Vermont Cooperative for Practice Improvement & Innovation

# Culture of Wellness: Promoting Smoking Cessation and Wellness Initiative
# Vermont Department of Mental Health

EARLY DRAFT – Scope of Work

Jan 25. 2016

## Introduction

The World Health Organization (WHO) defines Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The United States Department of Health and Human Services defines Recovery from mental disorders and/or substance abuse disorders as a process of change through which individuals:

- Improve their health and wellness
- Live a self-directed life
- Strive to achieve their full potential

This initiative is a way to help those being served by the designated agencies to achieve a better state of health and further towards their recovery. Currently, people served by the CRT program bear a heavier burden of chronic disease than their counterparts. This initiative helps to identify wellness approaches to both prevent the onset of chronic disease and/or to reduce the impact of those illnesses.

## Background Information

Several studies have now shown that people living with serious mental illness have a life expectancy much shorter than those without (Olfson & Gerhard, 2015). The Standardized Mortality Ratio (SMR) is 3.7 times that of the general population. Mortality ratios for women living with schizophrenia are higher than men (4.3 vs. 3.3). The greatest contributors to this higher mortality are co-occurring diseases such as Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Diabetes, cardiovascular disease and suicide.

The chart below shows the mortality ratios by ethnicity and cause of death

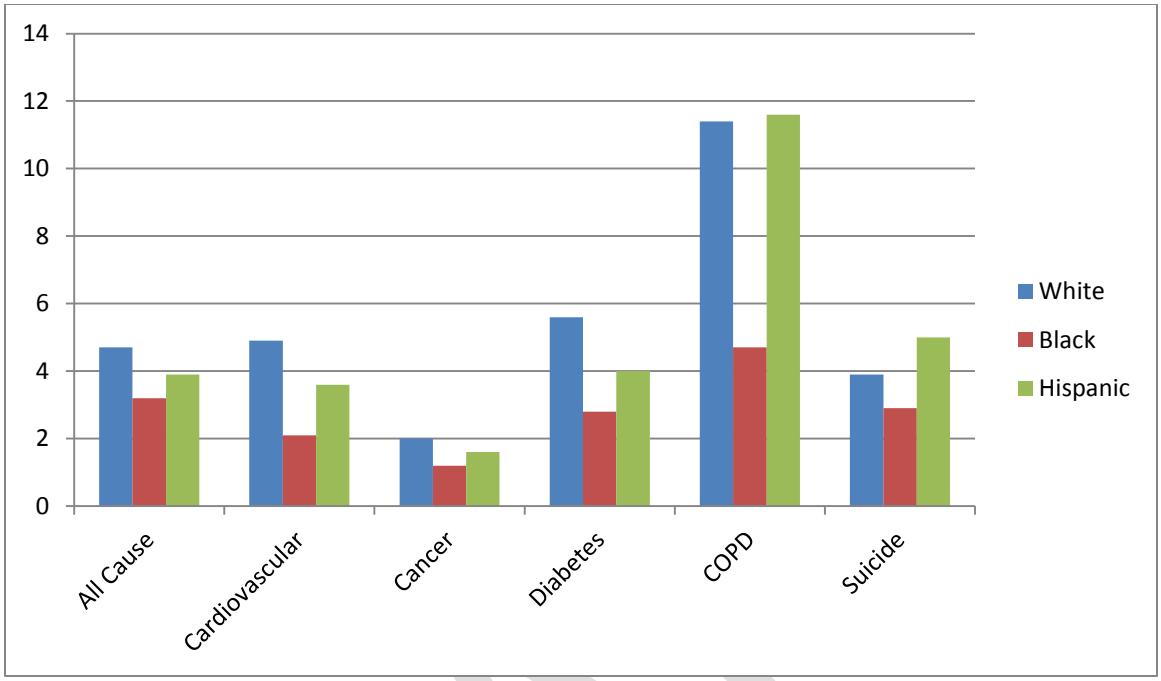
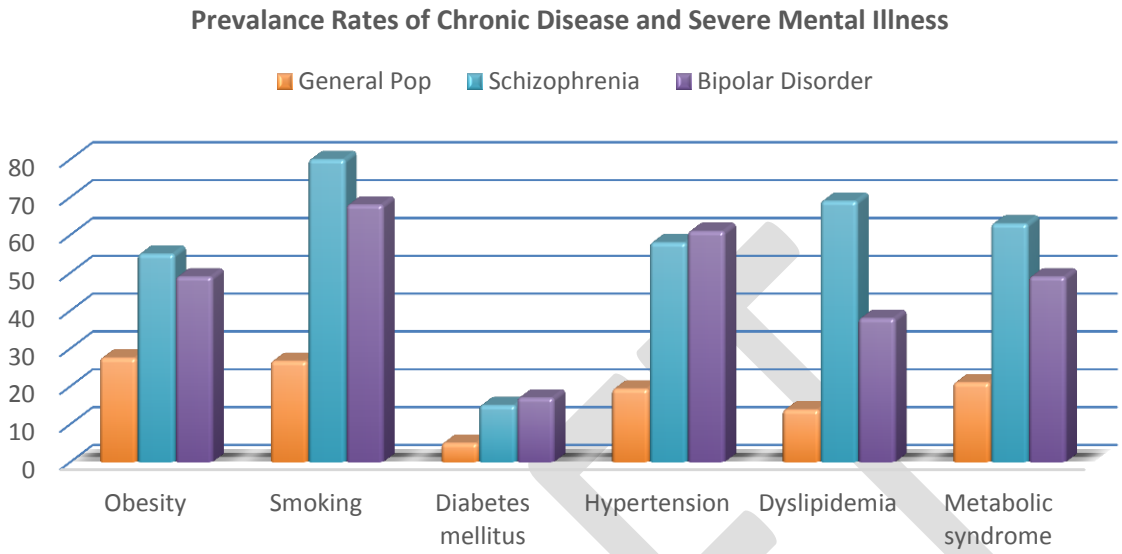



Figure 1: Mortality ratio Schizophrenia

In addition to the mortality ratios it is also clear that the prevalence of chronic disease is much higher for those living with severe mental illness. Marc DeHert and colleagues (DeHert, 2011) studied the prevalence of chronic disease in patients who also have severe mental illness. On average they show a prevalence of these diseases that is 2-3 times more common than in the general population. The chart below demonstrates the prevalence rates.




Given the high rates of co-occurring chronic disease among those living with serious mental illness and consequential higher mortality rate and shortened life expectancy, there is a need for integrated services to include both prevention and treatment for this cohort at a markedly higher risk. Improving the coordination of care will go a long way in improving the health of Vermonters.

## Project Introduction

Vermont community mental health providers are challenged to provide care that addresses the mental health and overall health and wellness needs of people experiencing serious mental illness. We may ask ourselves, "Why should we focus on whole health when our expertise is in mental health?" National statistics indicate that about 50% of adults with serious mental illness are smokers, compared with 23% of the general population. People with mental health or substance use disorders experience reduced life expectancy, higher rates of disease and reduced quality of life. Specifically, smoking-related illnesses cause half of all deaths among people with serious mental illness. Recognizing the importance of addressing this need, the Vermont Department of Mental Health is partnering with the Vermont Cooperative for Practice Improvement and Innovation (VCPI; www.vtcpi.org), and an array of partners to improve the overall health and wellness supports and services offered, including smoking intervention and cessation for people experiencing serious mental illness.

The work of this initiative will be conducted within a voluntary practice improvement framework. Due to the nationally documented vulnerability of people with serious mental illness

and limited resources available, initial efforts will focus on the Community Rehabilitation and Treatment (CRT) Programs within the designated mental health system of care.

## Participants

a) Vermont Department of Mental Health (DMH)
b) Vermont Department of Health (VDH)
c) Vermont Cooperative for Practice Improvement and Innovation (VCPI)
d) Vermont Care Partners (VCP)
e) CRT enrollees

## Goals of the Initiative

## Long Term Goals:

1. Reduce life expectancy gap for people living with serious mental illness by 10% in the next five years
2. Reduce chronic disease burden for people living with serious mental illness as demonstrated by a reduction of 5% in the prevalence of each of the top five chronic disease within five years.
3. Improve quality of life for people living with serious mental illness as measured by the Health Related Quality of Life Measures by 10% over the next five years.

## Short Term Goals and related Interventions:

1. Raise awareness of evidence-based prevention methods to delay or prevent chronic diseases
    **a.** create a statewide platform for education, awareness and dialogue to promote a whole health approach to supporting Vermonters with serious mental illness
    **b.** identify and evaluate health and wellness activities and programs being implemented statewide with the goal of broader dissemination and replication

2. Reduce smoking prevalence by 20% by December 2017 for people living with serious mental illness

    a. Assure all Designated Agencies' electronic health records are collecting information on smoking status, history (pack years), current quantity smoked and desire to quit

**b.** elevate awareness statewide around the impact of smoking on rates of morbidity, disease and quality of life for people experiencing serious mental illness
**c.** improve access to health and wellness, and smoking intervention and cessation support and programs for Vermonters experiencing serious mental illness

### 3. Improve nutrition by increase fruit and vegetable intake to standards recommended by Centers for Disease Control and reduce salt consumption to less than 2 grams per day

a. Educate CRT participants on the benefits on eating 2 cups of fruit and 3 cups of vegetable daily ( Moore & Thompson, 2015)
b. Educate CRT participants on the benefits on eating less than 2 grams of salt daily

### 4. Improve time spent doing exercise

**a.** Educate CRT participants on the benefits of exercising at least 210 minutes (3 ½ hours) each week or 30 minutes' daily

## Phase I: Initiative Launch, Engaging Stakeholders & Statewide Assessment

**Project Months: October 2014 – March 2015**

**Description:** During this phase, we will identify key coalition partners and stakeholders and begin a preliminary review of activities and programs already being implemented statewide and nationally. State-wide engagement requires strategic facilitation of buy-in and bringing early adopters to the table. We will work to engage current CRT Programs and Directors within the framework of a voluntary practice improvement effort. We will also conduct a simple statewide survey to assess and determine existing needs and awareness for community mental health providers.

(1) Engagement and formation of a coalition/advisory/steering committee
(2) Outreach and engagement of current health and wellness activities, programs and content experts, assess the willingness of these programs to mentor and support other providers
    a. Washington County Mental Health, Clara Martin, HCRS, Blue print
    b. Catalog and document current activities and programs
(3) Outreach to CRT Programs and Directors
    a. What have they done?
    b. What are they currently offering?
    c. What would they like to see?
    d. What would be most helpful to them?
(4) Initial review of promising programs and practices nationally
    a. TOPS, KOPS, In Shape
(5) Statewide survey to assess: current needs, activities and attitudes
    a. Do you think that health and wellness is important?
    b. Other key partners: Executive Directors, Medical Directors, Private Practitioners, Nurses, Community Hospitals Psychiatry

## Phase II: Education and Outreach, Technical Assistance

**Project Months: February – September**

During this phase we will launch outreach and education efforts with a statewide information roll-out build education and awareness around the impact of smoking on people with serious mental illness and the benefits of a whole health approach to treatment. We will also host a webinar presenting on current statewide program and efforts and create an ongoing Learning Community to support the practice improvement efforts.

(1) Develop and disseminate a Q&A Fact Sheet statewide
    a. Debunking myths
    b. National data
(2) Develop and host a webinar(s) for participants to learn about other activities and programs happening statewide
    a. Provide resources

(3) Provide ongoing TA/Learning Community and support to community mental health providers implementing health and wellness, and smoking intervention programs and supports

### Data and Evaluation

Simple baseline data will be collected through the initial statewide survey. Post survey follow-up could be development to measure the impact of the initiative.

- 20% reduction in number of people smoking and/or 20% reduction in amount smoked
- 10% reduction in average BMI
- Annual Health Related Quality of Life Measures (CDC HRQOL, 2015)
- Food and exercise logs to track improvement in nutrition and exercise

## References

Moore, L., & Thompson, F. (2015). *Adults Meeting Fruit and Vegetable Intake Recommendations — United States, 2013.* Atlanta, GA: Centers for Disease Control and Prevention.

CDC HRQOL. (2015, Dec). *Centers for Disease Control and Prevention*. Retrieved from Centers for Disease Control and Prevention - Health-Related Quality of Life (HRQOL): http://www.cdc.gov/hrqol/

DeHert, M. (2011). Physical illness in patients with severe mental disorders. *World Psychiatry*, 10:52-77.

Olfson, M., & Gerhard, T. (2015). Premature Mortality Among Adults With Schizophrenia. *JAMA Psychiatry*.