



Tobacco Use Reduction for People Living with HIV (PLWH)

Presenters:

Tom Moore, Public Health Consultant, Michigan Department of Health and Human Services
Sean Bennett, Public Health Evaluator, Michigan Department of Health and Human Services

CONFLICT OF INTEREST DISCLOSURE

Sean Bennett, MPH



Sean Bennett does not have any conflicts of interest and has nothing to disclose.

CONFLICT OF INTEREST DISCLOSURE

Tom Moore, MA CTTS



Tom Moore does not have any conflicts of interest and has nothing to disclose.



- Discuss the impact of tobacco use on PLWH
- Review background, goals, and services for the Tobacco Use Reduction for PLWH (TURP)

Program

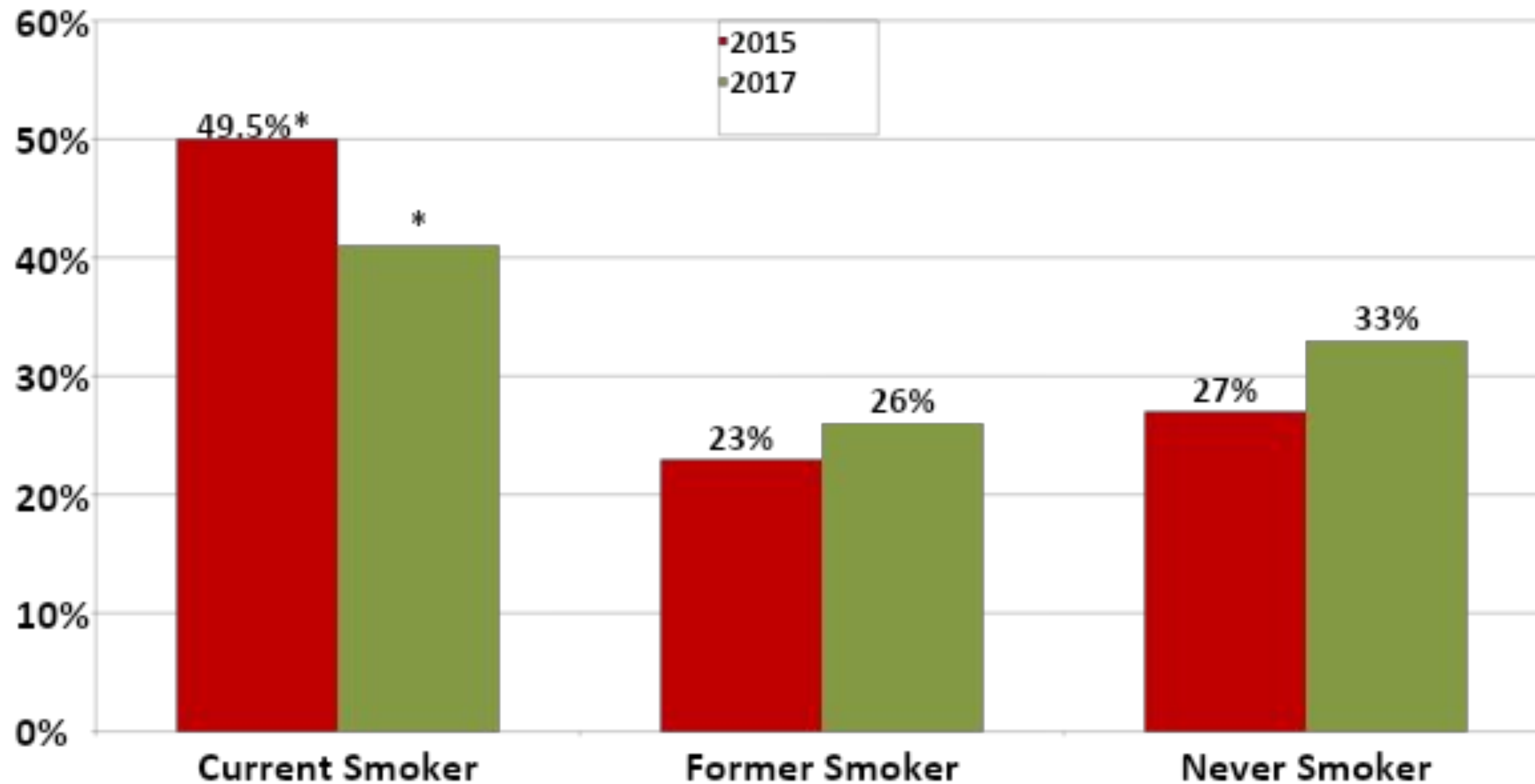
- Provide data on clinic and non clinic tobacco dependence treatment providers
- Discuss lessons learned and resources

HIV and Tobacco



- 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

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

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

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

TURP Objectives/Activities



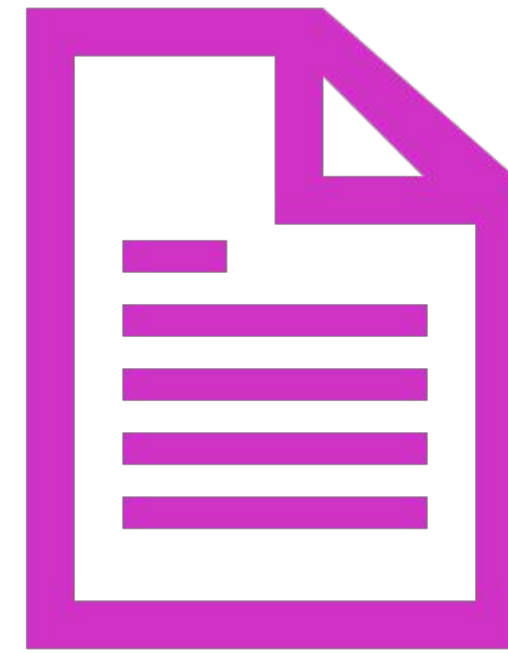
Educate and train

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



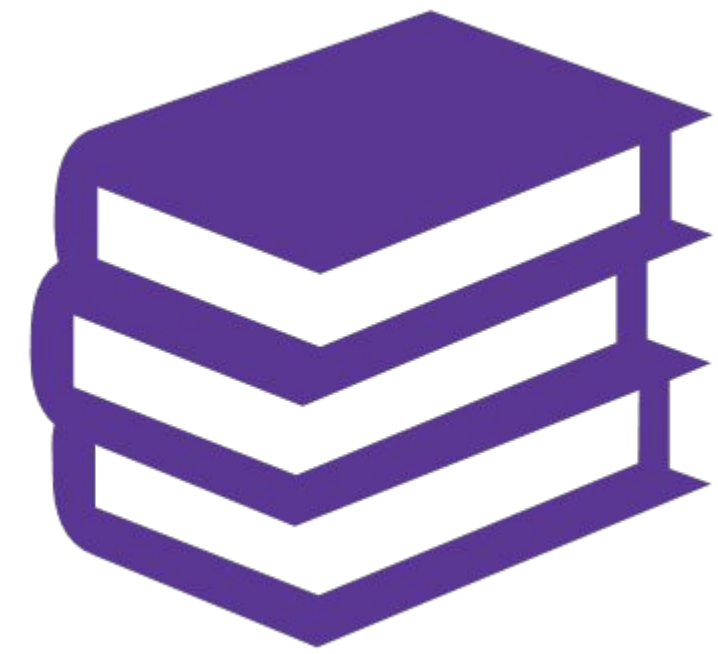
Document

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



Training Goals



- Improve Service Delivery
- Increase Quit Attempts
- Support Groups
- One-on-one counseling
- Expand Community Outreach
- Social Media Education



Evaluation and Quality Improvement



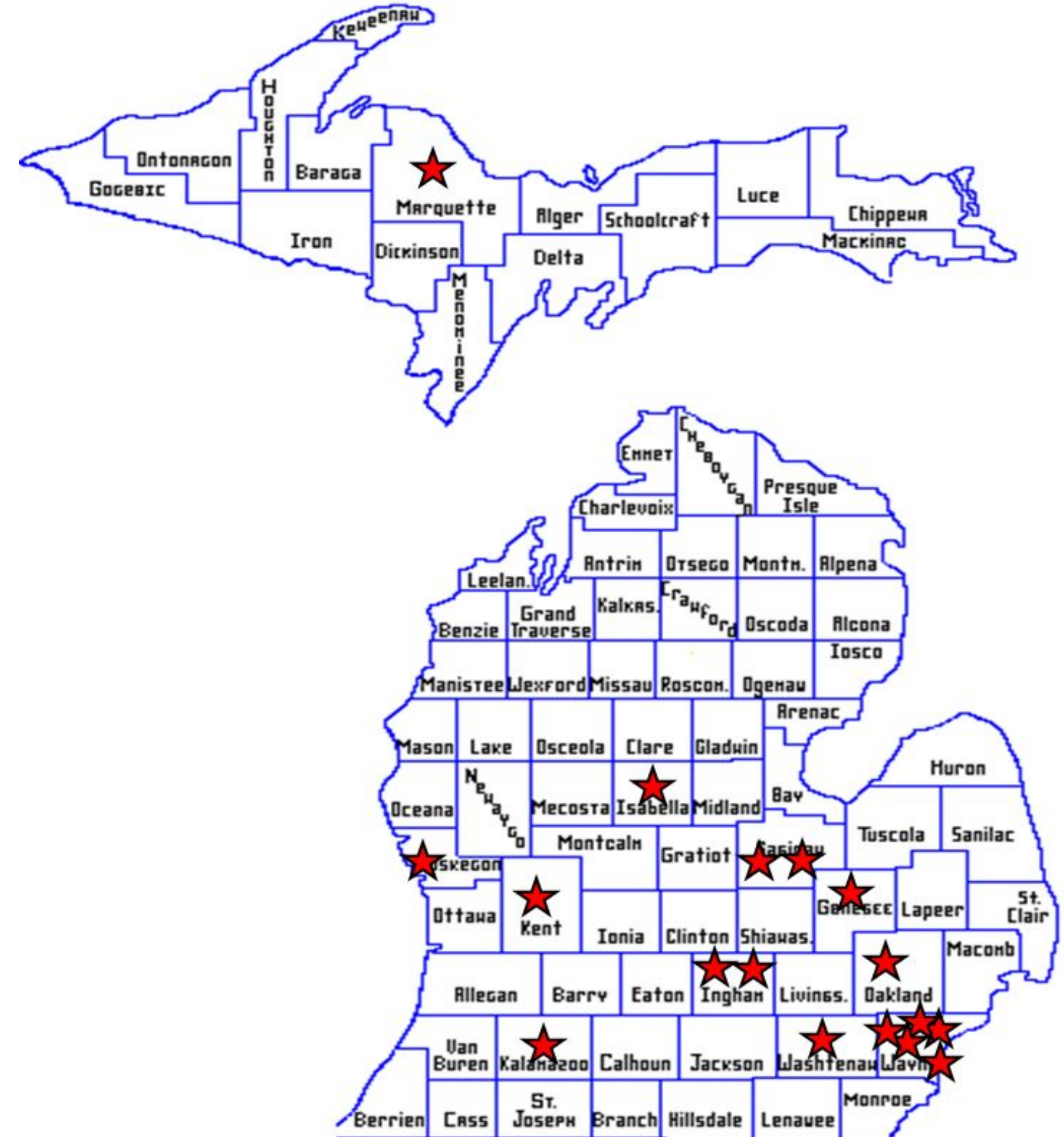
- The TURP program has a strong emphasis on being data driven and using evaluation findings to inform quality improvement projects and future developments
- Collect data from our partners in a variety of different fashions:
 - Performance outcomes related to the 5A's of Tobacco dependence treatment are reported monthly via CAREWare (software for documenting and tracking healthcare services for Ryan White eligible clients)
 - Staff Survey for TURP partners

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.



Clinical Vs. Non-Clinical TURP Partners



Clinical Partners

1. Central Michigan District Health Department
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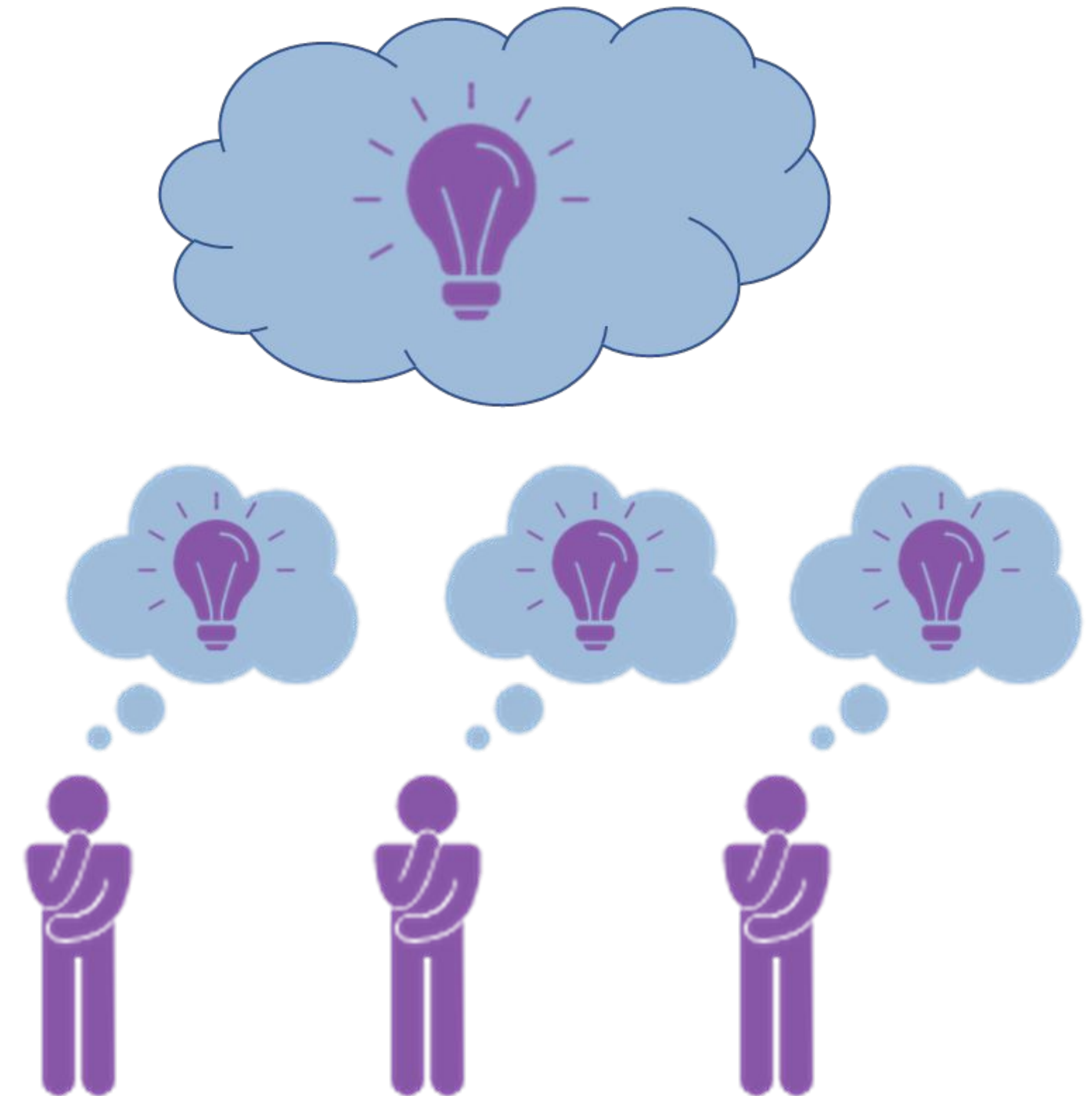
Non-Clinical Partners

1. Community AIDS Resources and Education Services (CARES)
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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



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.)



- Tom Moore
mooret26@Michigan.gov
- Sean Bennett
bennetts11@Michigan.gov