



the Link



healthy families
new york

the children of today are tomorrow's parents ◊ los ninos del presente son los padres del futuro ◊ les enfants d'aujourd'hui seront les parents de demain

Smoking & Health

Pam Balmer
Prevent Child Abuse NY

According to the Centers for Disease Control and Prevention article, "Cigarette Smoking Among Adults-United States, 2004," published last November, 20.9% of the adult population smokes cigarettes. That's down from 42.4% in 1965. Even with this decrease, the negative consequences of smoking are still profound. "Tobacco Trivia" on the nysmokefree.com website offers these facts:



- Tobacco kills more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fire, and AIDS *combined*
- There are 69 known carcinogens in cigarettes
- Tobacco products are the only legal consumer products that are lethal when used exactly as the manufacturer intends
- Smokers will die an average of 13-14 years earlier than non-smokers
- Dogs in smoking households have a 60% greater risk of lung cancer and cats whose owners smoke are three times more

"Quitting smoking is easy...I've done it a thousand times"

—Mark Twain

- likely to develop lymphoma, the most common cancer in cats
- Cigarette butts take 25 years to decompose
- It costs tobacco companies approximately 5 cents to produce a pack of cigarettes

And people who *don't* smoke also die as a result of exposure to environmental tobacco smoke, or second hand smoke. Statistics show that in 2005, 3,000 adult *nonsmokers* died from lung cancer as a result of exposure to secondhand smoke, 46,000 from coronary heart disease and 430 newborns from SIDS—all linked to exposure to secondhand smoke. At the end of June, Dr. Richard H. Carmona, Surgeon General of the United States, put the spotlight on secondhand smoke in widely-published comments on his report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," which was based on the most recent research. "I am here to say the debate is over—the science is clear. Science has proven that there is no risk-free level of exposure to secondhand smoke." The results of the research are alarming: nonsmokers who were exposed to secondhand smoke at home or work had a 25-30 percent increased risk of developing heart disease and a 20-30 percent increased risk for lung cancer. Research is continuing on the suspected link between secondhand

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The LINK remembers Dana Reeve, who died of lung cancer in March. Ms. Reeve donated her time and talent to narrate the Healthy Families New York educational video. She was an actor, the co-founder of the Christopher Reeve Foundation, which supports stem-cell research, and the founder of the Christopher and Dana Reeve Paralysis Resource Center, which is dedicated to improving the lives of people living with paralysis. She had never been a smoker.

Lung cancer will kill approximately 68,510 women in the U.S. this year—more than breast and ovarian cancer combined. Lung cancer deaths surpassed breast cancer deaths in 1987. Women are one and a half times more likely than men to develop lung cancer.

Though smoking is the number one risk factor for getting lung cancer, about 20% of women with lung cancer have never smoked themselves, though they may have been exposed to significant amounts of secondhand smoke.

Summer 2006

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Healthy Families New York

Updates from OCFS

Bernadette Johnson
NYS Office of Children & Family Services

Happy Summer! The New York State 2006-2007 budget has allotted 22.2 million dollars for Healthy Families. This is great news. As a result we will be able to expand or enhance services at some of our existing sites and expand to areas that are in need of Healthy Families New York services. This increase certainly is a reflection on the work that you do.

Several HFNY staff members were able to go the Prevent Child Abuse America conference in sunny San Diego. New York State has really made a splash on the national prevention scene. The findings from our randomized trial and the designation of the Rand Corporation have people interested in what we are doing well here in New York. Staff affiliated with HFNY presented four workshops at the conference. On Sunday, representatives from the Central Administration presented a workshop on linking research with practice. On Monday, Ann Pitkin and Ellen Butowsky of Prevent Child Abuse New York presented on bridging the gap between infant/toddler care and home visiting. Also on Monday, Mary Pulido from the New York Society for the Prevention of Cruelty to Children and the HFNY Home Visiting Council presented a workshop on support for the caregivers. On Wednesday Liz Anisfeld of the Best Beginnings program presented on lessons learned from the randomized control trial in Washington Heights. Kim Dumont from OCFS presented information at the State Leaders meeting on research highlights from HFNY. We hope that those who were able to go to the conference got to meet people from other parts of the country and will share what they learned with their colleagues.

We at OCFS have been busy, continuing to work on everyday business and also many other initiatives. We are looking at preliminary results from years 2 and 3 of the randomized trial to see what we can learn about serving our families better. We already know that we have a huge impact on young prenatal families, so we are working on strategies to get more families engaged early in the prenatal period. We also know that we have a difficult time making a positive impact with families that have domestic violence, mental health, and substance abuse issues. We are working with experts in these fields to learn new strategies for working with these families. We are also applying to the U.S. Department of Health and Human Services Administration for Children and Families for the Responsible Fatherhood initiative. We all know how important it is to have fathers involved in their children's lives. We are hopeful that we will be awarded some resources to pilot projects in some of our HFNY programs that can later be replicated in other sites.

We hope you all are enjoying a well deserved beautiful summer. Take some time to smell the roses, watch the butterflies, and enjoy your families' successes!

Smoking & Health, cont. from page 1

smoke and breast cancer. Blood tests for cotinine, the form nicotine takes after being processed by the body, show that over half of nonsmoking adults and 22 percent of children have been exposed to secondhand smoke. Cotinine levels have actually dropped over the past few years but according to Dr. Carmona that's not enough. "Children are especially vulnerable to the poisons in secondhand smoke," he said. He urged parents to, "make the home a smoke-free environment," and he offered these tips on protecting yourself and your loved ones from the effects of secondhand smoke:

- Make your home and car smoke-free.
- Ask people not to smoke around you or your children.
- Make sure that your children's day-care center or school is smoke-free.
- Patronize restaurants and other businesses that are smoke-free.
- Teach children to stay away from secondhand smoke.

Avoid second hand smoke exposure especially if you or your children have respiratory conditions, if you have heart disease, or if you are pregnant.

HFNY Goals

- ♦ To systematically identify overburdened families in need of support
- ♦ To promote positive parent-child interaction
- ♦ To ensure optimal prenatal care and promote healthy childhood growth and development
- ♦ To enhance family functioning by building trusting relationships, problem-solving skills and support systems

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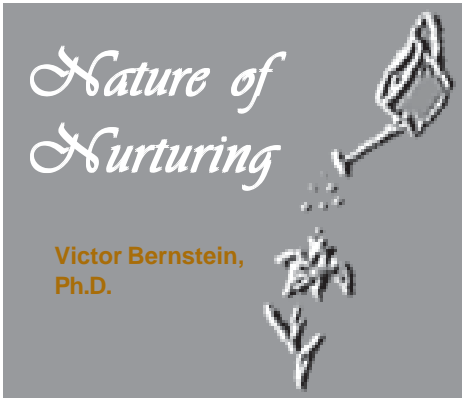
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going with the mom to their daughter's doctor appointments, and this helped him stay informed about the illness. It was not easy, as old behaviors often surfaced and strained the relationship.

Six months ago the mom passed away. Her passing was scary—all I could think about was how frightened she was that the father would not be able to care for their child. The father was interested in visits so I was able to keep meeting with him and the baby. On a recent visit I experienced an extraordinary peace. He was everything a father could be and the baby had adjusted so well. He and I talked about the difficult times ahead and I continued to see them until June when that beautiful girl turned five and graduated from the program.

This has been an incredibly sad, fulfilling, and amazing journey. I learned about life, death, communication and love. I am so grateful to my agency and to HFNY for the training and support I received in order to help this family give their child the best life possible in what often seemed a hopeless situation.

And thank you, Victor, for allowing me to tell this story. It truly helps in the healing process. Take care and best wishes to you and your family.



Sincerely,
Cheryl D'Aprix
Senior FSW
Starting Together of
Madison County

Dear Cheryl,

I find so much in common between your story and mine. Is this the parallel process in action? What stands out for me is that it meant so much to the mother to see her baby growing. It is so important that parents have the opportunity to notice and embrace wonderful things their children are doing; to be aware of those ordinary

miracles. It gives us something to hold onto and the strength to resist the negative forces swirling around us. Helping them focus on how they could both help and support their child—instead of rehashing the past—created the foundation for re-establishing communication, and that was essential for the best possible outcome. I'm curious to know how they were able to get beyond the old patterns when they cropped up. It is so wonderful that you have been able to support the dad in his parenting, and I wonder how much of your support of their communication allowed him to get to this point. What do you think? Clearly his wanting you to continue visiting was a result of seeing the value of your involvement. Finally, your story reminds me a little bit of the Public Health Nurse video I show. At first things seem so stressful and overwhelming that the situation seems impossible. Then, by looking for when it's working, the stress starts to melt away and our purpose with the family becomes clearer. Letting the baby provide the energy for the work revealed that she and the dad were doing wonderful things together. What a powerful way to melt stress!



Thanks again and all the best to you and your co-workers.

Victor

If you would like to share your story with Victor & The Link, email him at vbernste@midway.uchicago.edu or Pam Balmer at pbalmer@preventchildabuse.org. To contribute, you don't have to write an article. Victor & Link staff will work with you via phone & e-mail.

So exactly what is in tobacco smoke that is so harmful?



Smoke itself...any kind of smoke...is harmful to our health because of the high levels of very small particles that enter and stay in the lungs, bloodstream, and heart.

Then there is the nicotine itself, which is a poison and a key ingredient in many garden and household pesticides.

And then there are about 4,000 other chemicals, many of which are potent cancer-causing

agents. Tobacco companies use these additives to improve flavor, control the rate of burning, to increase addictive properties of the product or to improve shelf-life. Some of these substances are:

Butane—Found in lighter fluid

Cadmium—A heavy metal from which batteries are made

Hexamine—Barbecue fire-starter

Arsenic—

Toluene—A cancer-causing industrial solvent

Ammonia—Gives off poison gas, found in toilet cleaners

Methanol—An ingredient in rocket fuel

Aluminum oxide tri-hydrate—a grinding or polishing agent

Cobalt oxide—A cancer-causing chemical

About Oneida County



Louise Henrie
Prevent Child Abuse NY

Oneida County is in the heart of Central New York, in an area known as Leatherstocking Country. Rich in natural resources and Native American and Revolutionary War history, it is largely rural with small towns and the cities of Utica and Rome. In the nineteenth century, Oneida County was a prosperous area due to its excellent river and railroad transportation, and many small industries. It was an important stop on the Underground Railroad and home to the first bi-racial college, the Oneida Institute. One of the more important Utopian Communities of the nineteenth century, the Oneida Community, a Christian communal sect, was founded here by John Humphrey Noyes and survived a long time, becoming famous for Oneida Silverware. In recent years industry has been failing, as it has in much of Northeast, and the area now houses 5,000 state prisoners and the Turning Stone Casino.

Did you know that Oneida County is the birthplace of the Union Suit (a set of red long underwear with a buttoned seat flap that you might have seen in cartoons), the first F. W. Woolworth's store, the first U.S. cheese factory, and Annette Funicello (the most famous Mouseketeer and star of "Beach Blanket Bingo")? It also has a world renowned art museum, the elegantly restored Stanley Theater for the Performing Arts and the 15K Boilermaker race, which draws Olympic contenders yearly.

The Utica area has the fourth highest density of refugees in the U.S., with immigrants from 22 different countries. The population of Utica is currently 10% Bosnian. These demographic and economic transitions and increasing diversity of background and language are key to understanding present-day Oneida County.



Union Station, Utica

Spotlight on Healthy Families Oneida County— Adventures in the Parallel Process

Annette Phillips
Healthy Families Oneida County

Healthy Families Oneida County was one of the 18 "new programs" in 2001. Now completing our 5th year and looking forward to our first graduation this summer, it is a time of reflection and planning for the future. We have grown up. We began with sites at the Oneida County Health Department and at our partner agency, The Family Nurturing Center of Central New York, each with a Supervisor and an FSW, along with the Program Manager and an Assessment Worker. Starting with strengths like enthusiasm, dreams, willingness to learn, and the beginnings of a plan, we learned quickly and broadened our support system through relationships with neighboring programs, like Starting Together in Madison County and the HFNY Central Administration. They helped us see the bigger picture, obtain new information, develop systems, and recognize what we were doing right.

As the number of families we serve grew, we found, like the families did, that some relationships are easier than others, but you still have to figure out a way to make things work. We made some mistakes, but we learned from them. As time went on, we met many challenges including: moves at both partner agencies, downsizing in our parent organization, program expansion, and a move just before Christmas that brought us under one roof. Add staff changes, multiple staff pregnancies, marriages, births, losses of family members, illnesses and injuries to staff and those they love. Our program has also dealt with 9/11, economic downturns and a growing refugee population. All of these affected our families, our staff and our services. We rose to the challenges and have surprised ourselves with what we have achieved, both as individual team members and as a program.

Along the way we have paused to take a breath and acknowledge our strengths: we have many lovely children—in the families of both staff and participants; we have annual events for families and for staff that offer opportunities for socialization, celebration, and education; we have stretched ourselves and participated in producing a



HF Oneida County Staff

film that introduces HFNY, piloted education experiences, participated in focus groups, served on committees, taught wraparound classes, expanded our target area, achieved some stability, and become known as a valuable resource within the community.

When we look back at where we have come from, we can see the incredible accomplishments we've made in a short time. We are no longer "the new kids." The data forms are familiar, and we have made sense of the "alphabet soup" of HFA acronyms. We have expanded to serve 74% of the population of Oneida County in 13 towns and villages in addition to our original target area of Utica. With a full staff of 3 Supervisors, 12 FSWs, 2 FAWs, a Program Manager and a Data Manager we are approaching full enrollment. Our program is enriched by the diverse backgrounds, training, and skills within our staff. We have expertise on car seat installation, translation, smoking cessation, nursing, social work, child life and development, counseling, group child care, working with handicaps, and a certified lactation consultant. We range from single mothers to grandmothers, are from multiple cultural and ethnic backgrounds, speak Spanish, Bosnian, some American Sign Language (and, until recently, Arabic), and we range in educational background from GED to Masters Degree. This fantastic, diverse staff continues to support our families and each other with "can do" and "this will pass" attitudes and a commitment to making a difference for the families in Oneida County.

We have found ourselves as changed as our families. As we revise our IFSP for the future we will continue to follow the wisdom of the Cape Cod donut shop motto in Eastham, Massachusetts:

*"As you wander through life brother,
whatever be your goal,
keep your eye upon the donut
and not upon the hole."*



HF Oneida County staff demonstrate "a fountain" during charades at Staff Wellness Day



FSW Vicki Petrillo and a participating family at an HF Oneida County annual event



Nurse on her way to a home visit. Home Visiting has a long history in Central NY—the Visiting Nurse Association of Utica & Oneida County was founded in 1915.



Dutchess County Healthy Families First Graduate!

**Diana Mckenzie-Mayo
Dutchess County Healthy Families**

The first family to graduate from Dutchess County Healthy Families (DCHF) came into the program prenatally in February of 2002. The baby, Zyere, was born to mom, Jynelle, on July 16, 2002 with Beals Syndrome, a rare genetic disorder affecting the body's connective tissue. While they were in the program they worked with four different family support workers. From the very beginning DCHF was there to support the family, both during the prenatal period when doctors had concerns about the pregnancy and also after the baby was born, when service providers expressed concern about the mom's ability to care for a baby with so many needs. It was challenging for Jynelle and she says all of her Healthy Families workers were very nice and helped her learn ways to interact and bond with the baby, as well as to access community services and set goals for her family. The family's first FSW, Jamel Jarrin, recalls that because there were numerous service providers in the home there was some doubt about whether Healthy Families was needed. Jynelle decided to stick with the program and went on to achieve many goals like finding activities for the family that could include Zyere, supporting his therapy, studying for her GED, and helping Zyere's sister, Jacoia, with her homework. The family's last FSW, Gina Liberati, said it was great to visit the home and see Zyere so responsive and alert. Whenever she visited he would figure out a way to get her attention, sometimes as simple as tapping her with his foot. Gina said despite the child's physical challenges and lack of speech, he was a very happy little boy, always smiling and laughing. And Gina noticed that Jynelle was very good at reading Zyere's cues and knowing what he wanted.

When the family graduated from the program in April of 2006, Gina gave them a gift bag filled with items needed for Zyere's care, like wipes and lotions, as well as board books and a special mirror that could be attached to his bed. She also presented them with a cake and pictures. Zyere has graduated from Early Intervention as well and will begin working with the Special Education program through the school district. Jynelle promises to keep DCHF updated on all of Zyere's successes!

Left: Zyere Green of Dutchess County

A Staten Island Family Rotates the Beach Ball

**Kimberlee Van Burch
Healthy Families Staten Island**

Twin target children, Alyssia and Adrian, were almost three months old when their mother, Cynthia Soto, joined the Healthy Families Staten Island (HFSI) Program in June, 2003. Cynthia, newly single because of domestic violence and substance abuse issues, was living with her six children in one room of her parents' apartment. Through all of this Cynthia was committed to providing for her children and had been able to maintain a full-time job.

Eventually, Cynthia and her six children found themselves in a shelter in the Bronx. With the help of Dorothy Gordon, FSW, Cynthia was able to move to a family shelter on Staten Island after 15 cold winter days and nights in the Bronx.

It was at this time that the beach ball began to turn for this family. While in the shelter Cynthia continued to be an active participant in HFSI, having scheduled home visits and participating in group events and classes. You could often find Cynthia remaining after class to share lessons learned or community contacts with other participants. Participants looked forward to sharing their triumphs and challenges with Cynthia.

After living in the Staten Island shelter for 15 months and facing a multitude of barriers and disappointments with city agencies, Cynthia, through her own persistence, was able to find a program that helped her move her family out of the shelter system and into a beautiful townhouse on the North Shore of Staten Island. Currently, the older children are doing great in school and the twins will enter Head Start in September. Cynthia is a full-time student at the College of Staten Island pursuing a degree in Education. She was recently awarded the Women's Opportunity Award from Soroptimist International of Staten Island. Soroptimist International is a volunteer service organization for business and professional women.

Go Ahead, Quit Smoking— But How?

Ann Pitkin
Prevent Child Abuse NY

Quitting takes hard work and a lot of effort. Motivation and the willingness to tackle something difficult are really important. About one million Americans quit smoking each year.

The New York State Quitline says that people considering quitting should ask themselves three key questions:

- Do I *really* want to quit smoking?
- Am I ready to make some changes in my daily routine?
- Am I ready to put up with some temporary discomfort?

What Works?

There is no one answer. Addiction to nicotine involves almost every system in the body and is one of the most powerful addictions known. For many, it is as powerful as addiction to heroin or cocaine.

The Quitting Process

There are people who have been able to go “cold turkey,” to quit permanently overnight, but most smokers can’t.

Nicotine is a highly addictive and toxic drug with wide ranging effects on the body, including the brain. Because it affects brain chemistry, smoking has strong influences on emotions, ability to concentrate, and sense of well-being.

Usually it takes smokers several tries in order to quit. *Most important is for smokers to learn from these failed attempts*—what worked; what didn’t; what specific situations were the ones in which the smoking urge was too strong; what emotions were involved in the urge to light up—for some it

is anger, for others anxiety, for others sadness. One important step toward quitting is for smokers to identify their triggers—the situations in which they always smoke, like talking on the phone, having a cup of coffee in the morning, driving a car, or after a meal. For heavy smokers, the triggers may be all of these things and more besides.

With the answers to at least some of these questions, a smoker can begin a plan of **behavior modification**, leading toward a total elimination of smoking. Often help and counseling support to do this is available at no charge. (See below)

Drugs for Quitting

One choice for people trying to quit is to work with a physician. The FDA has approved two non-nicotine-based drugs to assist people in breaking the smoking habit, Chantrix and Zyban. In controlled studies, Chantrix users had about a 22% quit rate after one year, compared to 16% for Zyban users. Both these drugs interact with brain chemistry to make smoking **less rewarding** and to reduce withdrawal symptoms.

Nicotine Replacement

Nicotine patches, gum and inhalers provide a small amount of nicotine that helps relieve the withdrawal symptoms a smoker may feel when quitting.

A person using any nicotine replacement should not smoke at all. One of the dangers is an overdose of nicotine, which is a powerful poison. Pregnant or nursing women should ask their doctor if nicotine replacements are a safe option for them.

The goal of nicotine replacement is to be free of both cigarettes and nicotine substitute in three to six months.

Nicotine patches and nicotine gum are available over-the-counter. Nicotine nasal spray and inhalers are available only by prescription.



Recent program graduates at Special Beginnings, Brooklyn

Good news for New York smokers!

A wide range of free help and support is available at no cost through the New York State Smokers Quitline!

1-866-NY QUILTS (1-866-697-8487)

Or see the Quitline website:
www.nysmokefree.com

- Real live counselors speaking English or Spanish from 9 a.m.-9 p.m. Monday through Friday, and 9 a.m.-1 p.m. on Saturday and Sunday.
- Translations through Language Line Services available for other languages.
- A starter kit of FREE nicotine replacement medications for eligible smokers
- Up to four counseling calls for those without health insurance or who participate in Medicaid or Family Health Plus.
- Referrals to local stop smoking programs.

This website also features a free online course on HOW TO RUN A STOP SMOKING PROGRAM.

HFNY SMOKING DATA

Prepared by the Center for Human Services Research—7/06/06

GROUP	SIZE	TIME	SMOKING	NOT SMOKING
All PC1s	922	At Kempe	19%	81%
All PC1s	922	6-month follow-up	26%	74%
All Prenatal at Kempe	585	Kempe	19%	81%
Prenatal, not smoking at Kempe	477	6-month follow-up	15%	85%
Prenatal, smoking at Kempe	108	6-month follow-up	73%	27%
All Postnatal at Kempe	337	Kempe	21%	79%
Postnatal at Kempe, not smoking	267	6-month follow-up	15%	85%
Postnatal at Kempe, smoking	70	6-month follow-up	71%	29%

As you can see in the table, 15% of primary caregivers who were NOT smoking at assessment WERE smoking at the 6 month follow-up, whether the family was prenatal or postnatal at the time of the Kempe Assessment.

About the same percentages of caregivers who were smoking at time of assessment were still smoking at 6 month follow-up, whether families came in prenatally or postnatally (73% and 71%).

But on the BRIGHT SIDE...more than one quarter of caregivers who were smoking at the time of the Kempe, were not smoking at 6-month follow-up!

Pilot Project Targets Drinking During Pregnancy and FASD

Fetal Alcohol Syndrome and related disorders are completely preventable! This is why the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the Substance Abuse and Mental Health Services Administration (SAMHSA), have three pilot projects in New York aimed at reducing maternal drinking during pregnancy. Each site serves a different kind of population. The sites are:

Planned Parenthood of South Central New York in Binghamton
Kingsboro Addiction Treatment Center in Brooklyn
The Buffalo Home Visiting Program ... in Buffalo!

Each of the five FSW Supervisors at the Buffalo site has selected one FSW to take part in the first phase of the project. This group participated in training on Motivational Interviewing and is assigned families who screen into the project. Later, when more is known about what is working well and what needs improvement, some adjustments will be made. AnnMarie Correa, Program Manager, would then like to involve all staff.

A simple screening tool for assessing levels of alcohol consumption has been incorporated into the Kempe. Anabel Diaz, FAW Supervisor, reports that staff implemented this change easily. As of the middle of June, the FASD prevention project in Buffalo had approximately 16 enrolled participants.

All program participants, not just parents who screen in, are watching a video about Fetal Alcohol Spectrum Disorders with their FSWs, and workers are encouraging parents to talk to others they know about the risks of drinking during pregnancy. Supervisors report that this educational component is going very well.

AnnMarie, as Manager of the Buffalo site, serves on the State-wide FASD Prevention Task Force which oversees the statewide initiative. Associate Commissioner Richard Nells also represents Healthy Families New York on this Task Force.

There is no level of alcohol use during pregnancy that is known to be safe

What is FASD?

Fetal Alcohol Spectrum Disorder (which includes Fetal Alcohol Syndrome) includes a range of physical, mental and behavioral problems that children can be born with as a result of prenatal exposure to alcohol. These disorders can range from slight to severe and can handicap a child for life.



The Milky Way

**Rayza DeLaCruz-Stitt, RN, BSN, MSN
Bushwick Bright Start**

Breastfeeding— Implications for Families Who Smoke

FSWs can promote smoking cessation.

Smoking is a difficult habit to break, and it has negative health consequences for both mothers and babies. Ideally, all mothers-to-be and new mothers can be encouraged to stop smoking.

What professionals recommend:

Given the benefits of breastfeeding, many health care professionals believe that smoking and breastfeeding is more beneficial to babies than smoking and formula feeding.

Mothers who smoke while breastfeeding are encouraged to work closely with a primary provider and an International Board Certified Lactation Consultant. (IBCLC).

Experts will likely offer families helpful tips such as:

Smoke **after** feeding the baby to achieve the lowest level of tobacco in your body while breastfeeding.

Smoke outside of your home and away from your baby to avoid exposing the baby to secondhand smoke.

Do not fall asleep in bed nursing your baby. Babies who sleep with adults who smoke are at higher risk for SIDS.

Increase fluids, nurse more frequently, and/or pump between nursing to increase your milk supply, which tends to decrease with smoking.

Ask others not to smoke around the baby, including partners, friends, neighbors, and other childcare providers.

Consult a nutritionist who can talk with you about foods in your diet to avoid or increase. Some foods may increase nicotine levels.

Mothers can use nicotine patches as *prescribed by their care provider* to help them stop smoking.

Mothers who use the patch but don't smoke will likely have lower levels of nicotine than mothers who are smoking.

Mothers must ensure NOT TO SMOKE while using the patch, as this would increase the nicotine level even more!

Bushwick Brightstart partners with a Medical & Health Research Association Program: Smoke Free Community Connections to support smoking cessation during the Prenatal and Postnatal Period. For more information call: BBS: (718)416-1442.

Healthy Schenectady Families also has a smoking cessation program that has been successful for program parents & workers.

Roving Reporter

the Editor...



Question: What helped you or someone you know quit smoking?



Elaine Melkioty, Cattaraugus FSW Supervisor
I quit cold turkey. It has always worked for me to do it that way. I started up again and am now wanting to quit mostly because of my 9 year old son. He doesn't know I smoke and I try to hide it from him. I just have to finish this last pack. I have seven more in there and then I'll quit.



Sara Colon, Ulster FSW Supervisor and Colleen Palmer, Ulster FSW Supervisor
Support from co-workers really helped us to quit!

Sara says:
The first 6 months were the hardest. I just always had to have something in my mouth. I used lollipops and tootsie pops. I had to get the sugar free ones though because I gained weight.



Patty Renaud, Schenectady FSW Supervisor
My husband was a smoker his whole life (35 years) and then had a heart attack. The doctor said "throw them out or die" and he did and he's still alive 2 years later.



Ann Pitkin, PCANY Director of Training & Staff Development
I needed one person who could listen to me be really angry that cigarettes aren't good for you. When I was tempted to start again, I would visualize all the cigarettes I hadn't smoked since I quit, then I would tell myself, if I could NOT SMOKE 500 cigarettes already, surely I can NOT SMOKE just this one right now.



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