Tobacco Prevention and Cessation Among Women of Reproductive Age: Building New Partnerships

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The National Partners: Who We Are

**AMCHP:** national non-profit membership organization representing state maternal and child health (MCH) leaders and others working to improve the health and well being of women, children, youth and families, including those with special health care needs.
Who We Are (2)

ACOG: national membership organization of 50,000 OB/GYN physicians providing credentialing, practice guidelines, advocacy and practice support.
Who We Are (3)

**PPFA**: the nation's leading sexual and reproductive health care advocate and provider. PPFA affiliates operate more than 860 health centers nationwide, providing medical services and sexuality education for millions of women, men, and teenagers each year.
How It Began….

- June 2003 Women’s Tobacco Prevention Network meets in Des Moines, IA
- Network members charged to “network” and develop a project
- AMCHP, ACOG, and PPFA establish a connection and decide to meet in DC
Why it Made Sense for **us** to Work Together...

- AMCHP maintained a contract with CDC-DRH to work on tobacco control activities, historically among pregnant women.
- ACOG was developing state-level physician/public health partnerships focused on women’s tobacco cessation.
- PPFA was newer on the tobacco control scene, but revising clinical guidelines, and committed to the issue.
- Our organizations are different enough that we were not stepping on turf or toes.
Why This Issue

- 178,000 women in US die prematurely from smoking related illnesses every year
- $75 billion is spent on smoking related health care costs for women and lost productivity each year
Why This Issue

Unique risks for women of reproductive age: decreased fertility; increased risk of stroke and other serious side effects if taking birth control pills; decreased effectiveness of the pill; increased rate of premature delivery; and, likelier to have low-birth weight babies.
The Idea

- **To build new partnerships among state AMCHP, ACOG, and PPFA representatives**

- **To develop the partnership’s capacity to address tobacco use among women of reproductive age**
The Project

Two Phase Action Learning Lab:

\textit{Phase I}:
- Hear from experts on the topic
- Team building exercises
- Begin development of action plan and establish next steps

\textit{Phase II}:
- Review progress since prior meeting
- Additional internal team building exercises as well as exercises to build cross team relationships
- Refinement of action plan and establishment of next steps
Follow-Up and Technical Assistance Activities to Support State Partnerships

_calls:
- 1, 3, 6, 9, 12 follow-up calls between National team and state team
- Series of TA Conference Calls for all state teams

_Survey_

_Progress reports_
Criteria for Participation

- Relationship between ACOG and the State Health Agency (i.e., the Women’s Health Program)
- Strong state perinatal HIV team or other provider partnership team.
- Strong tobacco control division
- DPH has a dedicated tobacco program contact
- State has a negotiated Title V Performance Measure addressing tobacco
- Strong political will exists
- State has a surveillance mechanism to track smoking status pre-and post pregnancy
Additional Criteria

We reviewed information from:
Making the Grade on Women’s Health: Women and Smoking
A Broken Promise to Our Children: The 1998 State Tobacco Settlement Five Years Later
Focus on Partnering

State level partnership = focus of initiative from the start:

- Question in application regarding formation of state team
- Question on score sheet regarding the team pre-meeting/conference call
- Requirement that representatives from AMCHP, ACOG, PPFA be a part of the state team
Participating States

- Phase I (March & July 2004)
  - HI, MN, MO, ND, WI

- Phase II (December 2004 & July 2005)
  - CO, IA, LA, OH, PA
Goals for the Action Learning Labs

Round I Goal: By the conclusion of the Action Learning Lab, State Teams will have an increased capacity to work as a team in developing and advancing a state action plan.

Round II Goal (4-6 months following): By the conclusion of the Action Learning Lab, State Teams will have an increased capacity to advance their state action plans and evaluate their efforts.
Follow up meeting

Sustaining Partnerships Meeting

Goal: By the conclusion of the Women and Tobacco: Sustaining Partnerships meeting, participants will have an increased capacity to sustain their Tobacco Action Learning Lab efforts.
Team Building Exercises

- State teams conducted a SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis of the "state of their state"
- Strategic Shift Exercise
- Identifying the challenges, and focusing on the opportunities, teams began to think of where their partnerships could go beyond the meeting
- Partner representatives from state MCH, PPFA and ACOG met individually to discuss issues specific to organizational participation.
Goals in state action plans fell into broad categories of:

- Developing an Intervention Model;
- Building and Maintaining the Partnership; and,
- Increasing Utilization of Cessation Services
Challenges: National Level

**AMCHP:**
- responsible to an already established CDC-DRH agreement
- tobacco control one of many issues the organization addresses

**ACOG:**
- no dedicated staff to tobacco control and efforts do not receive funding
- difficult to identify state leaders to participate on teams

**PPFA:**
- staff turnover and finding the right place to house the project
- new issue for us
Challenges: State Level

Common challenges among states:

- Maintaining a strong leadership;
- Maintaining effective channels of communication;
- Balancing competing priorities;
- Addressing changes in staffing / team composition; and,
- Sharing the workload.
Triumphs: State Level

- Drafting an action plan with public and private partners;
- Survey conducted of Ob/Gyns, WIC, OPOP, Family Planning and Family Practice providers---analyzed and report developed
- Partners are actively promoting brief cessation model trainings to their constituencies
- Statewide training for providers via videoconference and onsite classes
Triumphs: State Level (cont.)

- Increased data, information, and resource sharing among partners
- Collaboration between two programs in the DPH to develop a combined provider training addressing inadequate weight gain and smoking cessation
- November 2005- state Planned Parenthood announces that all 16 health care centers across the state will be tobacco free by July 1, 2006
- Resource matrix
Lessons Learned: State Level

**Partnership:**
- Though they worked at different agencies, partners shared common goals

**Logistics and Planning:**
- 1 yr. to establish groundwork
- Identify a leader
- Regular contact key to success

**Program Development:**
- Provider training is a need
- Coupling issues can help with approach to providers
Lessons Learned: National

National partnership team must mirror what is expected to happen in the states – clear roles, shared responsibility, frequent correspondence and some face to face contact.

Members need to constantly be aware of methods to promote the partnership within their organizations.
Next Steps from the State Teams

- Review of impact of new funding, clean indoor air legislation and new stakeholders groups on tobacco use among women of reproductive age
- Development of comprehensive approach to train Planned Parenthood Family Planning staff
- Facilitator sessions to assist the ALL team in aligning state plan with the National Partnership to Help Pregnant Smokers Quit
Next Steps State Teams (cont.)

- Duplicate successful tobacco intervention model at additional locations in state
- Request funding to continue the Brief Smoking Cessation training in 2007
- Incorporating cessation training at OB/GYN state conference and medical resident program
- Ongoing training sessions at community health centers
- Statewide resource guide
Next Steps from National Team

- Project report due out in Fall 2006
- Continue to offer technical assistance to state teams in form of conference calls, listserv
- Provide mini-grants to the state teams to develop, implement, evaluate or support their partnership work
- Develop a new Action Learning Lab agenda for state teams, focusing on new tobacco control issue
Comments on the Experience

“This collaboration jumpstarted our efforts in working with other programs serving women of reproductive age.”
“We have learned not to duplicate services within our state. I have learned more about agencies and organizations working toward the same goal through our state partners in the Action Learning Lab, but also through their contacts that they work with.”
Comments on the Experience

“I do not think we would have come together without the Tobacco Learning Lab.”
Individual National Partner Experience

AMCHP
PPFA
ACOG
ACOG Organizational Benefits

- Tobacco control efforts are essential to women’s health
- Clinicians do see that it is their job to advise women not to smoke and help them achieve this.
- Partnerships with public health on tobacco also strengthens other public health efforts
Why involve clinicians as partners in smoking cessation

Broadens the reach of tobacco control

- Clinical partners have direct contact with smokers.
- Clinicians are not constrained from lobbying and advocacy activities
- It takes clinicians to reach clinicians
Challenges faced when involving clinicians in tobacco control

TIME – They are busy people with often erratic schedules. Patients come first.

Action oriented – Most are impatient with group process activities.

Fear they will be given too great a workload.

Perception there is nothing they can do – feel futile in addressing tobacco with patients.
Overcoming challenges with clinicians

- Find the right representative
- Schedule breakfast meetings, use conference calls effectively
- Schedule process meetings separately and involve clinician mostly in the action meetings
- Be clear about expectations and roles
- Underscore evidence based tobacco cessation strategies
AMCHP Organizational Benefits

- Strengthens MCH presence at tobacco control events
- Creates a bridge between MCH and other public health programs---enhancing both programs
- Brings MCH perspective to tobacco control program development discussions
Why Involve MCH at Partners in Smoking Cessation

**Access to Women of Reproductive Age:** the MCH system serves over 27 million women and children each year, or roughly 50 percent of pregnant women in the U.S.

**Systems Approach:** MCH is uniquely positioned in health departments to develop systems level approach to public health challenges
Challenges Faced When Involving MCH in Tobacco Control

- **Time:** MCH staff work on multiple issues concurrently—finding the time to focus is a challenge.

- **Turnover:** MCH staff turnover can create inconsistency in project development and implementation.

- **Politics:** inability to lobby, very strict rules regarding “advocacy.”
Overcoming Challenges with MCH

- Get administrative support for project

- Create tracking mechanisms (i.e., work plans) and involvement from each partner to compensate if turnover occurs

- Be clear regarding advocacy rules, and designate MCH in “educator” role rather than lead on any lobbying effort
PPFA Organizational Benefits

- Speaks to PPFA’s public health concern for women
- Enhanced our work with broad coalitions on health care
Why Involve Planned Parenthood as Partners in Smoking Cessation

- We serve 5 million people a year
- For many patients, we are the only provider they see
Challenges Faced When Involving PPFA in Tobacco Control

- Staff turnover
- Resources
- Pre-conceived notions about what Planned Parenthood does and does not do
Overcoming Challenges

- Develop institutional knowledge about project and action plans
- Explain our health care services
IOWA

IWANT- Iowa Women Against Nicotine and Tobacco
From the beginning

- Planned Parenthood
  - Physician (ACOG)
  - Senior Director of Health Services (PPFA)

- Iowa Department of Public Health
  - Maternal and Child Health (AMCHP)
  - Division of Tobacco Use Prevention and Control
Vision

To establish a system where all patients have their tobacco use-status documented on a regular basis and where every tobacco user is offered a brief intervention and optional referral to comprehensive telephone-based counseling through Quitline Iowa.
Current Objectives

1. All 16 Planned Parenthood clinics implemented a tobacco free campus policy on July 1, 2006

2. In August 2006 duplicate successful TIM model at the Planned Parenthood locations near the University of Iowa, Iowa State University and the University of Northern Iowa to target women on college campuses in Iowa.
Relationships

- Between bureaus
- Between community partnerships and planned parenthood across the state
- Action Learning Lab was key to bringing together nontraditional partners
Accomplishments

- Maintaining momentum after the first training in February 2005
- Training on 2A’s and R in August 2005
- Implementing the 2 A’s and R in 3 Des Moines clinics September 2005
  - Women who are pregnant
  - Women who have abnormal pap smears
  - Women seeking routine annual exams
- November 2005- PPGI announces that all 16 health care centers across the state will be tobacco free by July 1, 2006!
Challenges

- Turnover with group members
- Time schedules
In the Works

- Duplicate successful TIM model at the Planned Parenthood locations near the University of Iowa, Iowa State University and the University of Northern Iowa to target women on college campuses in Iowa.
- Trainings will take place August 2006 with implementation September 2006.
Strategies that Worked

- Scheduled monthly face to face meetings
- E-mail regularly to keep everybody informed and up to date
- Having dedicated people around the table who believe tobacco control is important
- Having physician buy-in within Planned Parenthood
- Role playing at the training
Team

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