Pregnancy and Tobacco Use Work Group minutes 2/9/2015

Present: Alicia Griggs (Benton); Beth Hadley (Lake); Diane Dickey (Marion); Beth Sanders (HPCDP); Jennifer Little (Klamath); Jennifer Webster (Lane); Kacey Urrutia (Linn); Megan Mackey (Samaritan Health); Robin Stalcup (Douglas); Shelley Wright (Morrow); William Worrall (HPCDP); Kristin Davis (Curry); Janet Jones (Umatilla); Torey (?) ; Minda Morton (Jefferson);

Guests: Vernita Reyna, WIC; Lesa Dixon-Gray, Maternal Child Health (MCH); Anna Stiefvater, MCH

**Collaborative Improvement and Innovation Network to Reduce Infant Mortality (COIIN) PRESENTATION by Anna Stiefvater:**

Anna shared that COIIN is a national effort to reduce infant mortality. Oregon’s infant (1 year or younger) death rate is less than the national average, however African American and American Indian infant mortality rates are twice that of white infants. Oregon COIIN has chosen, as one of its three strategies, to focus on smoking cessation to reduce Infant Mortality in Oregon. The focus will be to reduce smoking before, during and/or after pregnancy. COIIN will be creating a learning team, which they would like to include representation from this work group. The virtual training schedule has been set as:

Smoking Cessation Pre-Work meeting, Oregon CoIIN Team Meeting **Monday, February 23, 2015, 1-2pm**

Smoking Cessation Learning Session, Wednesday and Thursday, **March 11-12 from 9am-2pm (both days)**

Smoking Cessation Learning Session Debrief and Next Steps, Oregon CoIIN Team Meeting, **Monday, March 23, 1-2pm**

While this is a fairly large time commitment, Anna said that even partial participation would be appreciated. If you are interested in joining the COIIN team, please contact her at anna.k.stiefvater@state.or.us, 971-673-1490

For more information on the national effort: <http://www.nichq.org/childrens-health/infant-health/coiin-to-reduce-infant-mortality>

**WIC PRESENTATION:**

Vernita Reyna of WIC provided an overview the Program:

* WIC is a 40 year old federal program providing nutritional services to populations experiencing rapid growth (physical growth) including young children and pregnant women.
* It serves about Oregon 103,000 people per month, 10,000 of whom are pregnant women.
* 70% of OHP births are to WIC moms
* 45% of all Oregon births are to WIC moms

WIC assesses eligibility, health history, dies, smoking and exposure to smoking. They are specifically required to ask the questions, “Do you smoke cigarettes now?” “Does anyone smoke in your home?” WIC workers can go beyond these questions if they so choose and time permits. On average, 13% of WIC clients are smokers, the range is 9-24%. Their data indicates that at 4-6 weeks postpartum, 10% of WIC clients are smoking, either because they did not quit while pregnant, or started up again. They do provide quit line information.

It was noted that these numbers may not fully represent the number of smokers among WIC clients, as it is known that clients will often deny smoking or that there are smokers in the home.

Klamath County WIC and TPEP have had some very good success in tobacco cessation among WIC clients. Jennifer offered to share materials they provide for clients in their waiting room. They can also be shared with home visitors. See attachment.

**MCH PRESENTATION:**

Lesa and Anna presented information on state-funded home visiting programs in Oregon, which include:

* Babies First: This program identifies babies at risk of developmental delays, and provides an RN home visitor for them until age 5. This program serves 34 counties in Oregon
* Nurse Family Partnership (NFP): Serves pregnant women and their children up to age two. This is an evidence-based program in nine Oregon counties.
* Maternal Case Management (MCM): Serves at risk pregnant women up to two months post-partum. The home visitor helps connect the client to services to deal with social, economic, health and nutrition issues

All of these programs have some focus on smoking cessation and exposure to second hand smoke. Home visitors are trained in use of 5A’s and 1R. All serve mainly Medicaid clients, a group more at-risk of tobacco use than the general population.

**As we did not have time to get to the last agenda item, Local TPEP successes/challenges/goals in Pregnancy and Tobacco Use, we will start with that item at our next meeting.**

**NEXT MEETING: April 13, 2015 2:30 – 3:30. Tell all you friends!**