

**Smoking Cessation Practices of
North Dakota Women, Infants and
Children (WIC) Program Staff
for Women of Reproductive Age**



**Partnership for Tobacco Prevention and Cessation for Women
of Reproductive Age**

November 2006

Acknowledgements

The Partnership for Tobacco Prevention and Cessation for Women of Reproductive Age gratefully acknowledges the following North Dakota Department of Health personnel: Clint Boots who assisted with questionnaire design, data analysis and preparation of the report and administrative assistant Joanie Sanda for data input. The Partnership also acknowledges the late Jill Leppert, a former staff member of the state WIC Program, who was instrumental in the design and administration of this survey.

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 and the North Dakota Department of Health's Family Planning Program, Optimal Pregnancy Outcome Program, 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 series of surveys in the fall and winter of 2004. The second group of health-care providers surveyed was local agency staff of the Women, Infants, and Children (WIC) Program of the North Dakota Department of Health. 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 Centers for Disease Control's Smoking Attributable Morbidity, Mortality and Economic Costs (SAMMEC), total neonatal and smoking-attributable expenditures are over \$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 only 43.8 percent of women reported receiving advice.⁵

Methods:

The survey employed a census sample of WIC staff 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 was obtained from the WIC Program of the North Dakota Department of Health. A total of 80 surveys were mailed and the response rate was 93 percent (N=74).

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 the 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 staff's gender, 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

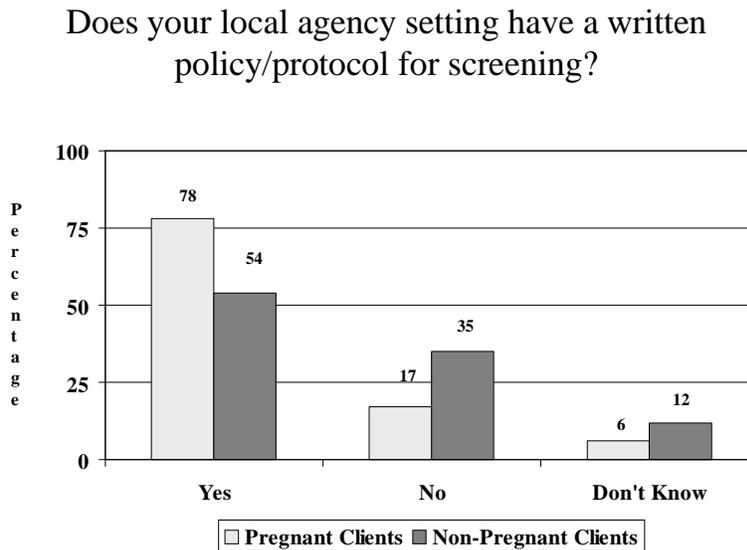
of Health. Findings from this study regarding current prevention and cessation practices of health-care providers are generalizable only to those who answered the survey.

Results:

Demographic Characteristics of Survey Respondents

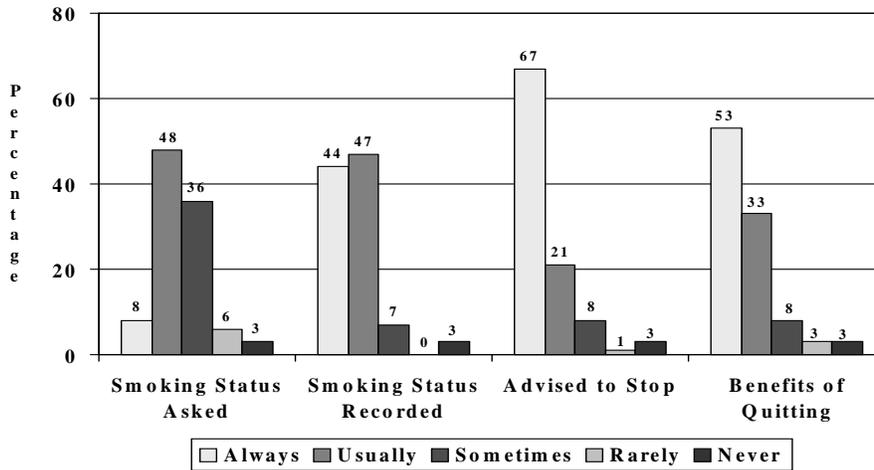
More than one-half (54 percent) of the survey respondents had worked for the WIC Program for 16 or more years, 14 percent reported working for WIC from 11 to 15 years, 10 percent worked for the program for six to 10 years, and 22 percent worked for the program for five years or fewer. Almost all WIC staff respondents (99 percent) were female.

The following are key findings from the survey of WIC program staff.



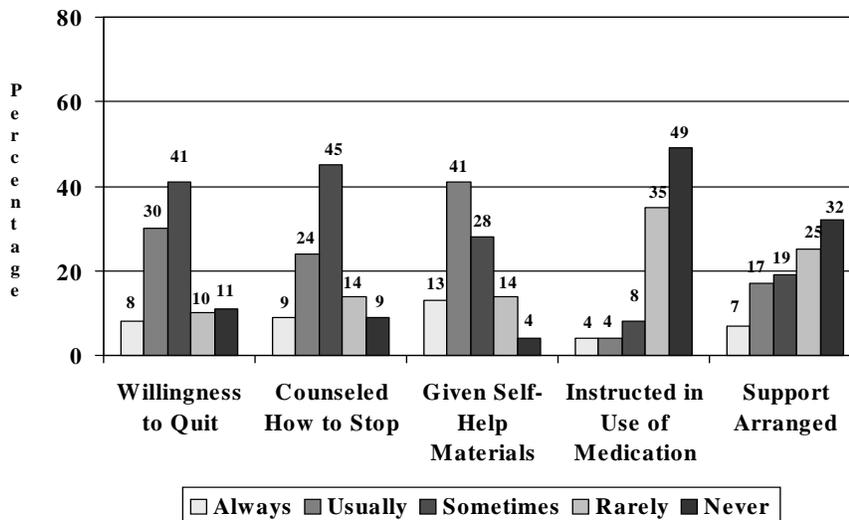
More respondents reported their practice has a written policy or protocol for screening smoking status among pregnant clients (78 percent) than for non-pregnant clients (54 percent).

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



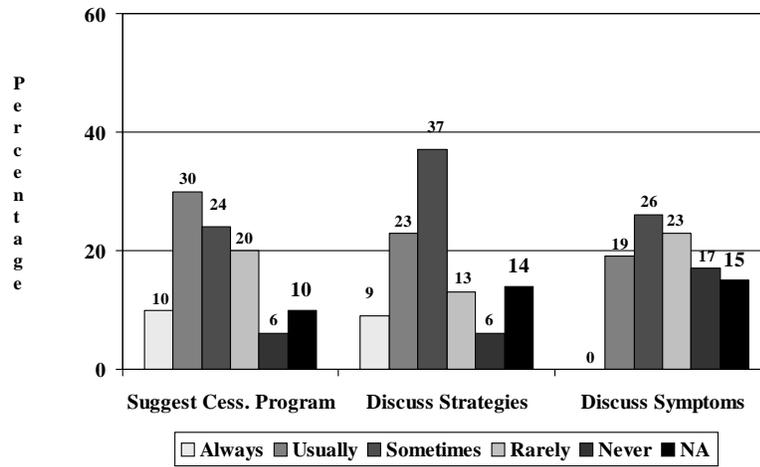
More than 80 percent of respondents reported always or usually recording smoking status, advising smokers to stop, and explaining the benefits of quitting to clients during visits.

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



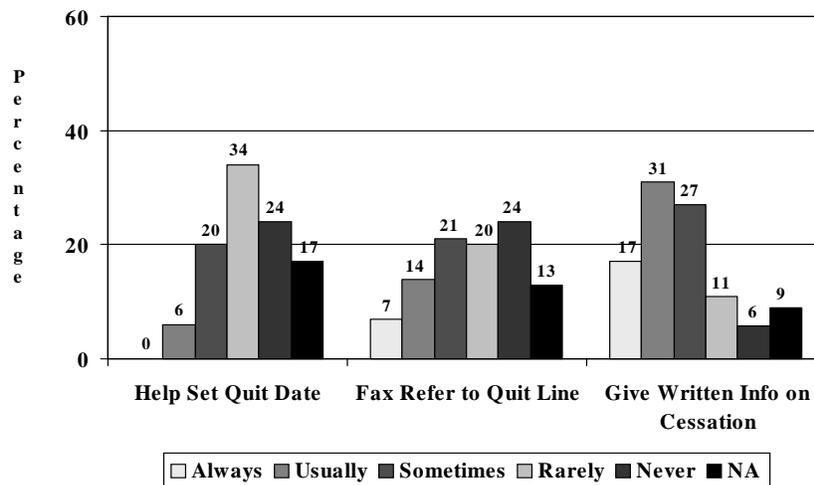
More than one-half (54 percent) of respondents reported always or usually giving clients self-help materials to quit smoking.

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



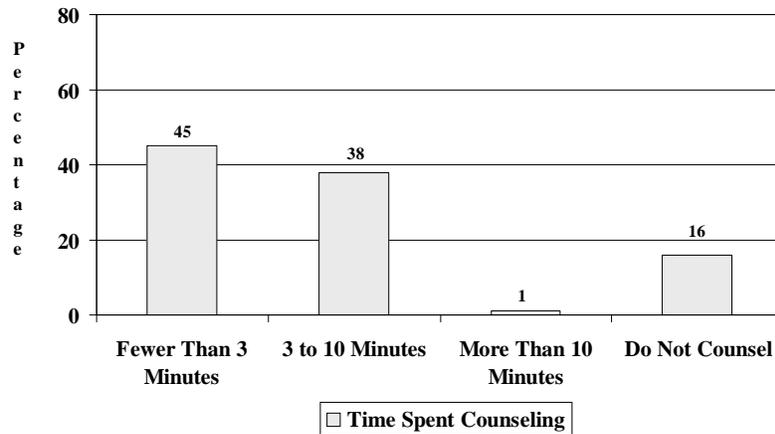
When counseling clients about how to stop smoking, 40 percent of respondents said they always or usually suggest going to a smoking cessation clinic or program.

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



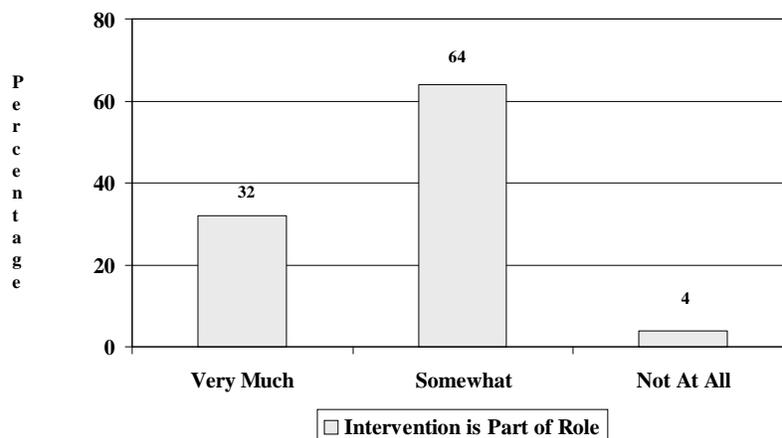
When counseling clients about how to stop smoking, nearly one-half (48 percent) of respondents said they always or usually give them written information about smoking cessation (e.g., self-help booklets), while only 6 percent of respondents reported usually helping clients set a quit date.

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?



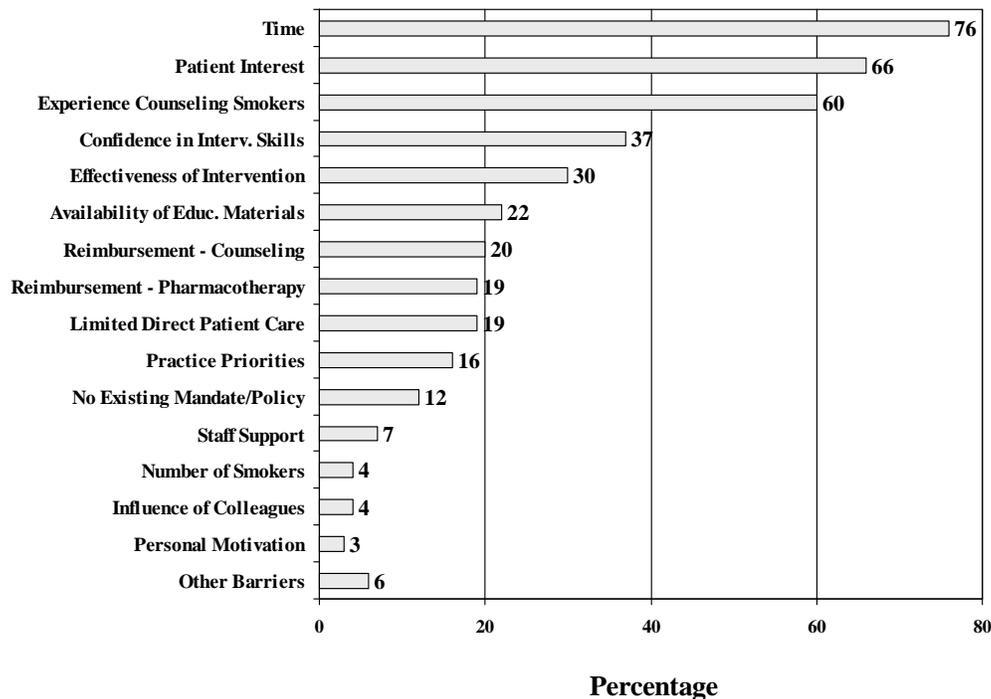
When counseling clients about how to stop smoking, the majority (83 percent) of respondents reported spending either fewer than three minutes or from three to 10 minutes doing this with each client during each visit.

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



Approximately one-third (32 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 nearly two-thirds of respondents (64 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?



More than three-fourths (76 percent) of respondents indicated that lack of time to spend is a barrier to providing smoking cessation services to women. In addition, more than one-half (66 percent and 60 percent respectively) of respondents indicated that a lack of client interest and limited experience counseling smokers 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.

The majority (78 percent) of WIC staff responding to this survey had protocols or policies in place for documenting tobacco-use screening and smoking cessation counseling. More than 80 percent of respondents also reported always or usually recording smoking status, advising smokers to stop, and explaining the benefits of quitting. In addition, more than half of respondents reported giving clients self-help materials to help them quit smoking. However, the majority of respondents (97 percent) reported being only moderately or not at all confident in their ability to counsel and/or help smokers to quit. This is not surprising, as most WIC staff have not been trained in cessation counseling and this is not a required service. Screening and referral is an appropriate role for WIC staff that can be easily incorporated into client visits in three to 10 minutes. Current WIC policy requires staff to ask clients about their smoking behaviors and about smoking in the household.

It appears that the WIC staff responding to this survey are well aware of the dangers of smoking to women of reproductive age and have policies or protocols in place to screen for tobacco use. Most staff participating in this survey are not yet assessing smokers' willingness to quit, counseling about how to quit, instructing in the use of medication, or arranging for cessation support. However, more than one-half of the staff indicated interest in receiving training on assessing a smoker's willingness to quit. Therefore, WIC staff 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. Training could include information on use of the 5 A's or the modified 3 A's (Ask, Advise, Assess and Refer), local cessation programs and the North Dakota Tobacco Quitline, and the effectiveness of various cessation interventions.

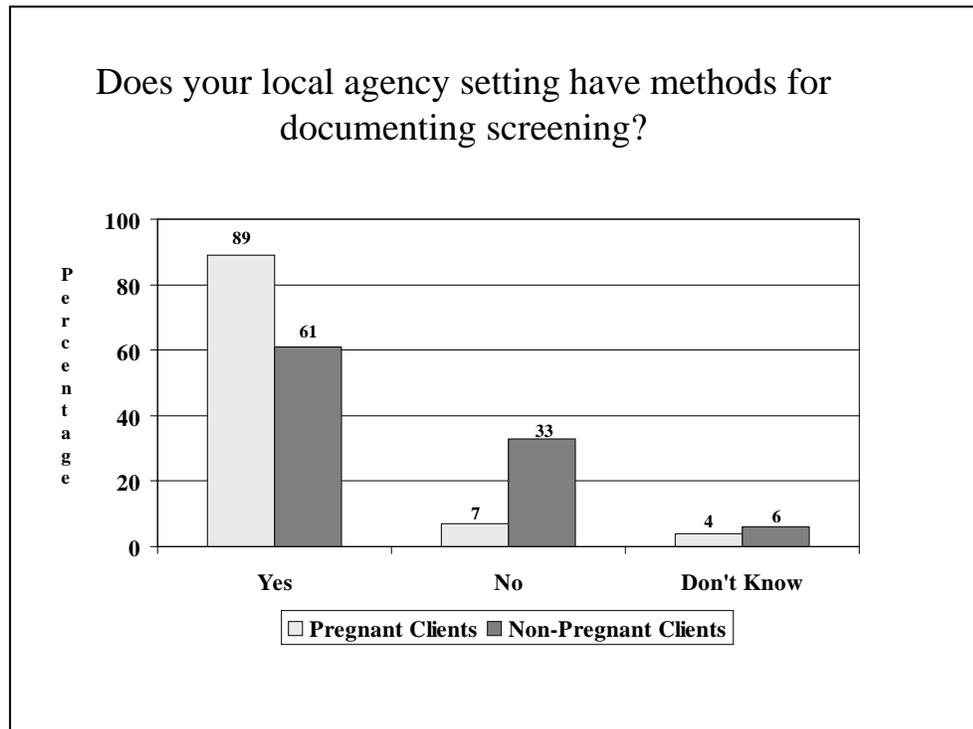
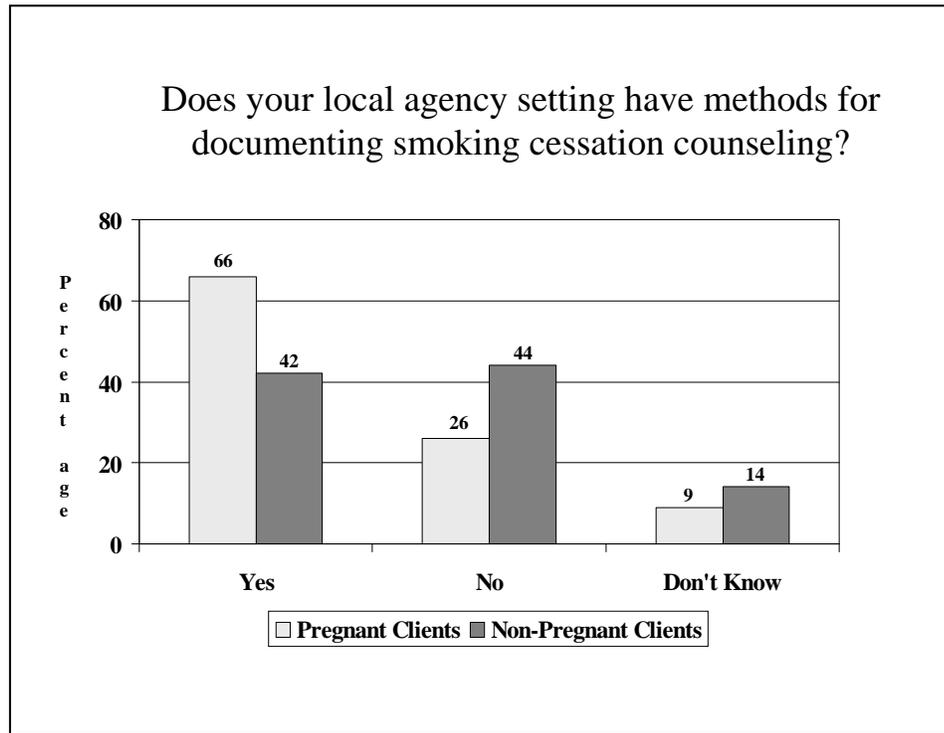
¹ US Department of Health and Human Services. *Women and Smoking: A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2001. p. 277-291.

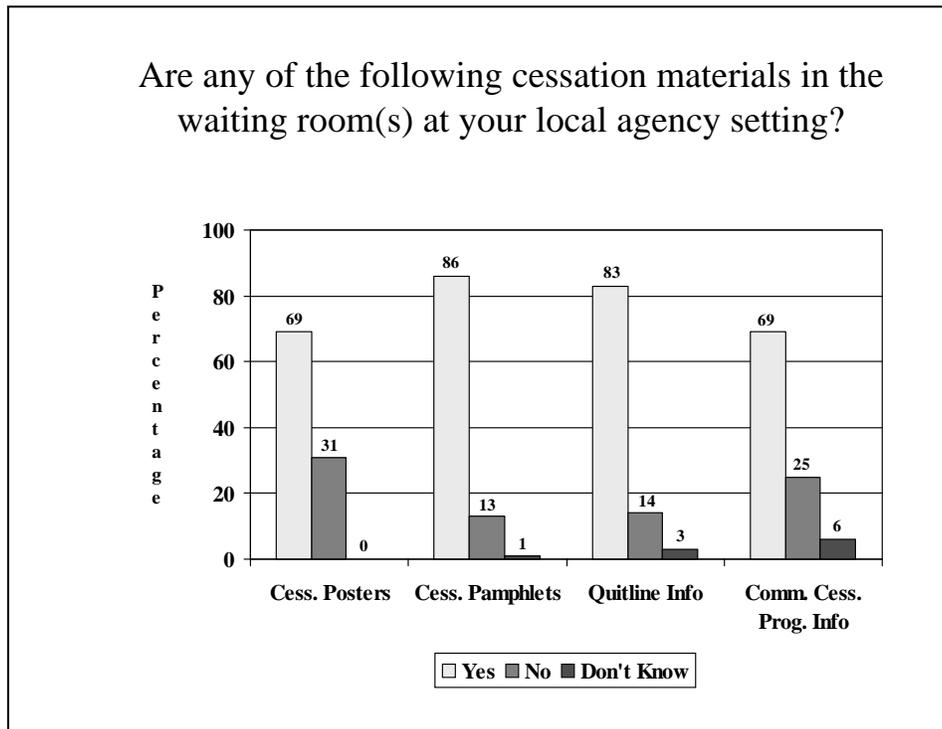
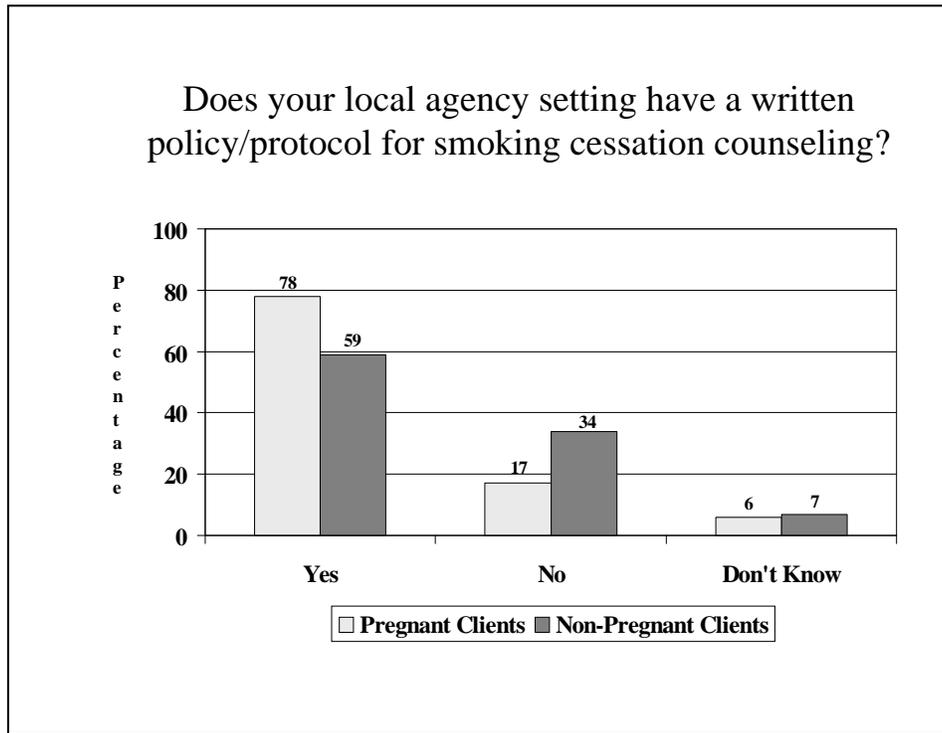
² Division of Vital Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention.

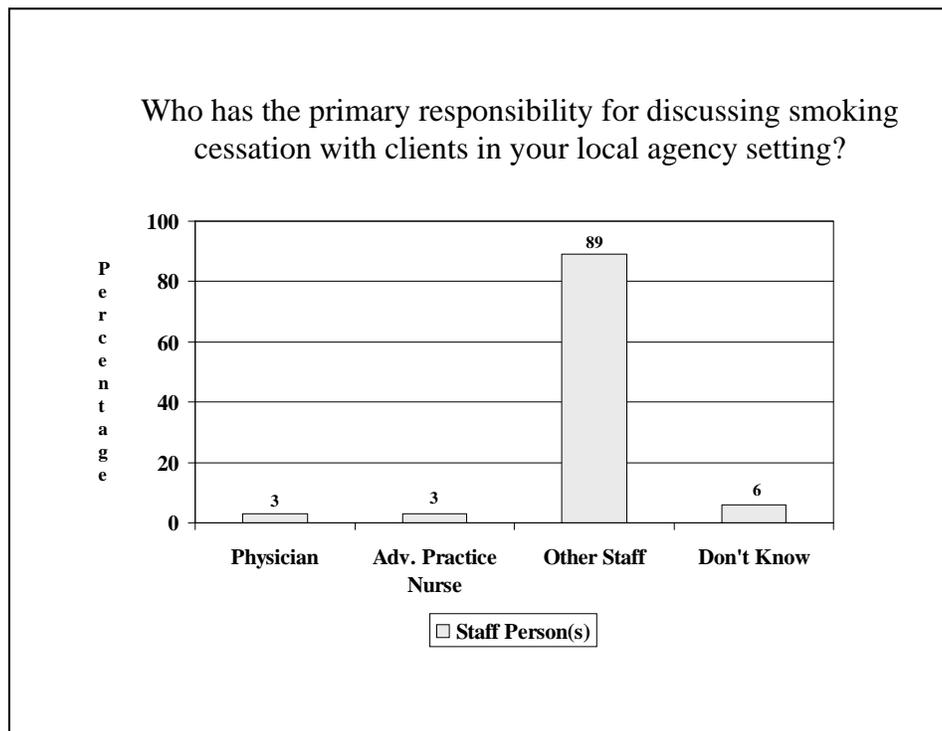
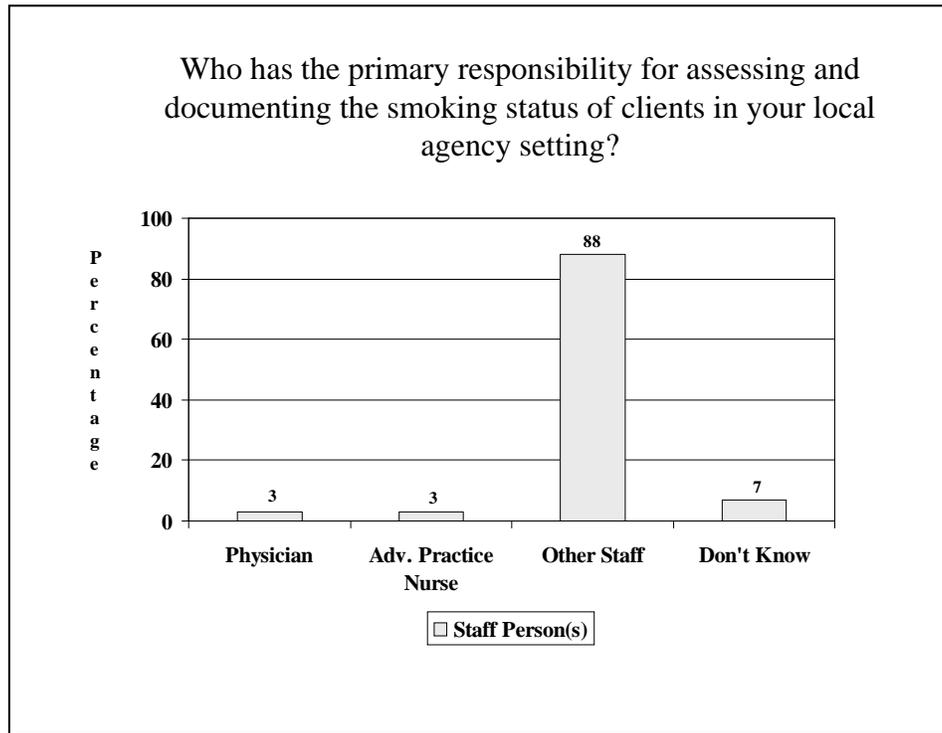
³ CDC. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs--United States, 1995-1999. *MMWR* 2002; 51:300-3.

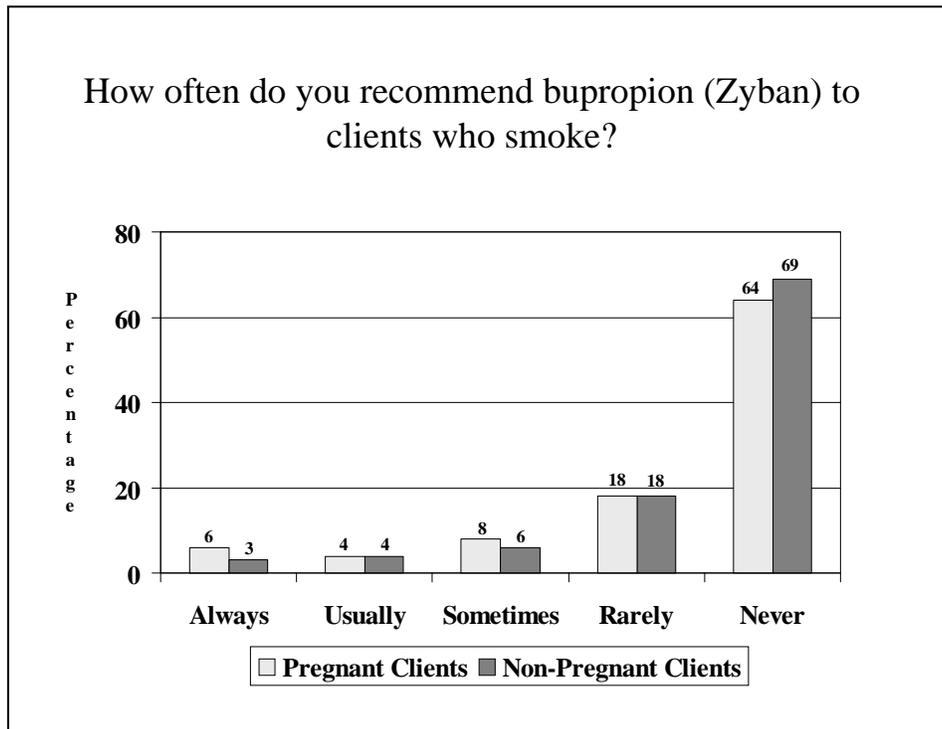
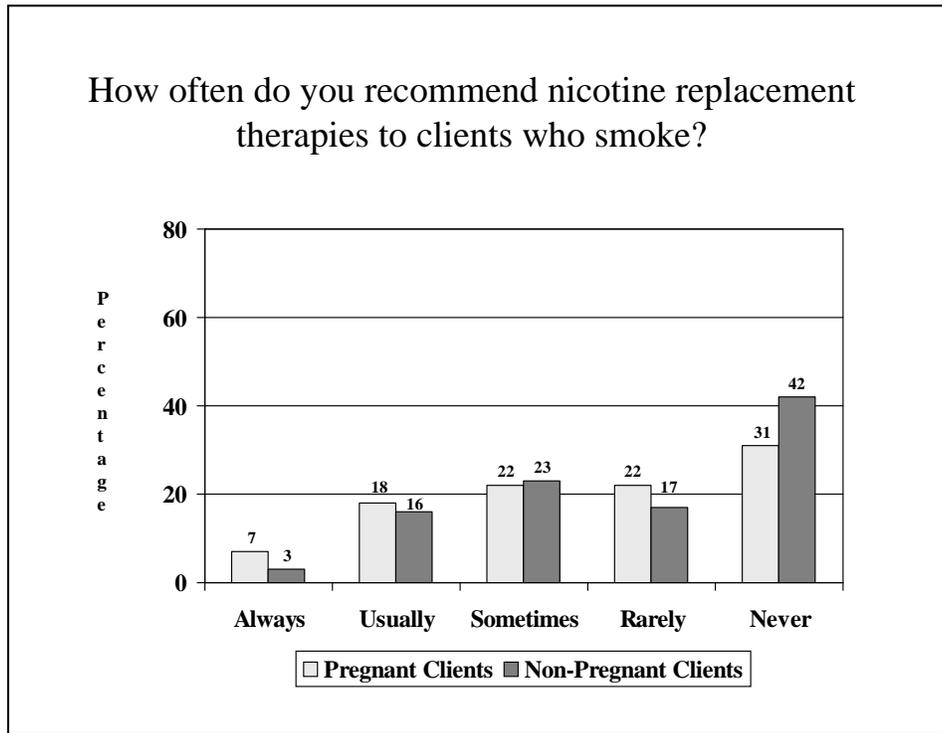
⁴ National Women's Law Center. *Making the Grade on Women's Health; Women and Smoking; A National and State-by-State Report Card*. Washington, D.C.; Oregon Health and Science University, 2003. p. 63.

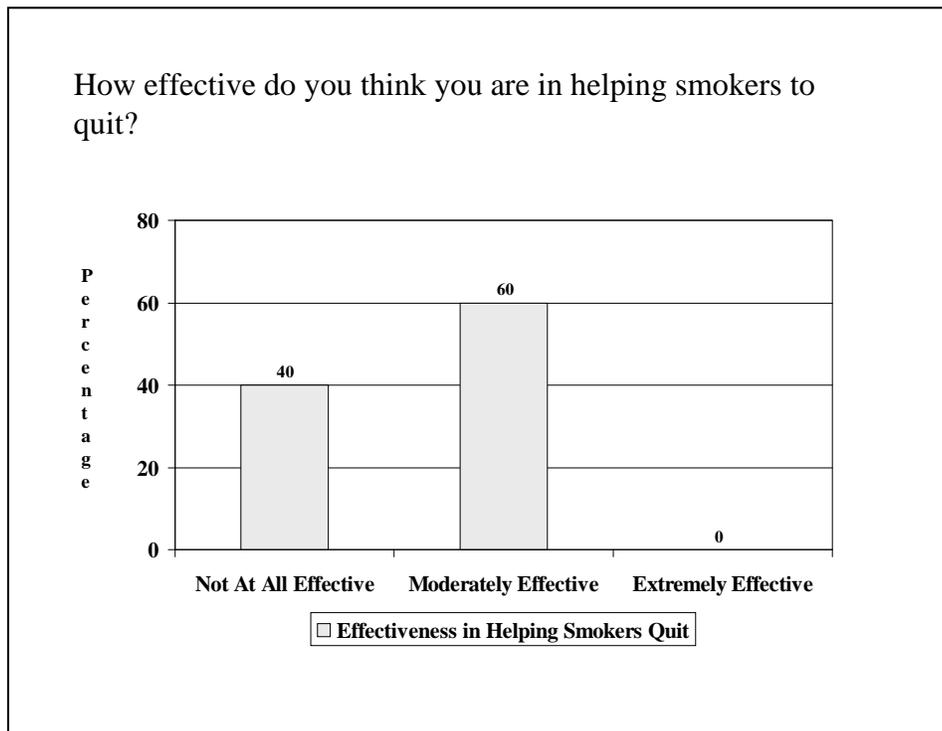
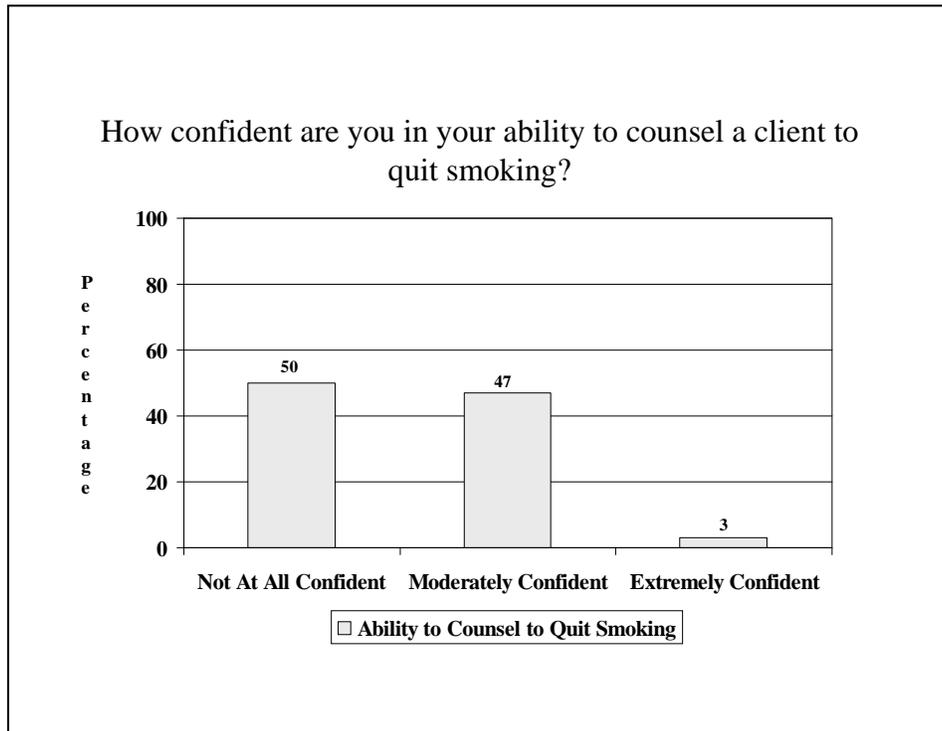
⁵ *Ibid*.

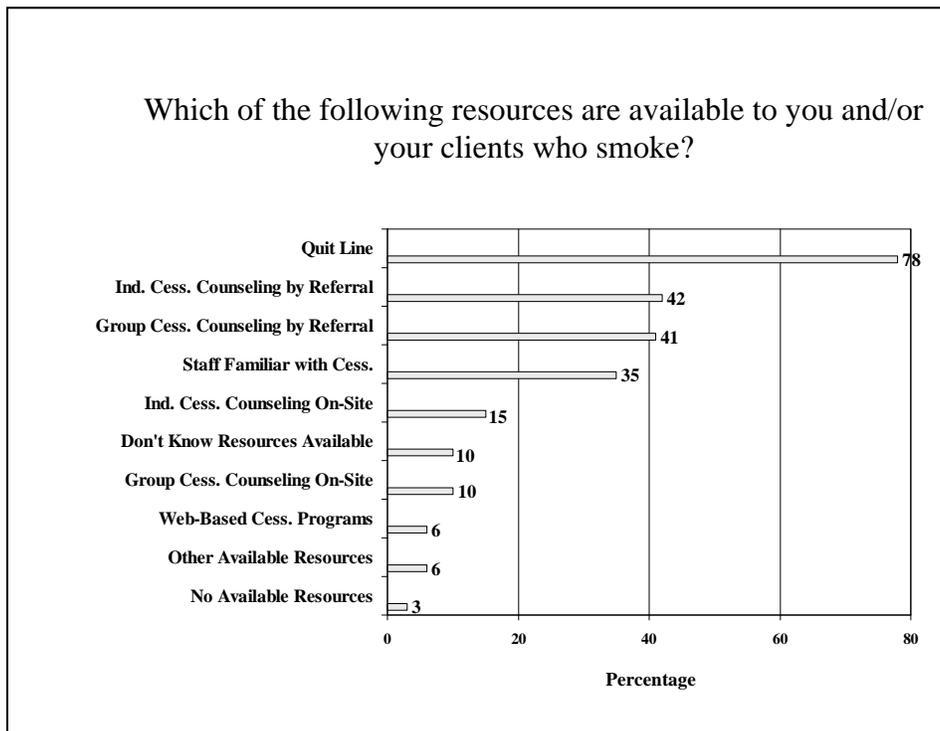
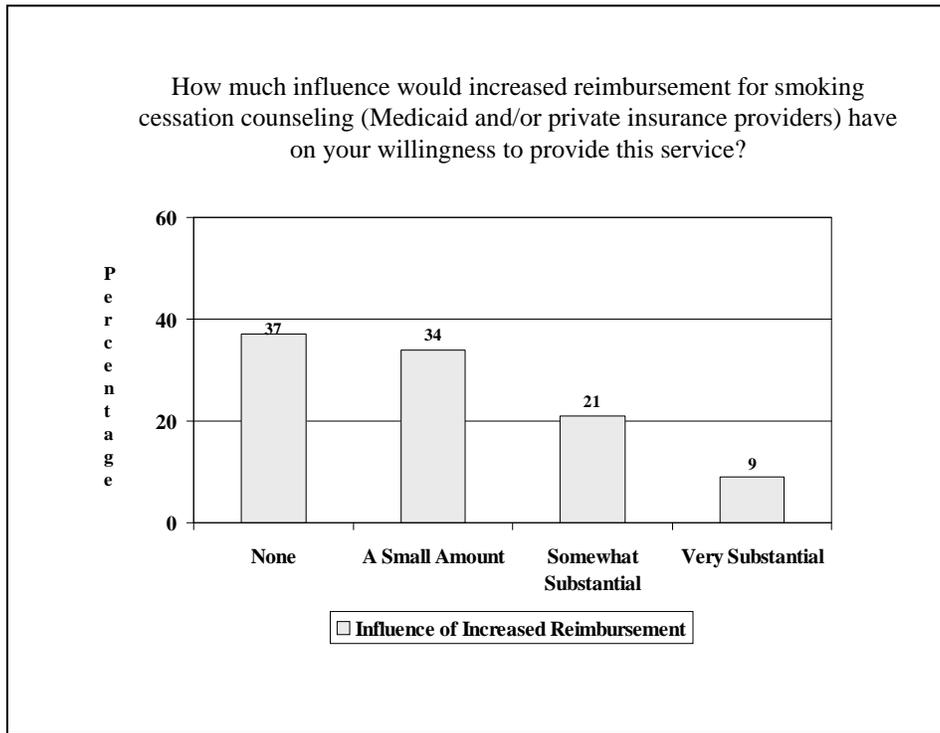


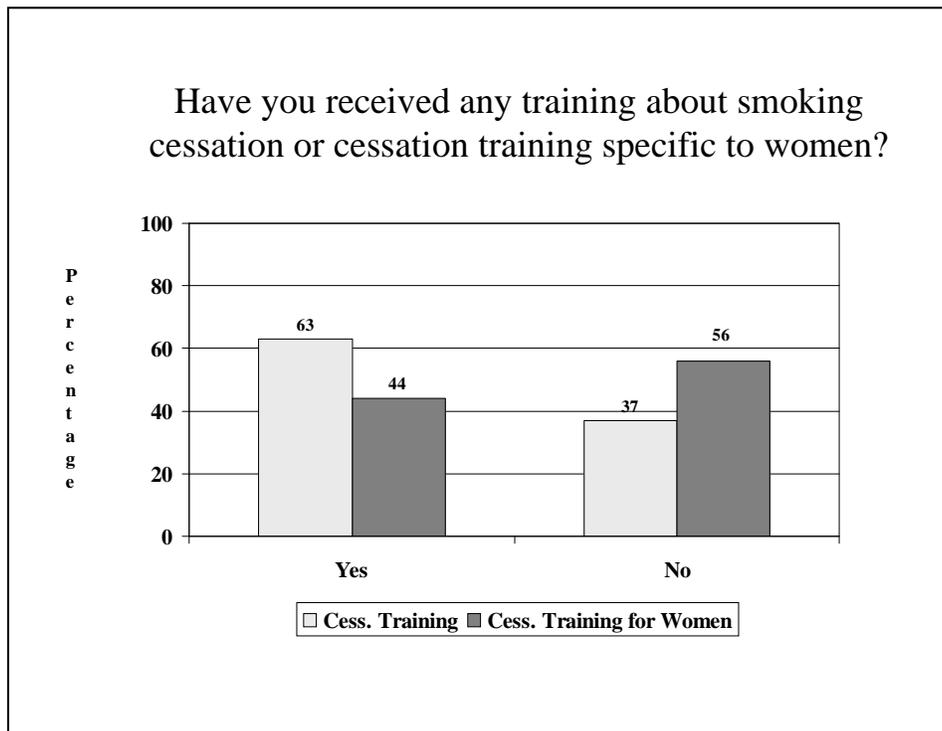
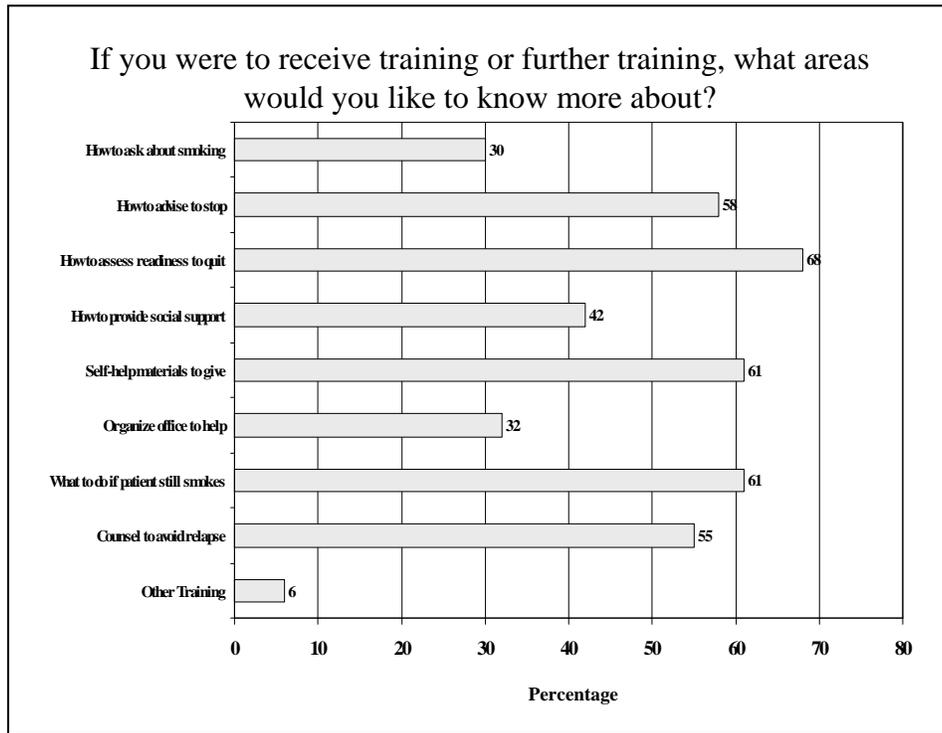


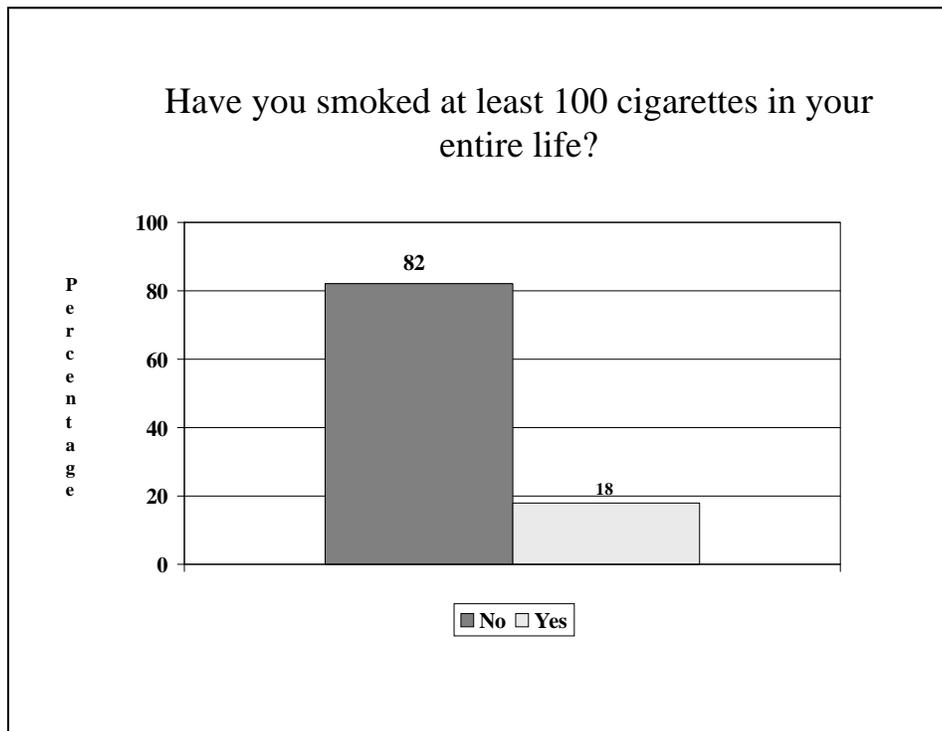
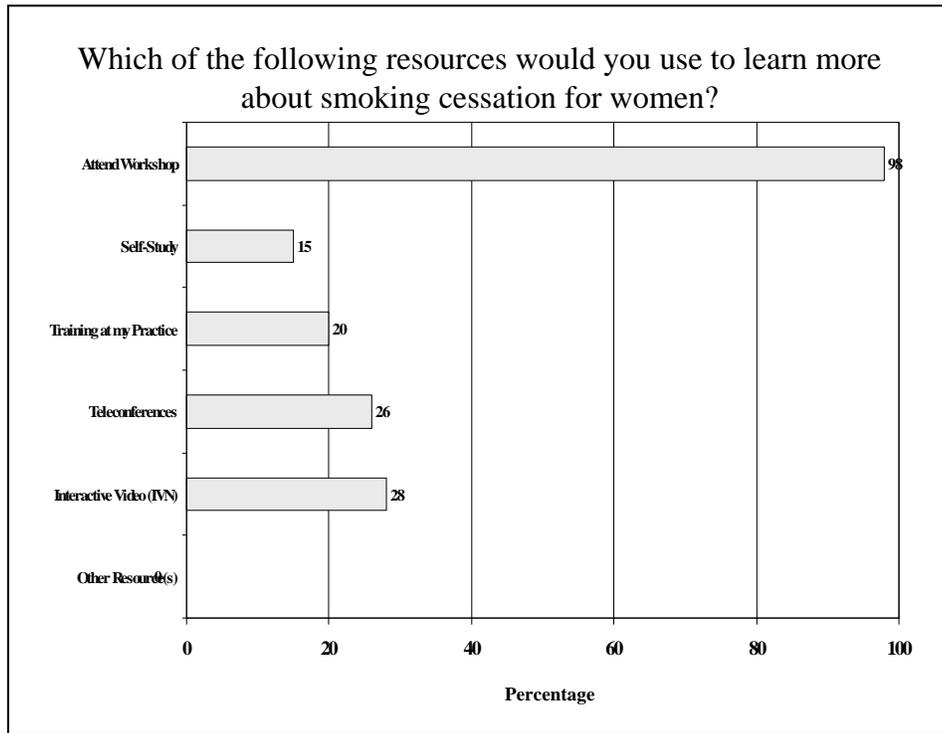


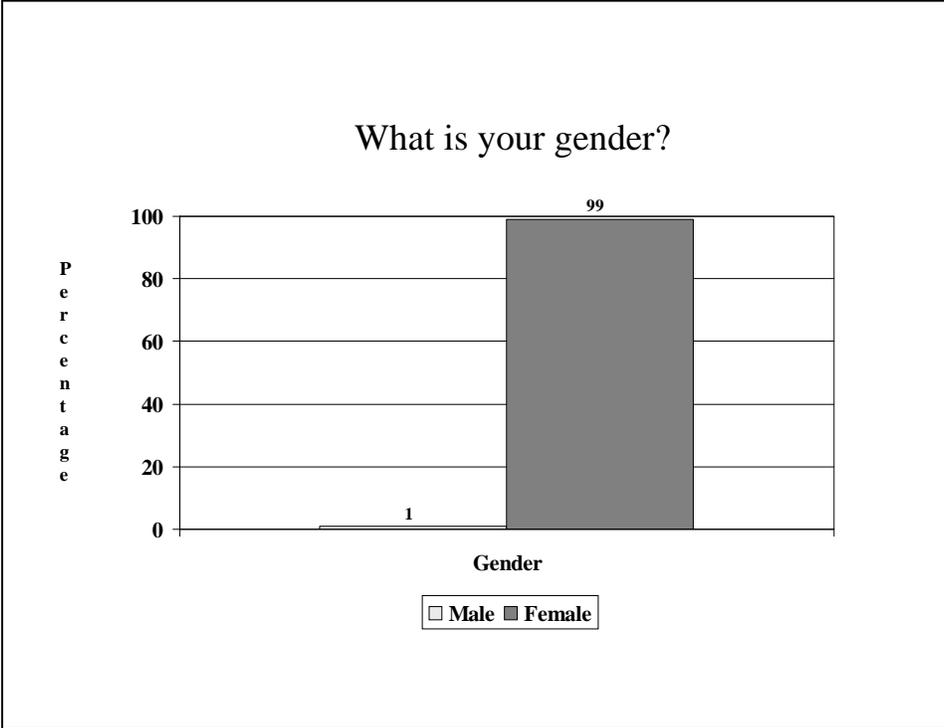
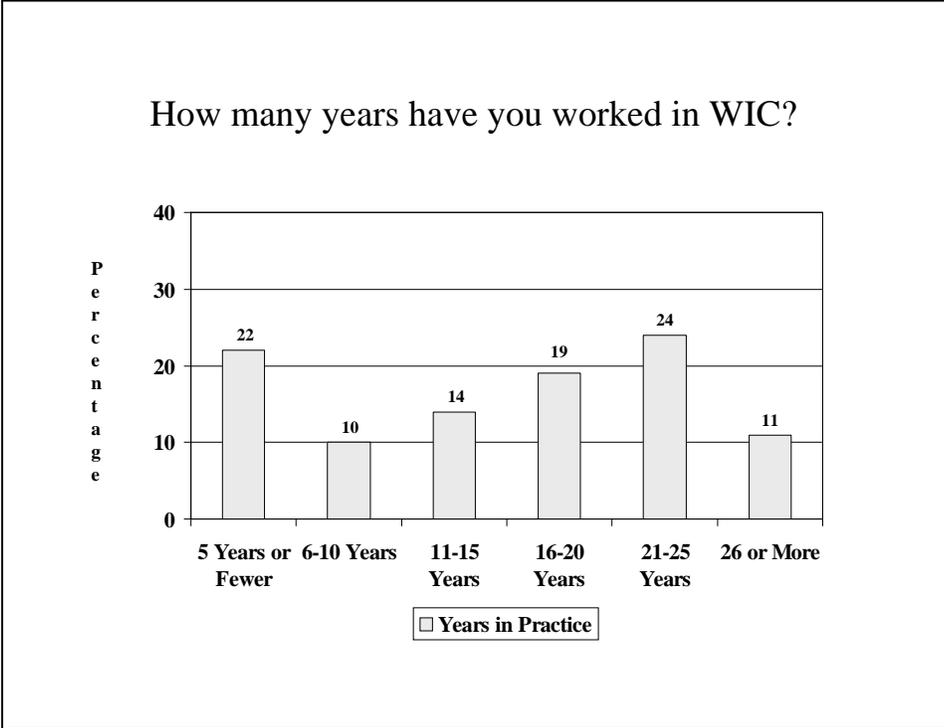












North Dakota Survey of Clinicians on Smoking Practices for Women of Reproductive Age

The information obtained from this questionnaire will be used to develop and provide needed smoking prevention and cessation resources to clinicians across the state. 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	Pregnant clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-pregnant clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling	Pregnant clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-pregnant clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

		Yes	No	Don't Know
a. Screening	Pregnant clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-pregnant clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling	Pregnant clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-pregnant clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Pamphlets or self-help materials on smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Quitline contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Community cessation program information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>				
b.	The client's smoking status is recorded in her medical record	<input type="checkbox"/>				
c.	The client is advised to stop smoking	<input type="checkbox"/>				
d.	The client is told about the benefits of quitting and the harms of continuing to smoke	<input type="checkbox"/>				
e.	There is an assessment of her willingness to quit	<input type="checkbox"/>				
f.	The client is counseled on how to stop smoking	<input type="checkbox"/>				
g.	The client is given self-help smoking cessation materials	<input type="checkbox"/>				
h.	The client is instructed in the use of over the counter or prescribed medication for tobacco cessation	<input type="checkbox"/>				
i.	Support is arranged as part of the treatment (e.g., follow-up phone calls, next visits)	<input type="checkbox"/>				



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	<input type="checkbox"/>					
b. Discuss specific strategies of quitting	<input type="checkbox"/>					
c. Discuss withdrawal symptoms and other concerns (e.g., weight gain)	<input type="checkbox"/>					
d. Suggest that they go to a smoking cessation clinic or program	<input type="checkbox"/>					
e. Fax refer them to a quit line	<input type="checkbox"/>					
f. Give them written information about smoking cessation (e.g., self-help booklets)	<input type="checkbox"/>					

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

	Always	Usually	Sometimes	Rarely	Never
Pregnant clients	<input type="checkbox"/>				
Non-pregnant clients	<input type="checkbox"/>				

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

	Always	Usually	Sometimes	Rarely	Never
Pregnant clients	<input type="checkbox"/>				
Non-pregnant clients	<input type="checkbox"/>				

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Not at all confident	Moderately confident	Extremely confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



13. How effective do you think you are in helping smokers to quit?Not at all
effectiveModerately
effectiveExtremely
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 for WIC?

- 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 distributed to you.

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