The Case for Organizational Level Interventions In Tobacco Control

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The Issue

#1 Public Health Problem in the world/U.S./CA

Lives lost
(mortality)

Illnesses
(morbidity)

Cost (actual cost, opportunity cost)

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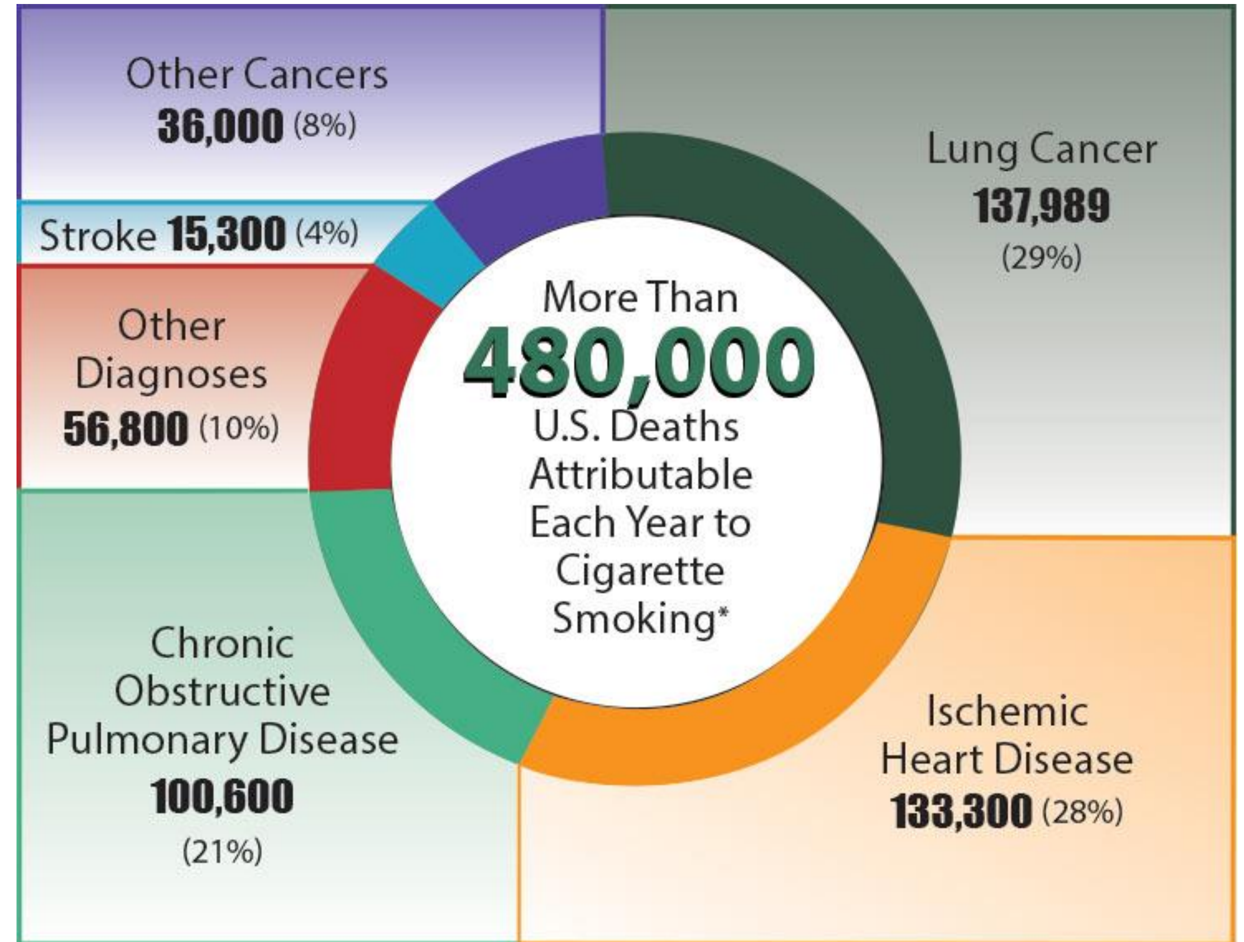
Mortality Rates

U.S. mortality rate= 480,000 per year

- Crash 2 (747's) daily



CDC (2016): https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm

Mortality Rates (cont.)

Smoking causes more deaths than deaths from:

- Alcohol
- AIDS
- Car wrecks
- Gun deaths
- Murder
- Suicide
- Drug overdoses

COMBINED

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Health Disparities

Persons with serious mental illness (SMI) and substance use disorder (SUD) comprise a health disparity group

25 years

Individuals with SMI and SUD die disproportionately (25 years) sooner than rest of the population

Parks, Svendsen, Singer, Foti (2006)
Piatt, Munetz, Ritter (2010)
Williams, Steinberg, Griffiths, Gesell, & Cooperman (2013)

Our Impact

Our contributions to those deaths:

1. Psychotropic medications- lethargy, weight gain, smoking more attractive, metabolic illnesses

2. Outdated substance use disorder treatment models- not including nicotine addiction in SUD or BH treatment

3. Lack of staff training/cessation services

4. Treatment staff who smoke

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California and Alameda County

- Smoking age increase from 18-21
- Tobacco tax $2 pack increase
- In 2016 44 cities and counties adopted strong policies
- 52% of California’s population still live in areas scoring D or F in tobacco control
- CA prevalence 11.6%, smoking rates have dropped 50% since 1989
- Alameda County –Male 15.6, Female10.4
- Oakland Population: 422,856 Grade ***B***

Comorbidity Rates

Persons with serious mental illness (SMI)/substance use disorder (SUD):

- **70%** have a comorbid chronic disease
- **40%** have two or more

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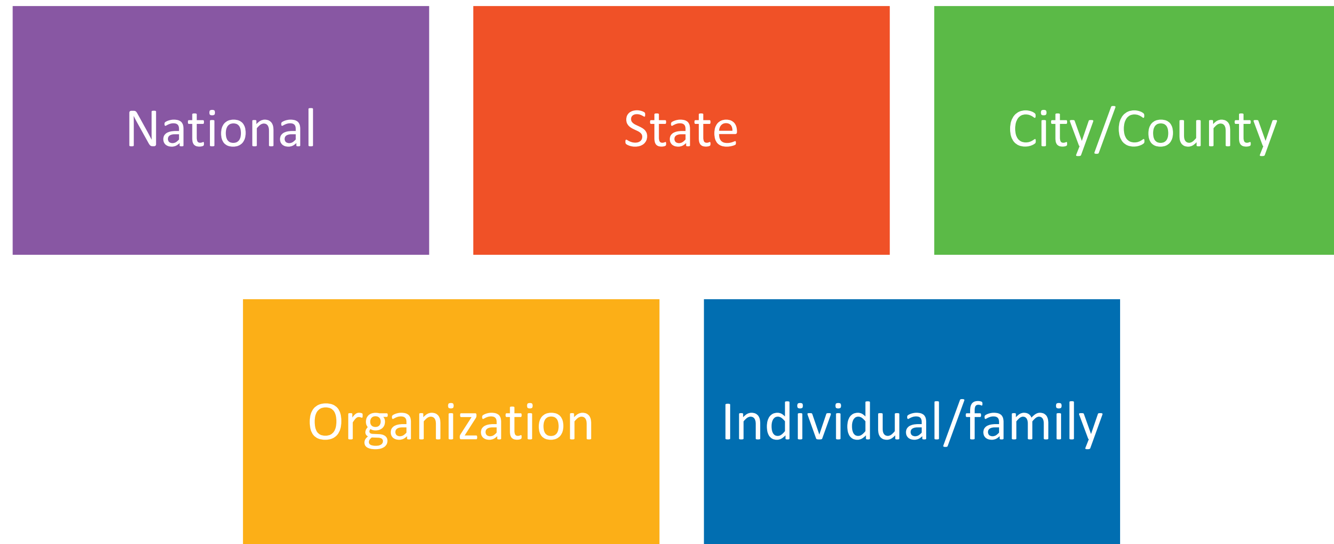
Policy Interventions

Effective public health tobacco control policy interventions for this health disparity group:



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Policy Level Factors

Each policy level- context- goals

1. Breadth of impact
2. Length of impact
3. Depth of impact
4. Vulnerability
5. Cost (implementation, enforcement)
6. Opportunity cost

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Policy Level Changes

- **National:** tobacco settlement
- **State:** tobacco tax, non-smoking areas, organization
- **City/County:** non-smoking areas and organizations
- **Organizational:** Tobacco free campus, screening and cessation services, tobacco use assessments (TUA) and Nicotine Replacement Therapy (NRT)
- **Individual/family:** insurance premiums, inducements, shame

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (2014) The Health Consequences of Smoking— 50 Years of Progress

Interventions

Why intervene at the organizational level? What level?

- University system
- City/county
- Hospitals
- 501c3's
- Behavioral health and substance use facilities
- Employers

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Benefits to Organizations

- ⬇ Medical costs go down for employees and their dependents
- ⬇ Property maintenance costs go down
- ⬆ Productivity goes up
- ⬆ Days worked goes up

Mudarri (1994)
Baker, Flores, Zou, Bruno, & Harrison (2017)
Berman, Crane, Seiber, Mehmet & Munur (2013)

Benefits (cont)

Clinical benefits to organizations that provide healthcare:

- ✓ Better treatment outcomes in behavioral health and substance use disorder populations
- ✓ Fewer treatment dropouts
- ✓ More staff with current knowledge leads to more cessation efforts

Cavazos et al., (2014)
Hitsman, Moss, Montoya & George (2009)

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Tobacco Free Campus

- Funding can (and will be!!) tied to Tobacco Free Campuses
  - Example: Cancer Prevention & Research Institute of Texas (CPRIT) funding for research tied to TFC policies
  - Feds considering connecting funding to TFC organizations
  - "No organization that delivers healthcare of any kind should receive any federal, state, county, city or any other governmental funding that is not a tobacco free organization."

Breadth of Impact of TFC

All staff/all locations/all programs/all the time…in addition to consumers -

- Staff, dependents
- Stakeholders
- Community partners

Elements of best practice TFC model

- Strong organizational policy in place approved by board or equivalent
- No tobacco products or nicotine delivery devices (vaping products) used or kept on any property/campus
- TFC signage on all properties
- TUA integrated into EMR and assessments conducted on every visit/every client until non-smoking status confirmed
- TUA data analyzed for program improvements, training needs
- All cessation medications available to all clients regardless of insurance coverage (NRT, Bupropion, Varenicline
- All clinical staff have training in cessation (minimum 5 A's). All staff minimal training on why TFC
- Selected staff have CTTS training and certification
- NEO and annual training requirements

Elements of best practice TFC model

- Cessation communication materials available all locations (posters, brochures, etc.)
- Policy enforced and regular tobacco products refuse monitoring conducted for retraining

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Individual vs Organization

- Organizations can command resources that individuals can't
- Organizations have up and down impact on policy

Organizations vs Federal or State Government

- Policies change with administrations
- Enforcement weak and political
- The larger the entity, the slower and harder it is to change
- The larger the entity, the more likely it has survival as its primary focus

Research/evaluation/funding

- From a research perspective organizations
  - Best units of analysis for treatment outcomes
  - Community impact/prevalence
  - Funding for resource development, training, programming, evaluation
  - TFC – trained staff-Tobacco use assessments (TUA)-cessation efforts vs non TFC campuses

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Your Responsibility

- To provide the best and most current treatment models
- Ensure that ALL of the problems consumers present with are identified and treated
- Understand the clinical, financial and community impact that your TFC organization will have on your staff, consumers, other stakeholders and community stakeholders will have

Wrapping Up

- One person can change an organization
- An organization can change many peoples lives
- An organization can change other organizations
- Organizations can influence policy at the macro and micro level

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."
-Margaret Mead