Tobacco Cessation and Bias: Tobacco & Wellbeing Masterclass

Tuesday, June 29th | 3:00 – 5:00 pm EDT

Closed captioning:
https://www.streamtext.net/player?event=TobaccoCessationandProviderBias

Welcome!

Lauren Wills
Project Coordinator,
Practice Improvement

Samara Tahmid
Project Manager,
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Hope Rothenberg
Project Coordinator,
Practice Improvement

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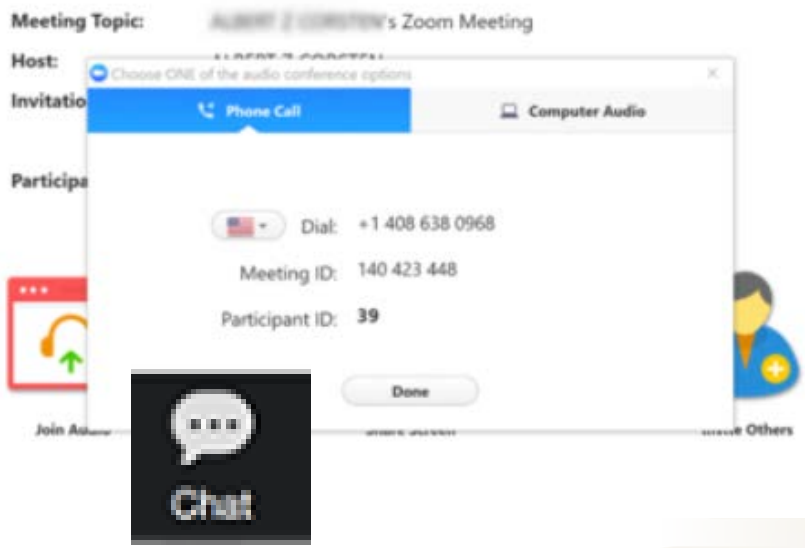
Housekeeping

- This workshop is being recorded. All participants placed in “listen-only” mode.
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- Submit questions by typing them into the chatbox or using the Q&A panel.
- Access to closed captioning:
  - https://www.streamtext.net/player?event=TobaccoCessationandProviderBias
- Slide handouts and recording will be posted here:
  - https://www.bhthechange.org/resources/resource-type/archived-webinars/



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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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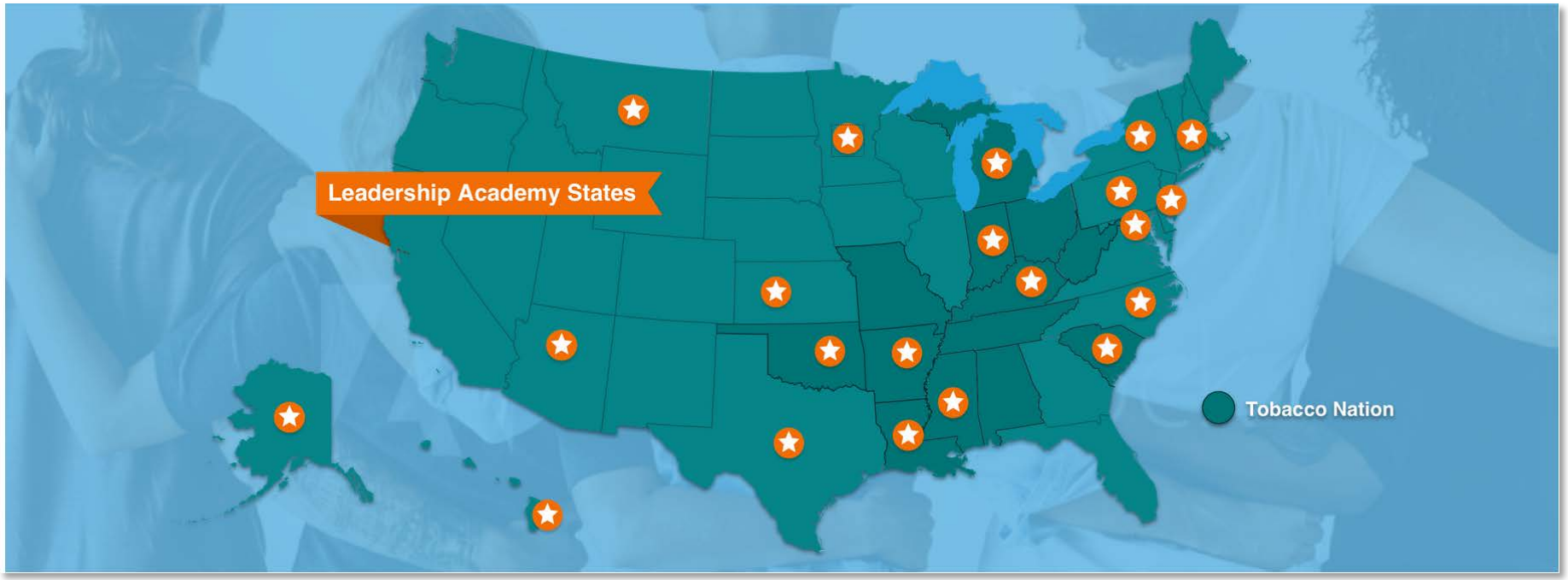
SAMHSA National Center of Excellence for Tobacco-Free Recovery

- 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, Amelia Roeschlein, DSW, MA, LMFT, Catherine Saucedo, Steven A. Schroeder, MD, Samara Tahmid, Taslim van Hattum, LCSW, MPH, and Lauren Wills, MPH

Learning Objectives

- Examine and discuss two biases in health care
- Analyze the role of bias at the client, provider, and organizational level
- Analyze the role of bias among individuals with mental health and substance use challenges who use tobacco
- Examine two strategies to overcome bias at the provider and organizational level to further assist organizations supporting individuals with mental health and substance use challenge

CME/CEU Statement

1.75 hours of FREE credit can be earned, for participants who join the **LIVE** session, on **Tuesday, June 29, 2021**. 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 1.75 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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Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the AMA PRA Category 1 CreditTM are acceptable for continuing medical education requirements for recertification.

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Course meets the qualifications for 1.75 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 1.75 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 Learning Objectives

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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 Alaskan Native communities.**

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Today's Featured Speakers

Tamanna Patel, MPH
Director,
Practice Improvement

Amelia Roeschlein, DSW, MA, LMFT
Consultant,
Practice Improvement

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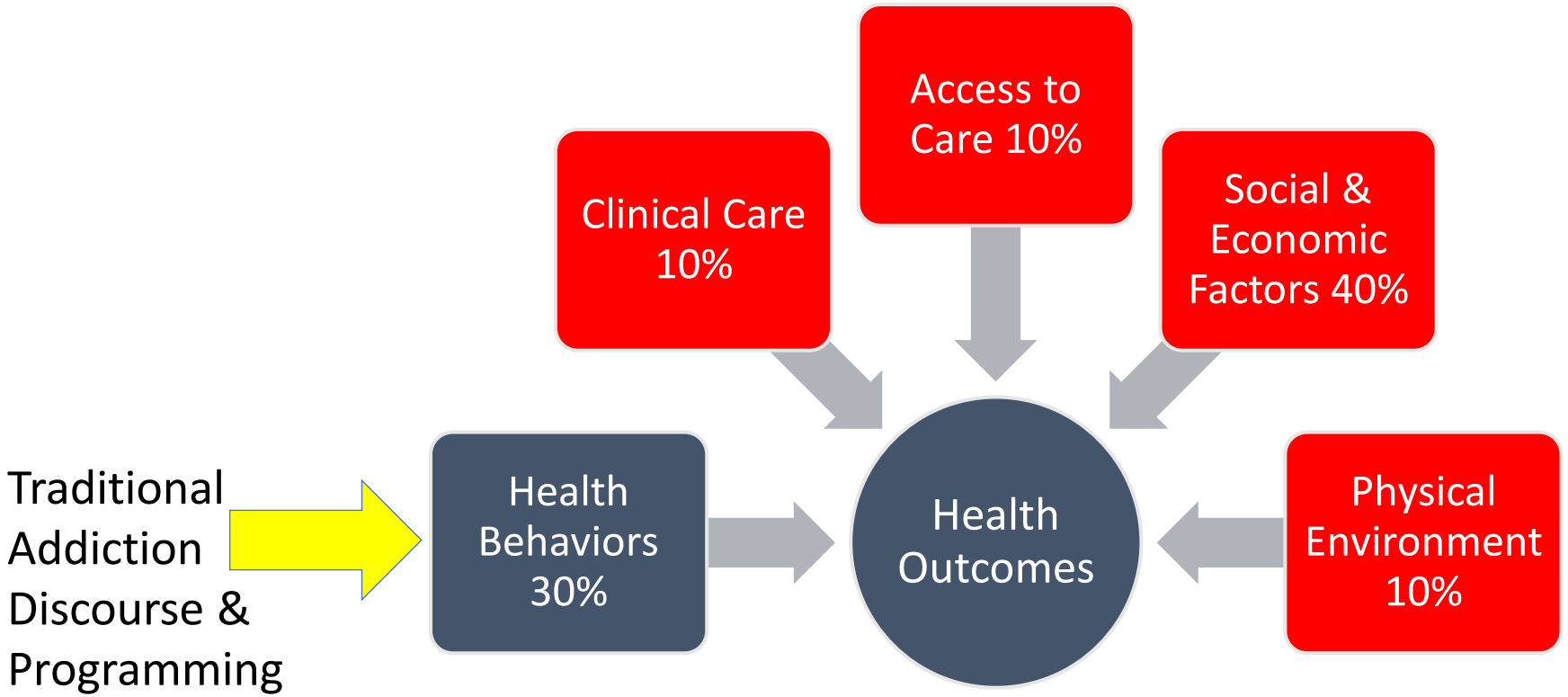
Understanding the Determinants of Health



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Tobacco & Behavioral Health:
What has caused the disparity?

The overall rate of cigarette smoking among adults has been falling 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)**

The Foundations of Tobacco Disparities for Individuals with Mental Health and Substance Use Challenges

1 in 4 adults have some form of mental health or substance use challenge.

In 2018 **32%** of adults with any mental health challenge reported current use of tobacco compared to **23.3%** of adults with no mental health challenge.

Aggressive targeted marketing, barriers to care, the spread of misinformation and higher than average rates of ACEs/Trauma in individuals with mental health or substance use challenges contribute to **almost 40% of all cigarettes smoked by adults**.

Source: Centers for Disease Control and Prevention

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Interventions to Address the Disparities

- Adopt tobacco – free facility/grounds policies
- Integrate tobacco treatment into behavioral healthcare
  - 5A's
  - NRTs
  - Pharmacological Supports
- Utilize Quitline and other evidence - based interventions
- Engage peer models
- Think beyond cessation to recovery

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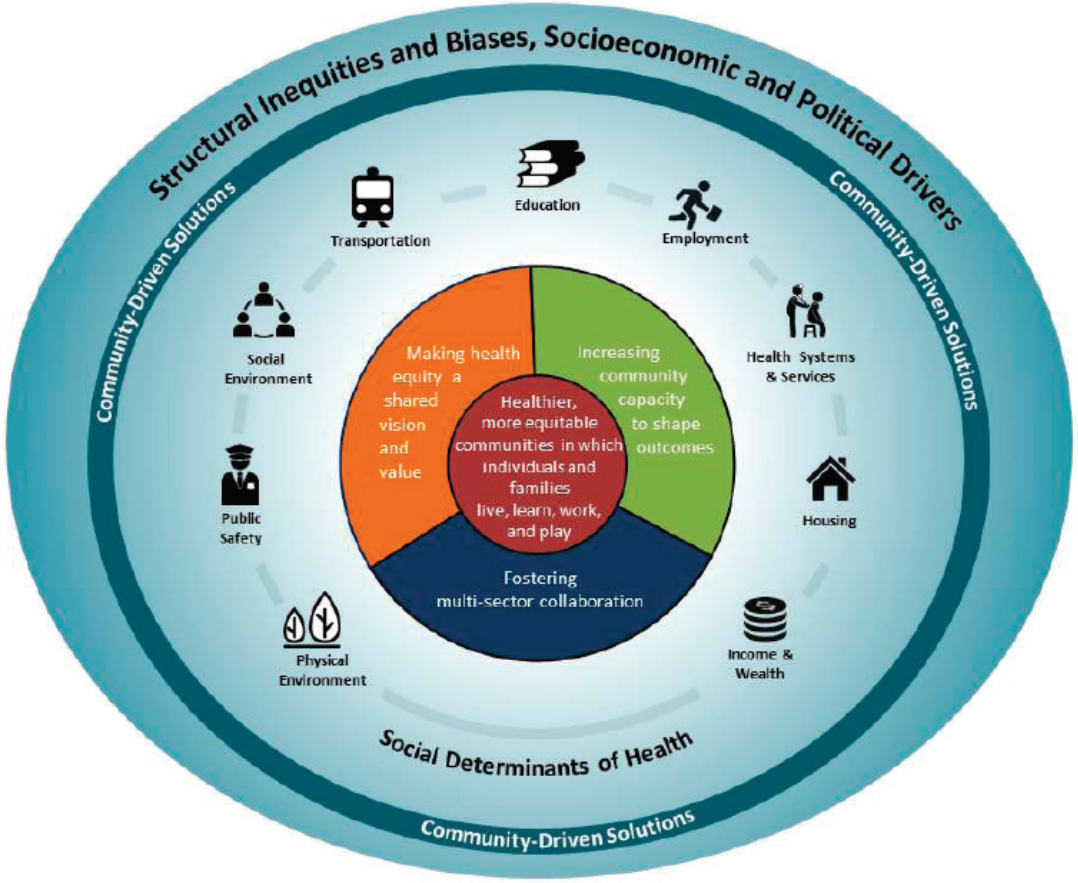
But what else…



Source: National Academies Press- Communities in Action: Pathways to Equity

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Moment to Arrive

How are we doing on bias?

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It’s all under control…or is it?

- Dominant cultural principles about decision making
  - Under our conscious control

- Thus, discrimination is due to bad people consciously and consistently making unfair decisions based on their view of the world, right?

What is unconscious bias?

- Bias = a tendency that results in judgment without question
  - Can be biased toward or biased against

- Unconscious bias = associations without awareness, intention, or control

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All other things being equal, which of the following people is most likely to choose dentistry as a profession?

Allen

Dennis

Thomas

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Dennis.

Research on implicit egotism shows that people have a slight tendency to choose

professions that sound like their own name (247 male US dentists' name start with the sound "Den" compared to the expected value of 230 based on name frequencies in the US).

Pelham, Mirenberg, & Jones, *Journal of Personality and Social Psychology*, 2002, Vol. 82, No. 4, 469–487

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Ca y u rea th s?

You a e not r adi g th s.

W at ar ou rea in ?

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Can you read this?

You are not reading this.

What are you reading?

Our extensive experience with reading allows our brain to unconsciously "fill in the blanks" in these words and sentences.

- Beau Lotto, University College, London 2010/2018

Which of the following graduated from the police academy and holds a PhD in Civil Law?

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Oxana Fedorova - Miss Universe 2002 - graduated from the academy with honors and, after obtaining her PhD (and her world crown), continued to lecture at the Saint Petersburg University of the Ministry of Interior of Russia.

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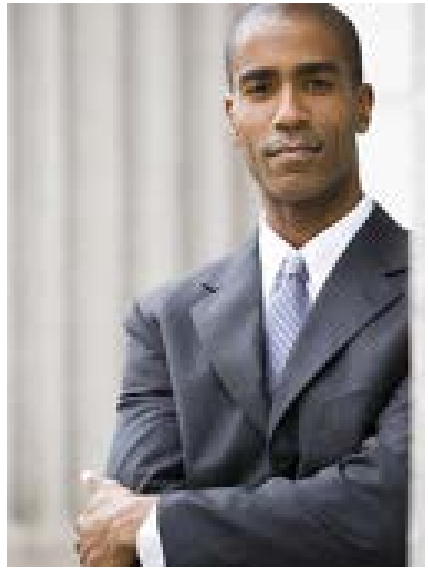
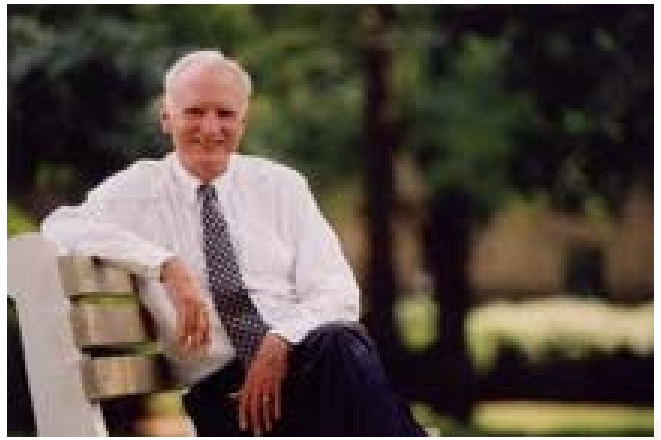
Read and learn this list of words:

SUN	SHELL
SAND	WAVE
VOLLEYBALL	TOWEL

Which of the following is a celebrated mayor of a small town?





John Fetterman, who holds a masters degree from Harvard, has been recognized for his revitalization efforts in Braddock, PA - a suburb of Pittsburgh. His tattoo is the Braddock zip code.

Which of the following words was on the list of words you learned?

HAMMER

APPLE

BEACH

None of the above.

If you thought “BEACH”, you’re not alone. In one study, never-presented words that shared a theme with the presented words were “remembered” 82% of the time (compared with only 75% correct recognition of presented words!) due to implicit activation of the semantically related lure.

Gallo, Roediger, & McDermott, 2016

Who is more American?

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Who is more American?

Implicit, but not explicit, judgments showed that Asian-Americans (like **Lucy Liu**) were regarded as less American than European Whites (like **Kate Winslet**). Devos, T. & Ma, D.S., *British Journal of Social Psychology,* 2008, 47(20), 191-215.

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15% of American men are over 6 feet tall. What percentage of CEOs are over 6 feet tall?

8%

15%

60%

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60%.

Unconscious biases can be positive. Every inch of height gains you $789 per year in salary.

Judge & Cable, *Journal of Applied Psychology,* 89(3):428-41

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Using Brain Science to Understand Bias

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The Human Brain & Bias

- Brain cannot effectively process **11 million bits of information a second**

- Takes **mental short cuts**

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If you have a brain, you have bias.

- Bias is rooted in the brain
- Easy to recognize bias in others, hard to recognize in yourself.

Source: Halvorson & Rock, 2015

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Unconscious bias is ubiquitous and necessary

- "Being biased is how we get through life without evaluating everything afresh every time we experience it." – Brett Pelham
- Humans are social animals
- Automatic processing allows us to rapidly determine friend vs. foe
- Reflective processes layered on top of automatic ones
  - Post-hoc constructions of rationale for automatic behavior

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Where do unconscious biases come from?

- Experiences and socialization
  - Individual
  - Group
  - Institution
  - Culture
- Self-related attitudes
  - In-group versus out-group

- Devos, 2008

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The Brain's Threat Network

Source: NeuroLeadership Institute 2018

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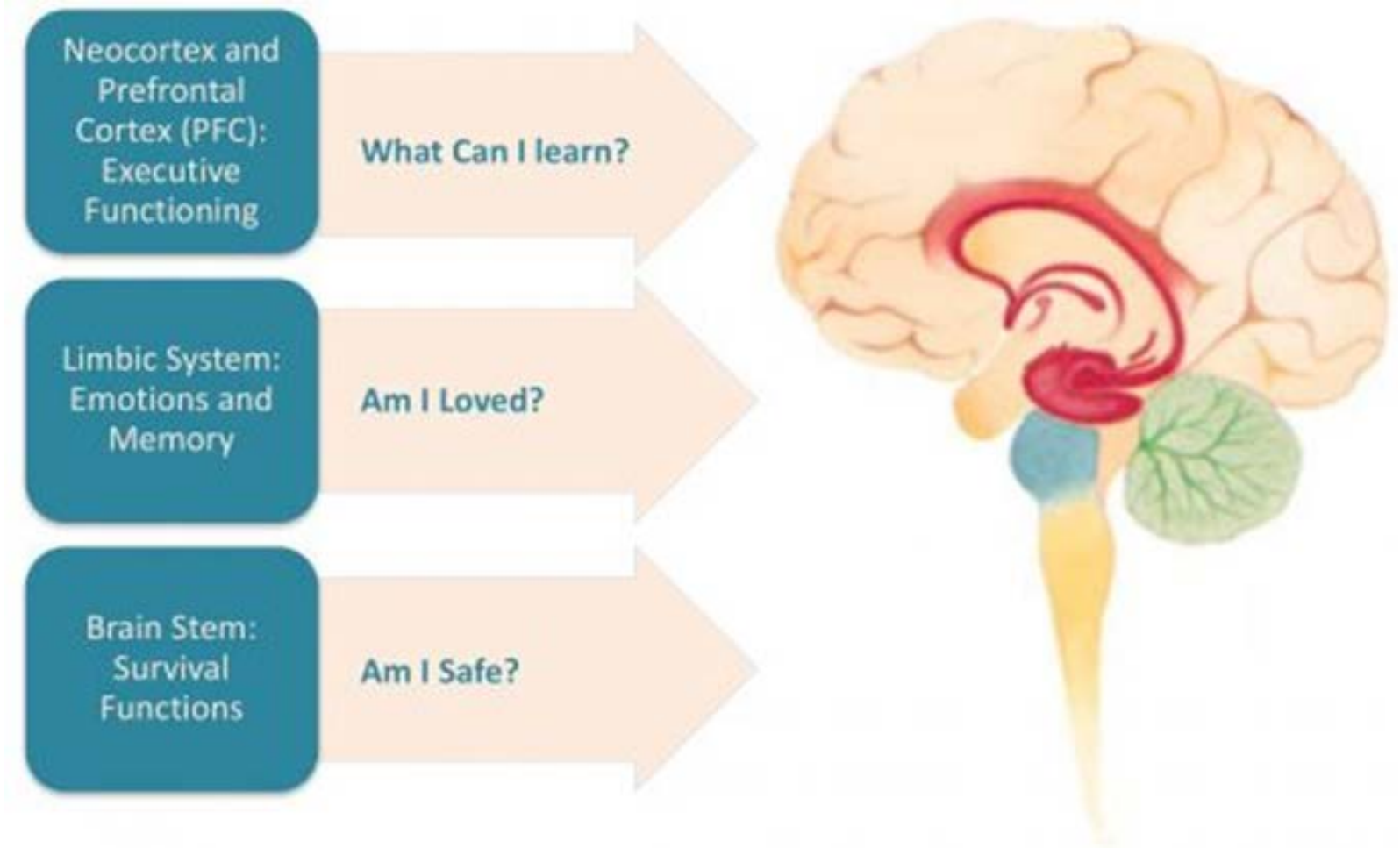
McLean's Brain



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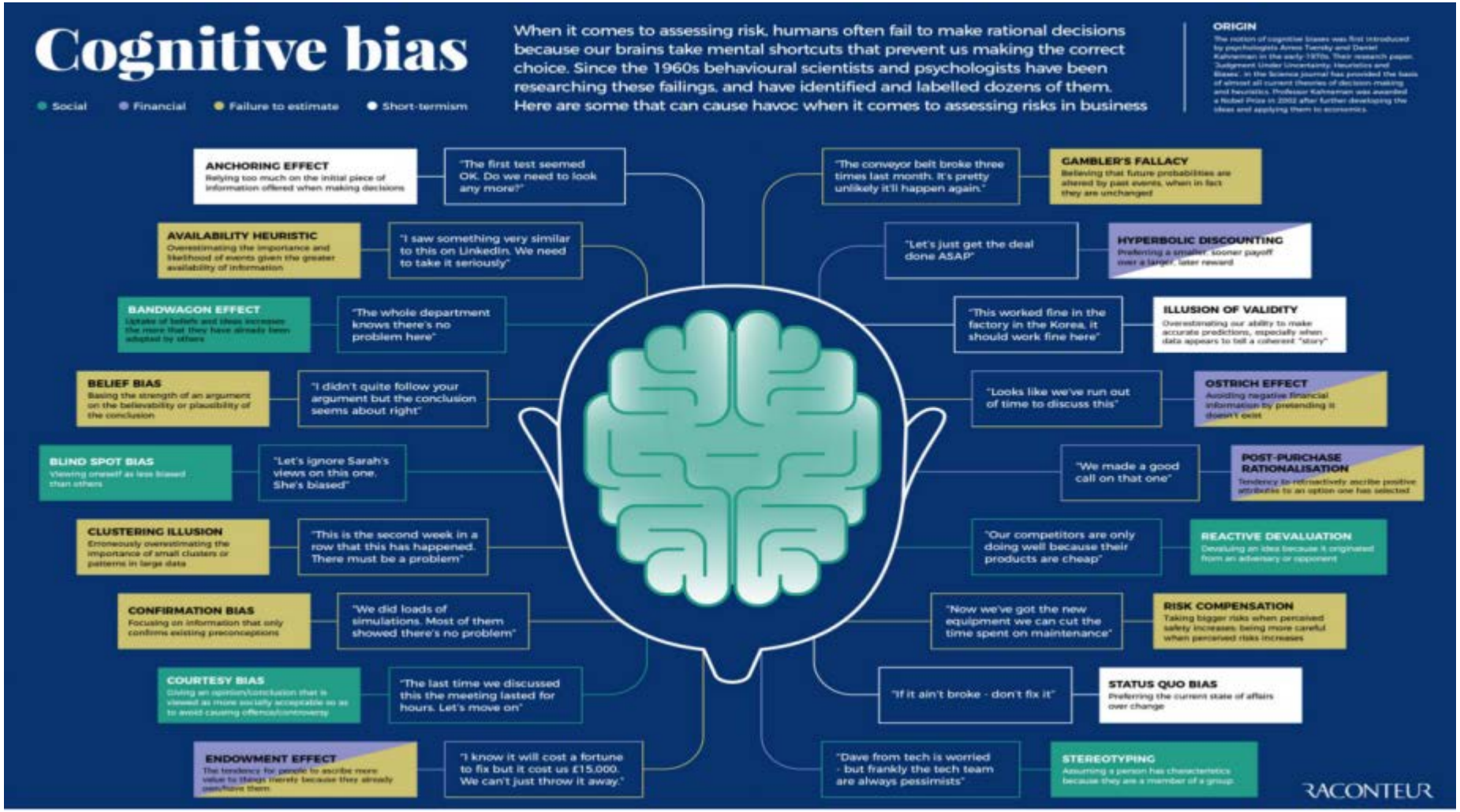

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Types of Bias

Explicit Bias

- Conscious bias
- Aware of bias
- Expressed directly
- Planned
- Voluntarily activated

Implicit Bias

- Unconscious bias
- Unaware of bias
- Expressed indirectly
- Spontaneous
- Involuntarily activated

Confirmation Bias

- Selective collection of evidence to affirm existing beliefs/ideas
- Does not seek out objective facts
- Ignores information that challenges individual's belief system

Chat Box Activity

- What are some types of explicit bias you see in your facilities/clinics/settings?
- What are some types of implicit bias you see in your facilities/clinics/settings?
- What are some ways that confirmation bias exists in your facilities/clinics/settings?

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Microaggressions

Microaggressions are the relatively minor offenses, insults, and experiences of exclusion that many people deal with every day.

- Using endearments
- Same behavior, different description
- Benevolent Sexism
- Underestimating
- Attribution Bias

Automatic Associations

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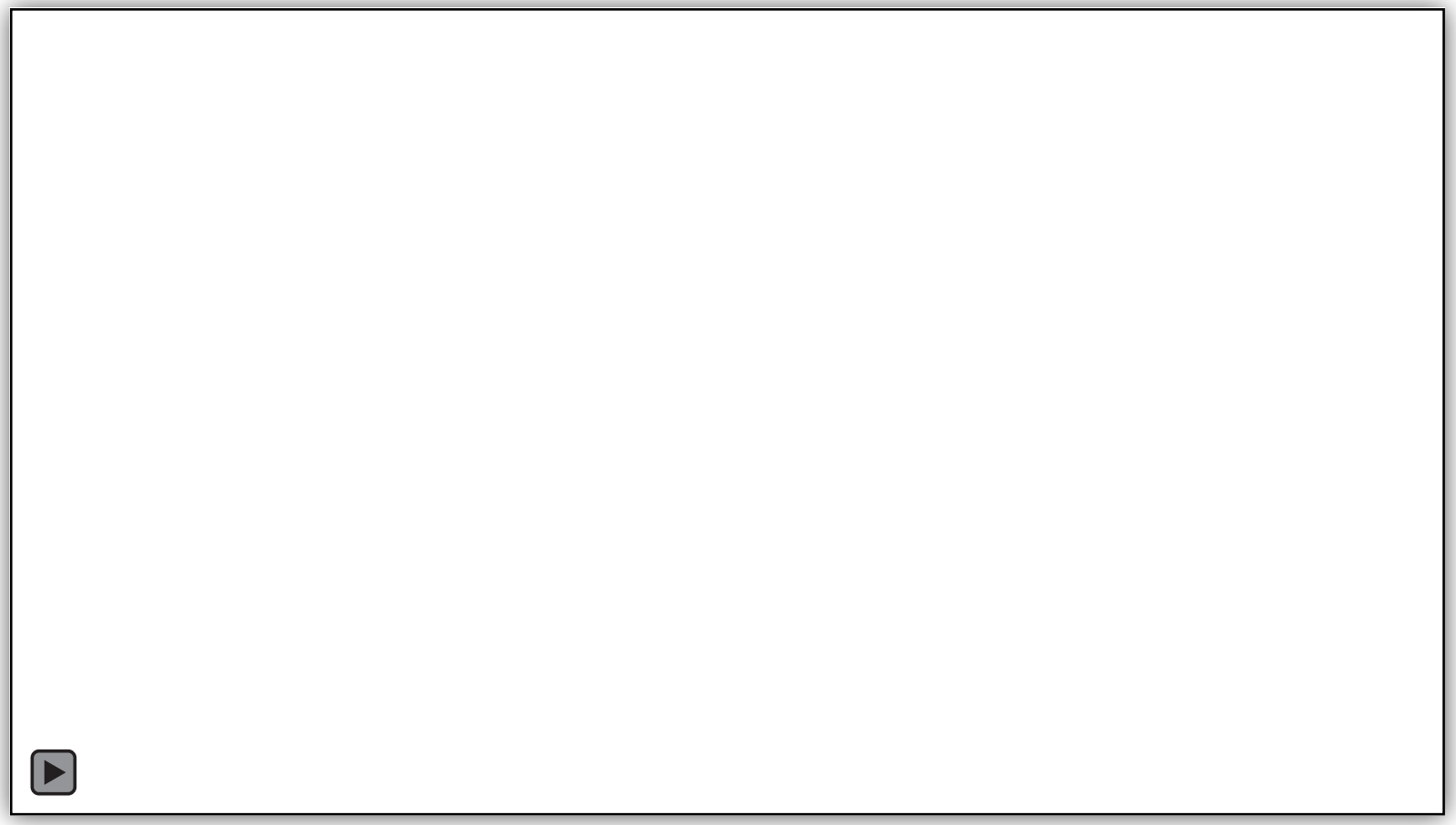
Video – Implicit Bias in Healthcare



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How Might Implicit Bias Affect Health Care?

Provider

- Background
- Experiences
- Attitudes and beliefs
- Judgment
- Decisions
- Behavior

Perception, Memory, Judgment

Verbal and non-verbal communication

Treatment decisions, patient adherence and follow-up

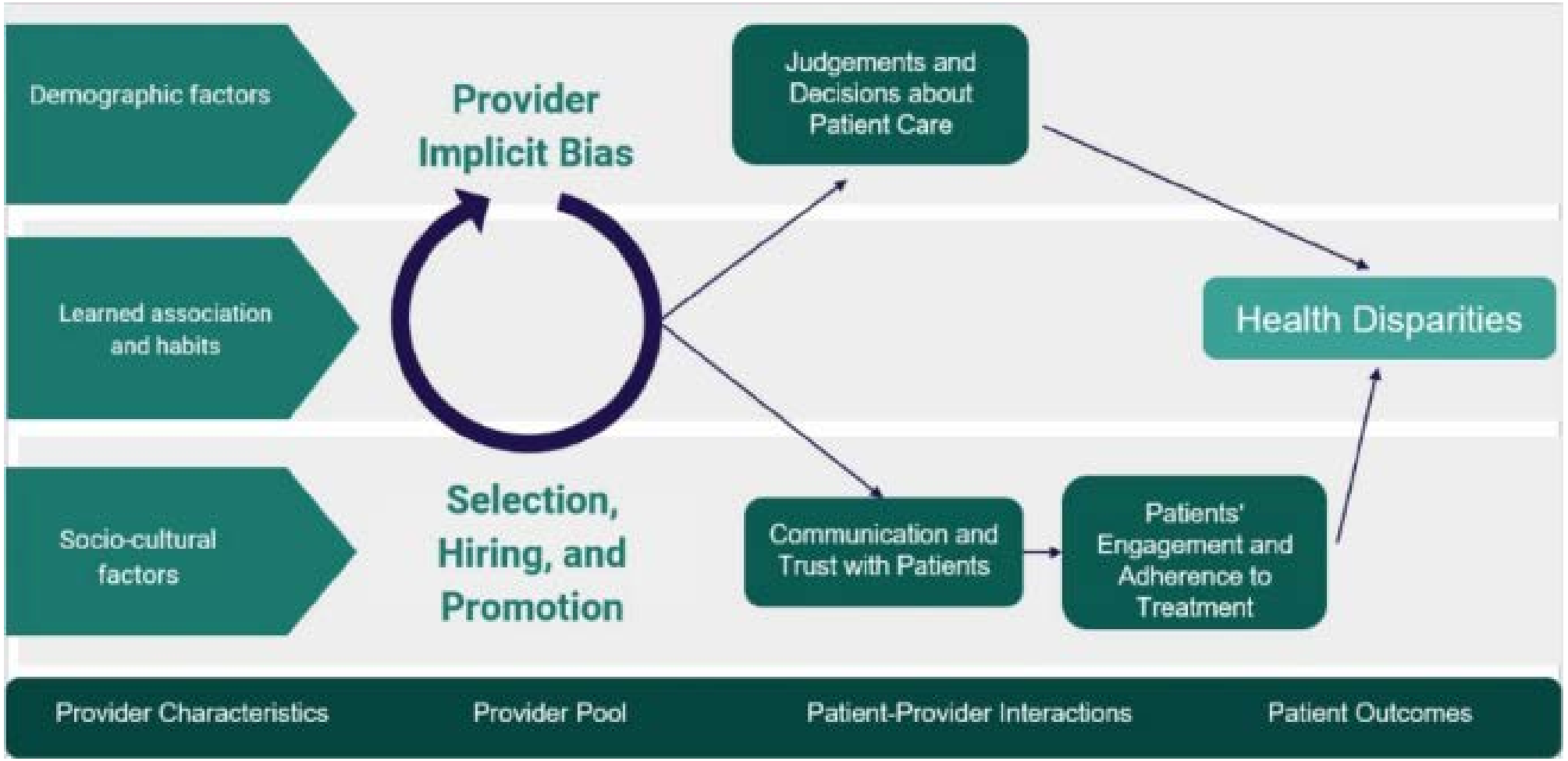
Primary and secondary health outcomes

Perception, Memory, Judgment

Patient

- Background
- Experiences
- Attitudes and beliefs
- Decisions
- Behavior

Source: Opioid Response Network



Source: Lopez, C.M., Diaz, S., Abrahim, O. *et al.* Diversity and Inclusion in Surgery: The Role of Implicit Bias on Patient Care. *Curr Surg Rep* **8,** 29 (2020). https://doi.org/10.1007/s40137-020-00275-1

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Causes of Implicit Bias

- Mental associations over time from direct and indirect messaging
- Pairing individuals with specific characteristics/stereotypes
- Patient bias may stem from…
  - Historical trauma
  - Negative expectations/past experiences
  - May interact with physician bias

(Burgess et al., 2004)

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Explicit Bias, Tobacco Use & Nicotine Addiction

Provider perceptions and biases that tobacco use/smoking/vaping is an individual choice influences:

- Provider treatment
- Access to NRT/other cessation aids
- Provider referrals
- Policies
- Insurance coverage
- Social marginalization and shaming of individuals who smoke

Provider Myths Impacting Our Patients/Clients

- ~~Tobacco is necessary self-medication~~
- ~~BH consumers are not interested in quitting~~
- ~~They are unable to quit~~
- ~~Quitting worsens recovery~~
- ~~Smoking is a low priority problem~~

THESE ARE ALL MYTHS – LET'S LEAD WITH **THE FACTS.**

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Breakouts- Bias In Daily Life

- ❑ How is bias affecting the individuals you serve?
- ❑How is your agency serving or not serving those who are different?
- ❑Is anyone looking at potential policies, rules or procedures that may be keeping individuals out?
- ❑What are the effects of prejudice or stereotypes in your agency?

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Stigma

- An attribute, behavior, or condition, that is socially discrediting.

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Stigma May Involve Several Elements:

1. Labeling
2. Negative stereotypes
3. Othering
4. Unequal health and social outcomes
5. Poor access to economic or political power

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Studies have shown that…

- Compared to other psychiatric symptoms, Substance Use is more stigmatized, tend to view those using substances as more to blame for their use and consequences of use

- Describing Substance Use as Treatable Helps

- Individuals shown to hold stigmatizing biases against those using substances; view them as unmotivated, manipulative, dishonest

- Survivors who hold more stigmatizing beliefs about Substance Use are less likely to seek treatment; discontinue sooner

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What can we do about stigma and discrimination in our work?

- **Education** about essential nature of these conditions
- **Personal witness** (putting a face and voice on recovery)
- **Change our language/terminology** to be consistent with the nature of the condition and the policies we wish to implement to address it

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Terms – Do They Matter?

Much ado about nothing?

“Political correctness”?

Mere “semantics”?

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Yes… in two main ways

- Precision and Accuracy in Communication
  - Clinicians and others use the same different terms to mean different things; sometimes used in the technical sense, other times in a general sense
  - Certain terms may induce explicit and/or implicit biases

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Why It Matters How We Conceptualize It, What We Call It, People with It

Conceptualizations and related terminology implicitly **reflect and affect** how we think about and approach SUD

When we think about what language is… it is a standardized collection of **sounds and symbols that trigger networks of cognitive scripts**, activating chains of thoughts; influences appraisal, attitudes, actions

Language changes over time; from "lunatic asylums" "drunkards/dipsomaniacs" to "psych hospital" "AUD patients"

Policy approaches to "drug problem" possess own rhetoric - shift from "War on drugs" (punishment) to public health (prevention/treatment)…

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Implications for Practice

Enhanced practitioner understanding that SUD is a biomedical disorder maybe helpful in reducing patients/others blame but this may also need to be accompanied by acknowledgement that **SUD is treatable, and most people recover**

Practitioners might reduce degree of internalized stigma often held by patients by communicating these facts to patients and family members they treat

Avoiding the use of certain terms and phrases in clinical practice (e.g.,. “abuse” “abuser” addict” “dirty urine”) and using neutral language that is consistent with a medical and public health approach may help diminish stigma; more respectful

In sum, clear communication of the medical nature of SUD coupled with the likelihood of treatment benefits and recovery using appropriate terminology may increase treatment engagement and clinical response

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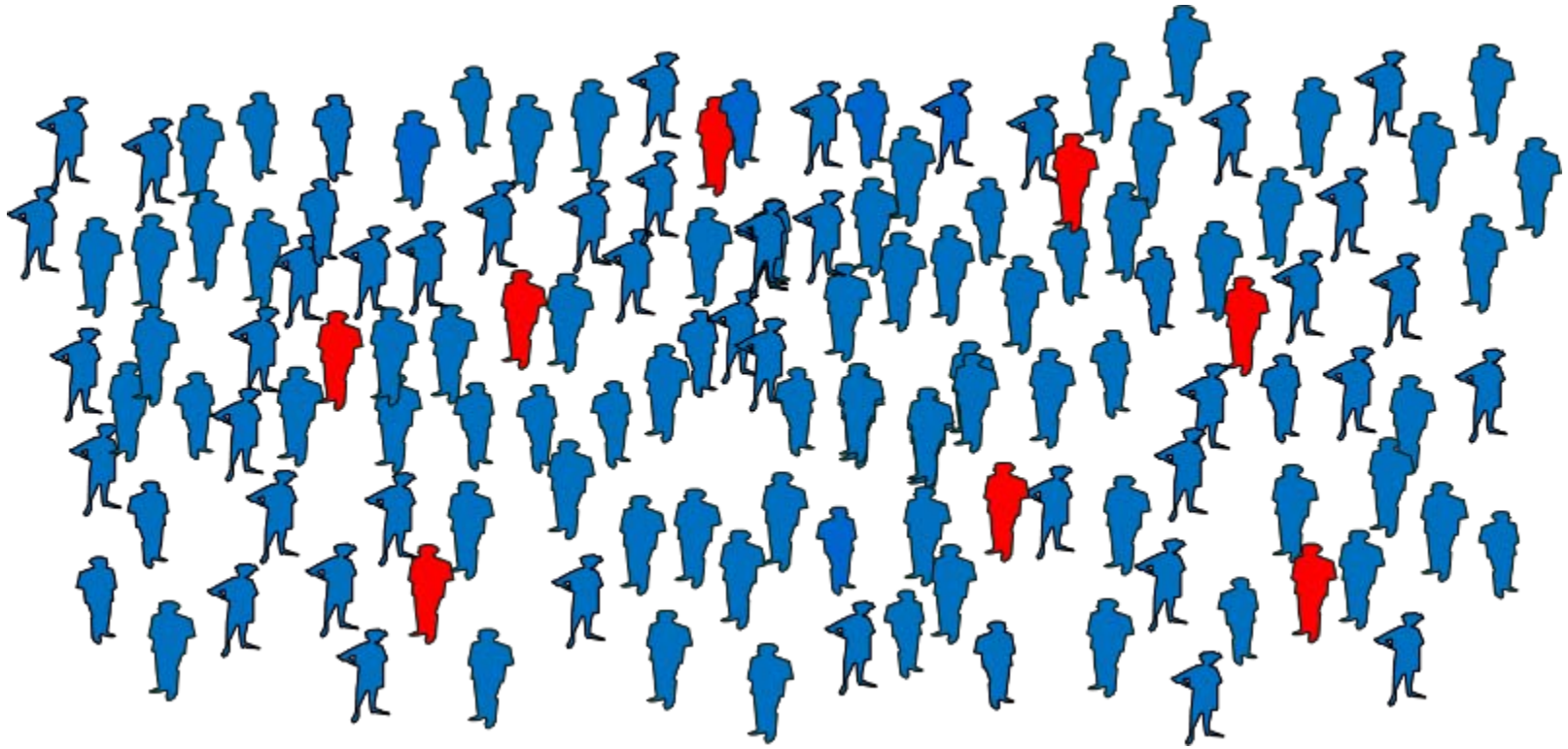

Traditional Bias Mitigation

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Typical Suggestions

1. Improved decision-making
2. Counter-stereotypic imaging
3. Individuating
4. Perspective Taking
5. Intergroup Contact

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What else is traditionally suggested?

MINDSET

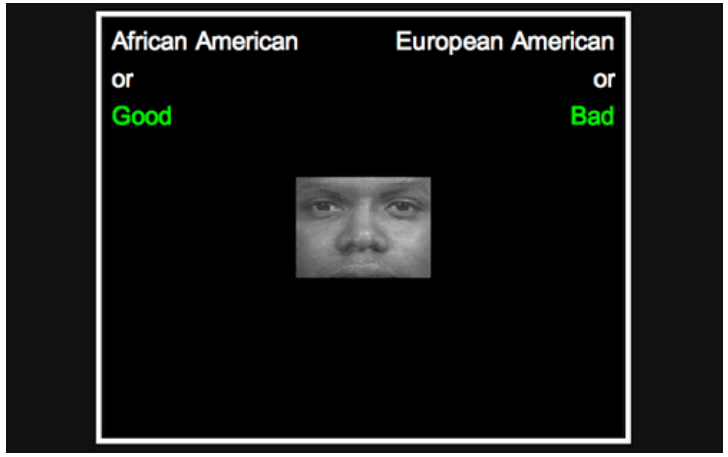
DEBIASING

DECOUPLING

IMPLICIT ASSOCIATION TEST (IAT)

A tool for measuring implicit bias

The Harvard Implicit Association Test for race reveals racial bias by measuring the amount of time it takes an individual to make an association between two concepts displayed as either words or images. So, for example, a person with implicit bias against African Americans might take longer to associate the word "good" with a Black face than with a White face.



IAT: https://implicit.harvard.edu/implicit/demo/

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Implicit Association Test

- Free online tests on bias and prejudice.
- https://implicit.harvard.edu/implicit/
- http://www.understandingprejudice.org/iat/

Project Implicit

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Addressing Personal Bias (Before It Occurs)

We all have bias ...

While you cannot control another's actions, you can be an example to others with your own:

Be Aware

Of your biases and how such biases appear as "intuition"

Be Systematic

By using concrete guidelines or checklists, be transparent in decision-making

Be Open

To new experiences and to learning about different identities

Addressing Personal Bias (After It Occurs

What if I unintentionally commit a microaggression?

☑ **Intent vs Impact**	• Remember that intent and impact are distinct • Consider other's past experiences
☑ **Own Your Actions**	• Acknowledge that your actions were biased • Own the consequences
☑ **Reinforcea and Repair**	• Reach out and rebuild trust • Self-reinforce behaviors that prevent bias

J Infect Dis, Volume 220, Issue Supplement_2, 15 September 2019, Pages S62–S73, https://doi.org/10.1093/infdis/jiz214

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What Works?

Removing bias from process, not people.

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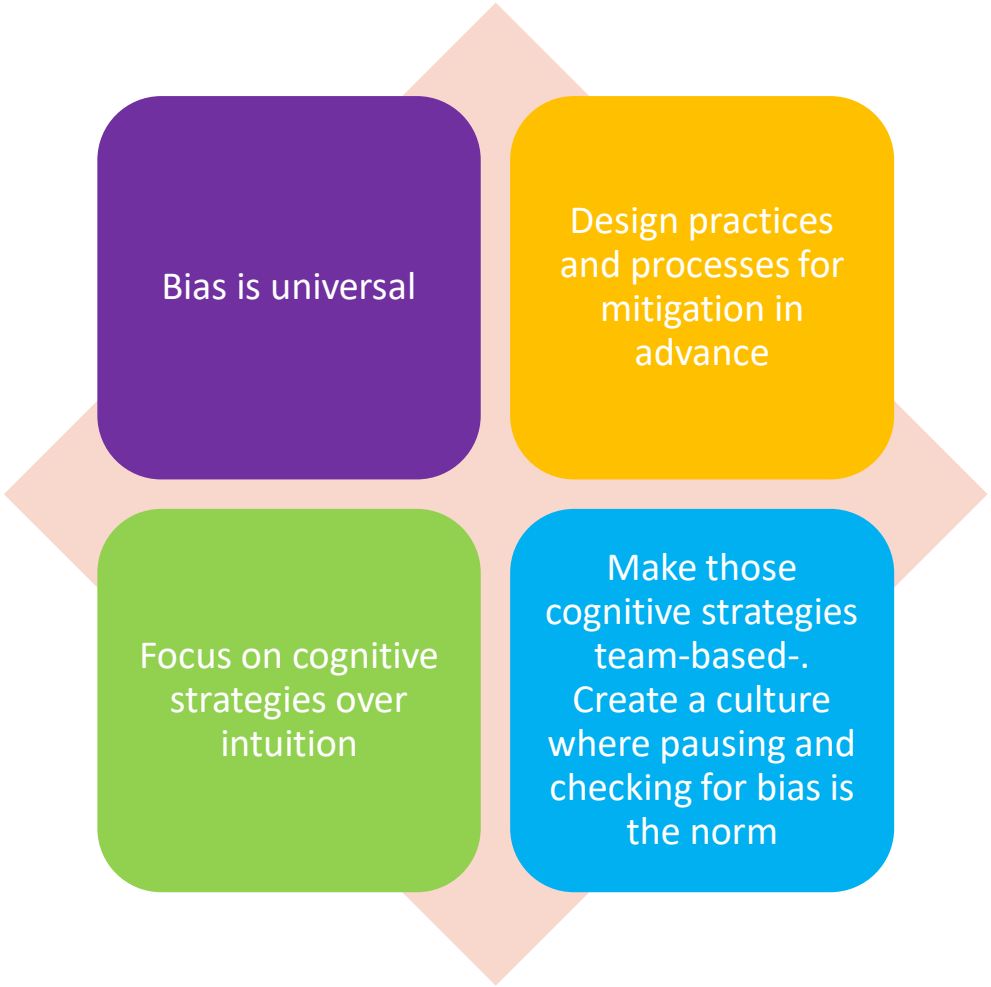
Bias can be caught when we are together- this is where we can make change!

Design Processes to Challenge Bias

Collective curiosity and using different strategies dependent upon the type of bias

Source: Halvorson & Rock, 2015

To Mitigate Bias together remember…



Source: Halvorson & Rock, 2015

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Say This... Not That

- Person with a mental health/ substance use challenge
- Person who smokes/vapes
- Person living in recovery
- Person living with an addiction
- Chooses not to at this point
- Medication is a treatment tool
- Had a setback/made an attempt
- Maintained recovery
- Is trying to reduce cigarette use

- Addict, junkie, druggie
- Smoker/vaper
- Ex-addict
- Battling/suffering from an addiction
- Drug offender
- Non-compliant/bombed out
- Failed to quit
- Relapsed
- Medication is a crutch
- Stayed clean
- Dirty drug screen

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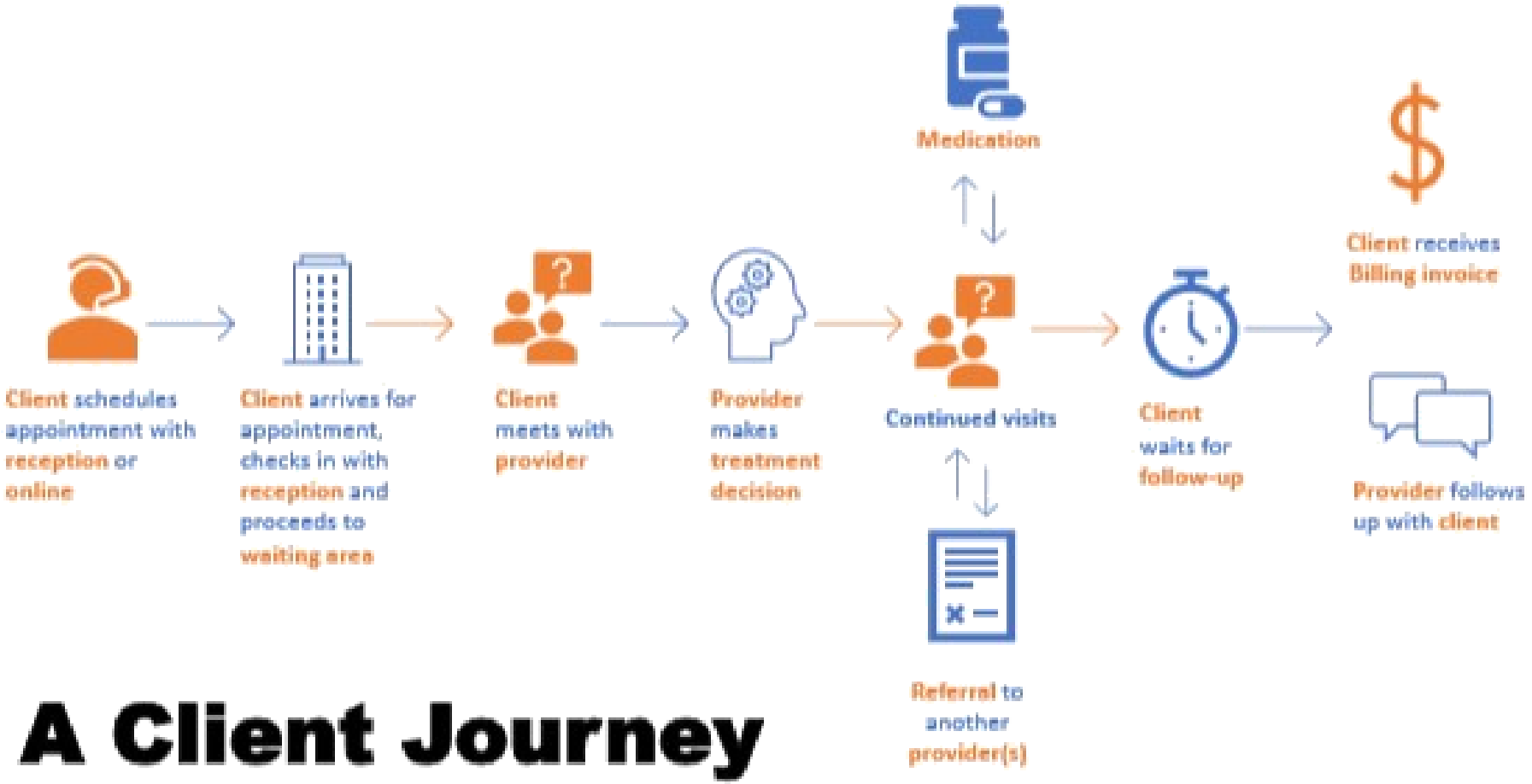

A Client Journey

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Organizational Strategies for combatting bias/stigma in patient-provider relationships

- Simplify and translate client-facing forms and documentation
- Adopt community-defined , promising practices
- Hire providers that represent the local community
- Client engagement- provide language support and build mental health literacy
- Develop a plan for addressing engagement during the current pandemic, and beyond

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Organizational Strategies for combatting bias/stigma in patient-provider relationships

- Develop an organizational approach to case management
- Checks for patient understanding of treatment decisions and next steps
- Engage all staff, including reception and billing, in cultural and linguistic competence and humility training
- Community and patient engagement, develop an organization engagement strategy

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Reducing Individual Bias

- Reject and protest bias in facilities and other clinical settings
- Educate staff, providers and patients on bias and normalize programing for bias
- Structural changes
    - Consider audits and other performance measures to evaluate bias
    - Create a culture of wellness and smoke-free living
        - Assistance for staff who smoke and/or have a mental health or substance use challenge
- Re-allocate resources
    - Stress that individuals with mental health and substance use challenges often face multiple barriers and are underserved. Initiate efforts to increase research, education, funding and health care innovations towards this population

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Safety and Respect: Creating a Safe and Secure Environment for EVERYBODY

We need to create a mutually respectful interpersonal climate that fosters safety, trust, choice, collaboration, and empowerment

"Mistakes made here often."

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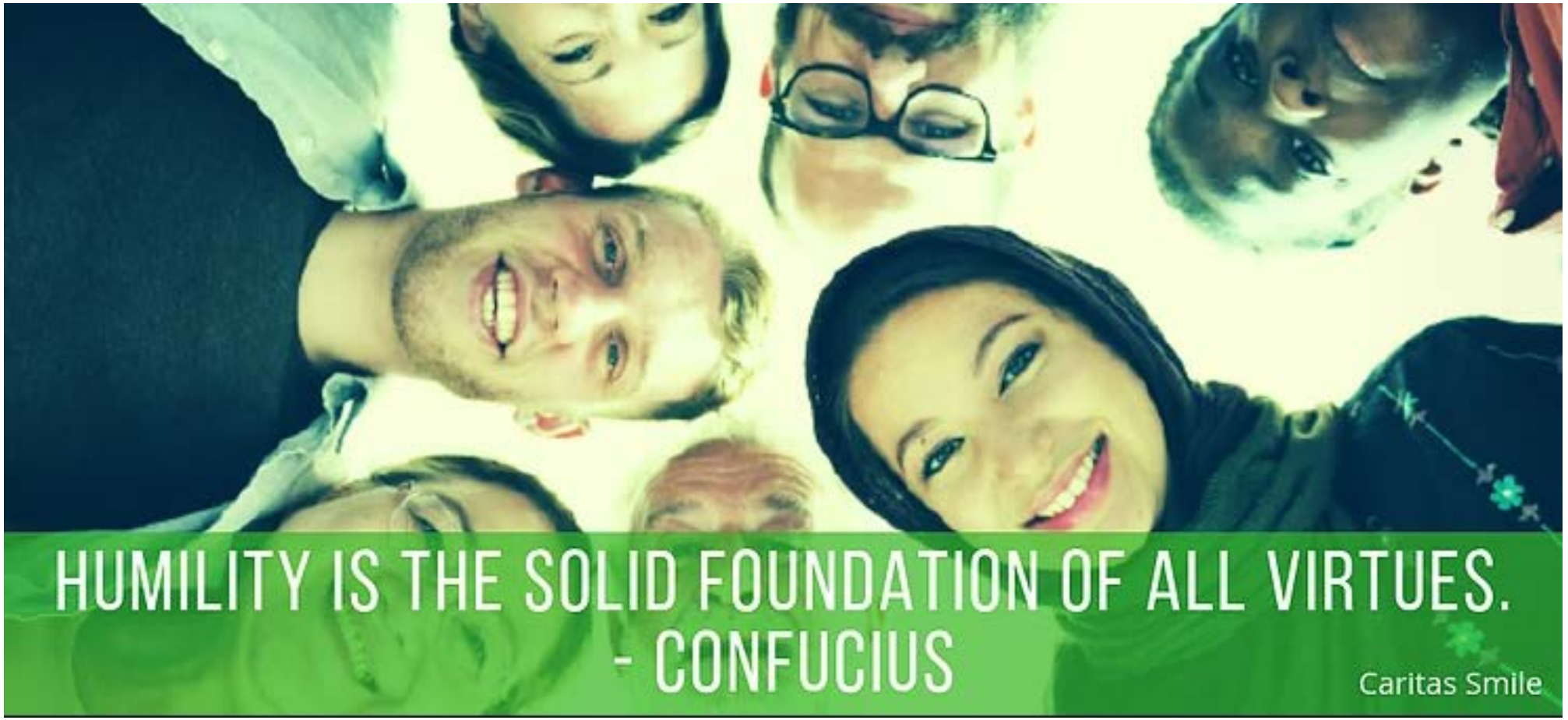
HUMILITY IS THE SOLID FOUNDATION OF ALL VIRTUES.
- CONFUCIUS
Caritas Smile

Cultural Humility

Cultural Humility is another way to understand and develop a process-oriented approach to competency.

-Tervalon & Murray-Garcia, 1998

"the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]" (Hook et al, 2013)

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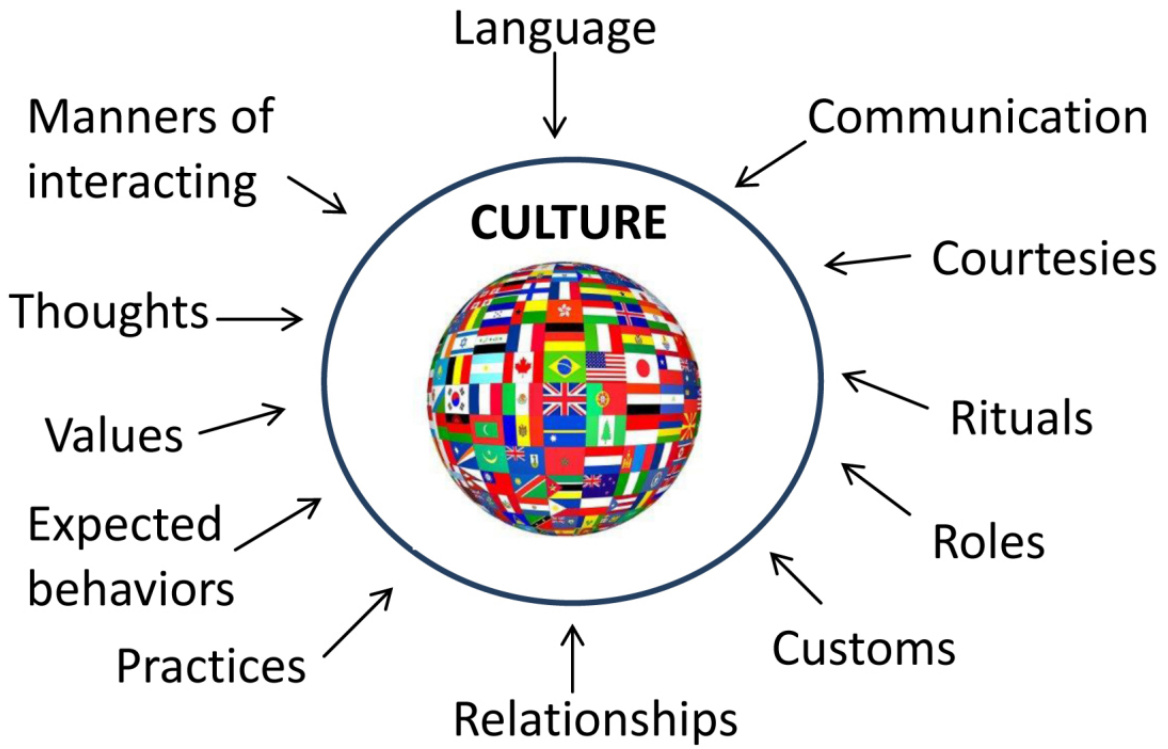
Cultural humility at work to increase resilience

- It normalizes not knowing
- It helps you identify with your co-workers
- It helps you identify the needs of your “client”
- It creates a culture of understanding that can spread beyond work



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What do I need to…..

- Keep
- Change
- Start
- Stop

…. Regarding bias and tobacco use?

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Closing Activity: Head, Heart & Feet

- *Head*. After participating in this masterclass, what is one thing you're thinking?
- *Heart*. After participating in this masterclass, what is one thing you're feeling?
- *Feet*. After participating in this masterclass, what is one new thing you're excited about doing or implementing?

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Want to learn more?

https://www.thenationalcouncil.org/center-for-consulting-training/addressing-health-equity-and-racial-justice/

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Resources

- Hiring - https://www.wsj.com/articles/seven-steps-to-reduce-bias-in-hiring-1487646840
- Hiring - https://www.shrm.org/resourcesandtools/hr-topics/talent-acquisition/pages/7-practical-ways-to-reduce-bias-in-your-hiring-process.aspx
- Teaching - https://www.plymouth.ac.uk/uploads/production/document/path/3/3273/7_Steps_to_Mitigating_Unconscious_Bias_in_Teaching_and_Learning.pdf
- Individual and organizational strategies - https://horsley.yale.edu/sites/default/files/files/IB_Strategies_033012.pdf
- Retention - https://blog.truvelop.com/tuesday-tip-employee-retention?utm_content=134628664&utm_medium=social&utm_source=twitter&hss_channel=tw-24105439

Resources (cont'd)

- Organizational Self-Care Training Activity Worksheet
- TI-ROC Climate of Equity Assessment
- National Council's Cultural Humility Scale
- Health & Racial Equity List of Definitions

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Questions?

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Thank you for joining us!

Please be sure to complete the brief post-webinar evaluation.

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