

Bright Spot Award Nomination Form

In an effort to help define what meaningful PPI is, and to better recognize the tremendous initiatives taking place across our state, we are creating a new Bright Spots Awards program. This will be a great way to create a little “friendly competition” among the local health departments while helping to define what is meaningful PPI. Here are the steps to the process of nominating your initiative:

- 1.) All PPI Bright Spot Award Nominations must be submitted by July 1, 2017. One nomination form must be completed per initiative nominated.
- 2.) Nominations will be reviewed by a committee, comprised of individuals from local and regional health departments, as well as Central Office. Each submission will be redacted, so individual identity will not be known to the committee. They will subjectively review each submission, discuss, and award the point totals to the nominations. An average of the section reviews will be used to determine the award level earned.
- 3.) Awardees will be announced in the fall, 2017.
- 4.) Each nomination will be presented with feedback from the committee.

Award Levels:	185-200 pts: Platinum Level Award
	159-184 pts: Gold Level Award
	138-158 pts: Silver Level Award
	117-137 pts: Bronze Level Award
	117 pts or less: Honorable Mention Award

County: **Hamilton**

Initiative Name: **Head Start Tobacco Exposure Reduction Initiative**

PPI Topic Area(s): **Tobacco**

Primary Contact Name, Email, Phone: **Paula Collier, paulac@hamiltontn.gov, 423-209-8285**

Bright Spot Awards Questions

Please explain why you think this initiative should be considered for the TDH Bright Spot Awards?

(150 words max);(10 points available)

The purpose of this project was to improve the health and quality of life of preschool children at the highest risk for tobacco exposure by working with Chattanooga Head Start to educate staff and parents and update the tobacco policy. This project was well-designed, evidence-based, replicable, involved a successful community partnership, and resulted in policy change.

What is the public health problem being addressed and why is it important?

(300 words max); (10 points available)

Second and third hand tobacco exposure poses major health risks to infants and children, including infant mortality, decreased lung function, ear infections, learning disabilities, behavior and attention problems, increased risk of addiction and tobacco use, asthma, and sinus and respiratory problems. Children exposed to 2nd and 3rd hand smoke also have an increased risk of chronic health problems as adults, including diabetes, obesity and cancer. Head Start is a federal program that serves low socioeconomic children 6 weeks – 5 years old. School readiness and health are major components of Head Start. Because tobacco exposure has such a profound impact on children's growth and development, and low socioeconomic families are disproportionately affected by tobacco use and exposure, partnering with Head Start offers an opportunity to greatly influence the health of the youngest and most vulnerable members of our community. This initiative addressed education to parents, all levels of staff, and others involved in caring for infants and children, and resulted in policy change that is supported by appropriate signage.

What are the SMART objective goals and major purposes of this initiative? (SMART objectives are Specific, Measurable, Attainable, Relevant, and Time Bound. Ex: By May 2016, all soft drink machines in Henderson County Schools will be turned off during the school day, per school board policy.)

(300 words max) (10 points available)

1. Reduce tobacco exposure to Chattanooga Head Start infants and children by 8/31/16.
2. Add Tobacco Exposure Screening questions to Chattanooga Head Start Health Forms and Family Needs Assessment by 8/31/16.
3. Join the Head Start Health Advisory Board.
4. Train Family Advocate Staff to use CO meters for use with families whose goals are to reduce tobacco exposure.

5. Conduct tobacco exposure education trainings with staff (all) and parents at 4 main sites by 8/31/16.
6. Conduct tobacco exposure education trainings with staff and parents at satellite sites by 8/31/16.
7. Connect Head Start staff to cessation benefits and resources through their employer, the City of Chattanooga by 8/31/16.
8. Present at conferences that would support efforts of reducing tobacco exposure to infants and children.
9. Partner with Chattanooga Head Start on It's Quittin' Time in Tennessee and other opportunities to promote cessation.
10. Chattanooga Head Start will adopt a tobacco free campus policy at the 4 main sites by 8/31/17.

What is the annual budget and funding source for this initiative? If no funding is available, how have you sustained the initiative? (150 words max) (5 points available)

This project began with approximately 80 \$25 gift cards leftover from a March of Dimes grant that aimed to reduce tobacco exposure in childcares and churches. We received permission to use the remaining gift cards to reach the Head Start population. About \$2000 of Tobacco Settlement funding provided CO meters, printing, food, and tobacco free campus signage. If funding is not available to provide gift cards for parents, education sessions could be offered without incentives or incentives could be donated. Parent participation might be more challenging without incentives, but childcare staff is required to get continuing education and annual training and participated without gift card incentives. Presentations at the Tennessee Association for the Education of the Young Child and other presentation to organizations that would help support these efforts did not require incentives.

Have community partners been brought to the table to help with the initiative? What are these partners bringing to the table for the initiative? (300 words max) (20 points available)

Yes, community partners helped with this initiative. Head Start was our main partner. The Head Start Health Staff was incredible to work with. They provided information on the structure of Head Start, staff we needed to connect with, and supported our efforts throughout. The Health Coordinator was able to get us on the agenda for the annual Whole Staff Inservice in both 2015 and 2016. The Head Start Family Advocate staff was also incredible to work with. Their role is to assist families with goals like housing, employment and education. They were excited to learn more about tobacco exposure and get on board with helping prevent it. We also partnered with Southside/Dodson Avenue Health Centers, Memorial

Hospital, and the City of Chattanooga Employee Wellness Center for cessation resources.

What is the timing of the initiative? When does planning occur? When is/was the initiative implemented? When is the initiative evaluated? (250 words max) (5 points available)

Planning occurred as a continuation of the March of Dimes grant when we received Tobacco Settlement Funds in January 2014. I first presented at the Head Start Health Advisory Board meeting in April 2014. We had goals and objectives, a ppt, pre/post-tests, and gift card incentives ready. Between spring 2014 and spring 2015 I met with the Health Coordinator, the Head Start Director, Family Advocate Staff, and the Education Staff. I set up meetings with each key person and we took things a step at a time, with the goal of the policy change being the start of school August 2016. Our first training sessions were April/May of 2015. Education and policy discussion with the main sites occurred through spring 2016. Tobacco free campus and Mayors' Smokefree Community signage was installed before the start of school in August 2016. Education sessions for satellite sites occurred in fall 2016. The project took 2 ½ years from start to finish/policy change. We are still partnering with Head Start and will continue to educate staff and parents and support tobacco exposure reduction. I will also remain on their Health Advisory Board.

In what way is this initiative especially innovative? How is this initiative different from programs with a similar intent? Is there a specific idea tested with this approach? Does this work reference relevant literature or relevant studies? Does the initiative achieve its stated goals? (400 words max) (50 points available)

This program is innovative for Hamilton County in that it was a well-planned long-term initiative with a goal of policy change. Many times we do an education session, but this was much more comprehensive. We reached over 600 people during the initiative. The following research studies informed our work. We found these studies following our March of Dimes efforts to reduce tobacco exposure to pregnant women and infants to support the idea of a partnership with Head Start.

Gadomski, A., Adams, L., Tallman, N., Krupa, N., & Jenkins, P. (2011). Effectiveness of a Combined Prenatal and Postpartum Smoking Cessation Program. *Maternal Child Health Journal*, 15: 188-197.

Moody-Thomas, S., Sparks, M., Hamasaka, L., Ross-Viles, S., & Bullock, A. (2014). The Head Start Tobacco Cessation Initiative: Using Systems Change to Support Staff Identification and Intervention for Tobacco Use in Low-Income Families. *Journal of Community Health*, 39: 646-652.

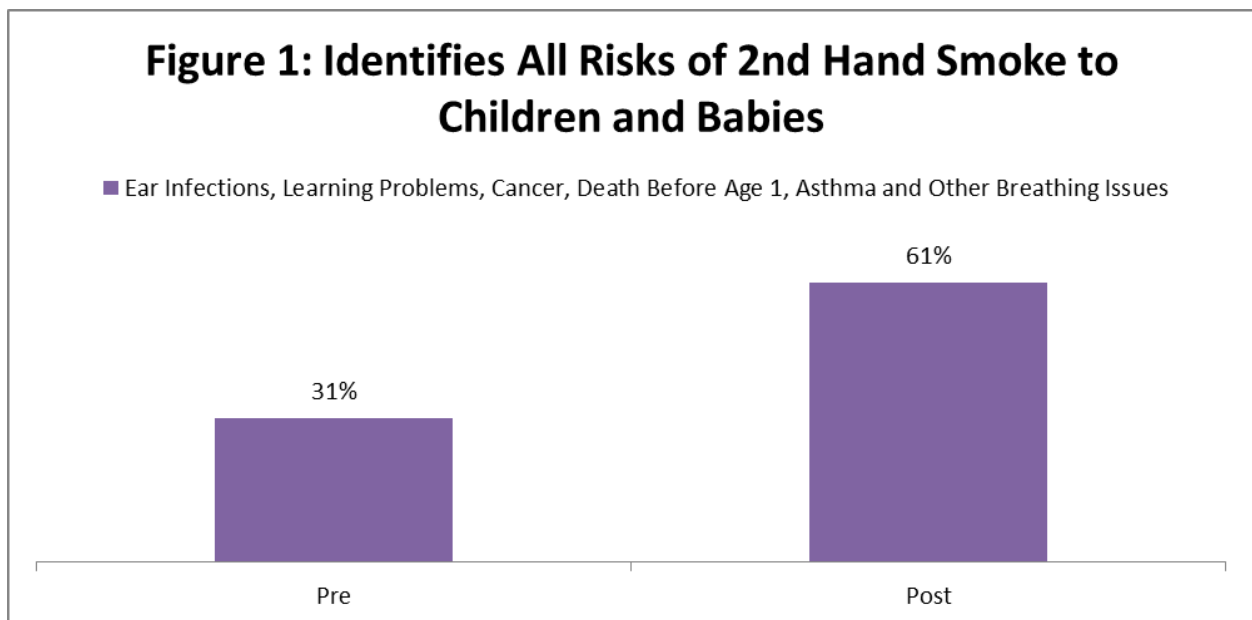
The Head Start Tobacco Exposure Reduction Initiative achieved its stated goals of reducing tobacco exposure to Chattanooga infants and children, adding tobacco exposure screening to

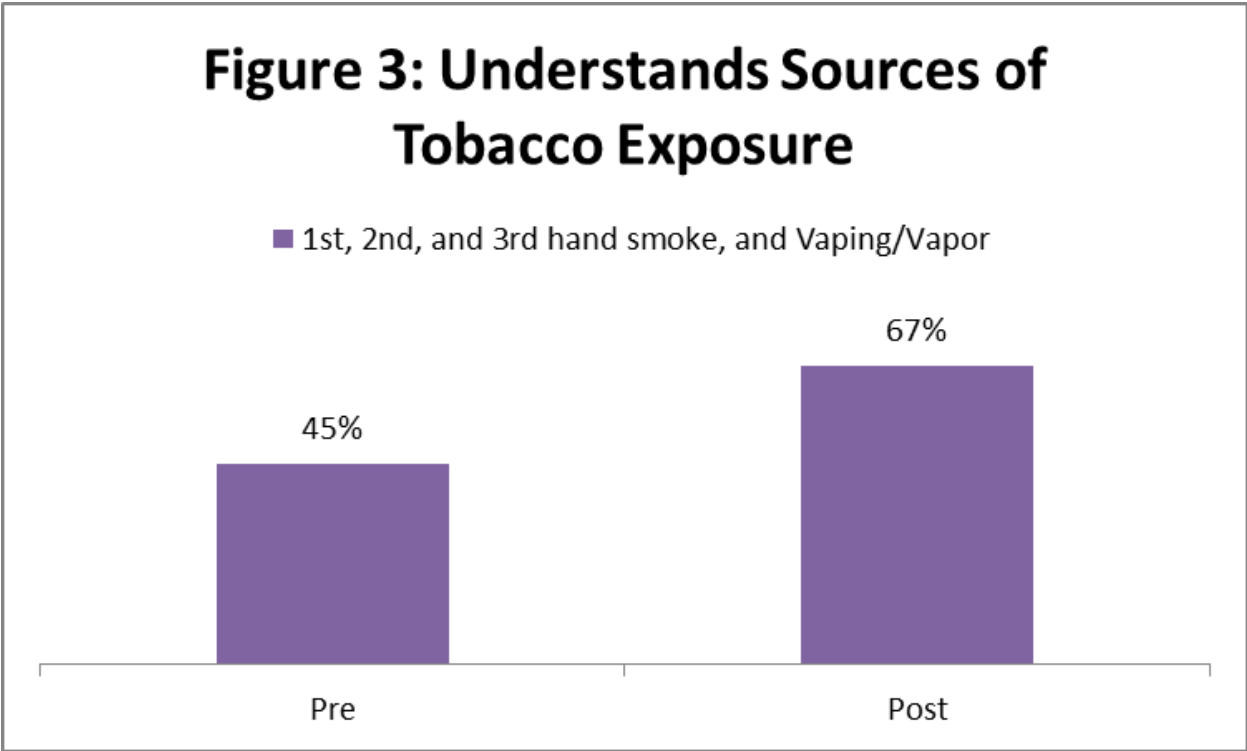
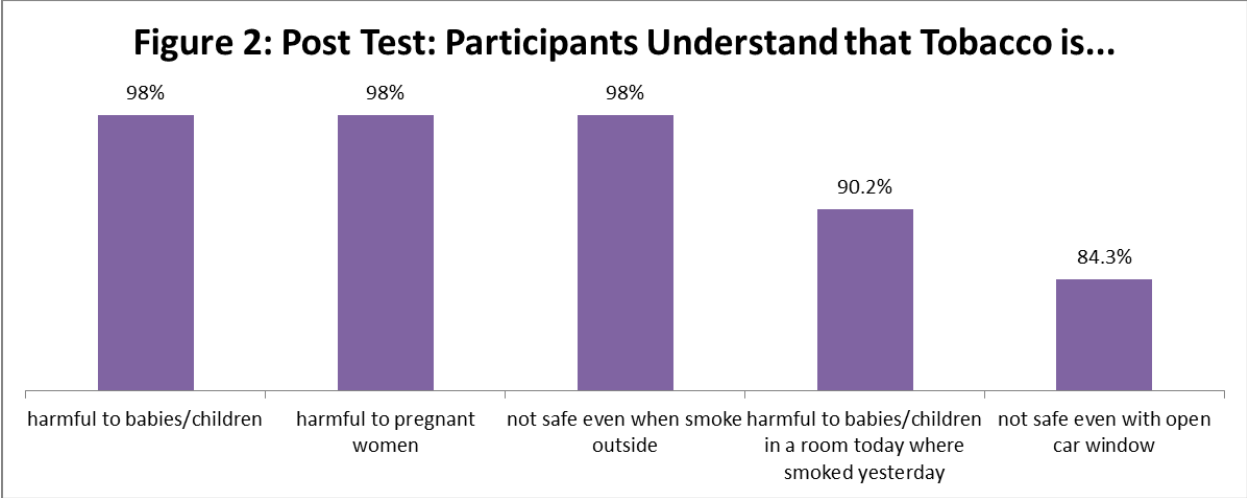
questions on health forms and family needs assessment, participation in the Health Advisory Board, training Family Advocate Staff to use CO meters, conducting tobacco exposure reduction trainings with parents and staff and Head Start and satellite sites, connecting Head Start staff to cessation benefits through their employer, presenting at conferences to support efforts of reducing tobacco exposure to infants and children, partnering with Head Start on It's Quittin' Time in Tennessee to promote cessation, and the adoption of a tobacco free campus policy for Chattanooga Head Start.

We evaluated the program with a pre/posttest and by the policy change. The pre/posttest also had educational value. We read each question before and after the educational sessions and used a remote response device. This kept participants engaged in the process and the posttest allowed for an excellent summary of information.

Are the measures clearly listed describing what makes the program effective? Is data provided or referenced that supports the conclusion? What makes this program effective? How is the program evaluated? (350 words max) (20 points available)

Here are some examples of our data from 2015. This program was effective because it was well-planned, had specific simple educational goals, I have a lot of experience in teaching, had a clear vision for the program, and we had an excellent relationship and partnership with Head Start.





How can this initiative be replicated in other counties? What are some limitations or obstacles that can be expected, with replication of the initiative?

(300 words max) (50 points available)

This initiative could absolutely be replicated in other counties. I would be happy to share our materials, outline, and methods with other counties. It may be easier or even unnecessary to do this in rural counties that only have one Head Start facility; however, this project could be used for childcares other than Head Start. Obstacles might include staff time limitations and internal challenges. The two obstacles I faced at the beginning of this project were internal

resistance and some concern from the Director of Head Start that they would have extra work/responsibilities. Internally, I was my own champion because I had confidence in this project. Externally, the Health Coordinator was the champion at Head Start because she thought the project was important and would benefit the children. Persistence is also an important component of success. Head Start was invested in this project, but all of their staff already has important responsibilities to their own organization that come first. It took 2 ½ years to do everything I wanted to accomplish, though the time spent was well worth the effort because it resulted in policy change. Reaching the satellite sites with education for staff and parents was especially challenging because they did not attend Health Advisory Board meetings and were much more difficult to reach.

Is this initiative sustainable without the resources of the local health department being involved?

(250 words max) (20 points available)

The tobacco free campus policy is self-sustaining and the signs are hopefully permanent. However, I do not think this would be *completely* self-sustaining on the part of Head Start at this time, but might eventually be self-sustaining. At the last Health Advisory Board meeting it appeared that some of the staff thought the grant cycle for this project had ended so they could stop addressing tobacco exposure with parents. Head Start will continue to be our community partner and to that end, we will continue to participate in their Health Advisory Board, as well as offer support and continued education.