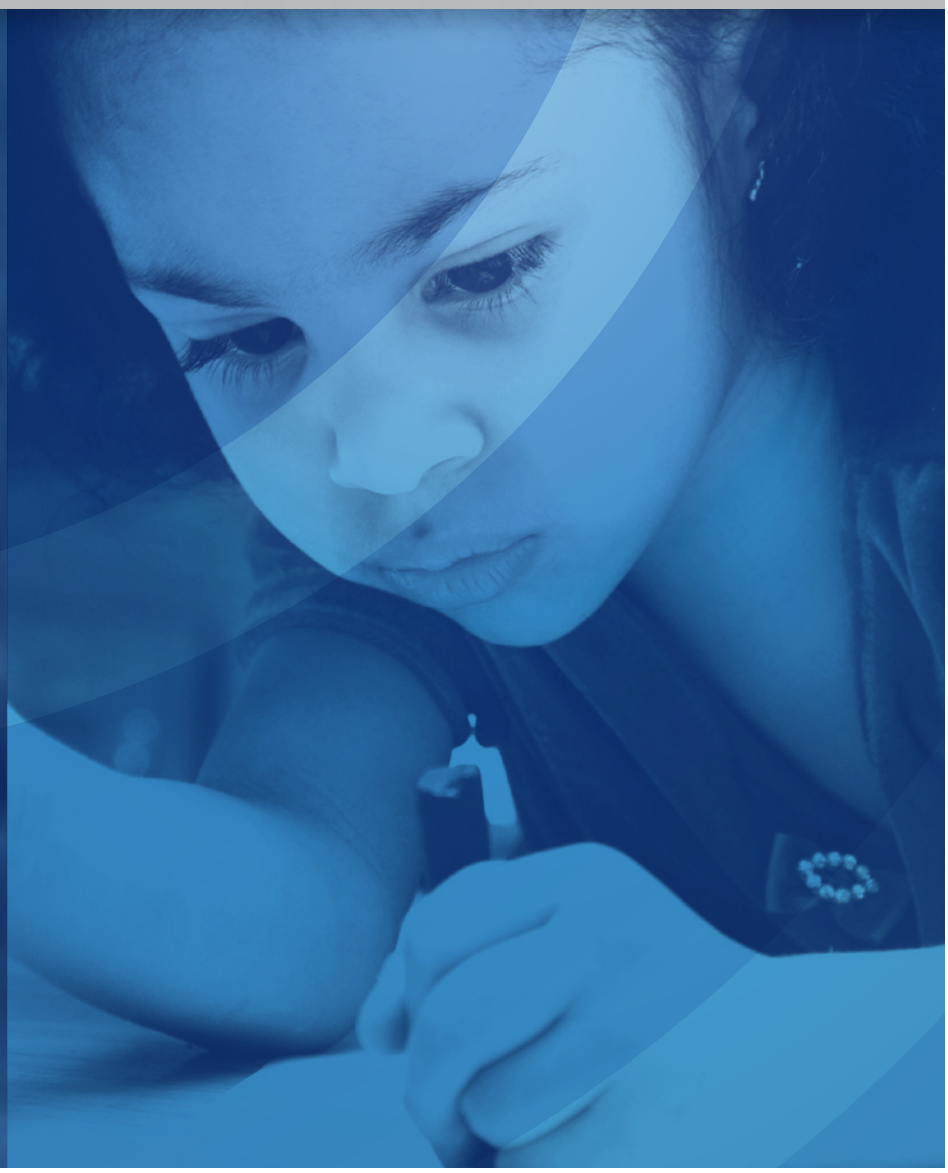
HEAD START TOBACCO CESSATION INITIATIVE

LEGACY®

PARTNERING FOR HEALTHIER CHILDREN AND FAMILIES



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MAY 2012

LEGACY®

Legacy is a national non-profit dedicated to helping people live longer, healthier lives through tobacco prevention and cessation. Located in Washington, D.C., Legacy develops programs that address the health effects of tobacco use—with a focus on vulnerable populations disproportionately affected by the toll of tobacco—through technical assistance and training, partnerships, youth activism, and counter-marketing and grassroots marketing campaigns.

LEGACY'S PROGRAMS INCLUDE:

truth® A national youth smoking-prevention campaign cited for its contributions to significant declines in youth smoking;

ex An innovative public health program designed to speak to smokers in their own language and change the way they approach quitting; research initiatives that explore the causes, consequences, and approaches to reducing tobacco use; and a nationally renowned outreach program to priority populations. Legacy was created as a result of the November 1998 Master Settlement Agreement reached among attorneys general from 46 states, five U.S. territories, and the tobacco industry.

For more information about Legacy, please visit www.legacyforhealth.org.

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LEGACY'S COMMITMENT TO DISSEMINATION

Legacy's mission is to build a world where young people reject tobacco and anyone can quit. To further this mission, Legacy has engaged in a comprehensive dissemination effort to share lessons learned from the replicable, sustainable tobacco-control projects that were implemented across the nation with the assistance of past Legacy funding. In response to the recent financial downturn and to maximize the impact of limited funds, Legacy has shifted its efforts to focus mostly on population-based strategies and suspended its competitive grant-making programs. Legacy no longer solicits or accepts competitive funding requests and all existing grants will be phased out by 2012.

Head Start Tobacco Cessation Initiative: Partnering for Healthier Children and Families is the eleventh publication in Legacy's dissemination series. This publication presents Legacy's Head Start Tobacco Cessation Initiative as a systems-change model to provide access to evidence-based tobacco cessation and prevention services for low income families through community-based partnerships. It examines key systems-change approaches critical to the model in a Head Start setting including enhancing existing service protocols to include tobacco cessation; helping staff understand why tobacco control should be a priority; training staff in how to engage family members in discussions about tobacco use and secondhand smoke and make appropriate referrals to cessation services; and adding questions about tobacco use to standard forms. This publication also features case examples from four states demonstrating how Legacy's Head Start Tobacco Cessation Initiative was implemented in Head Start programs. These case examples capture unique sets of strategies, successes, challenges and lessons learned from the experiences of those four Head Start programs.

[LEGACY RECOGNIZES AND HONORS THE FACT THAT TOBACCO HAS A SACRED CULTURAL PLACE IN AMERICAN INDIAN LIFE IN PARTS OF NORTH AMERICA. MANY NATIVE AMERICAN TRIBES USE TOBACCO FOR SPIRITUAL, CEREMONIAL, AND TRADITIONAL HEALING PURPOSES. LEGACY, THEREFORE, DISTINGUISHES TRADITIONAL, CEREMONIAL, AND SPIRITUAL USE OF TOBACCO FROM ITS COMMERCIAL USE. LEGACY PROMOTES TOBACCO CONTROL EFFORTS THAT ARE NOT GEARED TOWARD TARGETING TRADITIONAL TOBACCO.]

LEGACY
FOR LONGER HEALTHIER LIVES

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INTRODUCTION

While great strides have been made over the past four decades in reducing the prevalence of tobacco use, one out of every five adults in the U.S. still smoke, and cigarette smoking continues to be the leading cause of preventable illness and death in this country.[2] Every year, approximately 443,000 people die from tobacco-related illnesses.[3]

Tobacco doesn't just affect the user, of course—secondhand smoke is a killer, too. In 2007-8, approximately 88 million non-smoking adults and children were exposed to secondhand smoke in the United States.[4] Among adults, that exposure can lead to heart disease and lung cancer, and causes almost 50,000 deaths every year.[5]

Children exposed to secondhand smoke are also at high risk for serious health consequences, and even death. Secondhand smoke is a known cause of low birth weight, Sudden Infant Death Syndrome (SIDS), asthma, bronchitis, pneumonia, middle ear infection,and other diseases.[6] In a 2007 national survey of children's health, asthma was the most common chronic health problem reported in children.[7]

For most people working in tobacco control, none of these sobering statistics are necessarily new information. The serious, lethal consequences of tobacco use and secondhand smoke exposure have been widely studied, and are relatively well known. Evidence-based cessation strategies such as the 5 A's and the use of medications such as Nicotine Replacement Therapy (NRT) have been developed, tested, and disseminated. But a problem remains: Disadvantaged smokers are less likely to receive smoking cessation assistance than their more advantaged counterparts.[8]

"The key challenges in tobacco control and public health today are fundamentally systems problems, involving multiple forces and stakeholders." [1]

— NATIONAL CANCER INSTITUTE, GREATER THAN THE SUM: SYSTEMS THINKING IN TOBACCO CONTROL

TOBACCO IN LOW SES POPULATIONS

Tobacco use can be directly tied to income levels; the highest rates of tobacco use occur among people with the lowest levels of income.[9] In 2010, 28.9% of adults living below the Federal Poverty Line (FPL) smoked.[10]

High rates of tobacco use also go hand-in-hand with low education levels. 45.2% of adults with a GED smoke, as compared with just 6.3% of adults with a graduate-level degree.[11]

cigarettes was approximately $5.95 (excluding local cigarette and sales taxes), with a wide variation in price by state.[16] Calculating the cost of smoking a pack a day, seven days a week, over the course of a year, that averages to over $2000/year.

In an attempt to address the disparity in tobacco prevalence and access to cessation strategies, in 2000 the U.S. Public Health Service issued Clinical Practice Guidelines for health care providers advising "that clinicians strongly recommend the

CHART 1: Adults who are current smokers [12]

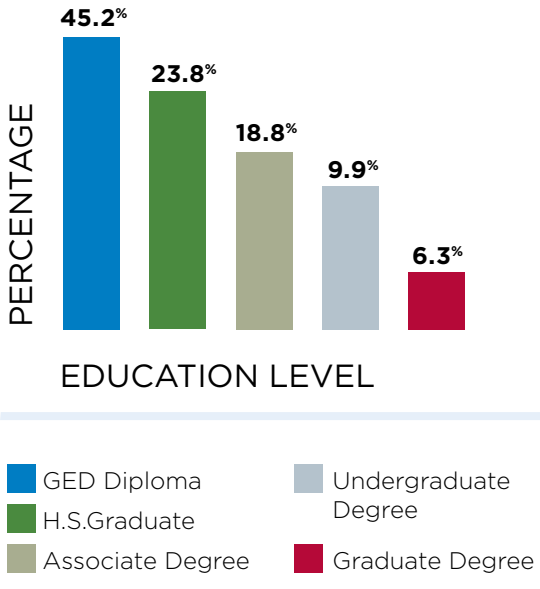
INCOME		YES	NO
Less than $15,000	Median Percentage	32.9	67.1
	Number of States	51	51
$15,000 - $24,999	Median Percentage	26.1	73.9
	Number of States	53	53
$25,000 - $34,999	Median Percentage	21.4	78.6
	Number of States	52	52
$35,000 - $49,999	Median Percentage	18.9	81.1
	Number of States	52	52

Low socioeconomic status (Low SES) and tobacco is an issue for children as well as adults. According to a 2007 survey of children's health, 26.2% of children nationwide live in households where someone smokes; in households below the poverty line, that percentage jumps to 36.9%.[13]

Not only does the high prevalence of smoking in low-wealth families have a devastating impact on the health of the adult members of the families, but the health of their children is also compromised through exposure to secondhand smoke. The high cost of tobacco products, and the soaring costs of health care associated with smoking-related illness and disease, also has a real economic impact on families struggling to make ends meet.[14]

In 2011, the FPL for a family of four in the contiguous 48 states and District of Columbia was $22,350.[15] The average cost for a pack of

CHART 2: Current cigarette smoking among adults aged 18 and above by education levels-2010 [17]



use of effective tobacco dependence counseling and medication treatments to their patients who use tobacco, and that health systems, insurers, and purchasers assist clinicians in making such effective treatments available." [18]

The guideline, which was updated in 2008, recommends that clinicians make treating tobacco dependence a top priority for their patients by encouraging, at the very least, clinicians to ask if the patient uses tobacco, advise that patient to quit, and assess the patient's willingness to make a quit attempt.[19]

In addition to advising intervention with patients who use tobacco, the U.S. Public Health Service and the American Academy of Pediatrics also recommend that clinicians advise parents who smoke about the dangers of secondhand smoke to their children, and follow clinical care guidelines to help them quit.[20, 21]

Low-income families face health-related disparities on multiple levels. Compared with high-income families, they are less likely to have health-insurance coverage and access to medical care, including primary health care.[22, 23]

Not surprisingly, people without health insurance are far less likely to have access to health care. As the 2010 National Health Disparities Report by the Agency for Healthcare Research and Quality (AHRQ) indicates, "For people under age 65, the percentage of people who were unable to get or delayed in getting needed medical care, dental care, or prescription medicines was more than twice as high for people with no health insurance as for people with private insurance. The percentage was also worse for people with public insurance than for people with private insurance." [25]

Access to primary care also varies with the levels of income and educational attainment. According to a 2010 health disparities report published by AHRQ, "In 2007, the percentage of people with a usual primary care provider was significantly lower for poor people, near-poor people, and middle-income people than for high-income people (70.5%, 71.5%, and 75.1% respectively, compared with 81.5%). In 2007, the percentage of people with a usual primary care provider was significantly lower for people with less than a high school education and for people with a high school education than for people with some college education (66.7% and 71.8%, respectively, compared with 75.4%)." [26]

CHART 3: People without health insurance coverage by household [24]

HOUSEHOLD INCOME	
Less than $15,000	26.6%
$25,000 - $49,999	21.4%
$50,000 - $74,999	16%
$75,000 or more	9.1%

HEAD START AND EARLY HEAD START

The federal Head Start program was launched in the summer of 1965 as part of the "War on Poverty."[27] Since its beginning, Head Start has served as a model for innovative and high-quality comprehensive services for low-income children and families. Much more than a pre-school program, Head Start and Early Head Start (HS/EHS) services are designed to nurture children, and their families, intellectually, socially, emotionally, and physically so that children are ready for school and are prepared to reach their highest potential.

Head Start and Early Head Start programs have a unique relationship with the families they serve. While they are not primarily health care or social service providers, HS/EHS staff work one-on-one with families throughout the time their children are enrolled to help families identify and make change around a host of issues such as obesity, medical and dental health, adequate housing, parental education and employment, substance abuse and mental health, among many others.[28] The relationship between staff and families is based on trust and support, developed over time with the

"Lessons learned in the clinical setting were readily applicable to HS/EHS. The pilot sites helped us clarify the essential elements of the program and to identify variations in implementation. The people participating in the pilot were very open to it. Their willingness to embrace the initiative was refreshing; they understood the importance of the pilot and the potential benefit that addressing tobacco use has for their kids."

—SARAH MOODY THOMAS, DIRECTOR OF BEHAVIORAL AND COMMUNITY HEALTH PROGRAM, LOUISIANA STATE UNIVERSITY. [29]

ultimate goal of providing children in the program with the most supportive environments possible.

As such, Head Start is a non-traditional public health partner with ready-made access to Low-SES families, a population with some of the highest tobacco prevalence rates in the United States. Head Start and Early Head Start serve children from birth to the age of five [30,31] giving the program access not only to smokers, but also to the population of children most vulnerable to the ravages of secondhand smoke exposure.

HEAD START TOBACCO CESSATION INITIATIVE: MOVING TOBACCO CONTROL BEYOND THE CLINICAL SETTING

Recognizing the benefit of partnering with Head Start to try to address the disparities in reaching Low SES populations with proven, evidence-based cessation strategies, Legacy, in partnership with the Mailman School of Public Health at Columbia University, spearheaded and funded the Head Start Tobacco Cessation Initiative. It is led by Laura Hamasaka, Associate Vice President of Program Development and Priority Populations at Legacy, Michael Sparks, President of SparksInitiatives and Legacy Consultant, and Dr. Sarah Moody-Thomas, Director of the Behavioral and Community Health Program at Louisiana State University's School of Public Health. The Initiative is designed to fit neatly into the overall mission of HS/EHS, by utilizing strategies already in place in HS/EHS programs, and enabling participating HS/EHS sites to effectively incorporate cessation identification and referral protocols into their existing child development and family service infrastructures.

In addition to her work at Louisiana State University's School of Public Health, Moody-Thomas also directs the Tobacco Control Initiative for the public hospital system in the state of Louisiana. In that role, Dr. Moody Thomas oversaw the implementation of the US Public Health Service clinical practice guideline for treatment of tobacco use in Louisiana's state hospital system. She has also served as a consultant and psychologist for Head Start centers in the city of New Orleans.

This combination of experience gave Dr. Moody Thomas a unique perspective in being able to recognize the potential for applying the tobacco cessation Clinical Practice Guideline outside hospital and clinical settings, and adapting them for use with non-traditional partners like Head Start.

"The patients of the state's public hospital system are low-income, under- or uninsured," said Dr. Moody Thomas. "The families served by Head Start are low-income, under- or uninsured but, more importantly, Head Start gives you direct access to children and their families. Given the well-known impact of exposure to secondhand smoke, especially among children, Head Start provides an excellent opportunity to transfer what we've learned about systems change in the clinical setting to a non-clinical network of care." [32]

BUILDING THE INITIATIVE

The Head Start Tobacco Cessation Initiative is grounded in a systems-change approach that includes adding questions about tobacco to HS/EHS standard forms, enhancing existing service protocols to include tobacco, helping staff understand why tobacco control should be a priority for the families they serve, and training staff in how to engage family members in discussions about tobacco use, secondhand smoke exposure risks, and cessation, and to make appropriate referrals to cessation supports that already exist in their communities.[33]

"The Head Start program is very prescriptive, and very well-defined," said Michael Sparks. "The procedures and policies are articulated nationally. While there are certainly variations from site to site, what they all have in common is that, in an effort to improve outcomes for children, they build relationships with families. They all have staff whose job it is to essentially interact with families, and assist them in identifying areas in their lives that they would like to improve."

Standard practice with HS/EHS programs is for staff to link families with existing services in the community. This is important, as HS/EHS programs do not duplicate services already in place, but instead take advantage of established social, health, and human service programs in the community. Training staff to talk with family members about quitting tobacco and referring them to services is an ideal partnership between tobacco control and prevention and Head Start.

"The training enhances the knowledge and skill levels of staff so that they can address tobacco with families," said Hamasaka. "Generally, most people would agree that smoking is not healthy, but many people don't know the specifics around the health consequences of tobacco use, let alone secondhand smoke. People don't realize that there's a link between secondhand smoke exposure and ear infections, for example. So this initiative is based on education and skill building to build capacity and lead to a change in organizational priorities."

The Initiative allows HS/EHS and tobacco control and prevention programs to achieve

"Head Start has a unique partnership with families that's very nurturing and built on trust,"

—CATHY WAMSLEY, EXECUTIVE DIRECTOR OF UMATILLAMORROW HEAD START, HERMISTON, OREGON.[34]

their respective goals. As it relates to the Head Start population, tobacco control and prevention professionals want to link adults to tobacco cessation services and prevent children and families from being exposed to secondhand smoke. Head Start professionals want children in their programs to live in healthy environments that include minimizing health care concerns like ear infections and asthma triggers (e.g., secondhand smoke) and work to link family members to the services they need.

Initiative Goals[35]

- To increase awareness of the health consequences of tobacco use.
- To reduce children's exposure to secondhand smoke.
- To increase the capacity of Head Start programs to address tobacco cessation and secondhand smoke.

HOW IT WORKS

Although they are federal programs, individual HS/EHS sites operate with a large degree of self-determination. This autonomy gives program staff the ability to tailor their services to best fit the needs of their individual communities, while still adhering to regional, state, and national program mandates and goals.

Keeping this in mind, the Initiative was designed as a flexible, three-tiered approach which includes:

1. Staff training
2. Systems change
3. Partnership development

STAFF TRAINING

Staff training is designed to provide HS/EHS staff with a basic, working knowledge of the negative health consequences of tobacco and secondhand smoke, as well as to build skill sets in both Brief Tobacco Intervention (BTI) utilizing the 5A's, and in the techniques of Motivational Interviewing (MI).

Basics of Nicotine Addiction and Tobacco Cessation/Tobacco Control[101]

The Basics of Nicotine Addiction and Tobacco Cessation gives staff a general overview of tobacco control and prevention, nicotine addiction, secondhand smoke, and understanding of cessation strategies.

Motivational Interviewing

Motivational Interviewing (MI) is a client-centered counseling style based on the belief that clients understand themselves and have the potential to find solutions.[36] MI has been found to be an especially valuable tool when working with Head Start families. The principles and practices associated with the approach can powerfully address a wide range of issues including tobacco use, substance abuse, domestic violence, and other high-risk behaviors, all part of the issues HS/EHS staff are mandated to help families work to address and overcome.

Brief Tobacco Intervention[37]

Brief Tobacco Intervention is a technique that provides participants with a quick but systematic approach to help people stop using tobacco. BTI is client-centered, specific to the audience, evidence-based, and systems-oriented. Staff learns the "5 A's" approach to talking about tobacco with families.

The "5 A's" are:

1. **A**sk about tobacco use.
2. **A**dvise to quit.
3. **A**ssess willingness to make a quit attempt
4. **A**ssist in quit attempt.
5. **A**rrange follow up.

SYSTEMS CHANGE

Integrating tools and processes into the existing organizational infrastructure and service protocols to support families with tobacco use is an essential component of the initiative.

The HS/EHS site Director plays a central role in asserting an organizational expectation that addressing household tobacco use with families is important. Day- to-day reinforcement of the organizational expectation falls to the supervisory-level personnel who interact with the family services staff on a regular basis.

Including the topic of tobacco use in the supervisory settings where families are discussed serves the valuable function of addressing any challenges staff may have implementing the Motivational Interviewing and Brief Tobacco Intervention Skills. It also provides an opportunity to address any potential resistance staff may have to talking about tobacco use with families.

Adding questions about tobacco to forms used in registering new families and providing services to enrolled families is a concrete way that family support staff can raise the issue of tobacco use in a consistent manner across the organization.

"Head Start is based on the whole family concept. We try to focus on what are the needs in the families, because our main goal is to be able to help the parent be successful at parenting their child, so that the child will be successful. I tell parents, 'Head Start is not necessarily just for the child. Head Start is set up to become a support system for you so you can succeed in trying to help your child succeed. Because you're the primary teacher they start out with."

—MARY LOU GUTIERREZ, PARENT EDUCATION COORDINATOR, UMATILLA-MORROW HEAD START, INC.[38]

Forms also enable staff to ascertain if any members of the child's household use tobacco and whether those individuals are interested in quitting. Forms also prompt staff to use the 5 A's method when talking with families on home visits and during recruitment to the HS/EHS program. Lastly, forms prompt staff to make referrals to community cessation services.

Partnership Development

Participating HS/EHS sites learn to refer family and household members to different cessation resources, including the state quitline and local cessation service providers. HS/EHS staff members are trained to support family members throughout the referral and quit process, which increases the likelihood of a successful cessation effort.

PILOT SITES: PUTTING IT INTO PRACTICE

The concept of engaging Head Start (HS) and Early Head Start (EHS) sites in tobacco cessation developed from a partnership in 2004 between Legacy and Columbia University's Mailman School of Public Health to implement a pilot program introducing tobacco cessation into four Head Start sites.

The pilot was launched with Umatilla-Morrow Head Start Inc. in Hermiston, Oregon; Maui Economic Opportunity Inc. in Wailuku, Hawaii; Marathon County Child Development Agency in Wausau, Wisconsin; and Community Action Project in Tulsa, Oklahoma, participating in a 15-month project with funds from Legacy to develop and initiate tobacco cessation support for Head Start grant families.

The pilot phase of this project was highly successful. Each site developed cessation programming that fit the local context of its community, taking into account cessation activities already under way locally. Each of the four sites established strong partnerships with existing tobacco cessation providers to offer services for families and staff.

Building on these early successes, in 2006, Legacy, in collaboration with the Louisiana State University School of Public Health, launched the Head Start Tobacco Cessation Initiative, a program designed to bring tobacco cessation support to Head Start centers across the country.

> "The pilot that was concentrated in one community has spread across our entire program now. It's evolved into, quite frankly, the changing of our systems at the organizational level. Everybody embraces the importance of this; we've changed our forms, we've changed our training plan, and it's become integrally built into the agency so that when I leave or somebody else leaves, it's part of our system now. We want the work to be sustainable, so it's built into job descriptions, it's built into training plans, the forms are all changed."
>
> **—CATHY WAMSLEY, EXECUTIVE DIRECTOR OF UMATILLA-MORROW HEAD START, INC., HERMISTON, OREGON** [39]

The Initiative has been broadly embraced to date by Head Start and Early Head Start programs in 11 states and two U.S. territories: Alaska, Hawaii, Idaho, Louisiana, Massachusetts, New Hampshire, Oklahoma, Oregon, Vermont, Washington State, West Virginia, Guam, Connecticut and the Commonwealth of the Northern Mariana Islands. Uptake by Head Start has occurred without the provision of financial incentives to the program, thereby demonstrating their recognition of the devastating impact of tobacco use on HS/EHS families. The number of states interested in joining the initiative continues to grow.

"Legacy's involvement with HS/EHS Centers in these various States and Territories has provided an opportunity for us to actively engage a broader spectrum of community stakeholders on tobacco issues – parents, educators, and social service

providers, said Amber Bullock, Executive Vice President of Program Development at Legacy. "Tobacco control indeed needs a "village of diverse supporters" to ensure for a healthier future for our children."'

The time has come to take this work to national scale. While Legacy has had success with implementation in individual states across the country, the support of the Office of Head Start is needed to make this work a national priority in early education settings. Requiring, or at a minimum, strongly encouraging programs to identify tobacco users, refer to evidence-based cessation services and track their progress will provide the needed imperative to ensure uniform adoption across Head Start. The Head Start Tobacco Cessation model is in place and technical assistance to programs is available.

"Children suffer in a multitude of ways when their parents smoke,' said Cheryl G. Healton, DrPH, President and CEO of Legacy. "These kids are exposed to secondhand smoke from a very young age and therefore at risk of numerous serious health risks like SIDS and asthma. Add to this the fact that adults in low socio-economic communities are even more likely to smoke and their children see them as role models. Children whose parents smoke are twice as likely to smoke when they grow up so that is why intervention at an early age is so important. The Head Start Tobacco Cessation Initiative works to break this cycle, teaching parents with young children how important it is to quit, not just for their own improved health but for the sake of their kids. Committing to quit is the single most important health decision these parents can make and Legacy is proud to arm them with all the tools they need to quit for good."

In the following chapters, this report explores how HS/EHS programs in Oregon, Washington, Vermont, Hawaii, Guam and Commonwealth of Northern Mariana Islands (CNMI) have implemented and informed the initiative, with a focus on creative systems change strategies, collaboration between partners, and real work on the ground done by HS/EHS staff to incorporate tobacco cessation into their daily work with families.

"This is a resource for families that we should be providing them, just like we talk to them about the importance of Well Child exams, and dental exams, and immunizations, we should also be talking to them about tobacco as a health risk and living a healthy lifestyle."

—DARCEE KILSDONK, DIRECTOR OF CHILD AND FAMILY SERVICES, UMATILLA-MORROW HEAD START INC., HERMISTON, OREGON. [40]

LESSONS LEARNED

Below is an overview of the lessons learned from these states, as well as from the pilot phase of the project:

General Lessons Learned:

- Head Start programs provide a natural system for reaching low income families with tobacco cessation information and referrals, as well as with options on reducing the impacts of secondhand smoke on children and families;
- Head Start programs are willing to integrate tobacco cessation into their ongoing work without separate funding;
- Head Start staff will support Head Start families in reducing secondhand smoke in their home environments;
- Launching the Initiative at the state level takes time. It can take as long as 18 months from inception to full implementation by a Head Start program;
- It is more effective to disseminate the Initiative at the state or regional level, rather than focusing on individual Head Start sites or programs;
- Champions in individual Head Start programs are important, but real sustainability of the Initiative comes as a result of each program making organizational systems change; and
- Having Head Start administrative support from the beginning of implementation is essential to the success of the Initiative.

Training Component Lessons Learned:

- Head Start staff require a broad introduction to Tobacco Control 101 prior to working with families;
- Basic Motivational Interviewing are important to Head Start programs because the tools can be used by staff to help families with all high risk behaviors, including tobacco use; and
- Head Start staff members require on-going training in Tobacco Control 101 and BTI due to staff attrition and the need for reinforcement of key skill sets.

Partnership Development Lessons Learned:

- State Head Start Associations and State Head Start Collaboration offices are key organizational partners needed to successfully launch the Initiative;
- Participation in the Initiative by the State Tobacco Control office is essential to successful implementation;
- A state steering committee or comparable structure is needed to guide implementation of the Initiative through the first two years;
- Initiative partnerships work best when each organization contributes their expertise to the process; and
- Legacy is a valued partner in the Initiative. Legacy has played a central role in advancing the Initiative through strategic engagement, partnerships and capacity building.

Systems Change Lessons Learned:

- Vertical support of the Initiative from each Head Start site's Head Start Policy Council to line staff is essential for Initiative implementation;
- Changing forms to more systematically identify and track tobacco users in Head Start programs is key to institutionalizing a focus on cessation;
- Addressing tobacco use in Head Start families builds on the existing on-going work of Head Start family support staff; and
- Supervisory support of Head Start family support staff is critical to building capacity and implementing the Initiative.

CHAPTER TWO
CASE STUDY ONE OREGON

PROJECT OVERVIEW

Umatilla-Morrow Head Start, Inc. (UMCHS) is a private, non-profit umbrella organization that oversees 26 Head Start and Early Head Start centers in seven counties in eastern Oregon.[41] Headquartered in the small town of Hermiston, UMCHS serves a total of approximately 535 children and their families.[42]

The counties that UMCHS oversees are rural, with relatively small populations spread over a large geographic area.[43] The population is predominately Caucasian, Hispanic, and Native American. According to 2010 U.S. Census data, in Umatilla County, 79.1% of the residents are Caucasian, 0.8% are African American, 3.5% are Native American, and 23.9% identify as Hispanic.[44] In some communities, the Hispanic population fluctuates due to season agricultural employment.[45]

In Umatilla County, 17.4% of children live in poverty. The rate is 21.6% in Oregon and nationally.[46]

In addition to Head Start and Early Head Start (HS/EHS), UMCHS also administers other programs aimed at providing social services and support to young children and their families; these programs include WIC (Women, Infants, and Children) and CASA (Court Appointed Special Advocates), Healthy Start/Healthy Families, and Child Care Resource & Referral.[47]

Starting in 2001, UMCHS became part of "Free to Grow," an initiative of the Robert Wood Johnson Foundation focused on capacity building in Head Start programs. "Free to Grow" provided HS/EHS staff with an enhanced set of knowledge, and organizational capacity, allowing programs to better address substance abuse and child abuse prevention[48]—issues that face many Low SES families.[49,50] However, tobacco and

UMCHS SERVES A TOTAL OF APPROXIMATELY 535 CHILDREN AND THEIR FAMILIES.

secondhand smoke exposure—health risks that disproportionately affect Low SES families[51]—were not included as part of the initiative.

To address that disparity, Legacy teamed up with Columbia University's Mailman School of Public Health, the Free to Grow National Program Office, to incorporate tobacco control and cessation into the skill sets and organizational protocols that "Free to Grow" sites were already putting in place.

In 2004, Legacy and UMCHS chose the Head Start center in Hermiston, OR to become one of four pilot sites across the country selected to develop and test the new Initiative.

"I've always felt that tobacco has been part of our work all along. We are funded to provide services and resources to the families we serve, and to assess their needs and assist them in making change. Tobacco is one of those needs. Tobacco is something that a lot of our families live with; it's a risk that not only affects their health, but the health of their children. So to me, it's something that I felt that we had overlooked, but that has always been part of our job."

—CATHY WAMSLEY, EXECUTIVE DIRECTOR, UMATILLA-MORROW HEAD START INC.[52]

PILOT PHASE

Cathy Wamsley is the executive director of the UMCHS. To her, incorporating tobacco into the work her staff was already doing made a lot of sense.

"We work with families over a period of time, and as that relationship builds and the trust builds, the families start to open up a little bit more about how they really feel about whatever issue they're dealing with, and if they'd truly like to make a change," she said. "Some of them are embarrassed about how many times they've tried, and don't want to go there again because they don't think they'll ever be able to succeed. Our work is about building that relationship and breaking down some of those barriers."[53]

Along with other pilot sites, Wamsley and several of her staff attended a jointly sponsored Columbia University-Legacy training meeting in San Francisco that focused on the basics of tobacco control and cessation, and started the conversation about the most effective and efficient strategies for building on the work HS/EHS staff already did to educate and support families who wanted to make changes around risk factors.

The first task was to identify HS/EHS families who smoke; next, HS/EHS staff learned techniques they could use to engage families in discussions about tobacco use and the health effects of second and thirdhand smoke exposure on their children. Staff themselves needed to understand what cessation resources existed both in the local community and in the state to help those families; and, finally, HS/EHS directors and staff needed to design a mechanism to connect interested families with those resources, and to support families either in trying to quit, and/or in reducing their child's exposure to secondhand smoke.

Wamsley and the Legacy team realized that the best way to identify HS/EHS families who smoked was to incorporate questions about tobacco into the work already being done by Family Advocates.

Family Advocates are case managers who work directly with families, starting from recruitment

into HS/EHS programs, and continuing until the children reach school age. These Advocates build one-on-relationships with family members over time, based on empowerment and trust.

"They not only recruit our families, but they do home visits with them, create Family Services Plans, develop goals, offer resources and referrals, and do follow up to see how the families are doing," said Wamsley.[54]

An integral part of that process is the assessment of a variety of risk factors a family may be facing. This assessment is recorded on several forms used in recruitment, evaluation, and goal-setting for HS families. UMCHS revised their forms to include questions about tobacco.

But just asking families about tobacco wasn't enough. Staff needed to understand why tobacco should be a priority for them in the first place, and then know what to do to help a family member who wanted to quit.

To achieve this, Wamsley and the Legacy team designed and implemented a set of staff training sessions including Tobacco Control 101, which explains the basics of tobacco, nicotine addiction, and secondhand smoke exposure; Brief Tobacco Intervention (BTI), which teaches staff the basics of the 5 A's method; and Motivational Interviewing (MI). Motivational Interviewing is a counseling technique that guides staff to ask open-ended questions designed to empower family members to define their own goals and strategies for reaching those goals, not solely around tobacco, but around almost any change Family Advocates are trying to promote with families.

UMCHS also worked with local public health and tobacco control partners to put together a tobacco cessation resource directory for families in Hermiston.

As a result of the pilot, Tobacco Control 101 and BTI are now required components of staff training for the UMCHS sites. All new staff members are trained, and annual refreshers are given to staff who have been trained before.

Staff also learned that educating parents about the effects of secondhand smoke on their children

"Because of the pilot, these changes are spread across all of our programs now, and it has evolved into, quite frankly, the changing of our systems at the organizational level. Everybody embraces the importance of this. It's built into job descriptions, it's built into training plans, and the forms are all changed. It's now become integrally built into the agency, so that when I leave or somebody else leaves, it's part of our system now."

—CATHY WAMSLEY, EXECUTIVE DIRECTOR, UMATILLA-MORROW HEAD START INC.[55]

is often the most effective way to initiate a conversation about quitting.

Mary Lou Gutierrez has worked at UMCHS for 27 years. Now a parent education coordinator, she spent much of her career as a Family Advocate, doing home visits and working one-on-one with parents. She said that Motivational Interviewing works wonders in helping guide conversations about tobacco use.

"Most of the time, everybody says that they smoke away from their children, but then we remind them, 'Okay, that's good you're doing that, but have you thought about the residue on your hands, and on your clothes?' And they'll say, 'Oh, wow, I didn't think about that.' And once we start talking about that, we ask them, 'Have you ever thought about what kind of impact this has on your family, not only financially, but health-wise?'" said Gutierrez. "A lot of them will say, 'Well, my kid always has a lot of allergies,' or 'my doctor says he has asthma.' So, then, we just try to reconnect that with the smoking." [56]

The lessons learned from the pilot phase and subsequent successes in shaping the design of the Initiative gave impetus for Wamsley and her team to work with Legacy to move beyond the local level, scaling the training, partnership, and systems change strategies to reach HS/EHS programs in the rest of the state, and throughout the HS/EHS Pacific Northwest region.

TAKING IT TO THE TOP

One key lesson Legacy learned from the pilot phase in the Pacific Northwest was the need for a systems-based approach to this Initiative.

"We recognized in the course of piloting this Initiative that you could not go program-to-program without the benefit of state-level infrastructure," said Michael Sparks. "In fact, the whole notion of finding five or six individual Head Start programs to participate in the Initiative would have made it difficult to provide the training and technical assistance needed to roll the Initiative out across the state
in a comprehensive way."

Cathy Wamsley agreed. As a Head Start director herself, she knew that the best place to start was at the top.

"The directors are the people who ultimately make the decisions, so if they don't believe in the Initiative, it's not going to go anywhere," she said. "When we started wanting to move farther than just the pilot, I really started working in the state of Oregon to try to get at least my colleagues in the Head Start program in Oregon to start looking at this issue." [58]

"Motivational Interviewing is good training, not just for tobacco, but for any change you're trying to promote in families."

—DARCEE KILSDONK, DIRECTOR OF CHILD AND FAMILY SERVICES, UMATILLA-MORROW HEAD START INC.[57]

Legacy sponsored a launching training in Oregon for newly participating sites in the state, as well as for sites in Idaho, Washington and Alaska. Wamsley started spreading the word about upcoming trainings at state and regional HS director's meetings. She became the voice and face of the Initiative in Oregon and the Pacific Northwest region.

"They'd see me coming and say, 'Okay, here she is again. We're going to talk about tobacco!' They'd just expect it," said Wamsley. She even started to worry that her colleagues were growing weary of hearing her talk about tobacco. "I thought they were getting tired of it, but they said, 'This is a very important issue, Cathy, you need to speak about it.' They saw the importance of the issue." [59]

LEGACY INNOVATIVE GRANT: PUTTING IT INTO PRACTICE

In 2009, UMCHS received a two-year Legacy Small Innovative Grant to sustain and broaden the Initiative in Head Start Region 10, which includes Washington, Oregon, Idaho, and Alaska.

UMCHS and Legacy led a two-day training in Hermiston in 2009, inviting HS/EHS programs from Oregon, Washington, and Idaho to send two staff members—generally a Family Advocate or Health Services worker and a director or agency decision-maker—as well as a local public health partner.

The trainings focused on Tobacco Control 101, BTI, and Motivational Interviewing. The two-day session followed the Train the Trainer model; HS/EHS staff members who took part were required to train three additional staff members when they returned to their home programs.

Darcee Kilsdonk is the director of child and family services for UMCHS. She also coordinates the Legacy Head Start Tobacco Cessation Initiative in Oregon. She helped to adapt and implement the Initiative both state and region-wide.

Kilsdonk utilized a Learning Collaborative model to insure long-term uptake of the Initiative in Oregon, Washington and Idaho. At its core, the Learning Collaborative worked as a train the trainer strategy, in which staff members who came to trainings agreed to use what they've learned to train additional staff. In the UMCHS trainings, participants agreed to train staff at their own programs, as well as at three additional programs within their respective states.

"We really wanted people not to feel like this is an extra program. It should be part of something that you're already doing. It's another health piece, just like you would address a family that had mold in the home, or if there's alcohol use or domestic violence. We're always addressing issues like that, and tobacco should be no different."

—DARCEE KILSDONK, DIRECTOR OF CHILD AND FAMILY SERVICES, UMATILLA-MORROW HEAD START INC.[60]

"Sustainability-wise, we made a smart move," said Kilsdonk. "If people are diligent about what they learned and apply it, they have the capacity to do it. So it's all about keeping it alive. We talked to them nonstop about the fact that you can't just come to this training, go back, train your staff and think it's going to happen. It has to be on your annual training plan, and you have to have a champion in your program who will make sure that the effort keeps going." [61]

Partnership was also key. Inviting local public health workers to the training enabled HS staff to learn more fully about existing community resources. "Our goal was to connect health partners with Head Start staff," said Kilsdonk. "Head Starts don't have to be experts in tobacco control, because people already exist in the community who play that role." [62]

Staff learned how to work with their local health partners to develop tobacco cessation resource guides specific to individual communities. The trainings also gave public health partners a basic understanding of both the mission and unique design of HS/EHS.

In HS/EHS programs, staff members are tasked with a wide range of competing priorities, often with limited time and budgets. In addition, Head Start as a whole is designed to be adaptable to the specific needs of individual communities. As such, while all HS/EHS programs have the same basic mission, not all HS/EHS programs operate the same way.

The UMCHS training tied the Initiative to existing HS/EHS performance standards, while still emphasizing flexibility in applying systems change strategies, allowing HS/EHS staff and directors to adapt program components of the Initiative such as the 5A's to best fit their individual program needs, and to build and carry away a sense of ownership of the initiative to their local communities.

In HS/EHS programs, performance standards are guidelines that all programs are required to meet, or data that programs are required to collect, as part of their Federal mandate. The Initiative was designed to fit into a variety of those standards, such as "Smoke-Free Environment & Cessation Support," [63] and ""Health Care and Health Care Planning," [64] while still offering sites the flexibility to adapt the Initiative to individual program needs.

"The unique thing about Head Start, is that we all have performance standards, but how we carry those out in our counties is very different," said Cathy Wamsley. "There's a lot of community control, so we are constantly saying in the trainings, 'Don't do it the way we do it. Look at how you do it and how you can make those changes within your program that will sustain it and become part of your system and your organization.'" [65]

In 2010, UMCHS took their training on the road; travelling to Seattle, WA, Boise, ID, and Portland, OR to meet the needs of programs and staff who could not make the trip to Hermiston the first year.

RESULTS AND SUSTAINABILITY

As a result of the UMCHS trainings, 45 HS/EHS programs have been trained in Tobacco Control 101, BTI, and Motivational Interviewing. The programs have also established partnerships with local health partners, as well as adapting the systems change strategies in the Legacy Head Start Tobacco Control Initiative to fit the needs of their individual programs. Sustainability is built

into the Initiative; each of those 45 programs now have a trainer who can educate new and current staff, both in their own programs as well as in HS/EHS programs throughout their states, in Tobacco Control 101, BTI, and MI.

To further their efforts, UMCHS is currently creating a statewide implementation manual for the Initiative. In addition to the live training sessions, UMCHS also posts all training materials and Power Point presentations online at www.umchs.org.

Darcee Kilsdonk continues to provide technical assistance to HS/EHS staff after they've returned to their home communities. "The Vancouver, WA program was doing a training," she said. "They wanted some feedback, and we had a little conference call. I gave them some ideas and went over the agenda with them. There's no cost involved with that. It's something I would do for anybody." [66]

In the UMCHS service area, data about tobacco use are now documented as part of their annual community assessments, and UMCHS staff is working with local tobacco control partners to conduct surveys to determine tobacco use rates among the families they serve.

In addition, UMCHS added tobacco as a risk factor assessed during interviews with potential HS/EHS families. Risk factors, which include a variety of issues families may be confronting such as employment, homelessness, health problems, and substance use, work like a point system. The more risk factors one family has, the higher their chances are to get accepted into a HS/EHS program. The point system is designed to make that the families most in need are first in line for HS/EHS services.

Finally, UMCHS has worked with the Oregon state department of Education to have four questions about tobacco use inserted into the final statistical report that all early education programs must submit at the end of the school year. The inclusion of these questions in the "program information report" has stimulated increased focus on tobacco use in Oregon Head Start programs.

CASE STUDY TWO
WASHINGTON

PROJECT OVERVIEW

Washington state was the first state to disseminate the Head Start Tobacco Cessation Initiative after the pilot phase was complete. Washington State began to scale the Legacy Initiative beyond the individual program level, broadening the scope first to counties, and ultimately disseminating the project statewide.

Moving the Initiative forward in the state initially came as a result of a collaborative effort between Legacy and tobacco control officials. Terry Reid was the director of the tobacco prevention and control program (TPC) for the Washington State Department of Health from 2001-2011. For Reid, incorporating tobacco cessation into the state's Low SES early education programs made a lot of sense.

"It really had to do with us being more effective in addressing the disparities in tobacco use," said Reid. "The program was seeing a significant decline in tobacco use among the general population of adults, but among those with lower education, and in lower income groups, we were seeing rates remaining about twice as high as the general population. We were very interested in being able to have a systems approach at reaching that lower income population. Among that population, the exposure of the secondhand smoke in the home was still relatively high, and again there was a disparity there as well as in tobacco use." [67]

Applying the successes and lessons learned from the pilot phase, Legacy's Laura Hamasaka and Michael Sparks focused on a three-pronged approach to implementing the training, partnership, and systems change components of the Initiative. Legacy and Tobacco Control officials developed and implemented a basic tobacco cessation training package tailored for Head Start/ Early Head Start (HS/EHS) staff, local health departments were enlisted to partner with HS/EHS

WE NEEDED
A SYSTEMS APPROACH
AT REACHING
LOWER INCOME FAMILIES.

"If you truly believe that knowledge is power, then integrating tobacco control into our programs is just the right thing to do."

—CLAIRE WILSON, EXECUTIVE DIRECTOR OF EARLY LEARNING, PUGET SOUND EDUCATIONAL SERVICE DISTRICT.[68]

to provide support in sustaining the Initiative and to supply information about cessation resources, and HS/EHS focused on identifying interested families, and implementing and supporting systems change such as revising forms and protocols.

In Washington, federally funded HS/EHS programs operate in tandem with a comparable state-funded preschool program for Low SES families called Early Childhood Education and Assistance Program (ECEAP). Both HS/EHS and ECEAP programs can fall under the jurisdiction of Educational Service Districts (ESD), which serve as resource centers for school districts.[69]

Claire Wilson is the executive director of early learning at the Puget Sound ESD, a regional entity that oversees educational programs in Pierce and King Counties, both located in Western Washington.

"We know that in order for kids to be ready for school and ready to learn, they need to be healthy," said Wilson. "And we know that in families where there is tobacco, those children have a higher rate of sickness, a higher rate of absence, a higher rate of learning issues, and a higher rate of concerns that would all add to their risk factors of being not school-ready and therefore add more dollars to the system for intervention versus prevention." [70]

PIERCE COUNTY

Beginning in 2006, Washington State Tobacco Prevention and Control (TPC) officials and Legacy partnered with the Puget Sound ESD, and the Tacoma Pierce County Health Department (TPCHD) to bring the Initiative to HS/EHS/ECEAP to seven diverse sites in Pierce County.

Sites were public school-based as well as run by private non-profits. Another was in a program for teen parents. A site from the Puyallup Indian Nation participated as well.

The Tacoma Pierce County Health Department conducted the staff trainings in consultation with TPC and Legacy. The training included Tobacco Control 101, Basic Intervention Skills (BTI), and an overview of Motivational Interviewing, as well as a review of local and statewide cessation resources, and a discussion on the importance of changing forms to identify tobacco users.

Cathy Wamsely, Executive Director of the Umatilla-Morrow Head Start in Hermiston, Oregon and her community development manager were invited to the training to discuss what they'd learned during

"The program never had a large budget for this project, but it was something we felt wasn't going to be hugely expensive. It only required that staff, as part of their existing work, to just ask a few more questions around tobacco use and exposure to secondhand smoke, to be aware of cessation resources in the community and statewide, and to make those referrals when the time came."

—TERRY REID, DIRECTOR OF THE WASHINGTON STATE TOBACCO PREVENTION AND CONTROL PROGRAM, 2001-2011.[71]

the pilot phase of the Initiative. They discussed strategies for changing forms to include questions about tobacco use, and ideas about resource development and referrals in the community.

Each of the seven HS/EHS/ECEAP sites was invited to send two staff members to the initial launching training. Julie Thompson, a cessation specialist with TPC said that, at first, staff members were skeptical about participating.

"They were really hesitant in the beginning," she said. "They told us they feel like they're failing if they don't get people to quit. We helped them to see that it's just opening the door and helping folks become aware, and then helping them make some simple changes. Once they understood that, and they saw that it didn't take a lot of time, and there was telling evidence that they could really be effective, you couldn't beat them off with a stick." [72]

Thompson said broad application of the basic Motivational Interviewing skills component was a very attractive incentive for staff. The flexibility built into the project also made it easier for sites to tailor the Initiative to fit the needs of their individual programs.

"Parents seem to be relieved to learn that there is support for quitting tobacco use and that any steps toward stopping usage are great steps. They appear encouraged by the non-judgmental approach and begin to think about the effects that tobacco has on the rest of the household. Some parents don't realize that even smoking in a car or outside does not eliminate the exposure to toxins when they re-enter the home."

— FAMILY SUPPORT WORKER, PUGET SOUND EDUCATIONAL SERVICE DISTRICT.[73]

In Pierce County, over 275 field staff members were trained in Tobacco Control 101 and BTI, and 140 field staff members were trained in Motivational Interviewing. Questions designed to identify tobacco users were integrated into recruitment and enrollment protocols, which meant that even parents whose children did not get accepted into a HS/EHS/ECEAP program were given tobacco cessation resources and information.

As a result of the training, family support staff now uses MI techniques to talk with families about tobacco use during enrollment in HS/EHS/ECEAP. If families are interested in quitting, staff members offer cessation resources and information. If family members aren't ready to quit, staff members explain that strategies such as smoking outside the home or car can help mitigate the impact of second and third hand smoke on children.

KING COUNTY AND SEATTLE

In the second year of the project, King County/Seattle became the next county in Washington to integrate the Initiative into a selection of HS/EHS/ECEAP sites.

Paul Zemann is a health educator and policy analyst for Public Health-Seattle and King County (PHSKC). He managed the Initiative in the county, and then went on to work with Legacy and TCP to scale the project out to the rest of the state.

Following the training model from Pierce County, and with input from Legacy and TCP, PHSKC helped put together a three-day Tobacco Control 101 and Motivational Interviewing training for HS/EHS/ECEAP staff in King County.

"Part of the reason we really connected with Head Start staff members is because we didn't just go in and say that tobacco's bad and people shouldn't smoke," said Zemann. "Everybody's already heard that. The question is why is it relevant to Head Start families? So we linked it to asthma, and talked about secondhand smoke exposure and air quality."[75]

PHSKC also designed a condensed, two-hour training session that he took to approximately 30 individual HS/EHS/ECEAP sites. The idea was to give all staff an overview of the key components of the Initiative. The two-hour session covered Tobacco Control 101, secondhand smoke exposure, and a brief Motivational Interviewing component.

> "When you ask Head Start staff to talk about tobacco, they often say 'It's a personal choice,' or 'You're asking us to do one more thing.' But once you get a chance to explain how harmful tobacco is to the families and children in terms of health, in terms of loss of productivity in their work, in terms of loss of school time for the kids, then you can take it to the next stage and teach them they can have a really big effect by doing some simple things that really don't take very much time. That is what they responded to. And they didn't have to be experts in cessation to be effective."
>
> **— JULIE THOMPSON, CESSATION SPECIALIST, WASHINGTON STATE TOBACCO PREVENTION AND CONTROL PROGRAM [74]**

In order to broaden his work with the Initiative, Zemann wanted to better understand the complex world of HS/EHS/ECEAP, and learn how to adapt what he knew about tobacco control to fit the culture of Head Start. To do that, he visited approximately 40-50 sites, and began working with Claire Wilson from Puget Sound ESD.

"Claire always says, 'You guys have the expertise, and we have the access to the people.' That's absolutely true," said Zemann. "We tried to listen to how our expertise in tobacco control could be translated to the sites—not only to the staff and

the advocates for Head Start, but how do we make this something that families would be interested in hearing about." [76]

A family support worker, who was surveyed anonymously, said, "I find myself feeling much more confident having conversations around tobacco use with parents because I now have some understanding and education around tobacco use."[77]

Another shared the story of a family in which both parents decided to quit. "I know I have made an impression on our smoking parents relative to second and third-hand smoke exposure. Last year we had a mom and dad ask for information at the start of school and then quit smoking together so that mom could become pregnant again and have a healthy pregnancy."[78]

TAILORING CESSATION MESSAGES FOR FAMILIES

Adapting the Initiative to make it more effective for specific communities and cultures is one approach that local programs and sites can use to increase the uptake of the Initiative. Although not required for successful implementation, the flexibility to incorporate community customs and increase sensitivity to multi-culturalism is built in to the design of the Initiative.

Zemann and Wilson utilized that flexibility to bring information about tobacco cessation directly to the families of children in some of Pierce and King County's HS/EHS/ECEAP programs.

"We had a very strong system of support in local communities in both counties," said Wilson. "I had a strong belief that we should be the bridge and the connector to facilitate referrals to resources in communities that already existed. I believe that families need to know how to navigate their community." [79]

To reach families in King County, PHSKC helped sponsor a HS/EHS/ECEAP family bowling night to talk about the dangers of tobacco use and tobacco cessation resources. Because the populations in the county are so diverse, Zemann worked with a team of five translators to give the presentation.

"I had Russian, Vietnamese, Chinese, Spanish, and Thai, I think," said Zemann. "I thought, 'oh, it's going to be a disaster.' In fact my presentation went very well because I slowed down on my message and just limited it to a few key topics. Afterwards, I had all these people coming up after the training with their translators trying to get more information." [80]

His 45-minute talk to families focused on the importance of role modeling, and the impact of adult tobacco use on children's health. He emphasized links between second and third-hand smoke exposure and asthma, and talked about the dangerous additives found in cigarettes. He then explained cessation resources available in the community, and answered questions. The family night was designed to be educational, but it was also designed to be fun.

"The families would come and they were all dressed up because they didn't have an opportunity to go out as a family and do stuff like that very often," he said. "As people came in they'd have to answer one question about tobacco. We tried to make it relevant to them and not just a trivial question, but something that would continue to motivate them to seek help or to change their behavior around tobacco use." [81]

WASHINGTON STATE

With the Initiative gaining traction in Pierce and King Counties, it was time to broaden the scope and take the Initiative statewide.

Julie Thompson and Paul Zemann from Washington State Tobacco Control and Prevention (TCP) and Seattle King County worked with the state Head Start/ECEAP Association to identify 11 sites to invite to participate in a three-day Initiative training session.

PUGET SOUND
Educational Service District

"The key factor is the partnership aspect. And to listen, not try to move your own agenda, but rather to try to listen to the families, to listen to the Early Learning experts about how they do business, and just provide the technical expertise that we have around tobacco, so that we can design the trainings and the materials to fit their needs, not to fit our agenda. It's all about really getting to know each other, and knowing what your strengths and weaknesses are."

—PAUL ZEMANN, HEALTH EDUCATOR AND POLICY ANALYST FOR PUBLIC HEALTH-SEATTLE AND KING COUNTY.[82]

Sites were chosen from all over the state, and represented a diverse cross-section of Washington's population. "We had a site from Yakima, where there's a large Hispanic population," said Thompson. "We had sites from the Olympic Peninsula, from up north near the Canadian border, and from North Central and Central Washington." [83]

A disparities coalition representing Asian and Pacific Islanders, American Indians, African-Americans, and Latinos was also invited to participate.

The training was hosted by Puget Sound ESD, and included a cessation resource fair, Tobacco Control 101, BTI, and Motivational Interviewing training, and presentations from Quitline officials, Paul Zemann, and Cathy Wamsley, from the Umatilla-Morrow Head Start in Hermiston, Oregon.

"It went really well and people went back to their programs and the next step was that the Health Department people in their area would contact them," said Thompson. "Part of the process we used to pick the new sites was also if they had a good, strong Health Department that could work with them." [84]

Once the links between HS/EHS/ECEAP and local health departments were established, Thompson and others from TCP acted as facilitators, setting up conference calls to discuss the Initiative, and evaluate the progress of the project. As a result of the training and subsequent follow-up, nine of the eleven sites implemented the Initiative in their programs.

"Those small, rural sites really did a great job," said Thompson. "The people at the Health Department had the passion, the program staff were integrated into the community—they lived in that community and knew those families." [85]

RESULTS AND SUSTAINABILITY

Trainings are ongoing in King and Pierce Counties. However, in 2011, state funding for Tobacco Control and Prevention in Washington was drastically cut, substantially reducing cessation resources available to lower income families in the state.[86] Even in this difficult climate, however, work with the Initiative continued to move forward.

To sustain the outreach to sites in the state, Julie Thompson and the TPC developed a series of four interactive webinars covering MI, Tobacco Control 101, BTI, and cessation resources. HS/EHS/ECEAP staff together with their local health department counterparts participated in these sessions together as a team. Training components included practice modules and were archived online so that participants could go back and review material as needed.

A two-year Learning Collaboration for Head Start programs led by Cathy Wamsely in Washington, Oregon, and Idaho, focused on a train-the-trainer model designed to enable HS/EHS/ECEAP staff to facilitate ongoing uptake and implementation of the Initiative in programs throughout the region. More information is available about what happened in Oregon in the case study included in this report. That Learning Collaboration, which was funded by a Legacy Innovative Grant, ran from 2009-2011.

In 2010, the Public Health-Seattle & King County

(PHSKC) received Communities Putting Prevention to Work (CPPW) grant from the Centers for Disease Control (CDC).[87] As part of this grant, Matthew Gulbranson, a Tobacco Cessation Program Manager for Early Learning at Puget Sound ESD, came on board to coordinate the continued development and implementation of both the training and systems change pieces of the Initiative.

Getting questions about tobacco included on forms used system-wide in Puget Sound HS/EHS/ECEAP programs was among his priorities. With technical assistance from Legacy, Gulbranson incorporated a survey tool into a set of standard questions asked of families at the beginning and end of the 2011-2012 school year, designed to measure changes in tobacco use over time.

"One of the questions on the forms is about exposure to secondhand smoke," said Gulbranson. "The irony is that the question was asked, but it wasn't necessarily tracked. By adding that tracking measure in there, we'll be able to say how many of our kids are exposed. It's just one box that you can check, but it'll make a big difference in being able to see what the big picture is." [89]

Gulbranson is also focused on integrating tobacco

"I think we've demonstrated the effectiveness of this Initiative as systems-based intervention model. From here, it's got to become something of value at the national level of Head Start. Their policy needs to require tobacco intervention with families."

—TERRY REID, DIRECTOR OF THE WASHINGTON STATE TOBACCO PREVENTION AND CONTROL PROGRAM, 2001-2011. [88]

cessation into HS/EHS/ECEAP performance standards and service plans. Performance standards are federal (HS/EHS) and state (ECEAP) guidelines required of all sites, programs and classrooms throughout the state. Service plans are models for how to apply these standards.[90] In collaboration with Legacy and the Washington State Department of Early Learning, Gulbranson hopes these model service plans based around incorporating tobacco cessation into HS/EHS/ECEAP programs will pave the way for changes in state laws governing performance standards.

"It's really important to remember that cessation is prevention. What I mean by that is that the end users, ultimately, are the children. If parents are able to stop smoking or stop using tobacco, it immediately improves health and outcomes at school, but it's also a prevention message for the children. It's a way to break that cycle of addiction, where the kids see the parents smoke and so they smoke as well when they get older."

—PAUL ZEMANN, HEALTH EDUCATOR AND POLICY ANALYST FOR PUBLIC HEALTH-SEATTLE AND KING COUNTY. [91]

CASE STUDY THREE
Hawaii, Guam, & CNMI

PROJECT OVERVIEW

Bringing the Head Start Tobacco Cessation Initiative to Hawaii and the U.S Associated Pacific Islands (USAPI) was another important step in the Head Start Tobacco Cessation Initiative. In Hawaii, 15.4% of adults are current smokers.[92] Similar to the continental U.S., USAPI men smoke at higher rates than women.[93] Smoking rates in the USAPI, which includes American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia, are significantly higher than in the continental United States. Among men, rates in the USAPI range from 30% in the Federated States of Micronesia to 58% in American Samoa; among women, rates range from 6% in the Republic of the Marshall Islands to 23% in American Samoa.[94,95]

Youth smoking rates are much higher, as well. According to a 2007 Youth Risk Behavior Surveillance report, 31.1% of youth in the USAPI were current smokers.[96] In contrast, in 2009, 5.2% of middle school students and 17.2% of high school students in the U.S. reported smoking cigarettes.[97]

In the Commonwealth of the Northern Mariana Islands (CNMI), for example, the 2007 Youth Risk Behavior Surveillance Survey showed that 31.1% of high school students were current cigarette smokers and 45.3% used any kind of tobacco product.[98]

In the Republic of Palau, the 2007 YRBSS showed that 37.6% of high school students were current cigarette smokers and 50.9% used any form of tobacco, including chewing betel nut with tobacco.[99] In the U.S., 26% of high school students used any form of tobacco and 19.5% were current smokers.[100]

THE HEAD START TOBACCO CESSATION INITIATIVE IN HAWAII AND USAPI WAS IMPORTANT.

PILOTING THE INITIATIVE: MAUI

Maui is the second largest of the Hawaiian Islands, where families come from diverse ethnic backgrounds—Filipino, Latino, African American, Caucasian, Japanese, Chinese, as well as a wide variety of Pacific Islanders. The largest percentage of families is Native Hawaiian, an ethnic group with the highest smoking rates (21.2%) in the state.[101] This is in contrast to the state prevalence rate of 15.4%, which is lower than the national average.[102]

Not only do Native Hawaiians smoke more than other ethnic groups, but Native Hawaiian women smoke at higher rates than Native Hawaiian men (23% vs. 20%), the only group for whom this is the case.[103] Filipino men in Hawaii smoke at the highest rates (25.3%).[104]

Although Native Hawaiians have a higher prevalence of tobacco use, according to the Hawaii Department of Health, they are more likely to plan on quitting than other smokers (91.9% vs. 87.3%), are more likely to consider using telephone quitlines than other smokers (41.1% vs. 26.7%), and are almost twice as likely as other smokers to utilize tobacco cessation classes or counseling when trying to quit (5.0% vs.3.2%).[105]

In Hawaii, the Maui Economic Opportunity (MEO) was one of the original four sites to pilot the Head Start Tobacco Cessation Initiative. MEO is a multifaceted social service organization serving 298 children in 15 Head Start programs on Maui, Molokai, and Lanai. In addition, Maui is home to a strong local tobacco control coalition, which played a key partnership role in successfully launching the Initiative on the island.

Sandra McGuinness was Maui County Coordinator for the Maui Tobacco-Free Partnership, a coalition of more than 60 organizations working for policy change to establish smoke-free restaurants, bars and workplaces, and to organize annual Kick-Butts World and No Tobacco days, in addition to providing tobacco cessation and resource development for the county. McGuinness worked with Legacy and the MEO to coordinate the Initiative in Maui. Partnering with HS staff members who already had trusted relationships with local families was the most effective way to reach the most vulnerable populations of tobacco users on the island.

> "On the ground, Head Start is definitely the organization that is there with the families and talking to them one on one and offering help to them. The Advocates have those relationships, which are really important, especially in Hawaii. So for us to be able to network with an entity like that and to provide whatever we could that they needed–whether it was resources, or talking at lectures when they wanted us to, or at their family fun nights–was quite an opportunity. Whatever it took for us to assist, it was to our advantage to be able to participate with them."
>
> **—SANDRA MCGUINNESS, MAUI COUNTY COORDINATOR FOR THE MAUI TOBACCO-FREE PARTNERSHIP. [106]**

"I think that both of us, Head Start and the Maui Tobacco-Free Partnership, were very fortunate to have been asked by Legacy to work together," said McGuinness. "One of the things that was most difficult for us as a tobacco control coalition was really reaching the populations that needed the assistance. The Family Advocates I worked with at Head Start were really rock-solid people and had been in the community for a long time. The families felt comfortable with them, and I think most of the advocates were born and raised here, so they probably knew the families that they were working with, too." [107]

CULTURAL CONSIDERATIONS: BUILDING THE INITIATIVE

Establishing a trusting relationship with families is important in all Head Start programs, and an essential element in the successful implementation of the Initiative in any program. However, in Hawaii's small and tightly knit island communities, understanding the concept of family, and establishing and maintaining trusting relationships takes on an even more important role.

"Island living is very interpersonal and very interrelated," said McGuinness.[108]

Those interpersonal, intimate relationships are often part of the cultural fabric of island life. In Native Hawaiian communities, the concept of 'ohana, or "family," is defined by a strong sense of responsibility to and cooperation with large, extended family groups.[109]

Economic necessity is also part of the picture: Although 'ohana is central to Native Hawaiian culture, the high cost of living in Hawaii means that many Low SES families of all ethnicities and cultures in Hawaii live within extended family groups.

"Most of the Head Start parents are living with their parents or their grandparents," said Frank Ranger, President of the Head Start Association of Hawaii and the Outer Pacific, and the former director of the Kauai Head Start Program.[111] "Or their parents or grandparents are raising their children while they're working or going to school. So, for us, it's not just about the parent. This is not the kind of culture where you're going to put a no-smoking sign on your front door and not allow the aunties and uncles who come over to smoke. For the culture that we deal with, the family is not just the mother and the father." [112]

Debbi Amaral is the director of MEO Head Start. Born and raised in Maui, she said that the historical legacy of colonization and disenfranchisement in Hawaii also plays a role in the need for establishing trust among families. Outsiders are sometimes held at arm's length until their intentions can be assessed and understood.

"If people come into Hawaii with this know-it-all attitude that they have all the answers and know exactly what's good for you, the people of Hawaii will turn and walk away from anyone coming across with arrogance," said Amaral. "People from Hawaii will shut them down once they say their first words. And once a person's shut down, to open them back up again is not an easy task." [113]

> "From my perspective, this Initiative is about my sitting across the table from you and encouraging you and being supportive of your efforts to stop smoking. It's about trying to get the message to you about the health dangers of tobacco for your child or for your children. Hopefully you can transfer that information to your 'ohana. At least so that when all the relatives come and you've got an infant or a baby there, maybe you would ask the aunties or the uncles not to smoke around the baby."
>
> **—FRANK RANGER, PRESIDENT OF THE HEAD START ASSOCIATION OF HAWAII, AND FORMER DIRECTOR, KAUAI HEAD START.[110]**

INITIATIVE TRAINING

After becoming a pilot site in 2004, MEO worked with Legacy to hold a Tobacco Control 101, BTI, and Motivational Interviewing training session for their staff in Maui in 2005.

Sandra McGuinness, from the Maui Tobacco-Free Partnership did the Tobacco Control 101 training, and continued to work closely with MEO as they integrated the Initiative into their protocols and activities.

The flexibility of the Initiative and the focus on Motivational Interviewing skills allowed MEO staff

to shape their approach to better fit the cultural perspectives of the families in the program.

"We use the University of Arizona's program for Brief Interventions," said McGuinness. "It's a bit assertive, in a way, if you look at the culture here in Hawaii. So staff felt uncomfortable probing the way it was suggested. They would try to be more respectful and try to prompt discussion to elicit the responses. The Motivational Interviewing training really helped with that because rather than kind of telling people what they need to do, it really uses open-ended questions and asks them, 'What would work for you and how do you feel about that?' I really have to give Legacy credit for understanding that and knowing that it would be a good tool for the people here." [114]

In addition to cessation training for staff, McGuinness and MEO staff also worked with family members, discussing secondhand smoke, the benefits of quitting, and cessation resources available in the community.

Debbi Amaral, Director of MEO Head Start said that asthma is a big concern for families in her programs, so they focused on educating parents about the link between their tobacco use and the health effects on their children.

"When we were teaching families about secondhand smoke, we wanted them to understand how that exposure affects asthma," she said. "We also wanted them to understand that all the toxins and poisons can stay on a person's clothes and still be able to be translated to a child. I think that parents don't understand or don't even realize those kinds of things. We wanted to make sure that that information was relayed to families so that they understood what the consequences of their choices can be for their children." [115]

MEO also changed their intake and Family Agreement forms to include questions about tobacco.

"It's embedded within the program now," said Amaral. "We provide cessation resources and information to our current parents, and at the beginning of the year when we start doing what we call the Family Partnership Agreement, we identify the parents who are smokers and we provide them with information. If they do identify that one of their goals is to quit smoking, then we provide them with resources of where to go and what to do." [116]

HAWAII

The success of the pilot in Maui led Legacy to reach out to the rest of the region. Frank Ranger was the director of Kauai Head Start, and the president of the Head Start Association of Hawaii and the USAPI.

One of his jobs as Head Start Association president was to look for professional development opportunities for HS staff in the state of Hawaii.

Working with Legacy, Ranger and Ben Naki, the Early Head Start/Head Start Director at Parents and Children Together (PACT), a social service agency based in Kalihi, Oahu—a multi-ethnic, primarily low-income suburb of Honolulu, arranged for a three-day training in Honolulu in 2009 that covered Tobacco Control 101, BTI, and Motivational Interviewing skills.

"Our goal was to train a significant number of people from each one of our programs so that they could in turn train their Family Advocates or their case managers, and make smoking cessation a part of the health development goals that Head Start has," said Ranger. [118]

Using a "Train the Trainer" model allowed staff to take the face-to-face Initiative training back to their individual programs. While this dissemination strategy is important in any region, in Hawaii and the USAPI it was essential as distance from the

> "I think that the most important thing to remember for Hawaii is when you come in, come in with pure humility. Be very humble and get to know the people, get to know what people are doing, and get to know what's working."
>
> **—DEBBI AMARAL, DIRECTOR MAUI ECONOMIC OPPORTUNITY HEAD START.[117]**

mainland, large distances between the islands themselves, and extreme differences in time zones, makes travel for in-person training sessions expensive and online and webinar trainings in concert with the mainland logistically complex.

"Our biggest problem in Hawaii is that we're just too far away," said Ranger. "And then there's the time zones: The people in the Outer Pacific are another 16 hours ahead of here. Webinars are a wonderful option, but I kind of perceive the webinar as the Band-Aid I put on my professional development arm. What I really need is somebody to come in here in-person and teach me first-aid." [121]

Approximately 45-50 staff from across Hawaii attended the Honolulu training. Working with Legacy staff, Sandra McGuinness did the Tobacco Control 101 portion, and Dr. Stefan Keller from the University of Hawaii did the Motivational Interviewing training.

Ben Naki is Early Head Start/Head Start Director at Parents and Children Together (PACT), a social service agency based in Kalihi, Oahu—a multi-ethnic, primarily low-income suburb of Honolulu.

"We have a personal relationship with our families, which makes it possible to talk about health issues like smoking on a little more intimate level than one of our families deciding that they're going to call the Health Department, or call a toll-free number that's advertised on TV to stop smoking."

—FRANK RANGER, PRESIDENT OF THE HEAD START ASSOCIATION OF HAWAII, AND FORMER DIRECTOR, KAUAI HEAD START.[119]

"We do have a lot of families that we see are smokers. We have a lot of kids that have asthma in our program and so it was a health concern, but it's financial, too, because cigarettes aren't cheap anymore. They cost a lot of money. I think it was just the right thing to do as far as looking at the well-being of the kids in our program as well as the family members."

—BEN NAKI, EARLY HEAD START/HEAD START DIRECTOR AT PARENTS AND CHILDREN TOGETHER (PACT).[120]

"Kalihi is a densely populated and multicultural place to live," said Naki, who grew up in the neighborhood. "You might have older Asian, Japanese, or Filipino grandmas and grandpas walking on the streets next to young teenage Samoan/Polynesian kids who are part of a gang. But people have this mutual respect as far as what goes on. It's a big town, but it has a small-town feel. Everybody kind of knows each other, so people are always watching out for each other." [122]

In addition to EHS/HS programs on Oahu, PACT recently took over the contract for several EHS/HS sites on the island of Hawaii. In total, PACT serves 866 children on the two islands. Naki and 10-15 members of his staff attended the statewide Head Start Tobacco Cessation Initiative training in Honolulu.

"We tried to pick the right people who could utilize the information in the training to spread it to either other staff members or to family members," said Naki. "We had home visitors, some classroom staff, our health specialists and our family resource specialist. We tried to think about all the different ways that we provide services, like parent workshops, parent meetings, and our policy council meetings." [123]

In addition to Initiative training, PACT also modified their Family Assessment form to include a question about tobacco use, and prompts for staff to refer interested families to the state quitline. When new staff comes on board, PACT includes the Family Assessment form question about tobacco, and referral to the quitline in their orientation.

COMMONWEALTH OF NORTHERN MARIANA ISLANDS (CNMI)

The CNMI is a chain of 14 islands in the Western Pacific. As part of the Western Pacific Region, smoking rates are highest in the world.[124] Region wide, about two-thirds of men smoke.[125] In the CNMI itself, 31.1% of high school students smoke.[126] Secondhand smoke exposure is also high: close to 60% of youth live with smokers.[127]

The islands are home to a mix of nationalities, including indigenous Chamorros and Carolinians, as well as Micronesians, Koreans, Chinese, and Filipinos.

"It's very community oriented," said Becky Robles, who coordinates the Tobacco Prevention and Control Program for the CNMI. "Families live in neighborhoods that we refer to as 'villages,' where members of the same family all live in the same area." [128]

Robles and her co-facilitator, Ed Camacho, worked with Legacy to train and certify 11 Head Start staff in BTI. Legacy's Laura Hamasaka led Tobacco Control 101 training and introduced the Initiative to the participants.

As in other parts of the Pacific, the culture of the CNMI tends to be more indirect. Robles said that they tailored the University of Arizona BTI training model to ask questions about tobacco use in a more respectful tone.

"Finding out how ready a person is to quit really is the key question," said Robles. "So instead of asking someone, 'Are you ready to quit in 30 days?' we would ask something like 'Do you think you would be willing to quit?" [129]

GUAM

Approximately eight hours by plane from Hawaii is Guam, an unincorporated territory of the U.S.

Tobacco prevalence rates in Guam are high: 24.1% of adults smoke.[130] Tobacco advertising isn't as stringently regulated as in other states and territories, and smoking is still allowed in some bars.[131]

Lani Chang is Health Services Manager for the Head Start in Guam. She oversees the health component for 534 children enrolled in 27 centers, and trains family service workers who work with them and their families on a variety of health-related issues, including tobacco control.

Chang, who is also a registered nurse, became a tobacco cessation specialist certified in BTI after attending a training offered by Guam's Department of Public Health and Social Services in the summer of 2010. She also became certified as a train-the-trainer, enabling her to train HS staff in BTI.

Shortly afterwards, Legacy's Laura Hamasaka approached Chang and HS Director Catherine Schroeder, and proposed broadening the scope of tobacco control in Guam's HS by offering a two-day Initiative training for staff.

"It was perfect timing," said Chang. "I always tell our family service workers that first and foremost, our goal is to serve children and families. Tobacco control is one way for them to ensure that our Head Start children are safe." [132]

During the two-day training jointly conducted by Hamasaka, Gil Suguitan, Angie Mummert, and Dr. Annette David HS staff were trained in systems change strategies such as changing forms to include tobacco use, learned about second and third-hand smoke exposure, were certified in BTI, and were given a brief overview of MI.

As a result, intake forms were changed, and now include questions about tobacco use. Family service workers trained in BTI are prompted to utilize the 10-minute intervention to assess

willingness to quit. Referrals for people interested in quitting are made directly to Chang, who as a tobacco cessation specialist offers long-term cessation counseling, regular follow-up calls, and makes referrals to the Guam Quitline, where low-income parents can access NRT.

At the start of school in 2011, Chang began compiling data on referrals and quit rates, and will have that data available at the end of the 2012-2013 school year.

RESULTS AND SUSTAINABILITY

In Hawaii and the USAPI, as in many other regions, utilizing systems change to integrate tobacco control strategies into the regular protocols of HS/EHS workers is a key strategy, enabling the Initiative to continue in programs as part of the standard set of goals and strategies HS/EHS staff can offer their families.

Staff turnover and a lack of dedicated funding can pose real challenges to the sustainability of the Initiative in HS/EHS programs. However, creating and conducting an ongoing tobacco control training and education program as part of the annual training plan for new staff can help address the challenges related to staff turnover. In addition, as evidenced in Guam and Oahu, having trained staff in place, building strong relationships with tobacco cessation partners, and using systems change strategies to change forms so that they include tobacco use can very effectively integrate tobacco control into the regular wrap around service that HS programs provide to families.

The Initiative has strong chances of sustaining itself without any dedicated funding as long as the HS/EHS staff members are trained to ask the right questions and have the knowledge and skills to follow up with parents. According to Debbi Amaral, Director of MEO Head Start, the skill set offered by the Initiative is of fundamental importance. “The health of families and their children is the foundation of all the work our staff do,” she said. “If they don’t have their health, they don’t have anything.” [133]

CASE STUDY FOUR
VERMONT

PROJECT OVERVIEW

In 2006, the Vermont Department of Health Tobacco Control Program developed a strategic plan to address tobacco-related disparities in the state. That plan, called **"Bridging the Gap: Partnering to Address Tobacco Disparities in Vermont" outlined three statewide goals: 1)** To prevent young people from starting to smoke; **2)** To help smokers quit; and **3)** To reduce the exposure to secondhand smoke for all Vermonters.[134]

One area of focus for the plan was "creating and enhancing partnerships." It was in this climate that Legacy and officials from Vermont's Tobacco Control Program jointly decided to convene a meeting with Head Start officials to discuss the Head Start Tobacco Cessation Initiative.

Vermont's tobacco cessation resources are robust. The state's Tobacco Control program funds the *Vermont Quit Network*—a free service that includes a telephone quitline that provides tobacco-users five phone calls with cessation coaches who help them develop a quit plan, and offers up to eight weeks of free nicotine replacement therapies (NRT) like patches, gum, and lozenges.[135] Free cessation classes and hospital-based cessation coaches are available at community locations throughout the state.[136] Vermont also offers a no-cost, comprehensive online cessation program called Quit On-line, which is offered through a contract with Healthways.[137] Vermont has also developed a self-directed program that provides self-help information to assist quitters called *Quit Your Way*.[138]

Even with all of these resources, however, the prevalence of tobacco use among Low Socioeconomic Status (Low SES) smokers remains high. Low-income adults in the state smoke at a rate of 32%, compared to 15.4% for all Vermont adults.[140] Education levels affect tobacco use, as well. 38.5% of adults who have less than a high school diploma in Vermont smoke.[141]

THE PREVELANCE OF TOBACCO USE AMONG LOW SES SMOKERS REMAINS HIGH

"From the perspective of the U.S. Department of Health and Human Services, the federal agency which oversees Head Start, school-readiness is the top priority for Head Start. But in order to be successful in our work with children and families around school readiness, you need a really strong foundation of child and family health. And if you've got significant health threats for the child or family, Head Start programs need to support families in addressing those threats. Tobacco use is clearly among the most significant health threats facing low-income families, and it is an issue Head Start programs can, and should, readily address. Incorporating more intentional and targeted strategies around addressing this issue is really not difficult for most Head Start programs."

—PAUL BEHRMAN, DIRECTOR, CHAMPLAIN VALLEY HEAD START, AND CHAIR, VERMONT HEAD START ASSOCIATION. [139]

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PUTTING THE PIECES TOGETHER

Sheri Lynn has a foot in two worlds. She works with Vermont's Head Start Collaboration Office, where she's responsible for linking Head Start programs with state agencies to help coordinate

"We had just completed a plan looking at how to address tobacco-related health disparities in the state. One of those disparities is that there's a higher rate of smoking among low-income families. We realized that many of the families of children who attend Head Start fit into that category."

—SHERI LYNN, CONSULTANT FOR HEAD START-STATE COLLABORATION OFFICE, AND FORMER TOBACCO CONTROL PROGRAM CHIEF FOR THE STATE OF VERMONT. [143]

services. When Laura Hamasaka and Michael Sparks first came to Vermont to present the Initiative, however, she was the Tobacco Control Program Chief for the state of Vermont. For Lynn, the Head Start Initiative was a perfect fit for the Tobacco Control Program, as it provided a needed opportunity to reach an important and underserved segment of Vermont's population.

"We had just completed a plan looking at how to address tobacco-related health disparities in the state," said Lynn. "We'd received funding from the Centers for Disease Control to look at our data and come up with strategies around how we could reduce, among certain segments of the population, smoking rates, tobacco use, and of course ultimately prevent children from being exposed to secondhand smoke or decide to start smoking themselves. We had done a lot with public school-age children, but not with birth-to-five-year olds." [142]

In addition to Sheri Lynn, Paul Behrman, Chair of the Vermont Head Start Association, and Director of Champlain Valley Head Start, a program that serves 365 families in four counties in northwest Vermont, was invited to be part of the steering committee working in partnership with Legacy to bring the Initiative to the state.

Before meeting with the Legacy team and Vermont Tobacco Control officials, Behrman said he didn't realize the severity of the impact of tobacco on HS/EHS families.

"Head Start is definitely very interested in the professional development of their staff, and in providing the training and skills that they need to do the best thing for their families. It's not as if they have to put in new resources, necessarily, to make this Initiative happen. It's more about just trying to make sure that there is attention paid to looking at the needs of their families as a whole, and then using the systems that they already have in place to help them make changes in their lives."

—SHERI LYNN, CONSULTANT FOR HEAD START-STATE COLLABORATION OFFICE, AND FORMER TOBACCO CONTROL PROGRAM CHIEF FOR THE STATE OF VERMONT. [145]

"I was the average citizen who knew that tobacco use was harmful, but did not have a sense of the magnitude of the problem," said Behrman. "I'd never had the opportunity to meet with staff from Vermont Tobacco Control, and I'd never heard of the Head Start Tobacco Cessation Initiative. I really had some 'ah-ha' moments in that first meeting when Laura Hamasaka presented some of the data around the disproportionate impact of tobacco on the low-income population. My eyes were also opened when the staff from Vermont Tobacco Control indicated that Head Start programs serve the exact population which Tobacco Control is trying to reach.'" [144]

He knew the most effective way to move the Initiative forward in Vermont was to collaborate with his fellow Head Start directors. In his dual role as the chair of the Head Start Association, and as a Head Start director himself, Behrman clearly understood the impact each director has on shaping the agenda of their individual programs.

Head Start directors help set priorities for direct service staff in the issues they focus on with families, decide where and how to allocate training resources, and are responsible for forging relationships with other local and state agencies.

"I've really come to appreciate how significant the issue of tobacco use is for the population we serve," said Behrman. "But I don't know that every Head Start director realizes the extent of severity of the problem. I think the challenge is that tobacco is one issue in a sea of issues that we may encounter with families. If Head Start directors can begin to appreciate the magnitude of the issue of tobacco use among Head Start families, we are uniquely positioned to make it a priority and help address it." [146]

The more they learned, the more passionate Behrman and other HS directors became about partnering with Legacy and Vermont Tobacco Control to implement the Initiative in their programs, and throughout the state.

"Tobacco use is a real blight for low-income families," said Behrman. "It's one of the issues that severely threatens the health, immediately, of the parents. Through secondhand smoke, it jeopardizes the health of the children. We know from our data that asthma is the number one indicated health concern for children in Head Start, and we know based on research that smoking aggravates that condition. And then, of course, you have the expense—tobacco is a very expensive habit." [147]

BUILDING A CORE OF CHAMPIONS

Following the "blueprint" laid out in the Legacy Initiative, the Vermont Head Start Association partnered with Legacy and the Vermont Tobacco Control Program to hold a one-day launching training session for managers and direct service staff from the seven Head Start programs around the state.

The launching training included Tobacco Control 101, Brief Tobacco Intervention (BTI), a Motivational Interviewing component, and an overview of

cessation resources available in Vermont.

Todd Hill manages all the tobacco cessation contracts for the state of Vermont. He became central to implementation of the Initiative, conducting Tobacco Control 101 classes and arranging for a certified trainer to conduct an in-depth Motivational Interviewing training for a select group of HS/EHS staff statewide.

"In the Tobacco Control 101 classes, I gave a little scenario about how much smoking costs and they couldn't believe it," said Hill. "I think it's so jarring to Head Start staff because they know what financial constraints these families are under. In Vermont, if you smoke name-brand cigarettes, you're spending seven dollars a day. If you smoke off-brand, you're probably spending anywhere from five to six dollars a day. So that's 150 dollars a month, and that can make a huge difference in the lives of these families." [148]

In addition to presenting information about the economic impact of tobacco use, Hill presented data on disparities in smoking rates among Low SES populations and explained the effects of secondhand smoke on the health of children. Finally, Hill presented information about the wide

"Statewide, we've elevated tobacco cessation as a Head Start program priority. The Head Start Tobacco Cessation Initiative is very straightforward in terms of implementation. It is low-cost, and fits precisely within our existing service models. And, the Initiative aligns with our mission and multi-disciplinary approach in terms of education, health and family services,"

—PAUL BEHRMAN, DIRECTOR, CHAMPLAIN VALLEY HEAD START, AND CHAIR, VERMONT HEAD START ASSOCIATION. [150]

range of cessation resources available in Vermont, and educated staff about how to refer family members to his office for help.

The Launching Training also focused on bringing supervisory staff up to speed on Tobacco Control 101 and Motivational Interviewing skills so that they could continue to support direct service staff as they integrated the new techniques into their regular workflow.

Following this Launching Training, a two-day training focused specifically on Motivational Interviewing techniques with a tobacco control focus was held for HS/EHS staff statewide.

"We wanted to basically form a core of champions within programs," said Behrman. "So that ultimately, if there was opportunity to train all of the line staff in Motivational Interviewing, you'd have some managers and supervisors who were already well-versed, and who could reinforce some of the skills." [149]

RESULTS AND SUSTAINABILITY

Although levels of implementation vary, the Initiative has been picked up by Head Start statewide in Vermont.

Six of the seven Head Start programs in the state have added questions about tobacco use, and staff will refer family members who are ready to quit to the Vermont Quit Network services.

"Tobacco isn't a missing piece in our programs anymore," said Behrman, who is using his program in the Champlain Valley to build a model of full implementation that he plans to present to other HS directors in 2012. [151]

As part of that model, the Champlain Valley Head Start implemented a mandatory, two-day pre-service training in Tobacco Control 101 and Motivational Interviewing for all direct service staff at the beginning of the 2011-2012 school year. Todd Hill did the Tobacco Control 101 component, and Behrman re-allocated his program's training resources to fund an expert Motivational Interviewing trainer. Because Motivational Interviewing is a technique with a wide application for many issues that HS/EHS staff confront, the training at Champlain Valley emphasized that broad approach, but used tobacco cessation as the primary practical example and area of focus in the training.

In early 2012, Behrman and Lynn plan to take the training and implementation template developed at Champlain Valley to other Vermont HS/EHS directors as a model for how to effectively implement the Initiative in their own programs for the following school year.

Unlike many issues such as obesity, substance abuse, and oral health, tobacco use is not a federally mandated area of focus for HS/EHS programs. Because of this, there is no system in place for tracking tobacco use among HS/EHS families.

In order to address this disparity, Legacy staff worked with Behrman and Lynn to develop an evaluation tool to help begin to understand the impact of the Initiative on HS/EHS families. Questions about tobacco use will be tracked at the beginning and the end of the 2011-2012 school year, in a pre- and post-survey tool easily incorporated into standard questions HS/EHS staff members already discuss with families.

"It can help us measure the stages of the process," said Lynn. "And hopefully we'll be able to see movement towards creating smoke-free environments for children." [152]

Paul Behrman thinks the results may also help give tobacco higher visibility on the radar of HS/EHS at the national level.

"As a child and family development program," said Behrman. "Head Start can demonstrate that it is addressing a broad range of health issues—such as obesity, oral health, tobacco use, and secondhand smoke—which have significant implications not only for young children, but for adults as well." [153]

APPENDIX

ENDNOTES

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