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Quit Kit Program For Pregnant & Parenting Families

13th Year Report

July 1, 2008 - June 30, 2009

Introduction

The Quit Kit Smoking Cessation Program for Pregnant and Parenting Families developed by Mothers & Babies Perinatal Network (M&BPN) officially began in the Fall of 1996, being initiated because of the limited availability of smoking cessation programs in the South Central New York region. As of June 30, 2009, Mothers & Babies Perinatal Network has completed year thirteen of operation of the Quit Kit program and has served a total of 1420 individuals. Network staff is pleased to be able to make this vital program available for pregnant women and others who care for children. During Year thirteen, 154 individuals indicated interest in stopping smoking and enrolling in the program. Each of these individuals received Quit Kit materials through the mail, a total of 97 individuals engaged in active enrollment through weekly phone counseling. The majority of those enrolled were pregnant women. The following report provides background information and detailed analysis of the program for the past year.

Year Thirteen Analysis

During the past year - July 1, 2008 through June 30, 2009 - a total of 97 individuals engaged in active enrollment in the Quit Kit Program. Of those individuals enrolled, 85 were pregnant women. This number continues to represent an increase as compared to previous years. The primary reason for this increase is the number of clients who are being directly referred by PCAP/MOMS organizations using the fax referral form – approximately 80% were referred to the program in this manner. (The 6/30 closing date is consistent with M&BPN's fiscal year and has no specific correlation to the Quit Kit program; therefore, a number of active clients are carried over from one year to the next.)

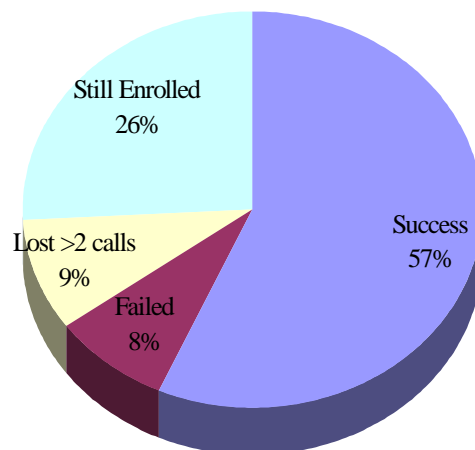
Success Rates

There was an overall success rate of 57% (N=55). Success rates are based on the number of individuals that were able to receive two or more counseling sessions to assist them in meeting their cessation goals. Successful clients were able to completely quit smoking during their enrollment period and are comfortable with their non-smoking status.

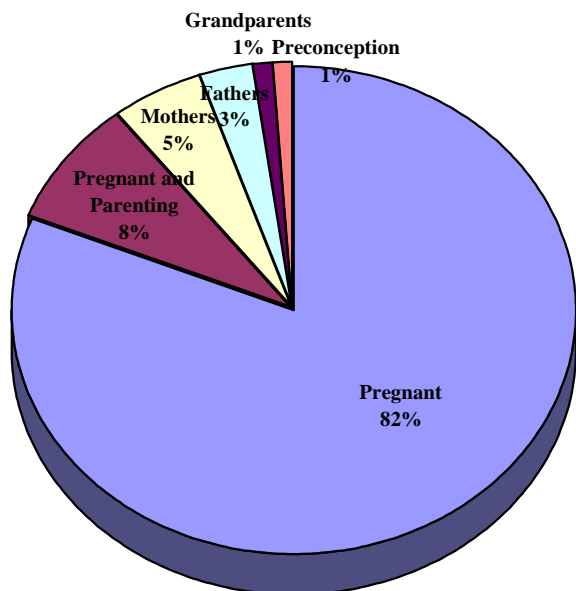
As of June 30, 2009, 26% of individuals (n=25) remain enrolled in the program with an outcome that is yet to be determined. Some of these clients have been enrolled in the Quit Kit program for a number of months, and though for many, permanent cessation has not yet been achieved, each attempt made and each day of continuous motivation, moves them closer to realization of their overall goal. Clients who have made several attempts are reminded of the U.S. statistic that it takes the average person 5-7 attempts before they are able to achieve permanent cessation and are encouraged to remain in the cessation program for as long as they are willing to make a cessation attempt.

Nine individuals were "lost to follow up", having had an interruption in phone service or no way to contact them after receiving at least two support calls.

In Year 13, a large number of individuals who indicated interest in the program were lost to follow up (n=57) having a disconnection in telephone service prior to receiving at least two counseling calls. It should be noted that each client, [with the exception of one woman whose materials were returned due to a change of address less than one week following initial enrollment] received self help materials in the mail containing a step by step quitting manual. There is no way to determine the eventual success of the



women who indicated interest in quitting and were lost to follow up prior to the initiation of counseling sessions. The most likely reason for the large number of individuals who were lost is the increase in enrollment of our most at risk populations. PCAP/MOMS clients represented the majority of enrollment this year via targeted outreach, and are more likely than the population at large to be transient and to lose phone service. Additionally, a number of young adults are choosing to utilize cellular phones as opposed to traditional land lines for their primary service and often pay by the minute for use. At least 16 clients during this past year indicated that they had or were in danger of running out of minutes and therefore were unable to receive counseling at regular intervals. Though many clients indicated interest in the program, many could not be reached for counseling sessions.



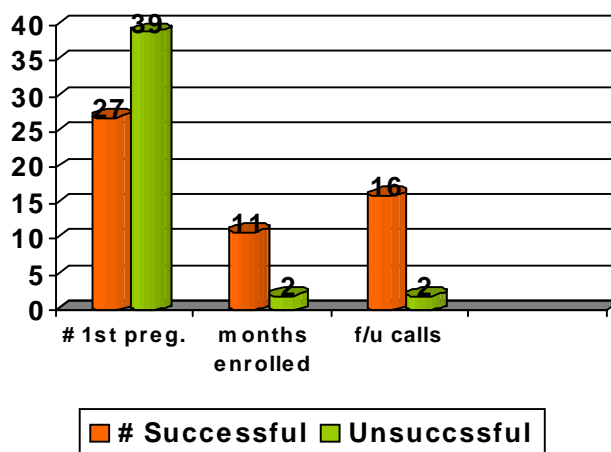
Client Demographics

Ninety percent of the total enrollments for the year represented pregnant women (N=85), Risks to their current pregnancy, the health of their unborn child and personal health risks were among the top three reasons for their cessation attempt. Cost was an additional key motivator for attempting cessation. Parenting women [including moms that were also pregnant] were the next largest segment of enrollees. In many cases, women were the primary enrollee and relayed messages to their male partner, although in some instances, both parents were enrolled in the program. Parenting individuals have indicated that their primary motivations for enrollment and cessation attempts are their personal health, the health of their families indicated 85% and 73% of the time respectively (recognizing that exposure to second

hand smoke is harmful to their children). Cost has been a key determinate in making the decision to attempt cessation, with 53% of all enrollees indicating that it was among the main reasons for wanting to quit.

Contributing Factors in Perinatal Smoking

With the Network’s primary focus on pregnant women, we include a review of contributing factors for both success and failure as a part of the annual analysis. We reviewed a number of factors related to smoking patterns, exposure to second hand smoke in the home, primary or subsequent pregnancy, and the duration of time/number of calls were reviewed. Analysis includes a comparison between pregnant women who were successful (n=54) and those who were not (n=4) and those who were unable to complete cessation after at least two follow up calls due to a disconnection in phone service (n=8). The moms who were in active enrollment at the time of this report were not included in the comparison as their outcome is unknown at this time.



The most significant contributing factors related to pregnant client’s success were the number of months

enrolled and the number of calls that they received during their enrollment period. Successful clients, on average, were enrolled five times as long as those who were not successful (11 month's vs. 2 months). *note that individuals may not have been disenrolled from the program immediately upon not being able to be reached due to frequent attempts to re-engage them in the program. Clients that were constantly reached for support calls were also more likely to be successful compared with clients who either received phone messages or those with frequent or permanent interruption in phone service. Additional demographic information that was collected but did not indicate statistical significance included exposure to second hand smoke in the household, the age at which clients began smoking and the number of cigarettes smoked upon enrollment as these numbers were consistent among both groups. The majority of clients began smoking between the ages of 13 and 19, 74% of total were exposed to second hand smoke in the home and the majority were smoking 10-15 cigarettes upon enrollment with the minimum number being 4 cigarettes daily and the maximum number being 30+ daily.

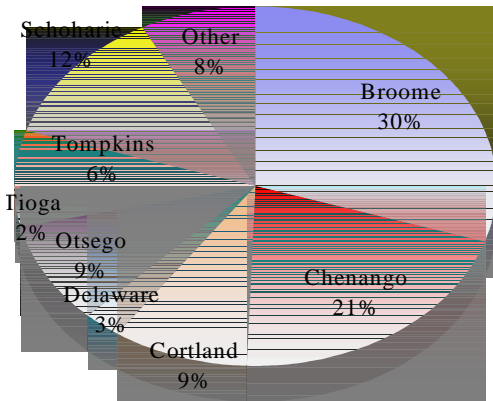
Barriers to successful cessation: Since the Quit Kit program is a phone-based cessation program, a number of clients are "lost to follow-up" due to disruption of phone service or moving from their previous location with no forwarding contact information. Therefore, as we determine overall program success, it is important to segregate clients who have been lost to follow-up from those who enrolled, but never actually became active, and those who were unsuccessful with their quit attempts and gave up. Fifty-seven women enrolled in the program but were unable to maintain phone service for long enough to receive at least 2 support calls. Eight pregnant women were "lost to follow up", having had an interruption in phone service or no way to contact them after receiving at least two support calls. Taking into consideration the number of pregnant women who were lost prior to at least two phone calls, the number of pregnant women who received significant support calls during enrollment decreases to 77.

Of the women who were unsuccessful (N=4), one of the woman dis-enrolled as a result of her pregnancy ending in miscarriage, two women indicated that the program was something different than they had anticipated it being as they were hoping to receive medication to assist them with their cessation attempt. They both agreed to try counseling when they learned that there are currently no medications that are approved for use in pregnancy. However, each woman eventually decided that she really needed more help to be successful. One woman was able to significantly decrease the amount that she was smoking prior to making plans to move out of the state. Although counseling staff offered to continue to support her through her cessation, she never reconnected with the program once her move was finalized.

Additional barriers that were ultimately overcome with time include spouses, and significant others smoking in the household. Women indicated more difficulty when there were cigarettes readily available, particularly in the evening hours when other smoking adults were at home. Women also noted that stress was a significant barrier to quitting as smoking was consistently noted to be a primary way of dealing with stressful events such as domestic discord, financial difficulty and the pressures of single parenthood, this remained true of women whose domestic partner worked out of town on most days. These barriers were addressed through relaxation techniques, stress management exercises and making provisions for "me time" that did not include slipping out to the porch for a cigarette. A number of women indicated that another successful motivator included the development of an incentive system using the money that they were saving by not smoking to purchase items for themselves as a reward for milestone days without a cigarette. This technique is noted in the "*Freedom from Smoking*" materials and has been a successful motivation strategy for women for a number of years.

As preliminary demographic information is collected at the time that interest in the program is indicated, the following demographics represent the total number of individuals who received self help materials through the mail which may or may not have resulted in weekly counseling through the program.

County of Residence



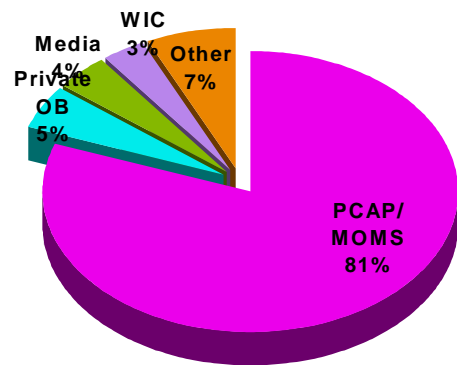
County of Residence

A review of interest by county of residence indicates that the majority of participation came from Broome and Chenango Counties. The number of individuals from Chenango County decreased significantly this year due to a lack of continued funding for the diaper incentive program. A total of 36 women were able to enroll in that program prior to diaper vouchers being expended. Indications are that this was a major impetus among low income women to engage in a cessation attempt. M&BPN will continue to targeted efforts to decrease the incidence of smoking during pregnancy and will focus on counties that have the highest rates, such as Chenango, Tioga and Broome. Outreach efforts to all south central counties will continue during the 2009-10 program year.

Program Referral

The majority of the referrals for the Quit Kit program this year were the result of targeted outreach efforts and fax referral form which allows regional PCAP/MOMS programs to discuss the program with pregnant women in their offices and have them fill out a fax referral form for program enrollment prior to leaving the office. As a result, representation in the program for this population rose from just over 50% last year to more than 75% this year [the majority coming from the Lourdes Demarillac program in Broome County]. Referrals in the “other” category represent area agencies, health department, family and friends. Private obstetric physicians represent the next highest significant source of enrollment.

Program Referrals



M&BPN is able to track demographic indicators such as; income, ethnicity, and insurance information in addition to age and marital status. Of the clients for whom marital status is known (82%) the majority were single (n=93) [about 24 individuals did not answer this question]. The average age of clients has decreased slightly from previous years, with the average age being 25 years of age. Over 89% of the enrolled individuals indicated race (N=127); of these, 91% were Caucasian, 2% were Native American, and 7% were African American. (27 individuals did not indicate race.) The majority of clients enrolled did have some type of insurance coverage; however, most (93%) indicated Medicaid or Family Health Plus, (consistent with a large number of PCAP/MOMS clients.) as their primary type of coverage. The two individuals who indicated that they did not have insurance coverage were referred to a local facilitated enrollment site for application assistance for one of the State Health Insurance programs. The majority of enrolled individuals (N=145) indicated household income. Of those who provided income information, 93% had annual income levels of less than \$20,000, the majority indicating annual incomes of less than \$10,000.

Back Ground Information

The impetus for the establishment of the Quit Kit program in 1996 was two-fold: First the high rates of smoking by pregnant women, and the correlation between smoking and poor birth outcomes; and 2) the lack of available smoking cessation programs for pregnant women. Regional perinatal health assessment studies completed by the Network in 1996 indicated that more than 22% of all pregnant women in the South Central region acknowledged smoking during pregnancy. This data combined with limited program availability and the identification of barriers (cost, program duration and need for child care) to attending smoking cessation classes clearly demonstrated that if Network promotion of healthy pregnancy behaviors - including smoking cessation - were to be successful; it was essential to ensure the availability of cessation support services, and the Quit Kit program evolved.

Although M&BPN initiated the Quit Kit program to specifically reach pregnant women, staff recognized a challenge for a pregnant woman's success is often related to her connectivity to other smokers - including her partner, other family members and friends. Secondly, with the lack of availability of other non-group smoking cessation programs; Network staff opened eligibility into the program to partners of pregnant women, and anyone who cares for children.

The Quit Kit program began with provision of the American Lung Association's (ALA) "*Freedom from Smoking for Me and My Baby*", self-help quit manual. In 1998 Network staff began to use the more generic "*Freedom From Smoking*" - an updated resource produced by ALA that is appropriate for all smoking individuals. Both booklets are self-help cessation manuals that help the smoker identify their reasons for smoking, the advantages of quitting, how to break the smoking pattern and, in general, helps develop and promote a plan of action. The "*Freedom From Smoking*" more contemporary booklet is relevant for women who are not pregnant, their partners or spouses and adolescents as well as pregnant women. To supplement the information provided in this manual, Network staff also provides clients with materials from the American Cancer Society such as the "*Fresh Start Families*" program materials, and others specific to the individual client's situation (i.e., pregnant, parenting, male/female).

The counseling component of the Quit Kit program is managed by Network staff that is specifically trained in smoking cessation. Staff has completed training programs provided by the National Cancer Institute, the NYC Healthy Start program, American Cancer Society, the University of Pittsburgh International Smoking Cessation Specialist Program, and more. As new opportunities to enhance the expertise of staff working in the Quit Kit program become available, Network administration strives to ensure staff is able to attend.

Program Support

The Quit Kit smoking cessation program for pregnant and parenting families is supported solely by perinatal network funding. Previous supplemental funding that was accessible through various community coalitions and cessation centers is no longer available. Though many publications that are printed through these groups continue to include the Quit Kit program as a resource of cessation, targeted funding for the program itself or for targeted outreach is not allocated. Primary funding continues to come from the NYS Dept. of Health, Bureau of Women's Health (through the CPPSN program).

The Quit Kit Program

Clients may self-refer to the Quit-Kit program, or a health care provider, health department, or other human service agency (WIC, Family Planning etc.) can refer an individual to the program. Enrollment in the program requires the individual to personally request entry either by calling themselves for

enrollment, or by signing a referral form that can then be faxed in to the Network by the provider. Network staff takes brief information from each client concerning their smoking history, perinatal status, and reasons for wanting to quit. [All Perinatal Network staff is trained in the enrollment and orientation phases of the Quit-Kit program.] Following the brief intake, each client is sent a program packet which includes the ALA "*Freedom from Smoking*" booklet and other materials specific to their pregnant/parenting, or other personal status. Clients are invited to contact the Network once the packet is received if they have any questions, want additional information, or choose to initiate counseling immediately. Otherwise, phone counseling is initiated by M&BPN's staff one week after the initial enrollment, and is continued weekly until the client attains success or withdraws.

To further support the client's success, each is encouraged to advise her (or his) health care provider of enrollment by signing a release of information that is returned to M&BPN. Upon receipt of release, M&BPN will send a letter to the client's provider, informing him/her of the client's decision to enroll in the program and their goal of smoking cessation. M&BPN encourages providers to support patients through the quitting process by offering positive feed-back and by promoting the health benefits of quitting.

Once a client attains success with cessation, they are moved to the *Phase Out* segment of the Quit Kit program where they are followed less intently (phone contact @ one, three, six and twelve month intervals rather than weekly. Phase Out is designed to help those (initially) successful with cessation, to continue their "smoke free" status. When contacted at the monthly intervals, if a client discloses difficulties or has relapsed, they are placed back into "active" status where weekly phone calls are resumed. During conversations with clients who remain successful, continued encouragement is provided by staff, and clients are encouraged to share strategies that might have been most helpful to them for their cessation. These tips are useful for sharing with actively enrolled clients to assist them with any difficulties that they may be experiencing. If the clients remain smoke free, and are not having difficulty, they will be determined a "success" and services finalized upon completion of the one year phone call. It should be noted that individuals are not moved to Phase Out until they are confident with their non-smoking status. Therefore an individual may be followed for more than one year following cessation, per client request.

Conclusion

M&BPN is pleased to have been able to provide the Quit Kit program over the past year. The Network Board and Staff would like to express sincere appreciation for the financial and general program support provided by our funding partners and referral sources throughout the SCNY region. The Network is committed to continuation of the Quit Kit program and to continued efforts to inform consumers of the dangers of smoking during pregnancy, as well as the negative health effects associated with second hand smoke.

Network staff will continue to concentrate outreach efforts to areas where referrals are the lowest, and to populations evidenced to be the most at risk, as well as to promote the "quit" message and provision of support through increased media, literature distribution, consumer education programs, provider training and in-service programs for other agencies. The Network will also continue collaboration and participation in all regional tobacco coalitions and initiatives.

For additional information on Mothers and Babies Quit Kit Program, contact Sharon Chesna, Executive Director or Christina Finch, Quit Kit Program Coordinator, at 1-800-231-0744.