# Oregon Maternal and Child Health Title V

# Tobacco Control Priority

Presenter:

Lesa Dixon-Gray, MSW, MPH
Women's Health Systems Coordinator
Maternal and Child Health Section

Oregon Health Authority

# What is the Title V Maternal and Child Health Program?

- Federal appropriation of Maternal and Child Health funds to Oregon.

- Purpose of the Federal Title V Maternal and Child Health program: to provide a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.

- In Oregon, funds distributed to: Oregon Center for Children and Youth with Special Health Needs, Local Health Authorities, Oregon Tribes, and the State Public Health Division.

# MCH Title V Block Grant 3.0

**The Maternal and Child Health Bureau (MCHB) is transforming Title V's work to align with Federal health care transformation.**

- Goals of the transformation: reduce burden, increase accountability, and maintain flexibility

**States are required to:**

- Conduct a 5-year needs assessment
- Choose 8 of 15 national priority areas/performance measures, plus 3 state-specific priorities
- Develop strategies and strategic measures to "move the needle" on the national priorities
- Align use of funds with these priorities and strategies

# Oregon's 2016-2020 Title V Priorities

**Oregon's selected national priority areas**

- Well woman care
- Breastfeeding
- Children's physical activity
- Adolescent well visit
- Oral health
- Smoking
- Medical home for children/youth with special health needs *
- Transition for children/youth with special health needs*

**State-specific priority areas:**

- Toxic stress, trauma and Adverse childhood experiences (ACEs)
- Food insecurity
- Culturally and linguistically responsive MCH services

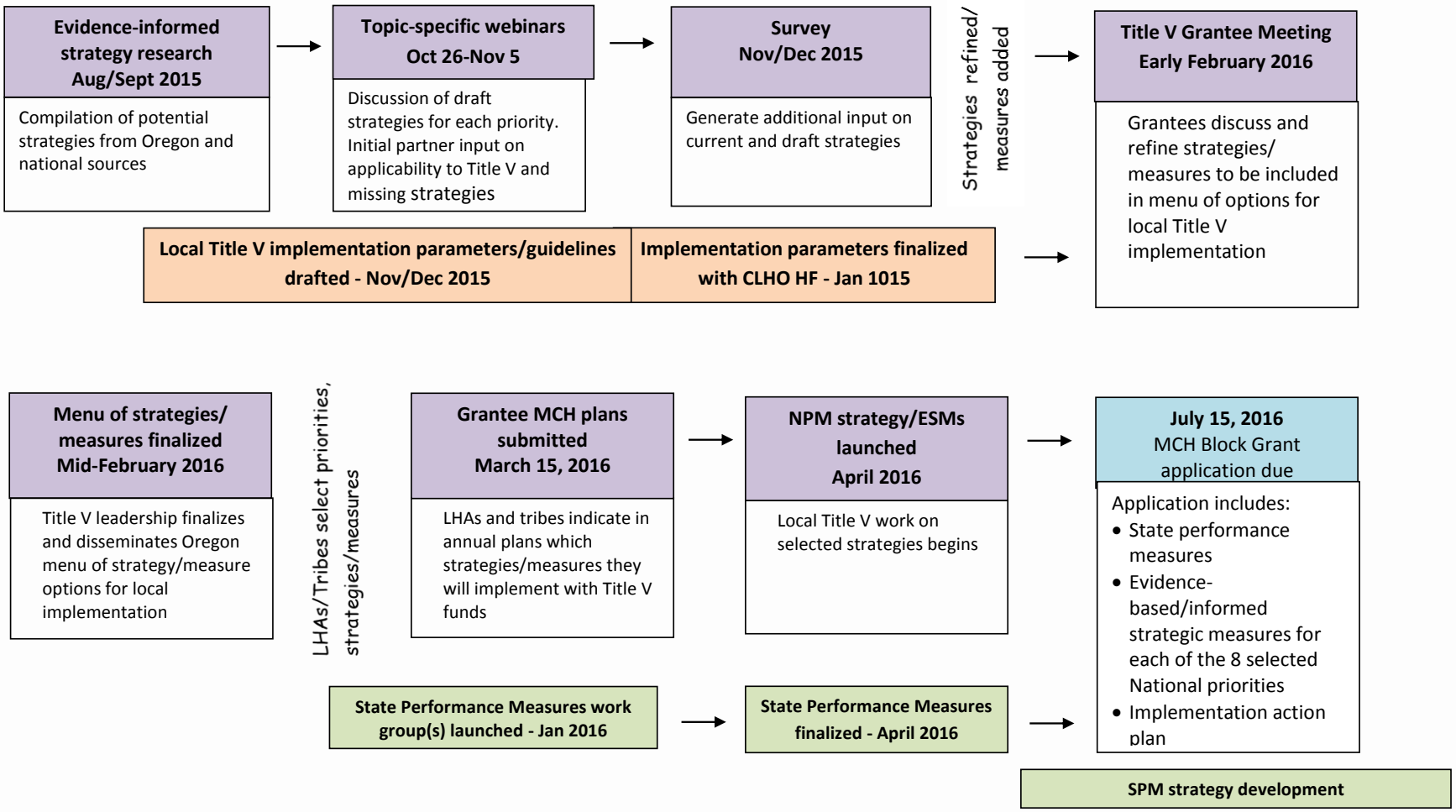
Oregon Health Authority

# # of Counties that will Choose Smoking as a Priority?

Do the Math!

- 8 Priorities
- 36 Counties
- 5 MCH-Funded Tribes
- How many priorities per county/tribe?
  - 1?, 2?, 3?
- How many choose Smoking?
  - 5 – 15 on average?

# Development and Launch of MCH Block Grant Strategies and Measures



# Overview of the Tobacco priority and performance measure

A)Percent of women who smoke during pregnancy

B)Percent of children who live in households where someone smokes

# Effects of prenatal tobacco exposure

# Purpose of the webinar

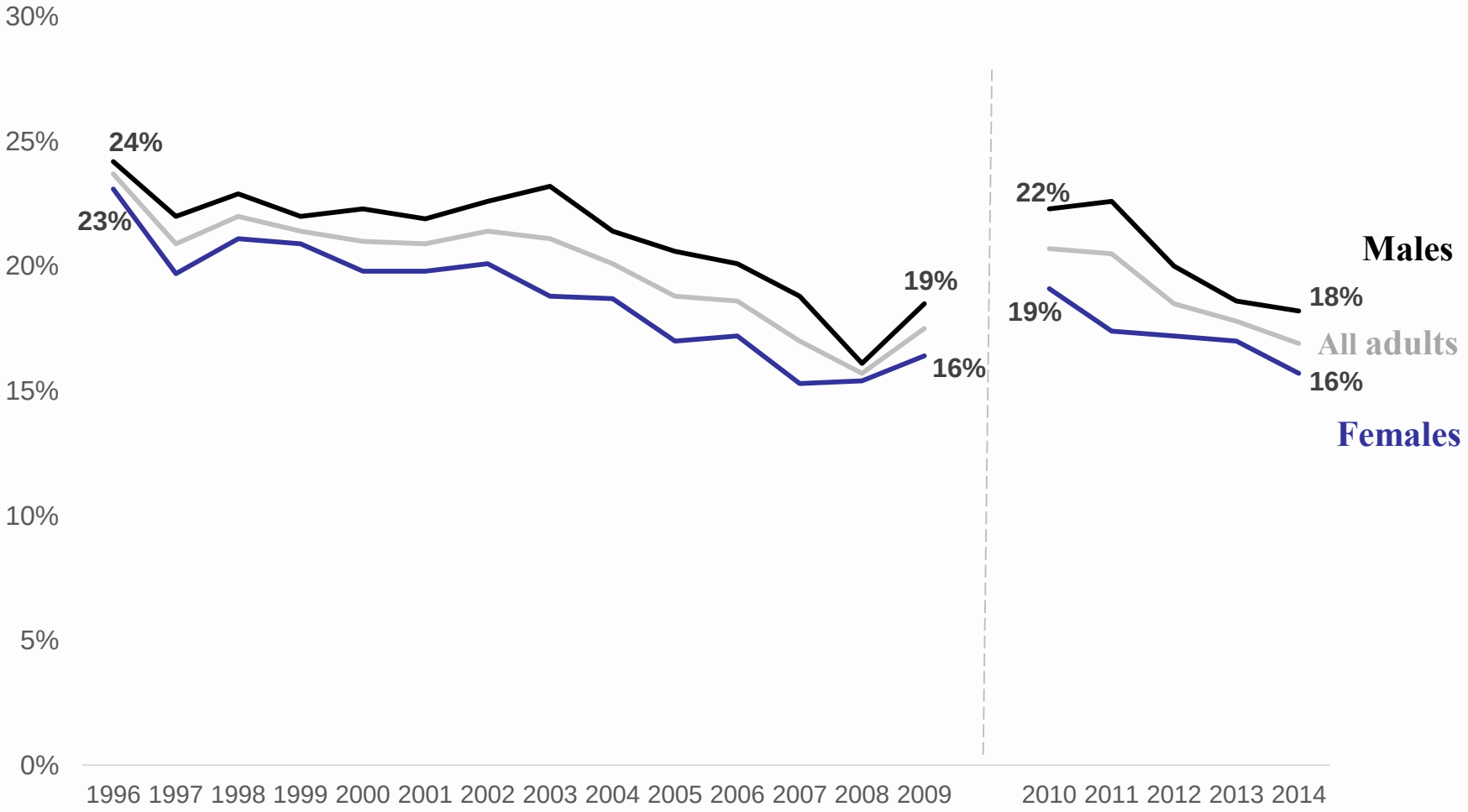
**Bring together state and local Maternal and Child Health (MCH) Title V grantees and partners to:**

- Review and discuss evidence-informed strategies that Oregon's Maternal and Child Health programs might use to decrease smoking among pregnant women, and increase the number of children living in smoke-free households.

- Learn about strategies already underway that participants feel would be a good match for MCH/Title V work.

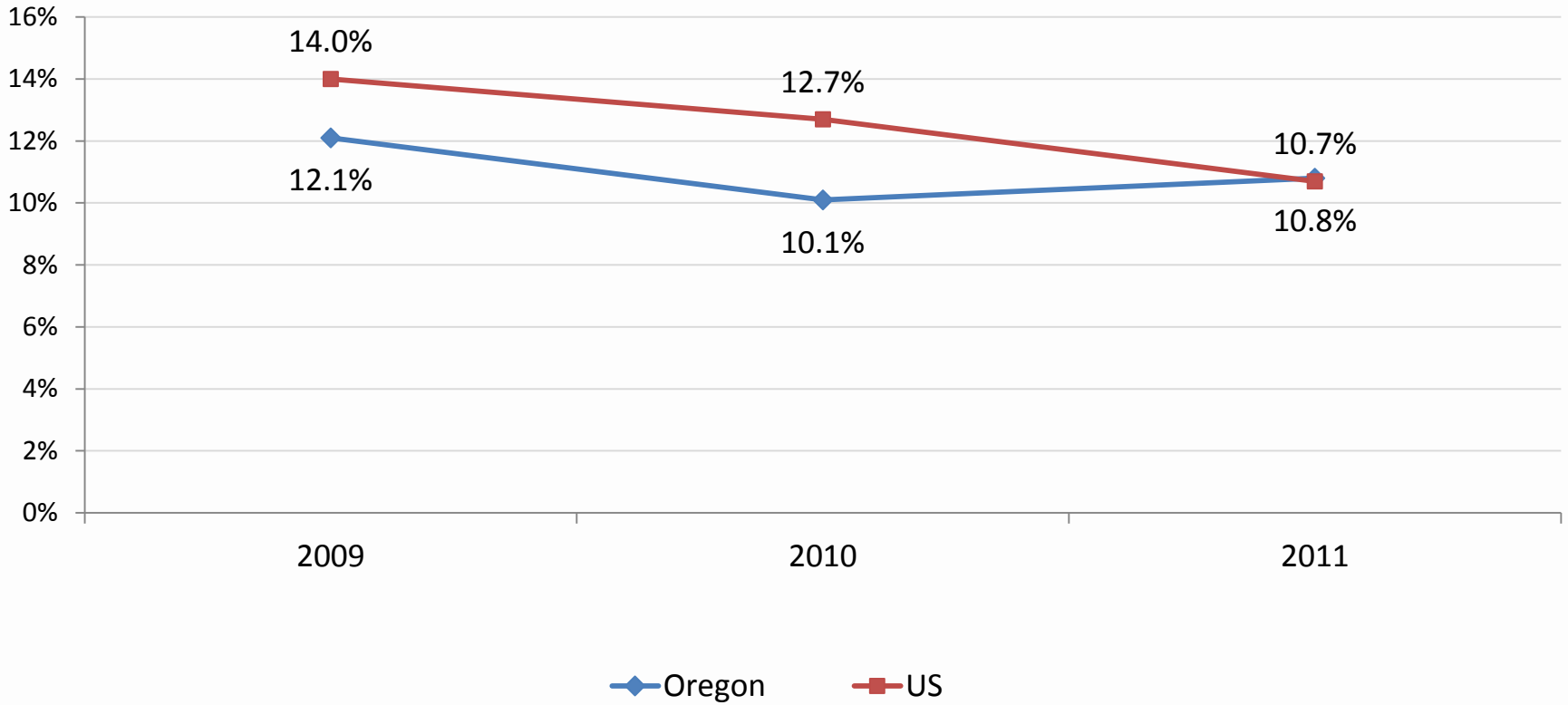
- Determine if we're missing any key strategies.

# Cigarette smoking among adults in Oregon by sex, 1996 through 2014



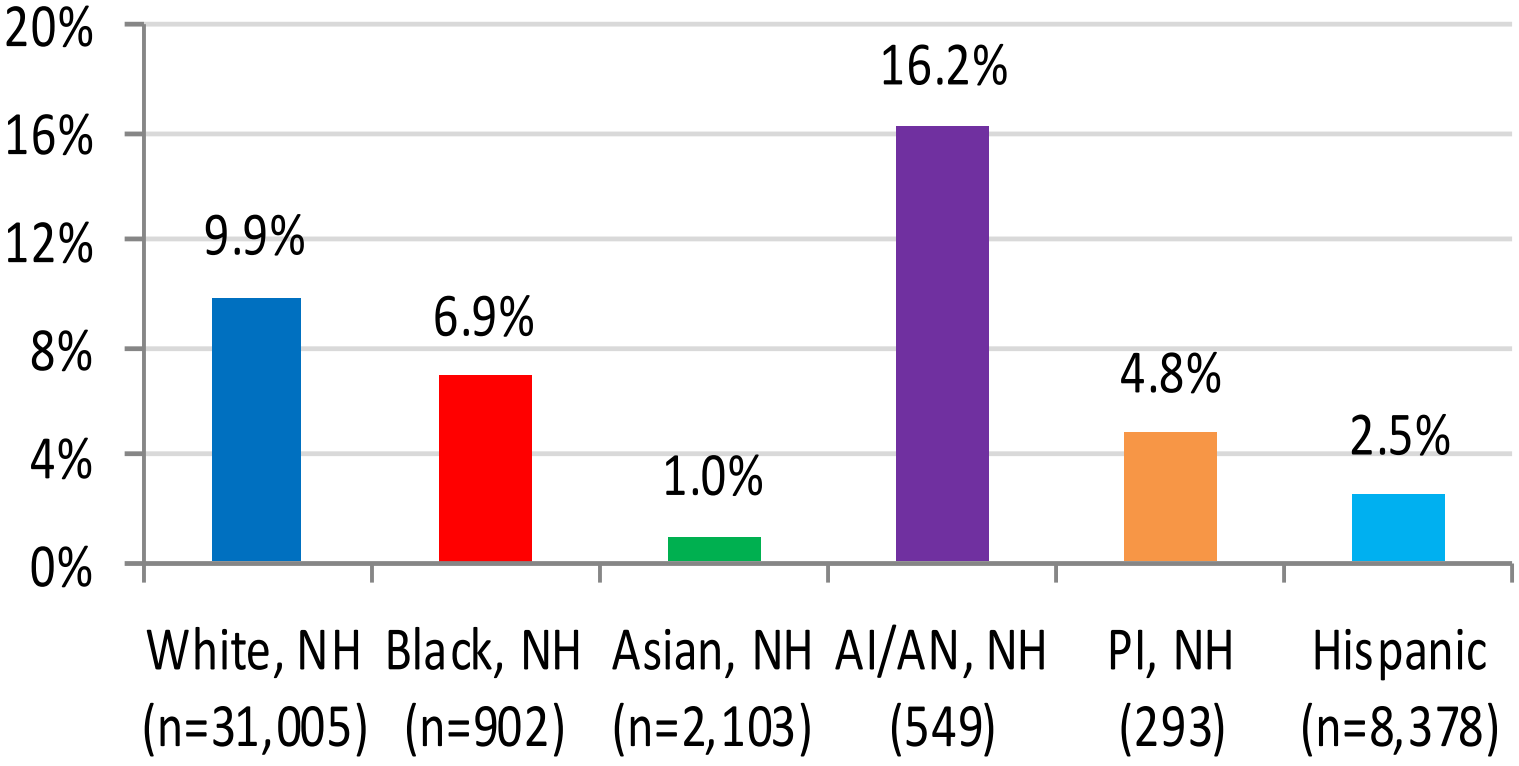

Note: Data collection methods changed in 2010; results are not comparable to earlier years
Note: Estimates are age-adjusted to the 2000 standard population
Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS)

# Percentage of women who smoked during the last 3 months of their pregnancy, 2009 - 2011




Source: Pregnancy Risk Assessment Monitoring System, 2009 -- 2011

## Percentage of women who smoked during the last 3 months of their pregnancy, by race/ethnicity, Oregon, 2011 births




Pregnancy Risk Assessment Monitoring System, 2011

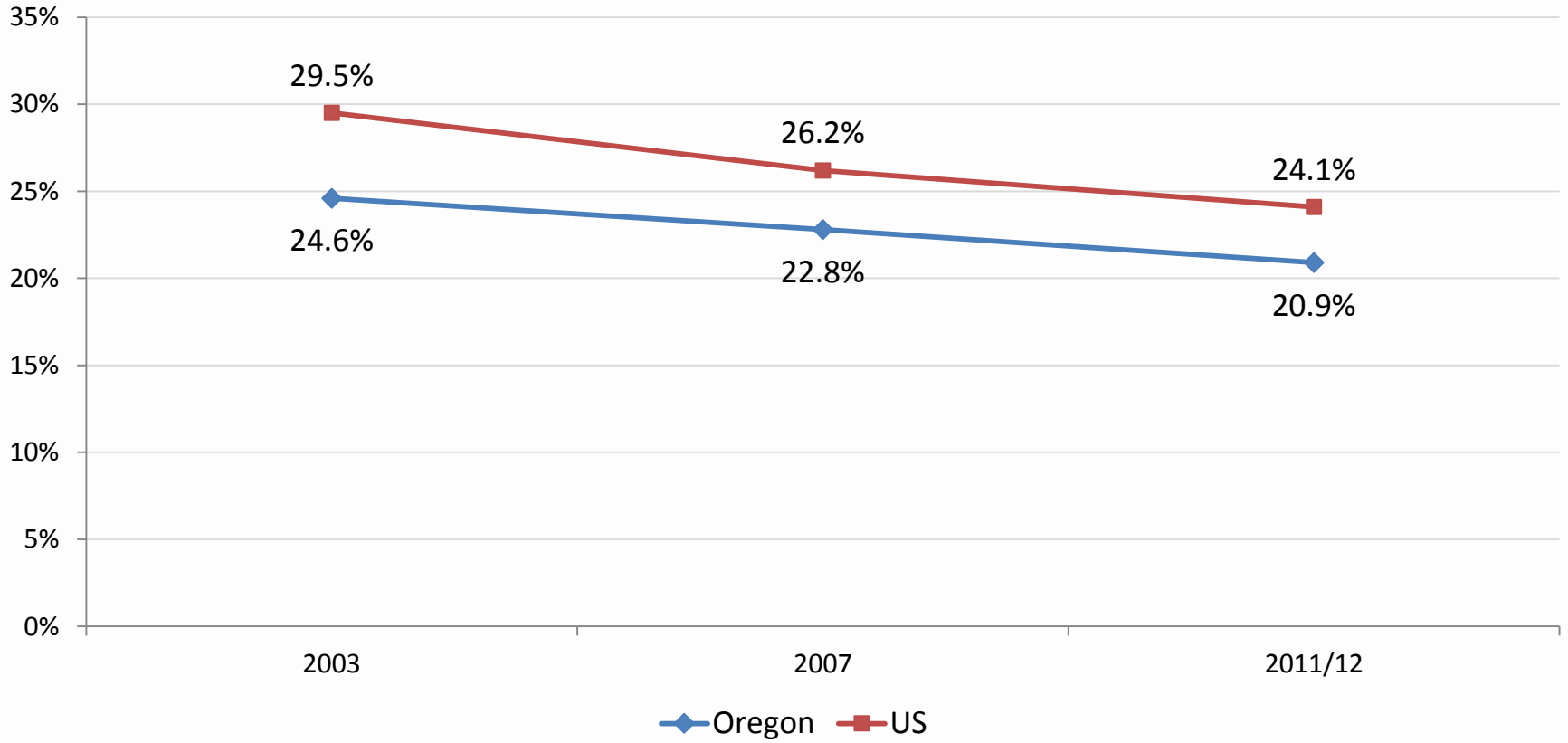
# Secondhand smoke exposure and children

- Infants who are exposed to secondhand smoke are more likely to die of SIDS compared with infants who are not exposed.
  - Chemicals in secondhand smoke appear to affect the brain in ways that interfere with its regulation of infants' breathing.
  - Infants who die from SIDS have higher concentrations of nicotine in their lungs and higher levels of cotinine (a biological marker for secondhand smoke exposure) than infants who die from other causes.

- Children who are exposed to secondhand smoke are at increased risk for bronchitis, pneumonia, ear infections, severe asthma, respiratory symptoms, and slowed lung growth

Source:
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm#sids

# Percentage of children who live in a household with someone who smokes, 2003 - 2007




Source: Pregnancy Risk Assessment Monitoring System, 2003 - 2007

# How were the strategy lists developed?

- National MCHB consultants at Johns Hopkins
  - Review of the literature and evidence base
- Oregon Title V research consultant:
  - Review of the literature and Johns Hopkins evidence review
  - Review of local public health plans and reported activities
  - Interviews with State Title V Priority leads
- State Title V leads:
  - Consultation with other state public health programs and partners
  - Review of Consultant list of strategies
  - Refinement with SMEs and local co-leads

**Note:** The strategies presented are at a high level, and may have multiple state and local level activities associated with them. This provides flexibility to tailor Title V activities to meet community needs, while allowing us to tell the story of Title V's work around the state to improve health in this priority area.

# What's Evidenced-Based, What's Not*

- Recommended
  - Smoking Bans & Restrictions
  - Increasing Prices
  - Mass Media Campaigns
  - Provider Reminders
  - Provider Reminders plus Provider Education
  - Reducing Pt Out-of-Pocket Costs for effective cessation therapies
  - Multicomponent Patient Telephone Support
- Insufficient Evidence
  - Community Education
  - Media Cessation Series
  - Cessation Contests
  - Feedback to Providers
  - Provider Education Alone

*Recommendations Regarding Interventions to Reduce Tobacco Use & Exposure to Environmental Tobacco Smoke, Task Force on Community Preventive Services. Am J Prev Med, 2001;20(2S):10 - 15



Oregon Health Authority

# Strategies for Tobacco Priority

- Four Focus Areas, w/overlap
  - Internal MCH
  - Health Providers
  - Media/Communications
  - Community

- Thanks to Oregon's TPEP Program for their partnership!

# Strategies for MCH Program Survey

1. Targeted Media Campaign for Women of Reproductive Age
2. Quit line collaboration to improve outreach and quit rates
3. Provide Customized Programs for MCH Population
4. Tobacco Screening and Referral Training for Healthcare Providers
5. Promote Perinatal Health Insurance Tobacco Cessation Benefits and Utilization
6. Build Screening Processes in Medical Practices - CEASE
7. 5As Intervention within MCH Programs

**ADDITIONAL SUGGESTED STRATEGIES**

1. Develop a policy agenda that decreases youth exposure to tobacco products and decreases likelihood for initiation and use
2. Addressing partners and spouses of women attempting to quit, including marketing to them as well as women.

# 1. Targeted Media Campaign for Women of Reproductive Age

| Focus | Full Strategy/Action | Comments |
|---|---|---|
| State with Local Implementation | Promote awareness of smoking cessation benefits and effectiveness of treatment by implementing coordinated media campaigns that specifically target women during childbearing years. | PHD currently sponsors generalized campaigns, not focusing on women of reproductive age. |

# 2. Quit line collaboration to improve outreach and quit rates

| Focus | Full Strategy/Action | Comments |
|---|---|---|
| State and Local | Collaborate with the TPEP and Oregon Quit Line to assess current rates of enrollment and successful quitting of pregnant and postpartum women, and develop and implement a continuous quality improvement (CQI) plan for improving targeted outreach and/or for improving quit rates of this population. | # of women using Quit Line, Statewide |

| | | |
|---|---|---|
| | 2013 | 2014 |
| All Women | 3265 (1%) | 2685 (1%) |
| Pregnant | 83 (2%) | 46 (1%) |



Oregon Health Authority

# 3. Provide Customized Programs for MCH Population

| Focus | Full Strategy/Action | Comments |
|---|---|---|
| Local | Collaborate with existing smoking cessation providers to develop and implement customized programs for specific at-risk populations of women who are smokers and of reproductive age. | Examples of existing programs include:<br>1) SCRIPT (http://www.sophe.org/SCRIPT.cfm);<br>2) Baby and Me Tobacco Free (http://babyandmetobaccofree.org/);<br>3) First Breath, Second Wind (http://www.tobacco-cessation.org/sf/pdfs/cpr/23%29%20Second%20Wind%20First%20Breath_Facilitator%20Guide.pdf) |

# 4. Tobacco Screening and Referral Training for Healthcare Providers

| Focus | Full Strategy/Action | Comments |
|---|---|---|
| Local | Collaborate with CCOs/DCOs and providers to 1) provide training to healthcare and dental care professionals (including public health providers, midwives, and doulas) in tobacco screening, intervention and/or referral using the 5 As and motivational interviewing, and 2) develop referral pathways for medical/dental practice offices and patient-centered medical homes. | Used by MCH Programs in 2002 – 2005. Increased MCH/Provider relationships, provider knowledge of the quit line, and provider quit line referral rates. |

# 5. Promote Perinatal Health Insurance Tobacco Cessation Benefits and Utilization

| Focus | Full Strategy/Action | Comments |
|---|---|---|
| State and Local | Collaborate with OHP, CCOs, and private health plans to design and promote barrier-free smoking cessation coverage benefits for pregnant and postpartum women in public and private health plans. Where coverage benefits are already in place, as with OHP, develop and implement plans to increase utilization of cessation services. | The ACA has made many improvements in access to tobacco cessation services, and the CCOs now have an incentive measure. |

# 6. Build Screening Processes in Medical Practices - CEASE

| Focus | Full Strategy/Action | Comments |
|---|---|---|
| Local | Collaborate with CCOs and healthcare providers to increase tobacco screening, intervention, and/or referral in healthcare settings using the CEASE method. The CEASE method builds processes into the medical practice operations to assure evidence-based methods are easily and consistently used. (Note: The CEASE method is especially targeted to child-healthcare providers with the aim to assist parents in quitting smoking in order to decrease children's exposure to secondhand smoke.) | CEASE – Clinical Effort Against Second Hand Smoke Exposure http://www2.massgeneral.org/ceasetobacco/ |

# 7. 5As Intervention within MCH Programs

| Focus | Full Strategy/Action | Comments |
|---|---|---|
| Local | Collaborate with the MCH programs to assess current rates of tobacco screening and referral, and develop and implement a continuous quality improvement (CQI) plan for screening and referral, possibly including staff training in the 5 As and motivational interviewing. | Ensure that OMC and all home visiting programs include tobacco screening and referral.<br><br>Smoke Free Mothers and Babies Program, conducted in Oregon from 2002 – 2005, is an example of a QI program to increase 5As within MCH Programs. |

# Next steps

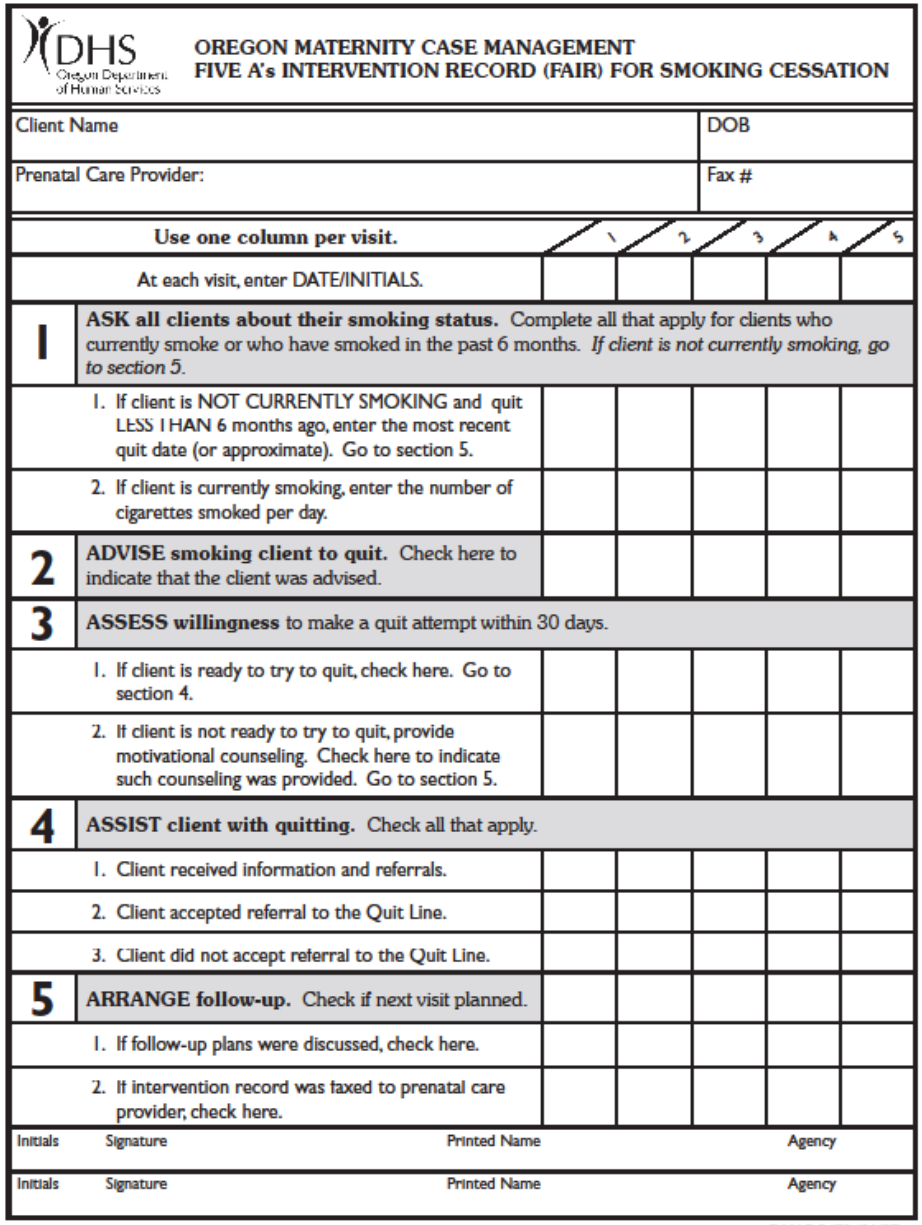
- **December:** Survey to MCH Programs to gather more input on strategies across all MCH Title V priority areas
- **December-January**: Implementation guidelines and proposed measures will be developed by Title V state and local leads, CLHO HF and state MCH staff/consultant
- **February:** Title V grantees will meet to discuss and refine the menu of strategies and proposed measures for local implementation
- **March:** Local Title V grantees will choose priorities and strategies to include in work plans
- **April-June:** Put together an MCH/TPEP collaboration?

# Current Tobacco Cessation Activities in MCH

- Oregon MothersCare, Maternity Case Management, Nurse Family Partnership, other MIECHV Programs, and BabiesFirst! all screen for tobacco use.
  - 5As, including OR Quit Line referrals
  - MCM should include use of the FAIR Form



Oregon Health Authority



DHS Oregon Department of Human Services

**OREGON MATERNITY CASE MANAGEMENT**
**FIVE A's INTERVENTION RECORD (FAIR) FOR SMOKING CESSATION**

| Client Name | DOB |
|---|---|
| Prenatal Care Provider: | Fax # |

| **Use one column per visit.** | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| At each visit, enter DATE/INITIALS. | | | | | |
| **1** **ASK all clients about their smoking status.** Complete all that apply for clients who currently smoke or who have smoked in the past 6 months. *If client is not currently smoking, go to section 5.* | | | | | |
| 1. If client is NOT CURRENTLY SMOKING and quit LESS THAN 6 months ago, enter the most recent quit date (or approximate). Go to section 5. | | | | | |
| 2. If client is currently smoking, enter the number of cigarettes smoked per day. | | | | | |
| **2** **ADVISE smoking client to quit.** Check here to indicate that the client was advised. | | | | | |
| **3** **ASSESS willingness** to make a quit attempt within 30 days. | | | | | |
| 1. If client is ready to try to quit, check here. Go to section 4. | | | | | |
| 2. If client is not ready to try to quit, provide motivational counseling. Check here to indicate such counseling was provided. Go to section 5. | | | | | |
| **4** **ASSIST client with quitting.** Check all that apply. | | | | | |
| 1. Client received information and referrals. | | | | | |
| 2. Client accepted referral to the Quit Line. | | | | | |
| 3. Client did not accept referral to the Quit Line. | | | | | |
| **5** **ARRANGE follow-up.** Check if next visit planned. | | | | | |
| 1. If follow-up plans were discussed, check here. | | | | | |
| 2. If intervention record was faxed to prenatal care provider, check here. | | | | | |

| Initials | Signature | Printed Name | Agency |
|---|---|---|---|
| Initials | Signature | Printed Name | Agency |

DMAP 2473 (01/07)

# Five As Intervention Record (FAIR) Form

Oregon Health Authority

# TPEP's Role

- Get to know your MCH Colleagues!
- FAIR Form – Are they using it in MCM?
- Can you assist in getting them 5As Resources and Information?
- Provide knowledge, support, re: Quit Line referrals
- Talk to MCH Manager about the Tobacco Priority

# Look for Program Synergies

## MCH

- HRSA Funds
- Projects and Populations
  - Home Visiting/MCM/BabiesFirst!
  - Preconception Health
  - Oregon MothersCare
  - Prenatal Care Providers
  - Pregnant Women
  - Childcare
  - Prenatal Care
  - Children w/Special Health Care Needs

# Ideas? Questions?

**General Title V questions:**

- Nurit Fischler, Title V Coordinator nurit.r.fischler@state.or.us
- Cate Wilcox, Title V Director cate.s.wilcox@state.or.us
- http://Healthoregon.org/titlev

**Tobacco priority and strategy work:**

- Lesa Dixon-Gray lesa.dixon-gray@state.or.us
- Kathy Cooley kcooley@co.coos.or.us