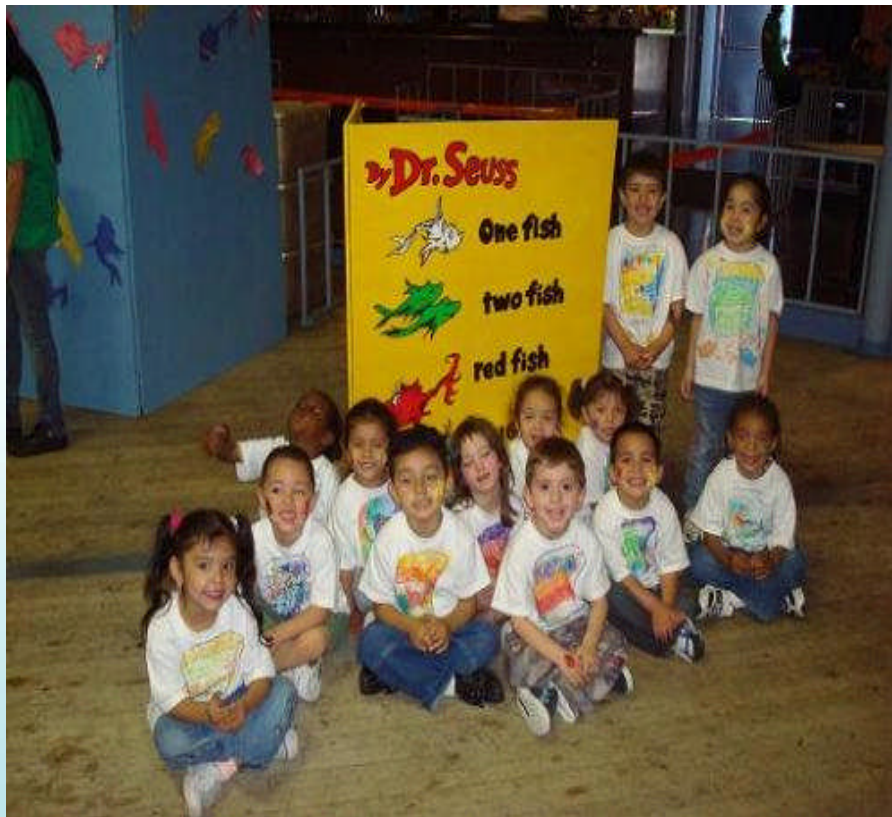


Smoke-Free Living for a Healthy Family

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Public Health

Seattle & King County



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“Children of smokers are more likely to have behavioral problems, do poorly in school, and smoke and use other drugs in adolescence and adulthood!”



Article adapted by Medical News Today

UW Study, August 2006

Why Early Learning

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- Not reaching this population
- **Systems Change Needed**
- **Improved health for Families**
- **Improved performance in school**
- **Improved health for home visit staff**
- **Staff professional development**
- **Access to resources**
- **40% adult smoking rate – “families want to quit – families need to quit – families can quit”**
- **Cessation is prevention – over 3500 children enrolled in ECEAP/HEAD Start Early Head Start In Seattle/KC**



- Project buy In
- Meet the partners
- Build the team (*learn our lingo*)
- Identify sites
- Build the evaluation tools
- Build the curriculum - *Early Childhood Development - SHS - Tobacco 101 - BTIS - Motivational Interview - Indoor Air Quality and Asthma – MAKE IT RELAVENT*
- Design and conduct the trainings - *Kick Off - Resource Training - MI - Site Trainings*
- Participate in events and follow-up - *Family Events - Special Projects - NPR - National Conferences, TCRC MI Training*
- Adding new sites and new evaluation goals 2009-10

- **American Legacy Foundation**
- **American Lung Association**
- **Puget Sound ESD**
- **Center for Community Action**
- **Washington State Department of Health**
- **WSA of Head Start and ECEAP**
- **Health and Human Services – EPA Region 10**
- **K.C. Chronic Disease Prevention**
- **and a cast of thousands**

- **WA Tobacco Quitline**
- **Medicaid**
- **Tobacco Cessation Partnership**
- **Puget Sound ESD**
- **ALA – MHE Program/Asthma**
- **PUBLIC HEALTH SEA/KING – Asthma, Tobacco Prevention, Mental Health and Drug Treatment**

On-Site Training Impact

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Attitudes About Secondhand Smoke (SHS) and Tobacco Interventions Before and After Training

From training pre and post tests at 6 sites; N = 56 (pre), 52 (post).

■ 5 - Strongly Agree ■ 4 - Agree □ 3 - Neither Agree nor Disagree ■ 2 - Disagree ■ 1 -Strongly Disagree

Treatment for tobacco use helps the families I work with

Pre

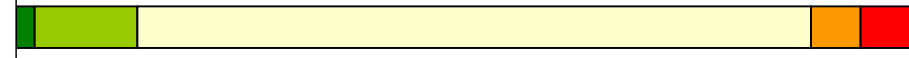


Post



The families I work with want treatment for tobacco use

Pre

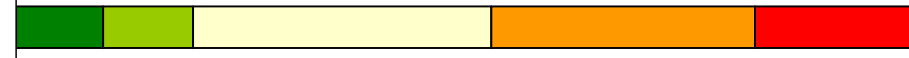


Post



I am confident in my skills for treating tobacco use

Pre



Post



It is important to treat tobacco use in my work

Pre



Post



It is important to counsel the families I work with on SHS

Pre



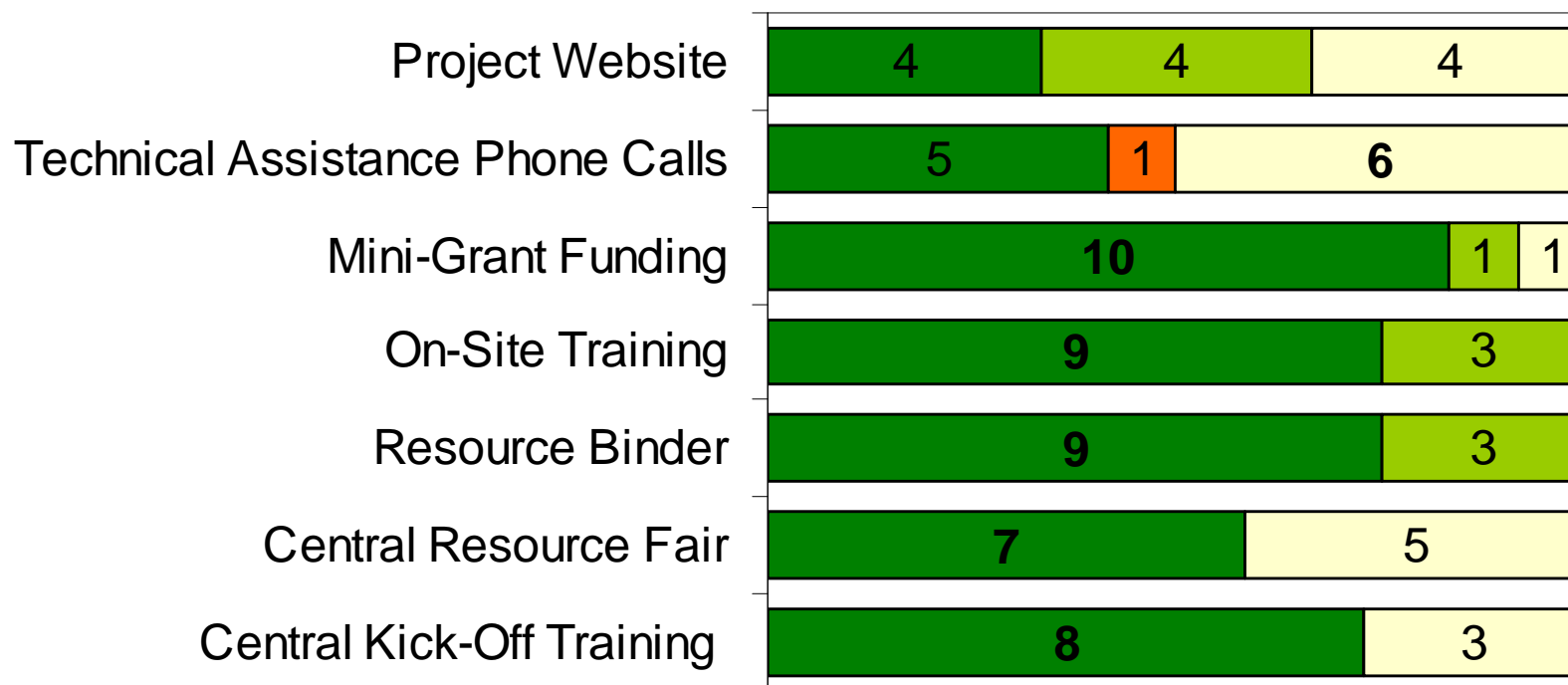
Post



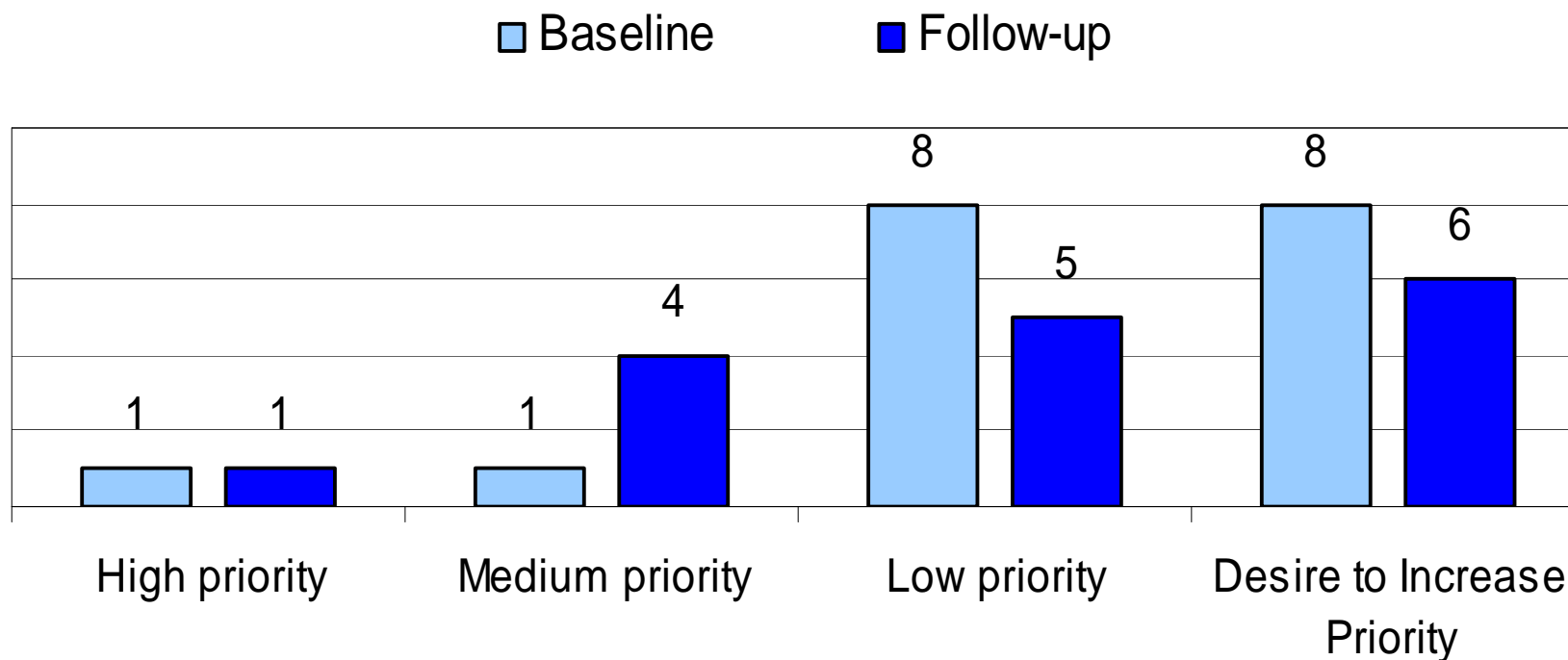
0% 20% 40% 60% 80% 100%

Reported Usefulness of SFLHF Resources

■ Very Useful
 ■ Some-what Useful
 ■ Not Useful
 ■ Did Not Use/ Attend

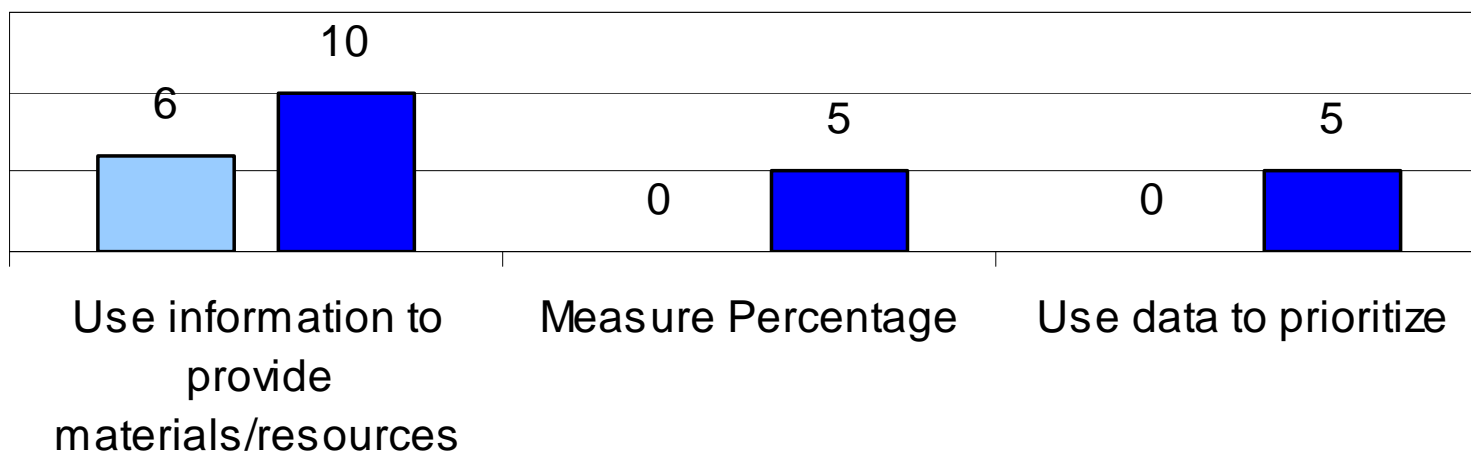


Baseline vs. 12 Month Priority on Tobacco Activities

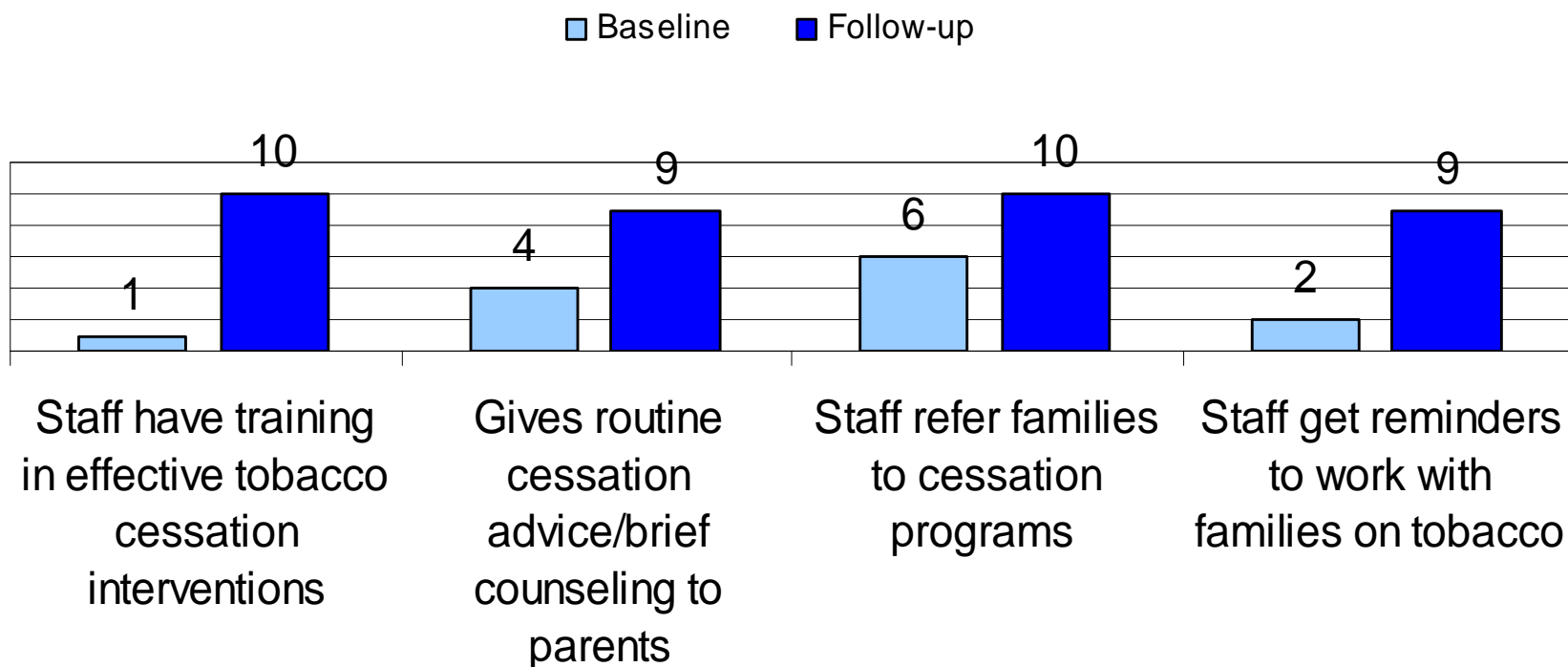


Baseline vs. 12 Month: Use of Parental Smoking and SHS Exposure Information

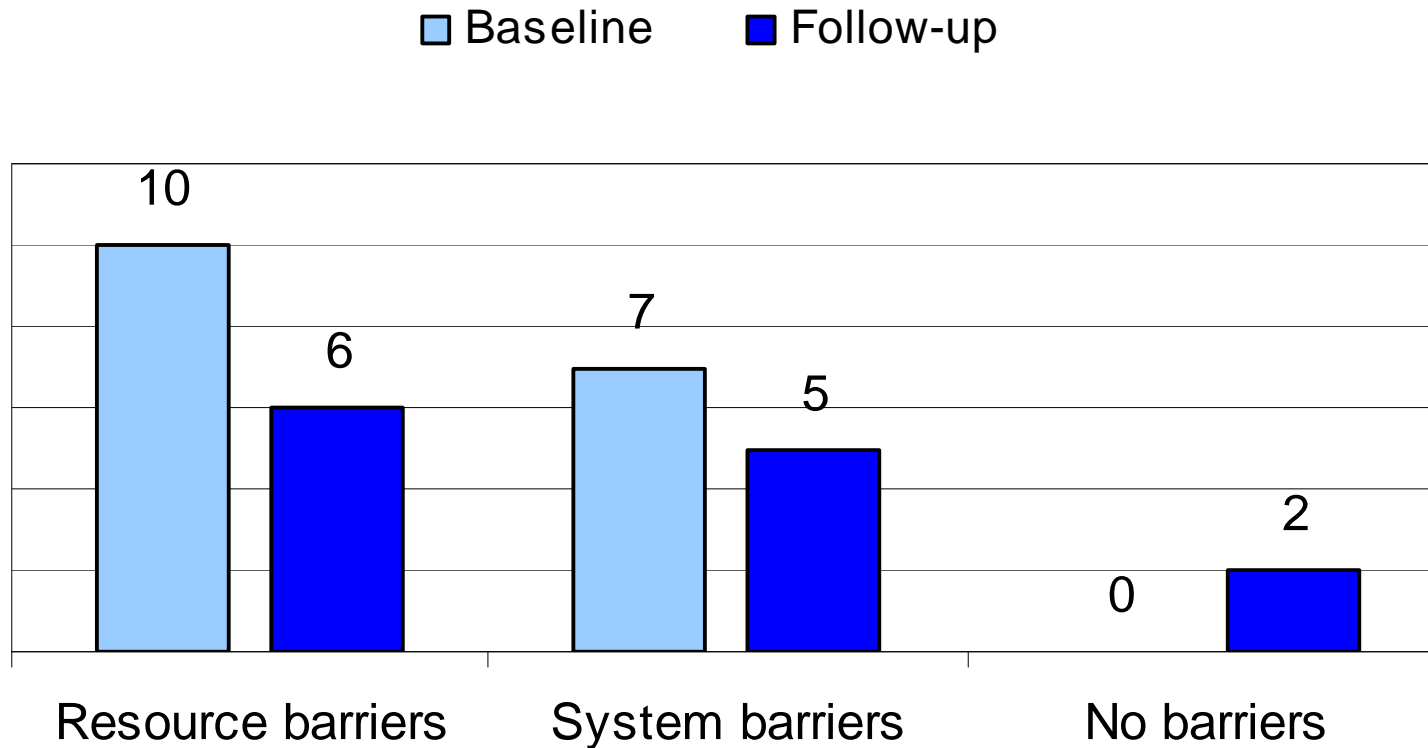
□ Baseline ■ Follow-up



Baseline vs. 12 Month: Delivering Tobacco Interventions



Baseline vs. 12 Month: Reported Barriers to Tobacco Activities



- Staff satisfied with program
- Staff were concerned about all the challenges parents face
- Sites wanted refreshers, especially about specific cultures
- Staff found PH very helpful and accessible
- Performance standard

- Train all staff who will implement interventions
- Address tobacco as part of chronic disease prevention
- Offer refresher trainings
- Check-in with sites on technical issues like forms
- Encourage staff to use diverse resources
- **Advocate for addressing tobacco to be a performance standard**

- Provide TA, Trainings and Resources to local Early Learning Partners
- Work with Health and Human SVC, State DOH, American Legacy, and Local Early Learning Advocates to encourage systems change at national level – ***incorporate screening and referral for tobacco use or exposure***

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