



**SMOKE-FREE FAMILIES**

Innovations to Stop Smoking During and Beyond Pregnancy

# Implementing Tobacco Treatment in Ohio's WIC and Help Me Grow Programs

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## Background

The Ohio Bureau of Child and Family Health Services funded a smoking cessation initiative for clients enrolled in the Women, Infants, and Children (WIC) and Help Me Grow (HMG) programs. The Ohio Partners for Smoke-Free Families pilot was implemented between January 2006 and June 2007 in four geographically diverse counties: Clark, Marion, Muskingum and Summit. The purpose was to develop systems for delivering the evidence-based intervention known as the 5 A's (ASK, ADVISE, ASSESS, ASSIST and ARRANGE). Results are being used to inform a statewide dissemination effort.

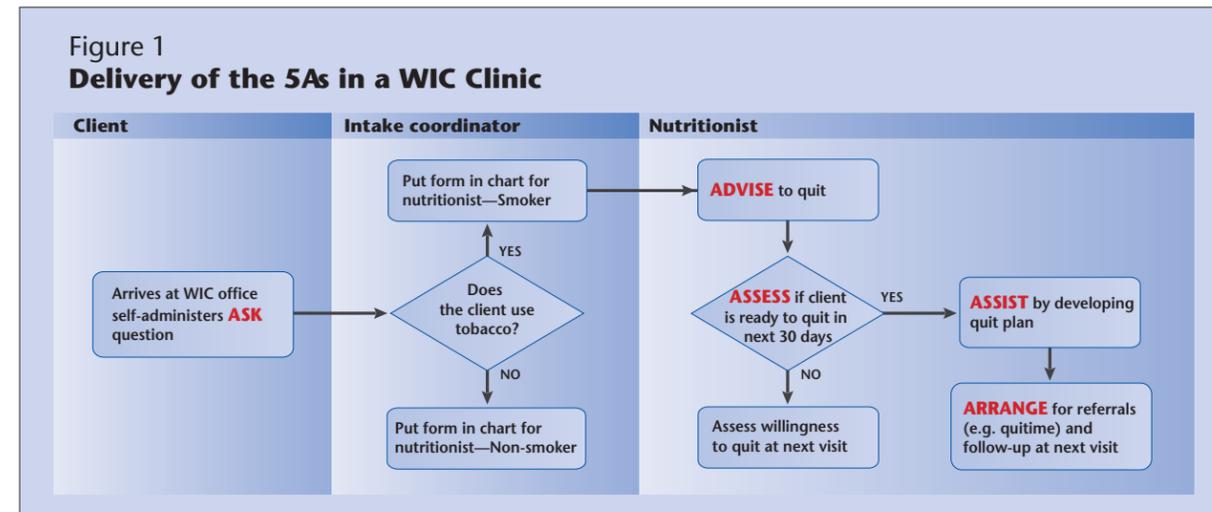
## Methods

Data collection included key informant interviews, baseline and follow-up provider surveys, chart audits and quitline referrals. Key informant interviews were conducted using an open-ended survey instrument. Provider surveys were self-administered paper questionnaires, and data were analyzed using Survey Monkey. For the baseline, three -month and six -month chart audits, data from a pilot-specific documentation form were collected and analyzed using Access and Excel. Information on quitline referrals was provided by the Ohio Tobacco Prevention Foundation which funds the Ohio Tobacco Quitline.



## Results

Process data were used to create service delivery models; Figure 1 is a flowchart developed by pilot participants.



Findings from the provider surveys and chart audits revealed a number of improvements in the delivery of the 5 A's over time. WIC and HMG providers reported **slight increases in their belief that clients are receptive to cessation services (Figure 2), and in their ability to counsel clients who smoke.**

There were also **increases between pre- and post-test measures in the ASSIST component of the 5 A's** which includes problem solving with clients, addressing their social environment and distributing self-help materials (Figures 3 and 4). One major limitation of the provider survey data is the small number of respondents (pre-test: n=34; post-test: n=30).

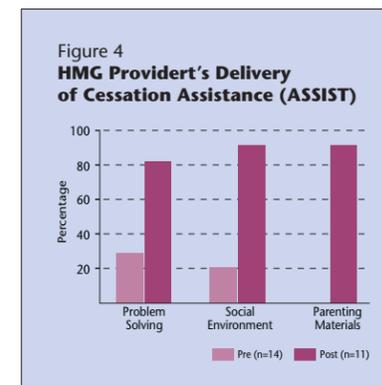
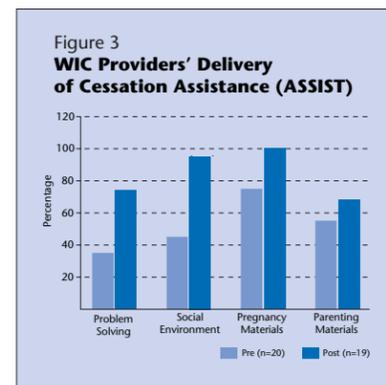
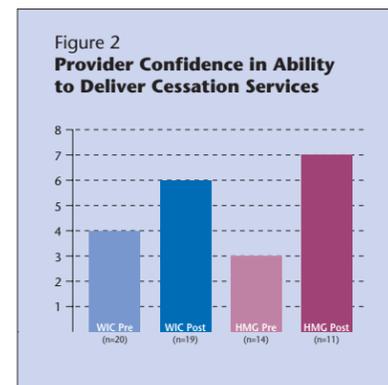


Chart documentation results were based on audits of 603 WIC charts and 201 HMG charts. Positive trends included:

- 1) **Higher disclosure of tobacco use** with the standardized ASK question;
- 2) **Successful integration of the pilot documentation form** into more than two-thirds of all client charts;
- 3) **Consistent screening for secondhand smoke exposure** which was documented in more than 75 percent of all charts; and
- 4) **Documentation of the ASSIST step** in a majority (62 percent) of the WIC charts. The area in need of most improvement was documenting the ASSIST step for HMG, which occurred in only 15 percent of the charts. Fax referrals to the quitline began slowly. Between March and June 2007, there were 45 referrals to the Ohio Tobacco Quitline from all pilot sites combined.

## Conclusion

With leadership from the WIC and HMG directors, the pilot sites were able to partially incorporate the 5 A's into their daily routine within a six-month period. Standardized documentation, free materials, mandatory training and ongoing technical assistance are the minimum requirements for success. Recommendations for statewide dissemination included incorporating tobacco screening and treatment into WIC and HMG program requirements and electronic data collection systems.