

Using Master Settlement Agreement Funds to Reduce Prenatal/Postpartum Smoking in North Carolina: *You Quit, Two Quit*

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The North Carolina Health and Wellness Trust Fund Commission (HWTF) was established by the North Carolina General Assembly in May 2000 to receive 25% of the state's share of the Tobacco Master Settlement Agreement in order to address the health needs of vulnerable and underserved populations in North Carolina. The HWTF addresses its statutory mission by investing in programs and establishing partnerships that focus on critical health needs in four major areas: youth tobacco use, obesity, health disparities, and access to medications. Governed by an 18-member commission of health care experts drawn from a variety of professions, the HWTF has embarked on these four major initiatives, all designed to reduce the economic and human suffering from preventable diseases.

To date, the Health and Wellness Trust Fund has awarded over 250 grants that build capacity in local communities to prevent and treat chronic health issues. These local grantees make up the infrastructure that has enabled each of the Health and Wellness Trust Fund's preventive initiatives to reach its overall goals. To enhance the impact of local grant infrastructure and to have a more sustainable impact statewide, the HWTF also designs and implements mass media campaigns and works to effect policy change at the local and state levels. Independent evaluations of its grant programs are conducted on an ongoing basis to measure and increase the effectiveness of all these strategies.

Although North Carolina's infant mortality rate has decreased dramatically in recent years, it still remains well above the national average. In 2008 North Carolina ranked 44th in the nation with 8.2 deaths per 1,000 births compared to the national rate of 6.8 deaths per 1,000 births.¹ According to the State Center for Health Statistics, three of the top four causes of infant death in North Carolina are directly associated with either maternal smoking during pregnancy and/or infant exposure to tobacco smoke after birth.² Analysis of the North Carolina Pregnancy Risk Assessment Monitoring System

(PRAMS) found that 24.6% of women reported smoking before pregnancy, 13.8% during pregnancy, and 20.3% after pregnancy. And, of those who smoked before pregnancy and quit during pregnancy, roughly half began smoking again by the time they completed the PRAMS survey three to six months postpartum.³ If it were possible to eliminate smoking entirely during pregnancy, the infant mortality rate for the state would drop an estimated 10% to 20%, with the most improvement coming in underserved and disadvantaged communities where women are more likely to smoke while pregnant.⁴

You Quit, Two Quit Program Development

In order to address this problem, the North Carolina Health and Wellness Trust Fund awarded a three-year grant to the University of North Carolina at Chapel Hill's Center for Maternal and Infant Health to implement the *You Quit, Two Quit* program. The program utilizes statewide education and outreach to health care providers to make smoking cessation services and resources available to prenatal and postpartum women. Research shows that a brief 5-15 minute counseling intervention delivered by a trained health care provider, coupled with educational and policy interventions, can double or even triple the success of smoking cessation among pregnant and postpartum women.⁵

The overall goal of *You Quit, Two Quit* is to decrease maternal and infant morbidity and mortality by reducing tobacco use among pregnant and postpartum women. The program ensures that there is a comprehensive system in place to screen and treat pregnant and postpartum women for tobacco use, with a particular emphasis on low-income women.

Effective July 1, 2005, North Carolina mandated that all health department maternity clinics provide smoking cessation counseling and resources for women who identified themselves as smokers; however, there is often little or no funding to provide these services. Participation in the *You Quit, Two Quit*

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pilot project was solicited from health departments across the state in order to develop effective screening and cessation services. The Columbus, Davidson, Richmond, and Wilkes County health departments were chosen as the four pilot sites based on the following criteria:

- Geographic location, including a mix of population densities.
- High rates of pregnant smokers.
- The health department must offer obstetric/prenatal care, family planning services, and well child care.
- Health director/medical director exhibited strong leadership and had a clear commitment to implementing the project.

In establishing comprehensive systems to screen and treat pregnant and postpartum women, *You Quit, Two Quit* employed a four-pronged approach including:

1. Providing effective training to health care providers who screen and treat pregnant and postpartum women.
2. Expanding outreach and training to providers who typically don't provide cessation counseling such as Women, Infant, and Children (WIC) clinics, maternity care coordinators, and family planning programs.
3. Extending smoking cessation counseling services and opportunities to women 12 months postpartum to prevent relapse of smoking after the birth of the baby.
4. Providing education and outreach to health care providers across the state.

The pilot projects were also encouraged to collaborate with local and private prenatal clinics, pediatric practices, family medicine providers, and regional delivery hospitals to ensure continuity in smoking cessation opportunities.

You Quit, Two Quit Program Implementation

You Quit, Two Quit was launched on January 29, 2009. Health care professionals from across the state were invited to a kick-off workshop featuring speakers who provided training on how to comprehensively address the issue by utilizing proven, best practice strategies. Project coordinators, as well as all health care providers and health department employees in the pilot sites who work directly with women, received additional training and began implementing the program in their health departments in February, 2009. The program encourages health care providers in the health departments to screen all pregnant women and mothers of infants up to one year of age using a structured questionnaire, and then to document their answers on a "Five A's" Intervention Record (FAIR form) that remains in the chart. This visual cue reminds other public health professionals who come in contact with the patient to continue to ask about smoking status and to offer smoking cessation resources.

By April 30, 2009, the four sites had exceeded initial expectations by screening 1,169 pregnant women and 1,384 new mothers using the FAIR form. Smokers receive the

evidence-based "Five A's" smoking cessation counseling intervention consisting of **asking** about her smoking status using a structured question, **advising** the women to quit, **assessing** her willingness to quit, **assisting** the women with devising a plan for quitting, and **arranging** for follow-up to ensure they are adhering to their quit plan and to provide continued support. They also receive the North Carolina Healthy Start Foundation's "If You Smoke and Are Pregnant" booklet, which is a guide to quitting smoking with content developed by national experts in tobacco cessation among pregnant women. Those who indicate that they are ready to quit within the next 30 days are given a *You Quit, Two Quit* incentive tote bag consisting of items such as a water bottle, a onesie for the baby, and a pedometer. Mothers who are trying to remain tobacco-free or quit after delivery also receive the incentive, a booklet entitled "A Guide to Help New Mothers Stay Smoke-Free" (developed for the *You Quit, Two Quit* project), and the North Carolina Healthy Start Foundation's "Oh Baby" booklet, which encourages parents to keep the baby free from secondhand smoke exposure.

All providers in the pilot sites have been trained to proactively refer women to QuitlineNC, a confidential smoking cessation phone service that has a specific protocol for pregnant women. QuitlineNC is funded by the Health and Wellness Trust Fund and is available free of charge to all North Carolinians.

Another important component of the *You Quit, Two Quit* project is statewide outreach and education to health care providers in order to heighten their awareness of the need for screening pregnant and postpartum patients and to provide them with the appropriate resources they need to assist patients in quitting tobacco. This was accomplished through a variety of ways, including the development of a *You Quit, Two Quit* website (www.youquittwoquit.com) that includes a section for health professionals, as well as sections for pregnant and postpartum women. The HWTF also sent a mailing to over 1,000 obstetrics providers urging them to adopt tobacco screening and treatment policies for their practices and providing them with evidence-based resources to assist them in accomplishing this task. As with pilot site health care providers, they were encouraged to add the inquiry about tobacco use status as a "fifth vital sign" and use a visible cue in the patient's chart if the person smokes. The HWTF used the "Five A's" protocol to develop pocket guides that could be readily accessible as a means of facilitating the brief intervention to patients who smoke, which were also included in the mailing. In order to help providers feel more comfortable in delivering this intervention, the "Five A's" pocket guides even included scripted lines that the providers could use when talking with the patient.

The mailing also included a postcard to raise awareness of the *You Quit, Two Quit* website and to provide the new CPT billing codes providers can use to be reimbursed for providing smoking cessation counseling to their patients. On January 1, 2009, Medicaid began to reimburse physicians, nurse practitioners, certified nurse midwives, and allied health professionals for providing smoking cessation counseling. Many health care

providers previously cited a lack of reimbursement for smoking cessation as a barrier to providing the counseling; the new codes are expected to encourage them to offer this service.

Lastly, health care providers received resources to encourage the use of QuitlineNC, including brochures promoting the service, fax referral forms, and a "prescription pad" to prescribe QuitlineNC to patients who are interested in quitting. The "Five A's" counseling intervention and quitline cessation services double an individual's chance of successfully quitting. (Visit <http://www.quitlinenc.com> to view the brochure

and other resources for medical professionals.)

Upon completion of the three-year grant period, the *You Quit, Two Quit* project is expected to have established four effective, sustainable, community-based smoking cessation projects that can be adopted and easily replicated by other health departments across the state. For more information on this program, as well as other initiatives funded by the North Carolina Health and Wellness Trust Fund, visit <http://www.healthwellnc.com>. **NCMJ**

The NC Health and Wellness Trust Fund makes North Carolina stronger, both physically and economically, by funding programs that promote preventive health. Created by the General Assembly in 2000 to allocate a portion of North Carolina's share of the National Tobacco Settlement, the HWTF has invested \$199 million to support preventive health initiatives and \$102 million to fund prescription drug assistance programs. For more information, please visit <http://www.healthwellnc.com>.

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