Foundation for a Healthy Kentucky’s MISSION

To address the unmet health needs of Kentuckians

Pine Mountain, Whitesburg KY

By...
• Developing and influencing policy
• Improving access to care
• Reducing health risks and disparities
• Promoting health equity
- Oct 14 Webinar: Presentations for Youth and Adults on the Dangers of Youth E-Cigarette Use
- Dec 3 Webinar: Teens and E-Cigs: What’s the Problem?
- Dec 4 Infographics for Social Change: A Graphic Ally Hackathon in Louisville
Bounce: Intro to ACES and Trauma-Informed Practices

2 Fridays / Oct. 11 & Nov. 1 / 8 a.m. – noon / $149

Visit our website at https://www.bellarmine.edu/ce/professional/ACES/ or https://www.bounce.louisville.org/
Register online at www.bellarmine.edu/ce/register under CE Professional Development

BOUNCE
Building resilient children and families

BELLARMINE UNIVERSITY
School of Continuing & Professional Studies

SAVE THE DATE
Data! Forum Nov. 15 Erlanger

DATA!
Fostering Health Innovation in Kentucky and Ohio

Presented by

INTERACT FOR HEALTH
KENTUCKY HEALTHY KENTUCKY
NIDA/FDA Pilot Study - E-Cigarette Use Among Kentucky Youth: Marketing Exposure and Co-Use with Other Substances

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Research supported by: 1R03DA041899-01A1 (Abadi, PI)

Study Design – R03 Mechanism

- Significance
- Aims, Hypotheses, Research Questions
- Study Impact
- Study Innovation
- **Approach / Study Design**
- **Survey Measures**
- **Human Subjects’ Protections** (Vulnerable population – youth)
- **Recruitment**
- Analysis Plan
Study Design

• Sample – 50 youth (13-17 years old), report past 2 week use of e-cigs. Goal to have half also with past 2 week use of combustible cigarettes; 100 mile radius of Louisville
• EMA (14 daily surveys) and baseline survey (40 minute online survey) design
• Have to screen for eligibility
• Incentives
• Study timeline – recruitment and data collection to take place second half of Y1 and first half of Y2

Survey Development

• First half of Y1 – survey development, though basic measures are included in the application and study design section
• Baseline Survey – demographics, substance use past month and lifetime, parent education, family structure, personal risk factors (sensation seeking, delinquent behavior, impulsivity)
• EMA Surveys – Daily e-cig and tobacco use, e-cig use context, e-cig use motivations, e-cig and tobacco use expectancies, intentions to use next day, willingness to use next day, e-cig device characteristics, exposure to e-cig and tobacco marketing
Human Subjects’ Protocols

- Youth are a vulnerable population.
- Two levels of consent are required:
  - Parental
  - Youth
- Must get parental consent prior to asking youth anything related to substance use. Could not reveal to parent or youth that study was for users only.
- Youth who were interested had to give parental contact info, study team had to contact parent and get initial consent to ask screener, contact youth to field screener, IF ELIGIBLE, contact parent a second time to get full consent and explain 2 week study, incentives, phone surveys

Recruitment

- Social Media – posts and ads
- Craigslist and Job posting websites (e.g. Indeed)
- Organizations like Foundation for a Healthy KY
- Word of mouth
  - Parents, Co-workers, Friends, Community members (adults could sign their kids up)
  - Students, friend, study participants (youth could sign themselves up)
- In-person
  - Schools, festivals, fairs, events that were free or low cost and well attended by Louisville and N KY youth, coffee shops
Data Collection

• Baseline surveys administered online prior to meet-up. ~40 mins.
  • Incentive - $15 given at meet-up to encourage study buy-in
• EMA surveys administered via smart phone. Study iphone offered, or youth could take surveys on their own phone. Collected for a two-week period following baseline, including one nightly survey Monday through Thursday, two surveys on Fridays, and three surveys per day on the weekends (when use is expected to be higher as unsupervised time increases). ~5 mins. EMA provided time-ordered real-time data.
  • Incentive - $5 per survey ($120) + $20 bonus for completing all + $15 for returning phone and charger

Challenges and Lessons Learned

Just a Reminder: Youth who were interested had to give parental contact info, study team had to contact parent and get initial consent to ask screener, contact youth to field screener, IF ELIGIBLE, contact parent a second time to get full consent and explain 2 week study, incentives, phone surveys. Contact youth to let them know if they are eligible or ineligible via email or text.

Note: They haven’t even started the study yet. We still need them to take a 40 minute online survey and 2 weeks of EMAs.

....oh, and of course, EMA/technology issues
Key Findings – R03 AIMS

• Aim 1: To determine e-cig use behaviors and patterns and characteristics of use, as well as access, perceptions, exposure to marketing and others’ use, and motivations to use.
• Aim 2: To look at associations of daily e-cigarette and tobacco use with motivations, exposure, context, intentions, willingness, and behaviors.
• Aim 3: To explore differences between e-cigarette only users and dual users on e-cigarette and tobacco perceptions, access, motivations, exposure, context, intentions, willingness, and behaviors, as well as on personal risk factors.

Youth Sample (N=50)

• Demographics: 40% Male and 90% White; 19% 15 years old, 33% 16 years old, and 48% 17 years old.
• Ever knowingly vaped nicotine – 96%*
• Ever smoked tobacco cigarette – 48%
• By 14 years old...
  • 46% had vaped nicotine
  • 26% had smoked a whole cigarette
• By 15 year old...
  • 64% vaped nicotine
  • 42% had smoked a whole cigarette

<table>
<thead>
<tr>
<th>Age when:</th>
<th>First vaped nicotine</th>
<th>First smoked a whole cigarette</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 years</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>12 years</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>13 years</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>14 years</td>
<td>28%</td>
<td>8%</td>
</tr>
<tr>
<td>15 years</td>
<td>18%</td>
<td>16%</td>
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<tr>
<td>16 years</td>
<td>20%</td>
<td>4%</td>
</tr>
<tr>
<td>17 years</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>Unsure / never</td>
<td>4% (unsure)</td>
<td>52% (never)</td>
</tr>
</tbody>
</table>
Vaping Frequency and Context

- **90%** said it was easy to get nicotine e-liquid
- On average, youth vaped nicotine **7 times per day** with **6 puffs per occasion**.
- The highest e-cig use - Saturday with an average of 11.4 occasions (consisting of an average 82 total puffs).
- The lowest e-cig use - Monday with an average of 4.4 occasions (consisting of an average 28 total puffs).
- Youth vaped with their own device (55% of occasions); vaped high nicotine content (18mg or higher; 46%); vaped with flavors (86%); vaped socially (70%); and vaped in their home (48%).
- The most common reasons for vaping: feels good (83% of occasions), like the flavors (75%), tobacco is prohibited (61%), boredom (59%), and like doing vape tricks (48%).
Daily Marketing Exposure

- Daily Exposure to E-cig Marketing
  - Ads near school = 17%
  - Ads near their neighborhood = 28%
  - Ads in social media = 37%
  - Ads in magazine, TV, or movies = 19%

- Daily Exposure to Prevention
  - Ads/ messages about e-cig health warning = 13%

Daily exposure to marketing was significantly associated with willingness and intentions to vape nicotine the next day.

Reported Dual-Use (E-cig + tobacco)

- 33% reported past month dual-use with tobacco cigarettes
- 22% reported dual-use with cigars
- Over the two-week EMA, adolescents exclusively used e-cigs on 44% of days, dual-used with tobacco cigarettes on 9% of days, and concurrently-used (any tobacco product use within two hours of vaping) on 12% of days.
Intentions

• On 47% of occasions, adolescents reported intentions to vape the next day, and on 16% of occasions, they reported intentions to smoke the next day.

• Intentions to vape the next day was predicted by a greater number of total puffs that day, high vaping nicotine strength (18 mg or greater), vaping with their own device, vaping alone, vaping at home, vaping because it feels good, and greater exposure to adults vaping, to peers vaping, to e-cig warning messages, and to more types of e-cig advertising. Intentions to smoke the next day was predicted by exposure to fewer types of e-cig advertising.

Next Day Vaping Intentions

Figure 3: % Intend to use e-cigs tomorrow
Willingness

- On average, youth reported being “willing” to vape the next day and “somewhat willing” to smoke the next day.
- **Willingness to vape the next day** was predicted by a greater number of total puffs that day, vaping because it comes in flavors they like; vaping because of quitting cigarettes, and exposure to more types of e-cig advertising.
- **Willingness to smoke the next day** was predicted by vaping with their own device, vaping because of no odor, and exposure to more types of e-cig advertising.

**Daily Willingness to Vape Nicotine**

*Figure 4: Mean daily willingness to use e-cigs tomorrow*
Implications

• Need for policies and interventions to reduce impact of e-cigarette advertising.
• Marketing restrictions for all nicotine/tobacco products, similar to those for tobacco cigarettes, should be considered for retail and online.
• Need to better understand the relationship between tobacco/nicotine marketing exposure and subsequent e-cigarette and tobacco cigarette use.
• Need to better understand the influences and trajectories of co-use of e-cigarettes with tobacco.

ACKNOWLEDGEMENT/DISCLOSURE

• Funding supported by:
  • National Institutes of Health grants: 1R03DA041899-01A1 (Abadi, PI) from the National Institute on Drug Abuse Research (NIDA); and P60-AA006282 (Gruenewald, PI) from the National Institute on Alcohol Abuse and Alcoholism (NIAAA)
  • California Tobacco-Related Disease Research Program (TRDRP): 25IR-0029 (Lipperman-Kreda, PI).
• Content is the responsibility of the authors and does not necessarily represent official views of NIDA, TRDRP, NIAAA, or NIH
• The authors have no conflicts of interest.
• No tobacco industry funding.
Thank You

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JCPS AT A GLANCE

- 29th largest school system in the US
- 81% of all children in Jefferson County attend JCPS
- 169 schools with 98,361 students (pre-K - grade 12)
- 57% non-white students; 43% white students
- 12,393 special education students
- 125 languages spoken by JCPS students
- 63% of students are eligible for free or reduced-price meals.

2018-19

31

JCPS AT A GLANCE

- 6,738 teachers
- 85% of teachers have a master’s degree.
- JCPS has 432 of Kentucky’s 3,292 teachers with National Board Certification.

2018-19

32
JCPS AT A GLANCE

• 90 elementary schools
• 26 middle schools
• 22 high schools
• 14 alternative schools
• 17 State-agency schools

ACCOUNTABILITY, RESEARCH, & SYSTEMS IMPROVEMENT

- District-wide data collection and management
- Program Evaluation (3 evaluators)
- Institutional Research & Training
- Assessment & Accountability
- School and District Planning
- Ad-Hoc reports
- Equity Lens
  https://www.jefferson.kyschools.us/department/accountability-research-systems-improvement-division
OUR APPROACH TO EVALUATION

KNOW IF IT WORKS

- Do the program activities result in intended goals or outcomes?
  - Does the program logic hold up? If not, why?

- Is it effective?
  - How well does it work or not work? (degree of impact)

- Is it efficient? ($)
  - Is it the best way to reach intended outcomes?
UNDERSTANDING HOW TO IMPROVE

- What elements should be changed, expanded, or abandoned to support ongoing improvements and positive outcomes?

- Specific challenges with program and/or process to address throughout

- Unintended consequences

CREATING A BETTER PLAN

- Program logic and activities planning

- Greater expectations from all stakeholders

- Promotes accountability for implementation and outcomes
MENTAL HEALTH PRACTITIONERS

Example of a Program Evaluation

STEPS IN THIS EVALUATION

• What are you planning to evaluate?
• What are the key questions to answer in the evaluation?
• How and when will they be answered?
• What are the specific stages of the evaluation; who is responsible for each?
• Who will use evaluation and how will it be used?
• When is the completed evaluation needed and to whom?
DATA

• Before
  • What does the data look like before the program (baseline)?
• During
  • Are we moving in the right direction?
• After
  • Did our program have an impact on our measures?

CHALLENGES

“Not everything that counts can be counted, not everything that can be counted, counts”

-Einstein
3

CHALLENGES

DATA

- Before
  - Attendance and behavior metrics
- During
  - Types of services, referrals, and techniques
  - Ongoing training and coaching
- After
  - Attendance and behavior metrics
STEPS IN THIS EVALUATION

• What are you planning to evaluate?
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QUESTIONS?

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Organization Evaluation Strategies

Christopher E. Johnson, PhD
Professor & Chair, Health Management & Systems Sciences
Site Director, UofL Center for Health Organization Transformation
Urban Policy Chair

Agenda

- What is Organization Evaluation?
- Organization Evaluation Methodologies
- Evaluation in Action – Center for Health Organization Transformation (CHOT)
- Evaluation in Action – Employee Inclusion & Well-Being
Organization Evaluation

- A systematic process for obtaining valid information about the performance of an organization and the factors that affect performance
- The organization and its processes are the foci of the evaluation

MITRE’s Evaluation Approach

MITRE’s Organizational Assessment Approach

- Project Mobilization
- Phase 1: Data Collection (Big picture)
- Phase 2: Data Collection (Targeted)
- Analysis & Identification of Strategic Changes
- Action Planning

- Conduct background review, project planning, and kickoff
- Interview management team and select staff to identify key issue areas
- Collect data on key issues to guide the development of alternative solutions
- Engage management team to identify strategic changes
- Develop action plans to address change priorities

- Review document(s), including goals, metrics, and assumptions
- Develop action plan
- Conduct initial meetings
- Develop interview protocols, based on interviewee and interviewee’s key issues
- Conduct Phase 1 interviews
- Analyze data
- Identify key issues
- Meet with project leader to agree to focus E. Phase 2 Data Collection
- Develop data collection strategy to guide E. Phase 2 Data Collection
- Contact Phase 2 Data Collection stakeholders (project, product, person)
- Analyze data
- Develop key findings
- Conduct follow-up interviews and meetings
- Develop action plan to address change priorities
- Develop action plan

- Preliminary findings
- Detailed findings
- Action plans
- Assumptions & Alternatives
- Change priorities
What is CHOT?

- CHOT is a National Science Foundation (NSF) Industry/University Cooperative Research Center (I/UCRC)
- UofL is a CHOT site
- Industry partners define research questions
- Helps to solve real-time challenges alongside industry partners
What is CHOT?

The mission of CHOT is to advance the knowledge and practice of transformational evidence-based management and clinical practice.
### CHOT Research Themes

- Population Health
- Access to Care
- Care Coordination
- Analytics & Innovative Technology
- Patient Experience

### CHOT University Sites

[Logos of collaborating universities]
Examples of 2019-2020 CHOT National Projects

<table>
<thead>
<tr>
<th>Title</th>
<th>University Site</th>
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<tbody>
<tr>
<td>Linking Social Determinants to Healthcare Delivery for At-Risk Pediatric Populations</td>
<td>University of Washington</td>
</tr>
<tr>
<td>Evaluation and Optimization of Inter-Unit Efficiency and Workflow Within Departments/Systems</td>
<td>University of Washington and Texas A&amp;M</td>
</tr>
<tr>
<td>Developing a Risk Prediction Model for Hospital Acquired CDI</td>
<td>University of Alabama</td>
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<tr>
<td>Evaluation of Interventions Related to Workers Compensation Injuries</td>
<td>University of Alabama</td>
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<tr>
<td>Developing an Inpatient to Community Transition Model of Care for Spinal Cord Injuries</td>
<td>University of Alabama</td>
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<tr>
<td>Prediction and Intervention Models for Combating the Opioid Epidemic</td>
<td>Penn State</td>
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<tr>
<td>Title</td>
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<td>Smoketown Hopebox Evaluation</td>
<td>YouthBuild</td>
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<tr>
<td>Utilizing Culture and Creativity to Impact Obesity Prevention</td>
<td>IDEAS xLab</td>
</tr>
<tr>
<td>Professional Healthcare Chaplaincy Certification Review</td>
<td>Association of Professional Chaplains</td>
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<tr>
<td>Our Emotional Well-Being: Arts and Youth Leadership</td>
<td>IDEAS xLab</td>
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<tr>
<td>Culturally Responsive Approaches for Caregiving Innovation</td>
<td>Home Instead</td>
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<td>Advancements in Social Determinants of Health</td>
<td>Humana Foundation</td>
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<td>Ketamine Intervention to Reduce Opioid Dependence</td>
<td>CHI St. Joseph</td>
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<td>Evaluating Willingness to Enroll in a Consumer-Driven Data Platform</td>
<td>Sanofi</td>
</tr>
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<td>Pre-Diabetes Assessment</td>
<td>Passport Health</td>
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</table>
The Equality Economy

92% Fortune 500 companies have a non-discrimination policy based on sexual orientation.¹

64% LGBTs say they’re more likely to spend money with LGBT-inclusive brands.²

50% Adults say gay people have the same rights as everyone else.³

35% Gen Z (ages 13-20) identify as bisexual or fluid in their sexual orientation.⁴

4% Americans identify as LGBT.⁵

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BUT...HOW DO YOU MEASURE “FEELINGS”

Hope

Economic Burden of Depression in the U.S.
$210 billion per year

Trust

Just a little over 50% trust neighbors.
Just a little over 60% trust medical profession.

Racial health disparities cost ¼ trillion annually.

Belonging

Pew Charitable Trust

Harvard Business Review

A National Science Foundation
Industry-University Cooperative Research Center
## CULTURE WELLBEING 2020: ACCELERATING AN INCLUSIVE, HEALTHY, CULTURAL, ECONOMY

### Starting point:
A diverse coalition of leaders representing culture, community, media, business and science believe that the current rate of innovation and economic growth is too slow and that Louisville’s long-standing social divide (race, class, gender, sexuality, etc.) is negatively impacting the economy and population health. Thus, creating an unsustainable situation. AND… that this scenario cannot be transformed unilaterally, directly, or immediately.

### Working at the intersection of BUSINESS, SCIENCE and CULTURE, CWB provides a blueprint for what creative resources are needed:
- Whole-system team
- Experienced guides
- Strong container
- Requisite cultural resources
- Generative, evidence-based approach
- Scientifically valid innovation metrics

### What is Produced:
- Relationships
- Insights
- Capabilities
- Commitments
- Initiatives

### What emerges:
A culture shift toward inclusion which transforms the private sector – accelerated economic growth, improved population health and wellbeing – through new alliances, narratives, approaches, policies, and/or institutions
THANK YOU!

WWW.CHOTNSF.ORG

WWW.LOUISVILLE.EDU/SPHIS/DEPARTMENTS/CHOT

Contact Melissa Eggen, CHOT Program Manager at melissa.eggen@louisville.edu

Survey Via Email

✓ Give me your feedback
✓ Suggest future topics
✓ Only 3 minutes
Foundation for a Healthy Kentucky
*Investing in Communities. Informing Health Policy.*

See you soon!

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