



Partnering with States to Improve Maternal and Child Health

Prenatal Smoking Cessation Quit Line Project

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Boozhoo!



Presentation Objectives

1. Provide information about successful examples of Tribal partnerships with State Tobacco Programs.
2. Provide information and data collected from Michigan Tribal Prenatal and Postpartum women regarding smoking behaviors and cessation resources used during and after pregnancy.
3. To discuss strategies for working with State Tobacco Programs that serve to further understanding of Tribal Sovereignty and continue relationship building between Tribal and State Tobacco Prevention Programs.

Background and Statistics

- The American Indian and Alaskan Native population had the highest prevalence of smoking in comparison to other racial and ethnic groups (1)
- 31.5% of the AI/AN population smokes, compared to 19% of the national population (1).
- 17.8% of AI/AN women smoking during pregnancy, compared to 13.9% of White women (2).

- 41% of Michigan American Indian pregnant women report they are smokers, the average for all women in Michigan is 18% (3)
- Available data of the Healthy Start program from 2012 indicates that 35% of prenataally-enrolled clients screened positive for smoking/tobacco abuse. A similar proportion (40%) enrolled postpartum screened positive for smoking/tobacco use.
- We are doing good at Asking and Assessing but we are not doing as well Advising and Referring

Risks of Smoking:

- ➊ In early pregnancy: Low birth weight, fetal growth restriction, nervous system damage
- ➋ In late pregnancy: deformation of fingers and/or toes, overall compromised infant health
- ➌ To infants later in life: Suffocation in sleep, SIDS, increased risk of behavioral issues, metabolic issues (increased risk of diabetes), asthma, chronic ear infections



Michigan Quitline

- Counselors/ Coaches are trained in Native American culture and language patterns (CRIHB Resources)
- Counselors/ Coaches are specially trained in prenatal/ postnatal smoking cessation
- Provides a personally tailored quit plan
- Available from 7:00 a.m. to 1:00 a.m.
- Will work with the client's health care provider
- Confidential
- Free Service
- Text messaging coming soon!
- Will provide presentations, information to Tribal Staff

State and Tribal Collaboration

“We hear that you have
a NEED for data in
your Tribal
Communities... “
How can we work
together?



Project Objectives

By September 30, 2012, conduct focus groups within 3 tribal communities to facilitate development of an educational campaign tool kit, including a minimum of 3 (poster, community presentation, fact sheet) effective materials specific to Native American women of child bearing age, and distribute developed materials to a minimum of 8 Michigan tribal communities.

- 1) data collection via focus groups
- 2) Develop Materials
- 3) Material Distribution
- 4) Policy Change

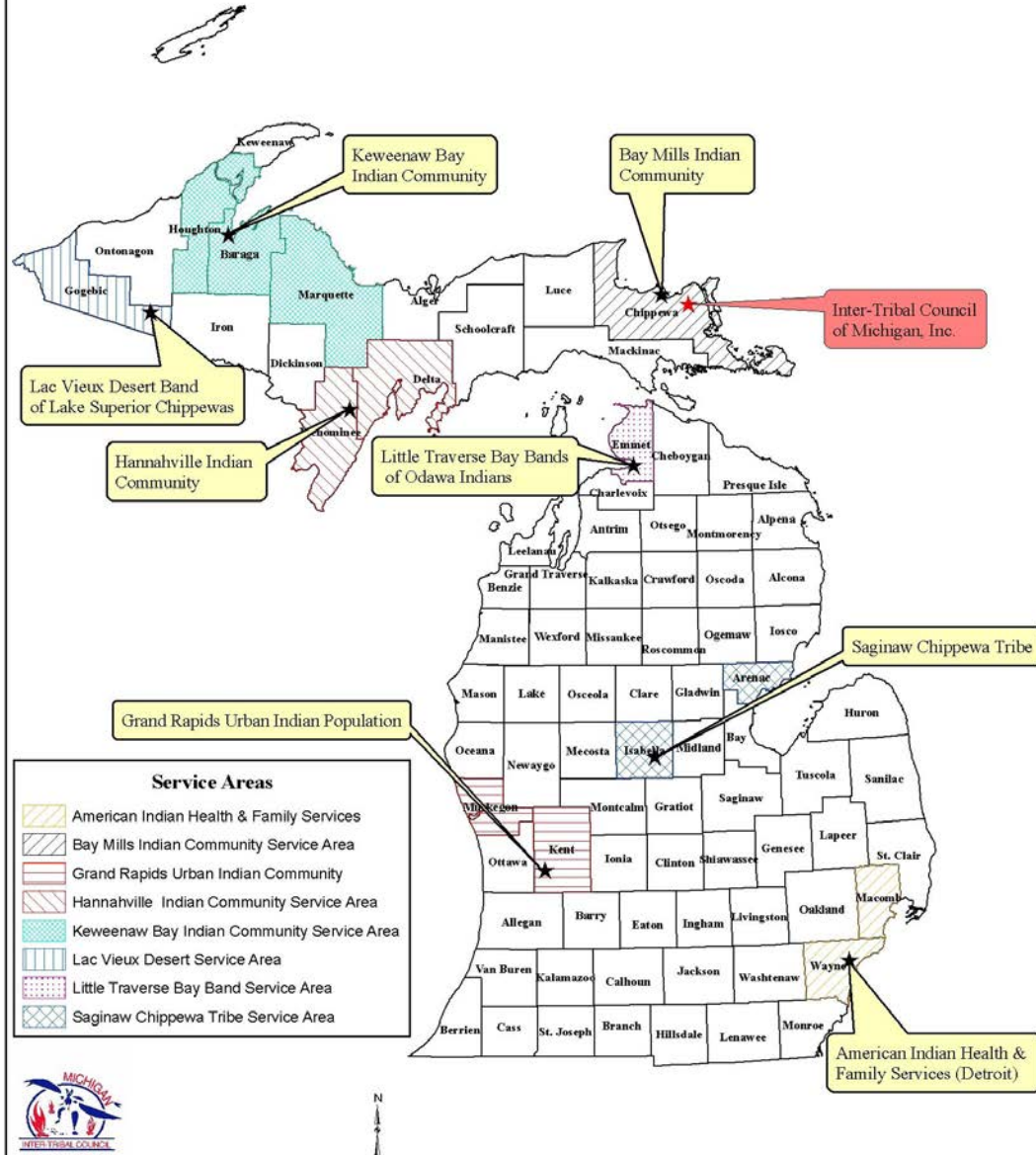
Maajtaag Mnobmaadzid Healthy Start Program



Core services of the program include:

- home visiting and outreach from Healthy Start nurses
- individualized care, and continuity of care from pregnancy until the infant is two years of age
- individualized health education services, screening, and referrals for substance use, depression, and abuse/violence

Inter-Tribal Council of Michigan, Inc. Healthy Start Project Area 2009-2014



Focus Groups

- Key method of gaining information and understanding about community perspective about health and other issues
- A more traditional approach to “data collection”
 - Meal
 - Incentive

Community Participation

Its all about Relationships:

- Contacted Tribal Healthy Start Program
- Recruited women who smoked during pregnancy
- 3 Tribal Sites representing different geographic locations
 - Urban Tribal Program
 - 2 Rural Tribal Communities

Pregnant and Smoking? **We Can Help!**



**The Michigan Tobacco Quitline is here to help.
1-800-QUIT-NOW or 1-800-784-8669**

Did you know?

- Smoking can cause you to deliver too soon.
- By quitting, you're making sure your baby is getting enough oxygen to grow.

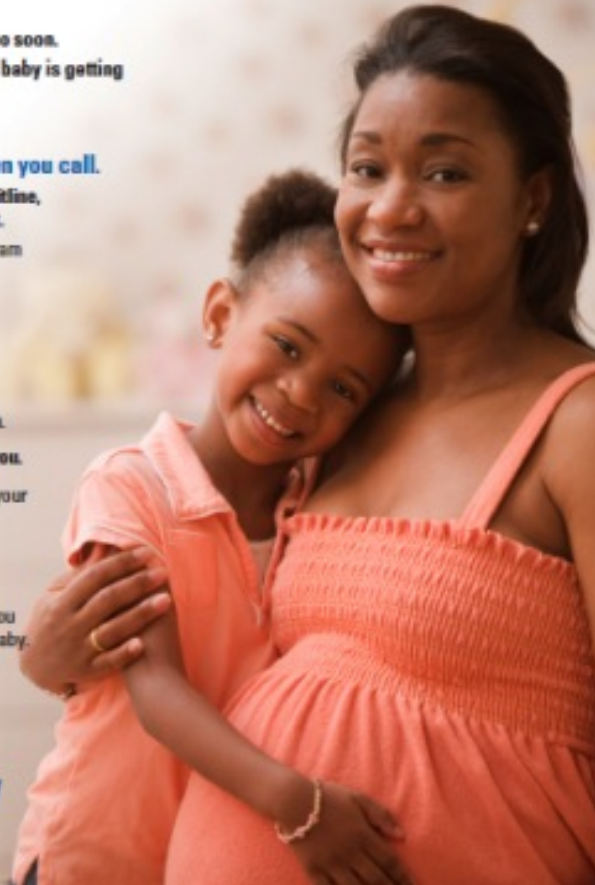
Here's what you can expect when you call.

When you call the Michigan Tobacco Quitline, be sure to tell them that you are pregnant.

- The Quitline has created a special program just for pregnant women.
- The program is free and confidential.
- It's a proven way to quit successfully.
- Enrolling is simple.
- You will talk to your personal Quit Coach.
- You start building a plan that's right for you.
- You will receive up to nine calls during your pregnancy and postpartum.
- You have the opportunity to receive text messaging.
- You earn rewards after every call that you can use to buy things for you and your baby.

**Call the Michigan Tobacco
Quitline today.**

1-800-QUIT-NOW



Focus Group Questions

- Promotional Material Preferences
- Feelings about Smoking during Pregnancy
- Did they try to quit/how
- Familiarity with Quitlines
- Anyone used a Quitline
- How comfortable would you be talking to a trained professional
- What information did you receive from your provider about quitting

Demographics

- 3 Groups
- 20 Total Participants
- Age range 18 to 38
- All smoked while they were pregnant
- Most Currently Smoke now or are trying to quit
- All participants of the HS Program

Key Findings

- Need to see Native American women, images, messages
- Need clearer information about what happens on a quitline call
- Need to address feelings of guilt for smoking while pregnant
- Need to address feelings of stress and strategies for stress management
- Need to address support for smoke free areas in the home (secondhand smoke exposure)



**LET
THIS
BE YOUR
REASON**



Help and support can be as easy as a phone call away. Our specially trained counselors offer free one-on-one cessation counseling for pregnant smokers 24 hours a day. They understand that quitting is about so much more than just not smoking and that so often feelings of stress and guilt can play huge roles in wanting to, but not being able to quit. It's worth the health of you and your unborn child to give them a call.

1-800-QUITNOW

FACT: YOU LOVE YOUR BABY. YOU CAN QUIT SMOKING.

WHAT HAPPENS WHEN YOU CALL THE QUIT LINE?

1-800-QUIT NOW (1-800-784-8669) is a personalized smoking cessation program available to assist you during pregnancy and postpartum.

The First Call to the Quit Line takes several minutes. The Counselor will introduce their self and ask you questions about your general health, smoking status and history. The reason for the questions is so that they can tailor a plan that is best for you.

LET THIS BE YOUR REASON



- You will receive **PERSONALIZED CESSATION** materials.
- The **COACHES** are **SPECIALLY TRAINED** to work with prenatal and postpartum clients.
- They answer all your questions, including use of nicotine replacement therapy.
- **THEY UNDERSTAND FEELINGS OF GUILT** that mothers often express while smoking during pregnancy.
- The Coaches also understand the challenge of managing stress during pregnancy.
- They will **GUIDE YOU AND SUPPORT** you every step of the way.
- The Coaches can also give you strategies to support smoke free air all around you.
- The Coaches also work with your Health Care Providers.
- **EVERYTHING IS STRICTLY CONFIDENTIAL.**
- This is a **FREE PROGRAM.**

THE CALL LINE IS OPEN FROM 7:00 A.M. TO 1:00 A.M





Help and support can be as easy as a phone call away. Our specially trained counselors offer free one-on-one cessation counseling for pregnant smokers 24 hours a day.

They understand that quitting is about so much more than just not smoking and that so often feelings of stress and guilt can play huge roles in wanting to, but not being able to quit. It's worth the health of you and your unborn child to give them a call.



1-800-QUITNOW

Material Distribution

- Posters – to be displayed community buildings, such as WIC office, clinics, child care facilities, recreation centers, etc.
- Fact Sheets for use by Tribal Programs as handouts: health fairs, community gatherings and events
- Referral Cards for use by Maternal Child Health staff and other Health Care Providers.

Quitline Enhancements/Follow up

- Focus group aggregate findings were shared with Michigan Department of Community Health Staff
- Hope to see an increase in calls
- Planned follow up to include reporting on AI/AN calls prior to material development and distribution and after focus group informed quitline promotional material enhancements

Benefits to Tribes

- Materials developed specifically for AI/AN people
- Materials distributed directly to the community
- Information/Data for Maternal and Child Health Programs



Benefit to State

- ⊕ Positive experience working with Tribal Communities
- ⊕ Program content informed by the community
- ⊕ Hopefully increased success in:
 - ⊕ Outreach to minority and underserved
 - ⊕ Providing appropriate interventions/information
 - ⊕ Increased effectiveness of program

Key to Success

- ➊ Collaborative process
- ➋ Focus on Tribal Needs
- ➌ Focus on shared priorities
- ➍ Relationship matters!



References

1. Cigarette smoking in the united states: Current cigarette smoking among U.S. adults aged 18 years and older. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html#populations>. Updated 2013. Accessed May 24, 2013.
2. Key facts about smoking among american indians and alaska natives. American Lung Association Web site. <http://www.lung.org/stop-smoking/about-smoking/facts-figures/american-indians-tobacco.html>. Updated 2010. Accessed May 24, 2013.
3. Michigan Department of Community Health Vital Statistics 2009-2010.

