

Mobilizing Capacity and Training of Health Professionals to Reduce Smoking During Pregnancy

GRANT ID #: 16977935

MAIN COLLABORATORS: Society for Public Health Education, Inc.; Community of Hope, a Strong Start Coalition Partner

ABSTRACT:

Smoking during pregnancy is the most serious and preventable cause of infant and fetal morbidity and mortality, and has enormous economic and societal costs. Although the District of Columbia has an approved Medicaid plan to implement smoking cessation coverage for pregnant women, no comprehensive smoking cessation services are available for low-income pregnant smokers in the metropolitan area. This project aims to close this health disparities gap by training healthcare providers working in federally qualified health centers to implement an award-winning, evidence-based smoking cessation program as part of routine prenatal care. The Society for Public Health Education (SOPHE), in partnership with Community of Hope and the DC Strong Start-funded partners, will implement and evaluate SOPHE's Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT®) patient education program and the "Adopting SCRIPT® in Your Organization" framework. A local independent researcher will collect and analyze process and impact evaluation data, including data documenting policy and systems changes made by the healthcare sites to support sustainable, high-quality smoking cessation services. SOPHE will provide in-kind contributions of SCRIPT® patient guides and DVDs, and leverage its existing grant funding to provide carbon monoxide monitors to SCRIPT® healthcare intervention sites. Technical assistance will be provided through conference calls, newsletters, webinars and social media. SOPHE's capacity includes its experienced training staff as the nation's sole SCRIPT® provider, its 65-year legacy of science-based health education research and practice, multiple outlets for project dissemination, expertise in catalyzing tobacco policy and environmental changes, and its commitment to health equity.

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Main Proposal

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MAIN PROPOSAL

OVERALL GOALS & OBJECTIVES:

Goal: This project aims to improve maternal/child health in Washington, DC by enhancing the capacity of healthcare professionals to: a) provide comprehensive, evidence-based smoking cessation screening and treatment as a part of routine prenatal care, and b) implement healthcare system changes for quality improvement of smoking cessation services to pregnant women.

Objectives:

- 1) Increase by 75% the number of pregnant women smokers served by the Community of Hope and Strong Start Coalition Partners in Washington, DC who have access to evidence-based smoking cessation screening and counseling.
- 2) Increase by 15% the number of pregnant women smokers served by the Community of Hope and Strong Start Coalition Partners in Washington, DC who quit or reduce smoking during pregnancy.
- 3) Train 100 prenatal care staff at Community of Hope and Strong Start Coalition partner clinics in Washington, DC to provide SOPHE's evidence-based Smoking Cessation & Reduction in Pregnancy Treatment (SCRIPT®) counseling program as a part of routine prenatal care.
- 4) By April 2017, at least Strong Start Coalition partner clinics in Washington, DC incorporate 50% or more of SCRIPT® policy/organizational changes to support evidence-based smoking cessation counseling in routine prenatal care.

This project will improve the performance of healthcare systems that provide services to underserved pregnant women in Washington, DC by providing a framework to assess and develop policy and procedural changes related to smoking cessation screening, counseling and treatment of all prenatal clients. The project will increase the knowledge and skills of prenatal healthcare professionals to use an evidence-based smoking cessation intervention as a part of their routine prenatal care. These prenatal care improvements align with Community of Hope and Strong Start's mission to provide comprehensive services to pregnant women, to improve birth outcomes and to achieve Healthy People 2020 Objectives for the Nation. Moreover, they address a critically needed service for pregnant women smokers, which is currently not being provided in the Washington, DC area.

TECHNICAL APPROACH:

This project will promote smoking cessation during pregnancy by increasing the access of underserved pregnant women smokers in Washington, DC to a comprehensive smoking cessation and counseling program. SOPHE will train prenatal healthcare providers working at the Community of Hope and its Strong Start Coalition partner clinics to implement the Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT®), an evidence-based smoking cessation intervention, as a part of routine prenatal care. SOPHE's "Adopting SCRIPT® in Your Organization (ASO)" program framework will enable partners to identify organizational changes

to be implemented that will help sustain the SCRIPT® approach as a standard of care and provide evaluation data to project administrators for continuous quality improvement.

CURRENT ASSESSMENT OF NEED IN TARGET AREA

Smoking during pregnancy has been identified as the most serious and preventable cause of infant and fetal morbidity and mortality.¹ For the mother, smoking is linked to high blood pressure, diabetes, asthma, cardiovascular disease and other serious health conditions.¹ For infants in utero, exposure to smoke can cause complications, premature birth, low birth weight, stillbirth, abnormalities, and sudden infant death syndrome (SIDS).^{1,2,3} The Centers for Disease Control and Prevention (CDC) estimate that in 2010, 10.7% of all pregnant women smoked during the last 3 months of pregnancy; rates were much higher for women who were younger, had less than high school education, low income, and who reside in certain geographic underserved areas.² In particular, smoking among pregnant women who are covered by Medicaid is estimated at 20%.⁴ Smoking during pregnancy and the resulting complications also put a large burden on healthcare costs. In 2005, U.S. preterm births cost at least \$26.2 billion or \$51,600 for every infant born prematurely (See Figure 1).³ A 2006 study estimated excess smoking attributable neonatal costs at \$881 per maternal smoker.⁵

Although pregnancy can be a powerful motivator for some women to quit smoking, only 5-6% of pregnant smokers quit successfully with usual prenatal care.⁶ The urgency of assisting pregnant smokers to quit has been widely recognized nationally. The Healthy People 2020 Objectives for the Nation include increasing smoking cessation among pregnant women (TU-6) and increasing cessation counseling in

healthcare settings (TU-10).⁷ The 2014 Surgeon General's Report on Smoking and Health, which marked the 50th anniversary of the landmark 1964 report, linking smoking and specific diseases addresses the dangers of smoking during pregnancy and importance of cessation¹. The "CDC Tips From a Former Smoker" campaign included pregnant women as a priority population in 2014 and organizations such as the March of Dimes and the American Lung Association promote and track national progress of smoking cessation for pregnant

women. With the passages of the Patient Protection and Affordable Care Act, state Medicaid programs are required to cover smoking cessation services for pregnant women with no cost sharing (section 4107), and the Public Health Service guidelines recommend that benefit packages include evidence-based face-to-face psychosocial interventions.^{8,9} (See Figure 2).

Figure 1: Prematurity: The Economic & Societal Costs³

Medical costs for a premature baby are much, much greater than they are for a healthy newborn:

- \$16.9 billion (65 %) for medical care
- \$1.9 billion (7 %) for maternal delivery
- \$611 million (2 %) for early intervention services
- \$1.1 billion (4 %) for special education services
- \$5.7 billion (22 %) for lost household and labor market productivity
- The average first-year medical costs, including inpatient & outpatient care, were about 10 times greater for preterm infants (\$32,325) than for full-term infants (\$3,325). Source: March of Dimes

Figure 2: 2008 PHS Guideline for Pregnant Women⁹

...because of the serious risk of smoking to the pregnant smoker and the fetus, whenever possible, pregnant smokers should be offered person-to-person counseling that exceeds minimal advice to quit. The guidelines suggest that benefit packages ought to include coverage of at least four face-to-face counseling sessions per quit attempt, with a minimum of two quit attempts per year. It offers States flexibility with respect to how the services shall be provided: 1) by or under the supervision of a physician; 2) by any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or 3) by any other health care professional legally authorized to provide tobacco cessation services under State law and who is designated by the Secretary to provide these services.

In the District of Columbia, the infant mortality rate is higher than the national average and the pre-term birth rate is the sixth highest in the nation.^{10,11} In 2012, the infant mortality rose slightly to 7.4 deaths per 1000 births and there are wide variations by ward; wards 5 and 8, two of the lowest income wards, had rates as high as 15 deaths per 1000 live births, more than twice the national average.^{10,12} The Washington DC infant mortality report identifies smoking during pregnancy as a major risk factor for infant mortality and the city has identified smoking cessation during pregnancy as a priority.¹⁰ The DC Community Health Needs Assessment identifies reducing tobacco use rates among pregnant women as a health promotion focus

area¹³ and the Maternal & Child Block Grant needs assessment identifies smoking cessation programs as a recommended initiative for pregnant women.¹⁴

The DC Strong Start Coalition, a partnership of six hospitals and clinics who have been funded by the Centers for Medicare and Medicaid Services to improve prenatal health outcomes, collectively serve some 9,500 Medicaid covered pregnant patients per year. In particular, Community of Hope serves some 450 - 500 prenatal care patients per year across its three clinic sites: Marie Reed Health Center (Ward 1), the Family Health and Birth Center (FHBC) (Ward 5), and the Conway Health and Resource Center (CHRC) (Ward 8). Patients are typically very low income, 87% live below 200% of the federal poverty line, and thereby qualify for DC Medicaid. Clinic records show that 16% of prenatal care patients are self-reported smokers, although national studies have verified that such self-reports underestimate true numbers of smokers.¹ Although Washington DC is among the 48 states and districts that have approved Medicaid plans to implement smoking cessation coverage for pregnant women¹⁵, currently there are no specific smoking cessation services available to low-income pregnant women in the metropolitan area. This project aims to fill this service gap by working with Community of Hope and its Strong Start partners to provide training and capacity building for implementation of a comprehensive, evidence-based smoking cessation program for pregnant women.

PRIMARY AUDIENCE AND DIRECT BENEFICIARIES

The primary audience for this project is healthcare professionals who work in health systems that serve Medicaid pregnant women in the Washington, DC area. The project will provide training, equipment and materials to prenatal care providers [e.g. physicians, nurses, midwives, social workers, and Women Infants and Children (WIC) nutritionists] at Community of Hope and other Strong Start Coalition healthcare sites in the Washington DC metropolitan area to implement SCRIPT® patient education and Adopting SCRIPT® in Your Organization programs.

The direct beneficiaries of this work will be pregnant women smokers receiving prenatal services at Community of Hope and other Strong Start medical systems who will have increased access to smoking cessation services. This project seeks to ensure that all pregnant women have access to high quality smoking cessation services as a part of routine prenatal care.

PROJECT DESIGN AND METHODS

This proposal offers a two-step plan for introducing and expanding health professionals' capacity and training to increase the quantity, quality and relevance of smoking cessation interventions for pregnant women, and in so doing strengthen health systems and, improve maternal/child health outcomes. Following a demonstration program with one Strong Start Coalition partner, Community of Hope and its three clinic sites, SOPHE will expand the SCRIPT® program to at least two additional Strong Start Coalition sites. SOPHE's dissemination plan is informed by the World Health Organization's guidelines¹⁶ and best practices cited by Stanford's Social Innovation Review (See Figure 3).¹⁷ This project will address the Healthy People 2020 and District of Columbia goals to increase pregnant women's access to smoking cessation counseling and to reduce the number of women who smoke during pregnancy by expanding the dissemination of the SCRIPT® program in Washington, DC. SCRIPT® is an evidence-based program that has been specifically developed to help pregnant women quit smoking and is cited by the Agency for Healthcare Research & Quality's Smoking Cessation Clinical Practice Guidelines.⁹

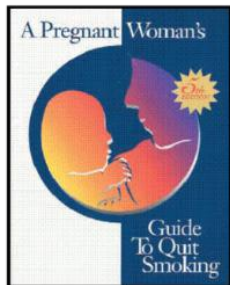
SOPHE will partner with Community of HOPE and organizations from the DC Strong Start Coalition to disseminate SCRIPT® to their prenatal care providers. Community of Hope is a member of the DC Strong Start Coalition and is excited to serve as the primary partner (See Letter of Commitment). SOPHE will pilot SCRIPT® implementation with Community of Hope during year one of the project and work with an additional two Strong Start partners to expand dissemination during months 9-24. Given its pregnant patient population and readiness of health providers to have a tailored smoking cessation protocol for pregnant smokers, Community of Hope is an ideal site to demonstrate how SCRIPT® can complement Strong Start programs; how it will be implemented across multiple clinic environments in a DC-based health system; and how SCRIPT® will be incorporated into the DC Medicaid state plan to reimburse smoking cessation services to pregnant women.

SOPHE will work with Community of Hope to select and train 10 prenatal care providers to implement as a part of the demonstration project. SOPHE will use the "Adopting SCRIPT® in your Organization" curriculum (described below) to conduct a one-day intensive training with the 10 selected providers. Community of Hope will identify three of these providers, one from each of their clinic sites, who have patient education experience and demonstrated leadership

Figure 3: Scaling Up Program Implementation

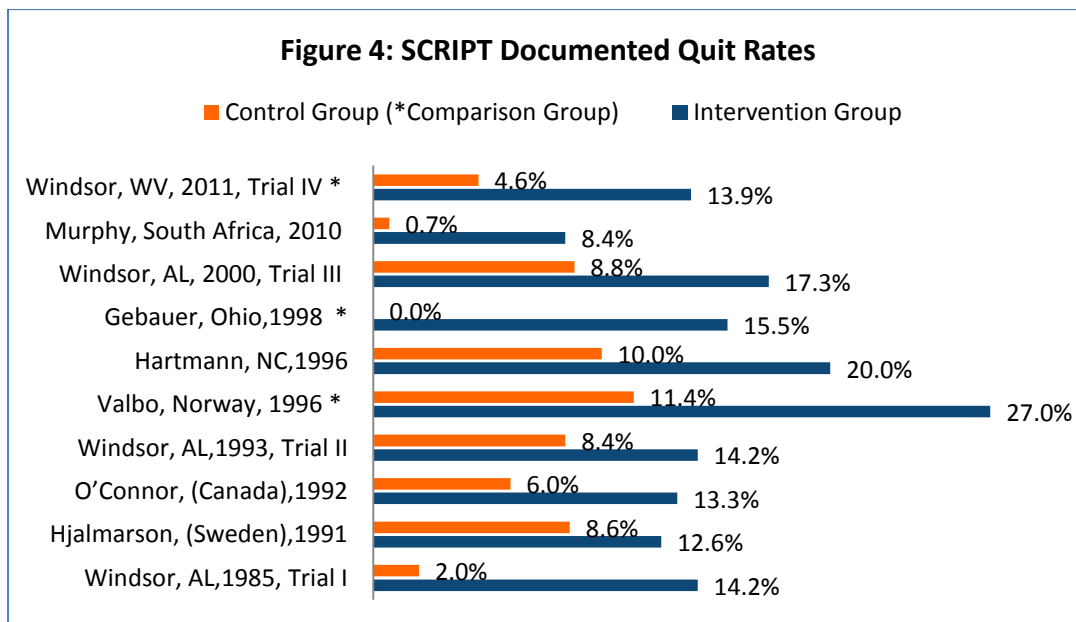
- *Select an intervention that fits the mission and capacities of the organization*
- *Adapt the intervention for community-based delivery*
- *Maintain fidelity to intervention as it scales up*
- *Secure funding to scale up the intervention.*

abilities to serve as SCRIPT® coordinators. SCRIPT® coordinators will work with SOPHE staff to 1) integrate the intervention into routine prenatal care, 2) collect data to evaluate the program in their health system and report to SOPHE’s evaluator, and 3) train additional prenatal care providers in their organization and in partner organizations. To integrate the intervention into routine prenatal care, SOPHE will work with Community of Hope to assess their current prenatal care policies and procedures and conduct patient flow mapping to determine when, where and how SCRIPT® will fit best into their prenatal care service delivery. Patient data will be collected through standardized SCRIPT® screening, intervention and follow up forms that are implemented with the intervention and kept with the patient record (See Appendix B). During months 9-24, SOPHE expand SCRIPT® implementation to at least two Strong Start Partner sites and train an additional 90 providers at Community of Hope and the Partner sites.



The Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT®) aligns with the nationally recommended five A’s smoking counseling protocol and is based on four key components: 1) the Pregnant Woman’s Guide to Quit Smoking, 2) the Commit to Quit DVD, 3) comprehensive counseling and 4) follow up to maintain a smoke free home. SCRIPT® was developed and evaluated by Dr. Richard Windsor, professor at George Washington University, over more than 40 years and multiple clinical trials. A former SOPHE President and Distinguished Fellow,

Dr. Windsor has been collaborating with SOPHE as the exclusive distributor of SCRIPT® for some 15 years. A 10-study meta-analysis (see Figure 4) demonstrated that average quit rates for women who receive SCRIPT® are 8% higher than for women who receive regular care⁶, earning it the highest citation by AHRQ’s Clinical Practice Guidelines⁹.

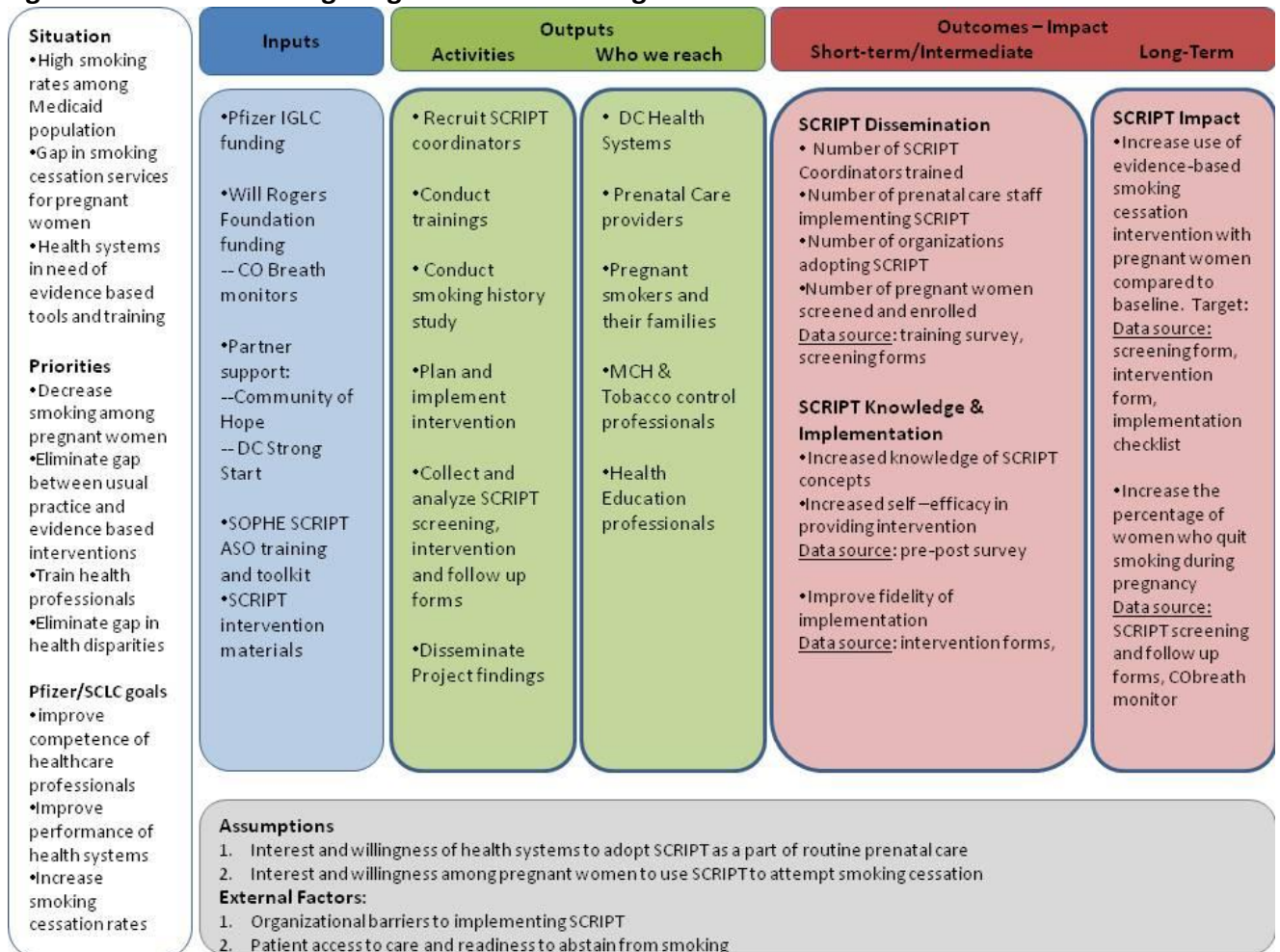


SOPHE’s “Adopting SCRIPT® in Your Organization” (ASO) curriculum builds the capacity of health systems to implement SCRIPT® with program efficacy and sustainability. The training includes how to: 1) integrate the intervention into routine prenatal care, 2) educate health providers on how to use the intervention components, and 3) integrate continuous program evaluation for quality improvement (See Appendix C). Training workshops are one day, interactive sessions that include substantial role play and counseling practice and planning techniques such as patient flow mapping and practice using SCRIPT® screening forms and Carbon Monoxide monitors. The ASO program was developed in 2011 by SOPHE with support from the Department of Health and Human Services and has been demonstrated as an effective and sustainable way to introduce SCRIPT® into a health system. SCRIPT® and SCRIPT® ASO workshops have trained some 500 healthcare professionals across the United States and in its territories. Since 2013 and the approval of Medicaid state plan amendments for smoking cessation counseling for pregnant women, SCRIPT® ASO training has been provided in WV, AL, MD, MN, FL, OR and TX. In addition, to demonstrate SOPHE’s ongoing commitment to disseminate and expand SCRIPT® to underserved populations, SOPHE’s proposal includes donating in-kind materials for the program. A grant received by SOPHE in 2014 from the Will Rogers Institute will allow SOPHE to provide 10 carbon monoxide monitors to SCRIPT® clinic sites, which can be used to objectively verify a pregnant women’s smoking status.

EVALUATION DESIGN

This evaluation is designed: 1) to conduct a process evaluation of the dissemination, implementation, and fidelity of implementation of the SCRIPT®ASO program among adopters associated with this dissemination project [**Outcomes of interest:** *health professional knowledge of SCRIPT®, self-efficacy with training; number of health workers trained to deliver SCRIPT®; SCRIPT® implementation fidelity index; number of patients receiving the evidence-based intervention*], and (2) to conduct an impact evaluation of SCRIPT®ASO effectiveness in decreasing smoking prevalence among pregnant women [**Outcomes of interest:** *self-reported smoking prevalence, exhaled carbon monoxide (CO_{breath}) levels*]. The logic model (Figure 5 and Appendix D) demonstrates a mixed methods approach with key inputs, outputs, and outcomes, and rigorous research methods for process-oriented formative evaluation and a summative (impact) evaluation. The project process and impact evaluation is based on Kirkpatrick’s 4-level outcome-oriented model of training evaluation.¹⁸ Sample data collection forms are provided in Appendix B. Institutional Review Board (IRB) approval of the study protocol will be obtained from George Washington University prior to the initiation of data collection. Because the intervention presents no risk to subjects (i.e., risk is minimized through anonymity of responses and through the use of non-invasive paradigms that will not harm patients), we expect to receive an IRB exemption. SCRIPT® measures collected with each patient intervention are shown in Figure 6. Data collected during the demonstration phase of this project with Community of Hope will be used to make any modifications necessary in training or technical assistance provided to the other Strong Start Clinic sites.

Figure 5: SCRIPT® Training Program Evaluation Logic Model



Level 1 Evaluation—Reaction: This level will assess healthcare providers’ reactions to specific components of the training program (e.g., instructor, the content, methods) and help to identify training modifications needed to better meet their training needs. [**Data Sources:** *Post-training survey*]. **Level 2 Evaluation—Learning:** This level will assess the effectiveness of the ASO SCRIPT® training in knowledge acquisition by healthcare professionals. It will measure what they learned during workshops and self-efficacy in training others and/or implementing the SCRIPT® patient counseling. [**Data Sources:** *Pre- and post-training tests*]. **Level 3 Evaluation—Behavior:** This level will assess the behaviors of those health professionals in the adoption of the SCRIPT® intervention. It will measure fidelity by tracking patient screening, provider fidelity to the intervention steps, and patient follow up. **Target:** 75% increase in prenatal care clients at partner sites who have access to screening and treatment [**Data Sources:** *Screening Form, Intervention Checklist, Follow Up Form*] **Level 4 Evaluation—Impact:** This level will identify 1) the impact of the training on the adoption of the SCRIPT® program in clinical practice. This will measure policy and procedure implantation at the system level. **Target:** 50% or higher

adoption of SCRIPT policy/organizational changes in organizations that participate in SCRIPT® ASO workshops [**Data Sources:** policy implementation checklist] and 2) the impact of SCRIPT® implementation on patient smoking cessation (measured by self-report and biologically assessed exhaled carbon dioxide levels) **Target:** 15% increase in cessation or reduction among patients who receive SCRIPT® [**Data Sources:** SCRIPT® screening and follow up forms] . Impact on smoking cessation will be determined by comparing intervention quit rates to a historical comparison group. The historical comparison group will be created by conducting a smoking history study for at least one month prior to SCRIPT® implementation.

SOPHE and partners will use rigorous methods for ensuring data management, quality, confidentiality, and security that include removing all personal identifying information from patient/provider records that leave the health system site.

Figure 6: SCRIPT Measures Collected with Each Patient Intervention:

- Patient-level Brief Screening Interview Data: standardized patient assessment form eliciting information on smoking practices, health beliefs, and strength of commitment to quit.
- CO_{breath} levels and self-reported smoking status at baseline (1st trimester) and at follow-up (during the 3rd trimester)
- SCRIPT Fidelity checklist (used to calculate Fidelity index)

DETAILED WORKPLAN AND DELIVERABLES SCHEDULE: (PLEASE SEE TABLE, APPENDIX E)

During year 1, SOPHE will work with Community of Hope to plan and implement the SCRIPT® and SCRIPT® ASO program. At the start of funding, SOPHE will convene a project advisory committee with representatives from each partner organization, SCRIPT® founding researcher Dr. Richard Windsor, and the evaluation consultant, Jennifer Schindler-Ruwisch. This group will refine the project plans and will meet monthly by conference call to review project progress. SOPHE and the evaluation consultant will prepare an application for IRB approval at The George Washington University. During 0-3 months of the project, SOPHE will train at least 10 prenatal care staff, tobacco cessation staff or health education staff, as chosen by Community of Hope, to implement the SCRIPT® intervention. Community of Hope will select three of these ten to serve as SCRIPT® Coordinators. SCRIPT® Coordinators will be the primary project contact at their clinic and will be responsible for leading the planning, implementation and data collection for the intervention. During months 4-6, Community of Hope will conduct a smoking history study and plan for implementation of the intervention. For the smoking history study, the clinic sites will begin to use the patient screening form, carbon monoxide monitoring, and the patient follow up form along with their regular prenatal care protocol for at least one month (see evaluation plan). While the clinic sites are conducting the smoking history study, SOPHE will work closely with the SCRIPT® coordinators to conduct patient flow analyses and establish protocols for the implementation of the intervention. During quarter 3, the sites will conclude the smoking history studies and trained staff will begin to implement SCRIPT® as a part of routine prenatal care. Screening, intervention, and follow up forms will be de-identified by the clinic sites and sent to SOPHE bi-weekly for the evaluation consultant to compile and analyze. Throughout the entire duration of the project, SOPHE will track and answer technical assistance questions from SCRIPT® coordinators. Questions, answers and project updates will be posted in

the SCRIPT® quarterly newsletter, which will be distributed to all project participants and discussed at project meetings.

From months 9-24, , SOPHE will work with Strong Start Coalition partners to expand SCRIPT® training to two additional health systems that demonstrate readiness and willingness to adopt SCRIPT® as a prenatal care improvement. During months 9-12, SOPHE will hold informational sessions with the MCH leaders from the Strong Start partners to discuss Community of Hope's success and the benefits of the SCRIPT® program. By month 12, SOPHE will select two partner sites that are the most ready to move forward with training and adoption of SCRIPT®. From months 13-16, SOPHE will hold at least one SCRIPT® provider training at each new partner site with a goal of training at least 90 additional prenatal care providers. Throughout the funding period, SOPHE will disseminate project progress and findings through articles in SOPHE's quarterly newsletter *News & Views*, SOPHE and partner websites and social media, and through three webinars. During month 19-24, SOPHE will draft and submit conference abstracts for presentation at SOPHE's annual meeting and other relevant conferences and will also draft and submit a manuscript about the project to one of SOPHE's journals, *Health Education & Behavior* or *Health Promotion Practice*. The manuscript will be submitted when all program evaluation data are available and analyzed.

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Pfizer IGLC 2014SC2
Principle Investigator: Elaine Auld, MPH, MCHES

APPENDICES

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Appendix A

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Appendix A: References

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Appendix B

SCRIPT Intervention & Data Collection Forms



TEMPLATE TOBACCO SCREENING FORM

Prenatal
 Postpartum

of weeks:

Date: / /

MM DD Y Y Y Y

CO VALUE PPM

Refused
 Equipment Problem
 Explanation in Progress Notes

Date of Birth: / /

MM DD Y Y Y Y

Name:

Last Name

MI First Name

1. Which statements best describes your current tobacco use ? (choose all that apply)

I have **never** smoked cigarettes. (Mark here if you have only tried smoking)

I stopped smoking **BEFORE** I found out I was pregnant - I am not smoking.

I stopped smoking **AFTER** I found out I was pregnant - I am not smoking.

I dip, chew or use smokeless tobacco.

I smoke regularly now - about the same number **BEFORE** I became pregnant.
 Number of cigarettes I smoked **yesterday**:

I smoke, but I cut down on the number of cigarettes I smoke **AFTER** I became pregnant.
 Number of cigarettes I smoked **yesterday**:

I have increased smoking since I found out I was pregnant.
 Number of cigarettes I smoked **yesterday**:

I have started smoking since I found out I was pregnant.
 Number of cigarettes I smoked **yesterday**:

2. How many cigarette smokers live in the same house with you? (choose only one)

0 1 2 or more

3. How is cigarette smoking handled where you live? (choose only one)

No one smokes where I live - they smoke outside.

People may only smoke in certain rooms where I live. People may smoke anywhere I live.

4. How many of your family and friends are cigarette smokers? (choose only one).

None A few Some Most

If Never Smoked or Recently Quit - STOP HERE / Continue ONLY if Currently Smoking

5. How soon after you wake up do you usually use tobacco? (choose only one).

5 minutes or less 6 to 30 minutes 31 to 59 minutes 1 to 2 hours Greater than 2 hours

6. How sure are you that you could/can stop smoking for 24 hours? (choose only one).

Low 1 2 3 4 5 6 7 8 9 10 High

7. How harmful do you feel cigarette smoking or smokeless tobacco is to you? (choose only one).

Low 1 2 3 4 5 6 7 8 9 10 High

8. How harmful do you feel cigarette smoking or smokeless tobacco is to your baby? (choose only one).

Low 1 2 3 4 5 6 7 8 9 10 High

9. Do you want to quit? No Yes Reduce

10. My doctor advised me to quit. Yes No

11. I have used the Quitline. Yes No





TEMPLATE SCRIPT INTERVENTION FORM

Prenatal
 Postpartum
 Date: / /

CO VALUE PPM
Record CO value if not measured at Screening Visit.

Date of Birth: / /

Name: Last Name MI First Name

1. ASK < 1 Minute
 Document smoking status and number of cigarettes per day (CPD): (# cigarettes per day)
 A. Quit since screening visit B. Smoker

Response A. Congratulate her on success - stop home and social ETS exposure
 Response B. ASSESS, ADVISE, ASSIST AND ARRANGE

2. ASSESS < 1 Minute
 Readiness to quit Yes No Reduce **(If No, stop here)**

3. ADVISE < 1 Minute

| | Yes | No |
|---|-----------------------|-----------------------|
| ● Provide clear, strong and personal advice to quit and stay quit | <input type="radio"/> | <input type="radio"/> |
| ● Advise client to stop ETS exposure | <input type="radio"/> | <input type="radio"/> |
| ● Review "Commit to Quit" Video | <input type="radio"/> | <input type="radio"/> |

4. ASSIST > 15-20 Minutes

Provide SCRIPT Overview

- Provide A Pregnant Woman's Guide to Quit Smoking

Briefly review cessation skills in the "Commit To Quit" Video and the Guide:

- STEP 1: Review Agreement to Quit, sign the contract and set Quit Date (Page 3)
- STEP 2: Review Smoking Diary - #cpd (Page 4)
- STEP 3: Review Scheduled Smoking (Page 5)
- STEP 4: Review Yuck Jar (Page 6)
- STEP 5: Promote Deep Breathing (Page 6)
- STEP 6 & 7: Review Stop Smoking Buddy (Pages 8 to 11)
- STEP 8: Learn Smoke - Tasting (Page 13)
- STEP 9: Review Smoking Alternatives (Page 14)
- STEP 10: Review Smoking Habits (Page 16)

Express confidence that use of the Guide and methods will help them quit

- Build Self-Efficacy (Page 19)

5. ARRANGE < 1 Minute

- Remind client of next visit and label as "smoker" in notes
- Explain/schedule follow-up telephone call(s)
- Recommend call Quitline
- Recommend talk with doctor about quitting

Summarize counseling session: _____



Title: *Mobilizing Capacity and Training of Health Professionals
to Reduce Smoking During Pregnancy*

Pfizer IGLC 2014SC2

Principle Investigator: Elaine Auld, MPH, MCHES

Appendix C

SCRIPT[®] ASO Training Outline

The SOPHE Adopting SCRIPT in your Organization (ASO) Training Program Workshop

Welcome

Welcome to the SCRIPT Program training. This training has been specifically designed for certified tobacco specialists to learn about and implement the SCRIPT Program. Our goal is to provide insight and skills about organizational change to have the Program become a routine part of care. This training will provide ways you can have the SCRIPT Program be adopted by your organization as part of the standard protocol for prenatal care visits.

Expectations of the Training

After the training you should be able to:

- Promote and get “buy in” for the SCRIPT Program
- Be able to market and disseminate the SCRIPT Program among administrators, health educators, medical staff, and others
- Demonstrate how to assess pregnant women for smoking
- Plan the implementation of the SCRIPT Program in your organization
- Organize staff who will be involved in SCRIPT implementation
- Evaluate the effectiveness of the SCRIPT Program in your organization

Overview of Training Modules

Module 1: Background/Promotion

- Discuss rates and trends of tobacco use among pregnant women in the United States
- Discuss ways to find the rate of tobacco use among pregnant women in your area or region
- Discuss the dangers of smoking during pregnancy
- Discuss other interventions in addition to the SCRIPT Program
- Discuss the purpose of the SCRIPT training materials
- List at least two reasons why the SCRIPT Program is an effective way to help pregnant women quit smoking

Module 2: SCRIPT Implementation Procedures & Intervention components

- Discuss the importance of assessing pregnant clients for tobacco use
- Discuss options for biochemical assessment of tobacco use among pregnant clients
- List the components of the SCRIPT Program and intervention procedures
- Use the DVD and Guide to conduct a patient counseling session
- List options for follow after the initial SCRIPT visit

Module 3: Planning Implementation

- Share and promote the SCRIPT Program with others
- Plan ways to establish a baseline of tobacco use among prenatal clients in your organization or area
- Plan ways to institute routine assessment of prenatal clients for tobacco use
- Plan the implementation of SCRIPT in your organization

Module 4: Evaluation

- Discuss the different types of evaluation
- Plan the evaluation of the SCRIPT Program using different methods
- Plan ways to determine the impact of the Program

Each module contains content, and a toolkit to help you learn and apply the necessary skills for promoting, planning, implementing, and evaluating the SCRIPT Program in your organization.

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Appendix D

Logic Model

Situation

- High smoking rates among Medicaid population
- Gap in smoking cessation services for pregnant women
- Health systems in need of evidence based tools and training

Priorities

- Decrease smoking among pregnant women
- Eliminate gap between usual practice and evidence based interventions
- Train health professionals
- Eliminate gap in health disparities

Pfizer/SCLC goals

- improve competence of healthcare professionals
- Improve performance of health systems
- Increase smoking cessation rates

Inputs

- Pfizer IGLC funding
- Will Rogers Foundation funding
-- CO Breath monitors
- Partner support:
-- Community of Hope
-- DC Strong Start
- SOPHE SCRIPT ASO training and toolkit
- SCRIPT intervention materials

Outputs

Activities Who we reach

- Recruit SCRIPT coordinators
- Conduct trainings
- Conduct smoking history study
- Plan and implement intervention
- Collect and analyze SCRIPT screening, intervention and follow up forms
- Disseminate Project findings
- DC Health Systems
- Prenatal Care providers
- Pregnant smokers and their families
- MCH & Tobacco control professionals
- Health Education professionals

Outcomes – Impact

Short-term/Intermediate Long-Term

SCRIPT Dissemination

- Number of SCRIPT Coordinators trained
- Number of prenatal care staff implementing SCRIPT
- Number of organizations adopting SCRIPT
- Number of pregnant women screened and enrolled
Data source: training survey, screening forms

SCRIPT Knowledge & Implementation

- Increased knowledge of SCRIPT concepts
- Increased self –efficacy in providing intervention
Data source: pre-post survey
- Improve fidelity of implementation
Data source: intervention forms,

SCRIPT Impact

- Increase use of evidence-based smoking cessation intervention with pregnant women compared to baseline. Target:
Data source: screening form, intervention form, implementation checklist
- Increase the percentage of women who quit smoking during pregnancy
Data source: SCRIPT screening and follow up forms, CObreath monitor

Assumptions

1. Interest and willingness of health systems to adopt SCRIPT as a part of routine prenatal care
2. Interest and willingness among pregnant women to use SCRIPT to attempt smoking cessation

External Factors:

1. Organizational barriers to implementing SCRIPT
2. Patient access to care and readiness to abstain from smoking

Appendix E

Detailed Workplan

Objective 1: From project award date through completion, review and update plans for comprehensive project management, marketing, and evaluation to achieve the goals and objectives of the project on time and within budget.

| Objective 1 Activities | Lead Staff | Outcome | Partner | Yr. 1 | Yr. 2 |
|--|---------------------|--------------------------|--------------------------------|--------------------|--------------|
| Activity 1.1 Convene Project Advisory Committee by 5/1/15 with representatives from partner organizations; meet quarterly by conference call. | Project Manager, PI | Meeting minutes | Community of Hope Strong Start | 4/15/15 5/1/15 | Ongoing |
| Activity 1.2 Submit an application and obtain approval from Human Subjects review board | Project Manager | IRB approval | J. Schindler-Ruwisch | 4/15/15 6/15/15 | |
| Activity 1.3 Develop and implement project-reporting system to provide timely progress and financial reports to Pfizer/SCLC. | Project Manager, PI | Project reporting system | Community of Hope | 4/15/15 5/1/15 | Ongoing |
| Activity 1.4 Refine comprehensive project evaluation plan, including process and impact evaluation | Project Manager | Evaluation plan | J. Schindler-Ruwisch | 4/15/15 5/15/15 | Ongoing |

Objective 2: By July 15, 2015, recruit and train at least 10 SCRIPT coordinators from Community of Hope.

| Objective 2 Activities | Lead Staff | Outcome | Partner | Year 1 | Year 2 |
|--|------------------------|----------------------------|---------------------------|--------------------|---------------|
| Activity 2.1 Partner sites identify SCRIPT coordinators from among prenatal care staff and leadership | Project Manager | SCRIPT coordinator roster | Comm of Hope | 4/15/15 5/15/15 | |
| Activity 2.2 Update and tailor ASO training workshop to DC and partner needs | Project Manager | Tailored ASO curriculum | Comm of Hope | 4/15/15 5/15/15 | |
| Activity 2.3 Coordinate and conduct an ASO workshop at SOPHE headquarters in Washington, DC. | Project Manager Intern | 10 SCRIPT Coordinators | R.Windsor Comm of Hope | 5/15/15 7/15/15 | |
| Activity 2.4 Evaluate SCRIPT Coordinator's knowledge, skills, and self-efficacy to lead trainings via workshop pre- and post-tests and evaluation | Project Manger | Workshop evaluation report | J. Schindler-Ruwisch | 7/15/15 7/30/15 | |

| | | | | | |
|---|-----------------|---------------------------------|----------------------|-----------------|---------|
| survey. | | | | | |
| Activity 2.5 Conduct 6-month and annual post training surveys with Coordinators. | Project Manager | Clinical practice impact report | J. Schindler-Ruwisch | 1/15/16 ongoing | ongoing |

Objective 3: By October 30, 2015 conduct a smoking history study at Community of Hope.

| Objective 3 Activities | Lead Staff | Outcome | Partner | Year 1 | Year 2 |
|--|-------------------|------------------------------|-------------------------------|----------------------|---------------|
| Activity 3.1 Screen new prenatal care patients using screening form and CO monitor. | Project Manager | Smoking rate | SCRIPT Coords Comm of Hope | 8/1/15 10/30/15 | |
| Activity 3.2 Treat pregnant smokers with usual care | Project Manager | Establish Comparison group | SCRIPT Coords Comm of Hope | 8/1/15 10/30/15 | |
| Activity 3.3 Follow up with screened smokers 30 – 45 days after usual care. | Project Manager | Comparison group quit rate | SCRIPT Coords Comm of Hope | 8/1/15 10/30/15 | |
| Activity 3.4 Compile and analyze smoking history study data. | Project Manager | Smoking History Study Report | J. Schindler-Ruwisch | 10/30/15 12/30/15 | |

Objective 4: By December 30, 2015 SCRIPT coordinators implement SCRIPT at Community of Hope.

| Objective 4 Activities | Lead Staff | Outcome | Partner | Year 1 | Year 2 |
|---|------------------------|----------------------------|-------------------------------|---------------------|---------------|
| Activity 4.1 Clinics conduct patient flow analysis and plan how to implement SCRIPT as part of routine prenatal care | Project Manager | SCRIPT implementation plan | SCRIPT Coords Comm of Hope | 7/15/15 12/30/15 | |
| Activity 4.2 Distribute SCRIPT guides and DVDs to sites | Intern Project Manager | Materials distributed | SCRIPT Coords | 7/15/15 10/30/15 | |

| | | | | | |
|--|---------------------------|--|---------------------------------------|------------------|---------|
| Activity 4.3 SCRIPT Coordinators screen prenatal clients and implement SCRIPT with smokers | Project Manager | SCRIPT intervention forms | SCRIPT Coords | 12/30/15 ongoing | ongoing |
| Activity 4.4 Collect and analyze screening forms, intervention forms and follow up forms. | Project Manager | Clinical Practice and Quit Rate impact reports | SCRIPT Coords J. Schindler-Ruwisch | 12/30/15 ongoing | Ongoing |
| Activity 4.5 Track technical assistance questions from SCRIPT Coordinators; post answers & project updates on SOPHE and partner social media. | Intern Project Manager | Quarterly Q&A; Tweets and Facebook posts | SCRIPT Coords | 7/15/15 ongoing | ongoing |

Objective 5: By December 30, 2016, conduct at least 1 SCRIPT provider training at each partner site to train at least 90 additional providers.

| Objective 5 Activities | Lead Staff | Outcome | Partner | Year 1 | Year 2 |
|---|---------------------------|----------------------------|-------------------------------|--------------------|---------------------|
| Activity 5.1 Conduct informational sessions and meetings with Strong Start partners | Project Manager | Informational presentation | Strong Start | 12/1/15 4/15/16 | |
| Activity 5.2 Select Strong Start partners that are ready and willing to implement SCRIPT | Project Manager | 2 partner sites | Strong Start | 1/30/16 4/15/16 | |
| Activity 5.3 Identify training dates, sites and participants | Intern Project Manager | Training Schedule | Strong Start | | 4/15/16 10/30/16 |
| Activity 5.4 Coordinate and conduct on site trainings | Intern Project Manager | 75 providers trained | SCRIPT Coords Strong Start | | 4/15/16 12/30/16 |
| Activity 5.5 Evaluate participants' knowledge, skills and efficacy to implement program. | Project Manager | Evaluation Report | J. Schindler-Ruwisch | | 4/15/16 12/30/16 |

Objective 6: By April 15, 2017, disseminate project process findings and preliminary outcomes through at least 2 peer-reviewed journals, conferences and SOPHE communications.

| Objective 6 Activities | Lead Staff | Outcome | Partner | Year 1 | Year 2 |
|--|------------------------------|-----------------------------|-------------------------------|--------------------|---------------------|
| Activity 6.1 Publish an quarterly project update in SOHPE's News & Views Newsletter | Intern Project Manager | Articles | SCRIPT Coords | 4/15/15 ongoing | ongoing |
| Activity 6.2 Post project updates and new on SOPHE & partner websites and social media | Intern Project Manager | Website updates, posts | Strong Start | 4/15/15 ongoing | ongoing |
| Activity 6.3 Host at least 3 webinars on project progress and lessons learned | Intern Project Manager | Webinar presentations | SCRIPT Coords Strong Start | 4/15/15 ongoing | ongoing |
| Activity 6.4 Draft and submit manuscript about project to one of SOPHE's journals, <i>Health Promotion Practice</i> or <i>Health Education & Behavior</i> | Project Manager , PI | Manuscript | J. Schindler- Ruwisch | | 10/30/16 4/15/17 |
| Activity 6.5 Draft and submit conference abstracts for presentation at SOPHE's Annual Meeting, AMCHP and other relevant conferences. | Project Manager | Abstracts | J. Schindler- Ruwisch | | 10/30/16 4/15/17 |
| Activity 6.6 Present findings at SOPHE & AMCHP Annual Meetings and other professional conferences. | Project Manager | Conference Presentations | J. Schindler- Ruwisch | | 1/1/17 4/15/17 |