Synopsis

Albany County Department of Mental Health implemented evidence-based tobacco cessation services as part of its work with the Million Hearts® 2022 Initiative. Using the training of Certified Tobacco Treatment Specialists and processes identifying patients at risk for tobacco use, the Albany County Department of Mental Health is providing tobacco cessation services, identifying and publicizing community tobacco cessation resources, and implementing referral processes to reduce tobacco use among Severely Mentally Impaired (SMI) persons. As a result, hundreds of persons with mental illness or substance use disorders have received the intervention, and some have ceased tobacco use.

Challenge

Heart disease is the leading cause of death in Albany County, New York. Among adult residents, 30.8% have physician-diagnosed hypertension, which is higher than the comparable Upstate New York rate of 27.8%. Although the smoking rate of the general adult population in Albany County is 16.2%, evidence indicates that tobacco use for adult residents living with mental health challenges approximates 30.3%. On average, mortality for the SMI is 28.5 years fewer than the general population. Unique challenges in the SMI population include pharmacological interaction between tobacco smoke and medications; social acceptability of tobacco use within mental health settings; inaccurate perception that tobacco use helps to alleviate anxiety, sadness, and agitation; and belief that quitting smoking among people with SMI is difficult to achieve.

Solution

With funding from the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO), through the 2017-2018 Million Hearts® in Municipalities Project, Albany County Department of Mental Health identifies and refers SMI clients to tobacco cessation resources by recognizing opportunities for improving diagnosis and referral, creating a registry of eligible clients, and documenting client tobacco cessation progress. Furthermore, the department expanded tobacco cessation services by training six providers as Certified Tobacco Treatment Specialists and created a brochure of local cessation services. Current activities include conducting group and individual tobacco cessation sessions and using educational supplies (e.g., hazards of smoking display, tarred lung model, and smokers' roulette game). Using existing electronic health records, health systems changes (HSC) now identify qualifying clients, track individual progress, and provide impactful support to enrolled SMI clients at Albany County Department of Mental Health's primary clinic site. HSC is a sustainable approach to developing an ongoing registry of qualifying SMI persons to enroll in tobacco cessation classes. Albany County Department of Health served as a resource for technical assistance in assessing and improving internal processes, and St. Peter’s Health Partners coordinated the Certified Tobacco Treatment Specialist training. Tobacco cessation services will soon be expanded to Albany County Department of Mental Health’s correctional facility, Assertive Community Treatment Unit, and Health Home Care programs.
Results

The Million Hearts® 2022 initiative inspired the Albany County Department of Mental Health to immediately implement practice changes, including integrating tobacco use assessment into electronic health records of at-risk patients, streamlining referrals, and publishing a listing of local tobacco cessation resources. The education and certification of six tobacco cessation specialists builds sustainable local resource capacity to address the needs of SMI patients at risk for tobacco use. To date, over 200 patients have been provided tobacco cessation interventions during clinical sessions that include treatment plan goals, peer group treatment, and medical interventions. An unexpected benefit of the initiative has been an increased likelihood of prescribers to initiate nicotine replacement therapy for SMI patients. Albany County Department of Mental Health has had an impact on 20% of those seeking assistance in their own cessation efforts through either harm reduction — using tobacco less now than before the intervention — or through total cessation efforts as a direct result of the program. Since May 2018, five patients have ceased tobacco use, and three patients have completely quit using tobacco for 90 or more days.

Lessons Learned

The project's success of reducing tobacco use for people with mental illness is multifactorial. First, it was critical to leverage the legacy of collaboration between Albany County Department of Mental Health and Albany County Department of Health, including previous interest in addressing tobacco use among SMI persons. Second, the use of a process mapping technique provided insights into current steps of identifying and treating SMI clients at risk for tobacco use. Through this, we learned it is valuable to use discrete Plan-Do-Study-Act cycles to test process improvements. Lastly, a commitment by the organization's leadership to innovate, maintain a discrete project focus, and execute sustainable interventions were key in implementing effective cessation training. There are some challenges to public health agencies implementing tobacco cessation activities, including the time necessary to execute local government contracts and comply with purchasing procedures. With select customization, reducing tobacco use for people with mental illness can be easily replicated by other behavioral health providers.

Footnotes

1 The New York State Expanded Behavioral Risk Factor Surveillance System 2013-2014 (2014 eBRFSS) was designed to supplement the Center for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), which is conducted annually in New York State. The purpose of the 2014 eBRFSS was to produce local information on key public health issues. Data for the project were collected from April 15, 2013 to May 10, 2014. The 2014 eBRFSS reached both households with landline telephones and households which only had cell phones. Like the annual BRFSS, New York State's 2014 eBRFSS was designed to be representative of the non-institutionalized adult household population, aged 18 years and older. http://www.hcdiny.org/content/sites/hcdi/ebfrss_chart_books/Albany.pdf
