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Community Building through a Recovery Oriented Systems of Care Model for Tobacco Cessation in the Elderly

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Abstract
Community building is an important concept for all healthcare providers to understand in order to implement effective health promotion and empower members of a community. The World Health Organization (WHO) states that community building involves action at three levels to improve health. These actions include the advancement of skills among practitioners, expansion of support and infrastructure for health promotion, and the development of cohesiveness and partnerships within communities. If implemented effectively, the benefits of community building include enhancing quality of life, promoting health and well being, empowering individuals, and creating sustainable health care organizations that conduct and maintain successful health promotion programs (Simmons, Reynolds, & Swinburn, 2011). For this project practices to promote community building will be utilized through a recovery oriented systems model of care (ROSC) for elderly smokers in need of tobacco cessation services in Pawtucket, RI.

A ROSC model promotes community building through the use of community based services in populations that have issues with substance use. This model was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to build on the strengths and resiliencies of individuals and communities in order to achieve abstinence and improve health and quality of life for those at risk of substance use issues (SAMHSA Partners for Recovery, 2010). This system provides resources along the full continuum of care beginning at prevention and following through early intervention, treatment and recovery (SAMHSA Partners for Recovery, 2010). By supporting individuals throughout the entire recovery process healthcare providers can better monitor the effectiveness of interventions, build on patient strengths, and increase the chance of successful recovery. This model will be utilized in this project through community outreach at an elderly housing facility in Pawtucket. At this facility tobacco

cessation services for elderly smokers will be established through coordination with the Rhode Island Department of Health (RIDOH). RIDOH provides tobacco counselors and affordable nicotine replacement therapies to aide in the prevention and treatment of smoking. Follow up during the recovery process will also be offered through the use of a telephone recovery support service sponsored by Anchor Recovery Community Center in Pawtucket.

Current literature has documented that interventions with the highest success rates for tobacco cessation in the elderly population are those that provide combined medications and counseling programs with intra-treatment social support and extensive long term follow up (Zbikowski, Magnusson, Pockey, Tindle, & Weaver, 2012). For this project elderly smokers will be provided with nicotine replacement therapy and counseling in coordination with RIDOH, and extensive follow up through the telephone recovery support system that allows for peer participation and social support. By encouraging elderly smokers to interact with peers and actively participate in their own recovery process their chances of successful tobacco cessation can be significantly increased. Through the implementation of a ROSC model of care and the promotion of community building, this project will aide in the successful recovery process and health promotion of an elderly smoking population in need of tobacco cessation services in Pawtucket, RI.