



Head Start Tobacco Cessation Initiative

Partnering for Healthier Children and Families



TOBACCO

QUITLINE IOWA

1 800 QUIT NOW | 1 800 784 8669
Iowa Department of Public Health



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Section I: The Head Start Tobacco Cessation Initiative

Background

History

The concept of engaging Head Start (HS) and Early Head Start (EHS) sites in tobacco cessation developed from a partnership 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 in 2004 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 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 best offer services for families and staff.

Launch of the Initiative

Building on these early successes, in 2006 Legacy, in collaboration with The Center for Community Action and Training and 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 Initiative enables participating HS/EHS sites to effectively incorporate cessation identification and referral protocols into their existing child development and family service infrastructures and build partnerships with appropriate cessation supports, directly linking family members to cessation services.

IDPH Tobacco Use Prevention & Control Division wants to thank Legacy for allowing us to adapt this toolkit for Iowa.

“ There are a lot of reasons to quit smoking: health, skin, money ... I don't want my girl to smoke ... people think of smokers as slackers ... I want people, especially my girl, to think of me positively. ”

– Head Start Parent



Section I: The Head Start Tobacco Cessation Initiative

Rationale

The federal Head Start program was launched in the summer of 1965 as part of the “War on Poverty.” Since its start, Head Start has served as a model for innovative and high-quality services for low-income children and families, and has enjoyed strong bipartisan support through nine presidencies. Head Start now serves more than 900,000 children annually with a budget of more than \$6 billion.

Head Start and Early Head Start programs provide comprehensive early child development and other services to low-income infants, toddlers, preschool children and their families in communities across the country. These services are designed to nurture children intellectually, socially, emotionally and physically so that they are ready for school and are prepared to reach their highest potential.

Improving the health of the children and families enrolled in these services is an important aspect of HS and EHS programs. To this end, HS and EHS sites offer a wide range of health, nutrition and dental services in collaboration with state and local providers.

Cigarette Smoking Prevalence Rates by Education Level – 2016 ¹	
Iowa Average	16.7%
Less than High School	28.6%
High School	21.2%
Some College	17.2%
BA/BS or higher college degree	6.2%

Cigarette Smoking Prevalence Rates by Health Insurance Coverage – 2016 ¹	
Iowa Average	16.7%
Uninsured	30.3%
Insured	15.8%

FACT: Cigarette smoking is the leading preventable cause of death in Iowa. Among adult smokers, 69% (2012)² report that they want to quit completely. More than 61% (2012-16)¹ try to quit each year.

Unfortunately, tobacco use is relatively high among low-income adults, who often have inadequate access to affordable cessation services. The high prevalence of smoking in low-wealth families has a devastating impact on the health of the adult members of the families and on their children through exposure to secondhand smoke. This fact underscores the need to make tobacco cessation services and secondhand smoke education information easily accessible to families served by HS and EHS programs.

By providing tobacco cessation information and referral services at their local sites, HS and EHS programs have the opportunity to contribute dramatically to the improvement of the health of the families they serve and also protect children from the long-term, harmful effects of secondhand smoke.



¹Iowa Behavioral Risk Factor Surveillance System (BRFFS), 2016.
²Iowa Behavioral Risk Factor Surveillance System (BRFFS), 2012.

Section I: The Head Start Tobacco Cessation Initiative

Purpose and Goals

Purpose

To improve health outcomes for Head Start children and families by reducing household tobacco use.

Goals

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

FACT: *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*

The Head Start Tobacco Cessation Initiative aims to support Head Start agencies in:

- ✓ Incorporating the identification and referral of tobacco users into the ongoing work of HS/EHS staff who interact with families;
- ✓ Maintaining ongoing familiarity with state quitlines and local evidence-based cessation programs;
- ✓ Educating HS/EHS staff who make home visits about the issues related to secondhand smoke and proposing remedial measures; and
- ✓ Incorporating discussions related to tobacco use by families and secondhand smoke exposure into regular supervision activities.

⁶U.S. Department of Health and Human Services. **The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.



Initiative Overview

Standard practice with Head Start and Early Head Start 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.

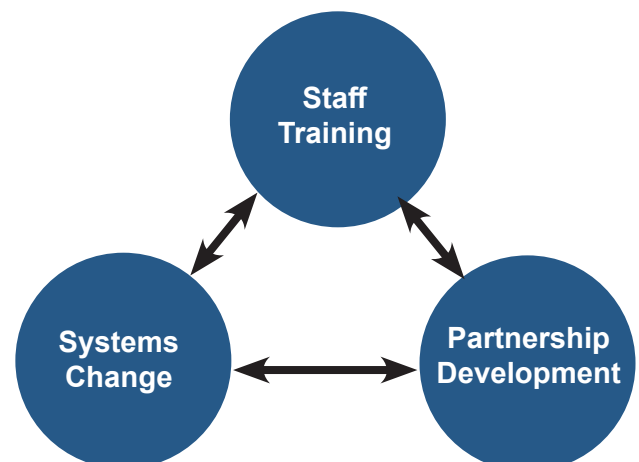
The Head Start Tobacco Cessation Initiative allows HS/EHS and tobacco control and prevention programs to achieve their respective goals. As it relates to the Head Start population, tobacco control and prevention professionals want to link adults to tobacco cessation services and prevent children and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

Three components are necessary for successful implementation of the Initiative at the local level:

- ✓ Staff training;
- ✓ Systems change; and
- ✓ Partnership development.

As part of the Initiative, HS/EHS staff members receive training that helps enhance the overall delivery of services to families. HS/EHS sites are provided with examples of revised questionnaires that more fully enable staff to determine if any members of the child's household use tobacco and whether those individuals are interested in tobacco cessation services. Participating HS/EHS sites have the option to refer family members to several cessation resources, including the state quitline (i.e., **1-800-QUIT-NOW**) and/or local service providers.

By providing tobacco cessation information and referral services at their local sites, HS/EHS programs have the opportunity to contribute dramatically to improving the health of the families they serve and also protect children from the long-term, harmful effects of secondhand smoke.



Section II: Core Elements

Staff Training and Development

As part of the Initiative, HS/EHS staff members receive training designed to help strengthen the overall delivery of services to families.

Examples of Staff Training(s) Basics of Nicotine Addiction and Tobacco Cessation

Basics of Nicotine Addiction and Tobacco Cessation provides participants with a general overview of tobacco control and prevention, nicotine addiction, secondhand smoke and understanding cessation.

Motivational Interviewing (MI)

Motivational Interviewing is a client-centered counseling style based on the belief that clients understand themselves and have the potential to find solutions. 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.

Brief Tobacco Intervention Skills

Brief Tobacco Intervention Skills is a technique that provides participants with a 30-second to three-minute systematic approach to help people stop using tobacco. BTIS is client centered, specific to your audience, evidence based and systems-oriented. Participants will learn the “3 As and an R” approach to talking about tobacco.

1. **Ask** about tobacco use.
2. **Advise** to quit.
3. **Refer** to appropriate service provider.

This approach is based on the Public Health Service Clinical Practice Guideline’s 5 As model for treating tobacco use and dependence. (**Ask, Advise, Assess, Assist, Arrange.**)

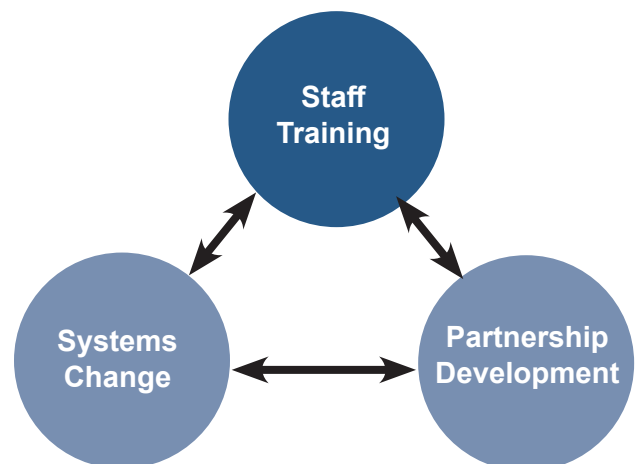
The Division has created an online training regarding this Brief Tobacco Intervention tool; you may even receive CEs or CEUS. to access the online training please visit <http://iowa.quitlogixeducation.org/>.

Secondhand Smoke and Home Visitation

Secondhand Smoke and Home Visitation provides participants with information and skills to maximize the impact of home visits aimed at assisting household members to understand the issues of secondhand smoke, its impact on children and effective interventions.

Understanding the State and Local Tobacco Cessation Services and Referrals

Understanding the State and Local Tobacco Cessation Services and Referrals provides participants with an overview of the range of evidence-based cessation services available at the state and local levels to assist families.



Systems Change

Modifications in HS/EHS

Protocols

Integrating tools and processes into the existing organizational infrastructure to support families with tobacco use is an essential component of this work. The HS/EHS Director has a central role in asserting a clear 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 with families 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.

Examples of Supervisory Settings Available to Reinforce the Focus on Tobacco Cessation and Secondhand Smoke

Supervisory review of family goals and Family Partnership Agreements

Supervisory group meetings with family services staff

Annual/semi-annual formal staff assessments

Supervisor/family services staff review of case files

Examples of Forms and Resources

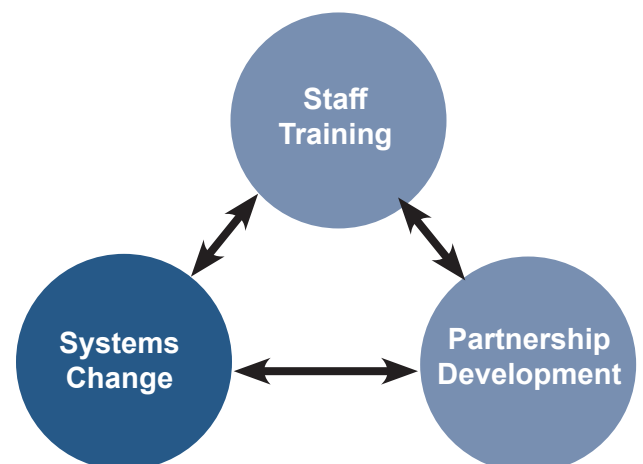
Sample Intake Questions

Fax Referral Sheet

Quitline Iowa Information

Tobacco Cessation Initiative Checklist

Revising the forms used in working with families is a concrete way that family support staff can raise the issue of tobacco use in a consistent manner across the organization. It is important to provide staff with revised forms and questionnaires (examples available in the Appendix) that more fully enable them to determine if any members of the child's household use tobacco and whether those individuals are interested in quitting. These revised tools and processes help HS/EHS sites fully integrate tobacco cessation support and referral services into their existing systems along with messages about secondhand smoke.



Partnership Development

Establishing Linkages to State and Local Cessation Providers

Participating HS/EHS sites 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. This will increase the likelihood of a successful cessation effort.

“ Partnership between state and local providers is key to the success of any program. With this Head Start Initiative, we partnered internally and externally to ensure that we have the strongest and best Initiative to reach this population.”

– Jerilyn Oshel, Director, Tobacco Use Prevention & Control.

Examples of Cessation Providers

Quitline Iowa 1-800-QUIT-NOW

Local Community Partnerships
Contact the Tobacco Use Prevention and Control Division: (515) 281-6225

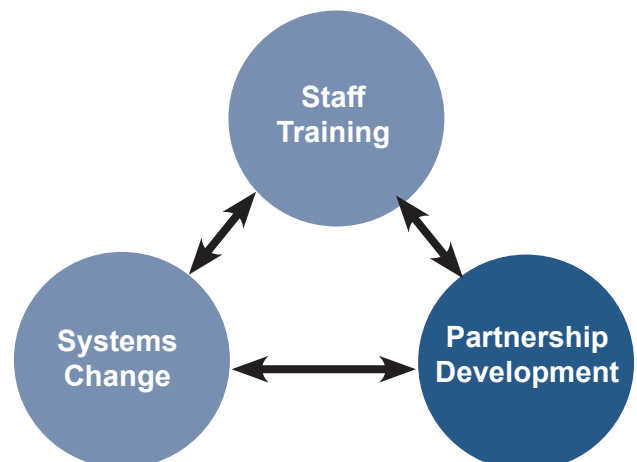
Doctors and Others Offering Medication

National Web-Based Quit Sites
BecomeAnEX.org, Smokefree.gov

FACT: *The 2014 Surgeon General's Report, “ Exposure to secondhand tobacco smoke has been causally linked to cancer, respiratory, and cardiovascular disease, and to adverse effects on the health of infants and children¹.”*



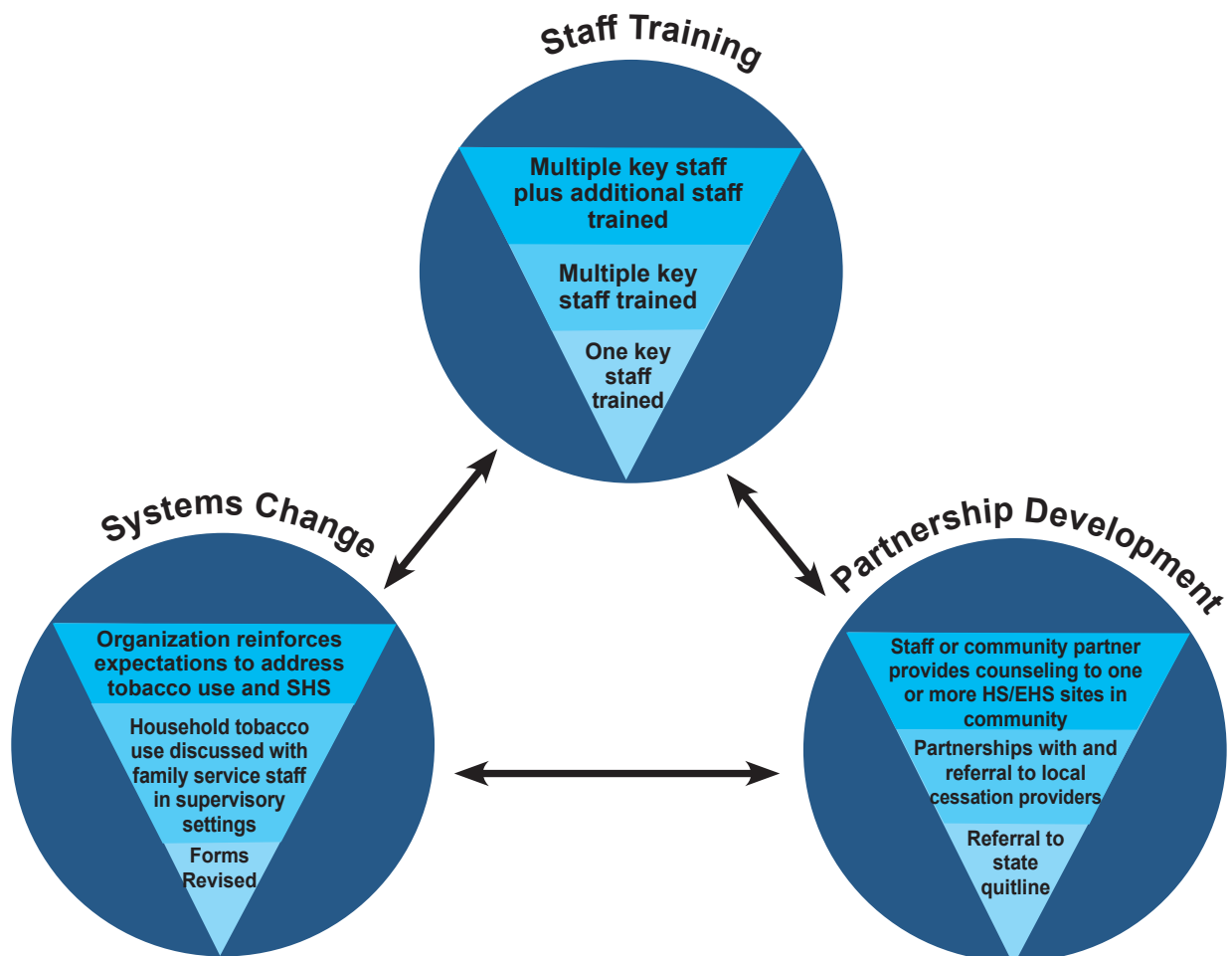
¹The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014. <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>.



**General Guidelines for
Head Start Involvement**

Cessation work in HS/EHS requires implementation of at least one strategy from each of the three core components. The strategies for each core component (in diagram below) start at the bottom and increase in intensity toward the top of each triangle. They represent the range of implementation strategies required to identify, refer and support cessation for household members. The strategies for each core component provide options for all HS/EHS programs to determine how they will implement the Initiative. Some HS/EHS programs may only have the capacity to implement strategies to include: one key staff trained (Staff Training); forms revised (Systems Change); and referral to state quitline (Partnership Development). Other HS/EHS programs may have the capacity to implement more intensive strategies that include: multiple key staff plus additional staff trained (Staff Training); organization reinforces expectations to address tobacco use (Systems Change); and staff

or community partner provides counseling to one or more HS/EHS sites in community (Partnership Development). **It is important to note that implementation of the more intensive strategies must include all preceding strategies in that core component.**



The following pages include:

**Minimum Intake Question
Recommendation Form 12**

**Quitline Iowa Generic Fax
Referral Form..... 13**

**Quitline Iowa General
Information..... 14-15**

Sample Motivation Techniques 16

**Head Start Tobacco Cessation
Initiative Checklist..... 17**

**Community Partnership
Contacts List..... 18-19**



Smoking is the leading cause of preventable death. By using the resources on the following pages you can help your families make healthy lifestyle decisions and live healthier.

Below are the minimum questions the division recommends you ask during intakes.

Health-Tobacco Use:

1. Do you use tobacco? (if you mark yes, please fill out item 1a). Yes No

- | | | |
|--|------------------------------|-----------------------------|
| 1a. Cigarettes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Smokeless tobacco/chew | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Electronic Smoking Devices
(also known as e-cigarettes) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Snus | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pipe | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cigars | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hookah | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Does anyone in your household use tobacco? Yes No

3. If you answered yes to using tobacco, about how often would you estimate you use tobacco? Multiple times a day A few times a week Once a month

4. Is smoking allowed in your house? Yes No

5. Is smoking allowed in your car? Yes No

6. Is anyone in your household interested in quitting the use of tobacco? Yes No

If participant marks Yes to Question 6, see below.

For Internal Use:

Date Submitted to file:

Participant is interested in quitting, please mark what was done next:

_____ Quitline Iowa brochures/educational material was left at the household.

_____ Quitline Iowa fax referral form was filled out and faxed to Quitline Iowa: Please see fax referral forms.

Note: Be sure to make a copy of this form and keep in the family records, ask about tobacco and smoking at every home visit if possible





FAX SENT DATE: ____/____/____

Provider Information:

CLINIC NAME

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER

PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)

YES

NO

DON'T KNOW

Patient Information:

PATIENT NAME

DATE OF BIRTH

GENDER

MALE

FEMALE

ADDRESS

CITY

ZIP CODE

PRIMARY PHONE NUMBER

HM

WK

CELL

SECONDARY PHONE NUMBER

HM

WK

CELL

LANGUAGE PREFERENCE (PLEASE CHECK ONE)

ENGLISH

SPANISH

OTHER

____ I am ready to quit tobacco and request Quitline Iowa contact me to help me with my quit plan.
(Initial)

____ I **DO NOT** give my permission to Quitline Iowa to leave a message when contacting me.
(Initial) **** By not initialing, you are giving your permission for the quitline to leave a message.**

PATIENT SIGNATURE: _____ DATE: ____/____/____

Quitline Iowa will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

6AM – 9AM

9AM – 12PM

12PM – 3PM

3PM – 6PM

6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE):

Primary #

Secondary #

Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. **Do not review, disclose, copy, or distribute.**



Quitline Iowa Facts:

With Quitline Iowa participants receive up to five proactive coaching calls.

- ✓ Participants get detailed educational materials specific to their health needs.
- ✓ It's easy and fast to sign up and most importantly free and confidential.

Participants can enroll three different ways.

- 1.** By calling **1-800-QUITNOW**
 - 2.** By enrolling online at www.quitlineiowa.org
 - 3.** By being fax referred; by sending in a fax (on page 13) it's easier than ever to enroll.
- ✓ You may be eligible for free nicotine replacement therapy.
 - ✓ You can easily share this information with your families.

Here are some facts about the Quitline fax Referral:

Quitline Iowa's fax referral program allows you to outsource cessation help. Just have the participant fill out their personal information on the Quitline Iowa fax referral form, then you fill out the rest and fax the form into Quitline Iowa at **1-800-261-6259**.

You will receive a confirmation fax back from Quitline and Quitline will call the participant with 24-48 hours.



Quitline Iowa is a free phone cessation resource for all Iowans.

- ✓ You can enroll by calling **1.800.QUIT.NOW (1.800.784.8669)** or by visiting the website www.quitlineiowa.org.
- ✓ There is also a website where you can order materials free of charge.

Just visit <https://idph.iowa.gov/tupac/control> for the order form. You can order brochures, rack cards, pens and other items.



There are also local tobacco control experts across the state; they would be happy to meet with you to implement a policy change and/or aid you in your **Ask, Advise and Refer** process. They can provide additional materials and trainings. To see who your local contact is, visit our website at <https://idph.iowa.gov/tupac/control>.

“75% of those still smoking said they wanted to try to quit within the next year.”

Citation: Iowa Tobacco Cessation Program Evaluation 2016



Resources

Sample Motivational Techniques

You may choose to integrate the sample intake questions noted on page 12.

*When you meet with the family:
It's important to be supportive and non-confrontational.*

There are several scenarios that may happen when trying to implement tobacco cessation into your work flow. Below are some sample questions and messaging that can be used in your conversation with guardians.

Use motivational interviewing techniques when asking questions, such as **"I noticed there is an ashtray over here, does someone inside the home smoke?"**
OR

If you are aware that one of the children in the home has asthma, you could ask something such as **"I know that Susie has asthma, and I noticed an ashtray. Asthma attacks can increase when someone is around secondhand smoke. Are you interested in learning more about quitting?"**

Sample questions to ask during site visits:

"I see an ashtray. Does anyone in the house smoke?"



The intent of these types of questions is to get the individual engaged and interested in potentially quitting.

Every conversation you have will be different, but you can encourage family members by addressing tobacco head on by including the intake, and/or asking questions that move the person into Contemplation or Action stages regarding tobacco cessation.

Your final question should always be are you interested in quitting, or are you interested in learning more about how you can quit? If the individual says yes, you would move along the conversation by saying things like **"Great, that is so exciting!"** or **"Wonderful, I'm so happy you are deciding to move forward on this, here is how I can help."** Once you have them interested discuss Quitline Iowa. Using some information from the previous pages, share how Quitline Iowa is a free resource for all Iowans and once enrolled, they can get up to five coaching calls, etc.

It's important to be open and supportive, so if the individual is **NOT** interested in quitting, that's OK too! Ask if you can leave some Quitline brochures for when they are ready, and be sure and continue to ask if they are ready to quit at every visit.

Be sure and continue to ask if they are ready to quit at every visit.



1. Core Element 1: Staff Training and Development

- Number of staff trained in “Basics of Nicotine Addiction and Tobacco Cessation”: _____
- Number of staff trained in “Motivational Interviewing”: _____
- Number of staff trained in “Brief Tobacco Intervention Skills (Ask, Advise and Refer)”: _____
 - IDPH Online Trainings (Quitline Iowa 101 and Brief Tobacco Intervention Online Training)

2. Core Element 2: Systems Change

- Modification in forms such as intakes, staff assessments, questionnaires, etc.
 - Intake form modified
 - Family Questionnaire modified
 - Additional forms modified: _____
- Topic of tobacco use in supervisory setting with families is being addressed (For example, the organization reinforces expectations to address tobacco use and secondhand smoke).
 - Family Partnership Agreements updated if applicable
 - Documentation for group and family meetings updated if applicable
- Implement a tobacco free and nicotine free worksite

3. Core Element 3: Partnership Development

- Management and staff comfortable with Quitline Iowa
- Know your Community Partnership contact
- Understanding the Quitline fax referral process
- Referral to Quitline Iowa is taking place

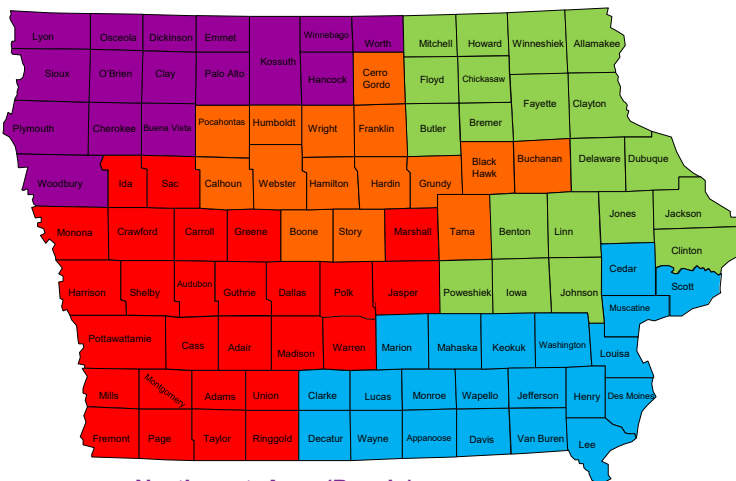
4. Next Steps/Action Plan

- ✓ Which strategies are you implementing in your Head Start from each Core Area?
 - ✓ Are you implementing at least one box from every core area?
 - ✓ What boxes are you missing?
-
-
-

- Decide which core element to focus on first
 - ✓ **Core Element 1: Staff Training**
 - ✓ **Core Element 2: Systems Change**
 - ✓ **Core Element 3: Partnership Development**
- From there, decide who needs to be involved with each step; is it HR, a board, all managers, etc?
- Create a timeline. Things to keep in mind: who needs to be involved, when you want it complete, how or what you need to complete the item.
- What’s your final outcome? Is it to complete all strategies in each component, or just one strategy in each component?

Community Partnerships Contacts Map

Purple - Northwest, Green - Northeast, Orange - Central,
Red - Southwest, Blue - Southeast



Northwest Area (Purple)

Community Health Consultant: Emily Vogt
515-725-1039 Emily.Vogt@idph.iowa.gov

Lyon, Sioux, Plymouth, Osceola, O'Brien County:
Community Health Partners of Sioux County
Shay Davis
211 Central Ave., S.E., Orange City, IA 51041
712-737-2971 shay.davis@siouxcountychp.org

Woodbury County:
Siouxland District Health Department
Becky Carlson
1014 Nebraska St., Sioux City, Iowa 51105
712-279-6119 jrcarlson@sioux-city.org

Cherokee County:
Cherokee Regional Medical Center
Janice R. Carlson
300 Sioux Valley Dr., Cherokee, IA 51012
712-225-2129 jcarlson@cherokeermc.org

Dickinson, Clay County:
Compass Pointe
Angela Wilt
710 Lake Street Ste. 2, Spirit Lake, IA 51360
712-336-5281 angelaw@compass-pointe.org

Buena Vista County:
Compass Pointe
Cindy Johnson
824 Flindt Dr. #104, Storm Lake, IA 50588
712-732-5136 Ext. 3 cindy@compass-pointe.org

Emmet, Palo Alto, Kossuth County:
Compass Pointe
Kim Moschenrose
1900 N. Grand Ave. Ste. A, Spencer, IA 51301
712-262-4381 Kimm@compass-pointe.org

Winnebago County:
Winnebago Public Health
Rhonda Schriever
216 S. 4th St., Forest City, IA 50436
641-585-4763 Rhonda.Schriever@winnebagoiowa.gov

Hancock County:
Hancock County Health System
Kelly Hutcheson
545 State St., Garner, IA 50423
641-923-3676 hutchesk@mercyhealth.com

Worth County:
Worth County Public Health/Worth County Tobacco Coalition
Shana Butler
95 9th St. N., Northwood, IA 50459
641-324-1741 shana.butler@worthcounty.org

Northeast Area (Green)
Community Health Consultant:
Megan Aucutt
515-725-2875 Megan.Aucutt@idph.iowa.gov

Mitchell, Floyd, Chickasaw County:
Chickasaw County Public Health and Home Care Services
Kathy Babcock
260 E. Prospect, PO Box 355, New Hampton, IA 50659
641-394-4053 kbabcock@iowatelecom.net

Howard, Winneshiek, Allamakee County:
Helping Services for Northeast Iowa, Inc.
Tessa Willie
PO Box. 372, Decorah, IA 52101
563-387-1720 twillie@helpingservices.org

Butler County:
Butler County Public Health
Patty Nordmeyer
428 6th St., PO Box 325, Allison, IA 50602
319-267-2934 pnordmeyer@butlercoiowa.org

Bremer County:
Waverly Municipal Hospital
Amanda Ramthun
312 - 9th St., S.W., Waverly, IA 50677
319-483-1361 Aramthun@WaverlyHealthCenter.org

Fayette, Delaware County:
Helping Services for Northeast Iowa, Inc.
Tessa Willie
PO Box 372, Decorah, IA 52101
563-387-1720 willie@helpingservices.org

Clayton County:
Substance Abuse Services for Clayton County, Inc.
Merry French
600 Gunder Rd. N.E., Ste. 7, Elkader, IA 52043
563-245-1546 mfrench@sas4cc.com

Dubuque County:
Hillcrest Family Services
Vicki Gassman
2005 Asbury Rd., Dubuque, IA 52001
563-583-6431 Ext. 225 vicki.gassman@hillcrest-fs.org

Benton County:
Area Substance Abuse Council
Melissa Walker
3601 16th Ave. S.W., Cedar Rapids, IA 52404
319-390-1884 mwalker@asac.us

Linn, Jones, Jackson, Clinton County:
Area Substance Abuse Council
Melissa Walker
3601 16th Ave. S.W., Cedar Rapids, IA 52404
319-390-1884 mwalker@asac.us

Poweshiek, Iowa, Johnson County:
Johnson County Public Health
Susan Vileta
855 S. Dubuque St. Ste. 217, Iowa City, IA 52240
319-688-5910 svileta@co.johnsonia.us

Central Area (Orange)
Community Health Consultant:
Sieglinde Prior
515-725-2230 Sieglinde.Prior@idph.iowa.gov

Cerro Gordo County:
Cerro Gordo County Department of Public Health
Penny McCaslin
22 N. Georgia Ave., Ste. 300, Mason City, IA 50401
641-421-9329 pmccaslin@cghealth.com

Pocahontas County:
Community & Family Resources
Corey Keller
726 S. 17th St., Fort Dodge, IA 50501
515-576-7261 Ext. 1407 coreyk@cfhelps.org

Resources

Community Partnership Contacts

Franklin County:

Community & Family Resources

Sean O'Connor
726 S. 17th St., Fort Dodge, IA 50501
515-576-7261 Ext. 1407 seano@crfhelps.org

Humboldt, Wright, Calhoun, Webster, Hamilton, Hardin County:

Webster County Health Department

Erica Loerts
723 1st Ave. S., Fort Dodge, IA 50501
515-574-3818 erica.loerts@webstercountyia.org

Grundy County:

Pathways Behavioral Services

Kallie Wardell
3362 University Ave., Waterloo, IA 50701
319-235-2521 Ext. 443
Kallie.wardell@pathwaysb.org

Black Hawk County:

Pathways Behavioral Services

Erika Coleman
3362 University Ave., Waterloo, IA 50701
319-235-2521 Ext. 410
Erika.Coleman@pathwaysb.org

Buchanan County:

Pathways Behavioral Services

Nora Kurtovic
3362 University Ave., Waterloo, IA 50701
319-235-6571 Ext. 446
KurtovicN@pathwaysb.org

Boone County:

Youth & Shelter Services Inc.

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Acknowledgements

We acknowledge and thank the Head Start programs and state and local tobacco prevention and control organizations that provided content for the development of this document. Michael Sparks and Michael Wood served as the principal architects and authors of this publication. We are grateful to Dr. Sarah Moody Thomas, Terry Reid, Julie Thompson, Cathy Wamsley, Paul Zeeman, Claire Wilson, Talena Dixon, and Paul Behrman, who contributed to this publication and served as reviewers. LegacySM staff colleagues Amber Thornton-Bullock, Laura Hamasaka, and Kabi Pokhrel contributed to this publication and also served as reviewers.

About LegacySM

Legacy is dedicated to building a world where young people reject tobacco and anyone can quit. Located in Washington, D.C., the Foundation develops programs that address the health effects of tobacco use – with focus on vulnerable populations disproportionately affected by the toll of tobacco – through grants, technical assistance and training, partnerships, youth activism, and counter-marketing and grassroots marketing campaigns. The Foundation'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, the District of Columbia, and the tobacco industry. For more information about the foundation please visit www.legacyforhealth.org.



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 medicinal purposes. Legacy, therefore, distinguishes traditional, spiritual, and medicinal use of tobacco from its commercial use. Legacy promotes tobacco control efforts that are not geared toward targeting traditional tobacco. Legacy only supports programs and activities designed to address the issue of manufactured, commercial tobacco use in communities including Native American Indian communities in the United States.



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Revised 2/2018