**State Stories on Tobacco Cessation: Wisconsin:**
**First Breath – Reducing Tobacco Use During Pregnancy and Beyond**

[Voiceover] State Stories on Tobacco Cessation.
Wisconsin: First Breath - Reducing Tobacco Use During Pregnancy & Beyond.
This video is part of a series highlighting successful tobacco cessation strategies for populations at an elevated risk for tobacco use.
Medicaid and CHIP agencies may consider implementing these strategies into their programs.

[Kristine Alaniz] Hello, my name is Kristine Alaniz, and I am the Director of Programs at the Wisconsin Women's Health Foundation. And in my role, I have the great fortune of overseeing First Breath, which is Wisconsin's program to reduce tobacco use during pregnancy and beyond.

First Breath just celebrated its 20th anniversary and has evolved greatly over the years. And I am thrilled to share some of our experiences and lessons learned with you today.

Like many states, Wisconsin has seen a decline in overall prenatal tobacco use rates over the past two decades. In 2020, our state rate was 8%. And while we are pleased to see that decline, you only need to dig a little bit deeper to uncover pretty significant racial and economic disparities. Certain groups have prenatal tobacco rates higher than the state average, with pregnant people enrolled in BadgerCare, which is Wisconsin's Medicaid program, more than double the state average.

First Breath was created in 2001 by the Wisconsin Women's Health Foundation, a statewide nonprofit with a strong maternal child health focus. A major strength of First Breath is that we partner with local agencies throughout the state, which we call First Breath sites. We currently have over 100 active sites, and these include Women, Infant, and Children – or WIC – sites, local health departments, OB/GYN clinics, federally qualified health centers, and home visiting programs. Traditionally we train providers at these sites to use the 5 As to address tobacco use with their patients. We started with a multi-pronged approach that included support and one-on-one counseling as part of existing prenatal care, self-help materials, and incentives and gifts for participation.

While highly successful, we found that this model was just not enough for certain populations, particularly for low-income people who often experience more complex needs like higher levels of nicotine dependence, living in households with other tobacco users, and high rates of stress, mental health challenges, and polysubstance use. And for those who were able to successfully quit, we saw high rates of postpartum relapse. And that means that infants and children are still being exposed to tobacco smoke in the home. Our First Breath sites and providers, while still engaged, reported just not having enough time to address these complex tobacco-related needs.

So given these challenges, between 2012 and 2016, First Breath participated in a CMS-funded randomized controlled trial investigating the impact of financial incentives on health outcomes. And one arm of the study focused on pregnant and postpartum tobacco users. So through the First Breath program, we were able to enroll over 1,000 pregnant and postpartum Medicaid beneficiaries into the study, and that allowed us to open up more resources to provide more intensive and longer-term services to our participants and allowed us to interact with family and other household members as well.

In this new model, we were also able to shift the bulk of the intervention off the shoulders of our providers and First Breath sites. So, while providers continued to screen and provide brief interventions to pregnant smokers, our team of health educators – who were certified tobacco treatment specialists – stepped in to provide the intensive counseling and long-term follow-up that participants needed to quit and stay quit.

During the CMS-funded study, participants received monthly counseling – over the phone and in their homes - during pregnancy and for six months postpartum. During the home visits, participants performed a carbon monoxide breath test, which was used to verify their smoking status as well as an educational tool. And everyone in the study received these interventions as well as base-line gift cards for completing home visits. However, the treatment group received an additional incentive if they "passed" the breath test as a non-smoker.

The CMS-funded study revealed really exciting findings for our program. Between the control and treatment groups that received additional incentives, we found that the postpartum abstinence rates were higher among pregnant people who received incentives than those who did not. And given how common postpartum relapse is, it was very promising to see these results. We also conducted focus groups and interviews that allowed us to deeply explore the needs and preferences of low-income pregnant and postpartum tobacco users to help shape the program beyond the CMS study.

Upon completion of the study, we adopted this model long-term and now offer all of these services statewide. So in addition to the 1-on-1 high-intensity counseling, we also provide low-intensity support through a texting program and services to families of pregnant people as well. We continue to follow up with people intensively through six months postpartum and then check-in every year afterward for 5 years. And we also offer many engagement opportunities for participants, such as a digital storytelling project and the ability to serve on our Participant Advisory Committee.

With this new model, we have seen continued success. In 2021, First Breath enrolled its 24,000th participant and has maintained 100% county coverage with at least one First Breath site in each of Wisconsin's 72 counties. And with this network, in 2021 we reached approximately 16% of all pregnant tobacco users in the state, including 38% of pregnant tobacco users who identify as Black or African American.

Self-reported data from 2021 enrollees showed that 45% were tobacco-free during pregnancy, 54% were tobacco-free at one month postpartum, and 57% were tobacco-free at six months postpartum. The data also showed that 80% of participants achieved a smoke-free home and 82% achieved zero infant exposure to tobacco smoke postpartum. And most importantly, we learned that participants enjoy the program, with 97% of participants reporting that they would recommend First Breath to others.

And, a recent study, published in the journal Preventive Medicine, demonstrated the cost-effectiveness of the First Breath program's use of incentives.

Thank you for this opportunity to share Wisconsin's journey, reducing tobacco use during pregnancy and beyond through our First Breath program. If you'd like additional information, please visit our website, providefirstbreath.org, or reach out to me directly via email at kalaniz@wwhf.org.

[Voiceover] We hope that these videos have you considering how to start a tobacco cessation program in your state.

Here are a few tips from the First Breath program.

Find partners to work with. Your WIC program and public health agency can be good places to start.

Apply good quality improvement science to scaling and spreading successful programs.

For more information and quality improvement support, contact CMS at MedicaidCHIPQI@cms.hhs.gov.

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Medicaid and CHIP agencies, managed care plans, and any potential partner organization remain responsible for ensuring compliance with applicable laws, including federal fraud and abuse laws.