

Providing Tobacco Cessation Support in a State Correctional Facility

NAQC Conference
Austin, TX

March 21, 2017



▶ Presentation Overview

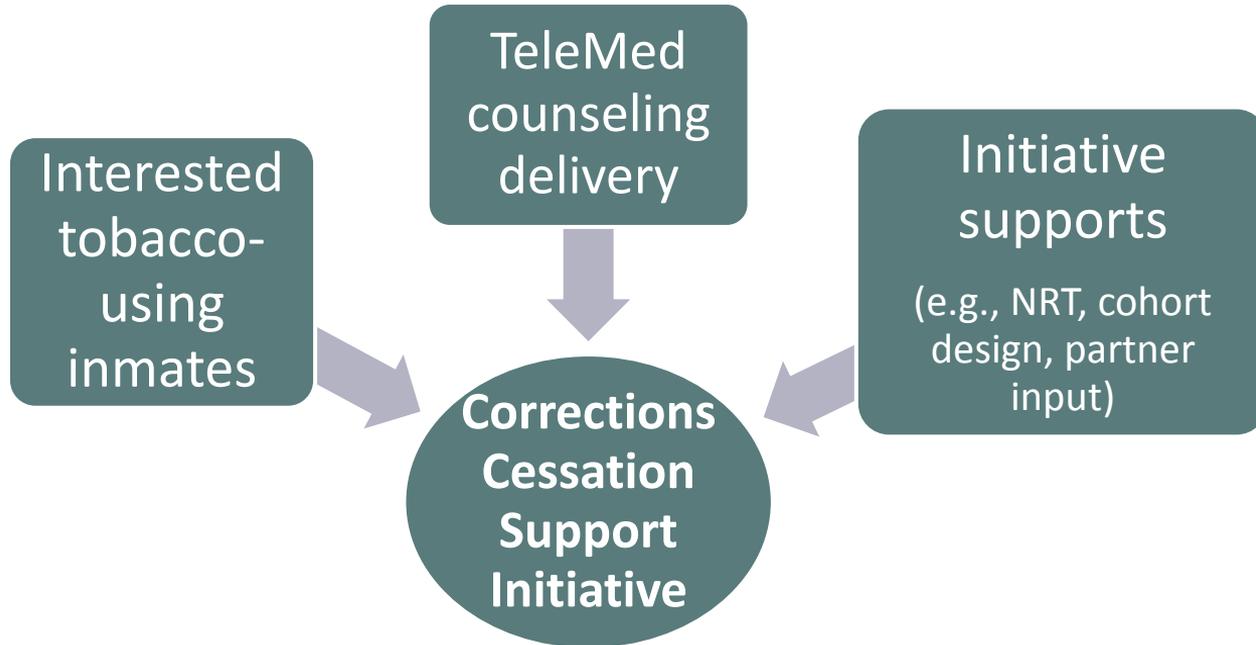
- Background
- Description of the Program
- Evaluation Methods
- Findings
 - Development & Kickoff
 - Recruitment & Enrollment
 - Provision of Services
 - Post-Program Tobacco Use
- Recommendations & Next Steps
- Questions

Background

- Quitline is a phone and web-based program available 24 hours a day/ 7 days a week
 - NRT (patch, gum, lozenge) is available to medically eligible adults
- In 2015, a trial initiative was put into place at State Correctional Institution (SCI) Muncy in Lycoming County, PA
 - SCI Muncy houses 1,431 adult female offenders, including all of the state's female capital case inmates

➤ Description of the Program

- Tailored PA Free Quitline telehealth cessation with NRT support for two cohorts of incarcerated women



Key Partners

Partner	Role
Pennsylvania Department of Health (PADOH)	Initiative Lead
National Jewish Health (NJH)	Cessation Service Partner
Pennsylvania Department of Corrections (PADOC)	System Coordination Partner
State Correctional Institution (SCI) Muncy – Administration & Medical Staff	Initiative Implementation Partner
State Correctional Institution (SCI) Muncy – Inmates	Client Partners
Clinical Outcomes Group, Inc. (COGI)	Logistics & Planning Partner
Research & Evaluation Group at Public Health Management Corporation (PHMC)	Evaluation Partner

▶ Initiative vs. General Quitline Protocol

PA Free Quitline Protocol/Service	General Population	Corrections Population
Referral	Self, fax, electronic referral	Fax referral
Enrollment	Voluntary	Voluntary
Intake	Full	Modified/Abbreviated
Counselor	First-available counselor Tailored call calendar	Dedicated counselor Fixed call calendar
Counseling	5 sessions, no time limit, ad-hoc calls available	5 sessions @ 20 minutes each
NRT	Patch, and when available, gum, lozenge, up to 8 weeks	Patch only 8 weeks
Additional Supports	Website and text messages	None
Follow Up	Standardized 3, 6, and 12 month phone-based interview	None, qualitative supplement only (e.g., focus groups)

[1] Additional supports from medical personnel, partners, and/or participant cohort group were available via the institution, but not formally through the Quitline.

➤ Methods for Evaluation

- **Document Review**
- **Intake Data Analysis**
- **Key Informant Interviews:** Key informant interviews (n=3) were conducted with staff at PADOH, COGI, and NJH counselor
- **Focus Groups:** Two separate focus groups were conducted with nine incarcerated women who participated in the cessation program (n=6 in group one; n=3 in group two)

▶ Description of Participants

- Total of 14 participants (Cohort one=6; Cohort two=8)
- All received NRT patches and 13 completed all five counseling sessions
- All participants smoked cigarettes and one used smokeless tobacco
- Ages started using tobacco: 9 years to 28 years (median age, 14.5)
- Had been using tobacco for between 9 and 61 years (average of 34.6 years of use)

▶ Description of Participants (cont.)

- Ages range from 35 to 73 years (median age, 48)
- Participants identified as:
 - Black non-Hispanic (n=8, 57.1%)
 - White non-Hispanic (n=5, 35.7%), and
 - White Hispanic (n=1, 7.1%)
- Eight participants had a mental health condition
- All participants had at least one chronic disease (high blood pressure [n=8], asthma [n=7], COPD [n=4], cancer [n=1], or heart disease [n=1])



Findings

Project Timeline

June 2013

Initiated planning
to provide
cessation to SCIs

Fall 2014

Original planned
launch date

March 2015

First cohort
launches



May 2014

SCI Muncy medical staff
trained; purchased
TeleMed software

January 2015

Recruitment of
participants
begins

Development and Kickoff

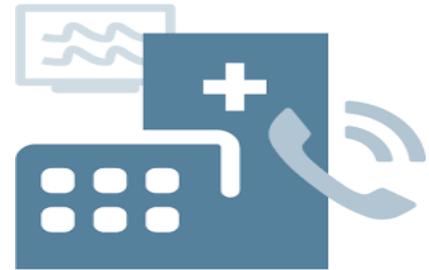
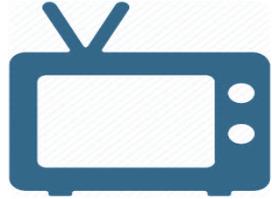
- A workgroup was initiated between PADOH and COGI staff
 - Explored options of delivering cessation support to an incarcerated population
- Reached out to each of the four SCIs in COGI's service area and SCI Muncy was "in full support"
- Due to the need for approval of different government agencies including PADOH and PADOE, the startup process took over one year

➤ Recruitment

- Recruitment of potential Muncy clients began in Jan 2015
 - Institutional television channel with announcements said patch available; no mention of service being free or counseling included
- Interested individuals wrote a letter to medical staff to be considered for participation
 - Inmates were ranked in terms of need and selected by SCI Muncy medical staff
- Word of mouth was useful for cohort two

“There was a lot of interest...40 people were on the waitlist.”

Enrollment



- Intake completed on first counseling call
 - Intake questions ultimately removed:
 - Employment situation
 - Living with another tobacco user
 - Living in public housing
 - Being the parent or guardian of an 8, 9, or 10 year old child who lives with them
 - Offer of text message support

➤ Counseling

- Semi-monthly counseling, 15 to 20 minutes each
- Audio only TeleMed software
- SCI Muncy or COGI staff in the room with participants during sessions
- Counselors given a “call list” with the names and info of each participant in order of their sessions
- Software left running between sessions to expedite the connection process

➤ Counseling Feedback

- Participants as a whole agreed when one participant said “*I looked forward to [the counseling calls]*”
- Some coping mechanisms suggested by counselors were not feasible for the population, but participants still wanted **suggestions**
- Many participants rated having **dedicated counselors** as a major strength of the program so they could build a relationship
- One participant reported liking that the counseling was conducted in one-on-one sessions “*because everyone’s addiction isn’t the same.*”

- NRT patches were sent by NJH to SCI Muncy Corrections Health Care Administrator
- Patches were kept in the pharmacy for once daily distribution to participants.
 - Cohort had to decide as a group whether they wanted to receive patches in the morning or at night.
- No guidance by medical staff on how to maximize use of the patch.
 - Some began step-down process after discussing with counselor.
- Some participants discontinued patch use due to side effect, but no replacement was available

▶ NRT Feedback

- Participants repeatedly discussed their need for patches; several acknowledged their dependence upon the patch as a cessation tool
- Participants reported the patch “***was the only way I could quit,***” and “***gave me confidence***”
- The majority of participants felt eight weeks of NRT was not enough
- Participants shared NRT patches used to be sold in SCI Muncy’s commissary, but are now only available through the medical department for a fee

▶ Post-Program Tobacco Use

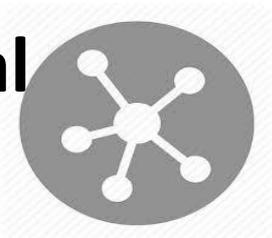
- Among focus group participants:
 - 1 successful quit (after 62 years of use!)
 - 3 reduced their use
 - 5 returned to their prior level of use
- Relapses were attributed to anxiety, stress, and the prison environment (i.e., buying cigarettes from commissary to barter means they are always nearby)
- All would participate again
- Many would call 1-800-QUIT-NOW after release

➤ Potential Supports for Participants

- **Support group** similar to Alcoholics/Narcotics Anonymous meetings
- **Peer support** from those in their cohort
- Improved **enforcement** of existing smokefree policies
- Review of products sold in **commissary**

➤ Recommendations – Program Structure

- **Agree on a timeline** for implementation across key partners early
- Establish **facility participation requirements** and flex options
- **Revisit intake** questionnaire
- Explore potential benefit of **additional partnerships**



▶ Recommendations – Program Structure



- Provide **trainings/orientation sessions** for key groups prior to implementation



- Work with PADOC to strengthen smokefree or tobacco free **policies/enforcement protocols**
- Include contact information for **PA Free Quitline** in packets given to all inmates prior to release
- Offer cessation support on an **ongoing** basis

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➤ Recommendations – Service Delivery

- Recruit participants using an **established method of communication**
- Discuss **selection criteria** and wait list
- Establish a **support group** for participants during and after participation in the program
- Expand **NRT protocol to 12 weeks**
- Consider **bonus counseling session** post NRT



Next Steps

Cost benefit discussion:

- A cessation program for incarcerated individuals will be more likely to be implemented throughout PADOCC system if the program demonstrates a relationship to decreased health costs over time

Providing a standard, but flexible, structure:

- Each PADOCC facility has nuances in policies/ procedures; variations between facilities need to be considered/addressed if program expands
- At the same time, consistencies in service availability and levels are critical to program sustainability

Any Questions?

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