**Pregnancy and Tobacco Use Work Group Notes**

**Conference Call, Monday, April 13th 2015 2:30 – 3:30**

Present: Alicia Griggs (Benton); Bonnie Pickens (HPCDP); Anuja Shah (Yamhill); Amanda Polder (Josephine); Diane Dickey (Marion); Beth Sanders (HPCDP); Janet Dialo (HPCDP); Jennifer Webster (Lane); Kris Willians (Crook); Lynda Daniel (Indian Health Board, Portland; Rachel Peterson (Lincoln); Robin Stalcup (Douglas); Shellie Campbell (Wasco); Samantha Schafer (Lincoln); Minda Morton (Jefferson)

**Local TPEP successes / challenges /goals in Pregnancy and Tobacco Use**

Attendees discussed progress, successes, challenges and barriers at length. The best way to document these seemed to be to group them under Providers, CCO’s and health insurance providers and Clients.

**Barriers/Challenges:**

Providers:

1. Lack of training in and understanding of 5A’s
2. Lack of information about Quit Line services
3. Resistance to / lack of time for engaging patients in effective conversation about cessation (just “checking off the box” with no consistent follow-up)
4. Billing code issues: docs can only bill under one code per visit, cessation doesn’t pay much so gets lower priority

CCO’s/ OHP /Insurance

1. OHP lacks robust cessation benefits
2. Billing code issues: Although there are billing codes for cessation counseling, docs can only bill under one code per visit (that’s a repeat, I know, but it’s a two sided item)
3. Tobacco cessation is not a currently tracked metric for CCO’s so it has a lower priority
4. Consumer Advisory Councils are not aware of/invested in tobacco use cessation

Clients

1. Transportation to cessation classes or counseling
2. Classes /support groups are often scheduled only during “office hours” so difficult for working clients to attend
3. Lack of awareness of cessation benefits available through insurance (private or OHP)
4. Programs that charge may be too expensive for low-income clients
5. Some clients are highly addicted and/or resistant to quitting for personal reasons (the “unreachable”)
6. Lack of support from friends and family to quit; partner or others in the home use tobacco

**Successes:**

Providers and CCO’s:

1. Mosaic Medical Clinic is offering free cessation classes in Jefferson County (Spanish and English)
2. Lincoln County is sending (has sent) 2 Parish nurses to be trained in the Freedom From Smoking curriculum, offered by the American Lung Association. The cost for this is being covered by their SPARKS grant. They will be offering this class free to Maternal Child Health clients in Lincoln County. This is an 8-session course which they hope to offer 2 to 4 times yearly for up to 12 clients at a time. Link for more about this curriculum: <http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/>
3. Lane County CCO is funding a cessation program for pregnant women with incentives of baby items and gift cards for successful quit attempts. Clients can choose to use quit line or support groups. They currently have 76 enrollees and early indicators are that the program is having some success.
4. Wasco County is providing Motivational Interviewing training for health care providers, and working with the American Cancer Society to provide cessation services.
5. Tobacco Cessation is set to be a 2016 OHA metric for the CCO’s.
   * For you perusal: Link to OHA Metrics and Scoring Committee March 20 meeting minutes (at which Jennifer Webster and Amanda Cobb presented the Lane County cessation program): <http://www.oregon.gov/oha/analytics/MetricsDocs/March%2020,%202015%20Minutes.pdf>
6. Lincoln County MCH has developed a survey of pregnant women, with Linn and Benton counties, IHN-CCO and OSU, to gather information about personal characteristics and motivational level of these clients.
   * Copy attached
   * Survey is a work-in-progress. Will be piloted in Lincoln County (as is) and refined as needed
   * There is a good chance they will have some initial results to report by our June 8 meeting.

Clients:

1. 75% of pregnant women stop smoking during pregnancy
2. Incentives seem to be showing promise in increasing/lengthening quit time
3. Motivational opportunities exist for permanent quit

Other topics we touched on:

* SCRIPT curriculum: Smoking Cessation and Reduction in Pregnancy Treatment
  + This is an evidenced-based program with several components
  + Link for more information: <https://www.sophe.org/SCRIPT.cfm>
* As a last resort when pregnant women cannot/will not quit smoking, research has shown that a small amount of extra vitamin C will mitigate some of the negative effects on respiratory development
  + Link for more information: <http://www.ohsu.edu/xd/about/news_events/news/2012/05-22-vitamin-c-improves-lung.cfm>

**Please let me know if I failed to include important information.**

**Next Call: June 8, 2015**