Smoking Cessation Practices of North Dakota Optimal Pregnancy Outcome Program (OPOP) Staff for Women of Reproductive Age

Partnership for Tobacco Prevention and Cessation for Women of Reproductive Age

March 2007

Acknowledgements
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Introduction:
A new public-private provider partnership in North Dakota is developing and implementing strategies to reduce tobacco use among women of reproductive age. The current partnership includes representatives from the North Dakota Section of the American College of Obstetricians and Gynecologists (ACOG) and the North Dakota Department of Health's Family Planning Program; Optimal Pregnancy Outcome Program (OPOP); Women, Infants and Children (WIC) Program; and Division of Tobacco Prevention and Control. In order to assess current smoking prevention and cessation practices of health-care providers in North Dakota serving women of reproductive age, the partnership conducted a survey in the fall of 2004. One group of North Dakota health-care providers surveyed was OPOP clinicians. This report presents highlights of the study findings; all remaining results are included in Appendix A. In addition, the questionnaire is included in Appendix B and the Women's Partnership membership is included in Appendix C.

Background:
Tobacco use can adversely affect reproductive health. Smoking may cause poor outcomes for both the pregnant woman and her unborn child. Maternal smoking increases the risk for adverse maternal health (e.g., premature rupture of membranes, abruptio placentae and placenta previa) and poor birth outcomes (e.g., neonatal natality and stillbirth, pre-term delivery and sudden infant death syndrome).[1] In 2003, smoking during pregnancy was reported by 17 percent of all women giving birth in North Dakota, compared to 12 percent nationally.[2] Smoking prevalence is more than twice as high among teens and those receiving Medicaid or those who are uninsured. According to the U.S. Centers for Disease Control and Prevention's Smoking Attributable Morbidity, Mortality and Economic Costs (SAMMEC), total neonatal and smoking-attributable expenditures are more than $1 million annually or about $636 per maternal smoker in North Dakota.[3] In a September 2003 Women and Smoking Report Card, North Dakota ranked last in the nation in terms of the percentage of women receiving smoking cessation advice by physicians.[4] Nationally, 61 percent of women reported receiving smoking cessation advice, while in North Dakota 43.8 percent of women reported receiving advice.[5]

Methods:
The survey employed a census sample of OPOP clinicians in North Dakota in November 2004. Non-respondents were sent a reminder notice and another survey if they had not returned the survey within six weeks. The mailing list for the clinicians was obtained from the director of OPOP. A total of nine surveys were mailed. The response rate was 100 percent (N=9).

The 24-item questionnaire was developed by members of the provider partnership. Similar questionnaires from other states were used as resources in the survey development. The questionnaire covered information in seven areas: office cessation protocols or policies, use of the 5 A's (Ask, Advise, Assess, Assist, Arrange), cessation resources, recommendation of pharmacotherapies, barriers to providing cessation services, training and demographic data.

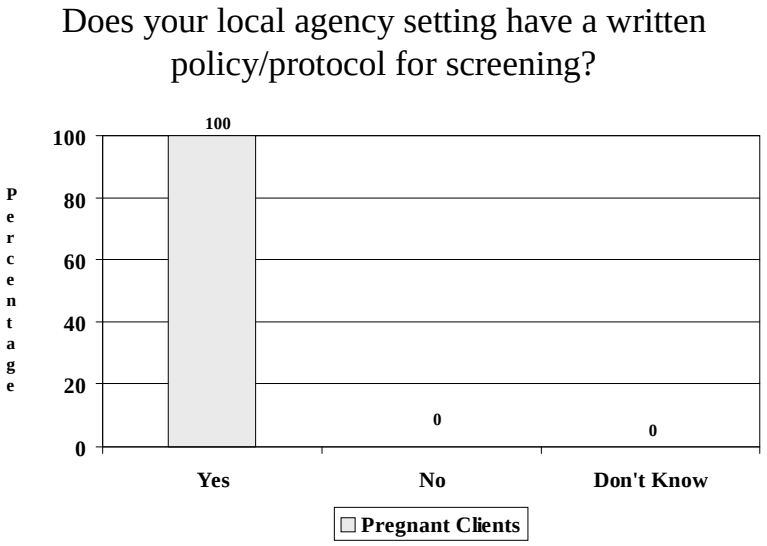
The Division of Tobacco Prevention and Control of the North Dakota Department of Health performed the analysis of this data. The data were analyzed using frequency distributions to determine areas where further information or training might be beneficial. Also, all survey questions were cross-tabulated with demographic information such as OPOP staff's years in practice and smoking status. If you would like more information about these cross-tabulations, please contact the Division of Tobacco Prevention and Control of the North Dakota Department of Health. Findings from this study regarding current prevention and cessation practices of health-care providers are generalizable only to those who answered the survey.

Results:

Demographic Characteristics of Survey Respondents

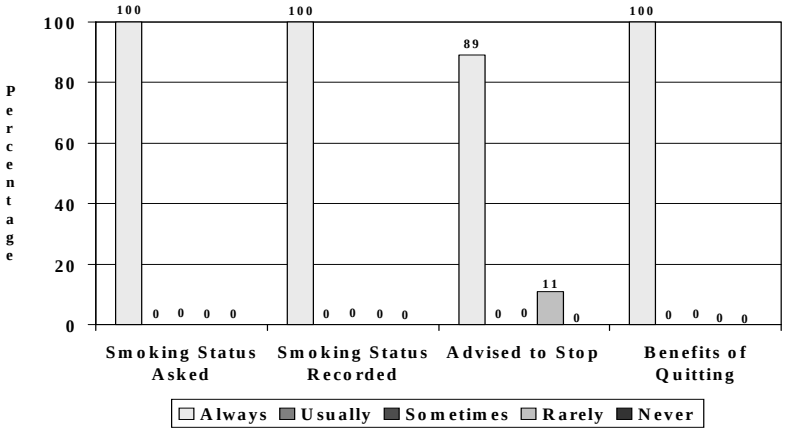
Fifty percent of the survey respondents had five or fewer years of practice experience, 37.5 percent had from 11 to 20 years of experience and 12.5 percent had 26 or more years of practice experience. All of the respondents were female.

The following are key findings from the survey of OPOP clinicians. Also, all OPOP clients are pregnant.



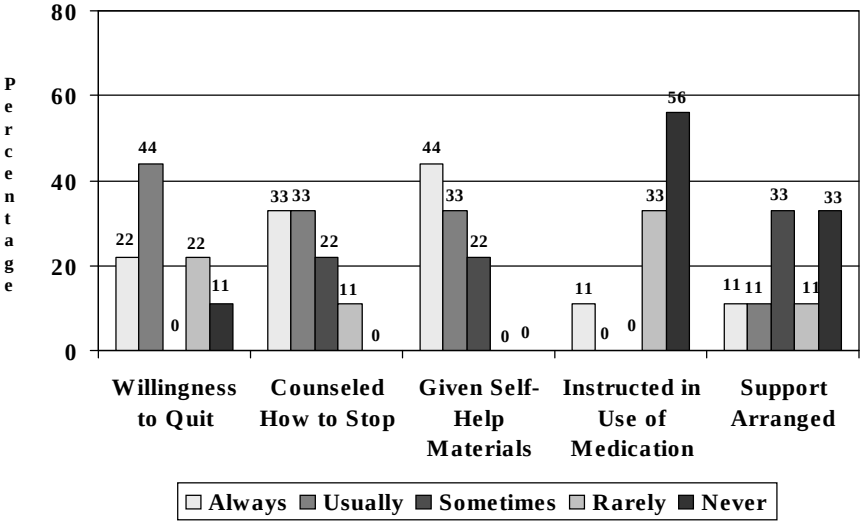
All respondents (100 percent) reported their practice has a written policy or protocol for screening smoking status among pregnant clients.

At a client visit, how often do the following activities happen in your local agency setting?



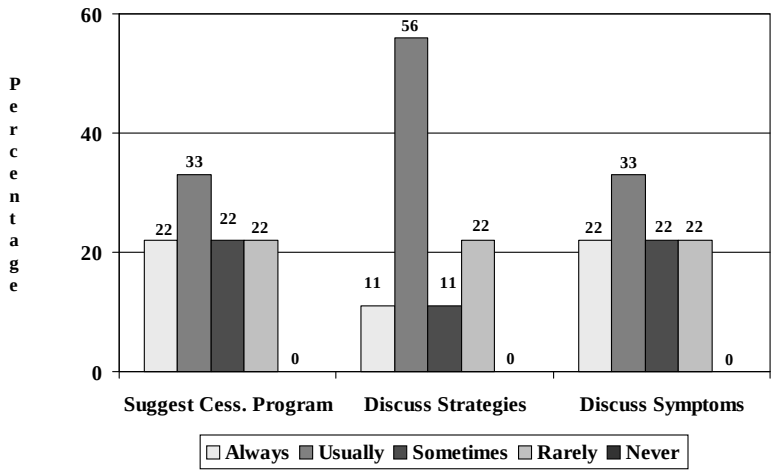
All respondents (100 percent) reported always asking smoking status, recording smoking status, and explaining the benefits of quitting at client visits. Most respondents (89 percent) also reported always advising clients to stop smoking.

At a client visit, how often do the following activities happen in your local agency setting? (Cont.)



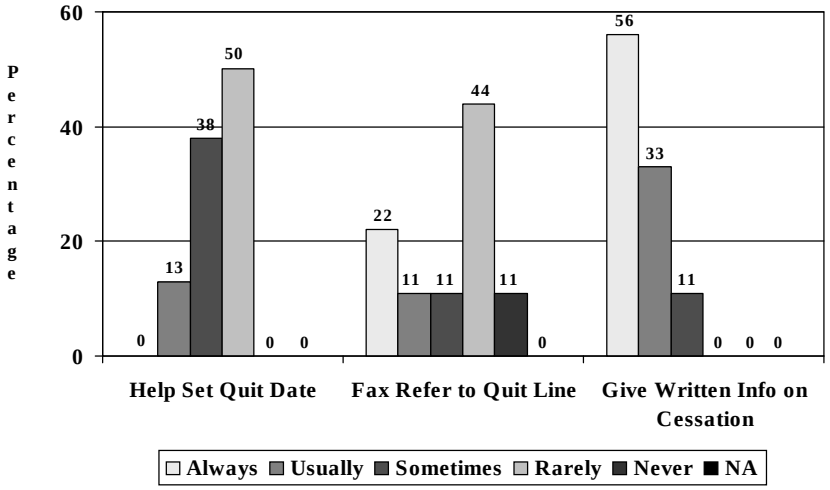
Approximately two-thirds (66 percent) of respondents reported always or usually assessing clients' willingness to quit smoking and counseling them how to stop. Furthermore, 77 percent of respondents reported giving self-help materials to clients.

If you counsel clients about how to stop smoking,
how often do you:



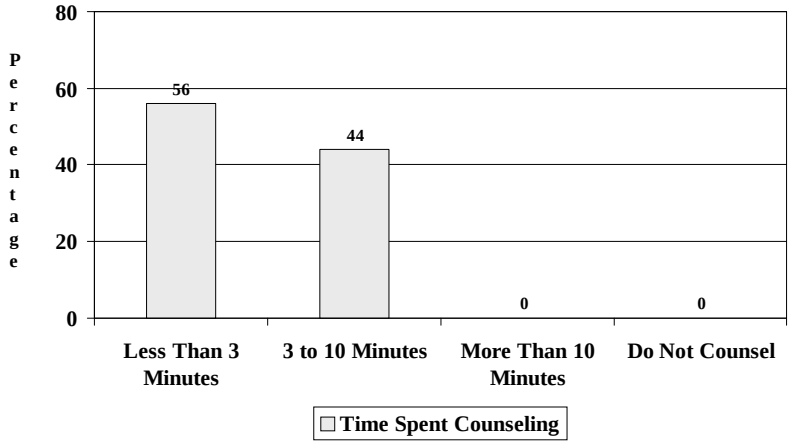
When counseling clients about how to stop smoking, more than half of respondents said they always or usually suggest going to a smoking cessation clinic or program, discuss specific strategies for quitting, and discuss withdrawal symptoms and other concerns.

If you counsel clients about how to stop smoking,
how often do you:
(Cont.)



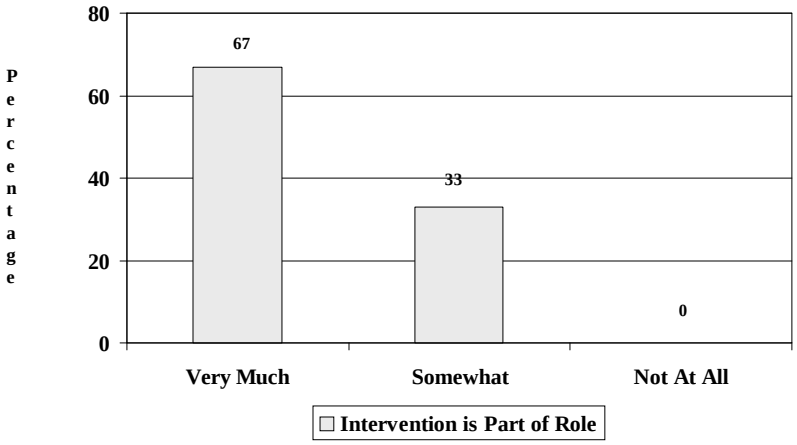
When counseling clients about how to stop smoking, 89 percent of respondents said they always or usually give them written information about smoking cessation (e.g., self-help booklets) and approximately one-third (33 percent) of respondents reported always or usually referring patients to a quitline by fax.

If you counsel clients about how to stop smoking, how much time, on average, do you spend doing this with each client during each visit?



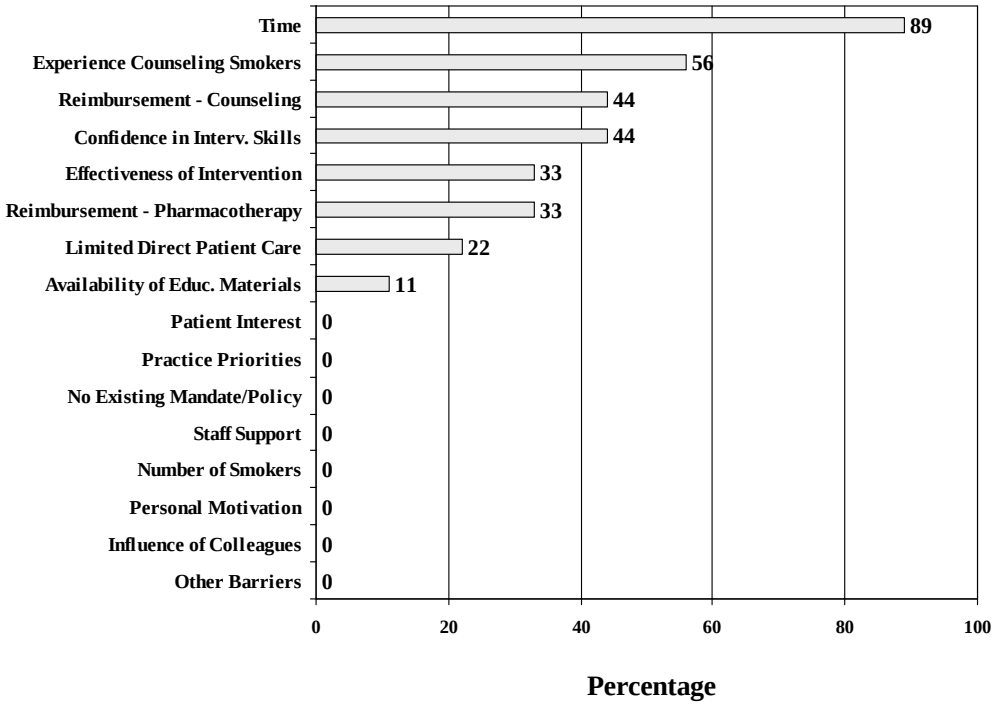
When counseling clients about how to stop smoking, all respondents reported spending either less than three minutes or from three to 10 minutes doing this with each client during each visit.

To what extent do you feel that delivering a smoking cessation intervention is a part of your role as a health-care provider?



Approximately two-thirds (67 percent) of respondents said they very much feel that delivering a smoking cessation intervention is a part of their role as a health-care provider, while the remaining respondents (33 percent) reported they somewhat feel delivering a smoking cessation intervention is a part of their role.

What are the barriers for you in providing smoking cessation services to women in your local agency setting?



Nearly all respondents (89 percent) indicated a lack of time to counsel and over one-half (56 percent) of respondents indicated a lack of experience counseling as barriers to providing smoking cessation services to women. In addition, nearly one-half of respondents (44 percent) indicated that low or limited reimbursement for cessation counseling and a lack of confidence in intervention skills are barriers to providing cessation services.

Conclusions/Recommendations:
Smoking prevention and cessation programs remain an important strategy for preventing poor birth outcomes and decreasing the social and financial costs of smoking during pregnancy. Women who quit smoking before or during pregnancy can substantially reduce or eliminate risks to themselves and their infants.

All OPOP clinicians responding to this survey have protocols or policies in place for documenting tobacco use screening and smoking cessation counseling. All respondents also reported always asking and reporting smoking status in addition to explaining the benefits of quitting, while 89 percent reported always advising smokers to stop. Also, two-thirds or more of respondents reported always or usually assessing clients' willingness to quit, counseling clients about how to stop, and giving them self-help materials. Furthermore, nearly all respondents (89 percent) reported always or usually providing written information on cessation, while more than one-half reported always or usually discussing strategies for quitting and withdrawal symptoms when counseling clients to stop smoking. However, the majority of respondents reported being only moderately or not at all confident in their ability to counsel and/or help smokers to quit.

It appears the OPOP clinicians responding to this survey are well aware of the dangers of smoking to pregnant women and have policies or protocols in place to screen for tobacco use. However, most clinicians participating in this survey are not yet assisting smokers to quit or arranging for cessation support. Therefore, clinicians serving women of reproductive age may benefit from additional information and training on best practices in tobacco prevention and cessation that can be integrated into daily practice routines, such as the 5 A's, local cessation programs and the North Dakota Tobacco Quitline, and the effectiveness of various cessation interventions.

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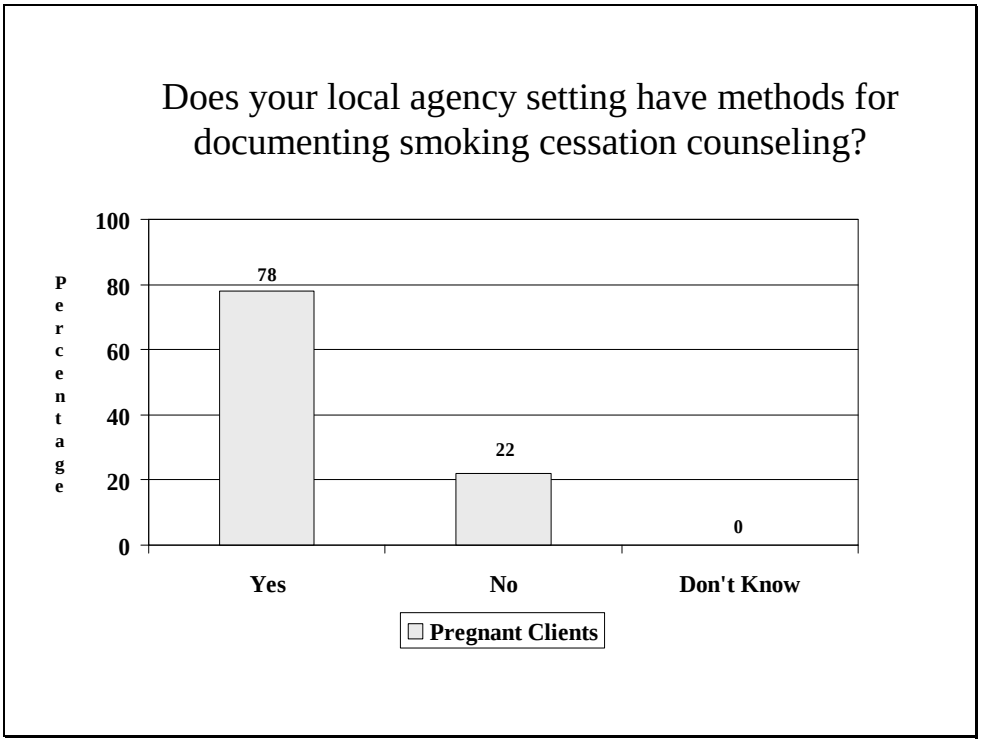
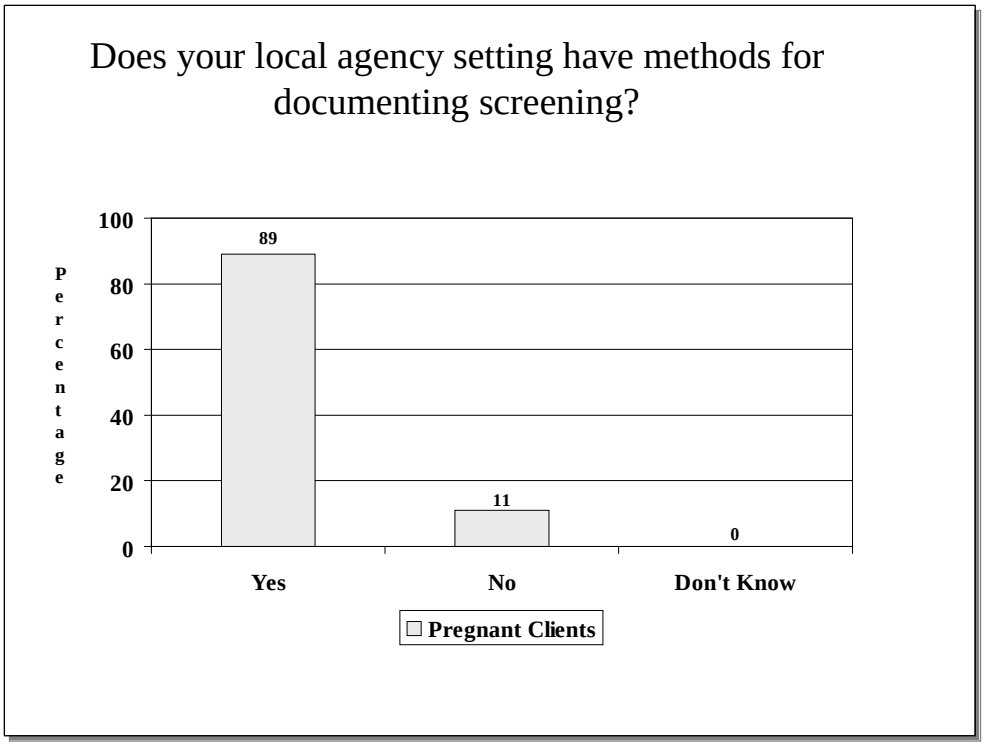
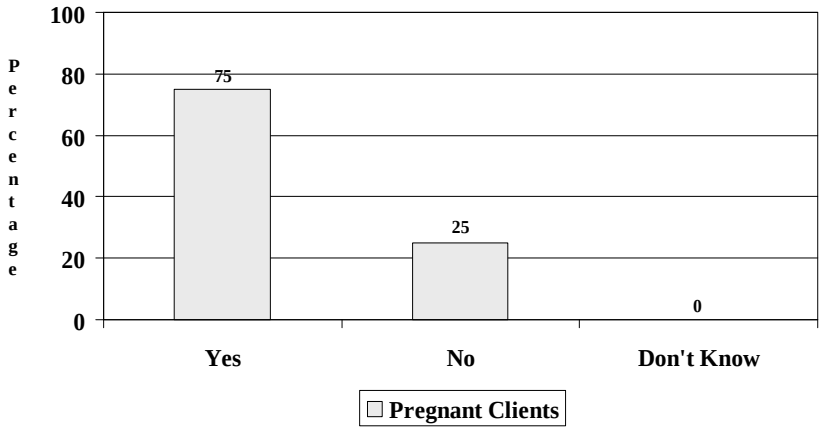
[1] US Department of Health and Human Services. Women and Smoking: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2001. p. 277-291.
[2] Division of Vital Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention.
[3] CDC. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs---United States, 1995—1999. MMWR 2002; 51:300—3.
[4] National Women's Law Center. Making the Grade on Women's Health; Women and Smoking; A National and State-by-State Report Card. Washington, D.C.; Oregon Health and Science University, 2003. p. 63.
[5] Ibid.

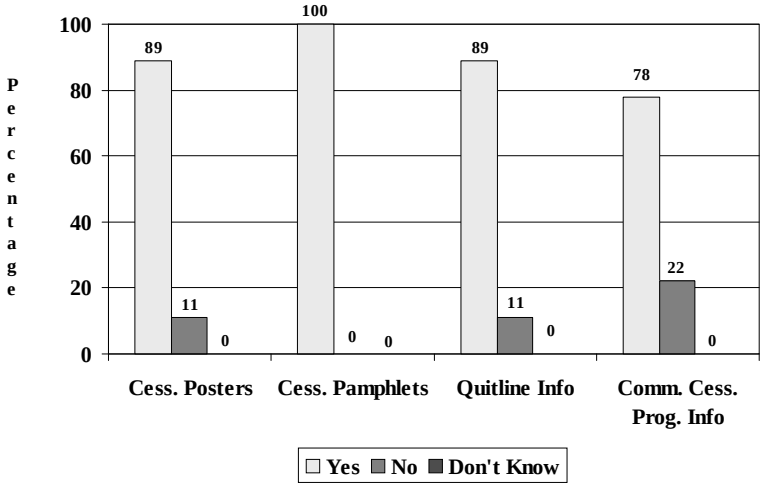

Does your local agency setting have methods for documenting smoking cessation counseling?
Percentage
100
80
60
40
20
0
78
22
0
Yes
No
Don't Know
Pregnant Clients


Does your local agency setting have methods for documenting screening?
Percentage
100
80
60
40
20
0
89
11
0
Yes
No
Don't Know
Pregnant Clients

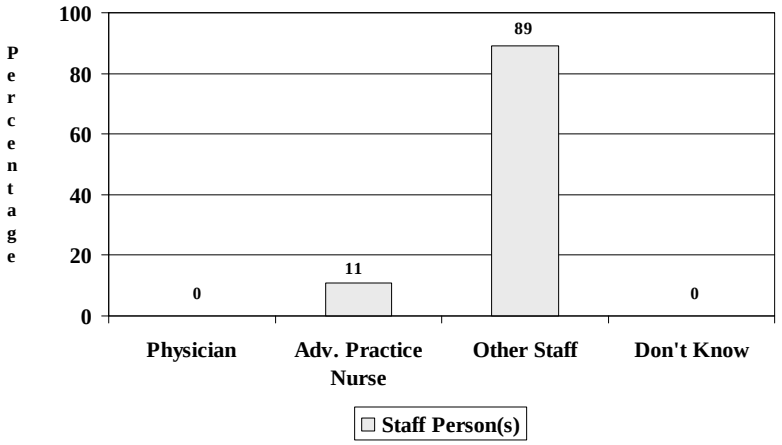
Does your local agency setting have a written policy/protocol for smoking cessation counseling?



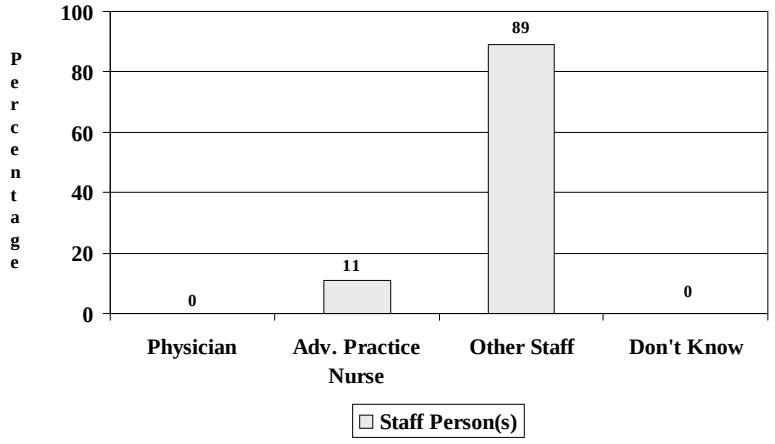
Are any of the following cessation materials in the waiting room(s) at your local agency setting?



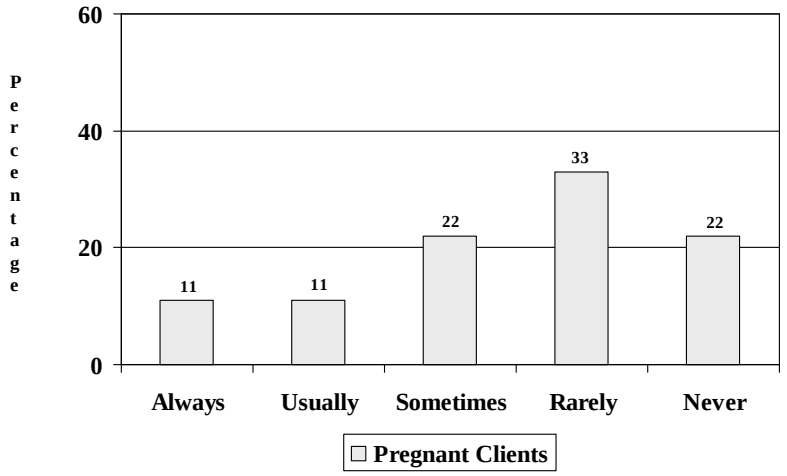
Who has the primary responsibility for assessing and documenting the smoking status of patients in your local agency setting?



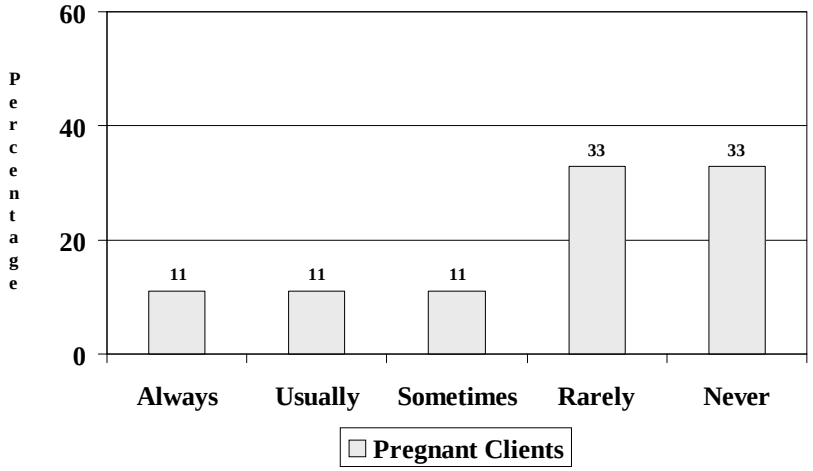
Who has the primary responsibility for discussing smoking cessation with patients in your local agency setting?



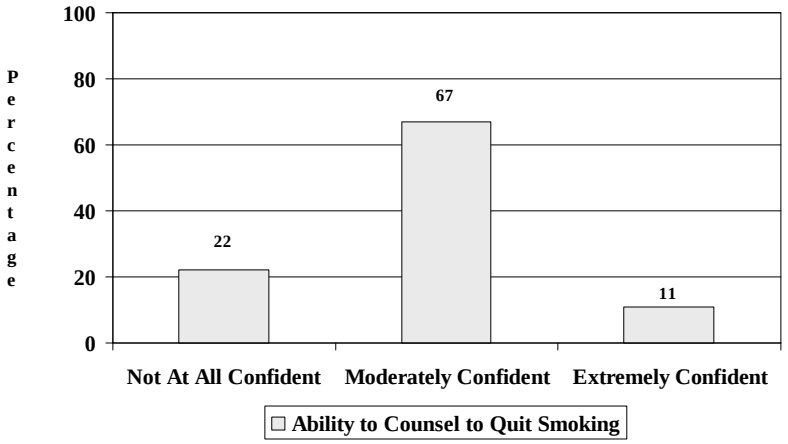
How often do you recommend nicotine replacement therapies to patients who smoke?



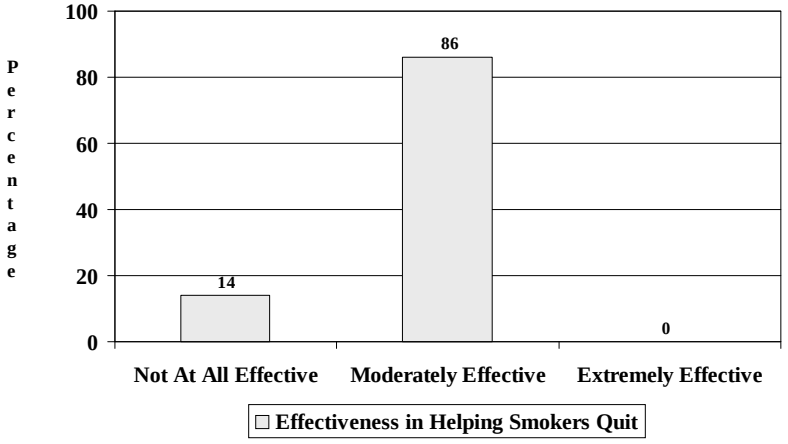
How often do you recommend bupropion (Zyban) to clients who smoke?



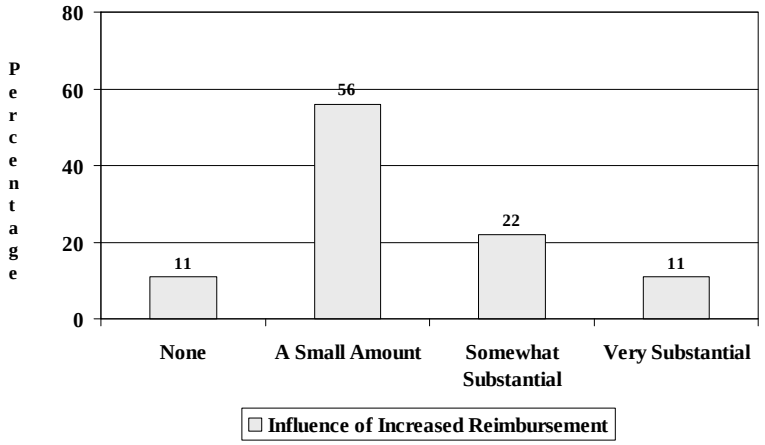
How confident are you in your ability to counsel a client to quit smoking?



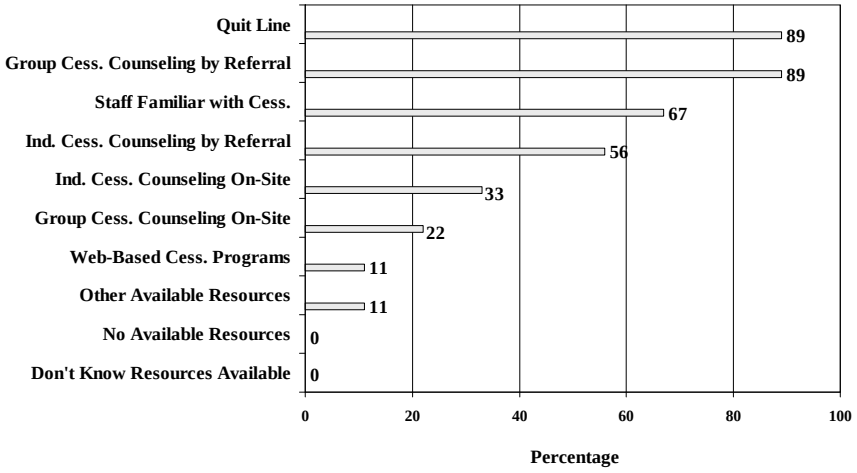
How effective do you think you are in helping smokers to quit?

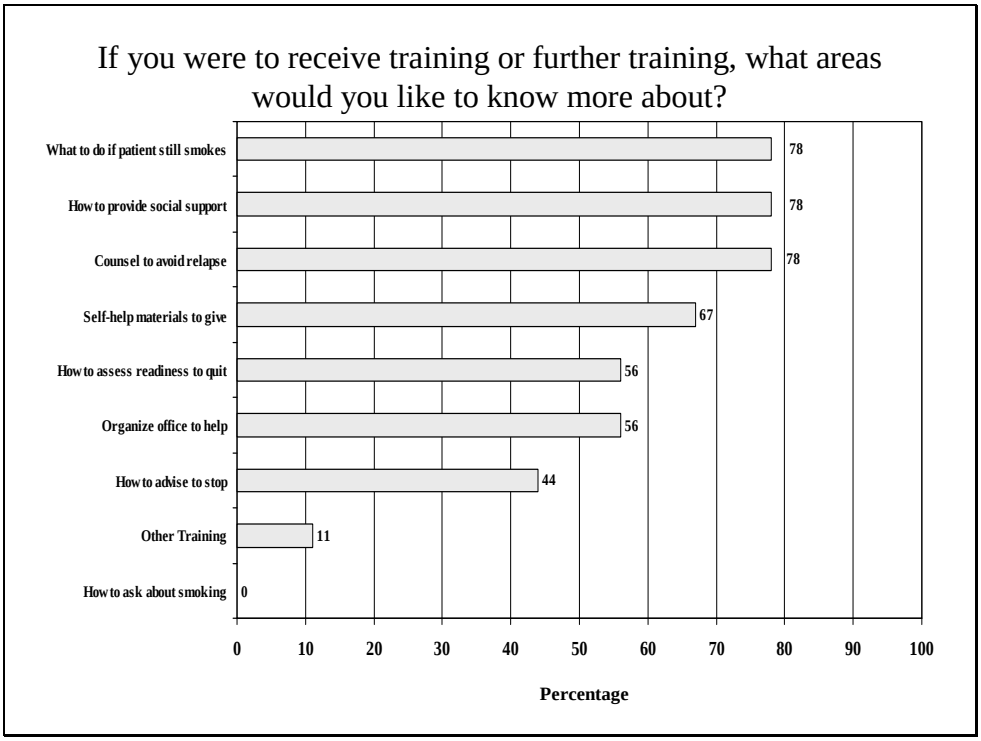


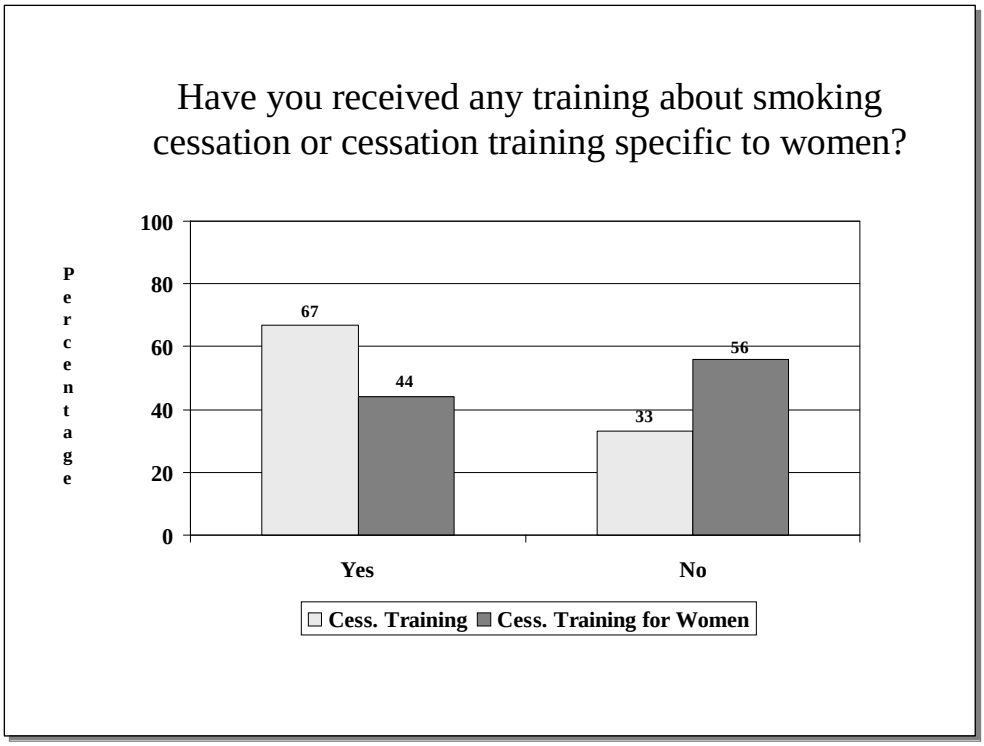
How much influence would increased reimbursement for smoking cessation counseling (Medicaid and/or private insurance providers) have on your willingness to provide this service?

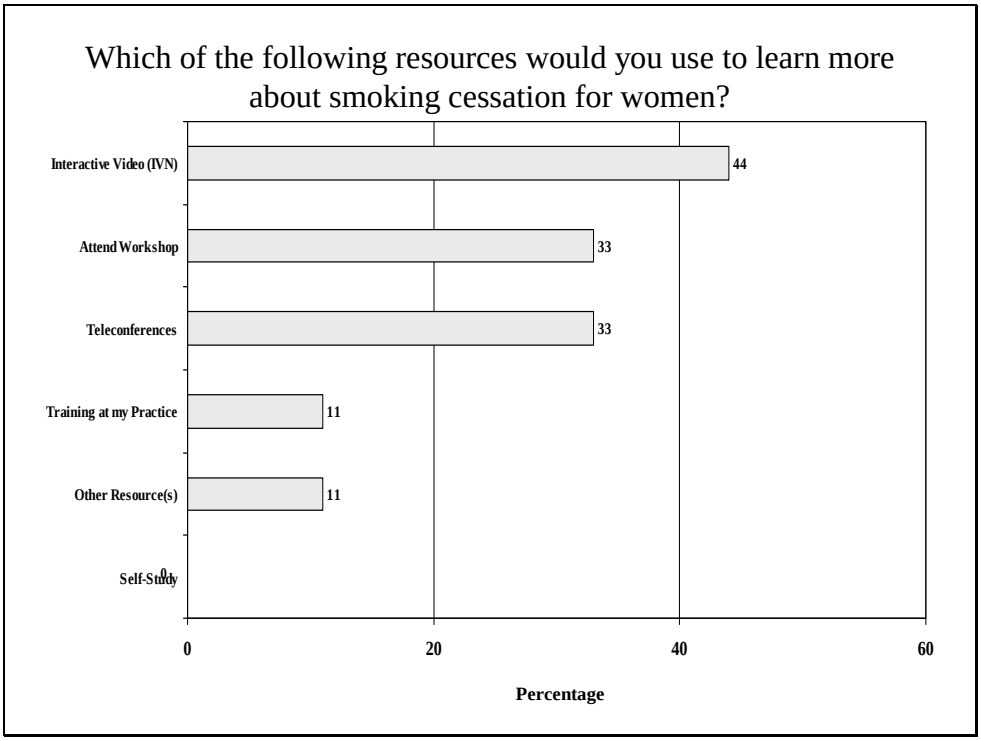


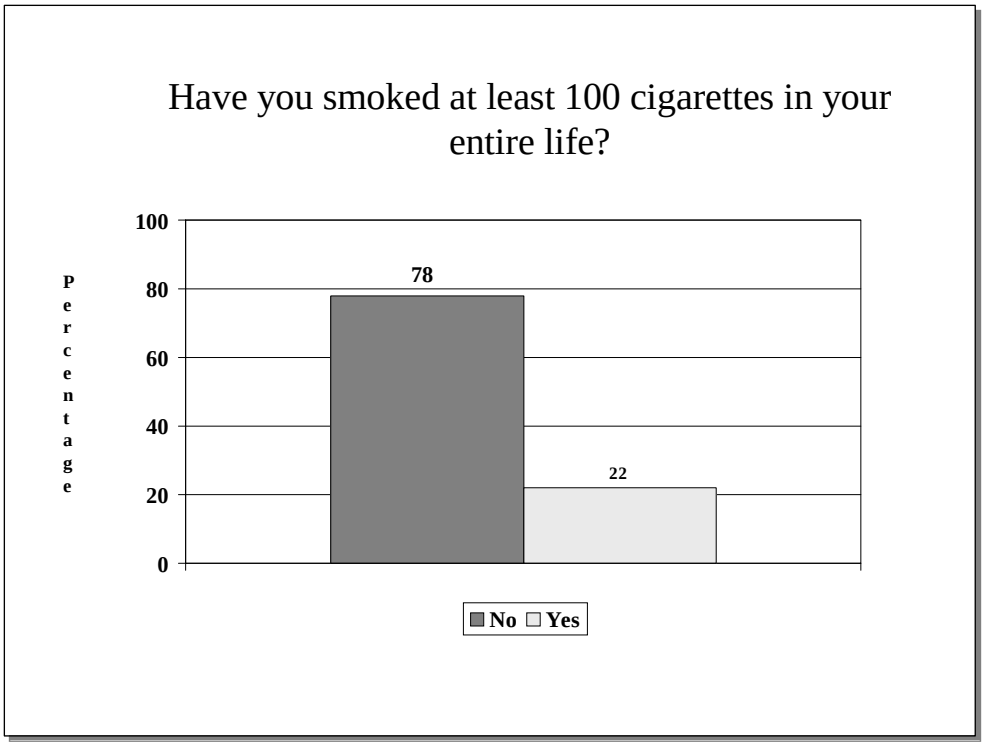
Which of the following resources are available to you and/or your clients who smoke?

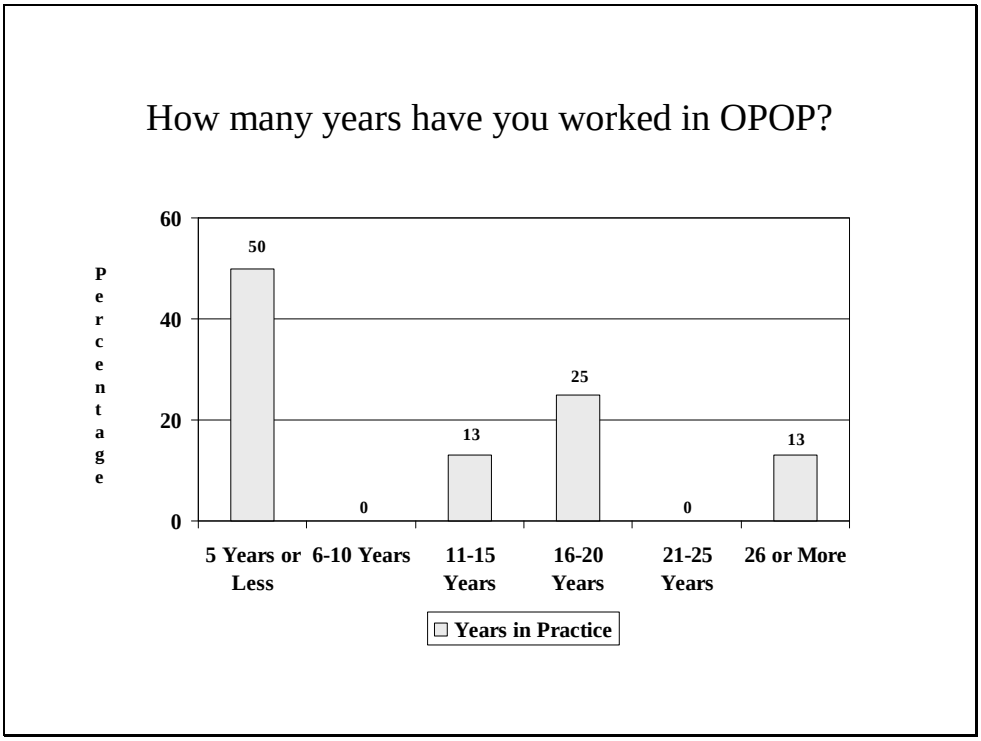


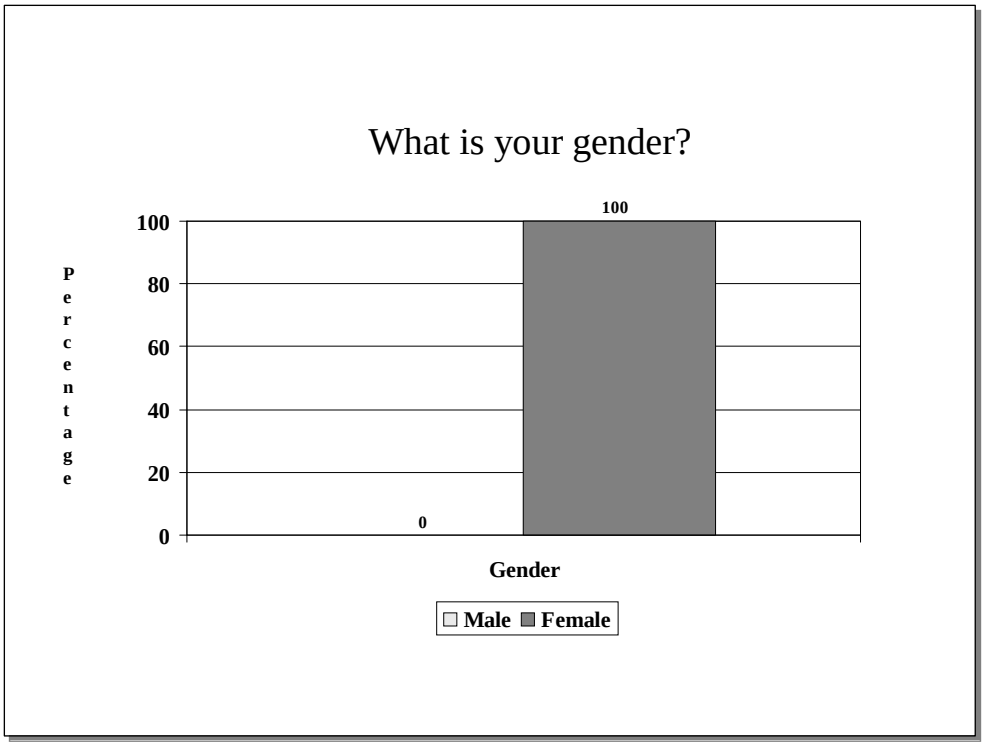

If you were to receive training or further training, what areas would you like to know more about?
What to do if patient still smokes
How to provide social support
Counsel to avoid relapse
Self-help materials to give
How to assess readiness to quit
Organize office to help
How to advise to stop
Other Training
How to ask about smoking
78
78
78
67
56
56
44
11
0
0
10
20
30
40
50
60
70
80
90
100
Percentage


Have you received any training about smoking cessation or cessation training specific to women?
Percentage
100
80
60
40
20
0
67
44
33
56
Yes
No
Cess. Training
Cess. Training for Women


Which of the following resources would you use to learn more about smoking cessation for women?
Interactive Video (IVN)
44
Attend Workshop
33
Teleconferences
33
Training at my Practice
11
Other Resource(s)
11
Self-Study
0
0
20
40
60
Percentage


Have you smoked at least 100 cigarettes in your entire life?
Percentage
100
80
60
40
20
0
78
22
No
Yes


How many years have you worked in OPOP?
Percentage
60
40
20
0
50
0
13
25
0
13
5 Years or Less
6-10 Years
11-15 Years
16-20 Years
21-25 Years
26 or More
Years in Practice


What is your gender?
Percentage
100
80
60
40
20
0
100
0
Gender
Male
Female

North Dakota Survey of Clinicians on Smoking Practices for Women of Reproductive Age

The information obtained from this questionnaire will be used to develop and provide needed smoking prevention and cessation resources to clinicians across the state. **Please answer these questions as a clinician working in the Optimal Pregnancy Outcome Program.** Thank you for taking the time to complete and return this questionnaire. **Your input is essential!**

CONFIDENTIAL

The identification number at the top right allows us to keep track of the surveys as they are returned. Any information that would permit identification of an individual will be held strictly confidential, will be used only for purposes of this survey; and will not be disclosed or released to other persons or used for any other purposes.

1. In your local agency, do you follow written policies for screening and smoking cessation counseling?

		Yes	No	Don't Know
a. Screening	Clients	☐	☐	☐
b. Counseling	Clients	☐	☐	☐

2. Does your local agency document screening and smoking cessation counseling in the client's file?

		Yes	No	Don't Know
a. Screening	Clients	☐	☐	☐
b. Counseling	Clients	☐	☐	☐

3. Are any of the following materials in the waiting room(s) at your local agency setting?

	Yes	No	Don't know
a. Posters encouraging smoking cessation	☐	☐	☐
b. Pamphlets or self-help materials on smoking cessation	☐	☐	☐
c. Quitline contact information	☐	☐	☐
d. Community cessation program information	☐	☐	☐

4. At a client visit, how often do the following activities happen in your practice?

	Always	Usually	Sometimes	Rarely	Never
a. The client is asked about her smoking status at each visit	☐	☐	☐	☐	☐
b. The client's smoking status is recorded in her medical record	☐	☐	☐	☐	☐
c. The client is advised to stop smoking	☐	☐	☐	☐	☐
d. The client is told about the benefits of quitting and the harms of continuing to smoke	☐	☐	☐	☐	☐
e. There is an assessment of her willingness to quit	☐	☐	☐	☐	☐
f. The client is counseled on how to stop smoking	☐	☐	☐	☐	☐
g. The client is given self-help smoking cessation materials	☐	☐	☐	☐	☐
h. The client is instructed in the use of over the counter or prescribed medication for tobacco cessation	☐	☐	☐	☐	☐
i. Support is arranged as part of the treatment (e.g., follow-up phone calls, next visits)	☐	☐	☐	☐	☐

⇒

5. **Who has the primary responsibility for assessing and documenting the smoking status of clients in your practice? (check one only)**
   - ☐ Physician
   - ☐ Advanced Practice Nurse
   - ☐ Other staff – Nutrition Educator/Certifier
   - ☐ Don't know

6. **Who has the primary responsibility for discussing smoking cessation with clients in your practice? (check one only)**
   - ☐ Physician
   - ☐ Advanced Practice Nurse
   - ☐ Other staff – Nutrition Educator/Certifier
   - ☐ Don't know

7. **If you counsel clients about how to stop smoking, how often do you:**

	Always	Usually	Sometimes	Rarely	Never	NA
a. Help them set a quit date	☐	☐	☐	☐	☐	☐
b. Discuss specific strategies of quitting	☐	☐	☐	☐	☐	☐
c. Discuss withdrawal symptoms and other concerns (e.g., weight gain)	☐	☐	☐	☐	☐	☐
d. Suggest that they go to a smoking cessation clinic or program	☐	☐	☐	☐	☐	☐
e. Fax refer them to a quit line	☐	☐	☐	☐	☐	☐
f. Give them written information about smoking cessation (e.g., self-help booklets)	☐	☐	☐	☐	☐	☐

8. **How often do you recommend clients talk to their doctor about nicotine replacement therapies?**

	Always	Usually	Sometimes	Rarely	Never
Clients	☐	☐	☐	☐	☐

9. **How often do you recommend clients talk to their doctor about bupropion (Zyban)?**

	Always	Usually	Sometimes	Rarely	Never
Clients	☐	☐	☐	☐	☐

10. **If you counsel clients about how to stop smoking, how much time, on average, do you spend doing this with each client during each visit?**
    - ☐ Less than 3 minutes
    - ☐ 3 to 10 minutes
    - ☐ More than 10 minutes
    - ☐ I do not counsel clients about smoking cessation

11. **To what extent do you feel that delivering a smoking cessation intervention is a part of your role as a healthcare provider?**

Not at all	Somewhat	Very Much
☐	☐	☐

⇒

12. How confident are you in your ability to counsel a client to quit smoking?

Not at all confident	**Moderately confident**	**Extremely confident**
☐	☐	☐

13. How effective do you think you are in helping smokers to quit?

Not at all effective	**Moderately effective**	**Extremely effective**
☐	☐	☐

14. What are the barriers for you in providing smoking cessation services to women in your local agency setting? (check all that apply)

- ☐ Reimbursement for smoking cessation counseling
- ☐ Reimbursement for pharmacotherapies
- ☐ Time to spend with clients
- ☐ Number of smokers in my practice
- ☐ Limited direct client care
- ☐ No existing mandate/policy
- ☐ Client interest
- ☐ Experience in counseling smokers
- ☐ Availability of educational materials
- ☐ Staff support
- ☐ Influence of colleagues
- ☐ Local agency priorities
- ☐ My personal motivation
- ☐ Confidence in my intervention skills
- ☐ Limited effectiveness of smoking intervention
- ☐ Other (please specify):_____

15. How much influence would increased reimbursement for smoking cessation counseling (Medicaid and/or private insurance carriers) have on your willingness to provide this service?

- ☐ None
- ☐ A small amount
- ☐ Somewhat substantial
- ☐ Very substantial

16. Which of the following resources are available to you and/or your clients who smoke? (check all that apply)

- ☐ Individual smoking cessation counseling on-site
- ☐ Individual smoking cessation counseling by referral
- ☐ Group smoking cessation counseling on-site
- ☐ Group smoking cessation counseling by referral
- ☐ Clinic staff familiar with smoking cessation
- ☐ Hot-line/quit line for smoking cessation
- ☐ Web-based smoking cessation programs
- ☐ Other (please specify): _____
- ☐ None
- ☐ Don't Know

17. Have you received any training about smoking cessation?

☐ Yes ☐ No

⇒

18. Have you received any training about smoking cessation specifically for women?
- ☐ Yes ☐ No

19. If you were to receive training or further training, what areas would you like to know more about? (check all that apply)
- ☐ How to ask clients about smoking
- ☐ How to advise a client to stop smoking
- ☐ How to assess the client's readiness to quit smoking
- ☐ How to provide social support as a part of cessation treatment for women who smoke
- ☐ What self help materials to give a woman who smokes
- ☐ How to organize your office in terms of record keeping and client flow so that smoking status of women is assessed at follow-up visits
- ☐ What to do if a client continues to smoke
- ☐ How to counsel women to avoid relapse
- ☐ Other (please specify): _____

20. Which of the following resources would you use to learn more about smoking cessation for women? (check one only)
- ☐ Attend a workshop/symposia
- ☐ Self-study (audiocassette, video, CD-ROM, printed materials)
- ☐ Training and/or technical support at my practice
- ☐ Teleconferences
- ☐ Live interactive video conferences (IVN)
- ☐ Other (please specify): _____

21. What is your gender?
- ☐ Male ☐ Female

22. How many years have you worked with OPOP?
- ☐ 5 years or less
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26+

23. Have you smoked at least 100 cigarettes in your entire life?
- ☐ Yes ☐ No

24. Do you smoke?
- ☐ Every day
- ☐ Some days
- ☐ Not at all

Thank You!

A summary of the results will be sent to all Optimal Pregnancy Outcome Program staff.

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