

Oregon Maternal and Child Health Title V Strategy Webinar:

Tobacco Control Priority

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Welcome and webinar housekeeping

Thank you for joining us today –
we really appreciate it!

- If there is more than one person participating at your site, please enter everyone's name and affiliation in the chat box.
- We welcome everyone's ideas – feel free to chime in by phone or through the chat box. When not speaking, please keep your phone muted.
- Please do not put your phone on hold or take a call on another line during the webinar! Hang up and rejoin if necessary.

Poll question

What type of organization do you represent?

- Local health department
- Tribe
- Community-based agency
- Coordinated Care Organization
- State agency

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.

What we ask of you today

Put on your consultant hat:

- Help us think about strategies that might be important for state and local MCH programs to invest in and help lead – whether or not they are right for your community.

If you are a Title V grantee:

- Trust that there is a process and will be time to choose among the priorities and strategies that are a good fit for your work and your community.

Questions we won't address today, But will at a later date...

- **Parameters for local choice and implementation** – how many priorities and strategies counties or tribes will work on, work plan and reporting guidelines, etc.
 - A Conference of Local Health Officials Healthy Families/Tribal/State MCH work group will draft parameters and guidelines – stay tuned.
- **Local capacity** for implementing the strategies
 - This is an important consideration to be addressed by each Title V grantee once the strategies/implementation parameters have been developed.

Questions we won't address today, But will at a later date...

- **Measurement** of progress on these strategies
 - Development of measures will follow once we have honed the list of strategies.
- **Technical Assistance for implementation**
 - State and local Title V partners will work on identifying and meeting technical assistance needs as the work unfolds.

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

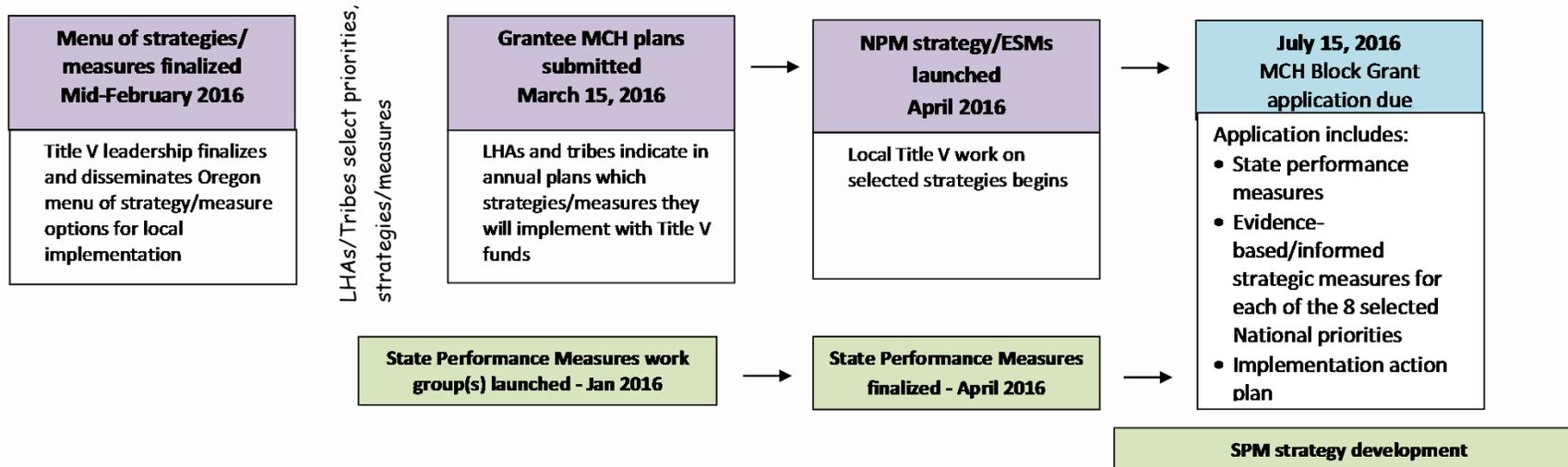
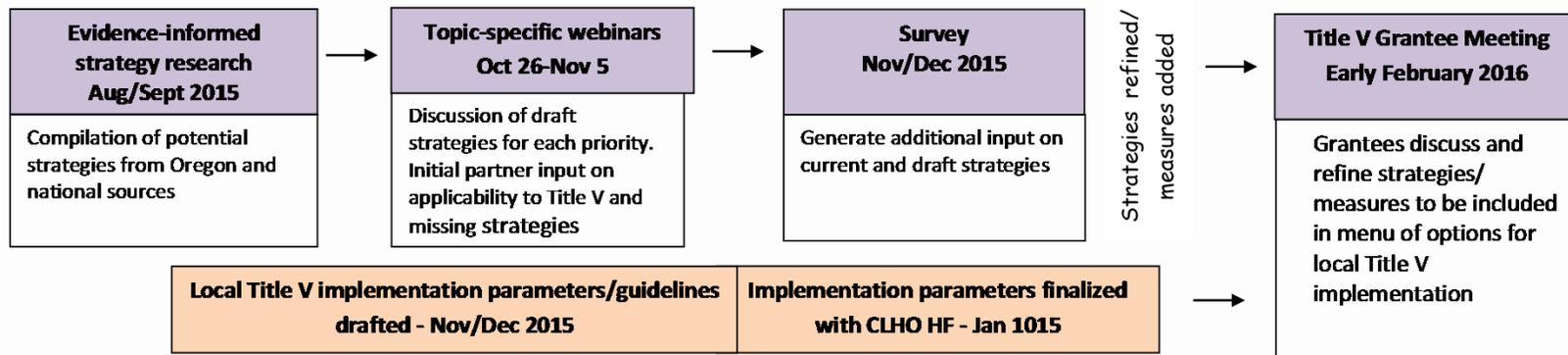
Oregon's selected national priority areas

- 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

Development and Launch of MCH Block Grant Strategies and Measures



Poll

How would you rate your knowledge of strategies to **decrease tobacco use and exposure?**

- I know very little
- I know a moderate amount
- I am very knowledgeable in this area



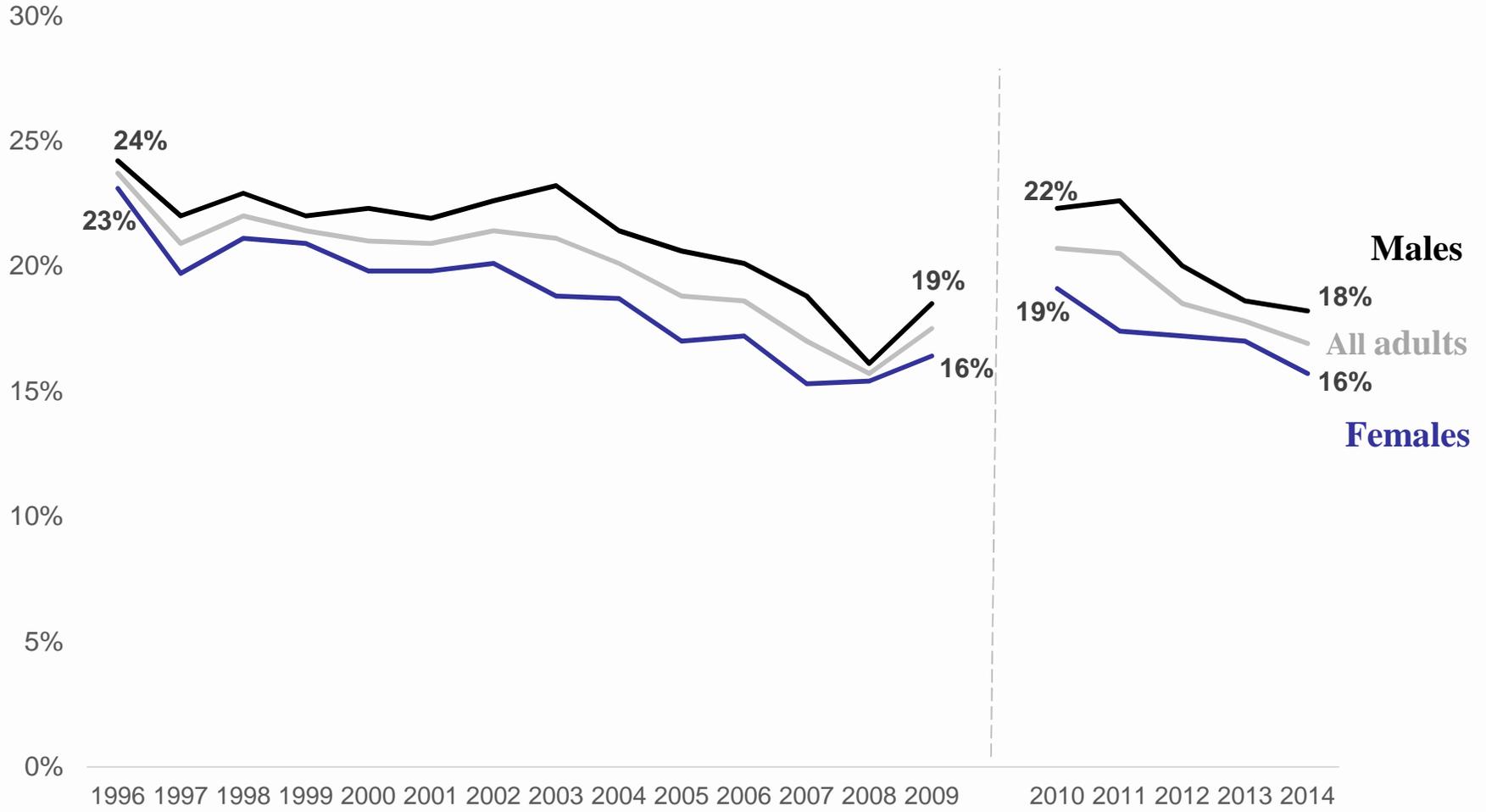
Overview of the Tobacco priority and performance measure

A) Percent of women who smoke during pregnancy

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

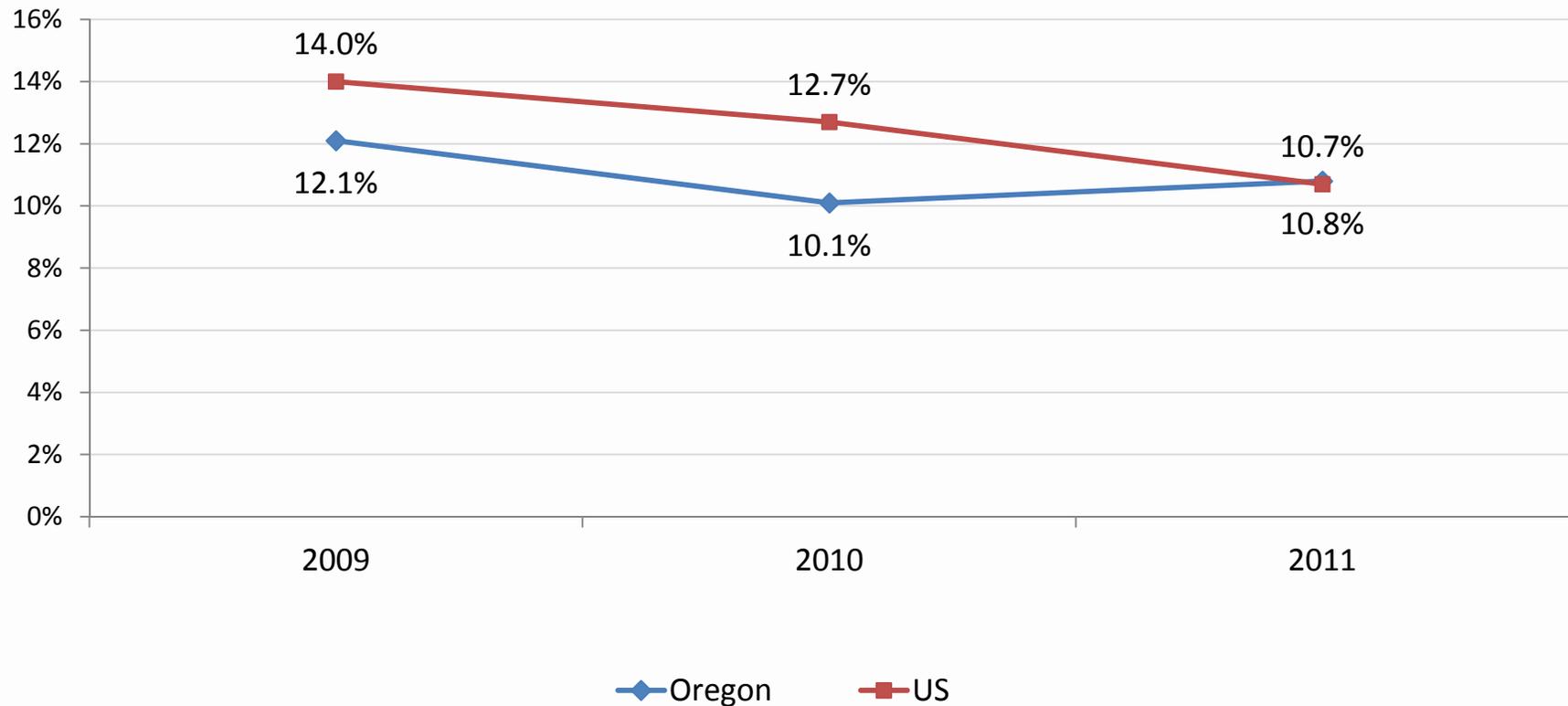


Cigarette smoking among adults in Oregon by sex, 1996 through 2014



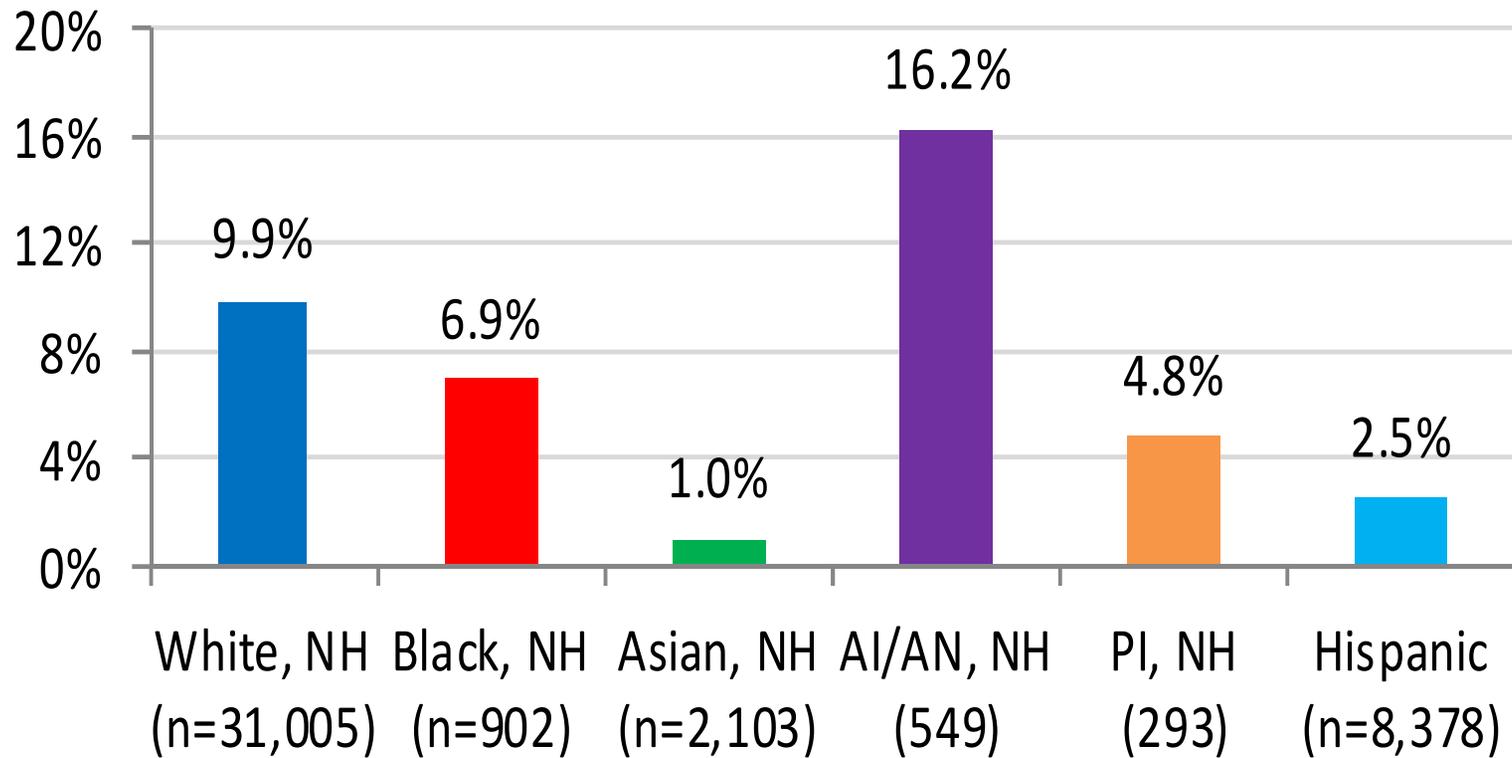
Note: Data collection methods changed in 2010; results are not comparable to earlier years
 Note: Estimates are age-adjusted to the 2000 standard population
 Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS)

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



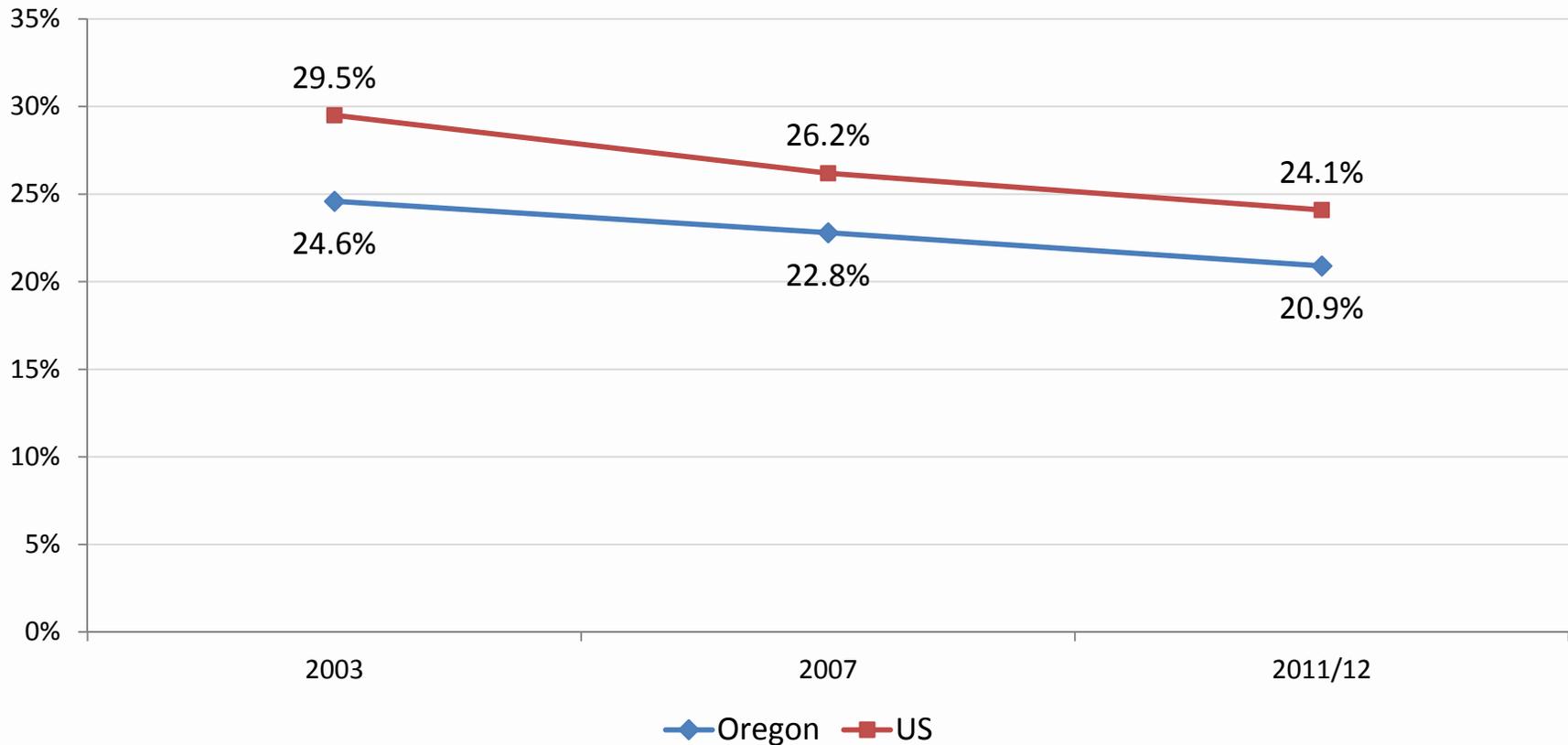
Secondhand smoke exposure and children

- 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

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 with an Internal MCH Focus



Maternal Child Health

Local PH MCH Program

1. Provide Customized Programs for MCH Population

Brief Strategy	Full Strategy/Action	Comments
Develop customized programs for specific at-risk populations of women who are smokers and of reproductive age	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: 1) SCRIPT (http://www.sophe.org/SCRIPT.cfm); 2) Baby and Me Tobacco Free (http://babyandmetobaccofree.org/); 3) First Breath, Second Wind (http://www.tobacco-cessation.org/sf/pdfs/cpr/23%29%20Second%20Wind%20First%20Breath_Facilitator%20Guide.pdf)

2. 5As Intervention within MCH Programs

Brief Strategy	Full Strategy/Action	Comments
<p>Collaborate with MCH programs to provide evidence-based screening and referral for pregnant women, mothers, and other household members who use tobacco.</p>	<p>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.</p>	<p>Ensure that OMC and all home visiting programs include tobacco screening and referral.</p> <p>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.</p>

Strategies with Health Care Systems/Providers



(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)

3. Promote Perinatal Health Insurance Tobacco Cessation Benefits and Utilization

Brief Strategy	Full Strategy/Action	Comments
Promote health insurance coverage benefits for pregnant and postpartum women and promote their utilization	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.

4. Build Screening Processes in Medical Practices - CEASE

Brief Strategy	Full Strategy/Action	Comments
Build processes into medical practice operations to assure tobacco screening and intervention	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.masgeneral.org/ceasetobacco/

5. Tobacco Screening and Referral Training for Healthcare Providers

Brief Strategy	Full Strategy/Action	Comments
Collaborate with CCOs/DCOs and providers to provide training to healthcare professionals in tobacco screening and referral	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.

6. Promote Incorporation of Screening Interventions by Dental Providers

Brief Strategy	Full Strategy/Action	Comments
Promote the incorporation of tobacco screening and 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.	This work might integrate well with other MCH priorities and programs. In addition, previously existing tobacco screening interventions have not had dental providers as a focus.

7. Information in clinics, w/Behaviorists available

Brief Strategy	Full Strategy/Action	Comments
<p>Posting of tobacco cessation information in clinics; and behaviorists available for immediate one-on-one counseling</p>	<p>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.</p>	<p>HPCDP has partnered w/OPCA and was working on supporting PCPCH's in their work. They were also working to increase capacity of FQHC's. We can do the same at the State level. Locals can work w/their local clinics as well.</p>

8. Use Earned Media and Communications

Brief Strategy	Full Strategy/Action	Comments
<p>Earned Media and Communications - Promote the Oregon Tobacco Quit Line and incorporate Healthy Communities, Healthy People messaging into all earned media and other communications</p>	<p>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</p>	<p>Earned Media: Media attention that you don’t pay for directly, but instead gain through work effort.</p> <ul style="list-style-type: none"> • Articles • News stories • Letters to the editor • Op eds

News For A Change, An Advocate’s Guide to Working with the Media
– Wallack, Woodruff, Dorfman & Diaz

9. Use of Media Advocacy

Brief Strategy	Full Strategy/Action	Comments
A media advocacy plan to increase awareness of the harms of tobacco	Complete and implement a media advocacy plan to increase awareness of the harm of tobacco, including information about flavored and emerging tobacco products.	*Media Advocacy: The strategic use of mass media to support community organizing and advance healthy public policy.

* Wallack L, Dorfman L, Jernigan D, Themba-Nixon M. 1993. *Media Advocacy and Public Health: Power for Prevention*. Newbury Park, CA: Sage

10. Targeted Media Campaign for Women of Reproductive Age

Brief Strategy	Full Strategy/Action	Comments
Implement a media campaign that targets women during childbearing years	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.

Community Focus



11. Quit line collaboration to improve outreach and quit rates

Brief Strategy	Full Strategy/Action	Comments		
Collaborate with the Quitline program to improve outreach and quit rates for pregnant and postpartum women	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%)

12. Collaboration with Housing Professionals

Brief Strategy	Full Strategy/Action	Comments
Collaborate with Housing and Community Services, and Landlord Associations to increase private, multi- and single-unit rental housing that is smoke-free.	Collaborate with Housing and Community Services, and Landlord Associations and Property Managers to increase private, multi- and single-unit rental housing that is smoke-free.	>33% of all Oregon single-family housing are rentals.

Discussion and poll

Which of these strategies do you think have the most potential to improve health?

1. Provide Customized Programs for MCH Population
2. 5As Intervention within MCH Programs
3. Promote Perinatal Health Insurance Tobacco Cessation Benefits and Utilization
4. Build Screening Processes in Medical Practices - CEASE
5. Tobacco Screening and Referral Training for Healthcare Providers
6. Promote Incorporation of Screening Interventions by Dental Providers
7. Information in clinics, w/Behaviorists available
8. Use Earned Media and Communications
9. Use of Media Advocacy
10. Targeted Media Campaign for Women of Reproductive Age
11. Quit line collaboration to improve outreach and quit rates
12. Collaboration with Housing Professionals

Discussion and poll

Which of these strategies do you think are foundational – meaning the most important/ best place to start in order to work on other strategies.

1. Provide Customized Programs for MCH Population
2. 5As Intervention within MCH Programs
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Discussion question

Are there strategies already underway in your community that you think should be included in this discussion?

Discussion question

Are there strategies missing from this list?
If yes, what are they?

Poll

From your perspective, and thinking about your community, which strategies would you like to see Title V invest in? (choose 3)

1. Provide Customized Programs for MCH Population
2. 5As Intervention within MCH Programs
3. Promote Perinatal Health Insurance Tobacco Cessation Benefits and Utilization
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Are there strategies that are less relevant for Oregon's maternal and child health work, and could be eliminated? (Choose up to 3)

1. Provide Customized Programs for MCH Population
2. 5As Intervention within MCH Programs
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Webinar Evaluation

- How well did this webinar accomplish its purpose?
 1. Not at all
 2. A little
 3. Somewhat
 4. Well
 5. Very well
- What went well with this webinar?
- What should we do differently for the upcoming webinars?
- Any other comments?

Next steps

- **November:** Webinar feedback will inform the list of strategies
- **November-December:** Survey will gather more input on strategies across all MCH Title V priority areas
- **November-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

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:

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