Chapter 10: Healthy Start Services
Tobacco Education and Cessation

Introduction

Tobacco education and cessation counseling is provided to Healthy Start families in order to reduce the incidence of prenatal smoking, and to reduce the harmful effects to the mother and developing fetus when the mother ingests chemicals from tobacco or is exposed to environmental tobacco smoke. According to the Centers for Disease Control and Prevention (CDC), smoking harms every phase of reproduction. Women who smoke have more difficulty becoming pregnant and have a higher risk of never becoming pregnant. Women who smoke during pregnancy have a greater chance of pregnancy complications, premature birth, low birth weight infants, stillbirth, Sudden Infant Death Syndrome (SIDS), and infant mortality.

Healthy Start services are also offered to reduce the impact of environmental tobacco smoke, which is damaging to all household members. Infants and young children are particularly vulnerable to upper and lower respiratory disease caused by tobacco smoke. Infants born to women who are exposed to environmental tobacco smoke (ETS) during pregnancy may have a lower birth weight and a slightly increased risk for intrauterine growth retardation than infants born to women who are not exposed to ETS.(The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, 2006). The report further states that "evidence is sufficient to infer a causal relationship between exposure to secondhand smoke and sudden infant death syndrome."
http://www.surgeongeneral.gov/library/secondhandsmoke/

The Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update reinforces the importance of providing enhanced smoking cessation services. The update recommends "Because of the serious risks of smoking to the pregnant smoker and the fetus, whenever possible pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit."
http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

Definition of Service

As noted in the above guidance, it is important to address tobacco cessation during Healthy Start care coordination in order to code tobacco cessation service. The service provider must comply with the standards outlined in this chapter and the provider must meet the requirements listed in the "Provider Qualifications" section of this chapter. Tobacco education and cessation services include following recommendations outlined in detail in Clinical Practice Guidelines Treating Tobacco Use and Dependence, issued in 2000 by U.S. Department of Health and Human Service, Public Health Service, and the 2008 updates. The "5 A's" are the components that must be a part of tobacco education and cessation services and are:

1. **A**sk about tobacco use.
2. **A**ssess willingness to quit.
3. **A**dvise to quit
4. **A**ssist in quit attempt.
5. **A**rrange follow-up.

This is the "5A's" approach. Models such as the *Make Yours a Fresh Start Family* and *The American College of Obstetricians and Gynecologist's (ACOG) Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking* use a 5 A's approach.

1. **Ask about tobacco use:** Identify the person's tobacco use level.
   The *Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update* provides the following advice. "Many pregnant women deny smoking, and the multiple-choice question format improves disclosure.
   For example ask:
   Which of the following statements best describes your cigarette smoking?
   • I smoke regularly now; about the same as before finding out I was pregnant.
   • I smoke regularly now, but I've cut down since I found out I was pregnant.
   • I smoke every once in a while.
   • I have quit smoking since finding out I was pregnant.
   • I wasn't smoking around the time I found out I was pregnant, and I don't currently smoke cigarettes."
2. **Assess willingness to quit:** Assess the stage of readiness for change (pre-contemplation, contemplation, preparation, action, maintenance, relapse)
3. **Advise to quit:**
   a. Provide clear advice to quit including importance for the person and the child;
   b. Motivate quit attempts tailoring the quit message to the person's stage of readiness for change;
4. **Assist in quit attempt:**
   a. Provide education on the impact of smoking on maternal and fetal health;
   b. Provide specific assistance in how to quit smoking;
   c. Provide pregnancy specific self help educational materials appropriate for the culture and reading level of the person;
   d. Use problem solving counseling methods and provide social support.
5. **Arrange follow-up:**
   a. Provide follow-up assessments throughout pregnancy;
      i. Congratulate person on progress made
      ii. Encourage progress
      iii. Identify steps that worked and steps that did not accomplish desired results
      iv. If the person quits, discuss relapse prevention tips
   b. Provide education about the dangers of secondhand smoke on children;
   c. In the postpartum period, repeat education about dangers of secondhand smoke, assess for relapse, educate about relapse prevention, continue, or reapply tobacco cessation interventions.

Nicotine replacement therapy (NRT) or other pharmaceutical aids may be used in conjunction with these services and may be indicated for those who smoke 15 or more

cigarettes per day and have been unable to quit using other techniques and are willing to participate in smoking cessation counseling. NRT should not be used if the person has had a myocardial infarction within the last two weeks, has serious arrhythmias, or has serious or worsening angina pectoris. For more information on NRT consequences and effectiveness during pregnancy, you may go to pages 170-172 of The Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update. http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

For more information on each of these steps, you may go to the Guidelines section of this chapter.

Standards and Criteria

Standard 10.1
All providers receiving Healthy Start funding to provide prenatal care will ask about tobacco use, advise to quit, assist in quit attempt, arrange follow-up, and advise about the dangers of environmental tobacco smoke (ETS) to the pregnant woman, those in her home, and to infants.

Standard 10.2
Pregnant women who smoke or use other forms of tobacco will be enrolled in Healthy Start and will receive tobacco cessation services. The services will also be offered to smokers in the home. These services will continue on behalf of the infant, once the child is born. Tobacco cessation services will be offered to all families of infants when there are smokers in the home.

Criteria:

10.2.a The participant's record reflects documentation of enrollment in Healthy Start care coordination, tobacco cessation services, or attempts to engage the woman who smokes or smokers in the home in tobacco cessation services.

10.2.b Level of service is based upon local resources, local Healthy Start coalition funding decisions, and consideration of Healthy Start as the payer of last resort.

10.2.c Tobacco education and cessation services are offered to all participants' family members or household members.

10.2.d Tobacco education and cessation services are provided with consideration to the cultural, language, educational/literacy and accessibility needs of participants and those in the home.

10.2.e A tobacco service that can be coded is defined as all significant interventions that educate about the dangers of tobacco use and ETS when the provider meets the provider qualifications listed in the Provider Qualifications section of this chapter.

Standard 10.3
The Healthy Start participant's[1] stage of readiness for change (based on Prochaska and DiClemente's Stages of Change Model) will be reviewed during each tobacco cessation service in order to offer the appropriate service.

Criterion:
The stage of readiness for change will be assessed and used to determine and document service delivery. The *Make Yours a Fresh Start Family* model uses an adaptation of this model and works well for the purpose of assessing readiness for change.

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Relapse

Standard 10.4
The provider of tobacco cessation services will provide follow-up to the Healthy Start care coordinator.

Criterion:
When the provider of tobacco cessation services is not the care coordinator, written follow-up documenting receipt of referral, plan for initiation of services, and progress notes are provided to the Healthy Start care coordinator within 30 days of the service.

Standard 10.5
Providers of tobacco cessation services will offer and initiate services in a timely manner.

Criterion:
Tobacco cessation services are initiated within 30 days of referral or sooner if a time frame is negotiated between the provider and the coalition.

Standard 10.6
Nicotine replacement therapy (NRT) and pharmaceutical aids (available through Medicaid and other insurances) may be prescribed or offered for any family or household member when deemed an appropriate intervention. (People getting counseling from the Florida Quit-For-Life Line toll-free at 877-U CAN NOW may get coupons for NRT. The Quitline does not give NRT to pregnant women or to those receiving Medicaid since Medicaid already funds NRT.)

Criteria:
10.6.a Use of pharmaceutical aids obtained through the DOH requires a minimum of five counseling sessions (six to eight are recommended.)

10.6.b Classes or groups are at least one hour in length.

10.6.c Individual sessions are a minimum of 15 minutes.

10.6.d Minimum components of counseling when pharmaceutical aids are used include:

1. Consequences of tobacco use including ETS
2. Education about nicotine addiction
3. Nicotine replacement therapy (NRT) instruction
4. Review of reasons for quitting
5. Awareness of habits associated with tobacco use
6. Stress reduction methods, including deep breathing techniques
7. Exercise and nutrition
8. Relapse and relapse prevention
9. Information related to how anti-depressants designed for smoking cessation can assist a non-pregnant, non-breastfeeding mother of a Healthy Start infant
10. Information on the possibility of continuing breast feeding when using NRT
11. Advice to smokers who breastfeed and do not want to quit that smoking just before or during breastfeeding should be avoided
12. Appropriate method for disposal of patches
13. Danger of smoking while wearing the patch
14. Side effects and contraindications listed in the corresponding prescribing information of the transdermal nicotine patch prescribed.

Standard 10.7
Providers of tobacco cessation services will respond to any additional identified needs.

Criteria:
10.7.a Additional identified needs are addressed directly by the provider or by notifying the participant's Healthy Start care coordinator. Both the need and the response are documented in the person's record.

10.7.b Tobacco cessation providers communicate with the care coordinator who develops the family support plan and collaborates as a part of the interdisciplinary team as indicated by individual need.

Standard 10.8
Providers of Healthy Start funded tobacco education and cessation services will accurately code service information in a timely manner for Health Management System (HMS) data entry.

Criterion:
Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 14, Coding.

Standard 10.9
Providers of tobacco education and cessation services will document services in the participant's existing clinical record or, in the absence of a clinical record, in a format determined by the local coalition and provider.

Criteria:
10.9.a Documentation of services is recorded in the record of the individual receiving services. In the event that services are provided on behalf of a participant, the services are only referenced in the Healthy Start program participant's record (the actual documentation occurs in the recipient's record).

10.9b Documentation occurs in other components of the record such as the family support plan as appropriate.

10.9c Documentation includes reference to the assessment process and indicates participant's stage of change, i.e., pre-contemplation, contemplation, etc. Progress and plans made during the service are documented.

10.9.d Documentation shows that even if a participant shows low interest in quitting tobacco, the service is offered appropriate for the stage of change at each contact.

Standard 10.10 Tobacco cessation service providers will develop and implement an internal performance improvement process.

Criterion:
The Performance Improvement process is developed in concert with the local Healthy Start coalition and includes an assessment of strengths and areas needing improvement and a plan for assuring maintenance of quality and program improvement.

Standard 10.11 Tobacco education and cessation services will be provided by qualified and trained providers.

Criteria:
10.11.a Qualifications are met as outlined in this chapter and as specified in rule 64F-3.006(6), FAC.
https://www.flrules.org/gateway/readFile.asp?sid=0&tid=2575949&type=1&file=64F-3.006.doc .

10.11.b Competency and up-to-date knowledge related to tobacco education and cessation services is maintained.

Guidelines

Tobacco education and cessation services may be provided at the site or sites most appropriate for meeting the participant's needs. Education can be provided in the clinic, during home-visits, at a managed care office, informal settings such as parks or restaurants or wherever classes are held in tobacco education and cessation. The service is available to an individual, for a partner, family, or household member.

Assessing the person's readiness to quit smoking makes it easier to gear the education to the person. The staff person's expectations are more realistic. Prochaska and DiClemente outlined a process for identifying stages of readiness for change. The following is an adaptation based on their model. The stage of change is identified and interventions for that level of readiness are suggested.

The Six Stages of Change

1. **Pre-contemplation** (The person has no intention of changing behavior.)
   Intervention: Provide information and feedback to raise awareness of problem and possibility of change. Review any problems person reported relating to tobacco use. Increase the perception of risks and problems with current behavior, and state your concerns for the mother and baby's health. State that you know mother wants her baby to be as healthy as possible and that she may improve her own health, and the health of her baby by stopping tobacco use.

   The **5'R's** approach has proven effective with those not willing to quit.
   1. **R**elevance - Encourage the person to indicate why quitting is personally relevant, being as specific as possible.
   2. **R**isks - Ask the person to identify potential negative consequences of tobacco use.
   3. **R**ewards - Ask the person to identify potential benefits of stopping tobacco use.
   4. **R**oadblocks - Ask the person to identify barriers or impediments to quitting and note elements of treatment.
   5. **R**epetition - Repeated steps listed above every time an unmotivated person visits the clinic setting. Tobacco users who have failed in previous quit attempts may be told that most people make repeated quit attempts before they are successful. (Adapted from the Surgeon General's *The Clinical Practice Guidelines:* Treating Tobacco Use and Dependence)
      http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf

2. **Contemplation** (The person both considers change and rejects it.)
   Intervention: Help tip the balance in favor of change, evoke reasons to change and risks of not changing, strengthen the person's self-efficacy for change of current behavior. Discuss possible strategies for change The 5 R's approach list above is also useful with contemplators.

3. **Preparation** (The person gives a "window of opportunity" by saying such things as, "This is serious.")
   Intervention: Help match the person with an acceptable, appropriate and effective change strategy.

4. **Action** (The person is actively reducing or stopping smoking and is changing behaviors that are linked to tobacco use.)
   Intervention: Support steps towards change. Maintain contact with treatment provider to monitor progress.

5. **Maintenance**
   Intervention: Support steps towards change. Provide ongoing information and support.

6. **Relapse**
   Intervention: Assess which stage of the six stages of change the person is at, note what helped the person quit before, and use the strategies for the stage of change.

Support the person for the accomplishment they did make and encourage them not to feel demoralized because of relapse.

Other Useful Strategies

Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update states research shows that in-person psychosocial interventions were more effective than simply recommending quitting, and offering self-help material or a referral. In addition, to the strategies discussed above, the *Update* suggests the following strategies for increasing cessation.

- Showing videotapes or DVD's on risks, barriers, and tips for quitting
- Self help manuals
- Follow up letters of encouragement
- Bi-monthly or Monthly follow up calls after delivery

Quitline

The Department of Health's toll-free tobacco quit line (877-U CAN NOW) is a useful addition to other smoking cessation services. The Quitline has counselors who speak English, Creole, and Spanish. The Quitline uses a translation service for those who require translation from other languages. Department of Health now has a fax form that can be faxed to the Quitline increasing the chances of the person using the Quitline. The form is in appendix B or can be downloaded from http://www.doh.state.fl.us/Tobacco/PDF_Files/QuitLine_Fax_Referral_Form.pdf

http://www.doh.state.fl.us/tobacco/quitline.html

Care Coordination or Enhanced Service?

When tobacco education and cessation are provided with a Healthy Start coalition approved curriculum (with protocols, procedures, and learning objectives) that meets the 2000 Clinical Practice Guidelines and the 2008 Updates (5 A's), in a manner targeted to the stage of change, and offered by trained and qualified providers. This is considered tobacco education and cessation rather than care coordination. When general tobacco cessation education information is offered in a supportive manner, it is considered a component of care coordination health related services. During each care coordination encounter with a tobacco user, review tobacco use motivation to quit, and next steps toward cessation.

Service delivery models that address tobacco issues for Healthy Start families.

Participant Focused Service Delivery

1. All pregnant women will be asked about their tobacco history.
2. All pregnant women (whether current or former smokers) will be asked at each clinic visit whether they are currently using tobacco.

3. All pregnant women will be asked at the initial visit whether any smokers live in the home. If smokers do live in the home, material will be given to the woman about ETS, and help will be offered to assist the household member to engage in tobacco education and cessation counseling.
4. All pregnant women who admit to current tobacco use will be advised to quit and will be offered tobacco education and cessation counseling.
5. All pregnant women who admit to current tobacco use will be assessed for their current stage of change in readiness to engage in a tobacco cessation program.
6. All pregnant women who smoke or live with household members who smoke will be advised at the bare minimum to smoke outside, if they are not willing or able to quit smoking at this time.
7. All postpartum women who did not quit during pregnancy or who returned to smoking when the baby was born will be assessed for motivation to quit tobacco use in follow-up contact while still participating in Healthy Start.
8. All tobacco using women who have infants in Healthy Start will be assessed for motivation to stop tobacco use.

Tobacco Education and Cessation Counseling

Tobacco education and cessation counseling includes the components of screening, assessment, referral, intervention, and follow-up. Models such as the *Make Yours a Fresh Start Family* and the American College of Obstetricians and Gynecologist's (ACOG) *Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking* utilize the 5 A's approach and have been proven effective in dealing with tobacco cessation. For information on ACOG's model, you may go to:
http://www.rwjf.org/reports/grr/038611.htm
http://www.tobacco-cessation.org/resources.htm

Note: Items 1-3 are typically accomplished as part of the Healthy Start initial contact and/or assessment or within the context of prenatal or well child care.

1. Screening: Participants who admit to tobacco use when completing one of the screening instruments or during intake are offered brief education and receive information on ETS hazards to children and a brochure on smoking and pregnancy. When tobacco use is denied but is suspected by the health care provider, i.e., she/he can smell it or has observed tobacco use outside the clinic, the health care provider should review the benefits of abstinence from tobacco and discuss the difficulty today for pregnant women to admit to smoking.

2. Assessment: During the initial exchange the health care provider assesses the participant's stage of change in the decision to engage in a tobacco education and cessation program. It is important to be aware of a history of depression, alcoholism or drug addiction in preparing a participant for a tobacco cessation intervention.

3. Referral: Depending upon the system in the clinic, the provider may intervene or refer to the tobacco education and cessation program coordinator, a local voluntary agency program coordinator, the Healthy Start care coordinator or a health educator.

4. Intervention: Individual and/or group educational counseling are offered for those ready to quit, generally using a manual and supporting materials. Smoking cessation services are delivered face-to-face until the client has completed the counseling phase and has entered the follow-up phase. The intervention can be delivered in the home or clinic and can be modified for use in the classroom or at the end of childbirth education classes. Nicotine replacement therapy is available to Medicaid participants. In most counties, through the Department of Health central pharmacy, nicotine patches are available for non-Medicaid participants, including family members and friends who regularly smoke in the home. The pregnant smoker, if she smokes more than one pack of cigarettes daily and has been unable to quit, can also consider using NRT with her physician's approval. (See Q & A).

5. Encouragement: For those in earlier stages of change, appropriate materials and short (one to five minute) interventions are provided to encourage the participant to move toward cessation. Assessment and information are provided at every encounter.

6. Follow-up: When a participant sets a quit date and is counseled, follow-up consists of a review of smoking behavior at all future appointments and a combination of telephone calls or letters to maintain participant contact between face to face appointments. Responsibility for this task can be spread throughout the professional and support staff as well as utilizing volunteers.

Structured tobacco education and cessation counseling can be provided in individual or group sessions. It can take place in the county health department or other health facility, in the participant's home or at community centers convenient to the participant. The following items should be considered in the provision of tobacco education and cessation counseling:

1. Address access to support services such as transportation and childcare.

2. Location of service should address participant needs.

3. When several members of a family are interested in quitting smoking, providing a formalized series of interventions including nicotine replacement therapy in the home should be considered.

4. Cutting down smoking during pregnancy should be linked to a goal of total cessation.

5. Assess all pregnant and breastfeeding women for the use of smokeless tobacco.

6. Support from other community providers includes referral to private providers such as the American Lung Association and American Cancer Society.

7. County health departments can provide nicotine patches to voluntary agencies that are serving their participants. Voluntary programs such as Nicotine anonymous provide a resource for ongoing support as needed.

Community Infrastructure

Since tobacco use is the most preventable cause of low birth weight and other poor birth outcomes, it is important to treat tobacco use in the same category as other "vital signs." Therefore, a service delivery system, which is locally determined, includes the following highly complex services that will need to be phased in over time.

1. Develop a marketing plan to reach all individuals who have regular interaction with children.
2. Offer regular, systematic tobacco cessation services, individually, in groups and classes, at home, in clinics, and at work-sites using the most promising pharmacological aids.
3. Develop a data collection system that follows quitters for a year.
4. Develop a tracking system that ensures ability to identify those who relapse.
5. Develop a relapse education program.
6. Develop a program within each service provider office that helps staff who use tobacco to quit.

Provider Qualifications

Rule 64F-3.006(6), F.A.C. requires tobacco education and cessation counseling and services to be provided by individuals who have received specialized training in using a prenatal smoking cessation curriculum approved by the Healthy Start Coalition to provide tobacco education and cessation information, education, and support. Tobacco education and cessation counseling and services are provided through a contract or under the supervision of a care coordinator, health care provider, or other health-related professional.

Professional health care providers, including nurses, social workers, health educators, nutritionists, and respiratory therapists who have been trained in behavioral counseling and specifically in tobacco education and cessation, can review the manuals and brochures with the participant and provide specific appropriate counseling and education. When paraprofessional staff is used, a professional staff person must provide the initial assessment, behavioral intervention, and supervise the management of the services.

Providers who do not smoke and those who understand addictive behavior are most effective and offer a best practice model. However, providers who do smoke, have tried to quit, and express concern about their own smoking habits can provide education and support, if they are frank and open about their smoking behavior with the participant.

The following professions offer the base knowledge to provide educational counseling, but providers in all professions require specific training in tobacco issues.

1. A registered nurse (R.N.)
2. A licensed practical nurse (L.P.N.)
3. A social worker (B.S.W. or M.S.W.)
4. A health educator (bachelor's or master's degree in health education)
5. Registered dietitian (R.D.), registered with the Commission on Dietetic Registration.

6. Licensed dietitian/nutritionist (L.D.), licensed by the Florida Department of Business and Professional Regulation.
7. A public health nutritionist employed by federal, state or county agencies
8. A certified respiratory therapist
9. Mental health counselors or psychologists

A paraprofessional, under the supervision of one of the professionals listed above in items 1 through 8, may provide supportive interventions such as: follow-up phone calls and home visits.

Documentation

The provision of tobacco education and cessation counseling services should be documented in the participant's record and may include use of any of the following suggested forms, as appropriate.

- Progress Notes
- Family Support Plan for Single Agency Care Coordination (DH 3151)
- *Tell Us About Yourself* psychosocial screening questionnaire (DH 3131)

Assessments

There is no standard format for determining the stage of change for a participant who uses tobacco. Several questions, reviewed in training, can help assess the degree of motivation the participant possesses. As long as the provider focuses on the appropriate intervention for the stage of change, professional counseling experience and intuition are as important as the questions asked. Documentation should reflect the standards and criteria. See Appendix B for examples of forms to assist in documentation of Healthy Start services.

HMS Coding

Chapter 14 on Healthy Start Coding provides information on how to code that the person is using tobacco, and on how to code tobacco cessation services including referrals and follow-up.

Performance Improvement/Performance Measures

Prenatal tobacco education and cessation can be evaluated by tracking quit rates of the participants prior and subsequent to the delivery of the infant. To ensure accuracy and provide quality follow-up services, a minimum of three contacts post-quitting should be documented in the participant's record. Some pregnant women stop tobacco use spontaneously upon learning of their pregnancy. They usually are not in need of tobacco services. Recent quitters who did not spontaneously stop smoking at the time they became aware of their pregnancy often need more follow-up and support. In order to maintain non-smoking behavior, participants need to be followed and encouraged postpartum through family planning, well-child clinics, or other Healthy Start services.

Outcomes of tobacco education and cessation counseling include:

1. Increased knowledge of the dangers of smoking and using smokeless tobacco by all members of the family, as well as knowledge of how to quit smoking when one is ready to try.

2. Percent of participants who move into contemplation stage.

3. Percent of participants who change smoking behavior (those who do not quit) to eliminate ETS exposure to children.

4. Percent reduction of smoking in families with young children.

5. Increased quit rates among pregnant and postpartum women.

6. Percent of participants who relapse post delivery.

7. Participant's awareness of availability of NRT in conjunction with tobacco education and cessation classes (not available to all participants in all counties).

In addition, the following activities are recommended to assure achievement of desired outcomes:

- Ongoing review of counseling information content and service delivery methodology.
- Individual participant satisfaction survey to evaluate benefits of tobacco education and cessation counseling.

Tobacco education and cessation training offered through the Department of Health (DOH) or through Healthy Start coalitions encompasses the behavioral change theory of J.O. Prochaska (Transtheoretical Model), as well as the behavioral techniques outlined in "*A Pregnant Woman's Guide to Quit Smoking*," "*Make Yours a Fresh Start Family,*" and other tobacco cessation manuals and brochures. A half-day training which includes up-to-date facts on tobacco and ETS and its impact on pregnant women and children can be developed by local staff to incorporate behavioral change theory and training in the effective use of materials for each stage of change. All staff who provide tobacco education and cessation assistance to participants shall be trained in this manner. In each county that participates in the NRT program offered through DOH, an additional component of the training shall include information about using nicotine patches and accessing them through the county health departments. Medicaid eligible participants can obtain medications to assist them to quit tobacco use. Local Area Health Education Centers (AHECs) also offer training on providing smoking cessation to pregnant women (Florida Statutes 381.84.)

References

Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update. U.S. Department of Health and Human Services, Public Health Service, May 2008. http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

Department of Health Alcohol, Tobacco, and Other Drugs webpage
http://www.doh.state.fl.us/family/mch/substanceabuse/Tobacco/tobacco.html

Maternal Stress in Florida, October 8, 2002, PRAMS
The report includes an analysis of the relation between prenatal stress, low birth weight, and smoking.
http://www.doh.state.fl.us/disease_ctrl/epi/prams/reports/prams11.pdf

Stages of Change and the modification of problem behaviours. Prochaska, J.O. and Di Clemente, C.C. (1992) *In M. Hersen, R.M. Eisler and P.M. Miller (Eds), Progress in behaviour modification.* Sycamore: Sycamore Press.

Substance Abuse, the Nation's Number One Health Problem, Key Indicators for Policy, February 2001, The Robert Wood Johnson Foundation.

Tobacco Dependence and the Nicotine Patch, Fiore, M. E., et al, *JAMA*, November 18, 1992 pp. 2687-2694.

Treating Tobacco Use and Dependence, U.S. Department of Health and Human Services, Public Health Service, June 2000.

UCLA Center for Nutrition Prochaska and DiClemente's Stages of Change Model
This website provides sample scripts for use at each stage or change.
http://www.cellinteractive.com/ucla/physcian_ed/stages_change.html

Within 20 Minutes of Quitting
CDC website includes links to posters describing the health benefits of quitting smoking even within 20 minutes of stopping.
http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/posters/20mins.htm

Women and Smoking – A Report of the Surgeon General, 2001.
http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2001/index.htm

Frequently Asked Questions

Q. *What distinguishes tobacco education and cessation services from the services offered through care coordination?*

A. It is tobacco education and cessation when it is provided with a Healthy Start coalition approved curriculum, with approved protocols and procedures, learning objectives, offered in a manner that addresses risk factors, and offered by trained and qualified providers, and complies with the standards in this chapter. Otherwise, it is considered care coordination.

Q. *If you complete the HS Smoking Cessation module on-line, does that allow you to code Smoking Cessation under "other HS Services"?*

A. No. The on-line training at http://www.doh.state.fl.us/family/mch/training/training.html trains on how to comply with the Healthy Start Standards and Guidelines, standards in this chapter, but is not a training on a specific smoking cessation curriculum.

Q. *Can pregnant women use the nicotine patch?*

A. Many pregnant women who smoke cut down to half a pack or less during their pregnancy. However, some pregnant women are unable to do this because of their degree of addiction. It is the option of each physician to choose to prescribe patches to pregnant women who are heavy smokers."
References to using pharmacological interventions with pregnant and lactating women are cited in Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update. U.S. Department of Health and Human Services, Public Health Service, May 2008, pages 169-172.
http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf .

Q. *I have tried to organize classes at the health department for pregnant women who smoke. Attendance has been poor or nonexistent, even though they sign up. Are there other programs in the state where there is a good turnout for classes?*

A. Many people have tried to hold classes on tobacco education and cessation for pregnant women and their families. What seems to improve attendance is when the NRT is offered to the other smokers in the household. Otherwise it has been very difficult to organize classes. Home visits and one-on-one counseling at the clinic seem to be more effective. The local AHECs also provide cessation classes for pregnant women who smoke.

Q. *Is smoking a safety concern/immediate need that should qualify someone for Level 3 service?*

A. Smoking is enough of a safety concern to qualify all women who have smoked during pregnancy and their infants for Healthy Start care coordination **and** smoking cessation services regardless of score on the Healthy Start prenatal or infant risk screening. We leave the determination of the level of services up to the care coordinator since some families may be on a clear course to smoking cessation with other supports and services in place. Typically, this determination and level of support may not exist and leveling risk as 3 is most appropriate. If smoking cessation is the only needed service, the person may be closed to

Healthy Start care coordination, but still receive Healthy Start smoking cessation services.

Q. *In coding other Healthy Start services, specifically smoking cessation, can we code for smoking cessation if we are educating on ETS over the phone because the woman's significant other smokes, or another relative smokes around her or the baby after educating once face to face about ETS to the client, even if the smoker has not picked a quit date?*

A. The services listed above are important. However, they do not fall under the definition of a smoking cessation service as listed in Healthy Start Standards and Guidelines. To be coded as smoking cessation, all visits must be face-to-face until the client has completed the counseling phase and has entered the follow-up phase.

NOTES: