

Title V National Performance Measure: TOBACCO PRIORITY 2015

Strategy #	Evidence-Informed Strategy	Potential State Actions	Potential Local Actions
Strategies with an Internal MCH Focus			
1.	<p>Provide Customized Programs for MCH Population. Develop customized programs for specific at-risk populations of women who are smokers and of reproductive age. Existing programs include:</p> <ul style="list-style-type: none"> • SCRIPT (http://www.sophe.org/SCRIPT.cfm) • Baby and Me Tobacco Free (http://babyandmetobaccofree.org/) • First Breath, Second Wind (http://www.tobacco-cessation.org/sf/pdfs/cpr/23%29%20Second%20Wind%20First%20Breath_Facilitator%20Guide.pdf) 	<p>Convene programs to meet together; provide technical assistance and brainstorming; interface with national program on behalf of locals; provide additional resources and outreach materials</p>	<p>Adapt and implement the customized program for women of reproductive age at the local level.</p>
2.	<p>5As Intervention with MCH Programs. Collaborate with MCH programs to provide evidence-based screening and referral for pregnant women, mothers, and other household members who use tobacco.</p>	<p>Convene programs to meet together; provide technical assistance, 5As training, and brainstorming; interface with national program on behalf of locals; provide additional resources and outreach materials</p>	<p>Adapt and implement full tobacco screening and referral activities to MCH programs such as: Oregon MothersCare and Home Visiting programs for pregnant women, incorporating the 5As and quit line referral for those women who smoke. Use of Smoke Free Mothers and Babies Project is a possible model.</p>

			For the many MCH programs that already include tobacco messages, collaborate on a project to review data on rates of clients who are asked about tobacco, the rates of smokers who are assisted with program interventions and/or referral, and the rates of successfully quitting tobacco use. Collaborate on staff training and continuous quality improvement projects where indicated.
Strategies with Healthcare Systems and Providers			
3.	<p>Promote Perinatal Health Insurance Tobacco Cessation Benefits and Utilization.</p> <p>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.</p>	Collaborate with State Health Systems staff, OHP, CCOs and Private Health Plan to promote barrier-free smoke cessation benefits for pregnant and post-partum women in public and private health plans.	Collaborate with local CCOs, advocating on behalf of MCH population and cessation benefit coverage. Address plans to increase utilization of cessation services for the MCH population.
4.	<p>Build Screening Processes in Medical Practices – CEASE. CEASE – Clinical Effort Against Second Hand Smoke Exposure http://www2.massgeneral.org/ceasetobacco/</p>	Partner with CCOs, HPCDP, State Provider Organizations to increase tobacco screening, intervention, and/or referral in healthcare settings using the CEASE method. Convene local MCH programs with	Partner with local providers to assist them in implementing the CEASE method into their medical practices.

	<p>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.)</p>	<p>local providers, provide materials and resources.</p>	
5.	<p>Tobacco Screening and Referral Training for Healthcare Providers. 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.</p>	<p>Collaborate with statewide health systems organizations. Assist in development of referral pathways, convening provider organizations and CCOs, fund and provide 5As and Motivational Interviewing training for providers through provider organizations.</p>	<p>County and Tribal MCH Programs to collaborate with local providers, assisting in the development of referral pathways.</p>
6.	<p>Promote Incorporation of Screening Interventions by Dental Providers. Collaborate with CCOs/DCOs and dental providers to screen and provide interventions for tobacco use, using an evidence-based model such as the 5 As.</p>	<p>Collaborate with statewide dental organizations. Assist in development of referral pathways, convening provider organizations and DCOs, fund and provide 5As and Motivational Interviewing</p>	<p>County and Tribal MCH Programs to collaborate with local dental providers, assisting in the development of referral pathways.</p>

		training for providers through provider organizations.	
7.	Information in clinics, w/Behaviorists. Collaborate with CCOs and community health centers to establish policy for clinicians to display tobacco cessation information, as well as information on health navigation and coaching, in offices. Encourage the hiring of staff behaviorists for immediate one-on-one counseling if a patient indicates a desire to quit tobacco. Look towards the East Linn Health Center as a model for behaviorist usage.	Identify best and promising practices utilizing behaviorists and convene MCH Programs with their CCOs to encourage clinician tobacco policies, health navigation, and coaching programs.	County and Tribal MCH Programs to collaborate with CCOs or other health systems in providing Behaviorists for health navigation and coaching in offices.
Media and Communications Strategies			
8.	Use Earned Media and Communications. Promote the Oregon Tobacco Quit Line and incorporate Healthy Communities, Healthy People messaging developed by the state Public Health Division's media contractor into all earned media and other communications	State MCH Program to provide earned media and communications training to local MCH Programs, provide technical assistance, and through PHD Communications, use or contract for earned media statewide.	County and Tribal MCH Programs to collaborate with their local TPEP Program Coordinator, providing messaging developed by State Public Health for the MCH population.
9.	Use of Media Advocacy. Media Advocacy: The strategic use of mass media to support community organizing and advance healthy public policy. Complete and implement a media advocacy plan to increase awareness of the harm of tobacco, including information about flavored and emerging tobacco products.	Collaborate with organizations, HPCDP, and PHD policy and communications to support MCH Programs in their local use of media advocacy. Develop a statewide media advocacy plan and use media advocacy statewide to improve MCH public policies. Provide media	Collaborate with the local TPEP coordinator to target local policy makers and others who can be mobilized to influence tobacco policies that benefit the MCH population.

		advocacy training opportunities for local MCH Programs.	
10.	Targeted Media Campaign for Women of Reproductive Age. Promote awareness of smoking cessation benefits and effectiveness of treatment by implementing coordinated media campaigns that specifically target women during childbearing years.	Convene MCH Programs to develop a targeted campaign; provide support and materials to counties, collaborate with HPCDP and PHD communications for technical assistance	Develop local opportunities (or collaborate with other local entities) for a media campaign, targeting preconception and pregnant women, as well as families with young children, regarding smoking cessation benefits and effectiveness of treatment.
Strategies with a Community Focus			
11.	Quit line collaboration to improve outreach and quit rates. Collaborate with the Tobacco Quit Line program 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.	State MCH Program to develop relationship with Quit Line, develop CQI plan for increasing outreach and number of female callers, obtain and report statewide quit rate data for women.	County and Tribal MCH Programs to increase quit line awareness, outreach and referrals for preconception, pregnant, and interconception women. Provide follow-up to women who call the QL.
12.	Collaboration with Housing Professionals. Collaborate with Housing and Community Services, Landlord Associations and Property Managers to increase private, multi- and single-unit rental housing that is smoke-free.	State MCH Program to work with HPCDP, Statewide Housing and Community Services, and Statewide Rental Housing Associations to provide support and advocacy to keep rental properties smoke-free.	County and Tribal MCH Programs to collaborate with local rental associations (such as Southern Oregon Rental Owners Association, Salem Rental Housing Association) and Property Managers, providing liaison, awareness, support, advocacy, and materials to keep rental properties smoke-free.

