Smoking Cessation Leadership Center

UCSF

University of California San Francisco

Healthy Baby, Healthy Mom: Smoking Cessation Interventions for all Stages of Motherhood

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Richard Windsor, MS, PhD, MPH

5/10/17

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Presenter

Jyothi Marbin, MD

Director, Pediatrics Leadership for the Underserved Residency Program

Associate Professor, Associate Residency Program Director, Department of Pediatrics, University of California, San Francisco

CEASE CALIFORNIA

UCSF University of California San Francisco

Presenter

Liz Marshall, MPH

Manager, SCRIPT Program, Society for Public Health Education

SCRIPT

Changing Health Systmens to Support Smoking Cessation Among Pregnant Women

Presenter

Richard Windsor, MS, PhD, MPH

Professor Emeritus and NIH SCRIPT Program
Principal Investigator: 1982-2014
School of Public Health
George Washington U. Medical Center

Child Health Providers Helping Family Members Quit Tobacco Use

THE CLINICAL EFFORT AGAINST SECONDHAND SMOKE EXPOSURE

Jyothi Marbin MD FAAP

Associate Professor, University of California, San Francisco

10 May 2017

CEASE CALIFORNIA

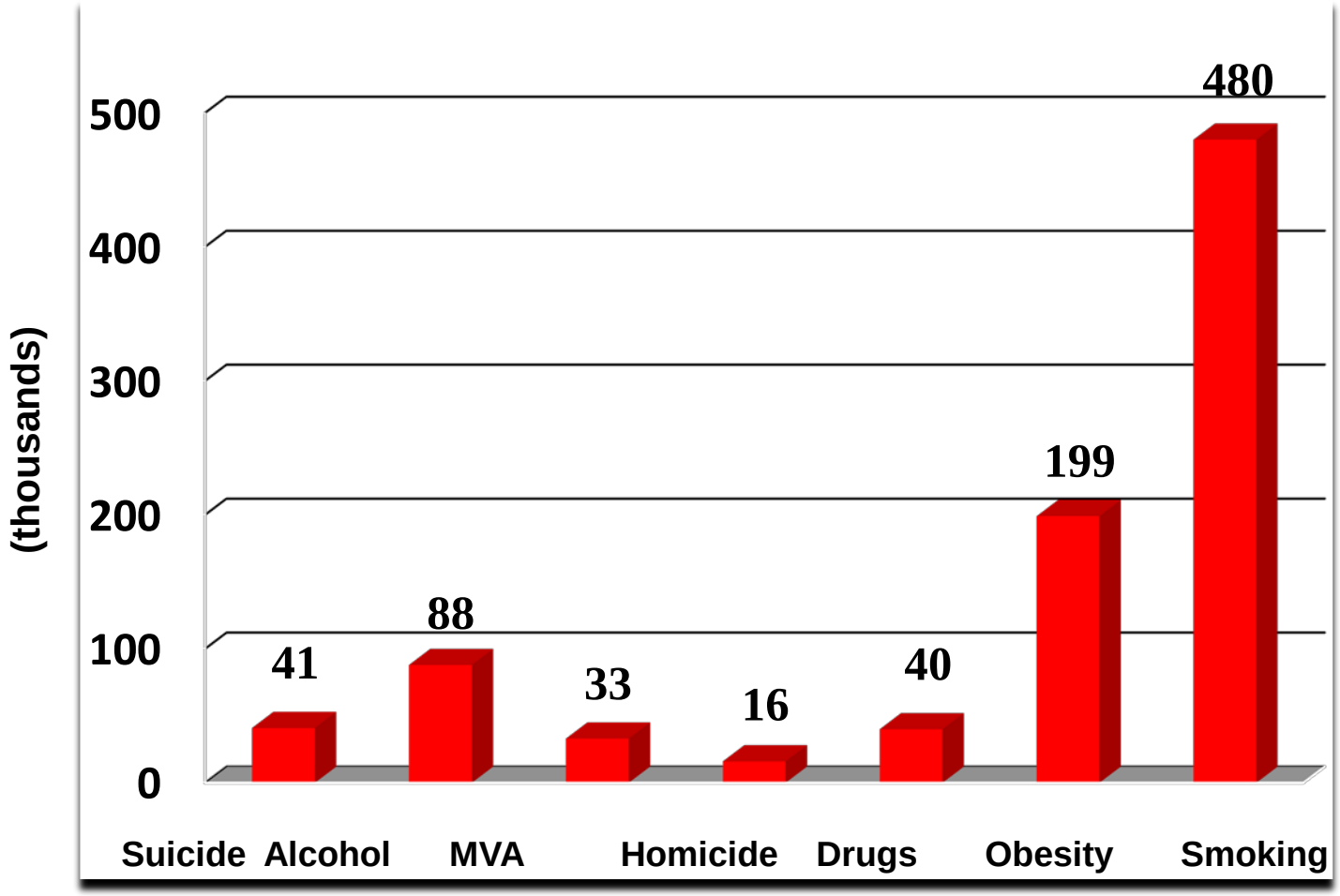
FIRST5 CALIFORNIA

California Smokers' Helpline
1-800-NO-BUTTS

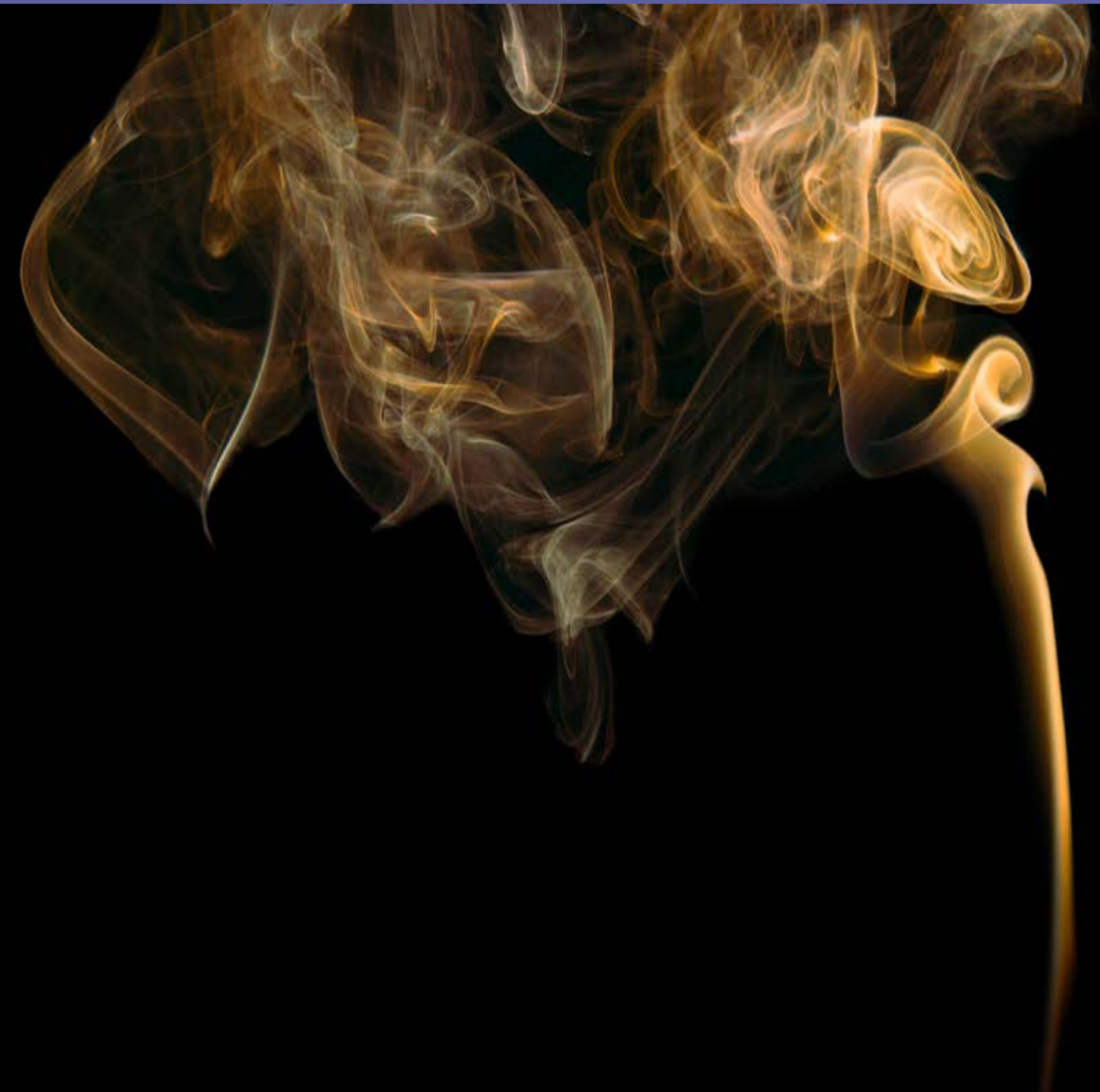
Learning Objectives

- Recognize that immediate postpartum period is a high risk time for smoking relapse for new mothers
- Describe how pediatricians can support parents in quitting smoking

Comparative Causes of Annual Preventable Deaths in the US



Sources: (Suicide, Homicide) CDC/National Center for Health Statistics, 2013, (Alcohol) Centers for Disease Control and Prevention.
Alcohol Related Disease Impact (ARDI) application, 2013.; (Motor vehicle) Insurance Institute for Highway Safety,, 2013; (Drug Induced)
National Vital Statistics System, 2010; Am J Epidemiol 2004;160:331–338 (Obesity); (Smoking) Centers for Disease Control and
Prevention; 2014



Hydrogen

Cyanide

Carbon

Monoxide

Arsenic

Lead

Ammonia

Cadmium

and more…

CHILDREN

SUFFICIENT EVIDENCE

Sudden Infant Death Syndrome (SIDS), low birth weight

Impaired lung function; lower respiratory illness; respiratory symptoms, e.g. cough, wheeze, breathlessness

Middle ear disease

SUGGESTIVE EVIDENCE

Learning disability and attention deficit/ hyperactivity disorder

Asthma, tuberculosis

Allergic diseases (including rhinitis, dermatitis, food allergy), lymphoma leukemia

ADULTS

SUFFICIENT EVIDENCE

Coronary artery disease

Lung cancer

Reproductive effects in women

Stroke

Nasal irritation

SUGGESTIVE EVIDENCE

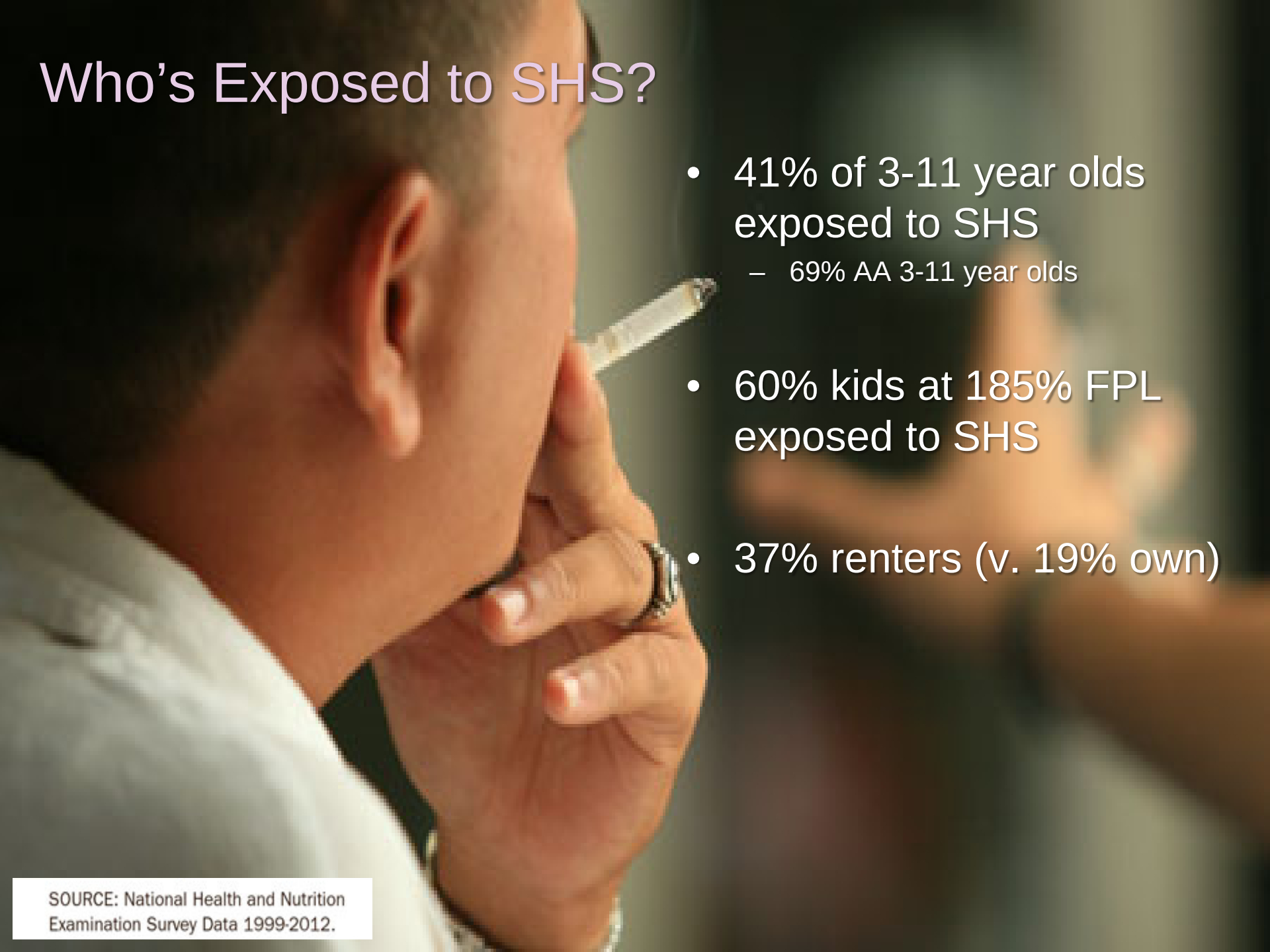
Breast cancer, preterm delivery

Chronic obstructive pulmonary disease, chronic respiratory symptoms, asthma, impaired lung function

Cancer of the nasal sinus, pharynx, and larynx

Atherosclerosis

Who's Exposed to SHS?



- 41% of 3-11 year olds exposed to SHS
  - 69% AA 3-11 year olds
- 60% kids at 185% FPL exposed to SHS
- 37% renters (v. 19% own)

SOURCE: National Health and Nutrition Examination Survey Data 1999-2012.

Postpartum Mothers & Smoking

- High rate of relapse in postpartum mothers
  - 67% within 3 months of delivery
  - 93% within 6 months of delivery

- Risk of relapse
  - Nicotine dependence
  - Minority group membership
  - Younger age
  - Low SES
  - Mood
  - Stress
  - Weight concerns

L A Fingerhut, J C Kleinman, and J S Kendrick. Smoking before, during, and after pregnancy. American Journal of Public Health May 1990: Vol. 80, No. 5, pp. 541-544.
M Levine, Y Cheng and M Marcus. Preventing Pospartum Smoking Relapse. JAMA Internal Med April 2016:Vol 176, No 4.

Third Hand Smoke

The residue remaining after a cigarette has been extinguished

The 3 R's of Third Hand Smoke

- **REMAINS**
- **RE-EMITTED**
- **REACTS**

Latest Research Links THS to:

- Damage to human DNA
- Elevated lipid levels and non-alcoholic fatty liver disease in mice
- Poor wound healing in mice
- Hyperactivity in mice

What is CEASE?

C Clinical

E Effort

A Against

S Second Hand Smoke

E Exposure

CEASE Works!

- 20 outpatient practices with 1,980 smoking parents
- Significant improvement in assistance provided to help parents quit smoking, quitline referrals, and smoking cessation medications (Winickoff et al 2013)
- Intervention sustained over 12 months (Winickoff et al, 2014)
- Receiving any assistance was associated with a 12 month cotinine-confirmed quitting AOR of 1.89 (CI: 1.13–3.19)

CEASE: Three Easy Steps

ASK

- Universal screening for SHS exposure

ASSIST

- Clinician prescribes NRT
- Clinician uses MI to explore ambivalence around quitting

CONNECT

- Connect to the Smokers' Helpline

Pediatric Interactions Provide a Teachable Moment for Smoking Cessation

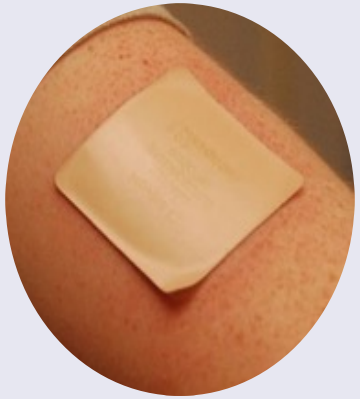
Step One: Ask

- SHS exposure as a vital sign
- MEA/Nurse asks at EVERY visit as a vital sign
- Make sure to flag the provider!

"Does Katie live with anyone who smokes cigarettes?

Step Two: Assist

- Use motivational interviewing techniques
- Offer nicotine replacement therapy (NRT)
  - Dual therapy



Why Prescribe NRT?

- Covered by insurance
- Helps with dosing
- Provider mandate to the parent

Pediatric Providers Can Prescribe NRT to Parents*

- **The American Academy of Pediatrics**
  - Advises that all clinicians be familiar with pharmaceutical options for smoking cessation and offer them to parents if needed.

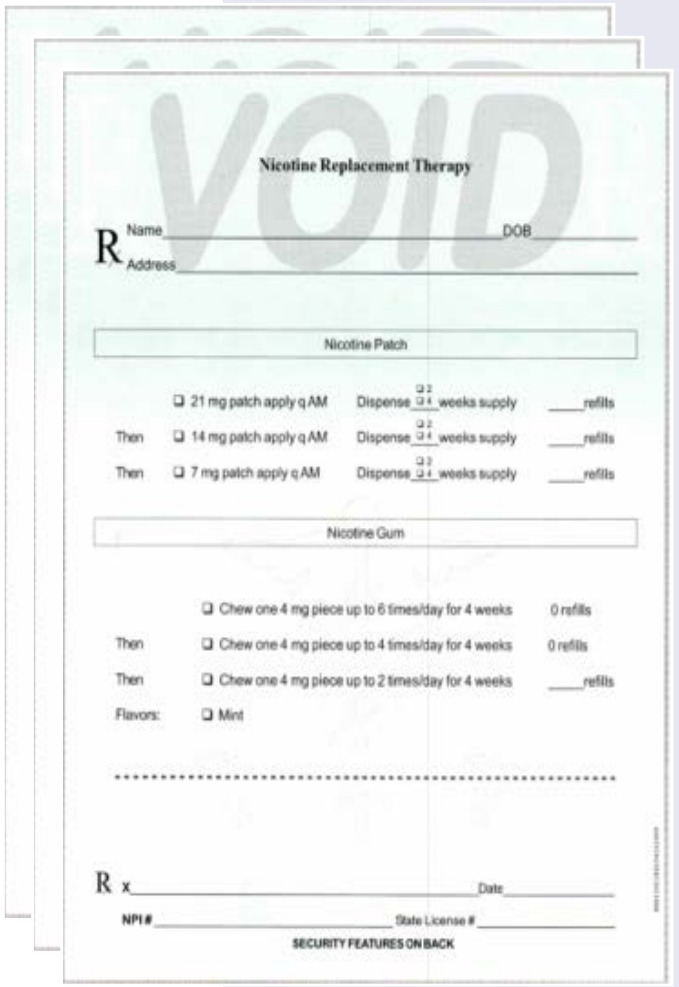
- **The American Medical Association**
  - “Supports efforts by any appropriately licensed health care professional to identify and treat tobacco dependence in any individual, in the various clinical contexts in which they are encountered”

How to Prescribe NRT

- Replace nicotine from cigarettes
  - 1 cigarette = 1 mg nicotine
- Forms of NRT
  - *Patches:*
    Baseline level of nicotine (21 mg, 14mg, 7mg)
  - *Gum:*
    Breakthrough cravings (4 mg)
- Wean down over 3-4 months

Preprinted Prescriptions

- Addresses EHR prescribing challenges
- Proper documentation needed
- Available from www.ceasecalifornia.org



Insurance Coverage for NRT

- Helpline provides the patch to:
  - Anyone who lives with/cares for a child 0-5yo
- Private insurance plans vary
  - Most cover NRT
- Medi-Cal plans differ by county
  - Check www.ceasecalifornia.org

NRT: Things to Know

Ask about:

- Heart attack within the last 2 weeks
- Worsening arrhythmia/CP
- Severe skin condition (for patch)
- Pregnancy/lactation - use gum only

Signs of too much nicotine

- Nausea, diarrhea, vomiting
- Rapid heart beat
- Cold sweats
- Blurred vision
- Dizziness
- Headaches
- Drooling

Other Pharmaceutical Options

Inhaler

Nasal Spray

Varenicline

Buproprion

E-cigarettes are NOT FDA Approved for Cessation

Step Three: Connect

- California Smokers' Helpline
  - Free, evidence based phone counseling based at UCSD
  - Various languages
  - 6 free counseling sessions
- How to Refer
  - Web referral >> gold card
- Free nicotine patches for caregivers of kids 0-5

Combination Therapy Works!

Follow-up 6 months post smoking cessation

- Under 5% quit on their own
- 20% quit with counseling
- 20% quit with medication
- 30 - 40% quit with combination meds & counseling

Counseling Helps!

- Over 70% of smokers want to quit
- Many pediatric healthcare providers assume parents who smoke don't want assistance
  - Smokers expect health care workers to address their smoking
  - Most parents report increased happiness when quitting smoking
- As little as 3 minutes of counseling doubles quit attempts
- Just asking doubles quit attempts

CEASE Trainings

- Online Module
  - Free!
  - CME/CEU credit
  - Available at www.ceasecalifornia.org

SMOKING AFFECTS THE ENTIRE HUMAN LIFE CYCLE

click each character below to see how secondhand smoke affects each age group

PREGNANT WOMEN:

- more likely to have stillborn or low birth weight babies
- more likely to have babies with breathing problems




CEASE

Many Ways to Use CEASE in Your Practice

- Universal screening at intake
- Integrate screening, treatment and referrals with EHR
- Support tools available at www.ceasecalifornia.org

Summary

- SHS & THS have a tremendous impact on children's health
- Postpartum moms who quit during pregnancy are at extremely high risk of relapse
- All providers (YOU!) can and should help parents quit smoking by offering NRT and a connection to the Smoker's Helpline

"The Smoking Cessation and Reduction In Pregnancy Treatment (SCRIPT) Program: Beyond the 5 A's and AHRQ Guidelines"

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Richard Windsor, MS PhD MPH
Professor Emeritus of Public Health (2014)
NIH Principal Investigator:
SCRIPT Program Trials (1982-2016)
School of Public Health
George Washington U. Medical Center

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R. Windsor, Principal Investigator,
SCRIPT Program Trial I, 1982-85
1st SCRIPT Evaluation for Medicaid in the United States
Proposed Fall 1980 to National Center for
Health Services Research-DHHS, in collaboration with
the Prenatal Care Programs in Birmingham, Alabama

Objectives

I. Define Valid Measurement of Smoking Status at Visit 1 + Visit 3-4: Confirmation of Prevalence + Quit Rates at Clinics

2. Describe the Smoking Cessation and Reduction In Pregnancy Treatment (SCRIPT): Routine Clinical Assessment and Counseling Procedures-Practices

3. Document the Evidence-Base for the delivery of SCRIPT by regular Clinic-Based + Home-Based staff (RN-SW-WIC-MD)

4. Define the Evidence-Base for the Impact of the SCRIPT Program: Effectiveness

"Providing a SCRIPT Program is Cost-Effective and produces large Cost-Benefits by < Risk to Babies + Moms"

What is the Evidence-Base for Valid Measurement of Active Smoking Exposure during Pregnancy at Care Visit #1 + Visit #3?

STEP #1: Document the TRUE Smoking Rate and the TRUE Patient Non-Disclosure (FN/Deception) Rates of Smoking Status at Visit #1 and a normal Quit Rate at Visit #3 or Visit #4.

Smoking Status in Pregnancy: Non-Disclosure Rates = 10,000+ Patients

Kendrick, et al, Integrating smoking cessation into routine public prenatal care: the SCIP project, American J. of Public Health, 1995

6000 Patients > CDC Md-Colorado-Missouri >>> 48% = FN

Boyd, et al, Quality of Measurement of Smoking Status by Self Report and Saliva Cotinine among Pregnant Women, Maternal & Child Health Journal, 1998

500 Patients, Birmingham, Alabama, SCRIPT Trial II >>> 25% = FN

Windsor, et al, "Effectiveness of AHCPR Clinical Practice Guidelines and Patient Education Methods for Pregnant Smokers in Medicaid Maternity Care, American J. of Ob/Gyn, 2000

446 Patients Rep Sample of Alabama: 8 Counties, Trial III >>> 24% = FN

Webb, et al, Discrepancy Between Self -Reported Smoking Status and Urine Cotinine Levels of Women in Prenatal Care at Four Publicly Funded Clinics, J. of Pub Hlth Prac & Man, 2003

400 Patients Philadelphia, Pa >>> 50% = FN

Russell, T., et al, Measurement of cigarette smoke exposure in prevalence and cessation studies: Why simply asking pregnant women isn't enough, Nic & Tobacco Research, April, 2004

Meta-Analysis of Evaluations >>> 25% = FN

Dietz , et al, (CDC) Estimates of Nondisclosure of Cigarette Smoking Among Pregnant and Non-pregnant Women of Reproductive Age in the US: 1999-2006, Am Journal of Epi, 2010

National Hlth Survey, 994 Pregnant Women, Serum Cotinine >>> 23% = FN

Windsor, R. et al, "Evaluation of the Effectiveness of AHRQ Recommended Practice Guidelines: the SCRIPT WV Dissemination Project, Maternal & Child Health Journal, 2013

30% = FN

SCRIPT Program Smoking History Study:*
28 RN's/SW's-10 Clinics >Rep Sample of Patients

1 mon:1st Visit = 100S/416 of 446 (93% Agreed) = 24% Self-Reported
S (A) Saliva Cotinine Test (S-COT) of Smoking Status of all 416

316 x 0.24 (S-Cot>False Negatives = B) = 76 smokers
100 PS (A) + 76S (B) = 176/446 = True Rate = 42%

****

If Self-Reports are NOT Bio-Conformed, You will have
Very Inaccurate-Invalid Prevalence Rates and Quit Rates.

If smoking is a major risk factor, MD/RNs need accurate measures.
YOU WOULD NOT ASK A PATIENT THEIR BP?

** Windsor, et al, SCRIPT Trial III, American J. Ob/Gyn, 2000*

Measuring Smoking Rates for 4M U.S. Births: 2014

CDC PRAMS 2014: 8.4% of respondents to a written POST-PARTUM MAILED SURVEY reported smoking during last 3 months of pregnancy =
336,000 Pregnant Smokers - 3,664,000 Non-Smokers

SAMHSA National Survey on Drug Use 2013-14:
15.4% of pregnant women reported smoking in the last 30 days at a FACE TO FACE HOME INTERVIEW =
616,000 Pregnant Smokers - 3,384,000 Non-Smokers

If Non-Disclosure/FN = 5% of 3,384,000, TRUE N =
169,000 (FN) + 616,000 = 785,000 = **True Rate = 20%**

PRAMS + SAMHSA Rates are NOT Biochemically Confirmed:
Assessing Smoking Status by Self-Reports is Poor Clinical Practice

Recommended VALID Measurement: Smoking at V#1 + V#3

A. Urine Cotinine (U-COT) Dipstick: 15 minutes, Ordinal:Y-N
12-16 hr ½ Life … Cut-Off ≥ 100 ng/ml ($5/Strip > Bulk?)
- Multiple Urine routinely performed each clinic visit

Parker D, Lasater T, Windsor R, et al. "The Accuracy of Self-Reported Smoking Status Assessed by Cotinine Test Strips", Nicotine and Tobacco Research, 305-309, 2002.

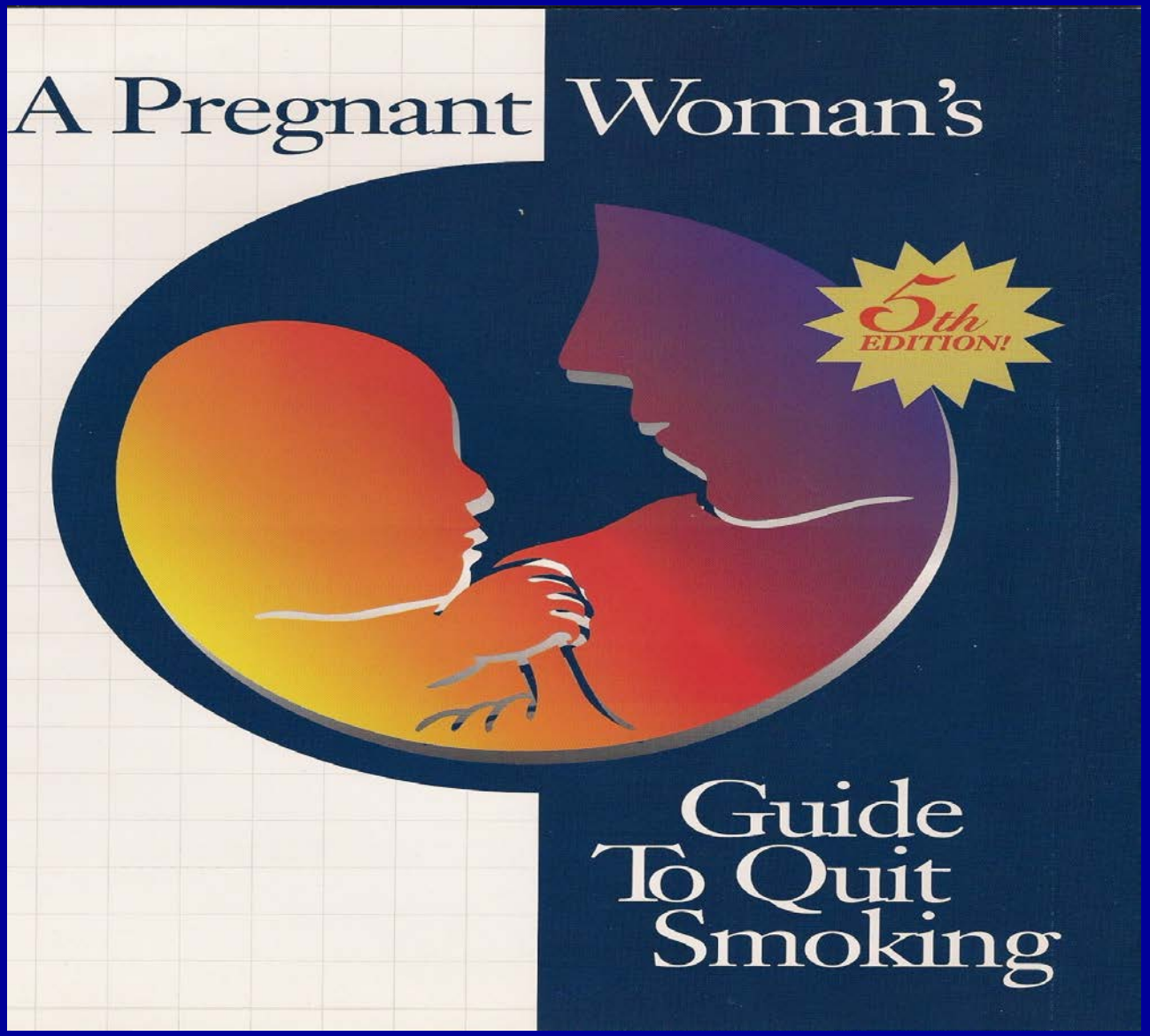
B. Carbon Mono (CO): Immediate RN/SW/WIC/MD + Patient Acceptability
2-4 hr ½ Life … Cut-Off = > 6 PPM (Trial III ≥ COT 20ng/ml)
- Acceptable for routine use at Home Visits

C. Saliva or Urine Cotinine Test: 10-14 Days in Lab ($50/?)
12-16 hr ½ Life … Cut-off Saliva > 20ng/ml + Urine ≥ 100ng/ml
- Primarily for behavioral and clinical research purposes

What are the Core Components for The Smoking Cessation and Reduction In Pregnancy Treatment (SCRIPT) Program?

Commit to Quit During Pregnancy: Video-7 min

Reviewed with Patient during Visit #1 Counseling



Author: Richard Windsor, MS PhD MPH, 5th Edition, 2012
"Guide recommended by AHRQ 2000 + 2008 + 2014"

- Multiple Qualitative (Focus Groups + Interviews) And Quantitative Studies With Thousands Of Patients And 100+ Staff By The Five Script Evaluations In U.S.: 1982-2012

- 5th – 6th Grade Reading Level

- Independent Rating of High Attractiveness and Acceptability by Center for Health Communication,
  U. of Michigan - School of Public Health

- Also "A Pregnant Women's GUIDE to Quit Smoking"+Counseling Translated - Delivered - Evaluated as Effective in Australia, Canada, South Africa, Sweden, and Ukraine

“Reality Check: You cannot just declare the use of SCRIPT”
What Assessments and Counseling are we doing?
Do we want to routinely deliver Best-Practice Procedures? ”

The 1st - 2nd - 3rd – 4th Basic STEPS to Plan the Introduction of the SCRIPT Program into your Program + Practices:
Organizational and Consensus Development

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#1: Establish SCRIPT Committee: Review Policy-Programs-Practices

#2: Plan-Conduct a Patient Flow Analysis (PFA): Patient Arrives-Departs

#3: Plan-Conduct, with #2, a Smoking Study for V #1 + #3 (See Slide #5)

#4: Plan-Provide SCRIPT Train The Trainers (TTT): SOPHE 1 day Training

STEP #1 SCRIPT Trial III Project Aim #1: Establish Science - Policy - Practice Partnerships*

SCRIPT Effectiveness Committee: 1994-2002

8 Counties/10 Clinics-Rep. of Alabama Patients & 28 Staff+

Richard Windsor, PhD MPH	Principal Investigator (PI) & Director = UAB-SPH
Tom Miller, MD (Ob) MPH	Co-PI + Director Bureau of Fam Hlth Services
Michael Hardin PhD	Investigator-Biostatistician = UAB-SPH
Lesa Woodby, PhD MPH	Deputy Director-Manager = UAB-SPH
Myra Crawford, PhD MPH	Investigator-Qualitative Studies = UAB
Carlo DiClemente, PhD	Investigator-Behavioral Sci = U of Md (P + D)
Sharon Gerogiannia, MSW	Social Work Coordinator = DPH
Phyllis Gilchrist, RN BNS	Director, Women's Health/RN Branch = DPH
James Richard, BS	Director, Division of WIC + DPH
Laurie Stout, RN BSN	Consultant, Clinical Services Support = DPH
Dianne Smith, BA MPH	Tobacco Prevention and Control Unit = DPH

+ Clinical Practice Committee: 1 Rep Per Clinic

*MACRO FOCUS

STEP #2: SCRIPT Patient-Care Site Flow Analysis (PFA) Clinic #1 for 10 Patients (MICRO FOCUS) +

Patient #1 — Total Time By Personnel = 2 hours, 25 minutes

Sign In >	Clerk >	Lab →	MD-Nurse →	Social Worker →	Nutritionist →	Appoint Clerk Sign Out
8:05 am	8:50 to 8:55	8:55 to 9:11	9:20 to 9:35	9:42 to 9:55	10:00 to 10:25	10:25 to 10:30

Patient #2 — Total Time By Personnel = 2 hours

Sign In →	Clerk →	Lab →	MD-Nurse →	Social Worker →	Nutritionist →	Appoint Clerk Sign Out
10:30 am	10:30 to 10:35	10:35 to 10:45	10:50 to 11:15	11:17 to 11:55	12:00 pm to 12:25	12:25 to 12:30

Education/Counseling Content Summary

Nurse Interview: History, Appointment with CNM, SCRIPT, drug/alcohol prevention counseling
Social Worker: Education, home environment, feeling about pregnancy, Medicaid, birth control options
Nutritionist: Nutrition assessment/recommendations, WIC, voter registration, no vouchers available today

Remarks

- Only 7 of 10 scheduled patients kept her appointment
- Patients stay with same RN throughout pregnancy + (10 Patients/10sites)

Smoking Cessation & Reduction In Pregnancy Treatment (SCRIPT) Procedures: Provider Counseling Guidelines (10 Pages)

Richard Windsor, MS PhD MPH
rwindsor@gwu.edu
(Available from SOPHE)

STEP #4: SCRIPT Training The Trainers (1 Day TTT)

SCRIPT Program Procedures (P): Visit #1

PROCEDURE: The 10 STEPS **COMPLETED**

ASK < 1 minute

P1. Document smoking status + cigarettes/day (cpd) + COT or CO Sample ☐

A. Never smoker or quit before pregnant ☐

B. Quit since pregnant ☐

C. Smoker: reduced cpd ☐

D. Smoker: same cpd ☐

Response A and B: Congratulate her on success and stop home & social ETS

Response C and D: ASSESS--ADVISE--ASSIST--ARRANGE

ASSESS < 1 minute

P2. Document Stage-Readiness to quit: 1-2-3-4-5-6-7-8-9-10 ☐

ADVISE < 1 minute

P3. Provide clear, strong messages about risks of smoking to mother/fetus ☐

P4. Provide clear, strong and personal advice to quit and stay quit ☐

ASSIST < 12 minutes

P5. Review cessation skills in Video + Guide + Sign Agreement to use Guide ☐

P6. Express confidence that use of the Guide and methods will help them quit ☐

P7. Encourage patient to seek Family & Social Support to quit ☐

P8. Advise patient to stop ETS exposure at home, car and social events ☐

P9. Remind patient of next visit and put “Smoker Label” in notes ☐

ARRANGE < 1 minute

P10. Schedule next visit for patient + Call-Text Patient on Quit Date (Optional) ☐

What is the Evidence-Base that Patients will Accept the SCRIPT Program and regular Clinic-Based staff (RN/SW/WIC/MD) can deliver the SCRIPT program with fidelity for ≥ 1 year?

****

Can the “Guide” and Counseling be delivered and will patients use it?

R.W. Developed PEM: Robert Wood Johnson Foundation
(11 RCT's) SFF, National Program Office (NPO: 1994-02)
R. Windsor, Lead Science Advisor (40% FTE),
Robert Goldenberg, MD MPH, NPO Director + Chair Department of ObGyn, UAB Medical Center

Windsor, R. Whiteside, P. Jr., Solomon, L. et al,
"A Process Evaluation Model (PEM) for Patient Education Programs for Pregnant Smokers",
Tobacco Control, Supplement III, 28-35, 2000.

Windsor, R, Clark, J., Davis, et al,
"A Process Evaluation of the W.V. Dissemination Initiative: Assessing the Fidelity and Impact of Delivery for State-Wide, Home-Based Healthy Start Services",
Maternal and Child Health Journal, August, 2016

1st SCRIPT Process Evaluation for W.V. State-Wide Programs

Clinical Staff Performance Measurement and Process Evaluation Results: SCRIPT Trial III *

- The 28 RN's/SW's at the 10 primary care clinics screened 6514 patients over a 36 month period: 77% (P1) of eligible smokers agreed to participate in the "SCRIPT Evaluation."

- RN/SW's performed 100% of baseline (P2) and 82% of follow- up assessments (P7), and collected 99% of baseline (P3) and 72% of follow-up (P8) Saliva Samples for Cotinine Tests.

- Based on Patient Follow-up Reports, the RN's/SW's provided the Video to 95% (P4), the Guide to 99% (P5), and Counseling methods to 97% (P6) of the SCRIPT Group (SCRIPT Experimental Group) of patients.

** Windsor, et al, American J. Ob/Gyn, 2000*

SCRIPT Process Evaluation (Quality Imp) Model: 28 RN+SW

Patient Clinical Procedures (P) at Visit #1+V#3-V#4	*Eligible Patients* A	*Exposed Patients* B	*Exposure Rate* B/A = C	*Performance Standard* STEP 1> D	*Implementation Rate-Index* C/D = E
P#1. Smokers: SCRIPT Eval	100	77	77%	80%	0.96
P#2. S Baseline Form: O1A	100	100	100%	100%	1.00
P#3. Saliva Cotinine: O1B	100	99	100%	100%	0.99
P#4. Video	100	95	95%	100%	0.95
P#5. Guide	100	99	99%	100%	0.99
P#6. Counseling	100	97	97%	100%	0.97
P#7. Follow-up Form: O2A	100	85	85%	90%	0.94
P#8. Follow-up Cotinine: O2B	100	72	72%	90%	0.80

"Program Implementation Index (PII) >>> Program Fidelity"

$$\text{PII } (\Sigma \text{II}) = \frac{.96 + 1.00 + .99 + .95 + .99 + .97 + .94 + .80}{8} = \mathbf{0.95}$$

"PII = 0.95: Regular RN/SW delivered SCRIPT: Acceptance + Feasibility"

What is the Evidence-Base produced by Independent Meta-Analyses to document the "Effectiveness-Behavioral Impact" of the SCRIPT Program?

Table 42 Effective Interventions - Pregnant Patients (P.94)

Ershoff, (1989) LA, California	Brief health educator discussion of risks (3-5 minutes); advised of cessation class + pregnancy-specific self-help materials mailed wkly for 7 wks
Walsh, (1997) NSW, Australia	MD risk advice (2-3 min.); video about risks, barriers, and quitting tips; one 10-minute session by CNM; self-help manual; and follow up letters.
Windsor, (1985) SCRIPT Trial I, AJPH	Pregnancy-specific self-help materials (A Pregnant Woman's Guide To Quit Smoking) + 10-minute counseling session with a health education spec.
Windsor, (1993) SCRIPT II, AJPH	15-minute counseling session - How to use pregnancy-specific self-help materials (Guide, Windsor, 1985) + MD letter + social support + buddy letter, contract, + tip sheet.
Windsor, (2000) SCRIPT Trial III, Am. J. Ob/Gyn	SCRIPT Program Evaluation: Published after AHRQ, 2000 Review

Meta-Analyses:

AHRQ Tobacco Treatment Clinical Practice Guidelines, 2000 (P. 94) + 2008 + 2014

Meta-Evaluation: SCRIPT Program Impact Studies (N = 4070)

Evaluation	Meas	E Group		C Group		Δ
Principal Inv.- Site -Yr	**O1+O2**	**N**	**%**	**N**	**%**	**E – C**
10.Windsor, WV, 2013 (Home-Based: RFTS) (Video)*	**CO**	**259**	**13.9%**	**259**	**4.6%**	**+9.3%**
9. Murphy, S. Africa, 2010	**U-COT**	**358**	**8.4%**	**269**	**0.70%**	**+7.7%**
8. Windsor, Alabama, 2000 (Clinic-Based) (Video)*	**S-COT**	**139**	**17.3%**	**126** **100 (C)**	**8.8%** **3.6%**	**+8.5%** **+13.7%**
7. Gebauer, Ohio, 1998 (I)	**S-COT**	**84**	**15.5%**	**94**	**0.0%**	**+15.5%**
6. Hartmann, NC, 1996 (I)	**CO**	**107**	**20.0%**	**100**	**10.0%**	**+10.0%**
5. Valbo, Norway, 1994-96	**CO**	**107**	**27.1%**	**105**	**11.4%**	**+15.7%**
4. Windsor, Alabama,1993 (Clinic-Based)	**S-COT**	**400**	**14.3%**	**414** **96 (C)**	**8.5%** **4.0%**	**+5.8%** **+10.3%**
3. O'Connor, Canada,1992	**U-COT**	**90**	**13.3%**	**84**	**6.0%**	**+7.3%**
2. Hjalmarson,Sweden,1991	**SCN**	**444**	**12.6%**	**209**	**8.6%**	**+4.0%**
1. Windsor, Alabama,1985 (Clinic-Based)	**SCN**	**102**	**13.9%**	**104**	**1.9%**	**+12.0%**
US Studies (N = 2384)			**Ave =15.1%**		**Ave = 6.4%**	**+8.7%**
Non-US Studies (N = 1686)			**Ave =12.7%**		**Ave = 8.1%**	**+ 4.6%**

Projects used "A Pregnant Women's Guide to Quit Smoking" + Counseling as the core Patient Education method: Impact = + 6% to + 10% - Ave 8.7%"

Note: Video in 8 + 10 had no significant Impact on Quit Rates

Questions - Discussion

Successfully Implementing the SCRIPT Program: Lessons Learned

Liz Marshall, MPH
Editorial & Project Manager
Society for Public Health Education

What is SCRIPT?

S Smoking

C Cessation and

R Reduction

I In

P Pregnancy

T Treatment

Components


A Pregnant Woman's Guide to Quit Smoking
Commit to Quit Smoking During and After Pregnancy DVD
Comprehensive counseling to quit or reduce smoking during pregnancy
Counseling to establish a non-smoking home
+ Quit Line Use

Adopting SCRIPT in Your Organization

Train-the-trainer workshop

This full-day workshop is designed to provide participants with the skills they need to successfully implement SCRIPT as part of routine prenatal care in their organization.

Adopting SCRIPT in Your Organization

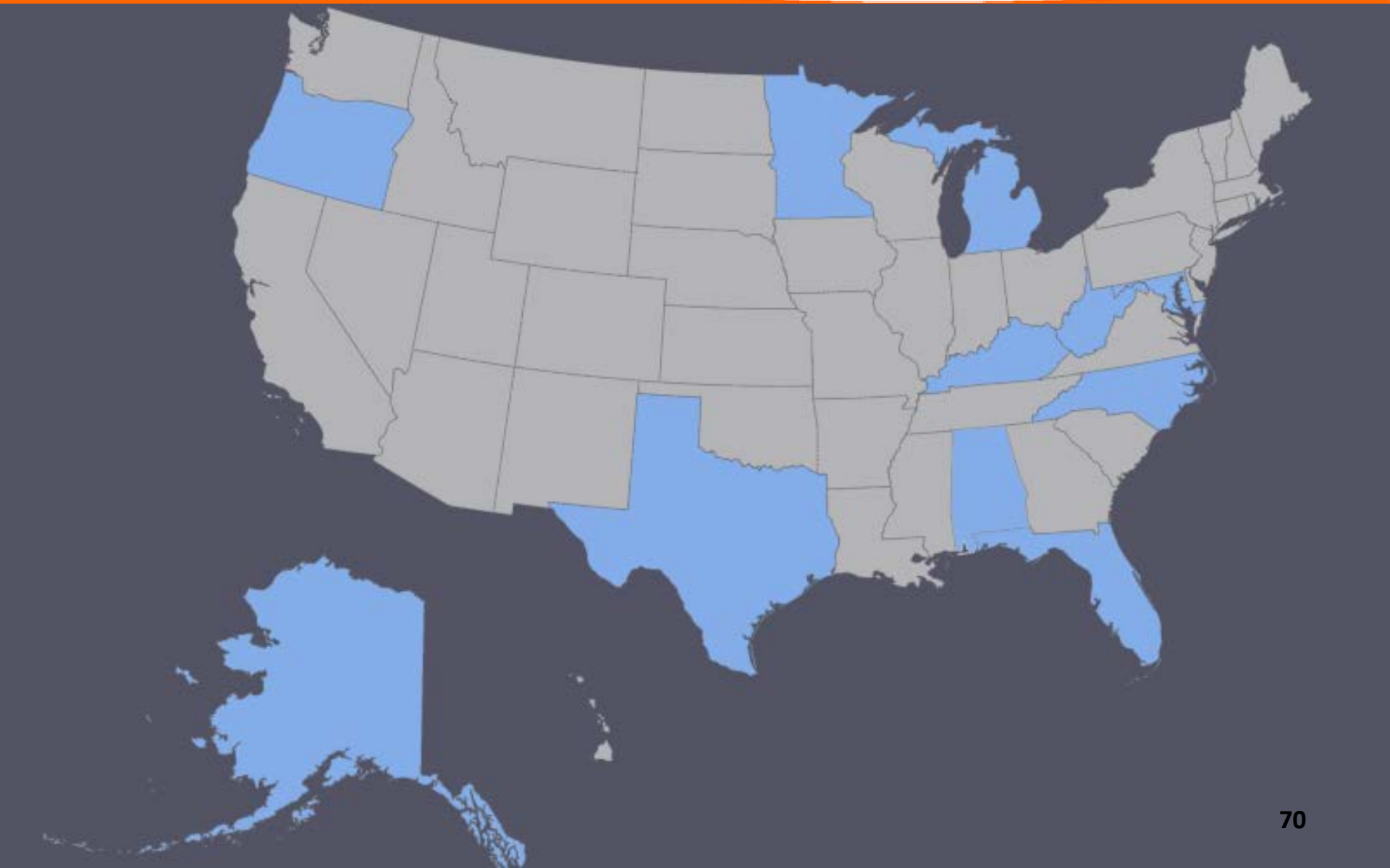
Participants learn how to:

- Promote SCRIPT to administrators, health educators, medical staff and others in their organization (hospital system, health clinic, WIC clinic, home visiting program)
- Assess a pregnant woman for smoking
- Use the CO monitor in an assessment
- Conduct a SCRIPT counseling session with the guide and motivational DVD
- Train others in the organization

Medical Staff Training

The half-day workshop focuses on how to routinely screen pregnant women for smoking, how to use the CO monitor, how to conduct a SCRIPT counseling session, how to use the motivational DVD and guide, and how to follow up with patients.

SCRIPT Workshops



SCRIPT in Washington, D.C.

- 49 prenatal care staff and health care providers working in Washington, D.C. were trained, including staff at three Community of Hope clinics
- Community of Hope modified its electronic health records to include SCRIPT intervention components
- Community of Hope created protocols to manage patient referrals
- All new OB patients now receive comprehensive smoking screening that includes both self-report and CO monitor use

Challenges

- Staff turnover slowed implementation
- Patients had competing priorities: housing, lack of food, intimate partner violence, and mental health issue
- It was difficult to determine which providers were implementing SCRIPT and at what point during the patient visit
- Other substances came up on the CO screen, including marijuana and second-hand smoke

Do Your Patients Smoke?

Are They Ready to Quit?

Quotes

"Smoking rates among pregnant women remain at about 50%....Women in this region experience extremely high rates of DV, IPV, PTSD, cultural and social trauma. Most are able to reduce/abstain from alcohol while pregnant. Tobacco use is less susceptible to change."

"We believe we need to address the reasons [why] women need to self medicate to survive each day."

Find Your Champion

Champions explain and persuade

What About Time?

Quotes

What challenges did you face?

[There was a] lack of time to get all the team members together on the clinical team to discuss implementation.

How did you overcome this challenge?

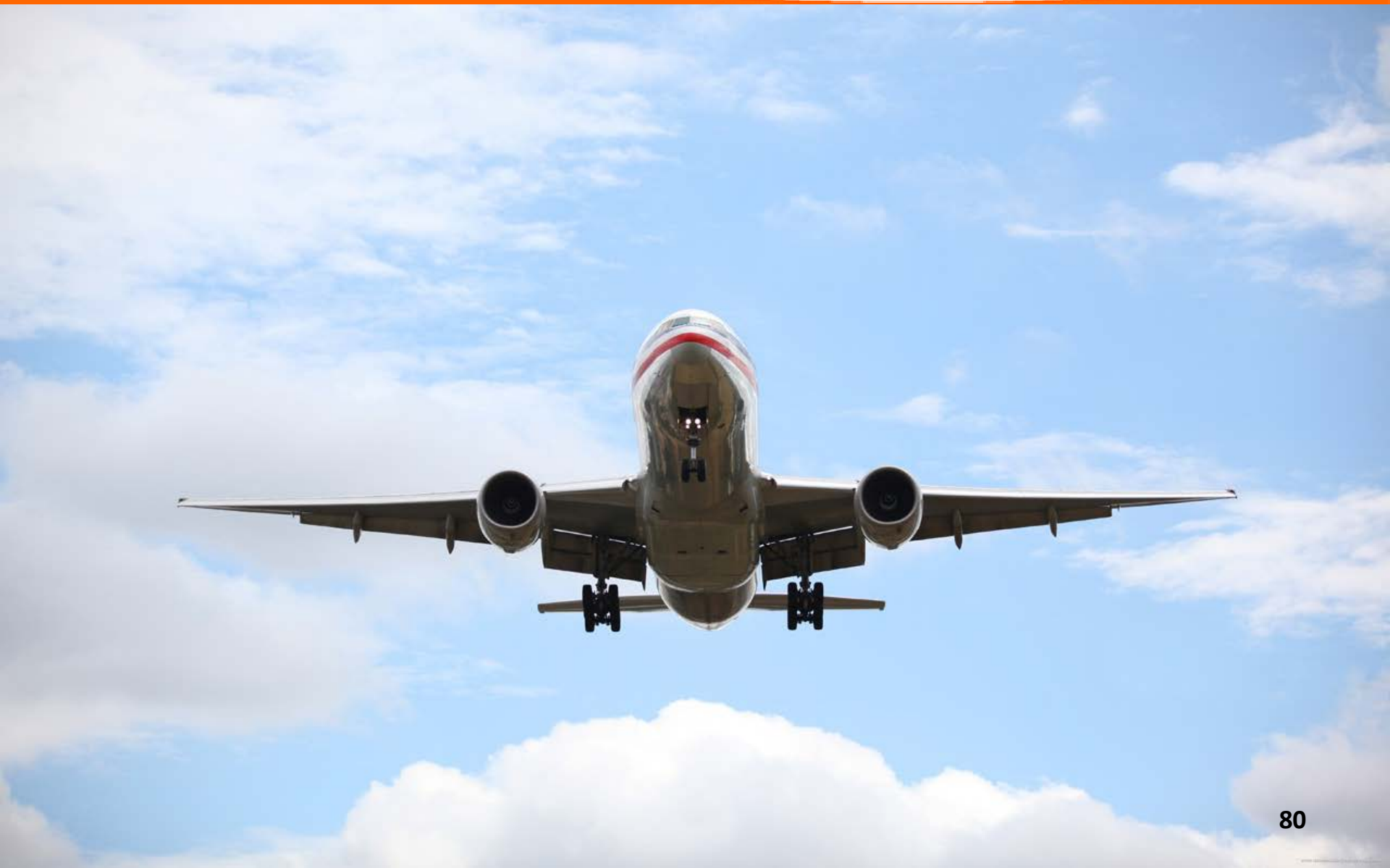
We persisted.

Quotes

"This is just so that people feel like it's just part of our mission…It's always good to tell people: We're asking you to do one more thing and this is why."

What About Workflow?

Call It A Pilot



Train With The CO Machine

Hands-on practice is important

Sharing CO Results

"The first step is to know where you're at. This is going to allow us to have a number, a target, just like when you're dieting.

This number does reflect you are smoking. This will improve and will look better if you follow the suggestions in the guide."

Sharing CO Results

"When we measured the exhaled CO in your breath, we saw levels that are a bit higher than normal. This can be caused by many things including smoking, marijuana or other drug use, or exposure to CO within your home either from another smoker or even a gas leakage (which can be very dangerous!)."

What About Marijuana?

"I don't smoke cigarettes."

Why Does She Smoke?

THANK YOU!

Contact Information

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Q&A

- Submit questions via the **chat box**

Contact us for technical assistance

- You will receive the webinar recording, presentation slides, information on certificates of attendance, and other resources, in our follow-up email. All of this information will be posted to our website.
- CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.
- Visit us online at **smokingcessationleadership.ucsf.edu**
- Call us toll-free at **877-509-3786**
- Please complete the post-webinar survey

CME/CEU Statement

Accreditation:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.5 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Advance Practice Registered Nurses and Registered Nurses: For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credits™* issued by organizations accredited by the ACCME.

Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credits™* are acceptable for continuing medical education requirements for recertification.

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Respiratory Therapists: This program has been approved for a maximum of 1.50 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course #148805000.

American Association for Respiratory Care (AARC)

- Free Continuing Respiratory Care Education credit (CRCEs) are available to Respiratory Therapists who attend this live webinar
- Instructions on how to claim credit will be included in our post-webinar email

Coming Soon

Starting next month SCLC will be offering FREE CME/CEUs for our “Summer Recorded Webinar Series”! Stay tuned for more details!

CDC's *Tips from Former Smokers*™

Visit **cdc.gov/tips** for information and resources on the 2017 campaign

National Behavioral Health Network
For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

Visit **www.BHtheChange.org** and Join Today!

Free Access to…

Toolkits, training opportunities, virtual communities and other resources

Webinars & Presentations

State Strategy Sessions

NETWORK INSIDER

Community of Practice

#BHtheChange

May 15-17th, LGBT HealthLink will be hosting an E-Summit. Seven webinars over 3 days. Sponsored by SCLC, CME/CEUs will be available to those eligible, and the first 50 certificates will be FREE! Visit the website for more information and to register.

LGBT HealthLink: The Network for Health Equity

- We link people with wellness information. We promote adoption of best practices in health departments and community organizations to reduce tobacco and cancer disparities.
- We are one of eight CDC-funded national networks addressing cancer and tobacco disparities.
- LGBT HealthLink members have access to:
  - Weekly LGBT Health News Roundup
  - Scholarships to help support and promote leadership in the LGBT health arena
  - Members-only online networking groups
  - Exclusive webinars and resources

CENTERLINK
THE COMMUNITY OF LGBT CENTERS

My LGBT HEALTHLINK

www.mylgbthealthlink.org

Contact us for technical assistance

- CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.
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