

The Missouri Model for Brief Smoking Cessation Training

Location: Missouri

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Category: **Emerging Practice**

BACKGROUND

Statistics show that 178,000 women in the United States die prematurely from smoking related illnesses every year. Nationally, \$75 billion is spent on smoking related health care costs for women each year. The unique risks for women of reproductive age who smoke include: 1) decreased fertility; 2) increased risk of stroke and other serious side effects if taking birth control pills; 3) decreased effectiveness of the pill; 4) if pregnant, increased rate of premature delivery; and 5) increased risk of low-birth weight babies.

Despite these well-documented health effects of smoking during pregnancy, 18.1% of Missouri women smoked during pregnancy in 2004, ranking Missouri 8th highest in the nation. Provisional data from the Missouri Pregnancy Related Assessment and Monitoring System (MoPRAMS – a pilot PRAMS project) indicates that 17.7% of women smoked during the last 3 months of pregnancy. Smoking rates among pregnant women and women of childbearing age have been consistently higher in Missouri than the rest of the nation. Approximately 16% of Missouri women with early prenatal care (entry into care in the first trimester) smoked during pregnancy.

Both cessation of tobacco use and prevention of relapse are key clinical intervention strategies for women before and during pregnancy. A 5 to 15 minute counseling session performed by appropriately trained health care providers has been found to be effective with women who smoke. This evidence-based intervention known as the 5 A's is appropriate as a routine part of healthcare for women of reproductive age and includes the following five steps: Ask, Advise, Assess, Assist, and Arrange. Telephone Quitlines also provide essential social support during tobacco cessation efforts. The Missouri Model for Smoking Cessation targets healthcare providers for training on how to implement these interventions with their patients.

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED

#14: A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes.

PROGRAM OBJECTIVES

The overall goal of the Missouri Model is to address Missouri smoking statistics by reducing tobacco use in women of reproductive age as well as women who are already pregnant. By training healthcare providers on smoking cessation techniques, these providers will:

- Have increased skills to provide smoking cessation advice for interventions with women of reproductive age
- Indicate confidence in using the 5 A's to help women of reproductive age quit smoking as determined through evaluation tool analysis

As a result of this program it is predicted that referrals to the Missouri Tobacco Quitline will increase (data determined through the use of 3 month surveys and Quitline reports).

TARGET POPULATION SERVED

This program is targeted to health care providers who work with pregnant women and women of reproductive age.

PROGRAM ACTIVITIES

From May to September 2006 training sessions on the Missouri Model for Brief Smoking Cessation were provided free of charge at eight locations across the state to health care providers working with women of reproductive age. The Missouri Model is based on the evidence-based U.S. Public Health Services' five-step intervention (5 A's). Nine trainings were provided at the following sites: St. Louis (twice), Kansas City (twice), Springfield, Columbia (twice), Cape Girardeau, Jefferson City; 220 Health care professionals were trained. These included 17 OB-GYN faculty and residents of the University of Missouri-School of Medicine.

PROGRAM OUTCOMES/EVALUATION DATA

The outcomes evaluation involved a pre-training survey that was administered at the beginning of each session to collect baseline information and knowledge on relevant topics (familiarity with "A Clinical Practice Guideline for Treating

Tobacco Use and Dependence”, tobacco counseling skills). A post-training survey measured the same knowledge at the end of the session. A three month follow-up survey was developed and mailed to all participants to ascertain changes in self-reported tobacco cessation skills and behaviors.

The program satisfaction survey results show that 88% of the 178 participants completing the initial survey selected the “Excellent” rating as to satisfaction with speaker knowledge, overall presentation, usefulness of information, meeting of expectations, and/or satisfaction of educational need. An epidemiologist will be conducting further analysis on this data. Approximately 203 follow-up surveys were sent to ascertain changes in self-reported tobacco and cessation skills and behaviors. To date, 106 surveys have been returned. Data from these surveys are in the process of being compiled and analyzed.

PROGRAM COST

The Missouri Model for Smoking Cessation was developed through a contract with the University of Missouri-Columbia in 2005. The cost of the program was \$20,000 for the development of the program and \$20,000 for the training. This program received its funding through the Maternal and Child Health Block Grant and a small grant from the March of Dimes.

ASSETS & CHALLENGES

Assets

- The American College of Obstetricians and Gynecologists (ACOG) contributed important support to the MO Model efforts by waiving the customary \$20 fee for Continuing Medical Education (CME) units to individuals who attended the trainings. The ACOG CMEs also served as an incentive for the physicians to attend the trainings.

Challenges

- Engaging physicians in the training process and providing training at time or venue that is convenient for everyone was difficult.
- A lot of advance planning and effort were required to bring people to a face-to-face training session (even with confirmed reservations, some trainings had far fewer attendees than projected).
- Research and information regarding tobacco cessation, pharmacotherapy, and evidence-based or promising strategies are continually evolving. Presenters need to keep their knowledge level and their program materials current.

LESSONS LEARNED

- There are multiple costs involved in training for everyone involved. Participants and trainers leaving work and traveling to other locations can be

expensive. A webinar presentation is an option that might be more cost-effective.

- The 2008 MO Model was successful in transcending discipline and practice modalities; specifically the 5 A's concepts and Motivational Interviewing techniques, as well as the Missouri Tobacco Quitline and other resources were applicable with various providers.
- Organizing one or two hour presentations during annual meetings of the Associations enabled more health professionals to attend without sacrificing their clinic times.

FUTURE STEPS

This program is no longer in operation due to lack of funding.

COLLABORATIONS

This project involved collaborations with state and local organizations. Outreach included use of the Missouri Department of Health and Senior Services (DHSS) electronic notification network to local public health agencies, as well as contacts within the Federally Qualified Health Care Centers, substance abuse treatment centers, managed care entities, Perinatal Substance Abuse Committees within the metropolitan areas, and applicable advisory groups within DHSS. Contacts with the Missouri Section of ACOG; the Missouri State Medical Association; the Missouri Association of Osteopathic Physicians and Surgeons; the Missouri Hospital Association; the Missouri Departments of Mental Health, Social Services, Corrections, and Health and Senior Services; the University of Missouri-Columbia; the Missouri Chapter MOD; the Missouri Chapter American Academy of Pediatrics; the Missouri Association of Family Physicians; Title X providers and others were also utilized.

PEER REVIEW & REPLICATION

This program has not been peer reviewed or replicated.

RESOURCES PROVIDED

Resources were not provided.

Key words: Smoking Cessation, Workforce Development, Low Birthweight, Prenatal Care

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