Power of Data in Advancing Equitable Tobacco Outcomes

Friday, February 25, 12:00 – 1:30 pm ET

Closed Captioning: :
https://www.streamtext.net/player?event=PowerofDatainAdvancingEquitableTobaccoOutcomes

Welcome!

Tamanna Patel, MPH
Director
Practice Improvement

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Project Coordinator
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National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

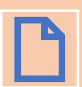
Housekeeping

This event is being recorded. All participants are placed in "listen-only" mode.

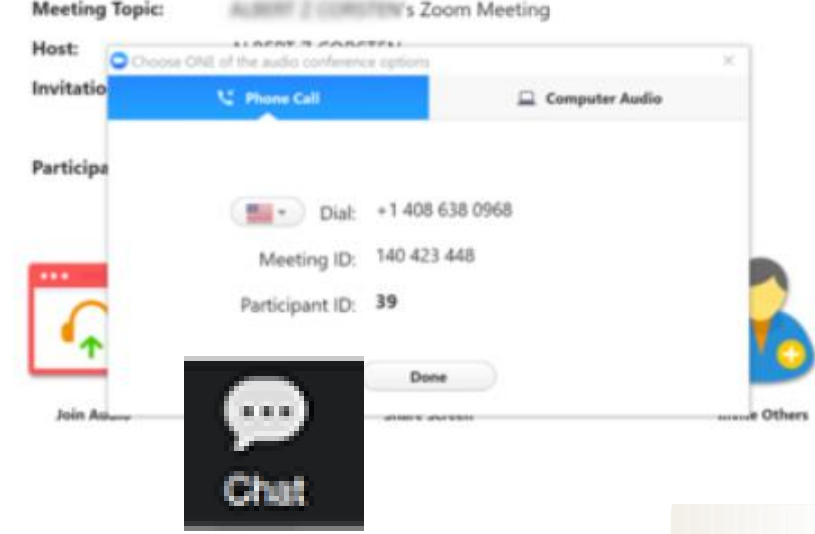
For audio access, participants can either dial into the conference line or listen through your computer speakers.

You can submit your questions by typing them into the chat box or using the Q&A panel.

Access to closed captioning: https://www.streamtext.net/player?event=PowerofDatainAdvancingEquitableTobaccoOutcomes



Slide handouts and recording will be posted here: https://www.bhthechange.org/resources/resource-type/archived-webinars/



National Behavioral Health Network *for Tobacco & Cancer Control*

from NATIONAL COUNCIL FOR MENTAL WELLBEING

National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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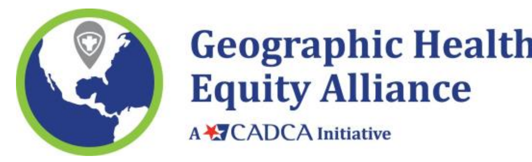


Networking2Save: A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations

- A consortium of eight national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.
- Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer for priority populations on a national, state, tribal and territorial level.
- https://www.cdc.gov/cancer/ncccp/related-programs/Networking2Save.htm

A Note on Language & Terminology

- **Mental wellbeing**: thriving regardless of a mental health or substance use challenge.

- **Commercial tobacco use/tobacco use**: The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDS).*

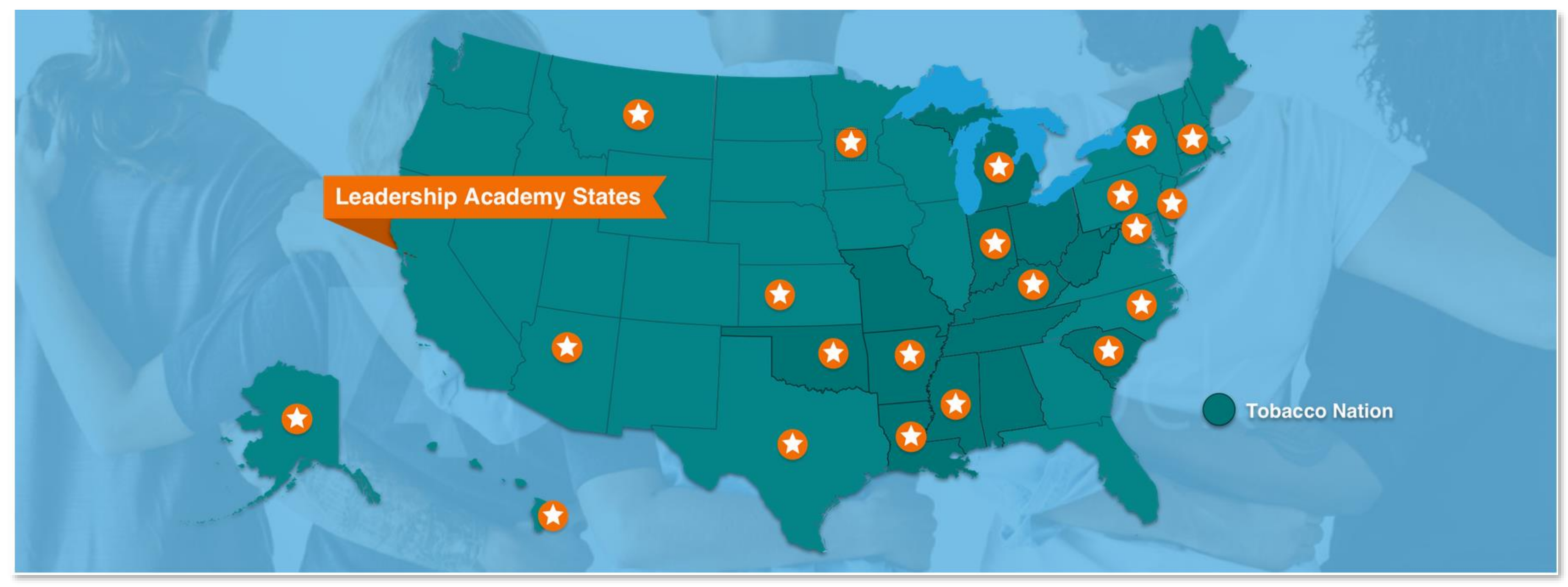
- ***All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaska Native communities**

SAMHSA National Center of Excellence for Tobacco-Free Recovery

- The Center of Excellence builds on and expands SAMHSA's efforts to increase awareness, disseminate current research, educate behavioral health providers, and create results-oriented collaborations among stakeholder organizations in an effort to reduce tobacco use among individuals with behavioral health disorders

- Goals of the Center of Excellence are to:
  - **Promote** the adoption of tobacco-free facilities, grounds, and policies
  - **Integrate** evidence-based tobacco cessation treatment practices into behavioral health and primary care settings and programs
  - **Educate** behavioral health and primary care providers on effective evidence-based tobacco cessation interventions

State Leadership Academies



Action Planning Summits to reduce tobacco use and foster tobacco-free living in behavioral health

Visit **TobaccoFreeRecovery.org**
for more opportunities, trainings and resources

Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

The following speakers, moderators and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

Jennifer Matekuare, BA, Tamanna Patel, MPH, Shannon Laing, LCSW, Catherine Saucedo, Kulpreet Kaur, MS, MPH and Hope Rothenberg.

Learning Objectives

- Increase your understanding of current tobacco, mental health and substance use data sources.
- Build strategies to improve data collection efforts.
- Gain insights about utilizing existing data sources to inform tobacco control and facilitate data-driven decision making.

CME/CEU Statement

1.5 hours of FREE credit can be earned, for participants who join the **LIVE** session, on **Friday, February 25, 2022**. You will receive instructions on how to claim credit via the post webinar email.

ACCME Accreditation

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of 1.5 AMA PRA Category 1 CreditTM. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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CME/CEU Statement (Cont.)

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California Behavioral Science :Professionals: University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 1.5 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. Provider # 64239.

ACCREDITATION FOR CALIFORNIA ADDICTION COUNSELORS

The UCSF office of continuing medical education is accredited by the California Consortium of Addiction Programs and Professionals (CCAPP), to provide continuing education credit for California addiction counselors. UCSF designates this live, virtual activity, for a maximum of 1.5 CCAPP credits. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.

Today's Featured Speakers

Tamanna Patel
Director
Practice Improvement
National Council for Mental Wellbeing

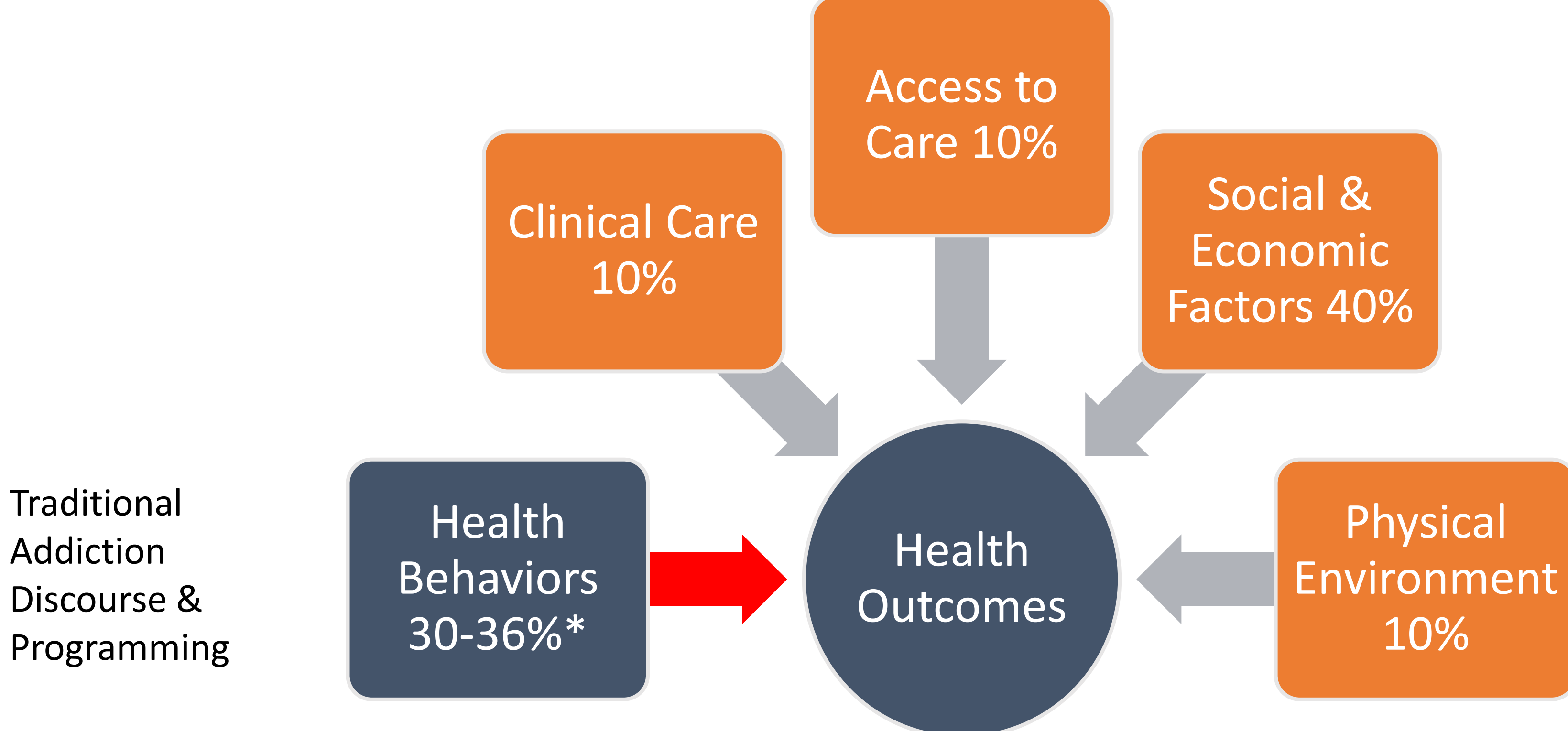
Shannon Laing
Director
Native Health and Wellness
Michigan Public Health Institute

Catherine Saucedo
Deputy Director
Smoking Cessation and Leadership Center
University of California San Francisco

National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Determinants of Health

Traditional Addiction Discourse & Programming



*Source: https://www.goinvo.com/vision/determinants-of-health/

Tobacco, Mental Health & Substance Use

What has caused the disparity?

The overall rate of cigarette smoking among adults has been decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This disparity can be attributed in part to predatorial practices by tobacco companies which included:

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes

- **High rate of ACEs/Trauma**
- **Limited access to high quality care (delays in care, lower quality of care, and more)**

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Tobacco Use by Demographics – Disparities Persist

Current Cigarette Smoking Among U.S. Adults, 2018

Race/Ethnicity
2.6% American Indian/ Alaska Native
15% White

Education Level
36% GED
3.7% Graduate degree

Annual Household Income
21.3% <$35,000
7.3% ≥$100,000

Health Insurance Coverage
23.9% Uninsured
23.9% Medicaid
10.5% Private
9.4% Medicare

Disability/Limitation
19.2% Yes
13.1% No

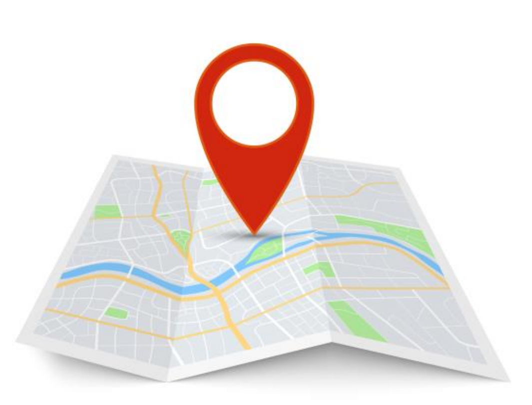
Sexual Orientation
20.6% Lesbian/Gay/Bisexual
13.5% Heterosexual

Serious Psychological Distress
31.6% Yes
13.0% No

Source: slide courtesy of CDC; Creamer MC et al. Tobacco Product Use and Cessation Indicators Among Adults – United States, 2018. MMWR 2019;68:1013-1019.

The Role of Data

Understanding the WHOLE Picture



Limitations in Data

- Few datasets reporting intersection between tobacco use and mental health/substance use challenges
- State and local policies **exclude** certain sector and facility types, such as **mental health and substance use treatment organizations**

Data Literacy

Shannon Laing
Director
Native Health and Wellness
Michigan Public Health Institute

Data Literacy

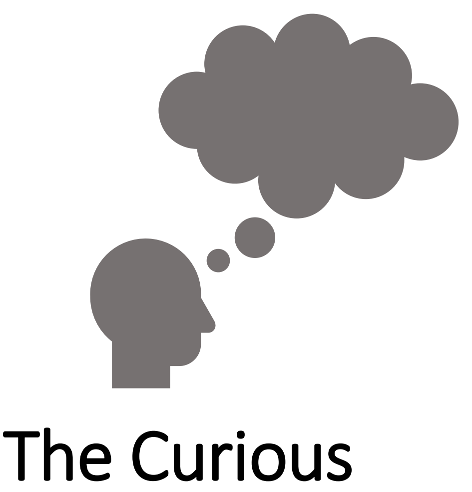
- Simply put: Data is information that was systematically collected & organized
- We live in a time when every industry, organization, and government agency is gathering exponential amounts of data
- Once we have data, we need the skills to interpret it, understand it and use it to make a positive change
- These skills are what we call **data literacy**

Data Literacy: Basic Skills

- Ask good questions
- Understand which data are relevant and valid
- “Test” your ideas to see what changes
- Interpret data so that the results are useful and meaningful to those impacted
- Create easy-to-understand visualizations for decision-makers
- Tell a story to help people see the big picture and act on the results

Data Literacy: Roles

Identify, engage and encourage three different types of data roles in your team or organization:



The Curious

The Confident

The Coach

Data Driven Problem-Solving

Weave data into all important decision making:

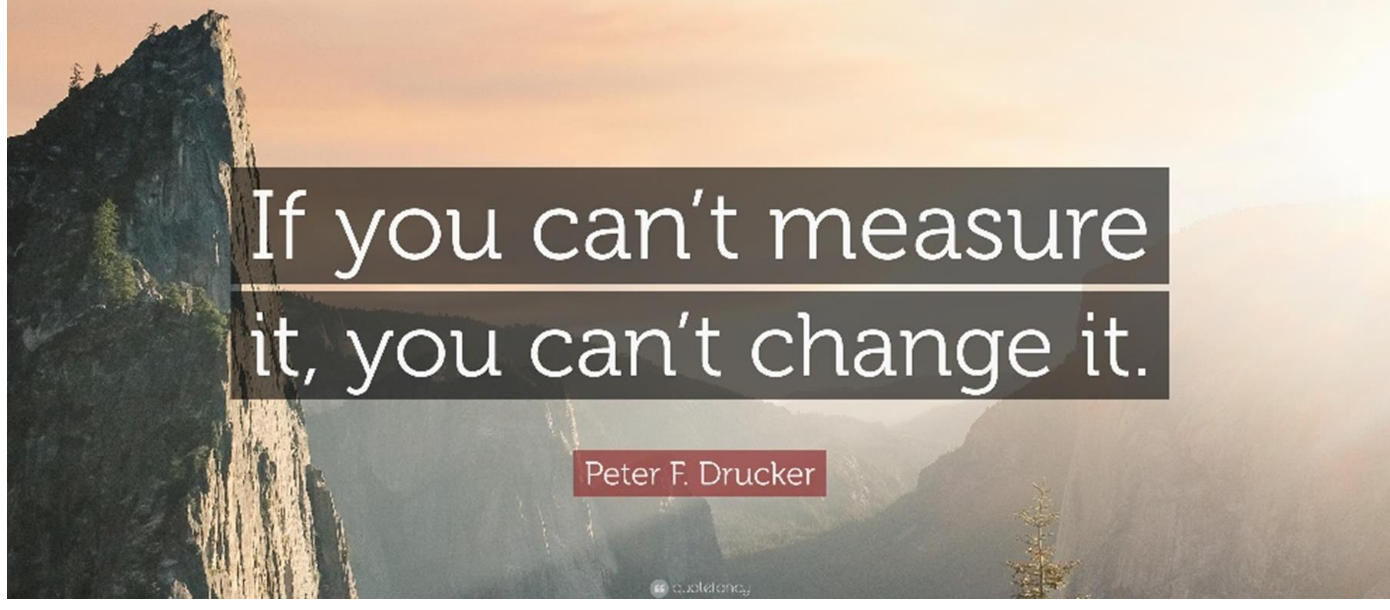
"What data do we have (or can we get) that supports or contradicts this decision?"

When presented with data to be used as 'evidence' for a decision, respectfully interrogate it:

- Are the sources reliable?
- Are the analysis & interpretation accurate?
- Are other sources of evidence consistent with our story?
- How important is the decision?
- What more do we need to know in order to act?

How can we harness the power of data to advance equity?

1



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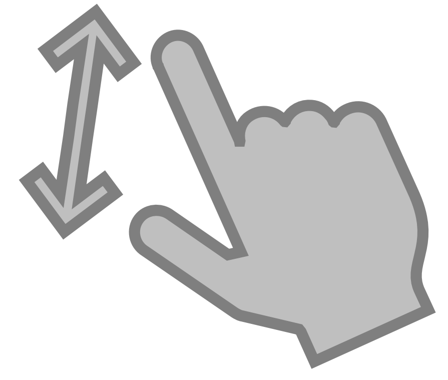
3

Use B.A.D. (Best Available Data)

Engage those with lived experience in collecting & interpreting data and setting priorities

- No single data source has all the answers - Start broad/global
- Mark your starting line
- Get curious – Ask why? How?
  - Gather stories and wisdom
  - The cost of not understanding the context of data is huge
- Set meaningful priorities

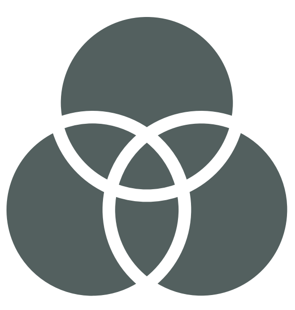
Zoom In on Smaller Targets



Population-based strategies can focus on disparities within small sub-groups.

- Expand demographic questions on surveys and forms
- Try using enhanced question sets (e.g. ACEs)
- Add screening tools to your existing workflow
- Collaborate on small scale pilot projects with priority groups
- Start with qualitative data

Explore Intersectionality



Describes how race, class, gender, and other individual characteristics “intersect” with one another and overlap.
Crenshaw (1989)

- Multiple nature of individual identities and factors of **advantage and disadvantage**.
- Think deeply and critically about equity as “**a never-ending process** that requires constant and ongoing vigilance and **not just an outcome** that once accomplished can be forgotten.”
- “We can get there by … **distributing resources according to need**”

Health Inequities, Social Determinants, and Intersectionality (Lopez & Gadsden, 2016)

Invest in Capacity Building

We can unintentionally widen disparities we seek to eliminate, by design.

- How do you select & invest in organizational partners?
  - Partners with capacity = quick wins
  - Partners with less capacity = big opportunities
  - Prioritize partnerships that will target inequities
- Do you prioritize capacity-building?
  - Plans include capacity building support AND adequate time to build capacity before implementing strategies
  - Accomplishing tasks is NOT the only measure of success

Data Strategy: Partnerships & Engagement

A state program wants to enhance the collection, quality, and use of data related to tobacco use among individuals with mental health and substance use challenges.

Activities:

- Assess what B.A.D. exists and what can be learned from it
- Select B.A.D. and disaggregate data to explore the burden of tobacco use on different groups
- Identify a priority group (by demographics, identity, geography)
- Put out a Call for Partners seeking agencies to engage in a pilot project with compensation provided
- Prioritize selecting partners orgs that specialize in serving your priority group
- Work with the selected orgs to analyze their own B.A.D. and gather input/stories from members of your priority group
- Work with partners to make a SMARTIE goal and choose a strategy to implement

Data Strategy: Improve Data Collection

A community behavioral health agency wants to improve the ways they capture and use data related to tobacco use disparities among individuals served.

Activities:

- Assess B.A.D. and identify what is currently collected to understand tobacco use and how it is collected
- Analyze B.A.D. to explore patterns, identify data missing or needing improvement to better understand the burden of tobacco use disparities among clients served
- Set one data priority to improve with input from providers and clients
- Find existing tools and resources to help with planning and implementing the improvement
- Implement the improvement and monitor data on a regular schedule

Data Areas of Interest

Catherine Saucedo, Deputy Director
Smoking Cessation Leadership Center

2/25/2022

Outline

- Data Areas of Interest
- Available Data via National Sources
- Relevant State Data Sources
- Resources to Consider

What type of data have been useful for tracking tobacco use among those with behavioral health conditions?

- *Current smoking prevalence*
- Behavioral health facilities – tobacco cessation interventions and tobacco-free policy
- Quitline caller demographics
- Medicaid/MCOs – Coverage and Client Data

Housekeeping – Using Menti

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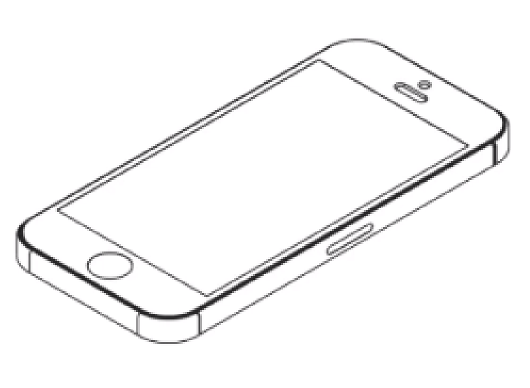

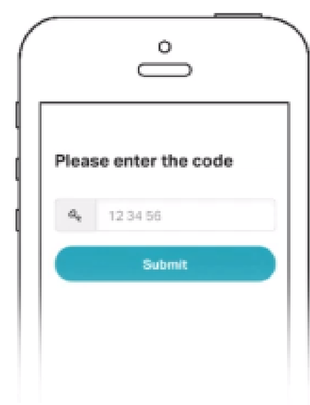

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Go to www.menti.com and use the code 1860 8331

The code lets your audience join the presentation. It expires in 2 days.

Mentimeter

What data are you most interested in learning as it relates to tobacco use and behavioral health/public health?

https://www.menti.com/m8cqsigx8g

1860 8331

Available Data via National Sources

CDC BRFSS

Behavioral Risk Factor Survey System

N-SATTS/N-MHSS Annual Surveys

National Survey on Substance Abuse Treatment Services/ National Mental Health Services Survey

NSDUH

National Survey on Drug Use and Health

County Health Rankings

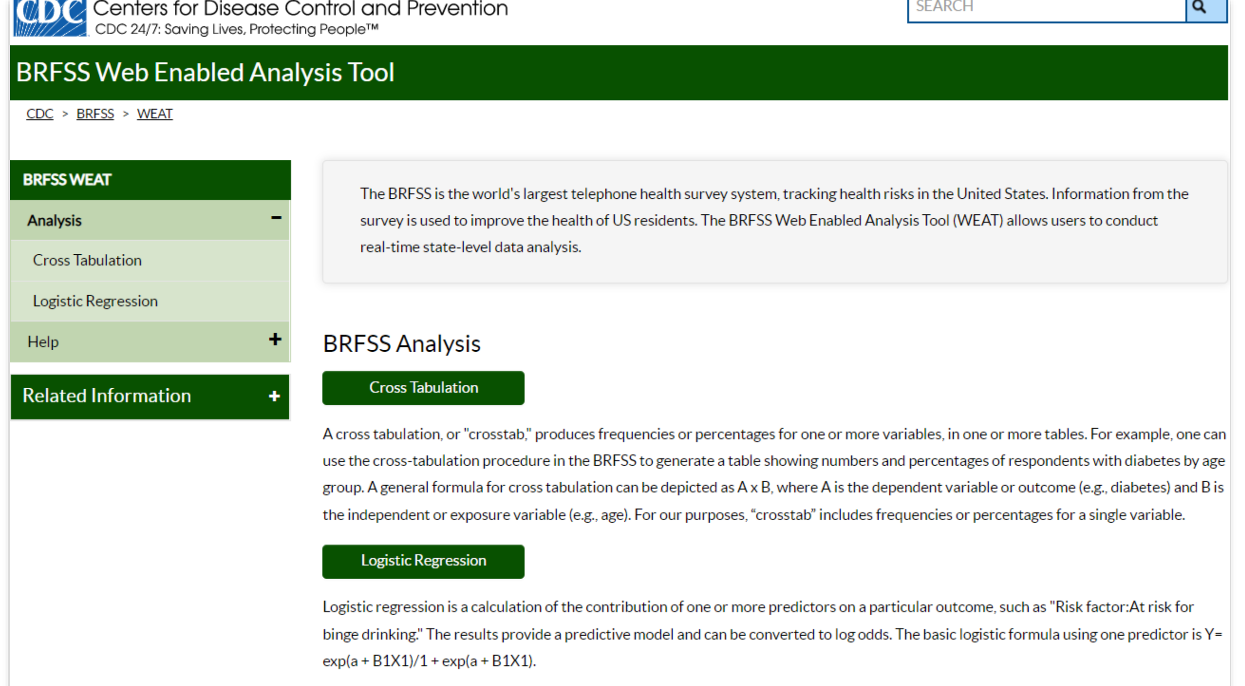
CDC BRFSS

- **B**ehavioral **R**isk **F**actor **S**urveillance **S**ystem
  - Annual household-based survey that interviews a sample of adults in state for information regarding health risks and behaviors, health practices for disease prevention, and healthcare access linked to chronic disease and injury
  - Adult tobacco related data metrics – primarily state-based
    - Current smoking among:
      - General population (adult)
      - Individuals with select BH conditions (limited proxy measures)
        - MH-related: Adults with frequent poor mental health; depressive disorder
        - SA-related: Adults who drink alcohol heavily; binge drink

https://www.cdc.gov/brfss/index.html

CDC BRFSS

- **How to collect data**
- For individuals with data analysis tools and skills:
  - Data files are provided in ASCII and SAS formats
- For individuals lacking data analysis tools and skills:
  - BRFSS WEAT (Web-enabled Analysis Tool): https://nccd.cdc.gov/weat/#/analysis
    - Allows the general public to analyze current smoking levels among the four behavioral health conditions stated earlier – state or national (compiled state) data, and by year
  - PLACES: https://www.cdc.gov/places/
    - Local mapping of BRFSS metrics; interactive map (using BRFSS, Census, and American Community Survey data)



Prevalence of Current Smoking among Kansas Adults Aged ≥18 Years by Mental Health* Status (2011-2020 KS BRFSS)

EXAMPLES

Prevalence of Current Smoking (0%–50%) by Year

Year	Adults with Poor Mental Health	Adults without Poor Mental Health
2011	43%	19.4%
2012	37.8%	17.3%
2013	38.2%	18%
2014	36.1%	16.2%
2015	35.8%	15.7%
2016	32.7%	15.4%
2017	33.9%	15.2%
2018	33%	15%
2019	31.4%	13.6%
2020	30.2%	14.3%

*Poor Mental Health defined as 14 or More of the Past 30 Days Not Good. Question Wording: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

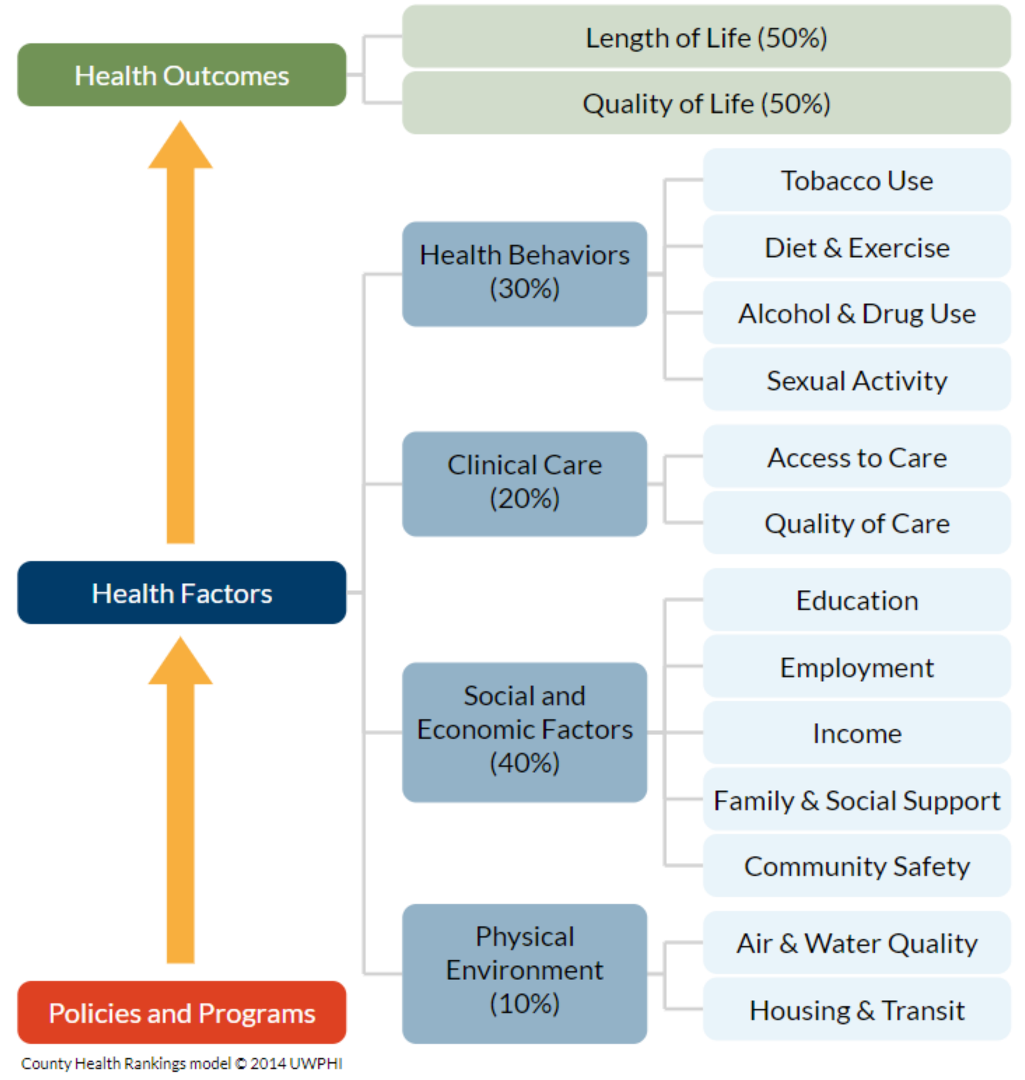
Source: 2011-2020 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE

County Health Rankings

- Measures factors that influence community-level health outcomes
  - Demographic measures
  - Also state-level measures
- Uses a range of data sources to compile statistics, including BRFSS, American Community Survey, CMS, National Center for Health Statistics, Bureau of Labor Statistics, Census, and more

County Health Rankings
countyhealthrankings.org

https://www.countyhealthrankings.org/



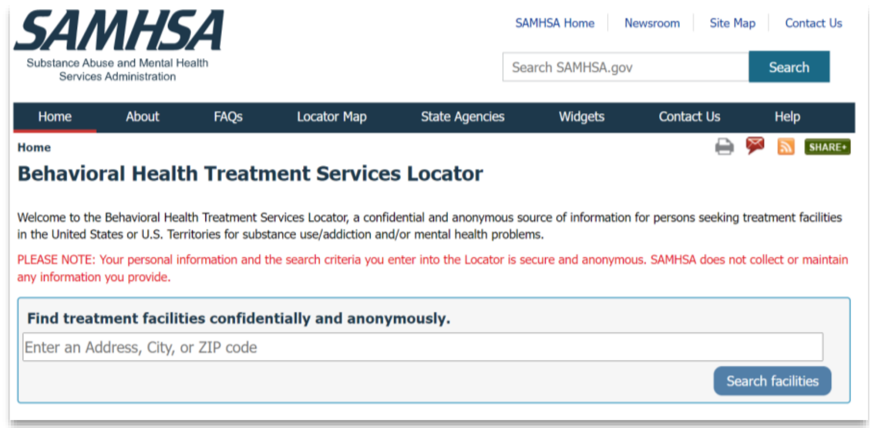
National Survey of Substance Abuse Treatment Services (N-SSATS)
National Mental Health Services Survey (N-MHSS)

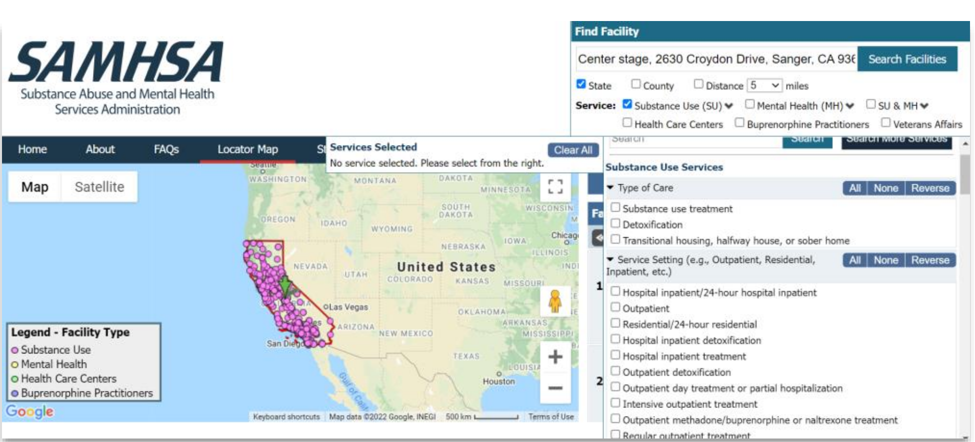
- Annual census of substance abuse and mental health treatment facilities
  - Reports are released annually
    - Include information on percent and number of MH/SA facilities in each state that:
      - Screen patients/clients for tobacco use
      - Provide tobacco cessation counseling
      - Offer nicotine replacement therapy (NRT)
      - Offer non-nicotine cessation medications (ex: Chantix, Wellbutrin)
      - Do not allow smoking and/or vaping on grounds (smoke-free grounds)

SAMHSA Behavioral Health Treatment Services Locator

https://findtreatment.samhsa.gov/

- Online search engine that allows public to find MH and/or SA treatment facilities based on area specified
  - Uses information collected annual N-SSATS and N-MHSS reports, along w/ weekly & monthly updates from individual facilities across country
  - Can collect information on what tobacco cessation services each facility provides and whether they have a smoke-free campus policy
  - Searches facilities by state, city, locality/county or nationally
  - Filters out facilities based on type of care provided, service setting (outpatient, residential, inpatient, detox type, etc.), facility operation (e.g., private, public), license/certification accreditation, type of funding accepted (e.g. Medicare) and more





Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health (N= 11,359) and Substance Abuse Treatment Facilities (N=14,594), United States 2022

	US MH Treatment Facilities	US SA Treatment Facilities
Screening for Tobacco Use	64.8%	78.4%
Providing Smoking/Tobacco Cessation Counseling	49.7%	64.0%
Offering Nicotine Replacement Therapy	32.0%	35.3%
Offering Non-nicotine Cessation Medications	31.2%	30.1%
Smoke-Free Campus	54.7%	35.4%

Percent (%)

EXAMPLES

Data from the National Directory of Mental Health Treatment Facilities; based on responses to SAMHSA's National Mental Health Services Survey (US data collected 2/4/2022); Data also from the National Directory of Substance Abuse Treatment Facilities; based on responses to SAMHSA's National Substance Abuse Services Survey (US data collected 2/4/2022). https://findtreatment.samhsa.gov/

SAMHSA Behavioral Health Treatment Services Locator

- Limitations
  - Data reflects only facilities that choose to respond to annual facilities surveys (however in most cases represents 'best available data')
  - Contact information does not include survey respondent, but rather general facility
  - Data does not include survey results from previous years

National Survey on Drug Use and Health (NSDUH)

https://nsduhweb.rti.org/respweb/homepage.cfm

- Annual survey conducted by SAMHSA
- Individuals aged 12 and older are randomly selected to participate
- Tracks trends in the use of alcohol, tobacco & various types of drugs, along w/ specific MH conditions
- Releases annual reports and detailed tables

Substance Abuse and Mental Health Data Archive (SAMHDA): https://pdas.samhsa.gov/#/

- Online tool that allows you to analyze national levels of tobacco use among individuals living with **specific** mental health and/or substance use conditions (via NSDUH report data, cross-tab) & behavioral health facility tobacco treatment service & tobacco-free policy implementation (via N-MHSS and N-SSATS report data)

Relevant State Data and Resources to Consider

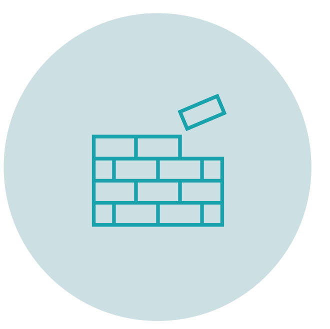
- **Find key state partners to provide local data**
  - Behavioral Health (Mental Health, Substance Abuse) and Public Health Divisions/Departments
  - State Quitline
    - Can provide number and percent of callers who smoke and have specific mental health and/or substance use conditions
    - Benefits, NRT being offered
    - https://map.naquitline.org/default.aspx
  - Medicaid/MCOs
    - Smoking rates among Medicaid consumers, varied demographics

Find key state partners to provide local data

- Connect with state epidemiologists!
- State tobacco control agency
- Advocacy and local/community organizations
  - Consumer organizations
  - State branches of national advocacy groups
- May already have contacts within state to provide much of this data

Tips to Success in Identifying Key Data

Always consider B.A.D. – Best Available Data!



Try not to 'reinvent the wheel' Build upon existing efforts

Consider SMART goals when tracking data and trying to reach targets

Track data over several instances to see the trend of where data is going

Data Source Overview

- CDC Behavioral Risk Factor Surveillance System (BRFSS): https://www.cdc.gov/brfss/
    - BRFSS WEAT (Web-enabled Analysis Tool): https://nccd.cdc.gov/weat/#/analysis
- CDC PLACES: https://www.cdc.gov/places/
- County Health Rankings: https://www.countyhealthrankings.org/
- SAMHSA Behavioral Health Treatment Services Locator: https://findtreatment.samhsa.gov/
- National Survey on Drug Use and Health (NSDUH): https://nsduhweb.rti.org/respweb/homepage.cfm
    - Substance Abuse and Mental Health Data Archive: https://pdas.samhsa.gov/#/
- NAQC Quitline Map: https://map.naquitline.org/default.aspx
- STATE System Medicaid Coverage of Tobacco Cessation Treatments Fact Sheet: https://www.cdc.gov/statesystem/factsheets/medicaid/Cessation.html

Thank You!

Catherine Saucedo: Catherine.Saucedo@ucsf.edu
Brian Clark: Brian.Clark@ucsf.edu

TobaccoFreeRecovery.org

Thank You for Joining Us!!

Please be sure to complete the brief post-event evaluation

Visit https **Bhthechange.org** and become a member for FREE!!

For questions, contact us at
BHtheChange@thenationalcouncil.org

National Center of Excellence for
Tobacco-Free Recovery