

Idaho WIC Program Aims to Increase Number of Pregnant Women Enrolled in Smoking Cessation Program – A Community Pilot Project

Using quality improvement tools, the Idaho Central District Health Department updated its smoking cessation counseling and referral processes with the goal of reducing tobacco use among pregnant women.

Smoking during pregnancy is harmful to both mother and child, causing complications such as stillbirth, preterm birth, low birth weight, and sudden infant death syndrome.¹ To mitigate these complications, Idaho's Central District Health Department (CDHD) sought to enroll more pregnant clients of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in its smoking cessation program.

The CDHD WIC smoking cessation program enrolled half of all pregnant clients who self-identified as smokers through the clinics' screening and referral process. In order to increase the number of WIC clients enrolled in the smoking cessation program, the CDHD created a quality improvement (QI) team. The team expanded upon the current programs' screening and referral processes, which increased the rate of enrollment among this population during the first year of implementation.

Steps Taken

- The Central District Health Department's strategic priority addresses various public health challenges, including decreasing risk factors for chronic diseases by increasing physical activity, improving nutrition, and decreasing tobacco initiation and use. Because CDHD and its Board of Health are devoted to achieving these goals, the CDHD director supported the idea of creating a QI team to improve the current smoking cessation program. Created in January 2013, the QI team was comprised of the health promotion program manager, a health policy analyst, the WIC program manager, and WIC staff.
- In FY 2013 CDHD funded the program with a small grant from the National Network of Public Health Institutes.
- Using the Plan, Do, Study, Act Improvement Model², the CDHD QI team sought to increase the number of pregnant WIC clients who self-identified as smokers and were enrolled in the smoking cessation program.
- To evaluate the root causes of smoking during pregnancy and low smoking cessation program enrollment rate among CDHD WIC clients, the team conducted focus groups both with WIC clients and with WIC staff, created a WIC staff flowchart of clinic visit activities, and completed a fishbone diagram³ to look at cause and effect.
 - Two WIC client focus groups were conducted and clients were recruited during their normal clinic appointments and offered incentives to participate.

- In FY 2013, the WIC smoking cessation program increased enrollment by 18 percent.
- Thirty-six percent of clients enrolled in the WIC smoking cessation program self-identified as no longer smoking at the end of the program.

- During the WIC staff focus group, participants were asked to complete a flow chart exercise mapping the current processes for tobacco screening, referral, and documentation.
- After the WIC staff focus group, participants created a cause and effect fishbone diagram to identify possible reasons for low enrollment of pregnant smokers into the WIC Quit Tobacco Program.
- Shortly after the focus groups concluded, WIC staff were asked to participate in a silent brainstorming session, in which staff members generated suggestions for improving the program. Each participating staff member was given 5 stickers to vote on their top solutions of which three were prioritized: providing clients with incentives, disseminating promotional visuals, and decreasing the amount of paperwork the WIC staff had to complete for program referrals.
- Providing client incentives was cost prohibitive for the project, which helped the team narrow down its options. The team ultimately concluded that streamlining paperwork was the best step to implement improvements within the WIC smoking cessation program because it could be implemented quickly.
- Working closely with WIC staff members, the QI team streamlined three different forms for enrolling clients, turning them into a one-page referral and chart form. The team then took a five-page document that was used in the counseling process and turned it into a one-page document that discussed barriers to quitting. This document was field tested and based on feedback from WIC staff, appropriate suggestions were incorporated.
- The team also used the Idaho QuitLine fax referral form, developed by Project Filter-Idaho Fights Tobacco, Division of Public Health, Idaho Department of Health and Welfare.. Based on client feedback, referral into the Idaho QuitLine allowed timely, consistent assistance in the cessation process, something that could not be accomplished in the WIC clinic since clients are seen once every one to three months.
- The team realized that clients were not answering calls from the QuitLine because they did not recognize the number. After staff encouraged clients to save the number, staff saw an increase in the rate of successful contact between WIC clients and QuitLine staff.
- After streamlining the program referral paperwork, the QI team held weekly meetings with WIC staff to ensure the new referral process was properly implemented and the paperwork was efficient. During these weekly meetings, teams created a script for staff to use when broaching the sensitive topic of smoking cessation with their clients. These meetings also helped WIC staff better understand the referral process to the Idaho QuitLine, which allowed them to better promote the QuitLine to clients as another support network.

Results

- After streamlining the referral process paperwork, enrollment numbers increased in FY 2013 by 18 percent. While many variables were involved, staff noted that by streamlining the paperwork and making it less time consuming, they were more likely to offer clients the cessation program services.
- Once regular staff meetings subsided, enrollment numbers decreased in both FY 2014 and FY 2015. CDHD is implementing efforts to increase enrollment including monthly WIC staff incentive program which awards staff members who refer the most clients to the cessation program,

promotional posters in the WIC lobby and client meeting rooms, and a small incentive to clients who enroll in the tobacco cessation program such as a water bottle, baby t-shirt, or stress twist.

- Thirty-six percent of clients enrolled in the WIC smoking cessation program self-identified as no longer smoking at the end of the program.
- Although the program did not see a significant increase in the number of pregnant WIC clients enrolled in the smoking cessation program, there were three positive outcomes: streamlined paperwork for referring clients to the program; increased number of WIC staff trainings on how to approach clients about the smoking cessation program; and increased client support via timely and consistent client counselling and referral to the Idaho QuitLine.
 - WIC staff members received monthly training on topics which increased their comfort level and proficiency in referring and enrolling clients into the tobacco cessation program. Topics included how to determine readiness to quit, motivational interviewing, and participant-centered counseling techniques. Model scripts for promoting the program to clients were developed for staff use. To gain proficiency in using these techniques, role-playing occurred during staff meetings.

Lessons Learned

- The QI team believes that referrals into the smoking cessation program may have dropped since FY 2013 due to increased use of e-cigarettes. Current FDA guidelines state that e-cigarettes⁴ are not a tobacco product. Moving forward, the program hopes to start collecting data on e-cigarette use among pregnant WIC clients. This data would allow WIC clinics to refer this subgroup to the smoking cessation program.
- WIC staff need to hold regular meetings to keep the smoking cessation program at the forefront of their daily routine.
- Utilizing the Idaho QuitLine as a referral option allowed tobacco cessation counseling to be delivered to enrolled clients in a timely and consistent manner. Use of the Idaho QuitLine also made the program available in multiple languages.
- It is important to be flexible especially when dealing with staff turnover and time constraints.
- It's essential to involve staff impacted by the project to garner their insight and buy-in.

References:

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Community-Based Project



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