

Community Health Brief

February 2012

Building a Better, Sustainable Tobacco Screening & Referral System www.SDSmokeFreeFamilies.org

Background

Smoking during pregnancy is the single most important and modifiable risk factor for improving negative health outcomes for mother and baby. Child exposure to second hand smoke increases asthma, ear infections and respiratory problems. Best practices recommend that health care providers screen all patients for tobacco use, provide brief interventions and ensure access to state quitlines for cessation. San Diego County has launched a 10-year health strategy including a goal to ensure smoking cessation strategies for pregnant women and other high risk populations.

Partnership for Smoke-Free Families Program (PSF)

In 1999 Rady Children's Hospital, Scripps and Sharp Health-Care partnered to launch the *Partnership for Smoke-Free Families* (PSF) to reduce prenatal smoking and child exposure to secondhand smoke. PSF is based on "best practice" strategies outlined in the USPHS Clinical Practice Guideline. Tools and office systems are provided by PSF to obstetric and pediatric providers to routinely screen *all* patients for tobacco exposure and proactively link smokers with proven resources.

PSF partnered with the California Smokers' Helpline (CSH) to develop a pregnancy-specific cessation protocol (proven effective in a research study) and a proactive recruitment model. Proactive recruitment means that all smokers referred to CSH by PSF providers are contacted by trained counselors for enrollment in cessation counseling – rather than waiting for smokers to call themselves.

A Better, Sustainable System

In an effort to keep pace with emerging needs of the healthcare community, PSF staff spent 2011 converting the program to a greatly simplified web-based, direct fax referral program with these goals in mind:

- 1) Maintain essential program components: screening, referral and proactive contact;
- 2) Expedite the referral process for smokers;
- 3) Allow for expanded participation; and
- 4) Sustain the program long-term at a very low cost.

Today, eighty-five provider groups (307 providers) have joined or converted to the modified PSF program (including Public Health Nurses from all nine regions). Key program changes for providers include:

- 1) downloading custom screening/referral forms and all other program materials from the web and
- 2) faxing referral forms for identified smokers directly to the CSH.

Conclusion

After 13 years of working with a network of more than 300 providers, key lessons learned include:

1) healthcare providers play a key role in tobacco control;

PSF Highlights

- ◆ 300,000 pregnant women and parents of small children screened for tobacco use/exposure.
- Participating network of more than 300 physicians.
- ♦ 55,000 proactively referred to cessation services or linked with other interventions.
- Proactive contact results in a 17 fold increase in the number of smokers who receive service compared to those who call in on their own.
- ◆ PSF received the 2011 San Diego County Health & Human Service Department's Public Health Champion Award.

- 2) proactive follow up is essential to success;
- 3) transitioning to a web-based approach is possible, but requires an easy-to-use system and ongoing outreach, support and communication with providers.

The PSF Partnership recommends expanded outreach to groups working with pregnant women, i.e. WIC, Black Infant Health Network, etc., as well as integration with the County's Health Strategy to ensure a sustained system of excellence.

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