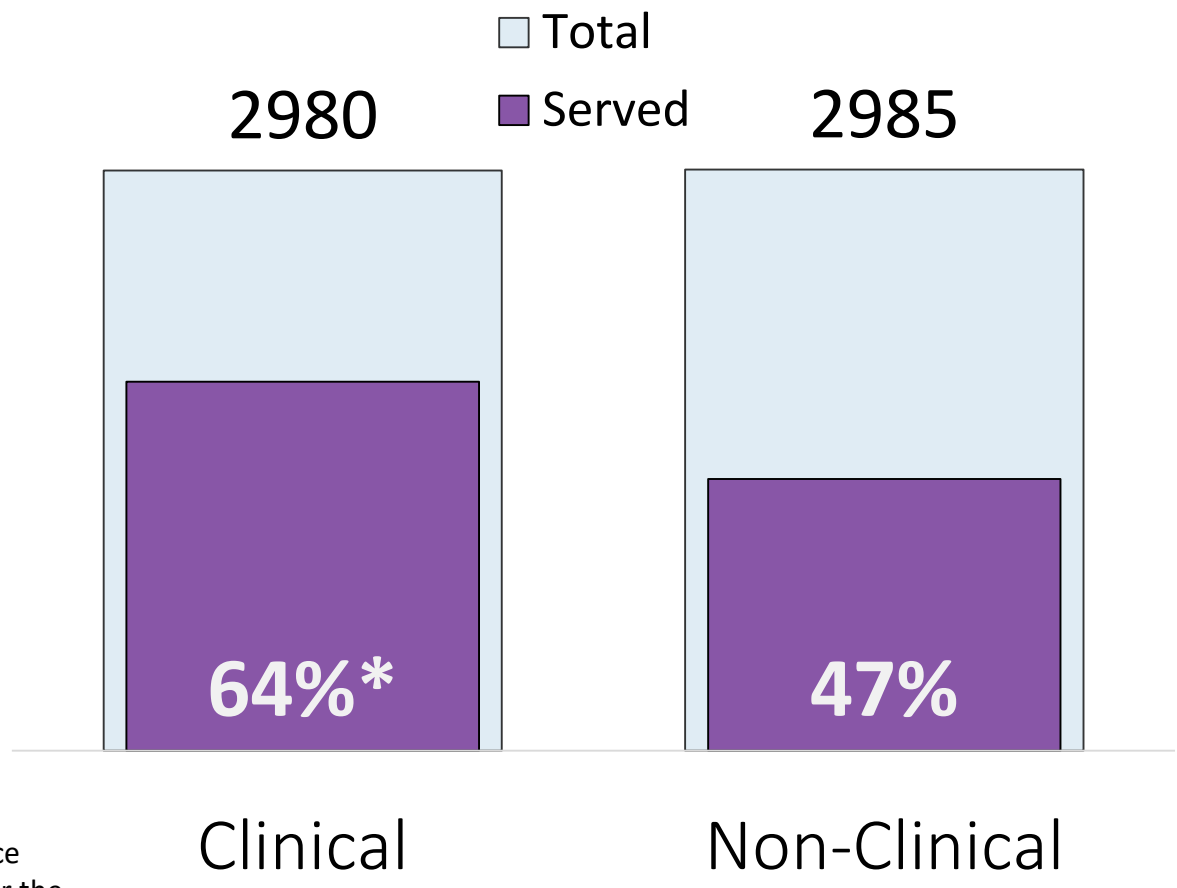


Comparison of Outcomes Data from CAREWare

- Data was pulled from active clients between the time period of: 6/1/2019 – 6/1/2020
- Split organizations into Clinical vs. Non-Clinical
- University of Michigan Medicine's data is not included in the Clinical organization's totals because they collect their data using a different software than CAREWare
- Outcome data shows the total number of clients who were eligible, total number who also received the service of interest (E.g. Tobacco Ask, Tobacco Advise, and Tobacco Assess) and the proportion of eligible clients/patients that received the service
    - Tobacco Ask – identifying the clients'/patients' tobacco use status
    - Tobacco Advise – urging tobacco users to quit due to the health consequences
    - Tobacco Assess – evaluating whether the tobacco user is willing to make a quit attempt

CAREWare Data from TURP Partners – Percentage of Tobacco Asks Completed for Clinical and Non-Clinical Organizations



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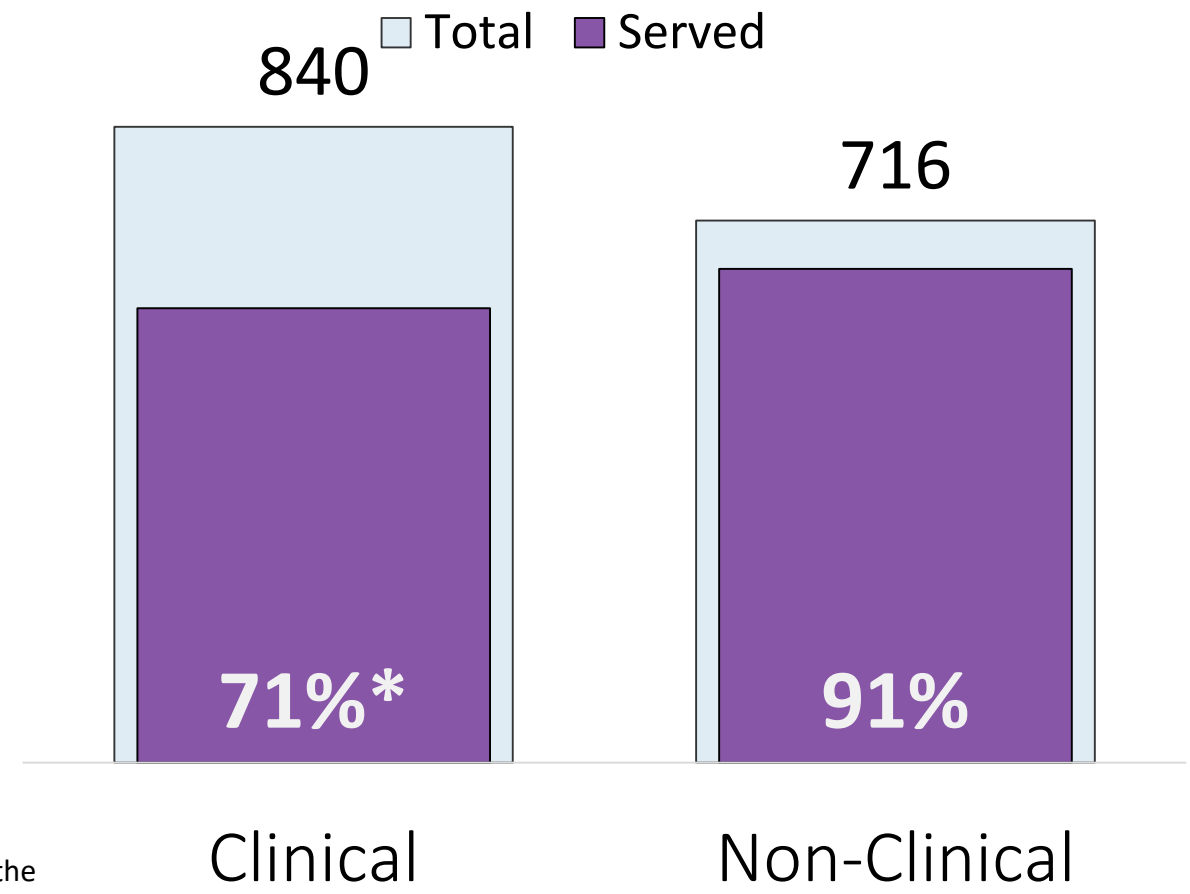
CAREWare Data from TURP Partners – Percentage of Tobacco Advises Completed for Clinical and Non-Clinical Organizations



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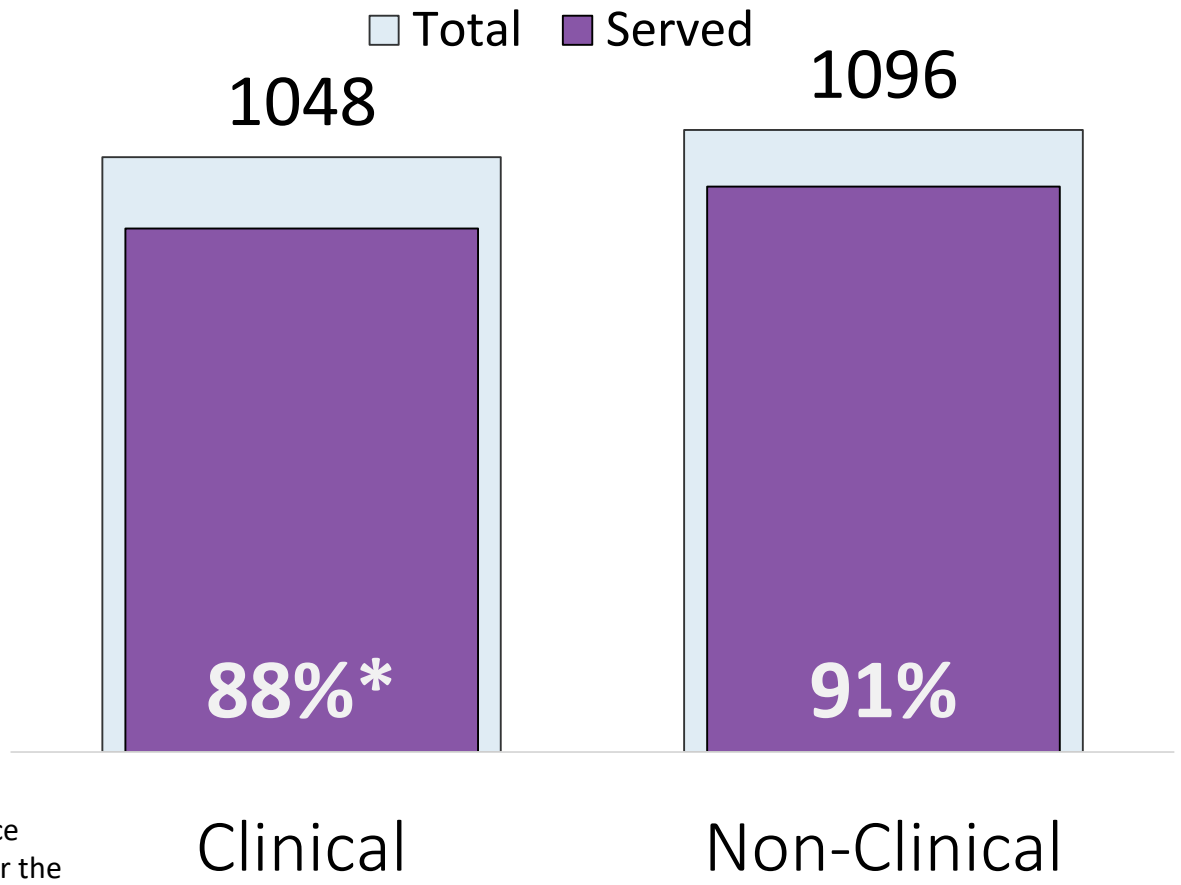

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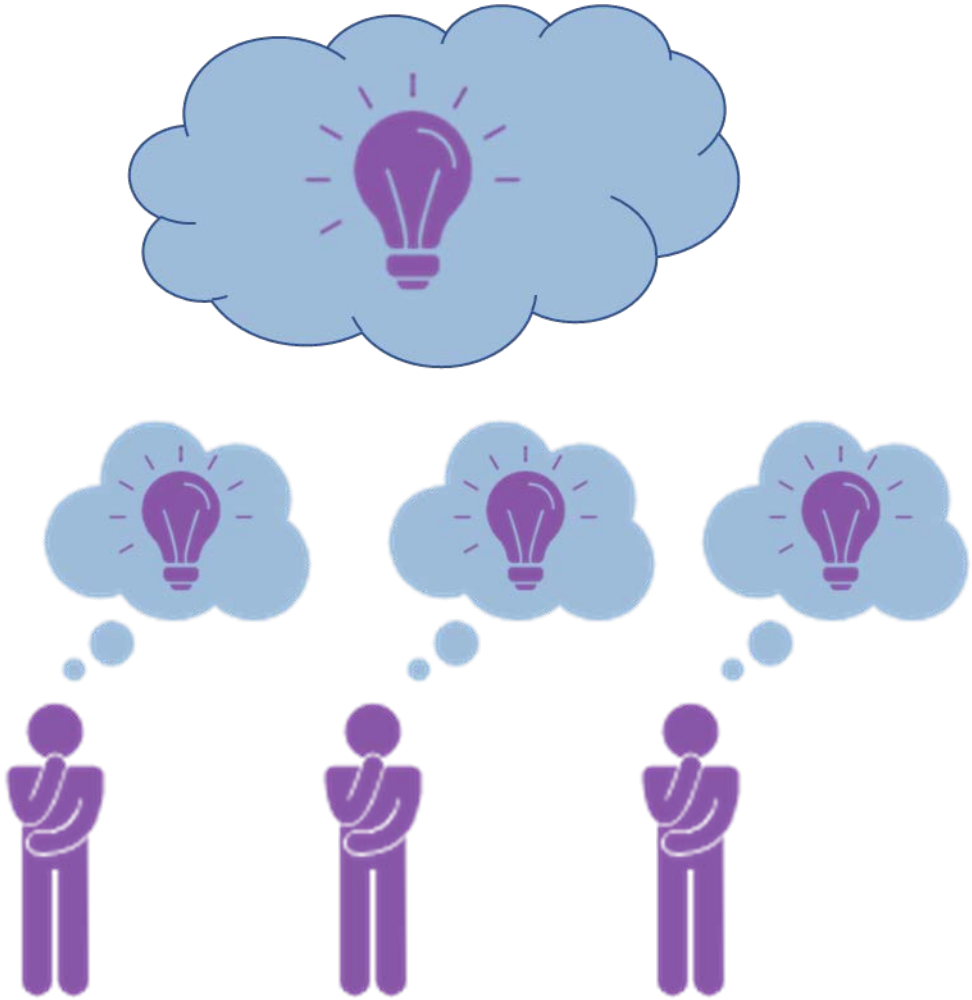
Lessons Learned

Staff Buy-In and the Need for a Shared Vision

- In 2015 17% of staff were current tobacco users compared to 10% in 2019
- The need for staff buy in is critical to the success of the TURP program
- Staff survey revealed organizations think differently about client's tobacco use
  - Translates into statistically significant differences in outcomes



Lessons Learned Continued

- Providing technical assistance for health systems change activities for health systems
  - EMR functionality tool
  - Including Tobacco Dependence treatment in Quality Management Plan
  - Revising policies and protocols
- Challenges with integrating TDT services in CAREWare
- Importance of gaining buy in from agency staff (case managers, EIS workers, clinic staff, etc.)
- Recognize limitations of Funding
- The need for more culturally relevant training
- Develop community informed workplans and services

Q&A

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