Preface

Smoke-Free Families: supplement overview

The papers in this supplement detail the research findings of projects funded by The Robert Wood Johnson Foundation’s (RWJF) Smoke-Free Families (SFF) program. As a collection of conceptual overviews, review articles, and empirical studies on the subject of smoking during pregnancy and the postpartum period, this work represents important new material to add to the knowledge base of what might make for the most effective, efficient, and disseminable interventions for promoting smoke-free families.

Orleans et al (page iii6) set the context for the SFF program, providing an overview behind the RWJF rationale for funding programs delivered during pregnancy and the postpartum period. This paper nests the research efforts within a three pronged product development model. The authors explain that the first component of the model aims to strengthen the science or intervention “push”, by testing or improving interventions for wider use. The second component aims to increase the demand (or “pull”) for effective interventions by demonstrating cost-benefit and cost-effectiveness and providing other incentives. A third component aims to build the capacity of health systems to routinely implement pregnancy related smoking intervention activity for pregnant women in managed care, while Klerman et al (page iii51) focus upon smoking intervention activity for pregnant women in managed care, while Klerman et al (page iii51) focus upon smoking intervention activities of Healthy Start programs, funded specifically for women at high risk of adverse pregnancy outcome.

The supplement also contains brief reports on the results of 10 of the 11 intervention trials funded by the SFF program. These project briefs demonstrate the range of innovative approaches tested. A technical report is also provided, detailing the standardised method of assessing smoking behaviour at baseline and follow up used by these intervention programs (page iii87). A recurring theme in these project briefs is the importance of designing interventions that are practical for implementation within the constraints of busy practice settings, where research is not a priority and there are many competing demands upon health providers.

By way of a conclusion to the papers in the supplement, Melvin et al (page iii80) provide a review of the evidence base supporting recommended steps for health providers to intervene with smokers: “ask, advise, assess, assist, and arrange”. This paper is an important outcome of a consensus conference co-sponsored by the SFF program. A workshop summary is also appended, which summarises the current state
of knowledge concerning the use of pharmaco-therapies for smoking cessation in pregnancy and outlines a research agenda for this topical issue. Finally, Goldenberg et al (page iii85) summarise and thoughtfully discuss the lessons learned from the first phase of the SFF program—lessons that are relevant for all those who are interested in and concerned about developing and delivering improved interventions for this population.

It is hoped that this journal supplement will provide new insights, empirical evidence, and practical tools for those who are concerned to undertake research and improve program delivery for pregnant and postpartum women and parents of young children.

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By Justin Hillgrove, 12th grade,
Snohomish High School, Snohomish, USA.

Who wrote:
I hate the smoke; it actually makes me sick.
I have allergies and asthma and people smoking around me make it much worse.
Luckily my close friends don’t smoke.
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