NATIONAL PARAMETER STREAMENT



Tobacco Use Reduction for PLWH: A Systems Level Approach to Saving Lives

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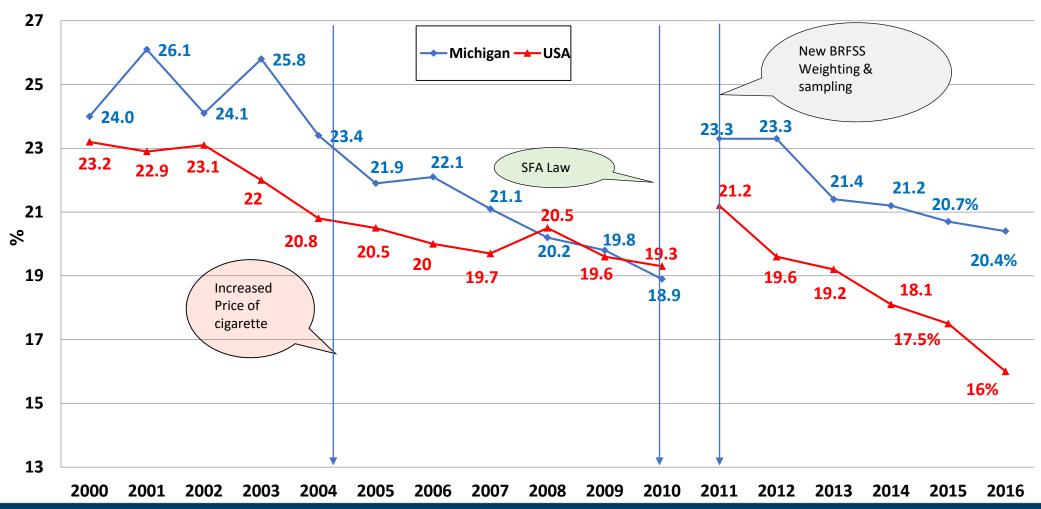
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Overview

- Present data on Tobacco use for People Living with HIV (PWLH) in the State of Michigan
- Discuss the impact of tobacco use on PLWH
- Review Tobacco Use Reduction for PLWH Intervention
- Provide lessons learned and resources

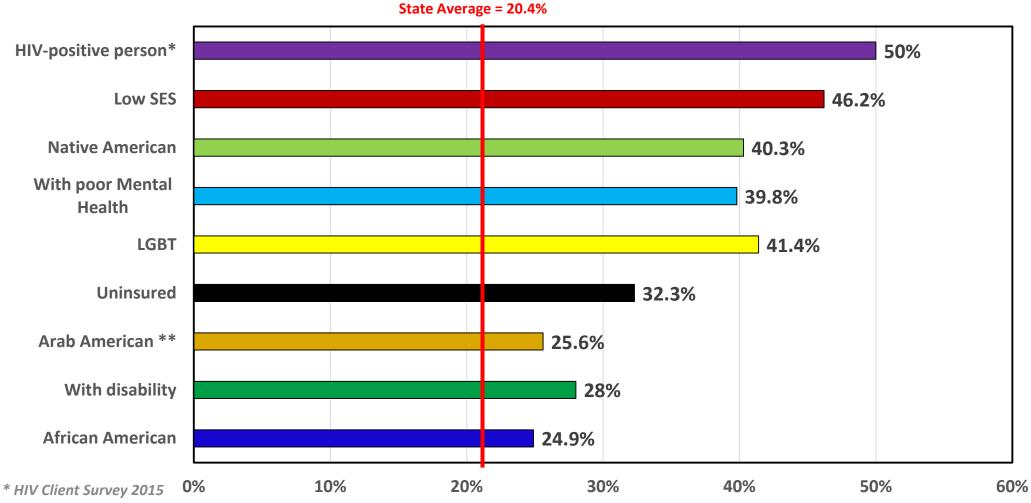


Adult Smoking Prevalence in MI Compared to USA (BRFSS 2000-2016)





Adult Current Smoking Rates by Populations Disproportionately Impacted by Tobacco Use in Michigan, 2016 Behavioral Risk Factor Survey.



^{**} Arab & Chaldean American Survey 2017



Tobacco Use and PLWH Survey Objectives

- Determine the current cigarette smoking prevalence and pattern among People Living with HIV (PLWH) in Michigan (2015, 2017).
- Assess any change in knowledge, beliefs, behavior, and barriers around smoking and tobacco use among PLWH.
- Study some demographic and socioeconomic factors among PLWH related to tobacco use.
- Assess quitting behavior and the level and the level of readiness to use tobacco dependence treatment available in organizations serving PLWH.



Methods of Survey Distribution

- MDHHS-IRB approved the survey
- To increase participation rates, we used all methods below:
 - Hard copy to be given to all clients visiting the AIDS Service Organizations for any reason
 - Online link to Survey Monkey
 - Phone interview for those in remote areas or whom prefer the phone interviews. We provided instructions for phone survey
 - Mailed survey with self addressed return envelope
- Survey opened for 3 months

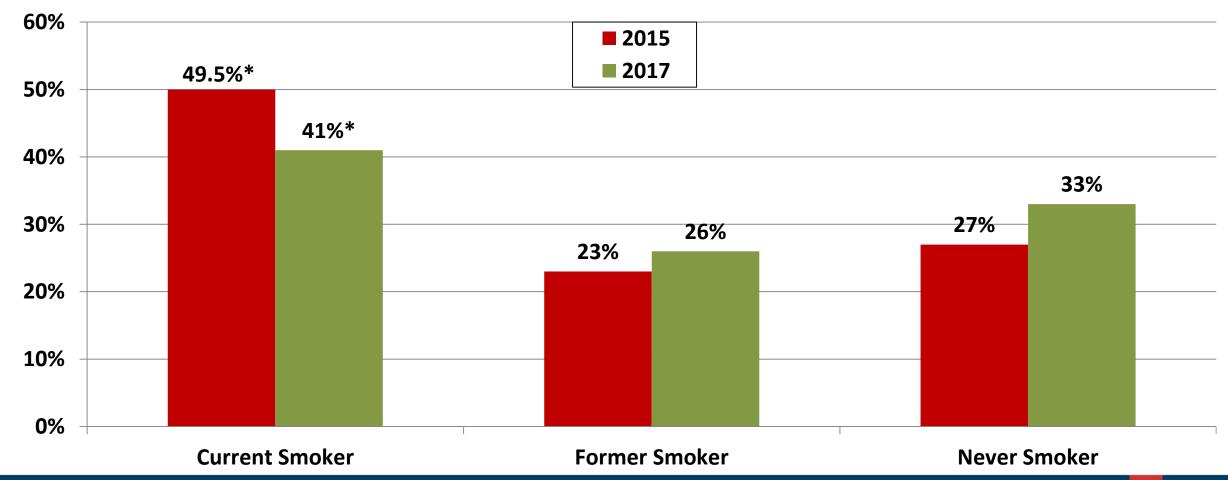


Sample Size and Gender Groups

Characteristics	2015 study	2017 study	Statewide prevalence 2017
Total sample	1,478	1,485	15,629
Gender Identity			
Male	74%	77%	78%
Female	25%	22%	21%
Transgender	1%	1%	1%

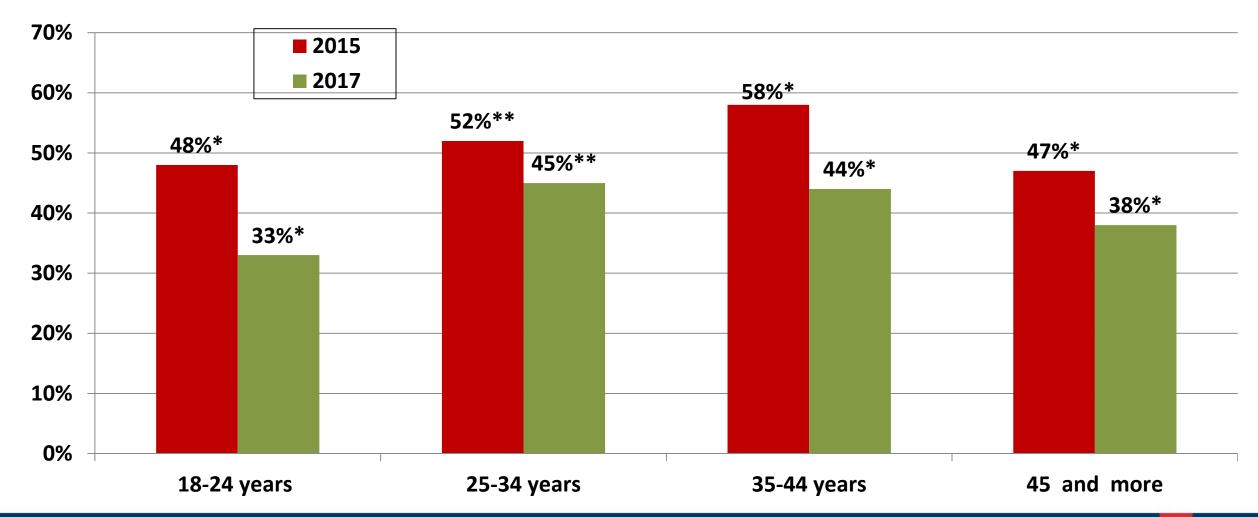


Smoking Status Percentages Among PLWH in 2017 compared with 2015



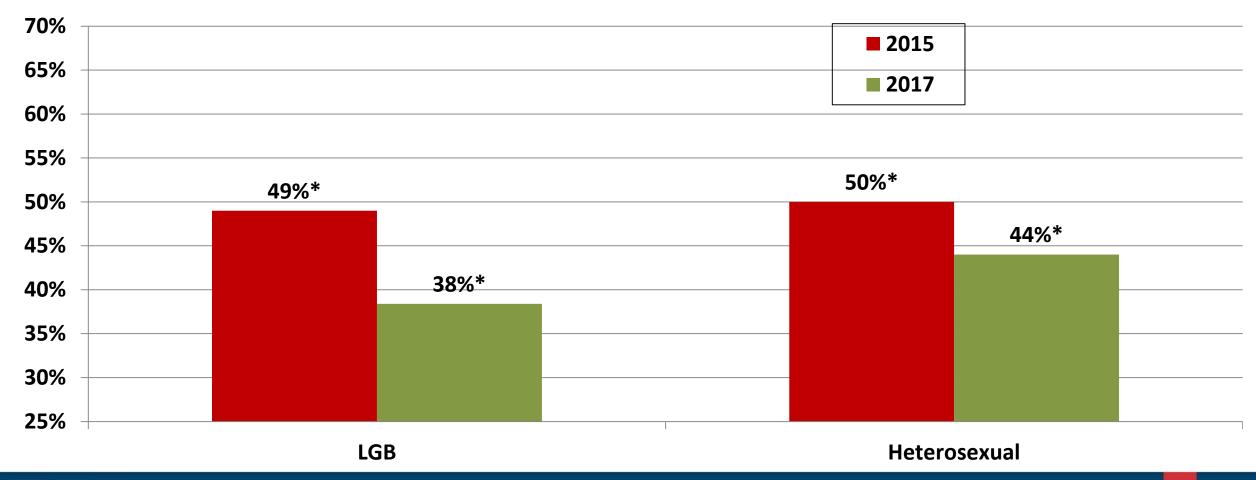


Percentages of Current Smoking Within Each Age Group Among PLWH in 2017 Compared to 2017



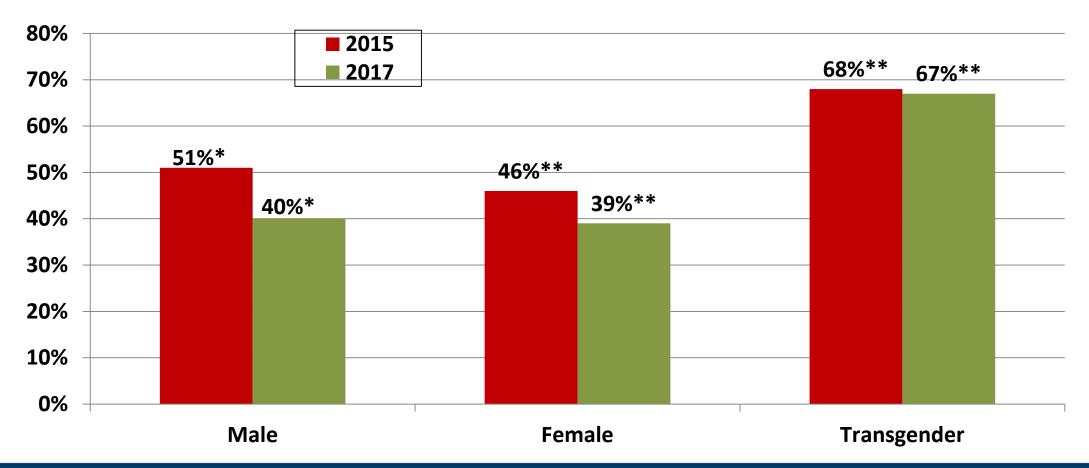


Percentages of Current Smoking within each Sexual Orientation Group Among PLWH in 2017 Compared to 2015



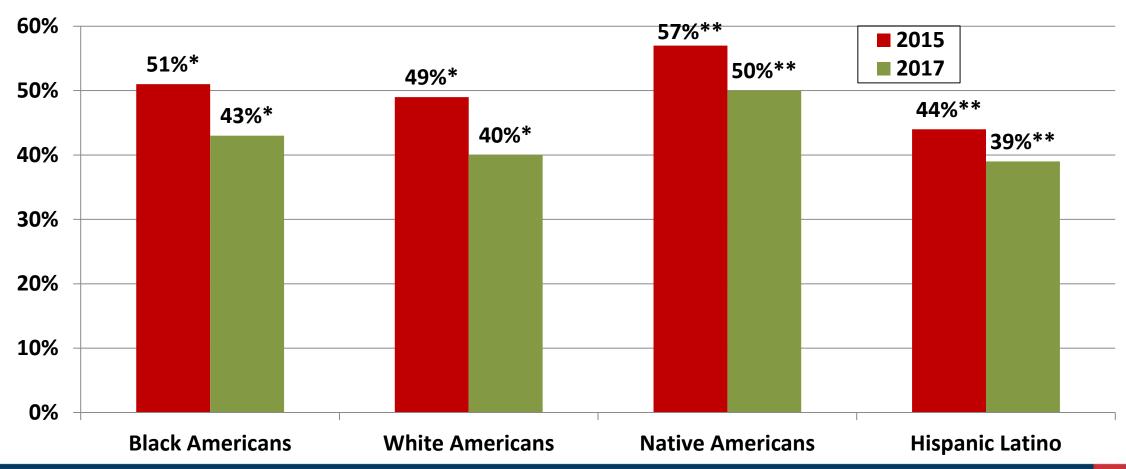


Percentages of Current Smoking within each Gender Identity Group Among PLWH in 2017 compared to 2015



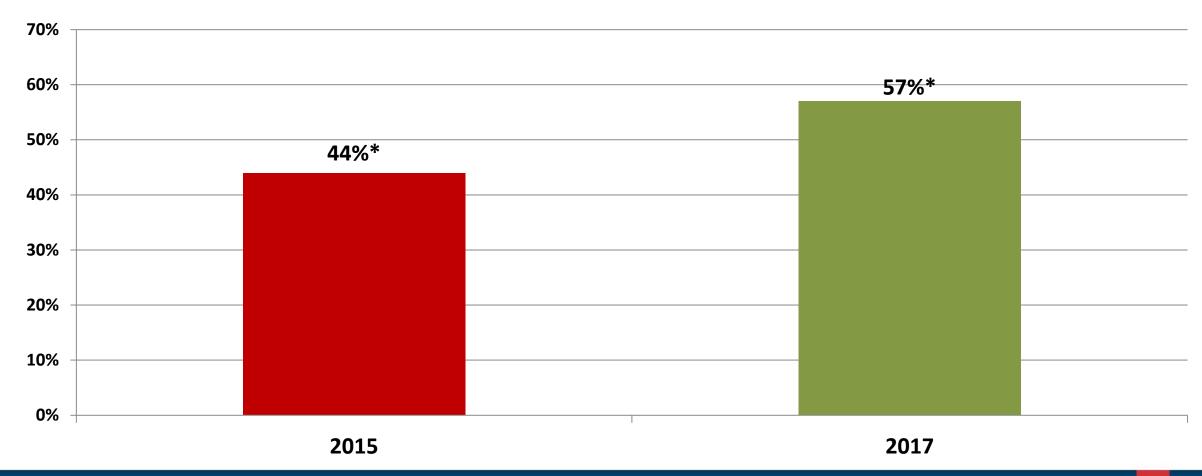


Percentages of current smoking within each Racial Group Among PLWH in 2017 Compared to 2015



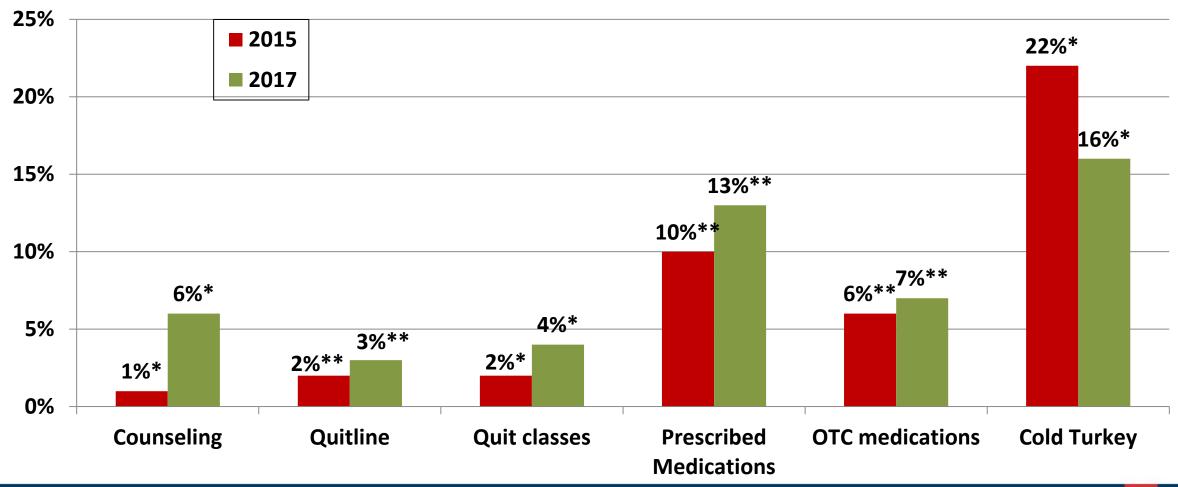


Percentages of PLWH Smokes Who are Aware of the MI Tobacco QuitLine in 2017 Compared to 2015





Methods of Quitting Smoking by PLWH who smokes in 2017 Compared to 2015

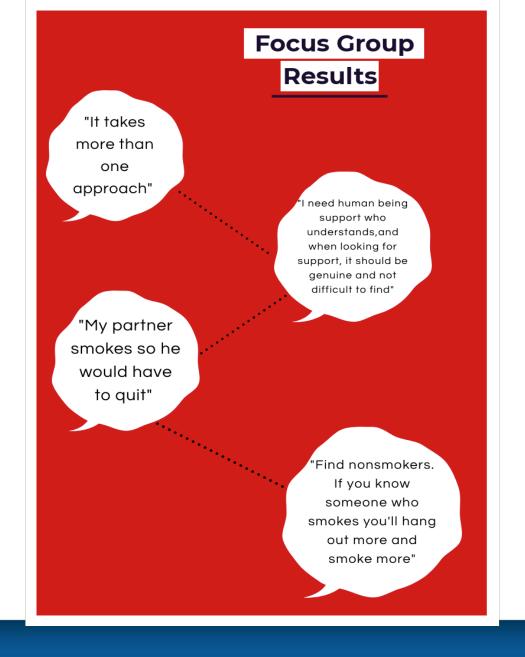




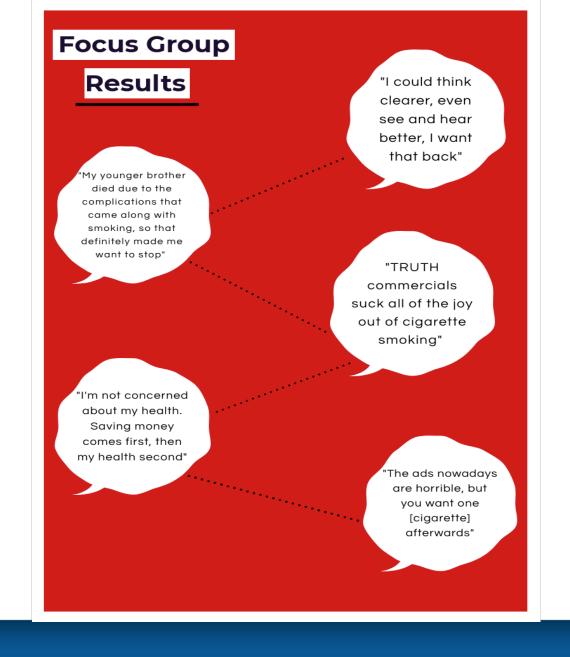
2015 Focus Group

- 14 focus groups were conducted with 92 participants across the state of Michigan.
- The focus group examined tobacco use behavior and how to improve successful quit attempts
- Topics of discussion were
 - Influence to quit (Media, environmental changes, health, etc.)
 - Needs to successfully quit











Media Campaign

Based on the feedback from clients in the focus group:

- Developed posters that reflect people of diverse ages, races, and genders participating in positive, healthy activities.
- Created short video with at Tobacco Treatment Specialist (TTS) and PLWH who are smokers sharing their quit journey



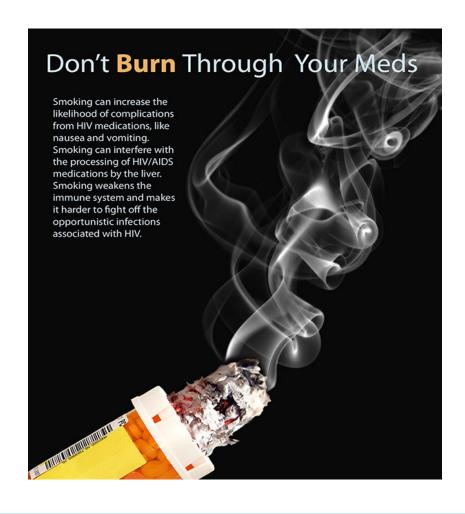


1-800-QUIT-NOW

(1-800-784-8669) or visit



Impact of Smoking Cigarettes 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.



Impact of Smoking Cigarettes on PLWH

Commercial Tobacco Products contain tar, chemicals, additives, flavorings, and nicotine that contribute to its harmful effects on the body.

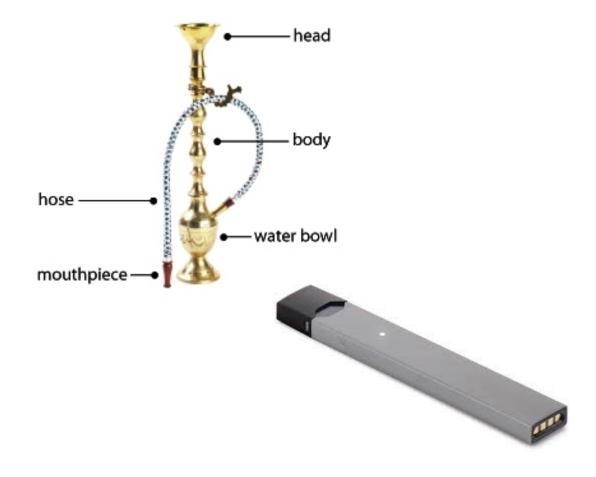




Other Tobacco Products

An hour hookah session can be the equivalent of a 10 packs of cigarettes

E-Cigarettes are not recommended for tobacco cessation because of they contain carcinogens, flavorings can cause other health complications, and there are varying levels of nicotine.





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 policy



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



Goals and Objectives

- Goals:
 - Long term Improve health outcomes for PLWH
 - Mid term Increase the # of tobacco quit attempts for PLWH
 - Short term ASOs use clinical practice guidelines when treating for tobacco through creation of tobacco dependence treatment (TDT) policy and process
- Objectives/Activities:
 - Educate and train ASO staff on tobacco as a priority and treatment resources
 - Improve data (HIV client and ASO staff)
 - Document TDT activities through CAREWare
 - Create expertise in ASOs trained Tobacco Treatment Specialists
 - Educate and use Motivational Interviewing for behavior change



Program Timeline

Year 1 2015:

Assess Staff, survey clients, train ASO staff

Year 2 2016:

Train ASO staff and begin intervention

Year 3 2017:

Continue intervention, assess new contractor staff, survey clients

Year 4 2018:

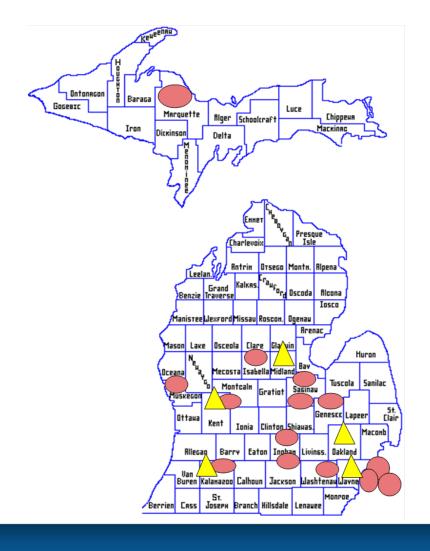
Expand contractors to DEMA (Detroit Eligible Metropolitan Area Ryan White Part A)

Year 5 2019:

Peer Demonstration project and specialize treatment



Organizations Providing Tobacco Reduction Services for PLWH FY 2019





Treating Tobacco Dependence as a Chronic Disease

Tobacco Dependence is similar to diabetes, heart failure, hypertension, hyperlipidemia

Clinicians should have an expectation for remission and relapse

Treatment should be on going and multifaceted:

Advice/counseling

Support

Appropriate pharmacotherapy



Treating Nicotine Addiction



Tobacco use is an addiction that has emotional, physical, and behavioral implications so treatment must address all of these areas

Treatments delivered by multiple types of health care providers (nurse, medical assistant, psychologist, social worker or dentist) are more effective than interventions delivered by a single type of clinician





- Ask about tobacco use
- Advise to stop
- Assess willingness to make an attempt
- Assist in the quit attempt
- Arrange follow up visit



5 A's Intervention

Ask: Systematically identify tobacco use at every visit

Advise: Encourage clients to address their tobacco use in a clear, strong,

personalized manner

Assess: Determine willingness to make a quit attempt

Assist: Provide referrals for medication, counseling, support group, or health

education class

Arrange: schedule follow up either in person or by phone call or text



Tobacco Dependence Treatment At Sacred Heart Rehabilitation Center

TTS meets with clients for individual counseling

Attends doctor appointments with clients

Engages clients using Motivational Interviewing

Collaborates with Pharmacies to reduce barriers to accessing medications

Hosts health education classes, support groups, and health fairs about tobaccouse and living with HIV

Provides ongoing monitoring and follow up



Counseling for Tobacco Dependence Treatment

Coping Strategies

- The 5 Ds
 - Delay, Distract, Drink water, Deep breaths, Discuss
- Manage Stress
 - Physical activity, writing in a journal, healthy eating
- Control the environment
 - Tobacco proof the home and car
 - Talk to support system about the decision to address tobacco us



Medications

The seven FDA approved medications for tobacco dependence treatment are covered by the Michigan Drug Assistance Program and Medicaid

- Medications containing Nicotine:
 - Gum, Inhaler, Lozenge, Nasal spray, Patch
- Non nicotine Medications:
 - Varenicline (Chantix)
 - Bupropion (Wellbutrin or Zyban)



Relapse is expected

When Clients relapse, the TTS reframes the relapse as a learning opportunity:

Learn from it:

- What can I do differently next time?
- Review triggers

Stay positive:

- Positive self talk
- Celebrate any gains

Assess current strategy:

May need to adjust medications, add a strategy, or intervention



Not ready to Quit

Clients can still benefit from assessing tobacco use:

What could be a benefit to quitting? Are there any negatives to current tobacco use?

What small changes could they make?



Lessons Learned

- 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



Questions?

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