

Obesity-Related Policy, Systems, and Environmental Research in the US

# Panel Discussions





# Building the Next Generation of Multilevel Interventions to Prevent Obesity



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Obesity-Related Policy, Systems, and Environmental Research in the US

# Disclosures

I am a consultant to the Roundtable on Obesity Solutions of the National Academy of Medicine.





#### **Roundtable On Obesity Solutions Causal Systems Map**



# Texas CORD: Lessons Learned from Primary & Secondary Childhood Obesity Prevention

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University of Texas Health Science Center at Houston School of Public Health in Austin June 2024





# **Disclosures**

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Environmental

NCCOR National Collaborative on Childhood Obesity Research

# **TX CORD Study Design**



CHILDHOOD OBESTY February 2015 | Volume 11, Number 1 © Mary Ann Liebert, Inc. DOI: 10.1089/chi.2014.0084

Incorporating Primary and Secondary Prevention Approaches To Address Childhood Obesity Prevention and Treatment in a Low-Income, Ethnically Diverse Population: Study Design and Demographic Data from the Texas Childhood Obesity Research Demonstration (TX CORD) Study

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#### Abstract



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Background: There is consensus that development and evaluation of a systems-oriented approach for child obesity prevention and treatment that includes both primary and secondary prevention efforts is needed. This article describes the study design and baseline data from the Texas Childhood Obesity Research Demonstration (TX CORD) project, which addresses child obesity among low-income, ethnically diverse overweight and obese children, ages 2–12 years; a two-tiered systems-oriented approach is hypothesized to reduce BMI z-scores, compared to primary prevention alone.

### Families Enrolled in Primary Prevention – Baseline

	Head Start (n = 685) m (SD) or %	2 <sup>nd</sup> Grade (n = 485) m (SD) or %	5 <sup>th</sup> Grade  (n = 391) m (SD) or %
Household size, n	4.57 (1.50)	4.95 (1.52)	4.95 (1.64)
Hispanic/Latino	73.3	83.8	81.5
Black/AA	22.7	13.5	15.4
Annual household income <\$25K, %	81.2	83.9	77.6
Medicaid/TX Health Steps, %	84.1	68.3	67.6





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### **ECE Centers: Summary of Primary Prevention Results**

- Significant changes:
  - Decrease in child BMI z-score and percentiles (p<0.038) after 2 years of implementation</li>
- No changes:
  - Diet
  - Physical activity
  - Sedentary activity
- High implementation of the program in intervention centers; some implementation in comparison centers
  - Program was fun and easy to implement

CHILDHOOD OBESTY January 2019 | Volume 15, Number 1 © Mary Ann Liebert, Inc. DOI: 10.1089/chi.2018.0010

#### **ORIGINAL ARTICLES**

Impact of the Coordinated Approach to Child Health Early Childhood Program for Obesity Prevention among Preschool Children: The Texas Childhood Obesity Research Demonstration Study

Shreela V. Sharma, PhD, RD, LD,<sup>1</sup> Elizabeth Vandewater, PhD,<sup>2</sup> Ru-Jye Chuang, DrPH,<sup>1</sup> Courtney Byrd-Williams, PhD,<sup>3</sup> Steven Kelder, PhD,<sup>1</sup> Nancy Butte, PhD,<sup>4</sup> and Deanna M. Hoelscher, PhD, RD, LD, CNS<sup>3</sup>

#### Abstract

Background: This study presents the impact of a 2-year implementation of Coordinated Approach to Child Health Early Childhood (CATCH EC), a preschool-based healthy nutrition and physical activity program, on child BMI z-scores, BMI percentiles, diet, physical activity, and sedentary behaviors among 3- to 5-year old children across Head Start centers in Houston and Austin, Texas.

#### SCHOOL HEALTH



#### RESEARCH ARTICLE

Using Process Evaluation for Implementation Success of Preschool-Based Programs for Obesity Prevention: The TX Childhood Obesity Research Demonstration Study

SIBERA V. SHABAN, PhD, RD, ID<sup>4</sup>D Ro-Jee Channe, DrPH<sup>6</sup> Courtney Bred-Wellanes, PhD<sup>6</sup> Euzarthi Vanechwetre, PhD<sup>4</sup> Nancy Butte, PhD<sup>6</sup> Deanna M. Hoelsofer, PhD, RD, LD, CNS<sup>7</sup>

- ABSTRACT -BACKGROUND: Through the Texas Oxidhood Obesity Research Demonstration study, we implemented and evaluated a system-oriented model of primary and secondary prevention approaches to mitigate obesity among low-income Texas childre aged 2 to 12 years. Primary prevention included implementing the Coordinated Approach To Child Health Early Childhood (CATCH EC) program in Head Start preschools. In this paper, we describe the methods and results of CATCH EC program process evaluation over 2 years of implementation.





### **Primary Prevention Intervention: Schools**

- Intervention CATCH
  - Teacher training and boosters
  - CATCH Elementary Coordination Guide
  - Technical support (visits, email)
- Outcomes 2<sup>nd</sup> and 5<sup>th</sup> grade students
- No differences when comparing intervention vs. comparison by grade level
  - Few significant changes when grades were combined
  - Most likely due to contamination & power issues
- High implementation was associated with better outcomes than moderate or low implementation
- Results are a function of how well programs are implemented









### **Primary Prevention Intervention: Clinics**

- Intervention
  - Clinician training (in-person and online)
    - Motivational Interviewing
  - Electronic Health Records (EHR)
    - Obesity Screening
    - · Clinical decision prompts
  - Clinician resources for patient education
    - Next Step Flip Charts (English & Spanish)
    - Next Step posters (English & Spanish)
    - Next Steps activity books (English & Spanish)
  - · Implementation support to clinics
    - · In-person updates, email reminders
- Outcomes
  - Improved provider self-efficacy and counseling
  - Developed implementation index

CHILDHOOD OBESITY December 2018 | Volume 14, Number 8 © Mary Ann Liebert, Inc. DOI: 10.1089/chi.2018.0119

Improvement in Primary Care Provider Self-Efficacy and Use of Patient-Centered Counseling To Address Child Overweight and Obesity after Practice-Based Changes: Texas Childhood Obesity Research Demonstration Study

Sarah E. Barlow, MD, MPH,<sup>1</sup> Meliha Salahuddin, PhD, MPH, MBBS,<sup>2,3</sup> Nancy F. Butte, PhD, RD, MPH,<sup>4</sup> Deanna M. Hoelscher, PhD, RDN, LD,<sup>2</sup> and Stephen J. Pont, MD, MPH<sup>5</sup>

#### Abstract

Background: The Texas Childhood Obesity Research Demonstration project, a multicenter, multisystem approach to childhood overweight and obesity (OW/OB), included training and materials to support primary care clinics (PCCs) in addressing child OW/ OB in the office. This study evaluated the impact over 24 months of brief training and practice-based support on primary care providers' (PCPs) perceived self-efficacy and practice behaviors.

Salahuddin et al. BMC Family Practice (2018) 19:191 https://doi.org/10.1186/s12875-018-0882-7

**BMC Family Practice** 

#### RESEARCH ARTICLE

#### Open Access

Development and use of an index for measuring implementation of a weight management program in children in primary care clinics in Texas

Meliha Salahuddin<sup>1,2,3</sup>\*, Sarah E. Barlow<sup>4,5</sup>, Stephen J. Pont<sup>6</sup>, Nancy F. Butte<sup>7</sup> and Deanna M. Hoelscher<sup>1</sup>

#### Abstract

Background: The Texas Childhood Obesity Research Demonstration study was an integrated, systems-oriented intervention that incorporated primary and secondary obesity prevention approaches targeting multiple sectors, including primary care clinics, to address childhood obesity. The primary care clinic component included the American Academy of Pediatrics' Next Steps weight management counseling materials that support brief healthy lifestyle-focused visits. The current study describes the methodology and assesses the implementation of the Next Steps program in the participating primary care clinics, as well as the association of implementation with enrollment



Sources: Barlow et al., 2018; Salahuddin et al., 2018

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Sacher et al., 2010; Kelder et al., 2005; Evans et al., 2012; Hoelscher et al., 2015



#### **Secondary Prevention Primary Outcome: %BMI**<sub>p95</sub>



### **Intervention Dose is Important**

	NEXT STEPS*		MEND/CATCH**			
	2-5 y	6-8 y	9-12 y	2-5 y	6-8 y	9-12 y
Dosage (#sessions)	0.2 ± 0.4	$0.2 \pm 0.4$	$0.2 \pm 0.4$	4 ± 3	10 ± 6	8 ± 5
Dosage (%)	8 ± 21	11 ± 21	9 ± 21	46 ± 34	58 ± 33	47 ± 30

\*Maximum sessions offered in NEXT STEPS = 2

\*\*Maximum sessions offered in MEND/CATCH 2-5 y = 9 MEND/CATCH 6-8, 9-12 y = 18



Source: Butte et al., 2017

## Intervention Costs: Primary versus Secondary

Program	Total Cost	No. of participants	Cost per participant						
Primary Prevention									
CATCH Early Childhood	\$70,573	2,700	\$26.14						
CATCH Elementary	\$23,470	19,138	\$1.23						
Secondary Prevention									
MEND	\$663,779	315	\$2,107						
Next Steps	\$18,165	234	\$164						





# Lessons Learned, Part 1

- Primary prevention programs can decrease BMI in preschool children and elementary school children over time
  - Effects on related behaviors are mixed
  - Implementation of program influences results in elementary schools
  - Intervention was more effective in ECE Centers
- Secondary prevention programs can decrease BMI in elementary school children (ages 6-8 and perhaps 9–12)
  - Effects are greater with greater dose
- Combining primary and secondary prevention efforts is challenging in a large urban setting
  - Would likely work better in a smaller city/community with better connections
  - Communication is an issue; need a coordinator/convener





# Lessons Learned, Part 2

- Primary prevention programs
  - Need strategies to increase implementation in all settings (schools, ECEs)
  - More effective with preschool children
  - Can address health equity and access
- Secondary prevention programs
  - Need closer ties to medical home
    - Conduct classes in the clinic?
    - Better use of electronic health records
  - Need a different approach for preschool children
  - Need to reduce barriers to attendance since dose is important
  - May need to have additional programs for children at higher weights

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ORIGINAL RESEARCH



Who benefits from the intervention? Correlates of successful BMI reduction in the Texas Childhood Obesity Demonstration Project (TX-CORD)

Sarah E. Barlow MD, MPH<sup>1,2,3,4</sup> | Casey Durand PhD<sup>5</sup> | Meliha Salahuddin PhD, MPH, MBBS<sup>6,7,8</sup> | Stephen J. Pont MD, MPH<sup>9</sup> | Nancy F. Butte PhD, RD, MPH<sup>10</sup> | Deanna M. Hoelscher PhD, RDN, LD, CNS<sup>6</sup> <sup>1</sup>Baylor College of Medicine, Houston, Texas <sup>2</sup>Texas Children's Hospital, Houston, Texas <sup>2</sup>Texas Children's Hospital, Houston, Texas <sup>4</sup>Current affiliation Children Health, Dallas, Texas <sup>4</sup>University of Texas Health Science Center at Houston (UTHealth) School of Public Health, Houston, Texas <sup>4</sup>Nicheal and Susan Del Center for Healthy Living, University of Texas Health Science Center at Houston (UTHealth) School of Public Health, Austin Regiona Campus, Austin, Texas <sup>4</sup>Current affiliation Population Health, University of Texas Health Science Center at Tyler, Tyler, Texas <sup>4</sup>Current affiliation Office of Health Affairs, University of Texas System, Austin, Texas

Source: Barlow et al., 2019





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# Thank you!





# **Lessons from Down Under**

Boyd Swinburn, MD University of Auckland School of Population Health June 2024





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- No disclosures
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# **Background and overview**

- Principal investigator of 13 community-based childhood obesity intervention programs in Australia, New Zealand, Fiji, and Tonga
  - All 3+ years duration, quasi-experimental, measured BMI
- Evolution in thinking about prevention programs
- Capacity building approach
  - Methods and lessons from interventions in low-income, regional Victoria, largely White populations and high prevalence Pacific/Māori populations
- Systems thinking + indigenous approaches (NZ)
- Future directions

















# **Recent Cochrane reviews on obesity prevention**

#### • 5–11 y/o

- 172 RCTs (65% in schools)
- 85% in HICs, 77% <15 months
- Modest, short-term BMI impacts
- 12–18 y/o
  - 74 RCTs (77% in schools)
  - 81% in HICs, 95% <15 months
  - Little or no BMI impacts

#### No. studies Inconsistency Downgraded Estimate [95% CI] (participants) $|^{2}(\%)$ GRADE domains 1. Dietary interventions vs Control Short term -0.06 [-0.13. 0.01] 8 (3695) 93 +++-С Medium term -0.04 [-0.10, 0.02] 9 (7048) 80 +++-С Long term -0.05 [-0.10, 0.01] 7 (5285) 67 ++--AC 2. Activity interventions vs Control Short term -0.02 [-0.07, 0.02] 35 CE 6 (3580) ++--Medium term -0.05 [-0.09, -0.02] 13 (20600) 48 +++-С Long term -0.02 [-0.09, 0.04] 6 (6940) 55 AC ++--3. Dietary & Activity interventions vs Control Short term -0.03 [-0.06, 0.00] 26 (12784 58 ++--AC -0.05 [-0.07, -0.02] Medium term 24 (20998) 77 +++-С -0.02 [-0.06, 0.01] 22 (23594) Long term 88 ++--AC 4. Activity interventions vs Dietary interventions Short term n/a 0(0) n/a n/a n/a -0.11 [-0.22, 0.00] Medium term 2 (1644) 0 +++в Long term 0(0) n/a n/a n/a n/a 5. Dietary & Activity interventions vs Dietary interventions Short term 0(0) n/a n/a n/a n/a Medium term -0.03 [-0.10, 0.04] 2 (456) 0 ++--BD Long term n/a 0(0) n/a n/a n/a 6. Dietary & Activity interventions vs Activity interventions Short term -0.12 [-0.30, 0.06] 1 (35) +++в n/a Medium term -0.07 [-0.42, 0.28] 2 (509) 90 ++--BC -0.04 [-0.13, 0.05] Long term 1 (261) n/a +----A\*BE -0.5 -0.25 0.25 0.5 0 Mean difference



Spiga et al 2024 Cochrane Database of Systematic Reviews

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#### zBMI results, all studies (93 studies)









# Lessons from Romp & Chomp (under 5s)

- At-scale, low-cost, successful intervention by using and reorienting existing systems
- Argy-bargy between organisations as they jostle in creating a collective goal is a sign of systems change
- Retrospective analysis of the process showed:
  - Systems approach without naming it as such
  - Intervention spread from steering group through networks
    - Transmit "knowledge/know-how"
    - Transmit "engagement/energy"





#### Lessons from Be Active Eat Well (primary school age children)

- No negative consequences
- Pro-equity
- Spread of intervention (knowledge & engagement) through the networks – "prevention virus"
- "Self-starter" approach is probably more sustainable than project funding





# Pacific OPIC study outcomes



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# Lessons from the 4 OPIC studies (adolescents in Australia, NZ, Fiji, Tonga)

- Cultural context is critical
  - Needs to be culturally-centred, not just culturally-adapted
- Adolescents can lead community change
- Different approaches needed for high prevalence community interventions culture, systems, leadership, duration, framing, mindsets, definitions of success etc.















# Nourishing Hawke's Bay: He wairua tō te kai

- Hawke's Bay: "Fruit bowl of NZ," high poverty, poor nutrition, high obesity, high Māori population
- Plans for a childhood obesity prevention program stalled
- Ask the community using cognitive mapping interviews
  - Gave us the Pou (principles) for intervening
- Approach: mātauranga Māori + systems science methods
- Projects
  - Systems mapping with community and adolescents
  - Evaluation of the new free school lunch program (quantitative, qualitative, system dynamics modelling)
  - Rangatahi Eating and Wellbeing Guidelines





# Cognitive mapping interviews





# The Pou



McKelvie-Sebileau P et al. Health Promot Aust 2022

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# Combining systems science with Mātauranga Māori



Article

#### **Community Co-Design of Regional Actions for Children's Nutritional Health Combining Indigenous Knowledge and Systems Thinking**

Pippa McKelvie-Sebileau <sup>1,2,\*</sup>, David Rees <sup>3</sup>, David Tipene-Leach <sup>2</sup>, Erica D'Souza <sup>4</sup>, Boyd Swinburn <sup>1</sup> and Sarah Gerritsen <sup>1</sup>

- Processes and engagement
- Relationships
- Knowledge and understanding
- Values and world views
- Agreed actions





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# Manaora Rangatahi Guidelines

- Three weekend wananga (workshops)
  - Development, testing and review, communications and videos
- Best of international guidelines + new ones
- Mauri for own health, family health, environmental health
- Inclusion of sustainability
- nourishinghawkesbay.org





NCCOR National Collaborative on Childhood Obesity Research



# Future directions for communitybased obesity prevention

- Bring the science methods to emerging community actions rather than forcing the interventions into RCTs and research funding models
- Co-develop actions with the community using participatory research methods and indigenous/traditional knowledge/processes
- Systems science methods are fit for purpose
- Long duration, broader benefit definition than obesity prevention, use active network dissemination

Culturally-centered, community-partnered, systems-evaluated











# **ASSIST** Shifting the Paradigm for Tobacco Control in the U.S.: A Policy and Media Approach with Results

Bob Vollinger, DrPH, MSPH

Centers for Disease Control and Prevention, Office on Smoking and Health June 2024





# Disclosures

• No conflicts to disclose.







### **ASSIST American Stop Smoking Intervention Study for Cancer Prevention**

- A partnership to implement comprehensive tobacco control programs between:
  - National Cancer Institute (NCI)
  - American Cancer Society (ACS)
  - 17 states, including state and local health departments and other voluntary organizations
- The purpose was to demonstrate that the wide-spread, coordinated application of tested strategies to prevent tobacco use would significantly reduce rates of smoking.
- The ASSIST intervention was based on proven smoking prevention methods developed within NCI's research trials and other smoking and behavioral research.





### **The 17 ASSIST States**







### **ASSIST Conceptual Framework**



Site specific (for example, adolescents, women, ethnic minorities, blue-collar workers, heavy smokers, and unemployed people)





### **"Paradigm shift" – Cessation Interventions**

Although it is appropriate and necessary to fund and provide certain cessation treatment services (such as quitlines) to underserved populations, "the programs' focus should remain on **populationlevel, strategic efforts to reconfigure policies and systems** in ways that normalize quitting and that institutionalize tobacco use screening and intervention within medical care."

-CDC, Best Practices 2014





## Guide to Community Preventive Services "Strongly Recommends"

- Increasing the unit price for tobacco products
- Conducting mass media campaigns with messages developed through formative research
- Reducing exposure to secondhand smoke with smoking policies and restrictions
- Having health care providers counsel their patients who use tobacco to quit
- Providing telephone counseling and support to tobacco users trying to stop, when done as one component of a multi-component strategy





## The ASSIST Challenge: How Do You...

- Build a multi-level network of people and organizations to work collaboratively on tobacco control?
- Create an achievable strategic plan to reduce tobacco use?
- Define how the goals in that strategic plan can be achieved?
- Teach the skills and provide the resources needed to achieve those goals?
- Reach your goals despite numerous barriers?





# Building the Network: ASSIST Organizational Structure

- NCI brought research base, staff and funding
- ACS had a network (national, state & community) of people committed to preventing cancer and tobacco use and could advocate for policy change
- ASSIST Coordinating Center
  - State health departments
  - State tobacco control coalitions
  - Community-level coalitions





## Importance of a Strategic Plan

- Site evaluations and strategic plans
- Training and technical assistance:
  - Meetings and conferences 17 ASSIST states and others in the rapidly expanding field
  - Training materials and modules, including "train the trainer"
  - Adapting to state and local conditions customized support from NCI, ACS, and the ASSIST Coordinating Center





# **Policy, Media, Program Services**

- Policy change was at the heart of the ASSIST's paradigm. Think of it as a three-legged stool.
- The key to changing the **social norms** of tobacco use was to:
  - educate the public and decision makers through the media;
  - in order to change policy; and
  - increase demand for **program services**





# **Educating the Public and Decisionmakers**

- Disseminating the evidence to the public
- Educating policymakers
- Lobbying policymakers
- Through:
- Petitions
- Persuasion personal relationships
- Working with the media (counter-marketing and earned media) to make the tobacco control case, expose tobacco industry factual omissions or distortions





### "New" Media Techniques

- Media advocacy is the strategic use of mass media as a resource for advancing a social or public policy initiative.
  - Frame the issue for content and access.
- You have to WORK for earned media. You don't just get it because you think everyone else finds your topic interesting. These skills can be taught and were taught in ASSIST.





# **ASSIST: Strategic Use of Media**

- Develop hard-hitting, clear messages
- Identify and prepare all spokespeople to deliver *the same message*
- Be ready to respond quickly to media requests
- Be ready to counter tobacco industry arguments
- Stay focused
- Feedback from media tracking





# **Evaluating ASSIST**

- Is there evidence that ASSIST or other state tobacco control programs affected policy (initial outcomes)?
- Was policy (initial outcomes) associated with prevalence or consumption rates (final outcomes)?
- Was ASSIST (or other state tobacco control programs) associated with final outcomes?
- What about individual states? Is there evidence that ASSIST made a difference?





### Policy Change Was Associated with Final Outcomes

• States with higher initial outcome (policy outcomes) scores had lower cigarette consumption rates and lower tobacco use prevalence rates





# **ASSIST Was Associated with Final Outcomes**

- Quantitative evaluation showed small (but significant) program effects on the FINAL outcomes:
  - ASSIST states had a greater decrease in adult smoking prevalence rates than non-ASSIST states.
  - States with stronger tobacco control programs (higher Strength of Tobacco Control scores) had lower cigarette consumption.
  - States with higher Capacity scores had lower cigarette consumption.





# **Capacity is Crucial**

- Interagency relationships
- Health department infrastructure
  - Autonomy to hire and fire and set program priorities
- Coalition structure
  - Membership, state coverage, access to state leaders, activity level, paid staff
- Staff experience
- State leadership





## Individual States: Challenges and Responses

#### Challenges

- Political climate
- Tobacco industry challenges
- Hiring freezes
- Staff lacked required skills
- Responses
  - Aggressively and rapidly used the ASSIST resources and technical skills
  - Flexible and persistent found alternate ways to work toward goals





# Successful States Used the "New Tools"

- Tobacco industry FOIA's and lawsuits:
  - ASSIST Coordinating Center identified patterns from nationwide information sharing.
  - Quickly prepared and disseminated Tobacco Industry of Harassment Against State Public Health Agencies: Latest Target—Maine Lawsuits.
  - States used media tactics:
    - Maine: Invited press to watch lawyers root through boxes as part of a FOIA request.
    - New York: Mid-1990's preemption used media contacts to frame the issue.





# Successful States Used the "New Tools" (2)

- Used legal tactics
  - NY state used Tobacco Institute budgets PM convicted of not reporting lobbying expenditures.
- Used creative strategies
  - "Off the record" meetings and "draft" reports
  - Enlisted partners when faced with threats and restrictions
- Were persistent, used multiple channels, adapted
  - Mesilla, NM: 5 years to 100% smoke-free restaurants
  - WA ferries: 13 months to restrict smoking





# Why Engage Community Members?

Lots of reasons, but foremost:

 A community engagement approach to policymaking is consistent with a human rights or social justice perspective for public health.







# **Goals of Community Engagement**

- 1. Build trust.
- 2. Enlist new resources and allies.
- 3. Create better communication.
- 4. Improve health outcomes while building successful projects into lasting collaborations.







# The Legacy of ASSIST: The Big Picture

- A national, multi-level infrastructure with the capacity to deliver population-based tobacco use prevention and control:
  - Institutionalized and professionalized
  - Skills, technical assistance, and training
- Evidence that comprehensive evidence-based interventions can significantly reduce tobacco use.
- ASSIST broke the tobacco industry monopoly on the media.





# The Legacy of ASSIST

ASSIST provided the nuts and bolts of tobacco control:

- Focus on upstream indicators as goals.
- Introduction of new strategies to public health:
  - The "In" game
    - Media and policy advocacy techniques.
  - The "Out" game
    - Community organizing and mobilization.
    - Grassroots campaigns including public protests.





# **Key Lessons from ASSIST**

- Policy change is essential to having a real impact.
- Partnerships are key.
- Working at the local level makes a real difference.
- ASSIST was the first attempt to bring federal resources to the state and local level to reduce tobacco use.
- Building infrastructure & training ground troops working to reduce tobacco use across the US are legacies of ASSIST.
- Skilled training and technical assistance are critical and must remain up-to-date.
- Coalitions can bring people together for a common goal.
- Multi-cultural priorities must be integrated throughout the interventions.





**For More Information** 

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https://cancercontrol.cancer.gov/brp/tcrb/monographs/monograph-16 https://cancercontrol.cancer.gov/brp/tcrb/monographs/monograph-17 https://www.cdc.gov/tobacco



