

Tobacco Cessation Among Pregnant Women in Virginia

Conference Call

Minutes

February 25, 2014 from 10:00-11:00 am

Conference Call-In Number: 866.842.5779
Code: 804 864 7660

Attendees: Shannon Pursell, Rita Miller, Edith Bobko, Yvonne Archer, May Kennedy, Martha Kurgans, Melody Counts, Janis Dauer, Kathryn Whitestone, Felicia Mason, Amy Paulson, Eleta Hansen, Tabitha Taylor, Olabisi Oshikanlu, Kate Maas, Cornelia Deagle, Joan Corder-Mabe

Absent: Merry McKenna, Beth Kavinsky, Shirley Miller, Kira Koon, Sarah Price, Karen Shea, Sandy Kanehl, Leslie Hoglund, Pam Parham, Melanie Deel, Nikki Austin-Hicks, Rebecca Parsio

Strategic Goal 2: To reduce premature births across the Commonwealth.

Objective 3: Increase abstinence from tobacco among pregnant women from 91% to 96% (5%) by 2018.

Strategy 1: Promote awareness the Quit Now Virginia quitline to pregnant women across the Commonwealth.

Strategy 2: Promote smoking cessation specific to the Medicaid population within Virginia.

AGENDA

What	Who	Notes
1. Welcome and introductions <ul style="list-style-type: none"> • Brief review of the last meeting • External Chair for group 	Shannon Pursell	<ul style="list-style-type: none"> • Janis Dauer will be the external chair for this team.
2. Moving the Infant Mortality Strategic Plan (IMSP) forward <ul style="list-style-type: none"> • Review of the Strategic Goal, Objective and Strategies 1 and 2 • What is the “end point” for this group? How will our success be defined? 	SP and Group	<ul style="list-style-type: none"> • Please review the strategic goal, objective and strategies for this group as written in the IMSP, at the top of the minutes. • The group had an excellent discussion surrounding what the “end point” for this group will be. (See end of minutes with a list of all recommendation made by the group). • It was decided by the group that the “end point” for this team would be: To increase enrollment of pregnant women in the quitline. The percent of increase hasn’t been determined as currently there are approximately only 20 women/month that enroll. This group would like to have a much greater impact on enrollment than doubling or tripling current rates.
3. Promising practices from other states and programs (see articles attached)	SP and Group	<ul style="list-style-type: none"> • Please send SP an email with promising practices from other states and programs, to be discussed at the next meeting. A few articles have been included with these minutes for review and ideas.
4. Data, individuals and resources to accomplish our “end point” <ul style="list-style-type: none"> • Current data and resources (review from last meeting); do we have access to all? • What additional data and resources 	SP and Group	<ul style="list-style-type: none"> • Group needs to anticipate use on the quitline and how increase number will affect management and funding of the quitline. • One Tiny Reason to Quit received National award from AMCHP as a promising practice targeting a specific population with a media campaign, we could use this to promote the

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<p>do we need? And who has access?</p> <ul style="list-style-type: none"> • Individuals at the table 		<p>quitline.</p> <ul style="list-style-type: none"> • Need to identify new areas across the Commonwealth with limited reach in place. • Partner with D.C. to promote a media campaign reaching both of our populations.
5. Action steps for the teams work plan	SP and Group	
6. Next steps to reach the goal of decreasing the infant mortality rate from 6.7 to 5.7 deaths per 1000 live births by 2018 in Virginia. <ul style="list-style-type: none"> • Questions/Additional Comments • Next meeting dates 	SP	<ul style="list-style-type: none"> • Follow-up from last meeting, SP has reached out to AAP, ACOG and FHQC. Dr. Bob Gunther will be joining our team representing AAP, we have a meeting on Monday 3/3 to talk with FHQC and get a name, and we have been given 2 names from ACOG and are currently reaching out to see which one will represent ACOG on this team. • The next meeting will be Tuesday March 25, 2014 from 10:00-11:00am.

Discussion points made by group about the “end point”:

1. This group should focus on three items: (1) increase enrollment quitline by pregnant women, (2) increase providers (OBs and Peds) use and referrals to quitline, and (3) incentives for providers tied to CEUs for attending a webinar on the benefits of smoking cessation with available resources in their area. (Olabisi Oshikanlu)
2. Identify parents and post-partum tobacco users and increase policy change by working with the tobacco control alliance. (Rita Miller)
3. Increase utilization of service and direct impact of promotion to women and providers, look at the gap for women who aren't reached. There is currently a monetary incentive under Medicaid to provide smoking cessation and counseling, advertise and educate providers on this incentive. (Janis Dauer)
4. Reinforce the smoking cessation message via the health systems prenatal classes. (Cornelia Deagle)
5. What quitnow promotion goes out now? What's the updated material and when was/will be released? (Kate Maas)
6. Provider education is key, Jill Williams from the Robert Wood Johnson foundation has done a lot of research on this and grants are often available. (Eletta Hansen)
7. Many providers aren't even discussing or asking questions to determine if a patient smokes. (Melody Counts)
8. New standards are that all EMR must have screening questions in place by 2015; this group could identify which providers haven't switched over yet and target them first for education on smoking cessation benefits and stress importance of asking the screening questions.