

Expanding Smokefree Communities

Community Profiles:

Michigan

Community Overview

The American Lung Association of the Midland States (Michigan) has been active in Michigan for over 100 years. Over the years, the American Lung Association of Midland States has developed relationships with all of the major health associations and systems in the state, including Northern Lakes Community Mental Health. Northern Lakes Community Health operates four facilities located in Grand Traverse, Leelanau, Crawford, Wexford, Missaukee, and Roscommon Counties in Michigan. These health facilities were identified by the American Lung Association of the Midland States because of their strong interest in promoting tobacco-free environments. The American Lung Association of the Midland States is partnering with Northern Lakes Community Mental Health to make it easier for patients to get help quitting tobacco use. They plan to create a systems change by implementing initiatives to make the facilities tobacco-free.

Health Equity Focus

This project will target six rural counties in Michigan — Grand Traverse, Leelanau, Crawford, Wexford, Missaukee, and Roscommon Counties. Smoking occurs at a very high rate among people with mental illness in general, and patients at Northern Lakes Community Mental Health are unfortunately no exception.

Community Demographics

These six counties in Michigan have a population of 195,854 and the unemployment rate in Michigan is 10.3 percent.¹ Within these six counties, ethnic demographics are similar. The majority of the population is Caucasian; with African Americans, Latin Americans and Asian Americans each making up one to two percent of the population's ethnic composition. However, average incomes in these counties prove to differ somewhat. The majority of the population has an average income of \$37,000, while Grand Traverse, Leelanau and Wexford counties have incomes that vary from \$43,873 to \$51,267.² Smoking rates in these counties vary significantly, as rates range from 11 percent to 29 percent. These smoking rates are amongst the general population in these counties, and the smoking rate in the mental health population are likely higher.

Northern Lakes Community Mental Health serves people with mental illness. In their *Annual Report to the Community 2012*, it was noted that Northern Lakes Community Mental Health served 6,107 consumers in the 6-county region. They served 4,152 adults with mental illness, 1,138 children with serious emotional disturbances, and 817 individuals with developmental disabilities.

¹ County Health Rankings and Roadmap, <http://www.countyhealthrankings.org/app/#/michigan/2013/rankings/outcomes/overall/by-rank>

² County Health Rankings and Roadmap, <http://www.countyhealthrankings.org/app/#/michigan/2013/rankings/outcomes/overall/by-rank>

Burden of Tobacco Use – The Challenge

Smoking and the Mental Health Population

The mental health population in Michigan is significantly impacted by tobacco use. It is reported that the smoking rate for people with mental illness in Michigan is 41.5 percent,³ and data indicates that 43 percent of all cigarettes in America are smoked by individuals who suffer from mental illness or substance abuse disorders.⁴ According to the American Legacy Foundation report, *A Hidden Epidemic: Tobacco Use and Mental Illness*, people with mental illness smoke at rates twice that of the general population (41 percent versus 22.5 percent, respectively). Those with the highest rates are people with depression, bipolar disorder and schizophrenia (60 to 80 percent).⁵ People with mental illness are also likely to experience lower socioeconomic status, homelessness and other situations that are risk factors for tobacco use. People in the low-income brackets spend up to one-third of their monthly income on cigarettes, and people with mental illness who smoke have a 50 percent greater chance of dying from a tobacco-caused illness.⁶

One of the biggest issues for the mental health population is that state programs often do not offer quit tobacco referrals or provide tobacco cessation services, which is likely due to a lack of training, along with misconceptions among mental healthcare professionals about quitting tobacco use and people with mental illnesses. Furthermore, tobacco use remains a large part of the culture among mental health and residential facilities, with breaks outside only for smoking, providers driving patients to stores for cigarettes, and daily schedules that include smoke breaks. Needless to say, there are many social and environmental factors that make people with mental illness more likely to use tobacco.

Advancing Health Equity in the Mental Health Population through Tobacco-Free Living: The Opportunity

The four facilities that are part of Northern Lakes Community Mental Health system have not fully integrated tobacco prevention and cessation into their programming; however, they plan to adopt a standard of routinely screening clients to learn about their smoking status, using the 5 A's. They also plan to create a standard of referring smoking clients to tobacco cessation services. The facilities have designated smoking areas, and as part of project, they will build on what exists by helping facilities voluntarily transition to a tobacco-free campus. They will also utilize existing resources such as the *Tobacco-Free Living in Psychiatric Settings* guide, and will assist facilities with implementing a standard to screen all patients for tobacco use, using the 5A's to transition them to tobacco cessation. They will also create electronic medical records for patients, help all facilities develop a tobacco cessation program and provide training for their health professionals.

³ Centers for Disease Control and Prevention. [Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness — United States, 2009–2011](#). *Morbidity and Mortality Weekly Report*. February 8, 2013; 62(05):81-87.

⁴ Lasser K, et al. Smoking and Mental Illness: A Population-Based Prevalence Study. *Journal of the American Medical Association*. November 22/29, 2000; 284(20):2606-2610.

⁵ Legacy Foundation, *A Hidden Epidemic: Tobacco Use and Mental Illness*, June 2011

⁶ NAMI website, Jim Williams, M.D., and Marie Verna, May 2013.

http://www.nami.org/Template.cfm?Section=top_story&template=/contentmanagement/contentdisplay.cfm&ContentID=152733&title=Strong%20Advocacy%20Effort%20Needed%20to%20Help%20Smokers%20with%20Mental%20Illness

The American Lung Association of the Midland States (Michigan), with close involvement from Northern Lakes Community Mental Health, has strong partnerships. They plan to enlist leaders from the following organizations:

- American Lung Association in Michigan
- Catholic Human Services
- Traverse Bay Area Tobacco Coalition
- Michigan Department of Community Health
- Northern Lake Community Mental Health
- Michigan Association of Community Mental Health Boards
- National Association of Social Workers
- NAMI Michigan
- Disability Network of Northern Michigan

If you would like to find out more or get involved with the efforts underway in northern Michigan, please contact Shelly Kiser, Director of Advocacy, at skiser@midlandlung.org.