**Pregnancy and Tobacco Use Grantee Led Workgroup**

**April 18, 2016**

**Conference Line:** 1-877-336-1831

**Host:** 643563

**Participant:** 559758

**Facilitator:** Kaitlyn Coleman

Beth Sanders

**Notes:** Elizabeth Sampedro

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| **What** | **Who** | **Time** |
| Welcome & Roll Call  | Kaitlyn Coleman | 2:30-2:35 (5 minutes) |
| Minutes: * Roll Call: Alicia (Benton), Shannon (Coos), Penny (Crook), Kaitlyn (Curry), Penny (Deschutes), Robin (Douglas), Jane (Jackson), Emily (Jefferson), Jill (Lake), Jennifer (Lane), Inga (Marion), Haleigh (North Central Public Health), Matthew (Polk), Elizabeth (Yamhill), Ryan (Northwest Portland Indian Area Health Board), Jennifer Diallo (HPCDP), Tamara Burkovskaia (HPCDP), Lesa Dixon-Gray (State MCH Program), Beth Sanders (HPCDP), Roger Wert (HPCDP)
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| State MCH Title V Updates | Lesa Dixon-Gray | 2:35-2:45 (10 minutes) |
| Minutes:* Updates: every MCH program has to choose 1 or 2 priorities depending on population size of the county
* Title V is the block grant that funds all MCH program throughout the country so each state gets a set amount depending on their population. Also funds all the LPH department MCH programs
* The rules around funding have changed this year and we now have priority areas that all MCH programs have to be work on
* Every county got to choose a priority and they had to choose at least one of the national priority areas (if they were a larger county they had to choose 3)
* The priority that was chosen the most was breastfeeding with smoking coming in second – 13 counties (Benton, Clackamas, Columbia, Crook, Jackson, Lake, Lane, Lincoln, Linn, Malheur, Marion, Tillamook, Yamhill) and one tribe (Yellowhawk) chose smoking as at least one priority.
* They are going to look at what things the programs are going to do to move the needle.
* This first year they are asking programs to focus on priorities but not going to make it a priority to see change (learning about priority area and best practices first) and then going to look at change in following years
* One thing that has been asked of us as TPEP coordinators: if you know who your MCH colleagues are and have had conversations with them regarding tobacco use, (we know that there are MCH programs working with their CCOs,) there are opportunities for collaboration and overlap
* Every LPH program is looking into adopting/implementing 5 A’s except for Yamhill (6 out of the 13 that choose more than 2 tobacco strategies to work on)
* Other strategies include: ensuring that all MCH clients who smoke are referred to the Quit Line and are made aware of cessation benefits available through the Oregon Health Plan.
* Question (Penny): could we make the list of counties that choose smoking as one of their priorities? –Yes
* Question (Penny): Who decides or who chooses the priorities? –MCH supervisor in conjunction with PH manager or director
* MCH program supervisor made the final decision to choose specific priorities and they were to provide a rationale for why they chose that priority (was most often data driven)
* Sense that some programs (especially WIC) may not have the most reliable data because smoking is often not as disclosed as well in pregnant women as in the general population so what do we do with this knowledge? –counties could have used WIC data but the data that counties choose to use may have also been BRFSS, birth certificate data, we don’t know if counties went specifically with WIC data
* Beth –I can work with Kaitlyn to have an update on state WIC to help get that answer
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| Local MCH Title V program updates* Do you know your MCH colleague? MCH priority?
* Look for program synergies between MCH and TPEP and
* Identify whether MCH programs are using the FAIR form
 | All | 2:45-3:00 (15 minutes) |
| Minutes:* Have we looked at whether the FAIR form is being used in our counties?
* What is the FAIR form? 🡪 FAIR (Five A’s Intervention Record) –it’s an OHP required form for nurses to use in Maternity Case Management programs when they go out to provide home visiting sessions they are required to use that form to record where that person is on the spectrum of change (was the person asked about Tobacco etc.) It’s a way to track progress
* Jennifer (Lane) –met with TPEP staff and MCH staff after they had chosen smoking and 2 things: talked about providing 5 A’s training. Assessed their readiness and realized they were not there yet. They mentioned that they use the FAIR form but realized that they do not call it that. Suggestion: bring a copy of the FAIR form to share and see if they recognize it.
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| USPSTF (US prevention services task force) recommendations- see link below* Ecigarettes- safer alternative? (hint: No- see link below)
 | Kaitlyn Coleman | 3:00-3:15 (15 minutes) |
| Minutes:* If you open the attached links they show the recommended evidence based practices regarding working with pregnant women and tobacco use
* It has 2 for pregnant women –use a behavioral intervention (counseling)
* There is not a type of pharmacotherapy that has been shown to work with well with pregnant women
* The recommended one is behavioral intervention
* The second link is a resource on e-cigs. Since they are not regulated and we don’t know enough about them we can’t recommend them for use in pregnant women and we should just stick with behavioral interventions
* Part of the recommendation program in Oregon is to send pregnant women to the Quit Line –we have this program where pregnant women have more calls and are able to work with staff specialized in working with pregnant women. Is this something that the group is interested in learning more about?
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| What is going to be a local plan priority for your 2016-17 grant that involves pregnancy and tobacco use? | All | 3:15-3:25 (10 minutes) |
| Minutes:* Malheur is going to work closely with their MCH program
* In Curry County, working with local providers and WIC program coordinator to make sure that we are using the 5 A’s and doing our best to educate and prevent new mothers from using tobacco
* Beth –biggest takeaway from this call is that as a group we take a look at the state MCH department and figure out local partners and hopefully figure out if there are going to be calls to coordinate and leverage this workgroup
* Jane –we have invited University of Colorado to do training and having them come down to teach how to work with individuals and mental illness, and pregnant women. Have gotten an electronic referral system that will be released at trainings that will be offered
* Beth –if this is a topic of interest from various individuals we can have a presentation or update from the state on Quit Line referral systems for pregnant women
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| Wrap-up, suggestions for next meeting | All | 3:25-3:30 (5 minutes) |
| Minutes:* If anyone has anything that they would like changed or anything that you would like to see in the workgroup agenda please email Kaitlyn or Beth
* Thank you!
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| **Next Meeting June 20, 2016** |

Additional Links:

<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>

<http://americanpregnancy.org/is-it-safe/electronic-cigarettes-and-pregnancy/>

Just for interest

<https://www.sciencedaily.com/releases/2016/04/160405161256.htm>