Evaluation Report for Implementation of the Breathe Easy Live Well Curriculum in Group Home Settings

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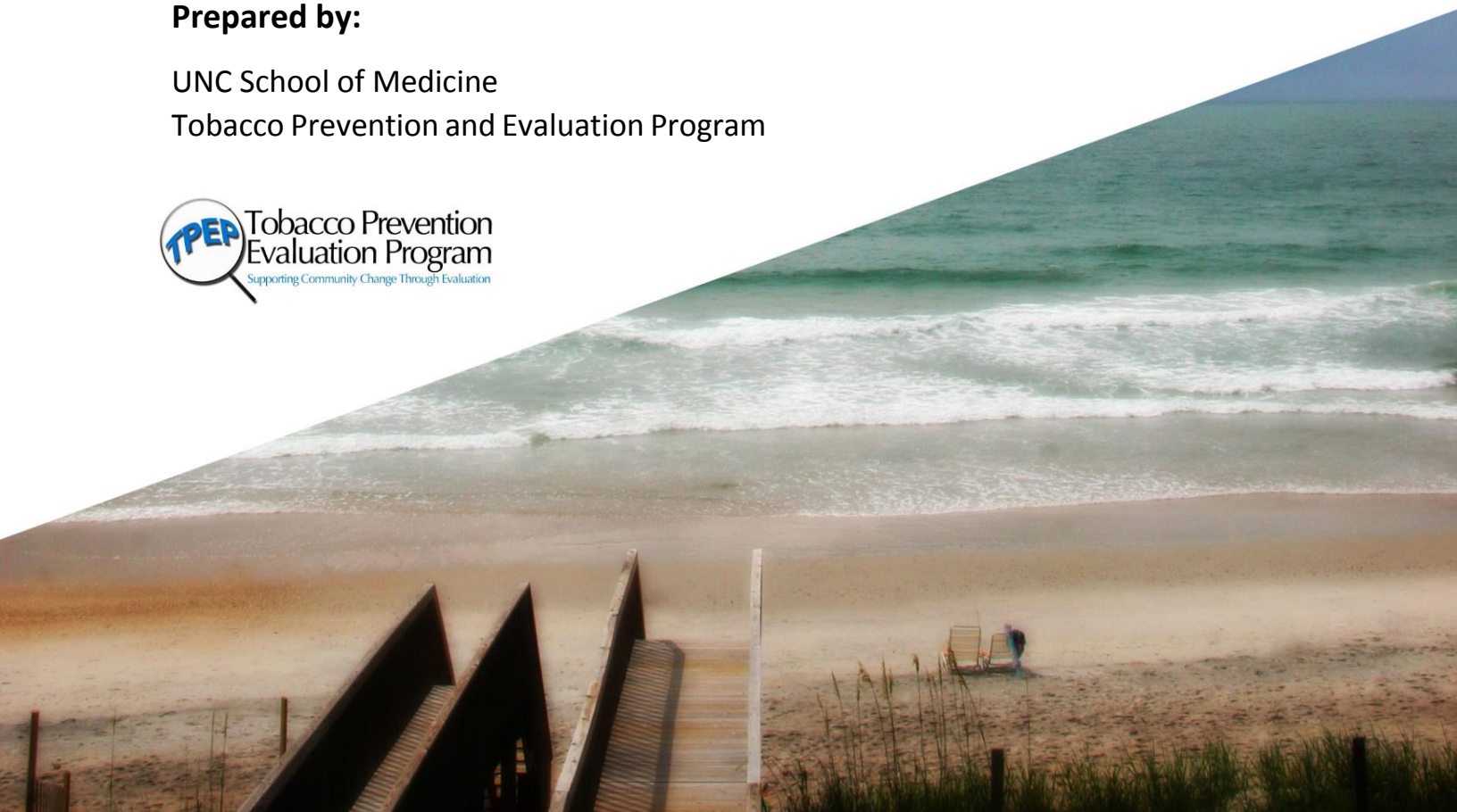

Executive Summary

Individuals with various categories of mental illness smoke at disproportionately higher rates than individuals without mental illness. Smoking rates among individuals with mental illness are between 34% and 88%; this is compared to an 18.3% rate of smoking among the general population. The large disparities may persist in part due to slow progress of changing tobacco-related norms among mental health providers and clients and to a historical reluctance by providers to address tobacco.

The Breathe Easy Live Well (BELW) program is a 15-week curriculum designed to address overall health and wellness as well as nicotine dependence at mental health treatment facilities. In January 2014, the Southern Regional Area Health Education Center (SR-AHEC) contracted with the Tobacco Prevention and Evaluation Program (TPEP) at UNC Chapel Hill to test the feasibility of implementing wellness and tobacco cessation curricula in the group home setting. Group home staff attended a two-day training in January, then TPEP conducted pre- and post-implementation site visits to collect observational data related to smoking and health and wellness environmental cues at the group homes. A brief pre-implementation interview was conducted with each instructor, and an in-depth interview was conducted following the 15 weeks of implementation. Data were recorded, transcribed, and coded to identify outcomes and themes related to barriers and facilitators experienced during implementation.

Two of the three group homes attending the training completed implementation of the full 15 weeks. Program instructors reported full participation from all group home residents. The following themes related to implementation were identified: (1) Training and technical assistance was sufficient; (2) Instructors used prior experiences and goal setting to facilitate program success and participant engagement; (3) Fostering positive coping strategies reduced smoking; and (4) Length of curriculum can be a barrier to group home recruitment.

Varying levels of interest in quitting smoking existed while implementing the BELW curriculum. Instructors noted that most group home residents began to think about attempting to quit, though were not ready to quit at the time of program completion. Post-implementation site visits provided observational data that supported evidence of positive outcomes related to the BELW program. One group home moved the designated smoking area farther away from the house so that it was no longer in the direct path of the entrance/exit. Another group home eliminated one smoking area from in front of the home, therefore reducing the total number of smoking areas at the house from three to two. Few barriers existed, one being that some participants distracted others during the sessions due to their disinterest in quitting smoking or because they themselves did not smoke.

Overall, piloting the BELW curriculum in the group home setting proved successful. Though only two group homes fully implemented the 15-week program, results suggest that scaling up the program to other group homes across the state could help group home staff to effectively address health and wellness along with smoking cessation among individuals with mental illness.

Introduction

It has long been recognized that individuals with various categories of mental illness smoke at disproportionately higher rates than individuals without mental illness.[1-3] Though tobacco use in the United States declined over the past five decades, these reductions are strikingly absent among individuals with mental illness, among whom the smoking prevalence is between 34% and 88%; this is compared to an 18.3% rate of smoking among the general population.[3] Adults with mental illness are motivated to quit and quit with rates comparable to the general population[1,4] when evidence-based cessation interventions are used.[5,6] These large disparities may persist in part due to slow progress of changing tobacco-related norms among mental health providers and clients and to a historical reluctance by providers to address tobacco.[7-9] The general consensus among many providers has been that tobacco produces a calming and therapeutic effect for patients with mental illness; many outpatient mental health programs use cigarettes as an incentive for good behavior among patients.[10] Other systemic barriers persist: when the Joint Commission on the Accreditation of Health Care Organizations proposed a national ban on tobacco use in hospitals, opposition from patient advocacy groups and others resulted in an exemption for psychiatric and drug treatment hospitals.[10] Qualitative data collected from consumers identify barriers to quitting among mental health consumers, which include norms and policies that tolerate tobacco use around psychiatric campuses and clubhouses[8], the absence of integrated cessation services with routine mental health care[6,9], and the use of tobacco as a coping strategy or as self-medication. [11]

It is clear that a comprehensive approach to recognizing and addressing tobacco use among consumers of mental health services is necessary, consisting of flexible approaches that combine counseling with pharmacotherapy, implementation of tobacco free policies, and the integration of tobacco assessment and treatment into routine mental health care.[12,13] The following report outlines evaluation results for implementation of the Breathe Easy Live Well (BELW) curriculum in group home settings in the State of North Carolina. BELW is a 15-week program developed by the North Carolina Evidence Based Practices Center and is designed to address overall health and wellness as well as nicotine dependence at mental health treatment facilities.

Methods

Starting in January 2014, the Southern Regional Area Health Education Center (SR-AHEC) collaborated with the Governor's Institute on Substance Abuse and the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to implement BELW. This pilot project aimed to test the feasibility of implementing wellness and cessation curricula in the group home setting, with the intention to eventually be scaled up and implemented in group homes across the state.

SR-AHEC and the Governor's Institute contracted with the Tobacco Prevention and Evaluation Program (TPEP) at UNC Chapel Hill to evaluate the pilot project. In January 2014, TPEP staff attended the BELW curriculum trainings, which used a train-the-trainer model to teach skills for program implementation. TPEP conducted pre and post in-person interviews and site visits with the group home staff members recruited to facilitate the curriculum in their group homes. The post interview guide (Appendix A: Interview Guide) was developed using a prior BELW interview guide from a 2011 evaluation of this same program, which was implemented in a different mental health treatment setting.

TPEP staff interviewed three group homes staff members and conducted site visits at three group homes prior to implementation of BELW. These pre-implementation interviews were brief and did not allow for the development of themes, they were simply summarized upon completion.

Following completion of the 15-week BELW curriculum, TPEP staff conducted in-depth interviews with two group home staff members and completed two site visits. One group home did not complete the program and declined the post interview and site visit request. Post-implementation interviews were recorded and transcribed. TPEP staff developed a codebook using topical codes related to facilitators, barriers, and program implementation. Data were coded and analyzed using Atlas.ti qualitative data analysis software, which helped to identify emergent themes related to implementation.

During site visits, the data collected were related to environmental attributes that may contribute to smoking cessation and other wellness-related behaviors. TPEP staff used an observational checklist and walked around inside as well as outside of the homes, taking notes according to the checklist (see Appendix B: Site Visit Data Collection Tool). Observational data were analyzed by comparing the pre- and post-checklists side-by-side to identify any discrepancies.

Results

Pre-Implementation Interviews

BELW instructors from three group homes attended the training in January 2014. SR-AHEC intended for the training to last for two full days, though inclement weather caused the training to be reduced to 1.5 days. Pre-implementation interviews with instructors indicated training succeeded in preparing them to implement BELW in their respective group homes. All instructors felt that the training was comprehensive, though some mentioned they wished the training had been two full days rather than one and a half. All instructors were enthusiastic about implementing the program. One was unsure whether or not she would be able to gain enough interest and participation for the program at her group home.

All instructors indicated that smoking was not allowed inside the house and that all smoking occurred outside in designated smoking locations. Group homes had varying levels of residents who smoked and those residents had varying levels of interest in quitting smoking. Each staff member noted that group home residents are allowed to help with the menu and meal planning at the group home, but that staff are responsible for all grocery shopping and food preparation. Each group home staff member mentioned that most residents tend to buy junk food and cigarettes with their weekly allowances. Two staff members indicated that residents receive opportunities for physical activity at their daily visits to psychosocial rehabilitation centers (PSR). One staff member indicated that residents will go on group walks, another staff member mentioned that the residents in her home go walking individually or not at all.

Pre-implementation Site Visits

TPEP staff conducted pre-implementation site visits at three group homes. Each group home is situated in a residential neighborhood, with no designated walking paths but sidewalks or walking areas along the streets in front of each home. None of the group homes had exercise facilities or equipment. There was a basketball hoop at one group home, though the BELW instructor said that residents never use it. Each group home had a kitchen with stove, microwave, and refrigerator, although residents had varying levels of permission to use these appliances. One group home had a vegetable garden in the backyard,

which is used to grow vegetables for residents to eat. One group home provided a jug of drinking water for residents. Each group home had areas for smoking outside, smoking is not allowed inside the homes. Each smoking area had containers for cigarette butt disposal, most of the cigarette butts observed were in the designated containers rather than on the ground.

Post-Implementation Interviews

Two out of the three group homes completed the entire 15-week curriculum. Group home staff reported full participation from all residents during each of the 15 sessions. Themes emerged throughout interviews that are applicable to future successful implementation of BELW in the group home setting. Four primary themes were identified: (1) Training and technical assistance was sufficient; (2) Instructors used prior experiences and goal setting to facilitate program success and participant engagement; (3) Fostering positive coping strategies reduced smoking; and (4) Length of curriculum can be a barrier to group home recruitment. These themes are discussed in detail below along with barriers and facilitators to implementing the BELW curriculum.

1. *Training and technical assistance*

Generally, each group home staff member (i.e., BELW instructor) reported the level of training and technical assistance received was the right amount to be successful in curriculum implementation. Each indicated that the guidebooks were their most useful resource. Each instructor mentioned that the guidebook was very straightforward and user-friendly for both the program instructor and participants, which greatly enhanced their ability to be successful. Additional training or technical assistance was unnecessary beyond what the Governor's Institute on Substance Abuse offered.

> *"No. I don't think I needed any more assistance than we got in the class that we took in the initial, to prepare us for that. I think that was an excellent [training]. It was very good." (Instructor A)*

> *"I didn't need any more assistance at all. We had all our assistance and the book that we had was self-explanatory. It was very well-written." (Instructor A)*

> *"Yeah, the book was [helpful]. I think the book was well – the points it gives you, there's really nothing else you need, but to look at the book and deliver your lessons in your class." (Instructor A)*

> *"I knew that she was always available… but I never got stuck. I think if I got stuck on something, I probably would have reached out to her, but there was never a time when I felt like I needed any additional support." (Instructor B)*

2. *Instructors used prior experiences and goal setting to facilitate program success and participant engagement*

Both instructors had extensive experience working with individuals with mental illness and substance abuse disorders, which proved to facilitate the success of the program in the group home setting. Such experience allowed instructors to tailor the program in such a way to make it maximally engaging for participants. This in turn led to successful implementation of the 15-week curriculum and made additional technical assistance unnecessary.

"I used my nursing experience and my also, my life experience and also my knowledge of dealing with people with mental illness…we took frequent breaks and did more little fun stuff in between the lessons to break up the monotony of just having them sit there and read. So, I'd let them read one or two lines and then, another person would read, so it's not like one person is doing all that. So, I broke it up a little bit with everybody participating, making sure that I give everybody a chance to actually read the lines as we do, have their own opinions." (Instructor A)

Instructors found that setting goals each week helped to keep participants on track and provided a cohesive way for the program to move forward on a week-to-week basis. Re-visiting the goals from the past week allowed each participant to give an update on their recent activities and any successes or obstacles they may have experienced in working towards their goal. One instructor mentioned this in itself was an incentive to participants: they wanted to be able to share their progress with fellow participants on a weekly basis. Additionally, instructors did not feel there were any lessons that were not particularly engaging to participants, or that participants did not enjoy. One instructor indicated that she felt this was because she treated each session like a class involving certain tasks and assignments. Each class was treated as a lesson that group home residents must complete, regardless of whether or not the lesson particularly resonated with the participants. This approach to implementation kept the participants' attention.

"So, I think they are taking some responsibility for their behavior and I think they wanted to be able to sit at that table on Wednesday and say we had a good week. It took me four days to finish my pack this time." (Instructor B)

"I wouldn't say any one [lesson] was more effective than the other because we were taking the exercises as its own entity, so we're talking about it, like we set goals before we would do next week, or look at and set goals for what we're going to do for that coming week. I don't think any of them was more effective than the other, per se…I think the way they approached it was doing it as a task, a task that we have to whatever it says, do, we would do it." (Instructor A)

3. *Fostering positive coping strategies reduced smoking*

Instructors indicated that they were able to use the program as a platform for discussions on implementing positive mental health coping strategies, which in turn led to a reduction in smoking among some residents.

"Most of them, managing stress, all this is related to smoking, I think. So, we put that -- the smoking and the stress, managing the medication and symptoms. I tried to tie it in every time we did this stuff. It's all about health and as I see relationships [between] good eating habits, exercise, so although it's all sectioned up, each time we go back to how it will affect their health and their symptoms and their medication." (Instructor A)

"Like sleeping, their sleeping habits, one of them in particular was drinking a lot of coffee, was associating the smoking and the coffee. So, he's drinking more water and not drinking as much coffee, so he's kind of hyper and stuff and is [now] better." (Instructor A)

An additional example of implementing positive coping strategies came from one instructor who described residents beginning to demonstrate more interest in the meal planning process. Other residents began to provide assistance during meal preparation as a way to fill their excessive downtime with constructive activities instead of smoking. Additional examples include one resident deciding to build a model train set, another resident re-invigorated efforts in his GED program, another decided to fix a bike that was sitting broken in the basement. The following quotes illustrate these points:

> *"Well, I think one of the things that it did was it took them away from -- one used to like always be outside smoking, they have involved him in meal prep process. So, rather than be out there sitting outside with nothing to do from 12-5, they would be involved in the lunch prep for 12 o'clock and then later on even at 4 o'clock they started getting involved in the meal prep……. because one other things that we talked about too was you doing something else with your hands. You got to do something with your hands, whatever situation that you smoke most day, that's the time that you got to focus." (Instructor B)*

> *"Again, the guy that built the train set downstairs, I think some of them began to look into other things that they could do with their downtime. Doing the train set downstairs, the one that wants to get the bike fixed, then you have the school guy, he had been kind of dragging his feet a little bit and really, really got on track with that and got online. He is the only person that knows the Wi-Fi code. I think it just made them aware of their lives and their being, what else could I be doing rather than just sitting around watching TV or whatever." (Instructor B)*

A final example of positive coping strategies implemented in group homes came from an instructor who reported residents and staff making an effort to clean up clutter and organize the living space. Concurrently, residents at this group home also began listening to calming music in the evenings on the porch. This contributed overall to a more peaceful living environment as a result of BELW within the group home.

> *"But when you come into the home it just feels at peace. Usually when you come in the television's blasting, it is like nobody is there, or they're sitting there. But they have more downtime at night, listening to music…I think it has just made them aware of decreasing their stress and I don't know if overall if that is a conscious effort to stop smoking or stop some of the other negative habits, the nail biting or whatever. But it seems effective and at least giving them another coping mechanism." (Instructor B)*

4. Curriculum length may be a barrier to recruitment

One barrier to program implementation related to the length of the program and scheduling. Instructors mentioned that the 15-week program was quite long and one mentioned she would have preferred that it be shorter. At times instructors had to reschedule sessions in order to fit the full 15 weeks in, though one instructor did not think that re-scheduling was a problem. This could potentially be a barrier should this program be implemented in other group homes.

> *"Not the client, but the person who is going to teach it, it might discourage them to participate. So, to me, I think maybe it could be shortened…It could be shortened maybe 10 or something like that,*

so that more people would participate because I think it's a good program. I liked it a lot, but I don't think I need all that time to teach it." (Instructor A)

"Usually I only had to reschedule the time, but I think it was one time we may have had some bad weather or coming off bad weather and it was two days later when I did that lesson but I never had to reschedule like a whole week or anything like that, it was just a matter of days. We just made the best of what we could. And I did maybe get off track because I have so much to do. I know if I put it off one week, I put it off two weeks, I [would] put it off again." (Instructor B)

Evaluators were unable to interview the third instructor who did not complete the full 15 weeks of the program; however, during pre-implementation interview, she indicated that she felt 15 weeks was a large commitment and that she was unaware of the length of the curriculum before she agreed to sign up for the pilot program. Similarly, a potential barrier that may discourage successful implementation is gaining interest among the residents for participation in the program. This same instructor mentioned her concern that most of her residents did not seem interested in participating in the program. The lack of resident interest and participation and the instructor's reluctance to implement the full 15 weeks likely contributed to her inability to complete the program within the group home.

Other BELW Program Outcomes

Instructors reported positive outcomes resulting from the BELW program among program participants. Participants gained an overall interest in becoming healthier. Some participants wanted to eat healthier, some began asking for healthy foods to snack on during the lessons. Another instructor mentioned that participants told her they would start using their weekly allowance for healthier foods, whereas prior to BELW, they tended to use their allowance on junk food and cigarettes. A group of residents from one of the homes decided to drink less coffee and soda and drink more water.

"…but when we get together they would ask for grapes and cantaloupe, apples, apple slices or whatever…they were just so much more aware of being healthy so much so that the pharmacy was late delivering meds for one of the individuals, he was like, I can't get sick, I am trying to keep myself together. So, I think that had a lot to do with it because we just have weekly discussion about recovery, smoking, mental illness, substance abuse whatever it is." (Instructor B)

"Yeah. They decided that they were making too much coffee, too many coffees, so they were making two times a day or three times. So they decided to drink more water, so they set out water." (Instructor A)

Instructors reported outcomes in terms of smoking cessation. One instructor described one resident had started a cessation program with assistance of the Quit Line prior to BELW, and participation in BELW reinforced those efforts for that resident. A different participant claimed to have quit while participating in BELW, though staff see the resident periodically smoking outside. Both instructors also mentioned that some of the residents who smoke in their group homes began using e-cigarettes as a way to cut down on smoking traditional cigarettes. Generally, instructors described an interest in considering a quit attempt among residents who smoke, though most residents are currently not ready to quit.

"So the other one that is using e-cigarettes used to smoke a lot…So it looks as if they understood that they need to quit, but they haven't quite got there yet…I think at least even if they didn't quit, they're thinking about it." (Instructor A)

Post-implementation Site Visits

Observational data were collected from the group homes prior to program implementation as well as following implementation. Few, though significant, changes were recorded between these two observations. During pre-implementation observation, one group home smelled strongly of smoke; during post-implementation observation, the smell was noticeably absent. Additionally, one of the group homes was noticeably cleaner and more organized during post-implementation observation compared to pre-implementation, which reflected comments from the instructor that the environment was calmer and more peaceful. One group home moved the smoking area farther away from the house. At the start of the BELW curriculum, this particular group home had a smoking area on the back porch directly in the path of the entrance/exit. By the end of the 15-week program, the smoking area moved to the carport, which is farther away from the home and out of the direct path of the entrance/exit. As a result of this move, the instructor said that residents smoke less when the weather is bad because they do not want to walk outside in the rain to get to the covered smoking area. Another group home eliminated the smoking area in front of the home, therefore reducing the number of smoking areas at that house from three to two; this same group home increased the number of "No Smoking" signs inside the home from one to three. In contrast, the other group home did not have any signage indicating that smoking was not allowed inside the home during either site visit.

Discussion

Smoking remains the leading cause of preventable death and disease in the United States.[3] Despite great strides in reducing the rates of smoking among the general population, individuals with mental illness continue to smoke at disproportionately higher rates than those without mental illness.[1-3] Recognizing the need for targeted intervention, the BELW program provides a platform for addressing tobacco use among participants in mental health treatment settings. In this pilot of the program in group home settings, participants in the program experienced a variety of positive outcomes. Evaluation through interviews and environmental observations found that training and technical assistance provided by the Governor's Institute was sufficient for implementation; this was in part due to the fact that instructors recruited had extensive experience working in populations of adults with mental health and substance abuse disorders. This experience contributed greatly to successful program implementation. The evaluation also found that throughout the program, instructors were able to use the curriculum to help their residents foster positive coping strategies, which in turn led to a reduction in smoking among residents. Finally, instructors indicated the length of the BELW curriculum may discourage participation among staff members who may be interested in implementing a wellness and tobacco cessation curriculum within their group home.

Instructors experienced few barriers to implementation. At one group home, individuals who were not smokers or who were smokers but were not interested in quitting sometimes distracted other participants. These individuals wanted to participate, but were not always cooperative. Other individuals struggled with participation due to their symptoms related to their mental illness, which at times could be distracting to others' participation. Despite these periodic distractions, program instructors were

each experienced in working with individuals with mental illness and therefore did not find this situation difficult to handle.

Participants developed an awareness that they have control over the daily choices they make, and that those choices can directly affect their symptoms and their experience with mental illness. They felt that they had a newfound control over their health, and that there are positive coping strategies they can use to control their mental health symptoms instead of smoking. Similarly, outcomes related to both group homes were that participants gained an overall interest in becoming healthier. Many participants became more engaged in the meal planning and meal preparation process. They also talked about eating less junk food and drinking more water in place of soda and coffee. This also related to their desire to manage symptoms resulting from their individual mental illnesses.

We recognized several limitations of our findings. Because these data are from only two group homes, the themes may not represent a wider implementation of this curriculum in group home settings. However, our findings are consistent with an evaluation of the BELW curriculum in nine clubhouses.[14] Additional limitations include not having any participant data regarding their experiences with the program, nor do we have any self-reported data from residents regarding tobacco quit attempts or tobacco cessation.

Group home staff identified several facilitators that contributed to the success of the program within the group home setting. Incentives such as a piece of fruit, a bottle of water, stickers, or other small incentives encouraged participation in the program. An additional facilitator was that in both of the group homes, every resident participated in the program, not just the individuals who smoked. In one group home, this allowed for the residents to encourage one another and provided for a sense of camaraderie among the residents. Overall, BELW is a promising program that may successfully address wellness and tobacco cessation among individuals with mental health and substance abuse disorders.

Recommendations

Several recommendations result from this evaluation of the BELW program within the group home setting. The following recommendations emerged:

- Continue to offer comprehensive training and technical assistance and consider including an outside speaker from UNC Chapel Hill or the Governor's Institute on Substance Abuse to present to group home residents during the program; this will help to garner interest and communicate the significance of the program to group home residents
- Recruit instructors who have experience working with individuals with mental illness and substance abuse disorders
- Encourage instructors to reach out to one another throughout implementation of the BELW curriculum to provide cross collaboration of successful strategies and support
- Participation in the BELW curriculum may benefit from reducing the length of the program and evaluating such changes
- Ensure instructors are fully aware of the time commitment required and scope of the program during the recruitment phase to limit instructors withdrawing from the program

The BELW program is a promising strategy for addressing tobacco use in mental health treatment facilities. Positive outcomes can result when this program is implemented in the group home setting, using instructors who have experience working with the target. Implementers of the program should consider reducing the length of the program for maximum success. Though only two group homes fully implemented the 15-week program, results of this pilot project suggest that scaling up the program to other group homes across the state could assist group home staff in effectively addressing health and wellness along with smoking cessation among individuals with mental illness.

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Appendix A: Interview Guide

Interview Guide for Group Home Staff

Breathe Easy, Live Well Project Evaluation

Introduction

Hello, I'm _____ from the Tobacco Prevention and Evaluation Program at the University of North Carolina at Chapel Hill. As you recall from our pre-interview, I am working with Olaunda Green on the Breathe Easy, Live Well Project and we are interested in your experience with the project. In particular, we are interested in what parts of Breathe Easy, Live Well worked well for you and what we can do to improve the program.

Your participation in this interview is voluntary and you can stop at anytime. Also, the interview is confidential. This means we will not share your name or affiliation. The interview will take approximately an hour to complete. Would you be willing to participate in the interview?

[If the response is no, thank the person for their time and offer contact information if they change their mind.]

[If the response is yes – continue below:]

I find it helpful to record interviews so I don't miss important information in my notes. May I record our conversation?

[If yes, initiate audio recording device.]

[Restate:] Do you understand that your participation in this interview is voluntary and you can stop at any time?

[If non-verbal response, ask for verbal response.]

Again, we will not share your name or identity in our reports. May I record our conversation?

Questions

First, I would like to talk about your experience with implementing Breathe Easy, Live Well.

1) Tell me about your overall experience with running the group.

Probes:

- How do you feel the program went overall?
- How receptive do you feel the residents were to the program?
- How closely were you able to follow the facilitation guide?
- Please describe your experience with answering questions from the group.
- In what ways did residents support and encourage one another?
- How was your experience with setting ground rules (i.e., open and affirming w/clear ground rules set)

2) Which parts of Breathe Easy, Live Well did residents seem most interested in?

Probe if not mentioned:

- Health effects of quitting smoking

- Managing stress
- Food choices
- Quitting tobacco use
- Pharmacotherapy for tobacco use cessation
- Were there any parts of the curriculum that the residents did not seem particularly interested in?

3) Tell me about resident participation.

Probes:

- How many group home residents participated weekly?
- Why do you think residents continued to participate in Breathe Easy, Live Well?
- If not all group home residents participated, what do you think were the biggest reasons for this?

4) Think about the things you learned in the training. Now that you have implemented the full 15-week program, which parts of the training were most helpful in running the group?

Probes:

- What part did you find most helpful about the training as you were implementing the program?
- What other techniques or skills that you already had were helpful in running the group?
- How well do you feel the training prepared you to facilitate the program?
- What skills or resources do you think would have helped you to better facilitate the program?
- How well did the guidebook help you to facilitate each weekly session?
- How easy or hard was the guidebook to use for facilitators?
- How easy or hard was the guidebook to use for group home residents?

5) What were the three most important resources to making Breathe Easy, Live Well happen at [group home name]?

Probes:

- Tell me more about each of those.
- Tell me more about the help from Olaunda via phone and e-mail.
- Tell me more about the help from Olaunda in person.
- How did you use the stipend that you received for this project?

6) You said these three things were most important ____, ____, ____. What would it be like to run Breathe Easy, Live Well without each of those?

Now I want to ask you about the effects of Breathe Easy, Live Well.

7) What changes have you seen in the way residents and staff talk about tobacco in the group home?

Probes:

- How has Breathe Easy, Live Well changed staff and resident interest in group home tobacco policies?

- For residents who participated in Breathe Easy, Live Well, how do you think the experience affected their thinking about quitting? (Probe: Did participants encourage and support each other?)
- In what ways did tobacco use policies change within the group home as a result of Breathe Easy, Live Well, if at all (Probe: Any new policies or interest in new policies, Did you see less people smoking, did smoking areas change)?
- How did Breathe Easy, Live Well affect staff and resident confidence in being able to quit?
- How do you think Breathe Easy, Live Well will be used in the future at [group home name]?

8) What changes have you seen among staff and residents in regards to physical activity and healthy eating?

Probes:

- How has Breathe Easy, Live Well changed staff and resident interest in physical activity and healthy eating? (Probe: increase in walking groups, increase in fruits and vegetables at meals?)
- How do you think the program affected their thinking about physical activity and healthy eating?
- In what ways did policies change within the group home in regards to physical activity or healthy eating, if at all?

9) What other policies and/or norms changed at the group home as a result of Breathe Easy, Live Well, as it relates to the to the health and wellness of the residents?

Probes:

- Tell me about any unexpected changes or results you saw from Breathe Easy, Live Well?

10) How do you think residents might react if the group home ever went 100% tobacco-free (meaning no tobacco use inside or outside on the group home grounds)?

Probes:

- Can you see a time when [group home name] might adopt a 100% tobacco-free policy (again meaning no tobacco inside or outside)?
- What are some reasons why there is not currently a 100% tobacco-free policy?
- What skills or resources would the group home need to implement a 100% tobacco-free policy?
- What do you think keeps the group home from adopting a 100% tobacco-free policy (again, I mean this to include both inside and outside)?

11) Imagine Breathe Easy, Live Well will be used on a larger scale, in other group homes or other mental health treatment settings, what additional training and help might be useful to people running this group in another setting?

Is there anything else that would be useful for me to know?

Conclusion

Thank you for taking the time to talk with me today and help with the evaluation of Breathe Easy, Live Well. Your responses are very important and will be extremely helpful for us as we evaluate the entire program. Now that the program is over, we will analyze the data I collected and write the results up into a report. I'll provide a report to Olaunda Green and John Biggers at Southern Regional AHEC. We will

also post the report on our website: http://www.tpep.unc.edu/index.htm) for you to read. Do you have any questions for me?

Appendix B: Site Visit Data Collection Tool

Group Home Environmental Observation Checklist

Breathe Easy, Live Well Group Home Project

Outside Home

- ☐ Walking paths
- ☐ Sidewalks
- ☐ Exercise areas
- ☐ Garden
- ☐ Container for cigarette butt disposal
- ☐ Cigarette butts on the ground
    - Estimated number of cigarette butts
- ☐ Designated smoking areas
    - Location of smoking areas
    - Number of smoking areas

Inside Home

- ☐ Vending machines
    - Number of vending machines
    - Contents of vending machines
- ☐ No-smoking signs
    - Number of signs
    - Location of signs
- ☐ Exercise areas

- Location of exercise area
- Size/type of equipment

☐ Areas for residents to store and make their own food

- Number of refrigerators
- Stove?
- Microwave?

☐ Designated smoking areas

- Location
- Number

Notes

Take additional notes regarding any additional environmental attributes that relate to health and wellness.