



The National Partnership to Help Pregnant Smokers Quit Impact Evaluation

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<http://www.smokefreefamilies.org>

Background: Launched in May 2002, the National Partnership to Help Pregnant Smokers Quit is a diverse coalition of over 60 leading philanthropic, health, business and government organizations dedicated to helping every pregnant woman become smoke-free. Five working groups: healthcare, policy, research, communities & worksites and state outreach, consisting of representatives from partner organizations, plan and implement system-wide clinical and community-based strategies outlined in the National Partnership Action Plan.

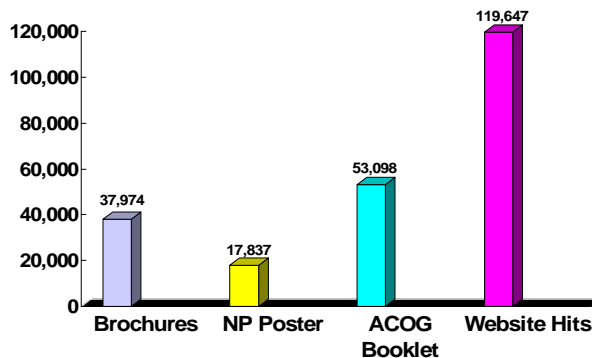
Method: To disseminate the evidence-based strategies presented in the Action Plan effectively, the National Partnership convened partner organizations, identified common objectives, established working groups, and developed multiple benchmarks to gauge their progress. Working groups members communicate monthly to develop, implement, and support activities to reach set benchmarks and objectives. Partner organizations pool in-kind resources to provide target audiences with the most current evidence-based interventions.

Results: To increase or maintain existing Medicaid coverage, the Policy working group targeted and contacted specific states. **Table 1** describes the working group's impact on each states' tobacco cessation coverage.

Table 1. Progress on Medicaid Coverage efforts

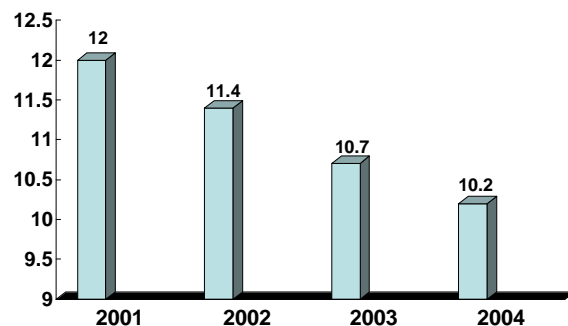
State	Coverage	Action	Status
Alaska	*	A, E	May 2006 offered beneficiaries drug coverage and counseling with limitations
Connecticut	*	A	State considering administrative action to adopt smoking cessation
Iowa	***	C, D	Negotiating with pharmaceutical industry for rebates on pharmacotherapy and planning on connecting Quitline Iowa with covered benefits
Kentucky	***	A	State continues to consider legislation to expand tobacco cessation coverage to entire Medicaid population
Massachusetts	***	A, F	Legislation adopted comprehensive coverage to all Medicaid beneficiaries in 2005
Oklahoma	**	C, D	Increased Medicaid coverage for individual counseling for tobacco treatment and reimbursement for using the 5 A's
Pennsylvania	****	B, C	Used one-pager to communicate the importance of cessation coverage to key audiences to ensure that the existing Medicaid coverage remained in place.
Tennessee	*	B, C	The Tennessee Report with Medicaid coverage data was disseminated to legislators and Departments of Health electronically to advocate for increased coverage.
Wisconsin	****	C	Interested in increasing Medicaid benefits to include post-partum relapse approaches
Wyoming	*	C, D	Legislation passed in 2006 provides \$50,000 for cessation services but benefit allocation still to be determined.

Graph 1. National Partnership Product Dissemination 2002-2007



Results: Graph 1 represents the National Partnership's success with disseminating tobacco cessation materials for providers and pregnant smokers. Graph 2 represents the national decline in pregnant smokers.

Graph 2. Mothers who smoked cigarettes during pregnancy¹



¹National Vital Statistics Reports, Vol. 55(1), September, 29, 2006.

Key to Table 1

Level of Coverage

- *=No tobacco cessation treatment offered
- **=Pharmacotherapy for general population
- ***=Only pregnancy specific counseling
- ****=Pharmacotherapy/counseling for general populations and pregnancy specific counseling

Type of Action Taken

- A=Developed cost estimates
- B=Provided one-page information sheet on cost savings and importance of cessation treatment
- C=Initiated conference call
- D=Linked state with other states who expanded materials
- E=Conducted in-person meeting
- F=Offered testimony

Implications: The accomplishments of the National Partnership, specifically how its work has influenced policy, providers, and pregnant smokers, exemplifies what can be achieved through a large, national collaboration with shared goals.