Taking Action with Evidence: Implementation Roadmap

National Performance Measure #14

For Assistance:
Please contact Temi Makinde
tmakinde@amchp.org
Brief Notes about Technology

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January 19, 2016
Brief Notes about Technology

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Brief Notes about Technology

• Today’s webinar will be recorded

• The recording will be available on the AMCHP website at www.amchp.org

• Please complete the survey to be emailed at the conclusion of the webinar
Practice Poll

• What is your favorite breakfast food?
  – Eggs
  – Pancakes
  – Oatmeal
  – Fruit
  – Something else
  – I don’t eat breakfast
Objectives

• Describe efforts to date by MCHB and partners in compiling the knowledge base of evidence pertaining to NPM #14

• Identify resources and partners from which to select existing evidence-based strategies based on state/territory’s Title V needs assessment findings of the NPM

• Evaluate potential strategies through the lens of current issues and opportunities related to the NPM

• Share feedback with MCHB and its partners on additional technical assistance needed to identify evidence based strategies and subsequently, define measures
Featuring

**Moderator:** Jennifer Farfalla, MPH, Caroline Stampfel, MPH, AMCHP

- **Dr. Hani Atrash, MD, MPH**, Director, Division of Healthy Start and Perinatal Services, Maternal and Child Health Bureau, Health Resources and Services Administration

- **Cynthia Minkovitz, MD, MPP**, Director, Women's and Children's Health Policy Center, Johns Hopkins Bloomberg School of Public Health

- **Sabrina Selk, ScD, ScM**, Interim Director of Applied Research and Evaluation, National Institute for Children’s Health Quality (NICHQ)

- **May Kennedy, PhD, MPH**, Affiliate Professor & Communication Research Consultant, Virginia Commonwealth University (VCU)

- **Jennifer Pearson, MPH, PhD**, Research Investigator, Schroeder Institute for Tobacco Research and Policy Studies, Truth Initiative
Welcome & Opening Remarks

Dr. Hani Atrash, Director
Division of Healthy Start and Perinatal Services
Maternal & Child Health Bureau
Health Resources & Services Administration
U.S. Department of Health & Human Services

hatrash@hrsa.gov
STRENGTHEN THE EVIDENCE BASE FOR MCH PROGRAMS

Cynthia Minkovitz, MD, MPP,
January 19, 2016

A collaborative activity of the Women’s and Children’s Health Policy Center at Johns Hopkins University, the Health Resources and Services Administration, Welch Medical Library at Johns Hopkins University, and the Association of Maternal and Child Health Programs.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Goal

• To provide support and resources to assist State Title V Maternal and Child Health (MCH) programs in developing evidence-based or evidence-informed State Action Plans and in responding to the National Outcomes Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures.
6 Objectives

1) Convene a Team of MCH Experts
2) Provide reports, including critical reviews of the evidence of effectiveness of strategies to address National and State Performance Measures
3) Provide technical assistance to State Title V MCH programs
4) Develop web-based supports and resources for State Title V programs
5) Establish an online platform for sharing best practices via a “Community of Practice”
6) Maintain and enhance an MCH digital library
Environmental Scans

- Compilations of strategies to advance performance for each of the 15 National Performance Measures (NPMs)

- Environmental Scans include:
  - **Reviews and Compilations**: identifies existing compilations for strategies that intend to improve performance for each measure; these include both scholarly reviews and compilations that have been produced by key organizations in the field
  - **Frameworks & Landmark Initiatives**: includes conceptual models underlying strategy implementation, these may or may not be explicitly highlighted in the Reviews and Compilations section; landmark initiatives include seminal programs/policies related to each NPM
  - **Data Sources**: indicates sources (e.g. PubMed), as well as criteria (search terms, publication date), and link to search strategy; also selected organizational websites
  - **Inclusion & Exclusion Criteria**: denotes types of studies, setting, populations of interest that were included in our search, and exclusion criteria
Strengthen the Evidence for MCH Programs:
Environmental Scan of Strategies

National Performance Measure (NPM) #14: Smoking
A) Percent of women who smoke during pregnancy
B) Percent of children who live in households where someone smokes

Introduction
This environmental scan identifies collections of strategies to advance performance for NPM #14, Smoking. The information provided in this document focuses on strategies to achieve the NPM, not on the content of care or specified health outcomes. Please note that the quality of the evidence in this compilation has not been evaluated, and that data sources describing a single strategy, rather than a collection of strategies, have been excluded.

This compilation includes the following sections:

- **Reviews and Compilations**: Identifies existing compilations for strategies that intend to improve performance for each measure
- **Frameworks and Landmark Initiatives**: Frameworks includes conceptual models underlying strategy implementation, Landmark Initiatives include seminal programs/policies related to the NPM
- **Data Sources**: Indicates sources, search criteria, links to search strategy and selected organizational websites
- **Inclusion and Exclusion Criteria**: Denotes types of studies, setting, populations of interest and exclusion criteria

Technical assistance for State Title V MCH programs related to using evidence to inform State Action Plans, selection of strategies, and development of evidence-based or evidence-informed Strategy Measures may be requested at [http://www.semch.org/technical-assistance.html](http://www.semch.org/technical-assistance.html)

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- Reviews and Compilations: 2
- Frameworks and Landmark Initiatives: 19
- Data Sources: 24
- Inclusion and Exclusion Criteria: 27
## Reviews and Compilations: Sample Entry

<table>
<thead>
<tr>
<th>Review/Compilation</th>
<th>Summary</th>
<th>Web Link</th>
</tr>
</thead>
</table>
• Findings  
  • Results with economically disadvantaged pregnant smokers support the efficacy of financial incentives for increasing smoking abstinence rates antepartum and early postpartum | [http://dx.doi.org/10.1016/j.ypmed.2011.12.016](http://dx.doi.org/10.1016/j.ypmed.2011.12.016) |

| Association of State and Territorial Health Officials (ASTHO). (2013). Smoking Cessation Strategies for Women Before, During, and After Pregnancy: Recommendations for State and Territorial State Health Agencies. [Target: A,B,C,D,G,H] | • Recommendations to improve smoking cessation include:  
  • Provide training and technical assistance to healthcare and public health providers on helping women quit using tobacco before, during, and after pregnancy  
  • Extend pregnancy-specific and postpartum-specific quit line services to women  
  • Implement coordinated media campaigns that specifically target women during childbearing years  
  • Develop customized programs for specific at-risk populations of women  
  • Include WIC sites as points for intervening with pregnant and postpartum women  
  • Design and promote barrier-free cessation coverage benefits for pregnant and postpartum women in public and private health plans  
  • Promote cessation service integration aimed at improving birth outcomes  
  • Implement evidence-based tobacco control policies | [http://www.astho.org/Prevention/Tobacco/Smoking-Cessation-Pregnancy/](http://www.astho.org/Prevention/Tobacco/Smoking-Cessation-Pregnancy/) |
Highlights from the Review for NPM #14

• Reviews and Compilations include:
  • 27 compilations of strategies
  • 10 systematic reviews and meta-analyses
  • 3 organizational websites

• Frameworks and Landmark Initiatives include:
  • 7 frameworks and/or approaches used to shape smoking cessation efforts
  • 1 organizational website describing an influential program
Examples of Strategies for NPM #14

• States
  • Collaborate with state Medicaid agencies to expand quitline services
  • Implement and advocate for tobacco control policies on both the state and local levels (e.g. cigarette taxes, housing ordinances)

• Community Organizations
  • Provide community-based prenatal smoking cessation programs
  • Reinforce media campaign messages

• Health Care Practices and Providers
  • Offer educational and support interventions that extend through the postpartum period
  • Utilize incentives
Technical Assistance

• Complement ongoing HRSA investments and expertise among discretionary grantees

• Strengthen the Evidence team focused on TA related to evidence to inform strategies to achieve progress on state identified priorities
  • Varying levels of TA intensity
  • Recognize continuum of available evidence
  • Individual vs. groupings of states depending on needs

• Types of TA requests
  • Identifying possible strategies
  • Evaluating a selected strategy
  • Providing evidence relating to specific strategies
  • Adapting strategies for a specific population
  • Developing evidence-based or evidence-informed strategy measures

• Sample activities: In depth evidence reviews, connect states with MCH consultants, work collaboratively to provide communities of practice
Evidence-based or –Informed Strategy Measures (ESMs)

• “...the measures by which states will directly measure their impact on the NPMs.”
• Align with selected NPMs and strategies proposed to enhance performance on the NPMs
• Assess evidence-based or –informed practices that impact individual population-based NPMs.


Characteristics of ESMs

- Relate to the selected strategy and are in the pathway to achieving a National Performance Measure (NPM) or a State Performance Measure (SPM)

- Link to an objective the State hopes to accomplish by tracking the measure
Selection Criteria for ESMs

• **Measurable**
  • Reliable and valid
  • Data available or planned over time to track progress
  • May be a percentage, rate, ratio or number, or an indicator of achievement of an activity (e.g. development of standards or guidelines)

• **Meaningful**
  • Related to the NPM and state priority objective
  • Incorporates stakeholder input for feedback/buy-in
  • State specific
Contact Us

• Technical Assistance Requests
  http://www.semch.org/technical-assistance.html

• Project Coordinator, Stephanie Garcia
  sgarci22@jhu.edu

THANK YOU!!!

www.semch.org
http://mchlibrary.jhmi.edu/
Infant Mortality CoIIIN
Smoking Cessation Learning Network
Change Package

Tuesday, January 19, 2016
Smoking Cessation State Teams (n=24)
By July 2016, we will reduce tobacco and nicotine dependency in women in their reproductive years. Our goals are to:

1. Increase the percentage of women who stop smoking prior to pregnancy relative to the state baseline by 10%;

2. Increase the percentage of women who stop smoke during pregnancy relative to the state baseline by 10%;

3. Increase the percentage of women who maintain cessation after delivery by 10% relative to the state baseline;

4. Increase the number of women enrolled in Quitline in reproductive years (18-44 years of age?) by 10% relative to state baseline; and

5. In pilot sites: increase the percentage of smoking women who are referred to smoking cessation counseling and programs like Quitline to 95% or higher.

Goal: States may customized goals based on the focus.
**Overview of Resources**

**Driver Diagram**

**Aim Statement**

By July 2016, we will reduce tobacco and nicotine dependency in women in their reproductive years. Our goals are to:

1. Increase the percentage of women who stop smoking prior to pregnancy relative to the state baseline by 10%.
2. Increase the percentage of women who stop smoke during pregnancy relative to the state baseline by 10%.
3. Increase the percentage of women who maintain cessation after delivery by 10% relative to the state baseline.
4. Increase the number of women enrolled in Quitline in reproductive years (18-44 years of age) by 10% relative to state baseline; and
5. In pilot sites: increase the percentage of smoking women who are referred to smoking cessation counseling and programs like Quitline to 95% or higher.

*States may customize goals based on their area(s) of focus.*

**Primary Drivers**

- Supportive local and state level policies that prevent starting, support stopping, and staying tobacco free for all women in childbearing years
- Evidence based programs like Baby and Me, Quitline pull women to them and are referred to by professionals and support personnel
- Collaborative, community based partnerships provide resources and psychosocial supports for smokers and former smokers
- Women, in child bearing years avoid smoking, or stop and stay quit
- Providers recognize role in coaching and supporting women to stop and stay quit
- Public sensitivity to and awareness of women not smoking, avoiding, and ceasing all forms of tobacco and nicotine in childbearing years

**Secondary Drivers**

- Increased barrier free access to services and supports
- Safe spaces and places like tobacco free zones, media and advertising free zones, limited spaces where tobacco and nicotine may be
- Taxation policies
- Payment: Ensure payment for smoking cessation services
- Timely and appropriate counseling to maximize continued cessation
- Smoking screening and referrals
- Cooperative and connected community based programs and resources
- Message alignment across community partners and programs
- Will to change permeates legislators, advocates, providers, public health professionals and community partners
- Motivate women to seek support to stop and stay stopped
- Strong support systems including psychosocial supports
- Increased Provider Capacity
- Increased capacity to screen, refer, and follow up
- Evidence based programs receive referrals
- Women and adolescents advised by providers
- Informed public
- Media and Social Media Messaging
Quality Improvement Change Packages

• Begins with the drivers
  – Drivers are identified by evidence and best practice for addressing the improving at hand

• Change Package
  – A collection of change ideas that will lead to improvement in the drivers

• Process:
  – Teams select change ideas from the change package to test and apply in their state / local settings
  – Supports rapid improvements because teams can take evidence and apply, test, and adapt into their setting, while continuously learning and improving the process and engagement of key stakeholders
Smoking Cessation Change Package

### Change Ideas

<table>
<thead>
<tr>
<th>Primary Driver</th>
<th>Secondary Driver</th>
<th>Change Ideas</th>
</tr>
</thead>
</table>
| PD 01          | Safe Spaces and places like tobacco free zones, media and advertising free zones, limited spaces where tobacco and nicotine may be purchased | 1. Increase smoke free and tobacco free zones, smoke free work spaces, especially near vulnerable populations (hospitals, schools, etc.) to decrease second hand smoke exposure.  
2. Limit access to tobacco.  
3. Limit sales locations and single-item sales for all nicotine products. No sales to children.  
4. Consider media, and advertising a space that needs to be free of smoking and tobacco product display, usage, etc. |
| Increased barrier free access to services and supports | 1. Ensure utilization of ACA mandated Medicaid coverage of smoking cessation services for pregnant women and women prior to pregnancy eligibility  
2. Promote coverage for cessation interventions for women and providers with barrier free access for women and adolescents to smoking cessation programs and/or related medications during childbearing years.  
3. Integrate referral process and screening tools into existing enrollment process (Medicaid).  
4. Stream line referrals to services and supports with automated referrals, and advance technology |
Primary Driver 1: State & Local Level Policies

**Primary Driver**

Supportive local and state level policies that prevent starting, support stopping, and staying tobacco free for all women in childbearing years

<table>
<thead>
<tr>
<th>Secondary Driver</th>
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<tbody>
<tr>
<td>Safe Spaces and places like tobacco free zones, media and advertising free zones, limited spaces where tobacco and nicotine may be purchased.</td>
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<tr>
<td>Increased barrier free access to services and supports.</td>
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<tr>
<td>Taxation policies</td>
</tr>
<tr>
<td>Ensure payment for smoking cessation services.</td>
</tr>
<tr>
<td>Improve timeliness and usefulness of Vital Statistics and Claims data</td>
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</tbody>
</table>
Increase smoke free and tobacco free zones, smoke free work spaces, especially near vulnerable populations (hospital, schools, etc.) to decrease second hand smoke exposure

Limit access to tobacco

Limit sales locations and single item sales for all nicotine products. No sales to children

Consider media and advertising as a space that needs to be free of smoking and tobacco, product display, usage, etc.

MARYLAND: Baltimore City Bill passed prohibiting smoking in parks, playgrounds, and pools
<table>
<thead>
<tr>
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<th>Change Ideas</th>
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<tbody>
<tr>
<td>Increased barrier free access to services and supports</td>
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</tr>
<tr>
<td></td>
<td>Stream line referrals to services and supports with automated referrals, and advance technology</td>
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</table>

**TENNESSEE:** Master settlement agreement ($5M in 3 years) in Tobacco Prevention and Control in 95 Counties
**Primary Driver 1: State & Local Level Policy**

<table>
<thead>
<tr>
<th>Secondary Driver</th>
<th>Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxation policies</td>
<td>Use NYC as model of taxation to drive down use of all tobacco and nicotine products.</td>
</tr>
<tr>
<td></td>
<td>Develop a policy to tax all nicotine products, including e-cigarettes</td>
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</tbody>
</table>

**NEW MEXICO:** Increasing taxation of tobacco products – Smoke Free Kids & Medicaid cover quit costs; Smoke Free Public Place Laws
Inform providers about the coverage and reimbursement for clinicians as well as for Quitline referrals and the educational toolkits such as formal protocols / automate referrals, and advance technology to streamline referral process.

Ensure proper billing and coding procedures for smoking cessation services offered to pregnant and post-partum women.

**WYOMING:** Medicaid reimburses for Screening, Brief Intervention and Referral Treatment (SBIRT).
Primary Driver 1: State & Local Level Policy

<table>
<thead>
<tr>
<th>Secondary Driver</th>
<th>Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve timeliness and usefulness of Vital Records and Claims Data</td>
<td>Change date range on vital records data to monthly from quarterly or annual.</td>
</tr>
<tr>
<td></td>
<td>Provide health plans, MCOs, providers information re their referrals and results to help women stop and stay quit in childbearing years.</td>
</tr>
<tr>
<td></td>
<td>Use control charts to analyze data over time for improvement.</td>
</tr>
</tbody>
</table>
Thank you!

Questions or comments? Contact us @ CoIIN@NICHQ.org
OPPORTUNITIES AND EXAMPLES IN THE TITLE V FIELD
Previous efforts and activities

Forging a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality (A Compendium)

• Strategies & case studies for implementing comprehensive approaches to improve birth outcomes and reduce infant mortality

Smoking Cessation Strategies

• Coordinate with existing tobacco control programs, WIC, Medicaid, & community health centers to reach pregnant women
• Quitlines focused on pregnant women
• Reminders for providers to identify and intervene with women using tobacco
• Strategies to increase reimbursement for cessation programs
• Partner with environmental health to reduce secondhand smoke exposure
Innovation Station Practices:

- 18 practices are related to NPM 14 and include preconception, prenatal, and infant care programs.
- Three specifically touch on Smoking Cessation / Tobacco Use.

<table>
<thead>
<tr>
<th>Practice</th>
<th>State</th>
<th>Primary Interest</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Babies Program</td>
<td>Minnesota</td>
<td>Birth Defects Prevention</td>
<td>Emerging</td>
</tr>
<tr>
<td>Healthy Babies are Worth the Wait</td>
<td>Kentucky</td>
<td>Birth Outcomes</td>
<td>Best</td>
</tr>
<tr>
<td>Every Child Succeeds</td>
<td>Ohio</td>
<td>Child Health</td>
<td>Best</td>
</tr>
<tr>
<td>First 5 California Kit for New Parents</td>
<td>California</td>
<td>Family/Consumer Involvement</td>
<td>Promising</td>
</tr>
<tr>
<td>Early Intervention Partnerships Program (EIPP)</td>
<td>Massachusetts</td>
<td>Health Screening</td>
<td>Emerging</td>
</tr>
<tr>
<td>Nurse Family Partnership</td>
<td></td>
<td>Home Visiting</td>
<td>Best</td>
</tr>
<tr>
<td>Touching Hearts and Minds (THM)</td>
<td>Massachusetts</td>
<td>Infant Health</td>
<td>Emerging</td>
</tr>
<tr>
<td>Florida Infant Risk Screening Tool</td>
<td>Florida</td>
<td>Infant Health</td>
<td>Promising</td>
</tr>
<tr>
<td>Partners in Pregnancy</td>
<td>Virginia</td>
<td>Infant Health</td>
<td>Promising</td>
</tr>
<tr>
<td>Healthy Weight Program</td>
<td>Massachusetts</td>
<td>Overweight/Obesity</td>
<td>Promising</td>
</tr>
<tr>
<td>La Vida Sana, La Vida Feliz</td>
<td>Illinois</td>
<td>Overweight/Obesity</td>
<td>Promising</td>
</tr>
<tr>
<td>Women Together for Health</td>
<td>Arizona</td>
<td>Overweight/Obesity</td>
<td>Emerging</td>
</tr>
<tr>
<td>Tampa Bay Doula Program</td>
<td>Florida</td>
<td>Perinatal Health</td>
<td>Emerging</td>
</tr>
<tr>
<td>MotherWoman</td>
<td>Massachusetts</td>
<td>Perinatal Health</td>
<td>Promising</td>
</tr>
<tr>
<td>Internal Care Program</td>
<td>Arizona</td>
<td>Preconception Health</td>
<td>Promising</td>
</tr>
<tr>
<td>One Tiny Reason to Quit</td>
<td>Virginia</td>
<td>Smoking/Tobacco Cessation</td>
<td>Promising</td>
</tr>
<tr>
<td>The Missouri Model for Brief Smoking Cessation Training</td>
<td>Missouri</td>
<td>Smoking/Tobacco Cessation</td>
<td>Emerging</td>
</tr>
<tr>
<td>Parent Child Assistance Program (PCAP)</td>
<td>Washington</td>
<td>Substance &amp; Tobacco Use</td>
<td>Best</td>
</tr>
</tbody>
</table>
Innovation Station Spotlight:

- Program goal: Address Missouri smoking statistics by reducing tobacco use in women of reproductive age as well as women who are already pregnant

- Main Components:
  - The Missouri Model includes a 5-15 minute counseling session performed by a health care provider
  - The model is based on the evidence-based U.S. Public health Services’ five-step intervention (5 A’s)
  - 5 A’s = Ask, Advise, Assess, Assist, and Arrange
  - Free training sessions on the Missouri Model for Brief Smoking Cessation were provided to health care providers working with women of reproductive age across the state
SUMMARIZED STRATEGIES FROM STATE ACTION PLANS
Current and Future Efforts

How do states plan to reduce smoking during pregnancy?

- 33 jurisdictions selected NPM 14
- Common themes → multi-faceted strategies
  - 3 main evidence based interventions:
    - Quit lines
    - The Baby and Me-Tobacco Free program
    - The Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPTS)
- Other ways states aim to reduce smoking in pregnancy by:
  - Offering nicotine replacement therapy (NRT) within the quit lines.
  - Adopting systems change in prenatal care environments to screen all women.
  - Outreach education in reproductive health for women prior to conception.
  - Distributing tobacco cessation pamphlets to WIC participants.

January 19, 2016
Current and Future Efforts

How do states plan to reduce exposure to secondhand smoke?

- Common themes → Smoke free laws, Education, Cessation
  - Examples of identified strategies that focused on lowering the percent of children who live in households where someone smokes.

  Kentucky:
  - Incorporate more smoking cessation materials into MCH programs.
  - Increase the number of local communities with smoke free laws and ordinances, including 100% smoke free schools.

  Virginia:
  - Educate all household members on the dangers of tobacco use through partnership and referrals to quit lines.
OTHER INNOVATIVE STRATEGIES INCLUDED:

• Increasing screening and referral for mental health services overall

• Using social media to increase awareness of the importance of tobacco cessation and tools to help quit.

• Using the Integrated Screening Tool (5Ps) from the Institute for Health and Recovery.

• A few states identified strategies targeting use of e-cigarettes.
AMCHP Communities of Practice

• In partnership with Johns Hopkins, AMCHP will host four Communities of Practice around the MCH Population Domains:
  – Child Health – **Launched 10/29**
  – Children and Youth with Special Health Needs (CYSHCN) - **Launched 12/16**
  – Cross-cutting / Life Course - **Launched 1/7**
  – Women’s / Maternal Health

• Purpose is to provide a space for peer sharing of:
  – Strategies related to the NPMs within the domain
  – Development of ESMs for strategies
  – Issues for group discussion and/or expert consultation
  – Updates on new resources and materials related to the development of ESMs
AMCHP Communities of Practice

• Who will benefit from joining:
  – State Title V staff engaged in the state action plan & developing ESMs

• Participant Involvement:
  – Participation in online discussion boards, interact with peers
  – Identify topics that require further TA
  – CoPs are participant-driven

• To learn more, visit our Communities of Practice Page: http://www.amchp.org/AboutTitleV/Resources/Pages/MCHPopulationCommunitiesofPractice.aspx

• To sign up, go directly to our Registration Page: https://www.surveymonkey.com/r/CoP_MCHPop_Reg

• Questions? Contact Caroline Stampfel at cstampfel@amchp.org
Poll

• Do these strategies/themes resonate with your state action plans?
  – Yes
  – No
  – Unsure
One Tiny Reason To Quit (OTRTQ)

May Kennedy, PhD, MPH, Affiliate Professor & Communication Research Consultant, Virginia Commonwealth University (VCU)
One Tiny Reason To Quit (OTRTQ) History

**Who/Where**
- Richmond VA *Healthy Start Initiative* coalition
- a social marketer
- VCU *Center for Health Disparities* staff
- *ND&P* ad agency

**What**
- NIH grant-funded, data-driven, strategic planning
- 2-pronged, community-based campaign

**Why:** High infant mortality in African Americans

**When:** 2009 & 2011
OTRTQ “Air Cover”

- billboards in high-risk localities
- bus interiors
- posters and flyers in venues
- radio spots on a hip-hop station
- utility bill stuffers
OTRTQ “Ground Cover”

Outreach Worker give-aways

• CDC Brochure
• 1-800-QUIT-NOW business card
• OTRTQ branded:
  • Photo frame magnet
  • Mint flavored lip balm (1 for you, 1 for a friend)
  • Mints in cell phone tin
  • Tote bag
OTRTQ Outcomes

Spikes in calls

% Pregnant callers African American
Getting the Word Out

**Process**
- Detailed case study in *Cases in Public Health Communication and Marketing, Summer, vol. IV*
  [http://publichealth.gwu.edu/departments/pch/phcm/casesjournal/volume4Summer/index.cfm](http://publichealth.gwu.edu/departments/pch/phcm/casesjournal/volume4Summer/index.cfm)
- Operations manual
  [http://www.healthdisparities.vcu.edu/Community-Engagement/One-Tiny-Reason-To-Quit/](http://www.healthdisparities.vcu.edu/Community-Engagement/One-Tiny-Reason-To-Quit/)

**Outcome**
- Kennedy MG et al., (May, 2013) *J Women’s Health*, 22(5); 432-8.

**Dissemination strategies**
- AMCHP’s *Innovation Station*
- *Office on Smoking or Health* at CDC (pending)
- Creative copy free to non-profits and government agencies
Poll

• Do you think you can **apply** any of the strategies or resources presented to your state action plans?
  • Yes
  • No
  • Unsure
STATE OF THE SCIENCE:
e-Cigarettes/ENDS/ANDS

JENNIFER PEARSON, MPH, PHD | JANUARY 19, 2016
What are “e-cigarettes”? 
ANDS product features

AVAILABLE IN THREE MAIN TYPES: DISPOSABLE “CIGALIKE”, RECHARGEABLE “CIGALIKE”, AND RECHARGEABLE VAPORIZER

“first generation”
“ciga-like”
“e-hookah”

“second generation”
“open system”
“tank system”
“mod”
The components of a typical e-cigarette are illustrated below:

- Battery
- Vaporizer
- Cartridge
- Indicator Light
- Mouthpiece

Components of a disposable ANDS
Components of an open ANDS
Many names & shapes
ANDS brands

...+ 100s more
Who uses these products?
ANDS Use Patterns Among US Adults

ANDS use most common among former and current smokers

Trends in Past 30-Day Use of Cigarettes and E-Cigarettes among High School Students - NYTS

What we know about health effects and “second hand vapor”
Nicotine content in liquid and vapor varies across manufacturers, devices, cartridges, and puff to puff.

Liquids and mainstream and exhaled vapor contain measurable amounts of:

- nicotine
- propylene glycol
- other toxic constituents, but at much lower levels than tobacco smoke
- particular ANDS flavors are more cytotoxic than others, but all are less cytotoxic than cigarette smoke extract

Vapor contains ultrafine and fine particulate matter at similar sizes to that of conventional cigarette smoke, but the amount of particulate matter produced by ANDS is not yet conclusive.

- Some studies find lower than cigarettes; others, higher than cigarettes

Citations upon request – excluded due to space restrictions.
Health effects of ANDS use

Exposure to toxicants is significantly lower for ANDS than for conventional cigarettes.

Most commonly reported adverse events include: mouth and throat irritation, nausea, headache, and dry cough.

Nicotine biomarkers increase after ANDS use.

Findings on the impact on ANDS use and heart rate are mixed.

ANDS use has no or minimal impact on other physiologic measures, with the impact being generally positive for cigarette smokers switching to ANDS.

Citations upon request – excluded due to space restrictions.
Health effects of secondhand “vapor”

Very limited data on this topic (only 2 studies with people)

Takeaways:

• Exposure to ANDS aerosol can expose bystanders to nicotine

• Studies have not identified differences in lung function or complete blood count


What we know about ANDS and pregnancy
ANDS use and pregnancy

No national prevalence estimates available

- In one sample of 316 pregnant women, 42 reported lifetime (ever) ANDS use and 2 reported daily ANDS use
- 43% believed that ANDS were less harmful to a fetus than cigarettes

Three studies suggest ANDS perceived as less harmful in pregnancy than cigarettes

A qualitative study found that pregnant women thought that ANDS were less stigmatizing to use in pregnancy than cigarettes

Sources:


E-cigarette advertisements are the most widely circulated of noncombustible tobacco products.

Across all media channels promotional spending on e-cigarettes has increased annually since 2010.

Advertisements most commonly claim e-cigarettes are: 1) a healthier alternative to conventional cigarettes, 2) a way to circumvent smoking bans, 3) a smoking cessation aid.

Advertising images influence consumers’ interest in e-cigarette use, with the greatest interest associated with depictions of e-cigarette use.

From in-process systematic review by Allison Glasser, MPH & Andrea Villanti, PhD, MPH.
Thank you!

Questions?

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Q&A

• Mute your line by using the mute function on your phone or by using *6 to mute/un-mute

• **Raise your hand.** Using the icon at the top of your screen (example shown right)

• You can type your questions into the **chat box** (shown right)
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