

TOBACCO POLICIES AND PRACTICES OF DEVELOPMENTAL DISABILITIES (DD) PROVIDERS

In the summer of 2008, the Missouri Institute of Mental Health, through a grant with the Missouri Foundation for Health, conducted a survey of tobacco policies of agencies funded by the Department of Mental Health, Division of Developmental Disabilities (DD). This on-line survey assessed tobacco policies, current practices and future intentions. One hundred nine (109) agencies responded to the survey. Findings from a similar survey of agencies providing services to persons with mental illness and substance abuse problems are reported separately.

SUMMARY OF FINDINGS

- Most, but not all provider agencies (79%) prohibit indoor smoking altogether. Providers are more likely to allow outdoor smoking anywhere on agency property rather than in designated smoking areas. A small percentage (7%) are completely smoke free.
- Only 1% allow both indoor and outdoor smoking; 23% of providers allow indoor and outdoor chewing tobacco use.
- Around half of all agencies plan on making changes to their tobacco policies and/or practices in the future. Planned changes include going smoke free and providing information about tobacco cessation treatment, referrals to tobacco cessation programs and education on tobacco use harm.
- For those agencies that have made changes or are planning on making changes to their tobacco cessation policies, *by far* the greatest barriers were client and staff resistance to change.
- Tobacco use among clients is reported to be very low. Forty percent of agencies report no smoking among their clients. Tobacco use among staff is considerably higher, with only 7% of agencies reporting they have no staff who smoke.
- Around half of all providers assess tobacco use as a matter of routine. Around 19% require that staff develop a strategy for clients regarding tobacco cessation.
- Referrals to tobacco cessation programs and informational brochures on the harmfulness of tobacco use are the most common tobacco-related services offered by agencies.
- Among agencies that do supply smoking cessation treatments for clients, around half (53%) reported that they do not provide any financial assistance. Medicaid is used to cover costs for 24% of agencies, and Medicare is used at 11% of agencies.

- Most agencies do not offer smoking cessation sessions (70%). Only seven providers offer smoking cessation sessions, the remainder either do not have anyone who smokes, or they provide services on an as-needed basis (22%).
- Around half of providers were interested in receiving technical assistance. Addressing staff tobacco use (34%) and training on tobacco cessation programs (27%), followed by creating a tobacco-free environment and training clinicians to support a tobacco-free lifestyle.

DETAILED FINDINGS

Provider Characteristics

- Around two-thirds of all providers who responded to the survey provide DD treatment services. A little less than half provide long-term residential treatment, and around 30% provide supported housing services. Twelve respondents from DD habilitation centers responded to the survey. Other services provided include recovery services, Individualized Supported Living (ISL), group homes, treatment and recovery services for mental illness and substance abuse issues, and prevention programming for DD clients. Eight Senate Bill 40 boards responded to the survey.
- Almost all agencies surveyed serve adults between 18-64 (96%) serve adults from age 18 to 64. A little less than half (46%) serve consumers 65 and above, 40% serve children from age 12 to 17, and 18% serve children under age 12.

Smoking Policies

Table 1 displays agency smoking policies.

- Most (79%) providers do not allow smoking indoors.
- The greatest percentage (39%) of providers do not allow smoking indoors but permit use anywhere outdoors on agency property.
- One-third prohibit smoking indoors, and allow smoking outdoors only in designated smoking areas.
- Only 7% have completely smoke-free policies. Variations in policies for clients and staff are minimal.

Table 1
Tobacco Use Policies
DD Agencies
(n= 109)

Policy	%
Smoke-free indoors, smoking allowed outdoors anywhere on agency property.	39%
Smoke-free indoors and outdoors except for designated outdoor smoking areas.	33%
Smoke-free indoors and outdoors, with no designated smoking areas.	7%
Smoke free indoors except in designated smoking areas. Smoking allowed outdoors anywhere on agency property.	5%
Smoke-free indoors for employees but allowed for clients and visitors in designated indoor smoking areas. Outdoor smoking is allowed for all employees, visitors and clients.	5%
Smoking is allowed both indoors and outdoors for all clients, visitors, and employees. No designated smoking areas.	1%
Other policy	10%

Smokeless Tobacco Policies

Indoor policies related to smokeless tobacco (chew, dip, snuff) are a little less restrictive than smoking policies, with 23% of agencies allowing both indoor and outdoor use. Thirty-six percent (36%) of providers prohibit smokeless tobacco both inside and outside; 41% allow use outdoors only.

Changes to Current Tobacco Policy

Half (51%) of providers do not plan on making changes to their tobacco policies and/or practices in the future, and 39% are unsure if they will make any changes. Intended policy changes included offering information on tobacco cessation treatment and creating designated smoking areas outside. Policy changes will apply to both staff and clients to most (74%) of providers, 24% plan on making changes only for staff. Client policy change is far less of a concern than changes in policies for staff.

Table 2
Intentions to Change Current Tobacco Policy
(n=96)

In next 1-3 months	4.2%
In next 4-6 months	1.0%
In next 7-9 months	1.0%
In next 10-12 months	1.0%
In more than 12 months	3.1%
Don't plan on making changes	51.0%
Don't know	38.5%

Barriers to Policy Change

For those agencies that have made changes or are planning on making changes to their tobacco cessation policies (65 providers), the greatest barriers are or were staff (42%) and then client (37%) resistance to change, followed by cost (21%). Thirty-one percent thought there were no barriers to policy change. (see Table 6). A few respondents reported that policy shouldn't be imposed due to client rights.

Table 3
Barriers Encountered When Changing Smoking Policy
(n=65)

Barrier	%
Resistance from employees who smoke	42%
Resistance from clients who smoke	37%
Financial Costs	21%
Not a priority for organization	9%
No barriers	31%
Limited capacity or untrained staff	5%
Other	23%

Daily Tobacco Use

Use rates among clients is relatively low. Almost all report that none of their clients smoke (40% of agencies) or that fewer than 20% of their clients smoke.

Tobacco use among staff is considerably higher, with only 7% of agencies reporting they have no staff who smoke (see Table 5).

Table 4
Percent of Providers with Clients who are Daily Tobacco Users (n=109)

% of agencies where there are no clients who smoke	40%
% of agencies with 20% or fewer clients who smoke	51%
% of agencies with 21-40% of clients who smoke	6%
% of agencies with 41-60% of clients who smoke	1%
% of agencies with 61-80% of clients who smoke	1%
% of agencies with 81-100% of clients who smoke	1%

Table 5

Percent of Providers with Staff who are Daily Tobacco Users (n=109)

% of agencies where there are no clients who smoke	7.1%
% of agencies with 20% or fewer clients who smoke	40.4%
% of agencies with 21-40% of clients who smoke	28.3%
% of agencies with 41-60% of clients who smoke	17.2%
% of agencies with 61-80% of clients who smoke	6.1%
% of agencies with 81-100% of clients who smoke	1.0%

Provider Assessment, Training and Cessation Services

Around half (53%) of all providers assess tobacco use as a matter of routine, and at around 19% of agencies, staff is required to develop a strategy for clients regarding tobacco cessation.

Table 4 below lists the many ways in which clients and staff receive assistance with tobacco cessation.

- The greatest percentage of providers does not offer tobacco cessation services to clients.
- Services offered to a minority of clients and staff included referrals to tobacco cessation programs, pamphlets, brochures, referrals to quit smoking websites, nicotine replacement therapy (NRT) gum, and the Patch. Staff had fewer NRT options available to them.

Table 4

**Provider Tobacco Cessation Services for Clients and Staff
(n=109)**

	Clients	Staff
Referrals to tobacco cessation programs	22%	16%
Pamphlets/brochures describing harm from tobacco use	22%	14%
Pamphlets/brochures on tobacco cessation approaches	17%	11%
GUM (Nicotine Replacement Therapy)	17%	6%

Referrals to quit smoking websites	16%	17%
PATCH (Nicotine Replacement Therapy)	16%	5%
Individual sessions with clinical staff	12%	2%
Pharmacotherapy - Chantix (varenicline)	11%	5%
Referrals to quit lines	8%	8%
Lozenges (Nicotine Replacement Therapy)	7%	5%
Group sessions with clinical staff	5%	4%
Pharmacotherapy - Zyban (bupropion)	5%	2%
Spray (Nicotine Replacement Therapy)	4%	4%
Inhaler (Nicotine Replacement Therapy)	3%	2%
Pharmacotherapy – Other	2%	0%
Hypnosis	0%	2%
None of the above	42%	60%
Other (please specify)	27%	17%

Community Resources

Respondents were asked where consumers were referred to in the community for tobacco cessation assistance. The greatest percentage (37%) did not refer clients to anyone in the community. If they do refer, private physicians and local health centers are the most common resources used.

Financial Assistance

Among agencies that do supply smoking cessation treatments for clients, around half (53%) reported that they do not provide any financial assistance. Medicaid is used to cover costs for 24% of agencies, and Medicare is used at 11% of agencies.

Frequency of Smoking Cessation Sessions

Most agencies do not offer smoking cessation sessions (70%). Only seven providers offer smoking cessation sessions, the remainder either do not have anyone who smokes, or they provide services on an as-needed basis (22%).

Awareness of Additional Resources

Recently, there have been toolkits produced to address tobacco use cessation in the health field. All most all (94%) of agencies were not aware of any toolkits.

Request for Technical Assistance

Around half of providers were not interested in receiving technical assistance. Addressing staff tobacco use (34%) and training on tobacco cessation programs (27%), followed by creating a tobacco-free environment and training clinicians to support a tobacco-free lifestyle.

Table 7
Interest in Technical Assistance
(n=68)

Type of Technical Assistance	%
Training clinicians in supporting smoke-free lifestyle	53%
Training on tobacco cessation programs	53%
Dealing with staff tobacco use	32%
I am not interested in technical assistance	31%
Creating a smoke-free environment	26%
Dealing with tobacco contraband	18%

APPENDIX

PROVIDER SURVEY

The purpose of this survey is to help inform the Department of Mental Health regarding mental health agency tobacco policies and consumer tobacco use in the state of Missouri. Please respond as accurately as possible to the following questions based on your agency's policies and practices. Please use the definitions provided for the following terms.

Agency premises: All agency property is defined as including, but not limited to buildings, balconies, patios, courtyards, areas adjacent to exit doors, parking areas, and lawns.

Tobacco use: use of tobacco in any form (e.g. cigarette, cigar, chewing, or pipe), regardless of the age of the client.

We appreciate your time and thank you.

- 1. Agency** _____
Address: _____
Address 2: _____
City: _____
ZIP/Postal Code: _____
Email Address (optional) _____
Phone Number (optional) _____

- 2. Key Agency Contact** _____

3. What types of services does your agency provide? (check all that apply)

- Mental illness treatment services
- Mental illness recovery services
- Substance use prevention services
- Substance use treatment services
- Substance use recovery services
- Developmental disabilities prevention services
- Developmental disabilities treatment services
- Developmental disabilities recovery services
- Other (please specify) _____

4. Which age group(s) do you serve? (check all that apply)

- Children under 12 years
- Children 12-17 years
- Adults (18-64)
- Elderly (65+)

5. How would you best classify your agency? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Community mental health center (CMHC) | <input type="checkbox"/> Day hospital/program |
| <input type="checkbox"/> C-STAR provider | <input type="checkbox"/> PSR (psychosocial rehab) |
| <input type="checkbox"/> Out-patient facility | <input type="checkbox"/> Supported housing |
| <input type="checkbox"/> In-patient mental health facility
(acute care) | <input type="checkbox"/> Case management |
| <input type="checkbox"/> DD Habilitation Center | <input type="checkbox"/> Residential care facility (short-term) |
| <input type="checkbox"/> DD Regional Center | <input type="checkbox"/> Residential care facility (long-term) |
| <input type="checkbox"/> FQHC agency | <input type="checkbox"/> Detox facility |
| <input type="checkbox"/> University | <input type="checkbox"/> Methadone maintenance agency |
| <input type="checkbox"/> Senate Bill 40 Board | <input type="checkbox"/> Substance use prevention agency |
| <input type="checkbox"/> County agency | <input type="checkbox"/> Access to Recovery organization |
| <input type="checkbox"/> Other (please specify) _____ | |

6. Do you receive funding from any of these divisions within the Missouri Department of Mental Health? (check all that apply)

- Division of Alcohol and Drug Abuse (ADA)
- Division of Comprehensive Psychiatric Services (CPS)
- Division of DD

7. Please identify the statement that best describes your organization's current tobacco use policy (check only one).

- Smoke-free indoors and outdoors, with no designated smoking areas.
- Smoke-free indoors and outdoors except for designated outdoor smoking areas.
- Smoke-free indoors (no designated smoking areas). Smoking allowed outdoors anywhere on property.
- Smoke-free indoors except in designated smoking areas. Smoking allowed outdoors anywhere on agency property.
- Smoke-free indoors and outdoors for employees (no designated smoking areas). Smoke-free for clients indoors, designated smoking areas outdoors for clients only.
- Smoke-free indoors for employees but allowed for clients and visitors in designated indoor smoking areas. Outdoor smoking is allowed for all employees, visitors and clients.
- Smoke-free indoors for clients and visitors, allowed for employees in designated indoor smoking areas. Smoking allowed outdoors for all employees, visitors and clients.
- Smoking is allowed both indoors and outdoors for all clients, visitors and employees. No designated smoking areas.
- Other policy _____

8. Provide your best estimate of the percent of clients who smoke/use tobacco on a daily basis?

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 41-60% |
| <input type="checkbox"/> 1-20% | <input type="checkbox"/> 61-80% |
| <input type="checkbox"/> 21-40% | <input type="checkbox"/> 81-100% |

9. Does your agency allow use of smokeless tobacco products (etc. chewing tobacco, dip, snuff)?

- Yes, outdoors only
- Yes, indoors and outdoors
- No

10. Do you assess all clients' tobacco use status as a matter of routine?

- Yes
- No

11. Are your staff required to develop a strategy for clients regarding tobacco cessation?

- Yes No

12. Do staff receive specialty training to address any of the following (check all that apply)?

- Drug interactions with tobacco
- Assessment of tobacco use and dependence
- Medication treatments for tobacco
- Counseling for tobacco dependence
- Awareness of quit lines
- Coordination with community resources
- Wellness counseling
- None of the above
- Other (please specify) _____

13. What kinds of resources for quitting are currently available to clients who use tobacco products (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Referrals to quit smoking websites | <input type="checkbox"/> Lozenges (Nicotine Replacement Therapy) |
| <input type="checkbox"/> Referrals to quit lines | <input type="checkbox"/> Inhaler (Nicotine Replacement Therapy) |
| <input type="checkbox"/> Referrals to tobacco cessation programs | <input type="checkbox"/> GUM (Nicotine Replacement Therapy) |
| <input type="checkbox"/> Individual sessions with clinical staff | <input type="checkbox"/> Spray (Nicotine Replacement Therapy) |
| <input type="checkbox"/> Group sessions with clinical staff | <input type="checkbox"/> Pharmacotherapy - Chantix (varenicline) |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Pharmacotherapy - Zyban (bupropion) |
| <input type="checkbox"/> Pamphlets/brochures describing harm from tobacco use | <input type="checkbox"/> Pharmacotherapy - Other |
| <input type="checkbox"/> Pamphlets/brochures on tobacco cessation approaches | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Patch (Nicotine Replacement Therapy) | |
| <input type="checkbox"/> Other | |

14. If tobacco cessation treatment is supplied by your agency for clients, how are treatment costs covered (check all that apply)?

- Medicaid
- Medicare
- Private insurance
- Paid for by agency
- No coverage available
- Other (please specify) _____

15. If tobacco cessation sessions are offered to clients, how often are these sessions offered? (check only one)

- Daily
- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly
- Never, not offered
- Other (please specify) _____

16. If clients are referred to resources in the community for tobacco cessation treatment, where are they referred? (check all that apply)

- Community Mental Health Centers
- Local Health Center
- Outpatient services at Hospital
- Quit Line
- Specific tobacco cessation programs
- Private physicians
- Not referred
- Don't know
- Other _____

17. Provide your best estimate of the percent of staff who smoke/use tobacco on a daily basis?

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 41-60% |
| <input type="checkbox"/> 1-20% | <input type="checkbox"/> 61-80% |
| <input type="checkbox"/> 21-40% | <input type="checkbox"/> 81-100% |

18. What kinds of resources for quitting are currently available to staff who smoke (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Referrals to quit smoking websites | <input type="checkbox"/> Lozenges (Nicotine Replacement Therapy) |
| <input type="checkbox"/> Referrals to quit lines | <input type="checkbox"/> Inhaler (Nicotine Replacement Therapy) |
| <input type="checkbox"/> Referrals to tobacco cessation programs | <input type="checkbox"/> GUM (Nicotine Replacement Therapy) |
| <input type="checkbox"/> Individual sessions | <input type="checkbox"/> Spray (Nicotine Replacement Therapy) |
| <input type="checkbox"/> Group sessions | <input type="checkbox"/> Pharmacotherapy - Chantix (varenicline) |
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Pharmacotherapy - Zyban (bupropion) |
| <input type="checkbox"/> Pamphlets/brochures describing harm from tobacco use | <input type="checkbox"/> Pharmacotherapy - Other |
| <input type="checkbox"/> Pamphlets/brochures on tobacco cessation approaches | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> PATCH (Nicotine Replacement Therapy) | |
| <input type="checkbox"/> Other _____ | |

**19. Do you plan on making any changes to written tobacco policy in the future?
(check only one)**

- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- More than 12 months
- Don't plan on making changes
- Don't know

20. What kind of changes do you intend on making (check all that apply)?

- Go smoke free entirely (indoors and outdoors)
- Create designated smoking areas indoors
- Create designated smoking areas outdoors
- Eliminate indoor designated smoking areas
- Eliminate smoking indoors entirely
- Refer to tobacco cessation programs
- Pay for tobacco cessation treatment therapies/medications (including nicotine replacement, Zyban, Chantax, other medications)
- Offer information about tobacco cessation treatment therapies/medications (including nicotine replacement, Zyban, Chantax, other medications) but will not pay for it.
- Other_____
- Move to regular assessment of tobacco use
- Offer systematic education on harm from tobacco use
- Offer group/individual counseling
- Refer to group/individual counseling
- Don't plan on making any changes

21. Will policy changes apply to clients, staff or both?

- Clients only
- Staff only
- Both

22. If you have made changes to your tobacco cessation policy in the past few years, what barriers did you encounter? If you plan on making changes, what barriers may impede your agency from adding a smoking cessation policy? (check all that apply)

- Financial costs
- Limited capacity or untrained staff
- Resistance from employees who smoke
- Resistance from clients who smoke
- Not a priority for organization management
- Outside organization programs are available
- Unions
- No barriers
- Other _____

23. Are you aware of recently produced toolkits that address tobacco use cessation in the mental health field? If so, which are you aware of? (check all that apply)

- NASMHPD Toolkit on "Tobacco-Free Living in Psychiatric Settings: A Best Practices Toolkit Promoting Wellness and Recovery"
- Colorado's Toolkit for Mental Health Providers
- Not aware of any toolkits
- Other _____

24. Are you interested in technical assistance on (check all that apply)

- Creating a smoke-free environment
- Training clinicians in supporting smoke free lifestyle
- Training on tobacco cessation programs
- Dealing with tobacco contraband
- Dealing with staff tobacco use
- I am not interested in technical assistance

THANK YOU FOR YOUR HELP!

TOBACCO USE OF MISSOURI DEVELOPMENTAL DISABILITIES CONSUMERS AUGUST 2008

In May 2008, the Missouri Institute of Mental Health, through a grant with the Missouri Foundation for Health, assessed the prevalence of tobacco use among Missouri mental health consumers. All consumers included in the study receive services through the Missouri Department of Mental Health (DMH). Consumers included persons served by all three DMH divisions: the Division of Developmental Disabilities (DD), the Division of Comprehensive Psychiatric Services (CPS), and the Division of Alcohol and Drug Abuse (ADA). This section reports findings from consumers of DD services.

A total of 345 consumers receiving services at three DD regional centers took part in the study. Consumers received either home-funded services, residential services or case management services. Consumers were asked to complete an anonymous one-page questionnaire about tobacco use and related issues. Those with cognitive or literacy issues were assisted by agency staff. Details regarding sampling method and demographic characteristics of the sample are presented in the Appendix.

SUMMARY OF FINDINGS

CHARACTERISTICS OF RESPONDENTS

- Of the sample of consumers of DD services, a little more than half (56%) are male and around 78% are Caucasian.
- The sample included adults of all ages, as well as some (10%) under the age of 18.
- Consumers in the sample came from the City of St. Louis, the Rolla area and Kirksville, Missouri.
- Around 25% of consumers sampled received home-funded services, 28% received residential services and 47% receive case management services.

TOBACCO USE

Prevalence

- 9% of consumers surveyed regularly use tobacco products, 7% were regular users at one time but have quit, and 84% never used regularly. National data from the 2004 Behavioral Risk Factor Surveillance Survey (BRFSS) estimate that smoking rates among those with developmental disabilities nationally are around 29.9% (*BRFS*, 2006), and rates in Missouri are around 25.5% (Armour et al, 2007).
- Although rates of tobacco use are low overall, significantly more males use regularly than females (14% vs. 4%). Slightly more older consumers (35 and over) use tobacco than younger consumers.
- Around three-fourths of those who use regularly smoke cigarettes. Around 25% use chewing tobacco and around 13% smoke cigars. Those who smoke cigars tended to also smoke cigarettes; those who chew tobacco tended not to smoke cigarettes or cigars.
- Most consumers (87%) who use tobacco products regularly use them every day.
- Most common reasons given for tobacco use were stress reduction/relaxation, enjoyment and because they are addicted.

Doctor Involvement

- Doctors of around half (52%) of all DD consumers sampled regularly ask if their patients use tobacco. Around 43% of doctors don't ask, and around 5% of consumers don't see a doctor regularly.
- Males are less likely to report that their doctor asks about tobacco use (48% of males vs. 57% of females).
- Among regular users, more than two-thirds (68%) indicated that their doctor regularly asks if they want to try to quit.
- A majority of consumers (60%) do not feel that their tobacco use interferes with their medications. Around 37% are not sure if it does or not and only 4% feel that it does interfere.

Desire to Quit

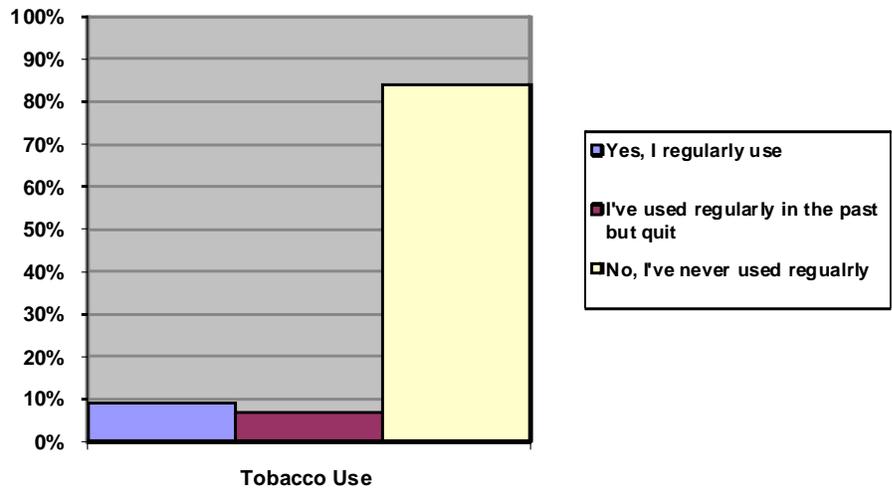
- 30% of all consumers who smoke would like to quit using tobacco, and 58% indicated that they tried to quit in the past but were unsuccessful.
- When asked what methods consumers use to try to quit using tobacco products the majority responded that they had tried to quit on their own, followed by nicotine replacement therapy.
- Health reasons and cost were the leading reasons given for wanting to quit.

Smoking Habits of Those Who Quit Smoking

- Given the sample size of those who quit smoking (n=22), analysis of this subgroup must be interpreted with extreme caution. The data suggest that most quitters successfully quit on their own, that most did not quit on their first attempt, and that most had quit for one year or more.

TABLES AND FIGURES

**Figure and Table 1
Tobacco Use of
Consumers of DD
Services
(N=345)**



Do you use tobacco products regularly, have you used in the past but quit, or have you never used regularly?

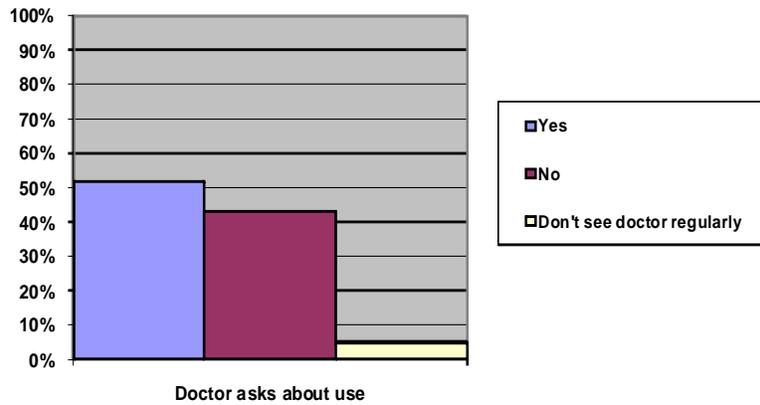
		Regularly use (N=31)	Quit (N=22)	Never used (N=283)
Total		9%	7%	84%
Gender*	Male	14%	6%	80%
	Female	4%	7%	89%
Race/Ethnicity	White	11%	6%	84%
	Black	10%	6%	85%
	Other	***	***	***
Age**	Under 35	6%	6%	89%
	35 and older	12%	7%	81%
Location	Urban	7%	7%	86%
	Small Town	11%	6%	83%
Setting	Residential	7%	5%	88%
	Home-funded	7%	7%	86%
	Case Management	12%	7%	82%

* Differences are statistically significant at .05 level

** Differences approach statistical significant at .05

***Sample size too small to report

Figure and Table 2
Doctor and/or Health
Care Professionals Ask
Mental Health
Consumers About
Tobacco Use
(N= 345)



**Do your doctor(s) or other health care professionals
regularly ask you if you use tobacco?**

		Yes	No	I don't see a doctor regularly
Total		52%	43%	5%
Gender	Male	48%	47%	5%
	Female	57%	39%	4%
Race/Ethnicity	White	54%	42%	4%
	Black	52%	40%	8%
Age**	Under 35	47%	47%	7%
	35 and older	57%	40%	3%
Location	Urban	57%	39%	4%
	Small Town	48%	47%	5%
Setting	Residential	49%	50%	1%
	Home-funded	51%	41%	8%
	Case Management	54%	40%	6%

**Differences approach statistical significant at .05

Figure 3
Type of Tobacco Product Used or Used in the Past
by DD Mental Health Consumers
(Multiple Responses Allowed: Responses Total More Than 100%)
(Number of responses= 60)

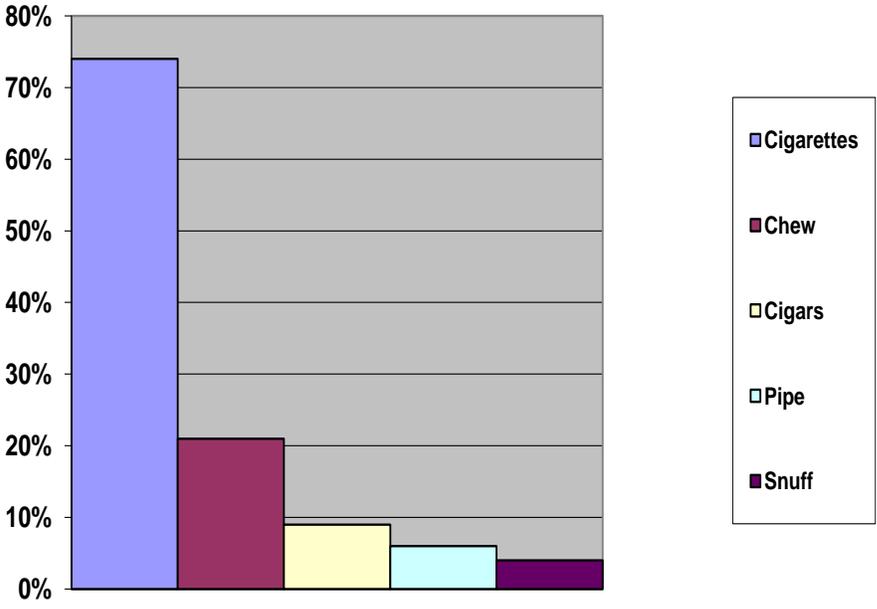


Figure 4
Reasons Why DD Mental Health Consumers Use or Used Tobacco Products
 (Multiple Responses Allowed: Responses Total More Than 100%)
 (Number of responses= 105)

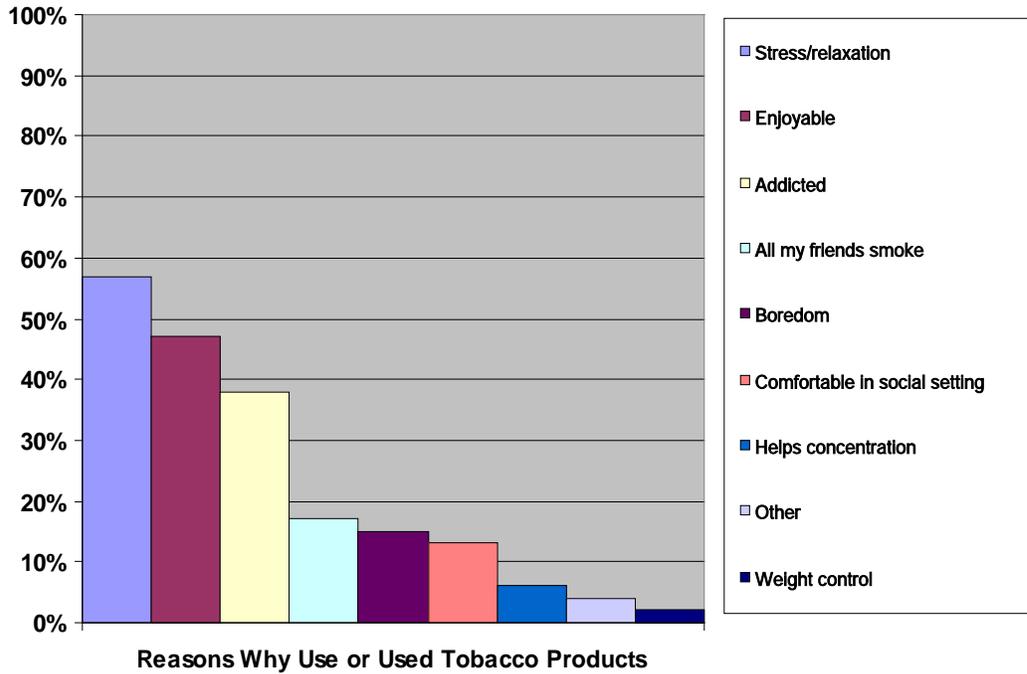


Figure 5
Days Per Month DD Mental Health Consumers Use Tobacco
 (N= 31)

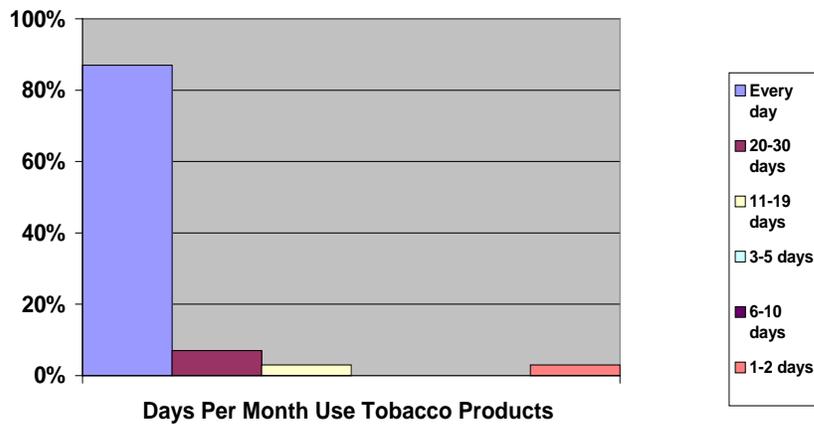


Figure 6
Number of Cigarettes Smoked by
DD Mental Health Consumers Daily
(N= 28)

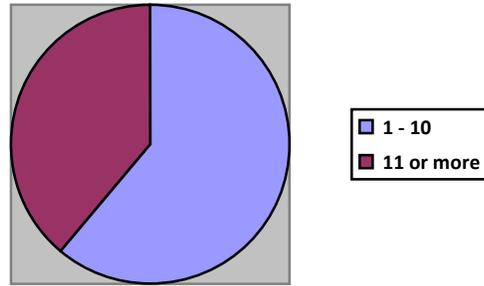


Figure 7
Whether Doctors Regularly Ask DD Mental Health
Consumer Tobacco Users to Try to Quit
(N= 31)

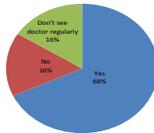


Figure 8
If DD Mental Health Consumers Take Medication,
Does Tobacco Use Interfere with Medication
(N= 31)

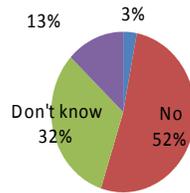


Figure 9
Desire to Quit and Whether Tried to Quit in the Past
DD Mental Health Consumers
Who Regularly Use Tobacco Products
(N= 31)

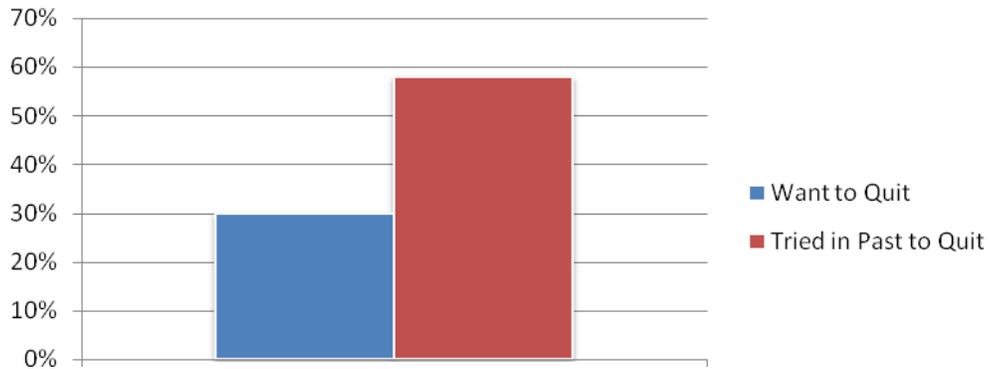


Figure 10
Reasons Why DD Mental Health
Consumers Want to
Quit Using Tobacco Products
(Multiple Responses Allowed: Responses Total More Than 100%)
(Number of responses= 40)

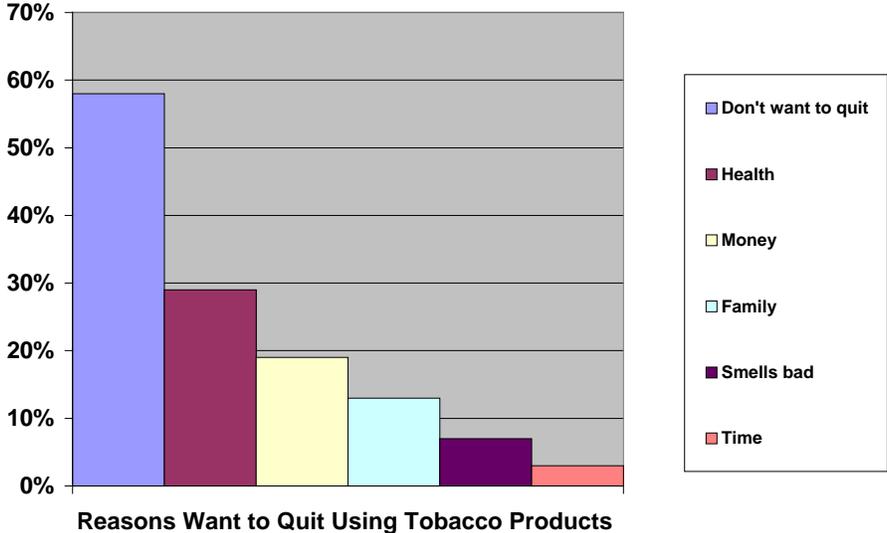
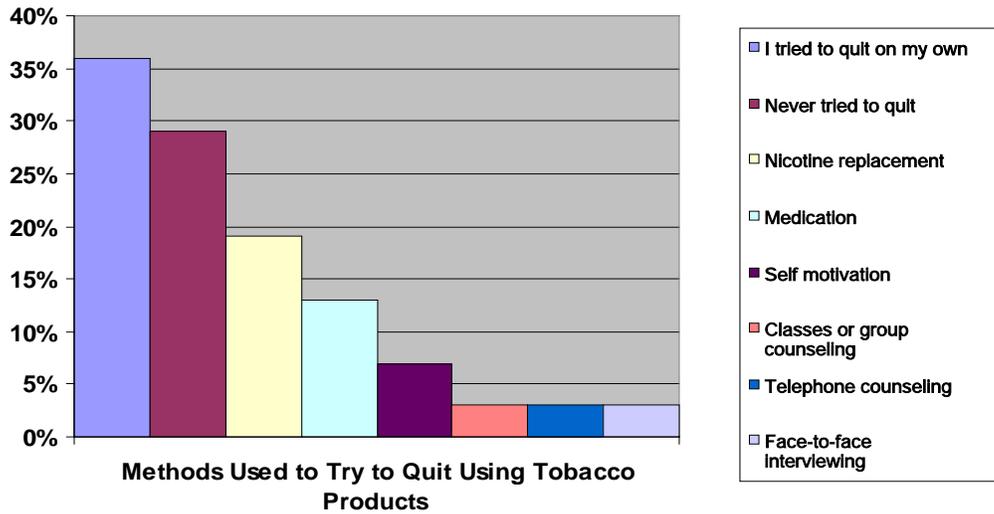


Figure 11
Methods DD Mental Health Consumers Used
To Try To Quit Using Tobacco Products
(Check all that apply)
(Number of responses= 35)



APPENDIX SAMPLING METHOD

The sample of DD consumers were drawn from three regional centers in Missouri. To assure that the sample reflected various demographic groups, regional centers located in both urban and rural locations were selected. Demographic characteristics of the sample are presented in Table A below.

Table A
Demographics of DD Consumers Utilizing DMH Facilities
(N= 586)*

Sex	Male	56%
	Female	44%
Race/Ethnicity	White	78%
	Black	20%
	Other	2%
Age	Under 18	10%
	18-24	19%
	25-34	22%
	35-44	24%
	45-54	15%
	55 and over	6%
Location	Urban	46%
	Rural	54%
Facility	Residential	28%
	Case management	47%
	Home-funded services	25%

Regional centers surveyed three different populations of consumers, those received residential, case management and home-funded services. Regional center staff was responsible for distributing and collecting completed surveys, which were then mailed to MIMH for data entry, cleaning and analysis. Table B below shows the distribution of surveys across the three regional centers and type of service received.

Table B
Sampling Distribution
DD Agency and Type of Service Received

	Residential	Home-funded Services	Case management	Total
St. Louis Regional Office North	28	26	104	158
Rolla Regional Offices	34	22	24	80
Kirksville Regional Offices	35	37	35	107
Total	97	85	163	345

