



June 1, 2015

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Chair, United States Preventive Services Task Force  
540 Gaither Road  
Rockville, MD 20850

**Society for Public Health Education's (SOPHE) comments on the U.S. Preventive Services Task Force (USPSTF) draft recommendation statement on tobacco smoking cessation in adults and pregnant women: behavioral and pharmacotherapy interventions.**

Dear Dr. Sui:

The Society for Public Health Education welcomes the opportunity to comment on the USPSTF draft recommendation statement on tobacco smoking cessation in adults and pregnant women: behavioral and pharmacotherapy interventions. These recommendations are vital to health education specialists as these individuals develop smoking cessation programming as well as provide smoking cessation counseling for these populations.

The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government.

The following are our comments on the specific questions USPSTF asked in its comment form as well as some additional comments:

**How could the USPSTF make this draft Recommendation Statement clearer?**

SOPHE would like more guidance included for physicians on resources available to them that they can refer their patients to should they be using the "5A's" or "Ask, Advise, Refer" protocol mentioned in the draft recommendation. We are concerned that adults will leave their physicians office with only a phone number for a quitline rather than information on programs utilizing a health education specialist who may be able to provide effective behavioral interventions. This is a particularly acute concern for pregnant women, given that pregnant women are most likely referred to quitlines via their physician.<sup>1</sup> The majority of pregnant women (52%) and non-pregnant women(57%) who called a quitline received self-help materials only.<sup>1</sup> However, quit rates are **doubled** for both pregnant and non-pregnant women who received counseling, such as

may be provided by a health education specialists, as opposed to self-help materials only.<sup>1</sup> Given the USPSTF's citation of research on the effectiveness of behavioral interventions on tobacco abstinence in pregnant women, improved infant birth weight, and reduction of risk for pre-term labor it is imperative that pregnant women leave their physician's office with adequate information on these behavioral interventions.

**What information, if any, did you expect to find in this draft Recommendation Statement that was not included?**

SOPHE would like to see a recommendation to use a biochemical measure, such as a Carbon Monoxide breath test or Urine Cotinine Dipstick, in addition to multiple choice questions to assess smoking status among pregnant women. Studies indicate that around 25% of pregnant women will not reveal their true smoking status through self report.<sup>2-4</sup> In order to ensure that pregnant smokers are identified and offered smoking cessation resources, it is critical that healthcare providers use biochemical measures as a part of routine prenatal care screening.

SOPHE was disappointed in the references that the USPSTF made to electronic nicotine delivery systems (ENDS) given that these guidelines are read by physicians and in many instances influence their subsequent treatment protocols. To include this information in tobacco cessation guidelines when no ENDS manufacturer has ever even applied for FDA approval as a smoking cessation product AND there is virtually no information on the toxicity and long-term effects of ENDS is irresponsible. Additionally, research suggests that e-cigarette users who were using e-cigarettes to quit tobacco or replace another form of tobacco were less likely to quit compared to tobacco users who had never tried e-cigarettes.<sup>5-8</sup>

SOPHE would like to see the inclusion of health education specialists in the list of providers that can provide effective smoking cessation behavioral interventions. Given the dose-response relationship<sup>9</sup> and the intensity of counseling associated with quit rates these behavioral interventions should be provided by health education specialists on an ongoing basis. This is particularly important for pregnant women, as 40% of women who quit smoking during pregnancy relapse in the six months following the birth of the child and we know that maternal cigarette smoking beyond pregnancy increases the risk for SIDS.<sup>10</sup> Health Education Specialists may help to bridge the gap if there is a lack of care coordination between the obstetrician and the pediatrician. The pediatrician may not know to follow-up with the mother regarding smoking cessation and may not have the resources available to offer tools for smoking cessation.

Health Education Specialists work to encourage healthy lifestyles and wellness through educating individuals and communities about behaviors that can prevent diseases, injuries, and other health problems. Although many professionals may possess the requisite skills to conduct education campaigns, Health Education Specialists are equipped to provide the necessary education to more vulnerable populations. A core competency of Health Education Specialists is communicating with and understanding the needs of the underserved, vulnerable and/or limited English-speaking populations, including those who are disabled and suffer from one or more chronic diseases. Health education specialists also supervise community health workers, trusted members of the community served, who can facilitate access to priority populations, and improve the cultural competence of the education or service delivery. Given the wide range of populations with which they work and the diverse settings in which they are employed, Health Education Specialists have significant capacity to conduct education about the harms of tobacco products. Their skills in health communications, cultural competency, community engagement,

community needs assessment, health coaching, and inter-disciplinary collaboration make them natural leaders in the USPSTF's quest for healthier America.

**What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?**

The Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) should be listed as a behavioral intervention resource for providers. This program includes the USPSTF recommended intensive counseling session augmented with self-help materials tailored for pregnant woman, and has been extensively tested and shown to be effective in helping pregnant women quit smoking.<sup>11</sup> The program also incorporates health system strategies such as training dedicated staff and using tracking forms to assess clinical delivery.

Thank you for consideration of our comments. Tobacco use is the number one cause of preventable death in the United States and SOPHE looks forward to working with our membership on education programs that convey the necessary health education to allow people to make the indispensable changes in behavior will reduce tobacco use among pregnant women and all adults. Please contact Dr. Cicily Hampton at ([champton@sophe.org](mailto:champton@sophe.org)) or 202-408-9804 with any additional questions.

Sincerely,



Elaine Auld, MPH, MCHES  
Chief Executive Officer

<sup>1</sup> Bombard, J. M., Farr, S. L., Dietz, P. M., Tong, V. T., Zhang, L., & Rabius, V. (2013). Telephone smoking cessation quitline use among pregnant and non-pregnant women. *Maternal and child health journal*, 17(6), 989-995.

<sup>2</sup> Russell, T., Crawford, M., Woodby, L. Measurement of active cigarette smoke exposure in prevalence and cessation studies: Why simply asking pregnant women isn't enough. *Nicotine & Tobacco Research*. Vol. 6, Supp 2., April 2004, S141-S151.

<sup>3</sup> Dietz PM, Homa D, England LJ, et al. Estimates of nondisclosure of cigarette smoking among pregnant and nonpregnant women of reproductive age in the United States. *Am J Epidemiol* 2011;173:355-9.

<sup>4</sup> Boyd, R, Windsor, R. Perkins, L and Lowe, J., Quality of Measurement of Smoking Status by Self Report and Saliva Cotinine Among Pregnant Women, *Maternal and Child Health Journal*, Vol., No2, 1998, 77-83.

<sup>5</sup> Vickerman, K. A., Carpenter, K. M., Altman, T., Nash, C. M., & Zbikowski, S. M. (2013). Use of electronic cigarettes among state tobacco cessation quitline callers. *Nicotine & Tobacco Research*, 15(10), 1787-1791.

<sup>6</sup> Adkison, S. E., O'Connor, R. J., Bansal-Travers, M., Hyland, A., Borland, R., Yong, H. H., ... & Fong, G. T. (2013). Electronic nicotine delivery systems: international tobacco control four-country survey. *American journal of preventive medicine*, 44(3), 207-215.

<sup>7</sup> Grana, R. A., Popova, L., & Ling, P. M. (2014). A longitudinal analysis of electronic cigarette use and smoking cessation. *JAMA internal medicine*, 174(5), 812-813

<sup>8</sup> Etter, J. F., & Bullen, C. (2014). A longitudinal study of electronic cigarette users. *Addictive behaviors*, 39(2), 491-494.

<sup>9</sup> Public Health Service. Treating tobacco use and dependence : 2008update. Washington, DC:US Department of Health and Human Services; 2008.

<sup>10</sup> Centers for Disease Control and Prevention (US) PRAMS online data for epidemiologic research, Version 2.0; 2014. [cited 2015 Aug 29]. Available from: URL:<http://www.cdc.gov/prams/cponder/htm>.

<sup>11</sup> Windsor, R., Clark, J., Cleary, S., Davis, A., Thorn, S., Abroms, L., & Wedeles, J. (2014). Effectiveness of the Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) Dissemination Project: A Science to Prenatal Care Practice Partnership. *Maternal and child health journal*, 18(1), 180-190.