



SMOKE FREE FOR ME LEARNING COLLABORATIVE **CHANGE PACKAGE**

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Ohio Partners for
Smoke Free Families



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For additional information on the Smoke Free Families QI Project and digital versions of the resources included in this Change Package, please visit <http://ohioaap.org/sffchangepackage>





INTRODUCTION

Tobacco exposure contributes to morbidity and mortality among both those who use tobacco and those who experience second-hand exposure. In adults, the use of tobacco can lead to various forms of cancer, reproductive health issues, respiratory issues, and other negative health outcomes. In addition, tobacco use in impoverished populations is almost twice as high in higher-income groups. For infants, exposure to second-hand smoke can lead to increased rates of ear infections, impaired lung function, respiratory illness, more frequent and severe asthma attacks, accidental burns, and SIDS. Pediatricians have a unique opportunity to improve early childhood outcomes by intervening and supporting families in creating smoke-free homes for their children.

It is important for healthcare providers and programmatic personnel to identify tobacco use among their clients and offer comprehensive interventions to address cessation efforts. Pediatric visits within the first year of life present an opportunity for clinicians to effect behavior change within families of children exposed to second hand smoke. Pediatricians often see a family a minimum of six times in the first year of life for a child, which offers multiple opportunities for assessing and supporting tobacco cessation.

Cigarette smoking during pregnancy and smoke exposure for infants is one of the most significant factors contributing to poor pregnancy outcomes. Families who quit before or during pregnancy can reduce or eliminate these risks. Despite well-documented maternal, fetal and infant health effects of smoking during pregnancy, 16.9 percent of births in Ohio were to mothers who smoked, according to 2012 Vital Statistics data; even more infants were exposed to secondhand smoke in their environments during the first year of life.

Smoke exposure for infants increases the likelihood of more frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Risks for miscarriage, premature delivery, stillbirth, and low birth weight are all increased if smoke exposure during pregnancy occurs.

Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained, unexpected death of an infant during sleep in the first year of life. SIDS is the leading cause of death in otherwise healthy infants. These deaths are also considered “sleep related deaths” and environmental factors can play a large role. Infant sleep environments with soft objects (blankets, pillows, toys, etc.) or shared surfaces increase risks for SIDS. Secondhand smoke exposure also increases the risk for SIDS.

Smoking by women during pregnancy increases the risk for SIDS. Infants who are exposed to secondhand smoke after birth are also at greater risk for SIDS. Chemicals in secondhand smoke appear to affect the brain in ways that interfere with its regulation of infants’ breathing. Infants who die from SIDS have higher concentrations of nicotine in their lungs and higher levels of cotinine (a biological marker for secondhand smoke exposure) than infants who die from other causes.





EVALUATION SUMMARY

The Smoke Free Families Pediatrics Quality Improvement Project engages practices that provide clinical services to pediatric patients to address infant smoke exposure and safe sleep practices through an evidence-based quality improvement intervention. This evaluation focused on three unique project periods (from January 2018 to July 2020) during which engaged practices addressed three primary targets, also referred to as SMART aims. Practices met these aims during some project months, and generally improved in these areas compared to baseline:

- **SMART AIM1:** Incorporate the SFF screening tool so that at least 90% of caregivers will be asked about the child's exposure to smoking/vaping and unsafe sleep environments. *By the end of each of the first three project periods, 68% of participating practices met the 90% target.*
- **SMART AIM2:** Advise and assist smoking caregivers and other smokers in the home by offering smoking/vaping cessation resources to at least 80% of individuals that screened positive. *By the end of each of the first three project periods, 88% and 67% of practices met the 80% target for caregivers and others in the home, respectively.*
- **SMART AIM3:** Arrange caregiver referrals, primarily to the Ohio Quit Line, for at least 80% of those who screen positive for smoking/vaping and are ready to quit. *By the end of each of the first three project periods, 65% of participating practices had met the 80% target for arranging caregiver referrals. By the end of each project period, 87% of practices were arranging at least some caregiver referral, compared to the 0% of practices that were arranging referrals prior to project start.*

Additionally, the evaluation assessed whether there was improvement in infant smoke exposure and safe sleep practices. Evaluation findings show a positive impact on both smoke exposure and safe sleep:

- In all three project periods, approximately half of caregivers who reported smoking or vaping at their infant's initial visit during the project period reported cutting back or quitting by their second visit (53%, 48% and 53% in project periods 1, 2 and 3, respectively). In other smoking cessation interventions targeted at parents of children and adolescents, approximately 13.1% of parents reported quitting smoking. In each of the first three project periods of SFF Pediatrics, at least 25% of smoking caregivers quit smoking.
- Of all infant homes that had at least one person smoking and vaping, nearly half either reduced or eliminated smoke exposure in their home (41%, 42%, and 46% in project periods 1, 2, and 3).
- Approximately half of infants who had some unsafe sleep practice at their initial visit during the project period had improved sleep practices by their second visit (49%, 57%, and 57% in project periods 1, 2, and 3).





PROJECT BACKGROUND

Launched in 2018 and led by the Ohio Chapter- American Academy of Pediatrics (OhioAAP), in collaboration with the Ohio Colleges of Medicine Government Resource Center (GRC), and sponsored by the Ohio Department of Health (ODH) and Ohio Department of Medicaid (ODM), the Ohio Smoke Free Families Pediatrics (SFF Pediatrics) Learning Collaborative is a quality improvement (QI) project that seeks to build upon the existing relationships between pediatric providers and families by addressing caregiver and family member smoking behavior early in a child's life, during infant well-visit appointments. As part of the project, providers facilitated discussions around the harm of smoking and second-hand smoke exposure and provide cessation resources and handouts and Ohio Quit Line or other referrals to caregivers who screen positive for smoking or vaping behavior. A screening tool was developed for easy implementation into clinical practice to allow providers to seamlessly screen for risk behaviors, including tobacco use and sleeping practices, and utilized the evidence-based 5As (Ask, Advise, Assess, Assist and Arrange) intervention for smoking cessation to promote behavior change. Educational resources were provided to participating parents to communicate best practices related to reducing select risk factors for infant mortality.

Over the course of four years, the SFF Pediatrics project engaged more than 60 pediatric care practices across four project periods to implement the screening tool and corresponding interventions.



FOCUS AREA: TOBACCO EXPOSURE IN INFANTS

GOAL

Educate families about the effects of tobacco use and vaping on infant and lifelong health, the dangers of secondhand smoke, and provide resources and/or referrals to help caregivers access appropriate cessation or support services.

COUNSELING

The 5 A's model for treating tobacco use and dependence is a brief counseling intervention and evidenced-based smoking cessation program designed to help providers hold a conversation with caregivers, encouraging them to quit. The 5A's can be used by any health care professional and implemented as part of a routine visit in 5-15 minutes.

- Ask the caregiver about smoking status at the first visit and follow up at subsequent visits.
- Advise the caregiver who smokes to stop by providing advice to quit. Provide information about the risks of continued smoking to the individual and family.
- Assess the caregiver's willingness to attempt to quit smoking at each visit. Quitting advice, assessment, and motivational assistance should be offered at subsequent care visits.
- Assist those who are interested in quitting by providing specific, selfhelp smoking cessation materials. Offer direct referral to the Ohio Tobacco Quit Line to provide ongoing counseling and support.
- Arrange follow-up visits to track the progress of the caregiver's attempt to quit smoking. For current and former smokers, smoking status should be monitored and recorded, providing opportunities to congratulate and support success, reinforce steps taken toward quitting, and advise those still considering a cessation attempt.

INTERVENTION

Based on the caregiver's willingness to quit, referrals can be made to the Ohio Tobacco Quit Line, a free tobacco quit line counseling service for uninsured Ohioans, Medicaid recipients, pregnant women, and members of the Ohio Tobacco Collaborative, or parents can be encouraged to seek care with their PCP for further resources.

DOCUMENTATION AND BILLING

Document positive screenings and interventions at every well-child visit from birth to 12 months in the child's EHR. Screenings for tobacco use can be billed to the child's health plan through Medicaid.

RESOURCES

The Ohio Partners for Smoke Free Families provides resources designed to support healthcare professionals in implementing or improving tobacco cessation services within their organization.

<http://ohiosmokefreefamilies.org/>



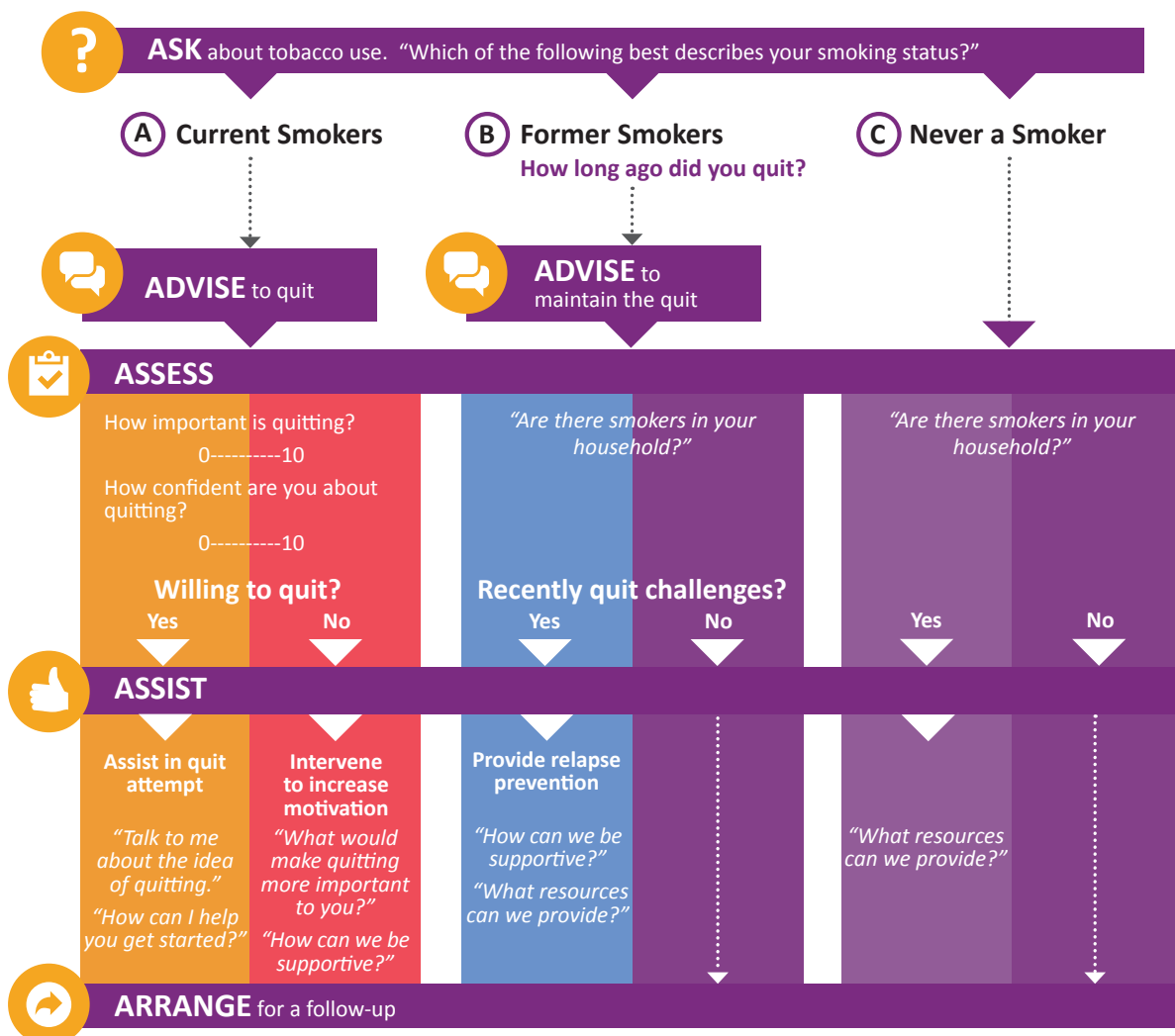


5 A'S MODEL FOR TOBACCO CESSATION

5 A's Implementation Toolkit



Treating Tobacco Dependence as a Chronic Disease



5 A's Brief Counseling Intervention Model ^{5, 6, 7, 8}



FOCUS AREA: SAFE SLEEP AND TOBACCO EXPOSURE

GOAL

Increase the number of families who understand and practice safe sleep at all times, including overnight and naps, for infants up to twelve months of age.

COUNSELING



All families with infants should receive education on safe sleep.

- To reduce the risk of SIDS, infants should be placed for sleep on their back, for every sleep, until the child is 1 year old. Infants should sleep on a firm sleep surface covered by a fitted sheet with no other bedding or soft objects.
- AAP recommends infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for the first year of life, but at least for the first 6 months.
- Room-sharing decreases the risk of SIDS by as much as 50 percent and is safer than bed sharing or solitary sleeping.
- It is not recommended that infants sleep on the same surface with other people.
- Breastfeeding is associated with a reduced risk of SIDS.
- Infants who are brought into the bed for feeding or comforting should be returned to their own crib or bassinet when the parent is ready to return to sleep.

Families with risks for smoke exposure should also be encouraged to avoid secondhand smoke whenever possible.

- Do not smoke during pregnancy.
- Do not smoke or allow smoking in your home or around your baby.
- Do not allow anyone to smoke in your car, even with the window down.
- Make sure your children's day care centers are tobacco-free.

INTERVENTION



If families need resources to support safe sleep, items such as educational board books or sleep sacks could be provided in the physicians office; local health departments or other organizations may offer assistance with pack-n-plays to provide a safe sleep environment.

DOCUMENTATION AND BILLING



Document discussion of safe sleep at every well-child visit from birth to 12 months in the child's EHR.

RESOURCES



The Ohio Department of Health offers information for families and providers on safe sleep, with resources available in many languages and formats. <http://odh.ohio.gov/safesleep>





QI MATERIALS

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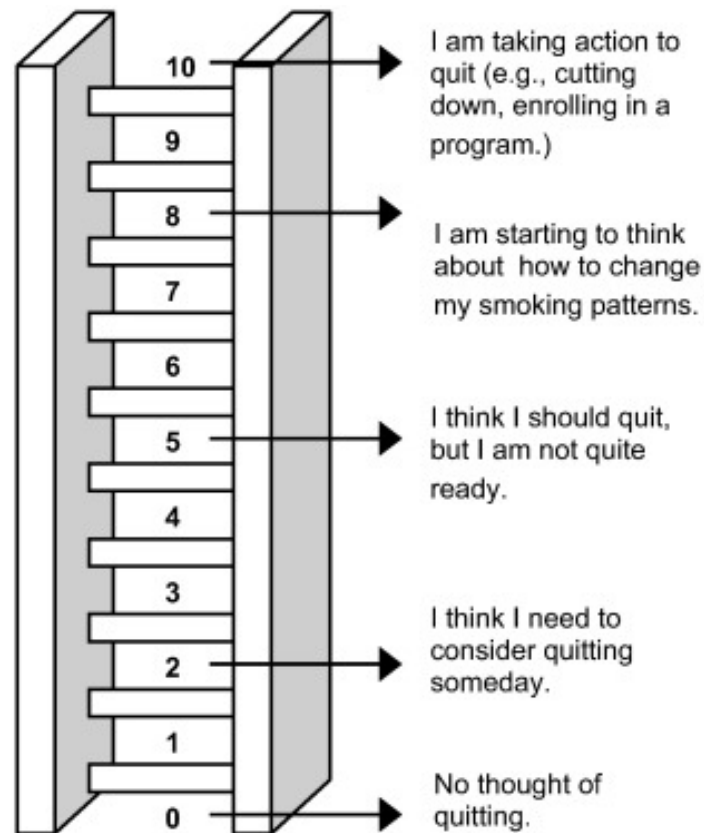
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SMOKE FREE FOR ME PROVIDER TALKING POINTS



SMOKING/VAPING – PRIMARY CAREGIVER

SCREENING QUESTION:

Do you currently smoke or vape?

TALKING POINTS:

- Quitting smoking and creating a smoke-free home is the best thing you can do for you and your baby's health.
- Some risks for kids who are around smoke: lung infections, colds, ear infections, asthma or wheezing.
- Secondhand and thirdhand smoke: residual chemicals from smoke/vapors that spread throughout house & car, is dangerous even after smoke is gone, can damage baby's lungs, heart and immune system.
- There is no safe place to smoke or vape in the house or car due to initial smoke and vapor as well as second and thirdhand chemicals.
- What doesn't work: opening windows, using fan/AC, using filters, smoking in a specific room away from baby.
- What helps: smoking far away from the house, never smoking in car, washing hands and changing clothes.





FOR CAREGIVERS WILLING TO QUIT SMOKING

TALKING POINTS:

- Congratulations on making the decision to quit smoking!
- We understand it is hard to quit smoking, but you have made the best decision for both you and your baby.
- We are going to have you complete and sign this fax referral form for the Ohio Quit Line. We will send it to the Ohio Quit Line for you. The Quit Line will only call you at the times that will work best for you.
- When the smoking cessation coach calls you, please answer your phone – or call this person back. The coach is there to help you and they will provide you with the support and information you need to successfully quit.
- Your coach will provide FREE support and advice, a personalized quit plan and self-help materials, up-to-date information about medications and possibly FREE nicotine patches to help you quit smoking.

FOR CAREGIVERS NOT WILLING TO QUIT SMOKING

TALKING POINTS:

- I understand that you are not ready to quit right now. It's very hard to quit.
- We'll continue to be here to help whenever you're ready to quit.
- For now, you can still decrease the smoke your baby is around to help keep your baby healthy.

Questions you could ask parents/caregivers:

- What are other ways that you can decrease your child's exposure to smoke?
- Can I give you information on how to create a complete home/car smoking ban?

I'd like to give you some information to take home that you can read when you're ready. Is that okay?

SMOKING/VAPING – OTHER(S) LIVING IN THE INFANT'S HOME

SCREENING QUESTION:

Do others who live in the home with the baby currently smoke or vape?

TALKING POINTS:

- Creating a smoke-free home is one of the best things that you can do for your child.
- Some risks for kids who are around smoke: lung infections, colds, ear infections, asthma or wheezing.
- Secondhand and thirdhand smoke: residual chemicals from smoke/vapors that spread throughout house & car, is dangerous even after smoke is gone, can damage baby's lungs, heart and immune system.
- Because there is no safe place to smoke or vape, do not allow any smoking by you, your relatives, or your visitors in any location that your baby may be in at any time.
- What doesn't work: opening windows, using fan/AC, using filters, smoking in a specific room away from baby.
- What helps: smoking far away from the house, never smoking in the car, washing hands and changing clothes.
- Ask anyone who cares for your child to not ever smoke around your child and tell them why. This includes relatives or visitors or daycare or other childcare workers.





SAFE SLEEP

SCREENING QUESTION:

Does your baby ever nap or sleep in any of the following ways?

- 1) with an adult in bed or on a couch
- 2) somewhere other than a crib
- 3) on their side or belly
- 4) with things in their crib, like crib bumpers, toys, or blankets

**Yes to any item indicates need for safe sleep discussion.*

TALKING POINTS:

- Talk with all who care for your baby about how to put your baby to sleep safely.
- Sudden infant death is increased by smoking in the home and having your child sleep somewhere other than an empty crib, alone, on their back.

For co-sleeping risk:

- Sleeping with your child in a bed or on a couch increases their risk of suffocation
- Always consider setting sleep routines and having your baby sleep in the room where you sleep, but not in your bed

For location-based risk:

- The safest place for your baby to sleep is in the room where you sleep, but not in your bed. Resources are available to find a crib or pack-n-play for your infant.

RESOURCE: www.cribsforkids.org

For positional risk:

- Always place your baby to sleep on their backs during naps and at nighttime, NEVER on their side or stomach.

For objects in crib risk:

- Bumper pads, pillows, and blankets have been implicated in suffocation deaths in infants.
- Baby should sleep on a firm mattress with a fitted sheet only.
- Can use sleep sacks or swaddling blankets if used appropriately.





RESOURCES

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Smoke Free for me



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Tobacco smoke and the chemicals from nicotine are bad for us all - **especially your baby!** Your baby breathes the same smoke you do if you smoke indoors or in the car, and these chemicals can make your baby very sick. If you or your family member are not ready to quit smoking, the next best thing for your baby is to make your home and car smoke free. Your baby's health is at risk when they live, visit or ride where someone smokes.

Create a Healthy Home for Baby!

Make your home and car smoke free! Commit to not smoking or letting others smoke in your home or in the car where your baby rides.

This is the date my home
and car will be smoke free:

By quitting smoking, you will:

- Feel good about what you have done for your family
- Have more energy and breathe better
- Reduce your risk for heart attack, stroke and cancer (such as lung, mouth, throat and bladder cancer)
- Save money – up to \$3,000 a year - by not having to buy tobacco products

By quitting smoking, your baby will more likely:

- Be healthier and live longer
- Meet developmental milestones
- Get fewer coughs, colds, and ear infections
- Go to the hospital less
- Have less risk for asthma
- Have less risk for Sudden Infant Death Syndrome (SIDS, or crib death), a condition in which otherwise healthy babies die within the first year of life

Help for You!

Contact the Ohio Tobacco Quit Line

When you or your smoking family member decide to quit smoking, contact the Ohio Tobacco Quit Line. The Ohio Tobacco Quit Line offers FREE tobacco cessation services by phone and online. Also, if eligible, smokers can get two weeks of FREE nicotine replacement therapy. If you decide to quit smoking, please call 1 (800) QUIT NOW (784-8669).

Go to: <http://ohio.quitlogix.org/>

Other actions you can take to quit:

- Make an appointment with a primary care doctor to get help quitting right away
- Speak to a doctor or pharmacist about trying over the counter nicotine replacement therapy (*such as the nicotine patch*).
- **American Legacy Foundation:** The EX plan website offers a free plan to quit as well as a virtual support community and many mobile formats.

Go to: <http://www.becomeanex.org/>

- **Text4Baby:** Text messages to keep you and your baby healthy.

Go to: <https://www.text4baby.org/>

- **Quit4Baby:** Text messages to help you quit smoking.

Go to: <https://www.quit4baby.com/>

- **Center for Disease Control (CDC) Smoking Cessation Information**

Go to: https://www.cdc.gov/tobacco/quit_smoking/



What is a Smoke Free Home?

To make your home smoke free, make sure **no one** smokes in your home or car, or near your baby. **No one** should smoke in your house. Cigarette smoke and e-cigarette smoke can move between rooms in your house or inside the car. Keep in mind that even smoking outside, away from your baby can cause harm. The chemicals in smoke cling to your skin and clothes. While breast feeding helps protect your baby from getting sick and is best for feeding, nicotine can pass to your baby through breast milk.

Smoking Exposures:

Second hand smoke: This is what is breathed in by the people around smokers. It is given off by a lit cigarette, e-cigarette, cigar or pipe when a smoker breathes smoke out. There are more than 7,000 chemicals in second hand smoke. Some of these chemicals are very bad for people and some cause cancer.

Third hand smoke: This is the chemicals that collect on walls, furniture, toys and other items in your home. It also gets on your clothes/skin after a cigarette or cigar is smoked indoors or in a car. **Even if you smoke outside and not around your child, your home and car can have third hand smoke in it.** Smoke can come in under your doors or through tiny gaps in walls. Smoking in rooms not used by the baby or using fans or smoking in front of an open window does not prevent exposure to second hand or third hand smoke.

- Third hand smoke **sticks** to hair, skin, clothes, furniture, curtains, drapes, walls, bedding, carpets, dust, car seats, carpet, toys, pacifiers, and other surfaces, even long after smoking has stopped.
- Third hand smoke builds up on surfaces over time *and it can't be cleaned off easily.*
- Babies, children and others who do not smoke are at risk of getting sick from third hand smoke if they touch, chew, eat, rub against, or crawl on things or surfaces that have been exposed to smoke (*like walls, floors, furniture, blankets, or even toys and pacifiers*).

Medical risks to small children exposed to second hand and third hand smoke:

Ear infections

Coughing, runny noses

Dental Cavities

Breathing problems like asthma,
pneumonia, bronchitis

Sudden Infant Death Syndrome (SIDS or crib death)

Problems with development

Problems concentrating and learning in school later in life

Sleep Problems

Are there different types of Tobacco and Nicotine Exposure?

Yes! Cigarettes are not the only type of smoking that can harm you and your baby. All of the items below have harmful chemicals for your baby and addictive nicotine for those using them.

Cigarettes, Bidis

Cigars, Cigarillos, Little cigars

E-cigarettes, vapes

Hookah

Pipe tobacco

Smokeless tobacco products
(chew, dip, spit, snuff, snus, dissolvable tobacco, & smoking cessation products)

Danger!

Smokeless tobacco products do not have the same risk of second hand and third hand smoke to a baby. Young children are still at risk because they put everything in their mouth. Children can get very sick from chewing these items.

Make sure you lock up all medicines and cleaning products in the house, including e-cigarette "juice" and nicotine replacement products such as the nicotine patch or gum.



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Smoking: What's True and What's Not

Smoking During Pregnancy and After Your Baby is Born

Not True: I smoked during my last pregnancy and had a healthy baby, so this baby will be healthy too.

True: Every time you smoke while you are pregnant, you expose your baby to harmful chemicals. Even if your pregnancies in the past were OK, anytime you smoke during a pregnancy, you put your baby at risk.

Not True: I am already pregnant. There is no point in stopping now. The harm is done.

True: The moment you quit smoking, your baby will be healthier. When you smoke while you are pregnant, your child gets less oxygen and their risk of premature death goes up. If you quit before the second half of pregnancy, your risk of having a baby who is low birth weight, or who has lung problems, is the same as a non-smoker.

Not True: Smoking relaxes me, and being relaxed is better for me and my baby.

True: While you may feel calm, the effects on your baby are the opposite. Your baby's heart rate and blood pressure will go up, while less oxygen gets to their lungs when you smoke.

Not True: If I smoke, I should not breastfeed my baby.

True: Breast milk gives your baby the best nutrition for healthy growth and development. It is always important to stop smoking, but it is also important to breastfeed even if you do smoke. If you do smoke and choose to breastfeed, don't smoke just before or during breastfeeding in order to limit your baby's exposure to second hand tobacco. Very little nicotine actually crosses into your breast milk and this is of no concern to your baby.

Not True: Smoking in a room away from my baby or outside is okay.

True: Smoke can travel through walls and vents if you are indoors, and outdoors, the chemicals can stick to your skin and clothes, exposing your child to poisons that raise your child's risk for: illnesses, lung problems (like asthma) and even Sudden Infant Death Syndrome (SIDS).

Not True: Sudden Infant Death Syndrome (SIDS) is more often caused by sleeping wrong, not smoking.

True: Both the baby's sleeping position and exposure to second hand smoke are important risk factors for SIDS. The risk of SIDS is up to 21 times higher if a baby sleeps in the same bed with a parent who is a smoker. It is recommended to not smoke during and after pregnancy and always use the **ABCs of Safe Sleep** – always have your baby sleep **Alone**, on his or her **Back**, and in a **Crib**, without blankets and toys.

Not True: A little smoking will not hurt me or my child.

True: Every cigarette smoked near your child is harmful to them. There is no safe level of exposure to tobacco smoke.

Quitting Smoking

Not True: It's too late to quit – the harm is already done.

True: The sooner you quit, the sooner your health will improve - literally within minutes of quitting. In just one day after quitting, your chance of having a heart attack goes down and at one year, the risk of having a heart attack is cut in half.



Not True: Quitting smoking will be easy for me.

True: Most people will need to try to quit smoking many times before they actually succeed. Every attempt to quit smoking is important, makes it easier to quit for good, and is a step in the right direction.

Not True: The nicotine patch, gum and related products are just as bad as smoking.

True: When people use the patch and other forms of nicotine replacement to stop smoking, they cut out 7,000 poisons that cause cancer, lung and heart disease from the body. The nicotine from the patch is present in small amounts compared with smoking, and helps smokers beat their addiction and the unpleasant withdrawal symptoms from quitting. The patch and other forms of nicotine replacement medication do not cause cancer; you are not inhaling smoke, so there is no risk to your lungs. The nicotine from these products almost never creates addiction, and compared with smoking, have very little risk of heart problems.

E-Cigarettes and Vaping

Not True: E-cigarettes are a healthy option.

True: E-cigarettes are **not** a healthy option. E-cigarette vapor is known to cause lung and eye irritation, cancer, and destroy cells. Nicotine from e-cigarettes is addictive, raises the heart rate and can clog arteries.

Not True: Second hand e-cigarette “vapor” is harmless.

True: E-cigarettes are **not** harmless. They give off poisons, not just water vapor, as many people think. E-cigarette vapor can cause eye, throat, and airway irritation in children who are exposed even over short amounts of time. E-cigarette vapor can contribute to asthma, colds, and skin problems in children. Research also shows that nonsmokers who are exposed to e-cigarettes absorb the addictive nicotine and other poisons from the air.

Not True: E-cigarettes are less harmful to bystanders than traditional cigarettes.

True: Not necessarily. Air pollution at a recent e-cigarette event was higher than the level of air pollution in cafes and bars that allowed cigarette smoking. Also, the World Health Organization showed that the level of some metals in e-cigarette vapor is higher than levels in cigarette smoke.

Not True: E-cigarettes help smokers quit smoking.

True: Sadly, research suggests that e-cigarettes do not help smokers quit smoking. Some studies show no help and others show e-cigarette smokers are much less likely to quit. As of now, e-cigarettes are not recommended to help quit smoking by the FDA, CDC, or other scientists. Contact the Ohio Tobacco Quit Line at 1-800-QUIT-NOW (784-8669) or at <http://ohio.quitlogix.org/> for FREE help to quit smoking.

Not True: “Nicotine-free” vaping liquid is truly nicotine-free and totally safe.

True: Vaping liquid is **NOT** nicotine free, can be addictive, and is **NOT** safe.

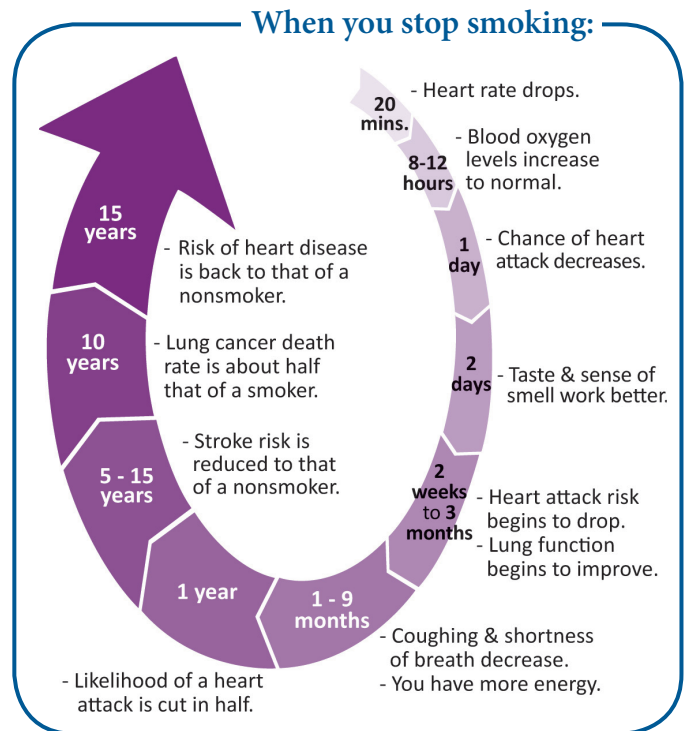
Other Types of Tobacco

Not True: “Light” cigarettes and “natural” cigarettes are safe.

True: The smoke delivered by “light,” “natural,” or “organic” cigarettes is the same as any other cigarettes and all of them have addictive levels of nicotine. Cigarette makers use these labels to trick people into thinking they are protecting their health.

Not True: Smokeless tobacco products are safe to use around children.

True: Smokeless tobacco products do not have the same risk of second hand and third hand smoke to a baby. Young children are still at risk because they tend to put everything in their mouth. Children can get very sick from chewing these items. Make sure you lock up all medicines and cleaning products in the house, including e-cigarette “juice” and nicotine replacement products such as the nicotine patch or gum.



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PATIENT NAME: _____

ADDRESS: _____

#ShareRoomNotBed

Prescription for Safe Sleep

DIRECTIONS: **Follow these guidelines for every sleep for a healthy, well-rested family:**



Routine is the key to good sleep habits.

Consistently putting your baby to sleep in the same place, using the same routine will lead to good sleep habits. It may take time, but sticking to the routine will be worth the effort!



Create a calming environment with low lights, reading and singing.



ALWAYS put babies on their back to sleep, in their own crib that is free from blankets, pillows, bumpers and stuffed animals for bedtime *and* naptime. If the baby falls asleep elsewhere, they should be placed in their safe environment.



Your baby sleeps safest in the room where you sleep, but not in your bed. AAP recommends infants share their parents' rooms for at least the first six months and, optimally, for the first year of life.

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**Safe Sleep
Initiatives**
ABCs OF SAFE SLEEP



Ohio Department of Health Quit Line Referral

ODH Grantee ID: *if available*

Referring provider

Use stamp, label or write in information below.

Name		Phone ()	
Clinic/Facility		FAX* ()	
Address			
City	State	ZIP	

*Required in order to receive confirmation of referral.

Participant information

Name		Date of birth / /	
Address			
City	State	ZIP	
Preferred phone ()	Best time and day to call	Do you need TTY? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Participant signature required on bottom portion in order to place an initial phone call to the participant.

This patient may use nicotine replacement therapy.

Provider signature	Date / /
--------------------	-------------------

Consent for release of information

I, _____, participant name, give permission to my healthcare provider, the Ohio Department of Health or its contractors, to release information about my interest and participation in the Ohio Tobacco **QUIT LINE** Program to and from National Jewish Medical and Research Center (contractor for the Ohio Tobacco **QUIT LINE**).

The purpose of this release is to request that National Jewish Medical and Research Center make an initial phone call to me to discuss participation in the Ohio Tobacco **QUIT LINE** Stop Tobacco Use Program.

Required

Signature of participant	Date / /
--------------------------	-------------------

Please fax this form to: **QUIT LINE** Referral Specialist, **800-261-6259**


For questions, please contact: **1-800-QUIT-NOW** (800-784-8669)

QUIT LINE services are funded by the Ohio Department of Health

YOUR REASON FOR QUITTING.



A **FREE** TOBACCO QUIT LINE COUNSELING SERVICE FOR
UNINSURED OHIOANS, MEDICAID RECIPIENTS, PREGNANT WOMEN
AND MEMBERS OF THE OHIO TOBACCO COLLABORATIVE

 OHIO
TOBACCO
QUITLINE CALL IT QUILTS.
1-800-QUIT-NOW
1-800-784-8669
<http://ohio.QuitLogix.org>

Ohio Department of Health | Tobacco Use Prevention and Cessation Program

THE OHIO TOBACCO QUIT LINE 1-800-QUIT-NOW | 1.800.784.8669

WHO CAN CALL?

The Ohio Tobacco Quit Line is available to uninsured Ohioans, Medicaid recipients, pregnant women and members of the Ohio Tobacco Collaborative.

WHEN CAN I CALL?

The Quit Line is staffed:

Monday–Friday: 9 AM to 11 PM.

Saturday and Sunday: 10:30 AM to 6:30 PM.

- Voicemail services are available 24/7.
- All messages will be returned within 24-48 hours.

WHAT HAPPENS WHEN I CALL?

When you call the Ohio Tobacco Quit Line, you'll receive **FREE**:

- Support and advice from an experienced Quit Specialist.
- A personalized Quit Plan and self-help materials.
- The latest information about medications that can help you quit.

Free nicotine patches are available for qualified callers. Ask your Quit Line counselor if you are eligible.

DOES IT WORK? **YES.**

- Quit Line callers are **FIVE TIMES** more likely to succeed than those who try to quit on their own.

THREE GOOD REASONS TO **CALL IT QUILTS.**

- **Your Family** – Live a healthier, longer life and watch your family grow. They need you.
- **Your Health** – Tobacco use causes cancer, heart disease, chronic bronchitis, asthma and emphysema to name a few.
- **The Cost** – The average smoker spends \$1,500.00 - \$3,000.00 a year on cigarettes. It's costly in more ways than one.

IT'S HARD TO QUIT TOBACCO...BUT WE CAN HELP
ALL YOU HAVE TO DO IS CALL.

A **FREE** TELEPHONE SERVICE THAT HELPS OHIOANS
QUIT SMOKING AND USING TOBACCO.

QUIT NOW. FEEL THE DIFFERENCE.

Improvements in your health begin within minutes of quitting even if you have used tobacco for years.

20 MINUTES

Blood pressure and pulse rate decrease.

8 HOURS

Carbon monoxide and oxygen levels in blood return to normal.

1 DAY

Chance of a heart attack decreases.

2 DAYS

Better sense of taste and smell.

2 WEEKS - 3 MONTHS

Circulation improves and lung function increases.

1-9 MONTHS

Coughing, sinus congestion, fatigue and shortness of breath decrease.

1 YEAR

The likelihood of a heart attack is cut in half.



THE OHIO TOBACCO QUIT LINE
1-800-QUIT-NOW | 1.800.784.8669

INTERESTED IN LEARNING MORE
ABOUT TOBACCO CESSATION
AND ENROLLING IN THE
OHIO TOBACCO QUIT LINE ONLINE?

Log on to **Ohio.quitlogix.org** and enroll 24/7.
A quit specialist will call you within 24–48 hours
to begin counseling services.

Members of the Ohio Tobacco Collaborative are also eligible for services through the Quit Line. The Ohio Tobacco Collaborative is a unique private-public partnership which provides insurance carriers, employers and third-party administrators with access to the Ohio Tobacco Quit Line services at a state-negotiated (reduced) rate. Call the Ohio Tobacco Quit Line to find out if your employer or health plan is a member.

If you are ready to quit, call
1-800-QUIT-NOW
or log on to
Ohio.quitlogix.org



Scan the code
for a quick link to
our website.

Must have a
QR Reader App for
your smartphone.

OHIO
TOBACCO
QUITLINE CALL IT QUILTS.
1-800-QUIT-NOW
1-800-784-8669
<http://ohio.QuitLogix.org>

Ohio Department of Health | Tobacco Use Prevention and Cessation Program



The Facts on E-cigarettes

The risks of secondhand smoke and its effect on children are widely known. But many people think that e-cigarettes or “vaping” is a safer choice. More testing still needs to be done to find out more health risks of these products. What we do know is **e-cigarettes are dangerous**.

The risks of using e-cigarettes with kids at home

There are many concerns about e-cigarettes for not only the user but also those around them. Some of the other risks are:

- **Secondhand smoke:** There are more and more studies that show breathing smoke from e-cigarettes is not good for children’s health. E-cigarette vapor can cause eye, throat and breathing problems for children that are around it for only a few minutes. E-cigarette vapor can cause asthma, colds and skin problems in children.
- **Accidental ingestion:** Vaping liquid **HAS** nicotine in it and it is **NOT** safe. A small amount of vaping liquid can kill a child. The vaping liquid can poison a person who spills it on their skin. In 2014, poison control centers said there were 4152 poisoning reports from e-cigarettes or refill liquids. More than 2000 of these people poisoned were children under age 5. Parents of children under 5 should be even more careful. If you have liquid nicotine in your home, it should be kept where young children cannot get to it.

Liquid Nicotine Poisoning Symptoms

- Vomiting
- Sweating
- A fast heartbeat
- Dizziness
- Nervous feeling
- Seizures
- Hard time breathing
- Unsteady on your feet
- Drooling

If you think your child was exposed to liquid nicotine that was spilled on the skin or swallowed, call the Poison Center hotline: 800-222-1222 right away..

Protect your child from e-cigarettes and secondhand smoke and vapor exposure

It is hard to protect your children from contact with all e-cigarettes. The first step is to have your house free of smoke and vapor. The best way to keep your children safe is for you and anyone who cares for them, to quit for good. Quitting is not easy but the benefits for your whole family is worth it. Here are some tools to help you get started:

- **A “quit plan”:** Make a plan that gives you reasons for quitting. Include things that make you want to smoke and plans to deal with cravings. (Check out the National Cancer Institute’s Smokefree.gov for more info.)
- **1-800-QUIT-NOW hotline:** You can get free counseling and help making a quit plan. It also has information on local quitting tools you can use.
- **The Smokefree Women website:** Helps moms find tools to quit using all nicotine items, even e-cigarettes.
- **Other support groups** like Nicotine Anonymous. Online support groups and local quit programs can help too.

Talk to your doctor about other ways to help you quit, like:

- **Nicotine replacement therapy** like gums, patches and “candies.” Doctors can prescribe nasal sprays and inhalers. Ask your doctors about using these options, especially if you are pregnant.
- **Medication** from your doctor like Zyban or Chantix. Do not use if you are pregnant.

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Vaping and Juuling

What's the big deal?

Marketed as the safe alternative to smoking, we are now learning that vaping is the cause of hundreds of cases of severe lung disease and several deaths across the country.

Aren't E-cigs (or Vapes) safer than cigarettes?

Vapes and cigarettes are actually a lot alike. They both put nicotine and cancer-causing chemicals into your body causing problems both now and long into the future – making it hard to live your best life.

Safer ≠ Safe

But I only vape every once in a while – I can stop anytime...

Juuls and vape juice – even the ones that say “no nicotine” – usually contain

nicotine – and a lot of it! Nicotine is as addictive as heroin, cocaine and alcohol – especially for teens and young adults since our brains are still developing into our mid 20s. Juul and the vape companies count on that, spending **BILLIONS** every year to target teens, minorities, LGBTQ, and others to hook them for life.

Vape now = cigarettes later

(If you vape, you're 4x more likely to start smoking.)

Get the Facts about Vaping:



1 Juul pod = **20 cigarettes**



New reports of severe lung problems, hospitalizations, and **DEATH** suggest it's not a safer alternative to smoking



Nicotine **rewires** your **brain**, affecting learning, memory, focus and emotions



Flavors are designed to be **the hook**; nicotine then becomes **the need**



Got stress? Nicotine can **worsen** anxiety, mood swings, irritability and our emotional health



It's not just water vapor – chemicals from vaping can cause **breathing problems** and lower sports performance

\$12.8 Billion =

what Marlboro tobacco company paid to be a part of Juul's company... **makes you think, huh?**

Get Help to Quit Vaping

The best way to protect yourself from the dangers of vaping and getting hooked is to quit for good. Here are some resources that can help:

A “quit plan”

- List your reasons for quitting.
- ID things that make you want to vape & think of a plan to deal with them.
- BE a friend and ASK a friend to quit with you – for both of your health.

My Life My Quit

Text “Start My Quit” to 855.891.9989 or call to talk with a coach who is ready to listen and cheer you on.

Other support groups

- “DITCHJUUL” at thetruth.com
- mylifemyquit.com
- Smokefree Teen
- quitSTART app
- Smokefree.gov
- SmokefreeTXT

Talk to your doctor

Develop a quit plan with support from your doctor along the way. Ask about nicotine replacement therapy and medications, if appropriate.

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GOVERNMENT RESOURCE CENTER



Department of Health



Department of Medicaid



This project is funded by the Ohio Department of Health and Ohio Department of Medicaid and supported by the Ohio Colleges of Medicine Government Resource Center.

Starting a conversation about Vaping

Whether you are a medical provider, pharmacist, nurse, counselor, coach, teacher, parent or anyone who has a trusted relationship with teens, we know that addressing the epidemic of youth vaping starts with talking. When the opportunity presents itself, it is important to initiate a conversation about vaping to help screen for use, recognize the risks and encourage discussion about fostering healthy choices.

Following are potential “conversation starters” based on validated screeners for other substances and current vaping prevention strategies:

Early Adolescence Middle School/Early High School	Late Adolescence Late High School/Post-HS
Do any of your friends or people you hang out with vape, JUUL or smoke?	In the past year, how many times have you vaped, JUULed or smoked?
How about you? In the past year, how many times have you vaped, JUULed or smoked?	How about your friends? Do any of your friends or people you hang out with vape, JUUL or smoke?
When you see friends or other people your age vape or smoke, is it difficult for you not to as well?	
Do you sometimes feel you really need a Juul, vape or smoke?	

Words and Details Matter:

- **Names Matter:**
E-cigs, vape pens, JUUL, Vuse, MarkTen, Blu e-cigs, Logic, regular cigarettes, dab pens, etc.
- **Contents Matter:**
Vape juice, pods, dabs (marijuana/CBD), flavorings, nicotine amount, etc.
- **How Much Matters:**
How often, how long, how many pods/week, etc.
- **Why Matters:**
With friends, to relax, when I’m feeling worried, etc.
- **What else do they use:**
Marijuana/“weed,” alcohol, pills to get high, etc.

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Supporting Positive Behavior Change

Talking to teens can sometimes be challenging. The adolescent brain is still developing, affecting their motivations, decision making and judgement. Our goal is to support insight and skill development that allows for healthier choices and promotes positive behaviors.

Core “Change Talk” Skills & Concepts

P Partnership of Equals	A Acceptance through Empathy & Autonomy	C Compassion	E Evoke their Own Wisdom	
A Affirmations	O Open Ended Questions	R Reflective Listening	S Summarizing as you Go	
R Resist Telling them What to Do	U Understand their Motivation	L Listen with Empathy	E Empower with Achievable Goals	
D Develop Discrepancy	A Avoid Argumentation	R Roll with Resistance	E Express Empathy	S Support Self-Efficacy

A Sample Conversation about Vaping

Raise the Subject	<p>Build Rapport: Explore how things are going in life beyond just substance use. Elicit likes, strengths, community connections, goals, support networks and resiliency skills.</p> <p>Ask Permission: “Would It Be OK to talk about what makes me worried about what you just shared?”</p>
Provide Feedback	<p>Summarize what they have shared. Reinforce positive choices: “It sounds like some of your close friends vape, and it’s great to hear that you don’t always join in. I worry about the risks we know occur even with occasional use. What makes you sometimes not vape?”</p> <p>Provide feedback: “Vaping can be dangerous for many reasons, including the way nicotine rewires the way our brains respond, and chemicals that we know are harmful.”</p> <p>Recommend (or reinforce) abstinence: “You’re making a really smart and adult-like decision to keep yourself healthy by saying “no” to vaping. As your doctor/teacher/coach/mom AND as someone who cares about you – I totally agree with that important choice. That’s really impressive. I’m wondering if you can use your strategies in saying “no” sometimes to say “no” more often?”</p> <p>Elicit Feedback: “What do you think as you hear me say that?”</p>
Enhance Motivation	<p>Explore Pros and Cons: “What do you like about vaping?” “What are some of the not so good things about vaping?”</p> <p>Explore Readiness to Change: “On a scale where 0 is <i>not at all</i> and 10 is <i>very ready</i>, how ready are you to stop vaping?” Respond: “What made you choose X and not a lower number?”</p> <p>Reasons to Change: “What are some of the best reasons you can think of to avoid vaping?”</p>
Negotiate and Advise	<p>Reinforce Autonomy: “What you choose to do is ultimately up to you”</p> <p>Elicit Input: “What next steps would you like to take and how can I help?”</p> <p>Negotiate a Goal: Focus on small, achievable goals to build self-efficacy and advance their level of readiness.</p> <p>Harm Reduction: No dabbing; no vaping before sports; etc.</p> <p>Assist with Developing a Plan: Help them think through/problem-solve potential obstacles. Address co-occurring mental health or other issues.</p> <p>Arrange Follow-Up Plan: How soon depends on level of risk and/or goals, but create some type of follow-up plan for accountability and to help support progress.</p> <p>Thank Them.</p>

For more adolescent vaping resources, visit
<http://ohioaap.org/adolescent-vaping-regionals/>

Don't Keep Distance from Your Pediatrician

Visiting Your Child's Doctor is Still Safe and Important

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#SafePedsHealthyKids



Immunizations

Mental Health



Screenings

Well-Child Visits



Ill Visits



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The Ohio Chapter, American Academy of Pediatrics is encouraging families to maintain routine pediatric appointments during the COVID-19 pandemic.

In-person, routine well child visits are still recommended for all children at this time, especially children under two who need to maintain their vaccination schedules.

During these visits, your pediatrician will discuss important topics that can keep your family healthy, such as:

- Preventing smoke exposure
- Avoiding injuries in the home
- Suggestions to keep your family safe and healthy

For resources to help keep your family healthy and happy, visit: ohioaap.org/covid19resources