ENOUGH SMOKE: IMPLEMENTATION OF AN EVIDENCE-BASED SMOKING CESSATION PROGRAM IN OWSLEY COUNTY, KENTUCKY

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ENOUGH SMOKE: IMPLEMENTATION OF AN EVIDENCE-BASED SMOKING CESSION PROGRAM IN OWSLEY COUNTY, KENTUCKY

CAPSTONE PROJECT PAPER

A paper submitted in partial fulfillment of the requirements for the degree of Master of Public Health in the University of Kentucky College of Public Health

By

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April 8, 2016

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PROJECT NARRATIVE

A. Target Population & Need

In 1964, the first United States (U.S.) Surgeon General's Report explicitly stating the dangers of smoking, including an increased risk of lung cancer, was released (The Reports of the Surgeon General, 1964). Fifty years later, the U.S. continues to carry the significant health and economic burdens for failing to heed this public health warning. This is particularly true in the Commonwealth of Kentucky where over one-quarter of the adult population considers themselves current smokers, compared to 18% nationwide (Kentucky Health Facts, 2013)(CDC MMWR, 2014). In one of the most prevalent smoking related morbidities, Kentucky leads the nation in lung cancer mortality with over 16,000 annual deaths; this is especially prominent in Kentucky’s rural communities where over 41.6% of the population resides. (Kentucky Cancer Consortium, 2013)(U.S. Census, 2010) As illustrated in Figure 1, rural residents have higher rates of lung and bronchus cancers than their urban counterparts.

![Age-Adjusted Cancer Incidence Rates in Kentucky](image)

**Figure 1. All rates per 100,000. Based on data released November 1, 2014. © 2016 Kentucky Cancer Registry.**

Owsley County
Cancer incidence rates are higher among the red, rural counties than the yellow, urban counties, with a higher number of premature deaths to match. There are many reasons why rural communities have fallen behind in smoking prevention and cessation efforts; the most pervasive being rural cultural influences and social acceptance of tobacco as a norm (Crosby, et al. 2013).

Supporting the behavioral use of tobacco, has been the reliance on tobacco growing as primary economic support for the state. In order to reduce the prevalence of adult smokers in the state, evidence-based smoking cessation programs must be targeted within the most burdened rural communities.

Owsley County, Kentucky, located in the heart of the Appalachian Mountains (Figure 1), is one of the most impoverished and medically underserved counties in the U.S., ranking last in almost every category of overall health outcomes in the state.

Table 1. Credited Organization: County Health Rankings & Roadmaps. Kentucky Data, 2015, Owsley County.
(Table 1; County Health Rankings, 2015). The county is also entirely rural, with no major cities within an 80-mile radius. In every health behavior measured, Owsley County fairs worse than the Kentucky average. Although 26% of Kentucky adults regularly smoke cigarettes, a staggering 41% of Owsley County adults smoke. Within a five year period (2009-2013) the age-adjusted lung and bronchial cancer incidence rate was 148.1 per 100,000 [107.8-199.9] compared to Kentucky’s 96.7 [95.4-97.9] (Kentucky Cancer Registry, 2016). These statistics are startling, and highlights the need for effective smoking cessation services and initiation prevention in this community.

Exacerbating this public health problem, 18% of the population is uninsured, 100% of children are eligible for free lunch school services, and the median household income is $22,715 (half of the Kentucky median household income).

A Community Health Needs Assessment (CHNA) which includes Owsley County in its analysis does not exist, so the health needs of the community have only been indicated by state-and national-level health data. The state of poverty in Owsley County has received national attention (Goldberg, 2012; Smiley, 2012; Burch, 2008), yet the needs that the community perceives as most significant have not been assessed. Although we feel that conducting a full CHNA is out of the scope of our current proposal, we would like to incorporate a modified CHNA into the first year of our project. The full scope of the modified CHNA will be further explained, but the goal of the assessment is to understand the most concerning health issues perceived by community members and gauge the amount of concern regarding adult smoking rates.

In Owsley County there are some existing smoking cessation resources available to the community. The Owsley County Health Center (OCHC) offers free
Cooper/Clayton Adult Tobacco Cessation classes and provides “Giving Infants and Families a Tobacco-free Start” (GIFTS) education, a program that specifically targets pregnant and post-partum women. OCHC also provides external organizational links on their website for individuals who are interested in quitting smoking (e.g., www.quitnow.com, www.nomoresmoking.com, www.tobaccofree.com, www.selfhelp.com, and www.mc.uky.edu/tobaccopolicy/kcsp/). The quit line (1-800-QUITNOW) is also a statewide available resource. Although Cooper/Clayton is offered by OCHC, it has not been widely accepted or used by the community. In the past three years, only five individuals have completed Cooper/Clayton; four of them are now non-smokers. Owsley County Medical Center, located in Booneville, KY, also offers smoking and tobacco cessation services. While they do not offer a specific program, class, or intervention such as Cooper/Clayton, health care professionals report that 37 individuals stopped smoking in 2014 due to their efforts (MCHC, 2015). OCHC feels that a more individualized and tailored program should be adopted that specifically targets male smokers. In 2012, male smoking rates in Owsley County were 33.2% (IHME, 2015). This lends support for the rationale behind choosing adult males to receive the intervention.

In an effort to provide such programming, The Kentucky River District Health Department (KRDHD) will work with OCHC to modify the evidence-based tobacco cessation program, Enough Snuff, to “Enough Smoke” in order to provide a targeted and tailored smoking cessation program for the adult males in Owsley County. There are currently 4,654 individuals living in Owsley County; 76.9% of the population are adults and 23.1% are under the age of 18. In considering the adult smoking rate of 41%,
we estimate that there are about 1,469 adult smokers and about 485 male smokers (33.2% of males smoke) (County Health Rankings, 2015). Our goal is to reach about 60% of the male smokers in Owsley County creating a target population of 300 men. Introducing *Enough Smoke* into Owsley County will impact residents on an individual- and community-level and provide an intervention that is unlike any resource currently available. *Enough Smoke* will work in conjunction with the GIFTS program which specifically targets females. *Enough Smoke* is designed to **decrease the number of cigarettes smoked per day, increase quit attempts, and improve overall quit rates among adults**. The original *Enough Snuff* program used three levels of self-help cessation intervention: a self-help manual addressing the four key steps to quitting, a motivational video, and self-help phone calls; *Enough Smoke* will be adapted to meet the extensive needs of Owsley County. The program will use five levels of cessation interventions: a page reduced self-help manual, a culturally-adapted motivational DVD, self-help phone calls, group sessions, and opt-in home visits. The manual will be reduced to 30 pages from its existing 60; this will be done to enhance acceptability of the participants and increase likelihood that it will be used. The rationale for this reduction will be explained further in the Program Approach section. The self-help phone calls will be enhanced by in-home visits by a cessation counselor or student coordinator in addition to support groups. The provided DVD includes individuals who have successfully quit with the help of *Enough Snuff/Enough Smoke*. This DVD will serve as encouragement, a testimonial persuasion tool, and a reminder of the goals of the intervention.
As will be described in further detail in Program Approach, in order to recruit and retain male smokers into our program, we are proposing a variety of strategies, including promotion through key community channels and utilization of existing resources. Following a model similar to the original Enough Snuff study, we will post ads in the Booneville Sentinel newspaper, and post flyers at Walmart, local churches, the post office, food banks, social service agencies, community centers, and in the Owsley County High School gymnasium and football stadiums. Radio announcements will also be made about the opportunity for participation, specifically on common country, rock, and Christian stations. As mentioned previously, the GIFTS program is a cessation program offered by KRDHD that specifically targets females. While we cannot include the females in our present intervention, we intend to ask women participating in GIFTS to recruit their husbands for participation, if eligible. Male smokers are among the most difficult study populations to recruit and retain; additional buy-in and support from spouses who are also trying to quit or maintaining their quit status may enhance recruitment and study outcomes.

In order to ensure retention in the study, participants will be eligible to participate in a monthly $250 raffle as they provide data and participate in phone calls and small groups. This amount was shown to be large enough to incentivize participants to remain in the original study and complete necessary assessments (Severson, 2000). Additionally, participants will receive, $5, $10, and $20 for the return of each survey at 3, 6, and 12-months, respectively (Eakin, 1989). There will also be a sense of accountability to the project team as the relationship between the counselors and the
participants grow. Although this will not be the primary means of retention, we hope that working towards an established quit goal will also help maintain study participants.

It is our belief that the Enough Smoke intervention will be accepted and effective in Owsley County, and be available at OCHC in the future for any tobacco user to access. The Cooper/Clayton Method to Stop Smoking includes classes and materials that are available at the OCHC; our goal is for Enough Smoke to remain available in the community in the same way.

**B. Program Approach**

It is difficult to dispute the need for effective and accepted smoking cessation programs in a county that possesses an adult smoking rate of 41%. However, the task of finding and implementing such a program in a rural community is far from simplistic. For the state of Kentucky, a 2008-2013 Tobacco Program Strategic Plan was created in order to ensure progress toward tobacco cessation and prevention (KDPH, 2007). While many of the goals were met state-wide, Owsley County still fell short of meeting the objectives outlined under Goal 2: Promote Youth and Adult Cessation. With this understanding, we have chosen the Enough Smoke intervention to address 3 of the strategies for increasing smoking cessation as outlined in the Strategic Plan: conduct multi-component interventions that include telephone support, provide culturally competent evidence-based smoking prevention and cessation interventions for low socio-economic status populations, and increase public awareness of evidence based smoking cessation services available in the community (see Logic Model APPENDIX 1).
An intervention that can be incorporated into existing infrastructure, utilizing community members and health workers, and that capitalizes on the unique culture of the rural region is ideal for success. The tobacco cessation intervention program, *Enough Snuff*, was first published in 1989 and is now in its eighth edition (Eakin, 1989). Although our chosen intervention is tobacco smoking cessation, rather than smokeless tobacco cessation, our team of highly experienced public health professionals feels confident that the intervention can be effectively modified to address cigarette smoking due to its proven effectiveness in a variety of settings and the evidence that has supported its ability to be culturally adapted (*Enough Snuff for Military Personnel*, 2015). Additionally, the *Enough Snuff* intervention has been used by tobacco users that smoke and chew, with successful quit attempts (Eakin, 1989; Severson, 2000).

We are confident that the Owsley County community will benefit from the *Enough Smoke* initiative in many ways. As illustrated in our Logic Model (APPENDIX 1), the primary objective of *Enough Smoke* is to illicit and maintain smoking abstinence while the secondary objectives are to are to increase quit attempts and decrease the number of cigarettes smoked per day. Ultimately, we believe that the adult smoking rate will decrease and that, over time, the community will see a decrease in the incidence of tobacco-related morbidities such as cancers, heart disease, and respiratory diseases. These long-term outcomes will be achieved when activities that are derived from a culmination of resources begin to impact the community, including the *Enough Smoke* intervention. Because Owsley County has not taken part in a CHNA, we feel that the modified CHNA that will be integrated into the Year 1 planning and evaluation period will be beneficial to our project, and future endeavors. We acknowledge that evaluation, at
all stages, is a necessary component of quality control and the most efficient way to ensure study fidelity/internal validity. The justification for a full year of planning is found in the necessity of extensive modifications and a small pilot study. Adapting *Enough Smoke* from *Enough Snuff* is novel, and we recognize that there will be unforeseen complications to the full study even with the small pilot study during Year 1. The pilot study will include the full plans for years 2-3 but with 10 male smokers, for 6-months, instead of the full 1 year enrollment. Our project team is confident that we will be able to make improvements to the program and its delivery as a result of the smaller study. We expect this to improve outcomes of the intervention and proactively address issues that may arise. Explicit measuring and monitoring details are outlined in the *Performance Measures and Evaluation* section.

In order to understand our precise rationale for selecting *Enough Snuff* as a framework for implementing *Enough Smoke* in the community, it is necessary to also understand the theoretical framework motivating its development. Smoking cessation programs that are based on the Transtheoretical Model of Change are pervasive throughout the literature (Aveyard, 2003; Noar, 2007; Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992). The unique quality of these “stage-based” intervention programs is that they are targeted and tailored. They target smokers/tobacco users within a certain age cohort and tailor the intervention to the individual. They possess the targeted nature of other cessation programs while also tailoring the intervention to each individuals’ readiness to quit. It can be thought of as having a suit tailored specifically to you and for you, rather than buying a suit and hoping that it fits.
Enough Smoke uses the Transtheoretical Model of Change (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) (TMC/TTM) (Figure 2) as a basis for assessing readiness to quit. The acquisition of coping skills is supported within the self-help booklet in addition to the support phone calls. Participants will be asked why they want to quit during the first support phone call and reinforced for participation in the program. Discussion of previous quit attempts will help identify situations in which it may be most difficult to avoid smoking. Coping skills for cessation (e.g. “The 4-As”: Avoid, Alter, Alternatives, and Activities) (Figure 3) will be highlighted so that participants may better learn to cope with “high-risk” situations where it may be difficult to avoid smoking.

The program was developed as a self-help, self-paced tobacco cessation program for individuals who use tobacco but want to quit. This program is not to convince individuals to stop smoking, but rather to assist people who have the desire to quit and, but have not been successful on their own. Adult males, ages 21 and above, who have smoked at least one cigarette a day for at least one year, and have the desire to quit will be eligible to enroll into the program. Enrollment may be elective (i.e., sought out by the participant) or through a referral source. Many of our community
partners have agreed to be trained in administering the baseline materials (survey, *Enough Smoke* booklet, DVD, and informed consent) so that participants may enroll at a variety of locations. Men interested in the program may enroll at major employers in Owsley County, at Kentucky Rivers Medical Center, and Kentucky Rivers Community Center (KRCC) during regular appointments, and at two local churches: Royal Oak Baptist Church (city of Sturgeon) and Elk Lick Church (city of Booneville). Prior to enrollment in the study, participants will be required to read and sign the informed consent document that describes the study, and specifically individual participant involvement (participants must also retain one copy for their records). The phone number and e-mail of the Project Coordinator, Meghan Johnson, will be included on the outline for participants to address any questions or concerns regarding the study.

Participants enrolled in the *Enough Snuff* intervention were mailed a copy of a 60-page quitting guide, watched a 20-minute video, and received two supportive phone calls from tobacco cessation counselors. When researchers evaluated program effectiveness, compared to the control group (i.e., those who only received the quit guide with no additional support), participants enrolled in the intervention were more likely to set a quit date (p<0.001), write down reasons for quitting (p<0.05), tell family and friends (p<0.05), plan for tough situations (p<0.001), and use alternative products as a cessation aid (p<0.001) (n=606) (Severson, 2000). Primarily, overall quit rates were significantly higher among the intervention group than in the control (34.8% and 26.1%, respectively) (p<0.05) (Severson, 2000). Conservatively speaking with an “intent-to-treat” model, researchers considered participants who did not complete the 6-
month survey as continued users and found that 23.4% of those receiving the full intervention quit compared to 18.4% in the control group (n=1,069; p<0.05).

There is evidence suggesting that the effectiveness of telephone counseling for tobacco cessation may be dose related (Zhu et al, 1996), thus providing our rationale for integrating more phone calls as technical assistance and support throughout the Enough Smoke program. It will still be driven by the individual, but the cessation counselors will assist individuals throughout the intervention. Participants receive a self-help quitting guide created with four key steps to quitting smoking (Severson, 2000):

1. Evaluating readiness and motivation to quit
2. Setting a quit date and selecting a quit plan
3. Dealing with withdrawal symptoms and establishing coping skills
4. Maintaining quit status

*Figure 4: Inside cover of Enough Snuff booklet*
As mentioned, this quit guide will be an adaptation of the original 60-page *Enough Snuff* guide to quitting smokeless tobacco. The guide will be culturally adapted to the community, cigarette smoking, and shortened in length. The rationale for shortening the booklet is that in the original study, 95% of the intervention group read part of the booklet, while only 75% reported reading the whole booklet (Severson, 2000). We believe that by shortening the booklet we may increase use as a guide and increase self-efficacy. With this in mind, we will evaluate use of the booklet in its shortened version. Participants will also receive a DVD that highlights the key steps and techniques for quitting tobacco in addition to testimonials. Although the *Enough Snuff* program provides this DVD, our staff will work with a local media company to adapt the existing video so that it targets cigarette smokers in rural communities in eastern Kentucky (with plans to specifically include Owsley County community members).

The monthly phone calls will be conducted by the cessation counselors and will serve as a foundation of support during the participants’ enrollment and act as a supplement to the self-help manual and DVD. The calls will be more structured at the beginning of a participants’ involvement and theoretically exist later as a method of maintenance. During the first phone call (averaging 14 minutes ($\pm6.34$) (Severson, 2000), the project team member will establish a relationship with the participant. They will encourage the participant to articulate reasons for quitting, chose a quit method, and select a quit date. We anticipate that men who are in the earlier stage of change (i.e.
contemplation) may require a few phone calls before all of these goals are met. The second call, (averaging 10.39 (±6.06) (Severson, 2000), will focus on dealing with withdrawal symptoms and establishing coping mechanisms (the 4-As). Additionally, cessation counselors will aid the participant in recognizing “slips” as “learning experiences” rather than failures. If a participant has not yet quit or set a quit date by the 3\(^{rd}\) call, their specific barriers to quitting will be addressed.

Group sessions were not part of the original Enough Snuff intervention. However, because of the significantly high rates of smoking in the community, and deeply rooted cultural norms surrounding tobacco use, we sought to enhance the likelihood of successful cessation attempts. Group programs are more effective for helping people to stop smoking than being given self-help materials without face-to-face instruction and group support (Stead & Lancaster, 2009). Through a meta-analysis of group behavior therapy programs for smoking cessation, researchers Stead and Lancaster found that when compared to self-help programs, participants who were enrolled in group therapy interventions were two and a half times more likely to successfully quit (RR=2.64 [1.95-3.65])(Stead & Lancaster, 2009). The specific content of the group sessions will be established during Year 1 (planning period) by the project team, with guidance from the project coordinator, who is a Tobacco Treatment Specialist. The CAG will also play a large role in determining the content of the group sessions due to their extensive knowledge of and acculturation into the community.

The opt-in home visits are a novel part of Enough Smoke that have not previously been part of smoking cessation programs. The geography of Appalachia, in many ways, has created physical barriers that can prevent members of the community
from “getting to where they need to be.” In working with the community, OCHC has recognized that transportation is often a barrier to receiving interventions/care, and feel that adding a home-visiting portion of the program may enhance acceptability of the cessation counselors and their offered support (Horner, 2006). However, our community partners have made us aware that “home-visits” may have a negative connotation within the community. They are often associated with social workers and child protective services, which is seen as negatively impacting a home. Therefore, we will address this issue during our focus groups of the pilot program and will remain flexible in planning for the home-visit portion of the program. It is possible that our counselors will set up meetings with participants in public places such as parks or coffee shops and have in-person visiting, rather than at-home visiting. Our project team feels very strongly that this is a vital piece to our initiative and will work with our pilot group and community partners to tailor to the community. Additionally, if participants do opt-in to home visits, our counselors will be trained specifically on self-safety measures and risk reduction. We will utilize training modules used by the Kentucky Home Place, who have highly experienced Community Health Workers trained specifically in home visits and care.

With the understanding that Enough Smoke is newly developed, informed by an established evidence-based intervention, a tertiary objective is to evaluate the acceptability of the program in Owsley County. We anticipate that the acceptability of our program will mirror that of its predecessor and aid in successful quit attempts and cessation among the (male) adult smoker community in Owsley County.

In order to ensure fidelity to the evidence base of the program, it is imperative for the Enough Smoke initiative to adhere to the core components of the original Enough
Snuff intervention program. In addition, we will ensure that the activities planned and detailed in the protocol are specifically followed. As previously described, Enough Snuff is motivated by the TMC and 4-As. In order to ensure that Enough Smoke adheres to the foundations of these theories, the baseline survey will assess participants’ stage of change and readiness to quit and the cessation counselors will discuss the 4-As during the first phone call. Although many aspects of Enough Snuff must be altered to fit the smoking intervention Enough Smoke, the core components of the 4-As, TMC, and the four key steps to quitting smoking must remain throughout the intervention in order to ensure adherence to its evidence base.

Assessing the fidelity of the intervention will require continuous quality control, particularly with the monthly phone calls and group meeting components of the intervention. We recognize that when multiple counselors are working with a large number of participants, it is possible for different messages to be given to different groups or individual participants, even unintentionally. The lead cessation counselor, in conjunction with the project coordinator, will hold a 3-hour training session during year 1 of the project that will enhance the existing skills of the cessation counselors and highlight the motivational and support intentions of the phone calls. Counselors will also be guided by scripts during each phone call. However, the scripts are only to guide conversations; we are confident in the extensive skills of the cessation counselors and their ability to tailor each conversation to the individual participants in order to support them in their quit attempt(s). These scripts will also be used by the counselors to write down comments or concerns that will be reported at the weekly project team meetings. Group sessions and phone calls will be recorded and reviewed by the project
coordinator. Any issues or concerns will be immediately addressed and corrected. Additionally, the project coordinator will attend 6 group sessions per year in order to observe, offer praises, and make suggestions for improvement.

Establishing a Community Advisory Group (CAG) will be vital in gaining community buy-in and mobilizing support for *Enough Smoke* within Owsley County. With support from the health department staff, the modified CHNA will be the first task of the CAG. In the county, there is not an existing community group that is representative of the whole population or that meets regularly. Forming such a group will not only enhance the planning and implementation of *Enough Smoke*, but will aid in community group formation in future projects. I have chosen the following community stakeholders to form the CAG for *Enough Smoke*:

<table>
<thead>
<tr>
<th>CAG Member</th>
<th>Rationale for Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Provider</td>
<td>Provide clinical guidance and speak to the prevalence of smoking-related illness in the community. This individual will also advise on NRT.</td>
</tr>
<tr>
<td>Nurse</td>
<td>Provide clinical guidance in conjunction with the medical provider and lend perspective on the health care needs of the community</td>
</tr>
<tr>
<td>Owsley County Extension Agent</td>
<td>This particular extension agent has long-standing ties to the community and is a champion in terms of bringing together key community members. They are trusted and already established among specific community members and will greatly aid in recruitment and retention.</td>
</tr>
<tr>
<td>Coal Miner</td>
<td>Provide a community members’ perspective, particularly from an individual representing the major employer in the area.</td>
</tr>
<tr>
<td>Tobacco User</td>
<td>Ensure that the project team is sensitive to the culture surrounding tobacco use. Having a tobacco user present during CAG meetings will help reduce bias and ensure that opposing viewpoints are considered.</td>
</tr>
<tr>
<td>Former Smoker</td>
<td>This individuals’ perspective is imperative. They can speak, first hand, to challenges to quitting and what our team can do to reduce any barriers.</td>
</tr>
<tr>
<td>Mom/Wife</td>
<td>Parents play a vital role in the community and in considering the culture of the community, have a large impact on the young and adult males.</td>
</tr>
<tr>
<td>Pastor</td>
<td>The faith-based community in Owsley County is very strong. Pastors’ guidance and opinions are held high among community members, and they are very aware of the culture of the community.</td>
</tr>
</tbody>
</table>
The Strategies Guided by Best Practice for Community Mobilization will guide the involvement and goals of the CAG (Huberman, 2014). In order to mobilize the community it is important to establish a basis of trust and partnership. As outlined in Table 3, the CAG will consist of leaders from the community from a variety of backgrounds, including medicine, nursing, coal mining, religion, public health, community organizing, and the tobacco community. The CAG will help mobilize the Enough Smoke intervention during Year 1. With the help of our staff and project team, the CAG will establish a formal structure that provides direction and clear goals for the group. The purpose of the CAG is not to implement the intervention themselves, but mobilize the community by using their individual and organizational strengths and expertise. Each individual has accepted the invitation to be part of the CAG and will individually contribute in unique and vital ways, together forming a diverse group of stakeholders. Implementing a new program into a community requires significant community participation; having a clear and shared understanding of the goals and

**Table 3: Community Advisory Group (CAG)**

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCHC Director</td>
<td>OCHC will be a vital partner throughout the project and in sustaining the intervention after it is complete. Our team will need their assistance and guidance.</td>
</tr>
<tr>
<td>Owsley County Outreach</td>
<td>This non-profit organization is dedicated to addressing needs in Owsley County. As a trusted, non-profit organization they will help establish our intervention and assist with recruiting. The organization works closely with the community and understands existing needs and social and cultural implications of which our project team should be aware.</td>
</tr>
<tr>
<td>Community Leader – football coach</td>
<td>Community leaders are often more impactful than people realize. They have the trust of the community, and experience with other leaders and members. They can provide cultural insight and assist with “buy-in.” Many men in the community played football for Owsley County High School and connect on a social and cultural level with the football coach and staff.</td>
</tr>
<tr>
<td>Community Leader – Police Chief</td>
<td>Within this community, police officers are trusted and greatly respected. The police chief has been a member of the community throughout his lifetime and holds many long-standing ties. His cultural insight as well as his authoritative position will contribute greatly to the CAG.</td>
</tr>
</tbody>
</table>
vision for the project is of the highest importance. The CAG will meet every other month with a total of 6 in-person meetings. The goals of the meeting are as follows:

1. Discuss the goals of the project and empower the organizations by describing the contributions that each could potentially make to the intervention. Plan for modified CHNA. Take MBTI
2. Progress update: what issues do we need to address/what barriers have we encountered? Update on CHNA
3. Discuss the newly developed *Enough Smoke* intervention and DVD and offer suggestions and begin recruiting for pilot. Conclude CHNA.
4. Present the new curriculum and DVD, recruiting and pilot study update
5. Make modification to the intervention based on the results/follow-up data of the pilot
6. Finalize all materials and intervention protocols as we prepare to launch!

As mentioned, one of the first tasks of the CAG will be to conduct the modified CHNA. The assessment research will inform the direction of the mobilization effort and help the CAG establish their roles and importance to the project. Throughout this process, the CAG and project team will have open and constant communication. The project team will be available for consultation at all times and will be involved in every CAG meeting, while allowing the CAG freedom to lead. The CAG will be the primary method of communicating to the community as well. There is no better group of people to communicate with the target population than individuals already established within the community. Essentially, the CAG is the community; our team realizes that utilizing the CAG for communication will create a higher level of trust from the community.

As we know, tobacco addiction is a problematic behavior that has serious health consequences ([CDC: Health Effects of Cigarette Smoking, 2015](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_consequences/index.htm)). By using a trauma-informed approach in the *Enough Smoke* intervention, our research team is acknowledging that trauma exposure leads to a higher risk of problem behaviors such as substance abuse (Ouimette & Brown, 2003). Researchers have found that exposure to traumatic life events yielded a significant increase in the odds of lifetime, consistent smoking (Roberts, 2008). An additional association was found between cigarettes smoked per day and exposure to childhood physical and sexual abuse (Roberts, 2008).
Our team will use this knowledge to incorporate preparedness measures into the intervention and partner with Kentucky River Community Center (KRCC), a local mental health services in addition to developmental disabilities aid, and substance abuse and trauma services. KRCC will be a vital community partner as they are the primary location for mental health and addiction services in Owsley County, and also a site of enrollment into the program. If our research team believes that a participant has experienced trauma in their adult or childhood, KRCC will be used as referral resource.

If accepted and objectives are met, KRHD plans to sustain the *Enough Smoke* program as a supplement to the existing cessation programs offered by the health department after Year 3 of the grant has concluded. *Enough Smoke* training materials and instructions will be available at the health department; because of the involvement of the HD staff during the program, they will be trained in administering the intervention.

Even with plans to sustain, there are potential challenges to successfully implementing the intervention. Because there is not an existing CHNA, we are unaware of the perception of smoking as a serious health problem in the community. We will address this issue by holding focus groups with the community prior to the intervention. This will take place during the Year 1 planning and evaluation periods, as part of our modified CHNA. Additionally, smoking is one of the most commonly relapsed addictions; adherence will be very difficult. To address this, we will ensure that each participant is supported and monitored closely. The *Enough Snuff* retention rate, measured through the final 6-month survey, was 68.8% (Severson, 2000). Because we are following our participants in *Enough Smoke* for an entire year, we expect our retention rate to be slightly lower, at about 50%. However, we believe that participants...
will increase adherence parallel to their increases in knowledge with the increase in duration of the intervention.

All methods have been approved by the Kentucky State Department of Public Health in addition to the Kentucky Rivers District Health Department.

**C. Performance Measures & Evaluation**

Measurement and evaluation are the only ways to assess the feasibility, acceptability and outcomes of the *Enough Smoke* intervention. Measurement of performance, evaluation of the implementation process, and evaluation of the defined outcomes will take place throughout the 3 grant years through analysis of data obtained by paper surveys, open-ended feedback, forums, project team meetings, and meetings with the CAG and community partners. Within the intervention, a repeated measures within-subjects study design will be used to obtain data from participants. The method is supported by previous *Enough Snuff* studies (Eakin 1989, Severson 2000, Severson 2010) and will allow our research team to better understand quit attempts, and smoking abstinence within this particular population.

**Performance Measures**: These data will be reported on a semi-annual basis to the funder through a brief report. A baseline survey will be given to each participant upon enrolment which includes items assessing race, ethnicity, smoking status (current smoker), zip code (assessing intervention reach), and age. These data will allow the project team to ensure that our study population is representative of the target population: male adult smokers in Owsley County.
**Implementation Evaluation**: Implementation, or process, evaluation is vital to ensuring quality improvement and internal validity within the intervention. While we are actively serving community members via the intervention, the acceptability and usability of *Enough Smoke* must also be assessed. Thus, resembling a “study” within an intervention. Year 1 of the project will be overseen by the project manager in close collaboration with the project coordinator (whose respective duties are later described in detail). The modified CHNA will be part of our Year 1 evaluation where brief surveys will be sent to community members and a focus group will be held to discuss overall health in the community, and specifically smoking and tobacco use. The goals of the CAG are outlined through the pre-determined purposes for each of the 6 in-person meeting. Completion of these goals will be apparent, and assessed at each sequential meeting through a “recap discussion”. At the end of Year 1, the CAG will complete a “Year 1 Feedback Survey” which will evaluate how effectively and efficiently the CAG worked, areas to improve upon in Years 2-3, and any concerns that exist regarding implementation. The project team will complete a similar feedback survey at the completion of Year 1. Implementation evaluation for the full study will mirror the process evaluation of the pilot study. Use of intervention materials will be assessed at 3-months, 6-months, and 1-year. The measures will include: 1) amount of self-guided booklet that they read 2) how often the motivational DVD was watched 3) amount of phone calls received 4) number of group sessions attended 5) number of home-visits (Severson, 2010.) Not only will these measures inform how well the intervention is being executed, it will also help our research team interpret variations in the primary and secondary
outcome measures. Our project team anticipates that the process evaluation, in combination with the outcome evaluation of the pilot study, will greatly inform evaluation decisions and changes to the large-scale implementation. With the exception of any necessary changes recognized in the pilot study, the full implementation will include the same implementation evaluation procedures.

**Outcome Evaluation:** The primary objective of *Enough Smoke* is to illicit and maintain smoking abstinence among 10% of the participants while the secondary objectives are to increase quit attempts and decrease the number of cigarettes smoked per day by 50% within the study population. The tertiary outcomes of the study include the usability, feasibility, and acceptability of the program. The primary objective will be evaluated through comparison of the baseline surveys to each of the subsequent “post” surveys completed by the participants. The surveys were adapted from the original *Enough Snuff* intervention and will be administered in the pilot study during Year 1 to assess reliability. While evaluation of smoking abstinence will be made between the baseline and 6-month survey, the 3-month will inform our project team as to how quickly successful quit attempts may be made and the 1-year comparison will speak to maintenance. Participants will be considered abstinent if they have not smoked a cigarette, not even a puff, in the last 7 days (Severson, 2010). Participants will be considered abstinent *from smoking* completely (primary goal) when they have not smoked a cigarette, not even one, in at least 6 months. This will be self-reported by the participants. The secondary outcomes will be evaluated in the same manner. A quit attempt is made when a previously outlined plan to quit is successful for at least 24
hours. The number of cigarettes smoked per day is reported by the participant, with the understanding that 20 cigarettes are included in one pack. The tertiary outcomes are unique in that they help the project team to ensure quality improvement throughout the process and provide vital results in the outcome of the study. Mechanisms for capturing tertiary data have been described in the Implementation Evaluation section.

Throughout the intervention we expect to encounter unanticipated problems or events. Because this is the first time that Enough Snuff has been altered to include cigarette users, it can be thought of as a larger pilot study. Therefore, throughout every stage of the intervention we will assess and monitor events. For example, during the planning period, we will have detailed agendas, meeting minutes, and team meetings to assess weekly progress. Quality control checklists, completed by the program manager, will ensure that the patient contact forms and surveys are completed correctly and in its entirety.

There are short- and long-term outcomes expected from this program. Each will be evaluated in unique ways as illustrated in the chart below:

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<tr>
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<tbody>
<tr>
<td>Increase smoking abstinence</td>
<td>Self-report surveys at baseline, 3-months, 6-months, and 1-year.</td>
<td>Decrease tobacco-related cancer incidence</td>
<td>Compare tobacco-related cancer county-level data before intervention and 10 years after</td>
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<tr>
<td><strong>Increase quit attempts</strong></td>
<td>Self-report surveys at baseline, 3-months, 6-months, and 1-year.</td>
<td><strong>Decrease adult smoking rates in the county</strong></td>
<td>Monitor county-level data each year after intervention</td>
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<tr>
<td><strong>Decrease in cigarettes smoked per day</strong></td>
<td>Self-report surveys at baseline, 3-months, 6-months, and 1-year.</td>
<td><strong>Decrease overall cigarette use</strong></td>
<td>Monitor county-level data each year after intervention</td>
</tr>
<tr>
<td><strong>Improve knowledge of tobacco cessation</strong></td>
<td>Self-report surveys at baseline, 3-months, 6-months, and 1-year.</td>
<td><strong>Improve attitudes, and beliefs regarding tobacco use</strong></td>
<td>Assess attitudes and beliefs on future CHNAs and monitor county-level data each year after intervention</td>
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The National Health and Nutrition Examination Survey (NHANES) is a unique program that assesses the health and nutritional status of adults and children in the U.S. As a program of the National Centers for Health Statistics and part of the Centers for Disease Control and Prevention (CDC), the NHANES combines interviews and physical examinations. The survey is conducted annually, and includes a nationally representative sample of 5,000 individuals (CDC, 2015). Data from this survey are used in a variety of epidemiological and public health surveys. Measures can be added to the NHANES when need for such information is established, especially when the measure may address significant health challenges. As we know, tobacco use contributes to the top three causes of mortality: heart disease, stroke, and cancer (CDC: Health Effects of Cigarette Smoking, 2015).

Additional measures could include family history of smoking and current family members’ smoking habits. NHANES could also include questions regarding the patient’s exposure to tobacco at work and use at work. The addition of questions regarding knowledge, attitudes, and beliefs about tobacco use would also be significant.
additions in order to assess possible motivations for initiation and continued smoking use. Questions would include:

1. How many members of your family smoked in your household during your childhood?
2. How many members of your family, including yourself, currently smoke in your household?
3. On a scale from 1 to 10 how important do you feel that it is to stop smoking, with 1 being the least important and 10 being the most?
4. On a scale from 1 to 10 how confident are you that you could quit smoking if you tried, with 1 being the least confident and 10 being the most?
5. My tobacco habits will impact my children’s choices regarding tobacco use.
   (Response options on an agreement scale.)

The Enough Smoke study data will be collected by the project manager from the paper surveys then entered into REDCap data management system and analyzed using SPSS statistical analysis software; data will be entered as received. On a semi-annual basis, our biostatistician will compile performance reports. The first year will have a large emphasis on the quality improvement of two sectors: the Enough Smoke pilot intervention and team readiness. Team readiness will be evaluated through a series of documented weekly checks, ensuring that team members have made progress from previous weeks and have met with the full team on a regular basis. Our project coordinator will lead the team in a Readiness Assessment that is recommended by the U.S. Department of Health and Human Services. The goals for each 6-month period (performance measure period) will be outlined in the work plans. For example, during
the first 6-months of the project, the CAG will be established and have a clear understanding of the intervention and project as a whole. The first 3 meetings will be complete and associated goals accomplished. All of the inputs outlined in the Logic Model (APPENDIX 1) will also be purchased, established, and achieved. The pilot intervention will be evaluated at the end of Year 1, as will the full intervention in subsequent years.

Obstacles to reporting will be ensuring that the research team is adequately prepared to provide reports on a semi-annual basis and making certain that all surveys are completed by the participants. Due to the number of follow-up surveys in the study, it is likely that there will be loss-to-follow-up simply. To address the first challenge, we will incorporate Measure and Outcome Reporting into the training that each member of the project team will complete. They will receive examples of previous performance measure reports and extensive REDCap and SPSS training (pre-made on-line videos and PowerPoint presentations). In addressing the second challenge, each survey administered to a participant will include a $2 bill in hopes that this will enhance the rates of returned surveys (Dillman, 2009). If the participant does not return the survey after four weeks, a member of our research team will call them and offer to administer the survey over the phone or re-send the survey. Participants will also be made aware of the $250 gift card that they are eligible for, each month that they complete all intervention requirements (telephone calls, attending one group class), and completing the related survey.
D. Capacity and Experience of the Applicant Organization

The Owsley County Health Department (OCHC) is part of the regional Kentucky River District Health Department (KRDHD). KRDHD is a regional/district health department which has jurisdiction over seven counties: Knott, Lee, Leslie, Letcher, Owsley, Perry, and Wolfe. It is the mission of KRDHD and OCHC “to protect, maintain, and promote the health of the people of the community” (KRDHD mission statement). We recognize tobacco use as a major contributor to morbidity in our community and acknowledge the need for tailored tobacco education and cessation, such as Enough Smoke, for adult males in our community.

KRDHD is responsible for overseeing nine children’s programs and 21 adult programs within the counties. OCHC expanded Kentucky’s evidence-based home-visitation program, Health Access Nurturing Development Services (HANDS), in 2011. Prior to this expansion, HANDS had been operating in Owsley County since the inception of the program in Kentucky in 2004. HANDS is a free, voluntary program that pairs parents with skilled mentors. Starting before the baby arrives, HANDS Home Visitors meet with expecting parents to teach positive life-style choices in order to give babies their best possible start in life (Kentucky’s HANDS, 2016). In 2010, OCHC began to extend smoking cessation programming efforts through “Giving Infants and Families a Tobacco-free Start” (GIFTS). The Kentucky Department for Public Health (DPH) and the University of Kentucky (UK) developed GIFTS in order to reduce the number of pregnant women who smoke by providing smoking cessation support during and after pregnancy. Much like the overall prevalence of adults who smoke in Owsley County, over 40% of women also report smoking during pregnancy (Kentucky Health News,
2008). In a pilot study of 1,035 pregnant smokers within nine Kentucky Counties (including Owsley), 23.1% of enrolled women quit smoking and 50.7% set a quit date (KY CHFS, 2009). Through implementing the program, we found that providing women with resources, support, and information they need does enhance healthy choices for themselves and their babies.

*Enough Smoke* is targeting adult male smokers and tailoring individualized support. In alignment with the goals of KRDHD, *Enough Smoke* seeks to fill a gap in the promotion and maintenance of smoking cessation in Owsley County. The health department has the infrastructure and leadership to support *Enough Smoke*, and is confident in the ability of the *Enough Smoke* curriculum to impact the community. The health department also has long-standing experience working with local organizations in the community, the school system, county extension, and KRCC. OCHC has been part of the planning and implementation of all community programs offered by Owsley County Parks and Recreation and Owsley County Extension office and continue to serve as a resource of health for these organizations and individual community members.
As a district health department in the state of Kentucky, KRDHD is governed by local boards of health within each county served. Under KAR 8:150, a governing board of health must “assure that financial controls and program evaluation measures are ongoing to facilitate effective and efficient agency services and operations.” With the oversight of the board of health, the Administration Department of KRDHD recognizes and improves efficiencies by managing continuously challenging financial years. In Fiscal Year 2015, the department had budgeted a $1.39M deficit. However, instead of ending the year with the deficit, KRDHD ended the year with a $511,524 surplus with revenues decreasing by 5% over the previous years and expenses only increasing by 1%. This was effectively done by reducing expenditures, primarily in salaries, fringe, and contracts. As the health departments’ role continues to evolve as a Public Health Partner in the larger picture of the Patient Protection and Affordable Care Act, the Administrative Services Department is committed to a transparent working environment.
that’s constantly seeking improvement while maintaining high standards (Applicant Annual Report, 2015).

It is always important to build and strengthen local capacity and relationships with first responders, hospitals, long term care agencies, community organizations, and other partners within the district, and specifically within Owsley County. As part of our 2015 Strategic Plan, KRDHD identified strategic priorities/initiatives:

**Strategic Initiative 1** is to develop, maintain, and enhance collaboration with partners, stakeholders, and the community to identify and respond to health problems.

**Strategic Initiative 2** is to build and maintain a competent local health department public health workforce.

In addition, The Workforce Development Plan has been developed to ensure that KRDHD has set performance standards, measures, and quality improvement. Employee professional development is an ongoing process to ensure employees are staying current in licensure requirements, programmatic needs, as well as core competencies and emergency preparedness; training is monitored on an ongoing basis via TRAIN training plans. Employee recognition and opportunities for advancement promote and maintain retention. Regularly scheduled performance evaluations are conducted using merit system forms at designated intervals in addition to employee satisfaction surveys. KRDHD recognizes that the impact of the services and programs provided by the health department is only as effective as those implementing and providing the services. Staff performance is significantly correlated to community health improvement (Strategic Plan, 2015-2017).
In public health, data often drive policy, programming, and funding. KRDHD has experience meeting the unique needs of its community through successful implementation and expansion of evidence-based programming. In 2011, Kentucky received federal funding to expand the HANDS program to extend outreach to second-time mothers (when previously services were only granted to first-time moms). Owsley County was granted funds to expand, based on need and financial responsibility. Annual reports were then required of OCHC/KRDHD demonstrating how well the 36 federally mandated benchmarks were being met. Over a three year period, Owsley County met 35/36 of the required benchmarks; this is higher than the 34/36 benchmarks met by the state of Kentucky over the same period.

OCHC absolutely prohibits discrimination and harassment on the basis of race, ethnicity, color, religion, sex (including sexual harassment, pregnancy, gender identity, and sexual orientation), national origin, age, disability (physical or mental), family medical history, or genetic information. It also is HHS policy to prohibit discrimination based on political affiliation, status as a parent, marital status, military service or any other non-merit based factor. These protections extend to all members of the community, program beneficiaries, and OCHC employees. Each are protected by federal laws, Presidential Executive Orders, and other directives and policies. (Department of Health and Human Services Equal Employment Opportunity Policy, http://www.hhs.gov/asa/eeo/policy/)

E. Partnerships & Collaboration

For this particular project endeavor, Enough Smoke, the OCHC believes that community partnerships are, and will be, the key to our success. Our project team has
gained support from community non-profit organizations, churches, coalitions and groups, medical facilities, state organizations, and many other vital collaborators. The following organizations have pledged combined support for the duration of the project (See compiled MOUs in APPENDIX 4):
### Primary Partners

<table>
<thead>
<tr>
<th>Organization</th>
<th>Expertise</th>
<th>Roles</th>
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<tbody>
<tr>
<td>Owsley County Extension Office</td>
<td>Connecting community members to services and gaining community support</td>
<td>The Owsley County Extension Office has longstanding connections to the community. Additionally, the OCHC has an existing relationship with the Extension Office that has resulted in the successful implementation of programs such as GIFTS and the Farmers Market. For the <em>Enough Smoke</em> project, they have pledged to collaborate in a capacity similar to that of past initiatives. They will place a large role in recruitment, reaching out to community members that Extension already works with. A member of the Family and Consumer Sciences branch of the Extension office will serve on the CAG and will work to cultivate cultural relevance specific to the community, in adapting the curriculum and DVD.</td>
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<tr>
<td>Owsley County Parks &amp; Recreation</td>
<td>Community life and social networks.</td>
<td>Through communications with community members, we have found that Owsley County Parks and Recreation plays a large role in the social lives of residents. Currently, Parks and Recreation facilities are not smoke-free. The director of Parks and Recreation has voiced great concern for the lack of a smoke-free policy in the community, but specifically the parks system. She has not only pledged support for our intervention, but looks forward to working with our project team and city officials to begin the discussion of making all Parks facilities smoke free. Parks employees will pass out flyers advertising <em>Enough Smoke</em> to park patrons and will host group sessions during the spring and summer months.</td>
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<tr>
<td>Owsley County Cancer Coalition</td>
<td>Experience in implementing evidence-based cancer prevention programming in Owsley County.</td>
<td>In addition to providing services to cancer patients to help fight and cope with the disease, Owsley County Cancer Coalition also provides funding to better educate our area about preventative cancer decisions. Director Sarah Smith is very excited to support <em>Enough Smoke</em> by participating in planning during Year 1. She has also voiced interest in providing financial sustainability for the program in the community if it is effective.</td>
</tr>
<tr>
<td>Employers</td>
<td>Workplace wellness and providing incentives to employees</td>
<td>Employers understand that healthy employees increase productivity, decrease truancy, and improve the overall atmosphere of the workplace. Employers will have the <em>Enough Smoke</em> materials needed to enroll into the program on the job site. They are also willing to allow all men participating in the <em>Enough Smoke</em> intervention to add 15 minutes to their lunch break, once a month, to speak with members of the project team for the opt-in phone calls. Employers will add information about <em>Enough Smoke</em> into their weekly emails to employees and will post flyers around the place of business.</td>
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<tr>
<td>Kentucky Rivers Medical Center</td>
<td>Medical knowledge and NRT therapy</td>
<td>The OCHC works closely with the Medical Center on a weekly basis due to the reduction in the delivery of medical services by health departments. The providers are very excited to recommend <em>Enough Smoke</em> to their patients who smoke cigarettes and provide materials that they will need to enroll into the program during their regular medical visit.</td>
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### F. Project Management
Described below is the experience and expertise of all proposed team members, including their experience implementing evidence-based programming. Each team member has at least five years of experience implementing efforts at the community level, specifically in rural populations. For Ms. Johnson and Dr. Smith, both employees of OCHC, CVs can be found in APPENDIX 5 of this document.

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<th>Organization</th>
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<tr>
<td>Kentucky Rivers Community Center (KRCC)</td>
<td>Over 45 years of experience in addressing the health needs of the community, forming community partnerships, and identifying resources to fund solutions and seeking changes in the overall health environment. KRCC is a nonprofit Community Mental Health Center dedicated to improving the health and well-being of the people of our region. Our partnership will continue by utilizing cessation counselors employed by KRCC. KRCC will also serve as a location where baseline survey and Enough Smoke materials can be obtained in order to enroll in the program. Addiction counselors will recommend patients whom they feel would benefit from Enough Smoke to enroll during their regular visits.</td>
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<tr>
<td>Royal Oak Baptist Church (Sturgeon), Elk Lick Church (Booneville)</td>
<td>Knowledge of the faith-based community and engaging partners</td>
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Jill Smith, DrPH will serve as the Program Director (PD) for the Enough Smoke intervention. Dr. Smith became the KRDHD Director in 2001 and continues in that capacity today. She has also served as a counselor, County Manager and Quality Improvement Director for the ADANTA Group. She graduated with a bachelor’s from Western Kentucky University where she majored in Social Work and Psychology. She later achieved a Master’s of Social Work from the University of Louisville and a Doctorate in Public Health from the University of Kentucky. Dr. Smith is a member of the National Association of County & City Health Officials (NACCHO) and has served on many Advisory Boards for the organization. In addition to her expertise in social work and counseling services, Dr. Smith has extensive experience in implementing evidence-based programs in Owsley County and other communities with significant health disparities. She has a successful track record of leading multiple projects, training staff and students, working with interdisciplinary collaborators, conducting qualitative research, adapting and implementing evidence based programs, and leading dissemination efforts. These skills and her relationships with stakeholders in the community will be essential to the successful completion of the proposed Enough Smoke intervention. Dr. Smith responsible for the oversight of all programming implemented by the health department and will continue this role for the Enough Smoke intervention. Dr. Smith will provide oversight of project management, program implementation, measurement, and results dissemination. She will assume responsibility for supervision of the budget by working closely with the fiscal manager,
Mr. Madison Vance, and will supervise the *Enough Smoke* Project Coordinator, Meghan Johnson.

**Meghan Johnson, MPH, TTS** will serve as Program Coordinator for the *Enough Smoke* intervention program. Meghan has an undergraduate degree in Exercise Science from Transylvania University and a Master's degree in Public Health from UK, both in Lexington. She has extensive experience in working with rural communities and is able to provide insight into the unique social and cultural characteristics of these communities. Ms. Johnson currently serves as the Health Education Director for OCHC. During her tenure with OCHC she has implemented and assisted with health education programming for adults, women, children, and minority populations. Meghan has specific research experience in evidence-based smoking cessation programming and was a vital part of implementing the GIFTS program in Owsley County. Ms. Johnson has the necessary experience and expertise to coordinate and assist with multi-dimensional projects, work with community partners, and implement the *Enough Smoke* program in the county. Her primary responsibilities include: (1) providing support to the project team in adapting the *Enough Smoke* intervention and tailoring it to the community; (2) providing support to Ms. Oliver and her work with the CAG and Professional Advisory Board (PAB) (3) serving as lead on all training and project team workgroups; (4) overseeing the modified CHNA; (5) serving on the participant phone call team and attending the participant focus group meetings; (6) oversight of all surveys (7) continuous quality control over all study team members and protocol.

**Rebecca Oliver, MPH** will serve as the Project Manager. Ms. Oliver received a bachelor of arts from Transylvania University and a Masters in Public Health from the
University of Pennsylvania where she focused her research and studies on health program management and evidence-based interventions. She has worked to implement over 15 evidence-based programs in communities around the United States with specific experience working with rural populations. Ms. Oliver has received recognition from the CDC and the National Institutes of Health for her success in implementing evidence-based programs in rural communities. Ms. Oliver has implemented *Enough Snuff* in two other communities in Arizona and North Carolina and led the sustainability efforts within the respective health departments. As Project Manager, she will be in charge of the day-to-day activities related to the program from the start of Year 1. She will assist in participant recruitment and retention and be in charge of identifying and distributing participant incentives. She will also work with the biostatistician to manage and conduct follow-up data collection during years 1, 2, and 3, in addition to monitoring accrual and data management using REDCap. Her primary responsibilities include, but are not limited to, (1) leading the team in their collaboration with their CAG; (2) serving on all work groups formed during the project; (3) serving as the primary point of contact for all study-related matters; (4) assisting Dr. Smith and Ms. Johnson with conducting formative research (e.g., focus groups, and surveys); (5) assisting Dr. Athens with *Enough Smoke* adaptation and development; (6) assisting with data collection and evaluation for all phases of the project.

**Kay Athens, PhD** will serve as health communication specialist for the project. Dr. Athens earned her doctorate at Washington University in St. Louis, and a Master of Public Health in Epidemiology and Behavioral Science from Saint Louis University School of Public Health. She gained extensive experience through her work at the
Health Communication Research Laboratory (HCRL), one of five Centers of Excellence in Cancer Communication Research in the United States, as designated and awarded by the National Cancer Institute. At the HCRL, Dr. Athens collaborated to begin a partnership with United Way 2-1-1 Missouri, a 3-digit telephone exchange that connects callers in need to basic health and social services. The goal was to connect callers with unmet health needs to cancer prevention and control services available to them for free. Since 2008, this partnership has grown to include research 2-1-1 partnerships among many 2-1-1 systems nationally, as well as national 2-1-1 and United Way leadership. Dr. Athens served as a co-editor for a special issue of the American Journal of Preventive Medicine focused on research partnerships with 2-1-1 to eliminate health disparities, published in December 2012 and available at http://cancercontrol.cancer.gov/brp/srtb/211eliminate-hd.html. For this project, Dr. Athens will be tasked with leading the team in adapting the Enough Snuff curriculum to Enough Smoke. These adaptations include ensuring that the content is applicable to smokers and culturally competent. She will work with Ms. Johnson, Ms. Oliver, and the cessation counselors to create the Enough Smoke handbook and DVD. The team will use Dr. Athens’ expertise in health communication to make these adaptations and communicate the intervention to the community in the most effective way.

Mason Runyon, MS, CAP will serve as the Certified Addictions Professional for the project. Mr. Runyon is a devoted Substance Abuse Counselor with 10 years of counseling experience in the area of addiction. He earned a Master of Science degree in Substance Abuse and Clinical Counseling from the University of South Carolina. In South Carolina, where adult smoking rate is about 20%, Mr. Runyon began his career...
by counseling patients with cigarette. He has extensive experience in clinical evaluation, treatment planning, referrals, client education, case management, and program development. Additionally, he has provided detox support, crisis intervention, and group counseling. In his current position as Senior Substance Abuse Counselor at Kentucky River Community Care, Mr. Runyon provides direct services to clients in addition to leading group counseling. These skills will be his primary responsibility in the *Enough Smoke* intervention. Mr. Runyon will provide an initial professional development session with the entire project team on interactive listening, aiding participants in the quit process, signs of withdrawal, and signs of mental health issues that need professional attention. He will be the leader at all of the group sessions during the pilot intervention in Year 1 and full intervention in years 2 and 3. Mr. Runyon is also responsible for all crisis management and referrals necessary. Along with the cessation counselors, he will be involved in the support phone calls to participants throughout their enrollment. Any participants who are identified as having mental health issues in need of attention will be contacted by only Mr. Runyon. At that time he will offer further services and/or provide referrals. He will be in direct communication with Ms. Oliver and Ms. Johnson throughout the duration of the project and will serve on all training and project team work groups.

**Cessation Counselors** will be recruited from Kentucky Rivers Community Center and surrounding mental health facilities. Cessation counselors advise clients who suffer from substance addition, specifically tobacco, and provide treatment and support to help users recover from addition or modify problem behaviors. They will be part of our counseling team and will assist Mr. Runyon in all counseling responsibilities, i.e. phone
calls, group sessions, and trainings. In collaboration with Dr. Athens, the counselors will adapt the Enough Smoke curriculum and help brainstorm the development of the new and culturally representative DVD. They will assist in participant recruitment and retention and be in charge of identifying and distributing participant incentives. The SCs will manage and conduct follow-up data collection during years 1, 2, and 3, in addition to monitoring accrual and data management using REDCap. Throughout the project, the SCs will perform additional project-related tasks as needed.

Mr. Madison Vance will serve as the financial manager for the project and will be tasked with managing the budget and all financial matters surrounding the project. As financial manager, his primary responsibility is to prepare and monitor budgets for the project. Budget-related obligations require weekly (and often daily) attention to records and accounting procedures employed by the grant. His role is to ensure that all award spending is consistent with the NIH-approved budget as well with federal guidelines and procedures. A key part of this role is the generation of periodic reports to the PI and advising on changes to the budget if necessary.

Our Biostatistician (TBD) will work with Ms. Johnson and Ms. Oliver on all aspects of analyzing and tracking data that results from follow-up and quality control surveys during the course of the project. Data control, management, and presentation will be the primary responsibilities for this role. Specifically, he/she will assist with producing an annual report of data. The report will include trends of recruitment, and quality improvement for the first year, in addition to data from surveys given to the CAG, and pilot data. This report will be imperative to the program moving forward and provide directional changes that should be made in years 2 and 3. Reports from years 2 and 3
will include data from the 4 surveys (baseline, post at 6 months, post at 1 year, and follow-up at the conclusion of the grand period). These surveys will assess the short-term and long-term outcomes of the program in addition to quality improvement measures.

OCHC will ensure that all members of the project team are well trained and prepared to successfully fulfill their roles and responsibilities. As a requirement of employment at OCHC, each employee must complete the Myers-Briggs Type Indicator (MBTI®). The MBTI® is a personality inventory that seeks to make use of the theory of physiological types. In terms of use within the workplace, the MBTI is a training tool is effectively used for professional development and organizational improvement. The MBTI results will give our team members helpful feedback about themselves and how they may be different from others. The informative tool has been useful for conflict management in addition to performance improvement, and employee coaching and encouragement.

When working in a team it is vital for individuals to capitalize on their individual strengths in addition to the strengths of other team members.

In addition to providing Enough Smoke curriculum training, OCHC will provide two days of professional development training per year for our project team. The training plan includes professional development topics including but not limited to, active listening skills and motivational interviewing. We believe that a balance of training, support, and trust are the keys to maintaining and retaining a quality team. Through the training described, team members will be proficient in their knowledge of the intervention and delivery of the program. Each team member is responsible for supporting the roles of every other team member. While each have specific roles and
responsibilities, the ability of team members to adapt to changes in the intervention are analogous with their ability to adapt to evolving or changing roles. Constant communication and support are vital. Weekly meetings that are a combination of in-person and telephone conference calls involving the entire project team will be required throughout Year 1. Weekly calls will still occur during Years 2 and 3 but with various team members as Ms. Johnson and Ms. Oliver see fit. In conjunction with the weekly meetings, each team member will have a 15 minute “check-in” with Ms. Johnson on a weekly basis. This will provide team members with a chance to address any issues that were left out of large group meetings for any reason. As leaders in the project, Dr. Smith and Ms. Johnson have placed responsibilities on capable team members who can carry out the designated responsibilities. Prior to program implementation, our community partners who are obtaining informed consent from participants will undergo a one-day training (Kentucky Rivers Medical Center, Kentucky Rivers Community Center, and churches). The training will educate partners on *Enough Snuff* and the goals of the intervention. Because these partners have an existing relationship with KRDHD and have obtained informed consent in prior initiatives, we believe that the one day training will adequately prepare our collaborators. Ms. Oliver will meet with a representative from our community partners who are administering the baseline survey and enrolling participants to deliver materials and ensure that enrollment is occurring. These brief but vital “check-ins” will occur every other week during years 2-3; any issues or problems will be addressed at this time. All community partners will be invited to attend a biannual meeting throughout Years 1-3.
OCHC works diligently to ensure our employees work in a supportive environment with professional development and team building opportunities. At every training, meeting, and work session, the Project Team, CAG, and community partners will be provided with food and beverages in addition to short physical activity breaks. When possible we will have “walking meetings” for our weekly team meetings. In our experience, this has had a great impact on productivity and attentiveness during meeting times. The project team will receive a 2% annual raise, and will be eligible for a $300 monthly drawing if all individual responsibilities are met. Completion of individual responsibilities are measured by completion of a monthly checklist review, which is reviewed by Ms. Johnson. Additionally, OCHC conducts an annual Employee Satisfaction Survey. We will continue to monitor the results of these surveys and address issues as they arise in order to minimize the amount of staff turnover over the course of the grant.

The OCHC will work to ensure that the community partners involved in the project maintain their roles and responsibilities while working toward the common goals. With the expectations and objectives in mind, we will sustain Enough Smoke in the community through KRDHD and Owsley County Cancer Coalition. As previously discussed, both organizations are excited and prepared to contribute staff and finances to the continuation of the program. Enough Smoke will contribute to the overall reduction of smoking in Owsley County, however it is not possible for the program to stand alone in this effort. In order to sustainably reduce smoking in the community there must be a cultural shift in smoking norms in addition to policies that support the
behavior. The introduction of *Enough Smoke* serves as a basis for these high impact changes.
References


This program will contribute to the reduction of smoking in Owsley County. However, it is not possible for the program to stand alone in reducing smoking rates. In order to sustainably reduce smoking in any community there must be a cultural shift in smoking norms in addition to policies that support the behavior. The introduction of *Enough Smoke* serves as a basis for these high impact changes.
**APPENDIX 2**

### Enough Smoke Work Plan
**September 1, 2016 – August 31, 2019**

<table>
<thead>
<tr>
<th>Grantee Name: Meghan Johnson</th>
<th>Funds Requested: $500,000</th>
</tr>
</thead>
</table>

**Goal 1:** Reduce overall smoking-related mortality and morbidity in Owsley County, Kentucky by introducing a sustainable, evidence-based smoking cessation intervention into the community. While it is not realistic to reduce overall mortality and morbidity associated with cigarette use within the 3 year grant, we hope that *Enough Smoke* will contribute to the long-term reduction that will be evident in future county-level data.

**Objective 1:** Produce an *Enough Smoke* curriculum booklet and self-help DVD that is culturally relevant while maintaining the evidence-based content adapted from the *Enough Snuff* smokeless tobacco intervention.

**Rationale for Objective 1:** The *Enough Snuff* intervention was chosen as the curriculum from which to adapt *Enough Smoke* due to its effectiveness in a variety of settings and the evidence that supported its ability to be culturally adapted. We believe that by maintaining the evidence-based curriculum and tailoring the booklet content and DVD for cigarette smokers in Owsley County, the intervention will be effective in this population.

**Measures of Accomplishment for Objective 1:**
- The physical production of a new *Enough Smoke* booklet and DVD
- Verbal and written feedback from the CAG and focus groups in the community
- Effectiveness of the booklet and DVD in the pilot study – will measure acceptability and usability via paper surveys

**Activities in support of Objective 1:**
- Weekly meetings with the CAG with Dr. Athens & team
- Collaboration with Yurz Graphic Design and a local video recording company (TBD)
- Pilot Study assessing the usability and acceptability of Enough And using feedback to make necessary changes to the booklet and DVD

**Person/agency responsible for Accomplishing Activities:**
- CAG, Dr. Athens & Student Coordinators (SCs), and Rebecca Oliver
- Dr. Athens and SCs
- Project Team – Meghan Johnson, Rebecca Oliver, Student Coordinators, and Biostatistician

**Activity Timeline:**
- September - February
- September – February
- March - April
**Goal 1:** Reduce overall smoking-related mortality and morbidity in Owsley County, Kentucky by introducing a sustainable, evidence-based smoking cessation intervention into the community. While it is not realistic to reduce overall mortality and morbidity associated with cigarette use within the 3 year grant, we hope that *Enough Smoke* will contribute to the long-term reduction that will be evident in future county-level data.

**Objective 2:** Increase number of quit attempts by program participants by 50%

**Rationale for Objective 2:** The *Enough Snuff* intervention recognized this objective as a measurable secondary outcome for those who did not abstain from tobacco as a result of the program. Studies have shown that “a level of motivation to stop smoking generates quit attempts…” (Zhou et al, 2008). In order to measure the impact that *Enough Smoke* had on a participants’ motivation to stop smoking, we will measure quit attempts. This will also allow the project team to better understand relapses among the participants.

**Measures of Accomplishment for Objective 2:**

| a. | Self-report surveys will measure quit attempts by the participants. Past quit attempts will be assessed at baseline, while quit attempts throughout the intervention will be assessed at 3-months, 6-months, and 1-year of participant involvement |
| b. | The counselor and student coordinators will record each monthly phone call with participants, guide them in their quit attempts, and report (with the intention to overcome) barriers that the participant faces to a successful quit attempt |
| c. | The group sessions will be recorded and the counselor’s notes will be discussed at the weekly project team meetings. Any collective or individual barriers to successful quit attempts will be addressed by the counselors and SCs with individual patients, if needed. |

**Activities in support of Objective 2:**

| a. | Implement Self-help booklet and DVD |
| b. | Initiate support from counselor and SCs |
| c. | Foster support from other participants, family members, and community |

**Person/agency responsible for Accomplishing Activities.**

| a. | CAG, Dr. Athens, Project Team |
| b. | Mason Runyon and SCs |
| c. | Mason Runyon, SCs, community partners |

**Activity Timeline.**

| a. | Used by participants |
| b. | The duration of the program |
| c. | Throughout the program with hopes of sustainability |
**Goal 1:** Reduce overall smoking-related mortality and morbidity in Owsley County, Kentucky by introducing a sustainable, evidence-based smoking cessation intervention into the community. While it is not realistic to reduce overall mortality and morbidity associated with cigarette use within the 3 year grant, we hope that *Enough Smoke* will contribute to the long-term reduction that will be evident in future county-level data.

**Objective 3:** Increase smoking abstinence among the program participants by 10%

**Rationale for Objective 3:** Smoking cessation has both immediate and long term effects on a former smoker’s health (CDC: Health Effects of Cigarette Smoking, 2015) By increasing smoking abstinence among the participants, we hope to foster motivation for men outside of the study to also use the program to quit smoking. There is a very tight sense of community within Owsley County, and social and cultural norms around smoking will not change overnight. However, encouraging and supporting smoking cessation has been shown to be a vital strategy to increasing cessation (Strategic Plan, 2007)

**Measures of Accomplishment for Objective 1:**

a. Self-report that they have not smoked a cigarette, not even a puff, in the last 7 days = abstinent  

b. Self-report that they have not smoked a cigarette, not even a puff, in the last 6 months = abstinent non smoker

**Activities in support of Objective 1:**

<table>
<thead>
<tr>
<th>Activities in support of Objective 1:</th>
<th>Person/agency responsible for Accomplishing Activities.</th>
<th>Activity Timeline.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Self-help booklet guide of steps of quitting</td>
<td>a. Participant will be responsible for reading and using the self-guided booklet</td>
<td>a. Throughout enrollment</td>
</tr>
<tr>
<td>b. Motivational DVD</td>
<td>b. Participant will be responsible watching the DVD</td>
<td>b. Throughout enrollment</td>
</tr>
<tr>
<td>c. Phone calls with counselor and group meetings</td>
<td>c. Cessation counselors are responsible for making monthly calls to each participant. While it is up to the participant to answer, and participate in the phone call, it is vital that the counselor provide support during those calls. Group meetings will be led by the counselors and participants may attend on their own volition.</td>
<td>c. Monthly phone calls and monthly group sessions beginning in month 6 of Year 1 and continuing throughout Years 2-3.</td>
</tr>
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</table>
APPENDIX 3

Budget Justification - $500,000/yr.

Personnel Salaries and Wages

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<th>Duration</th>
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<tr>
<td>Program Director</td>
<td>36 months</td>
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</tr>
<tr>
<td>Dr. Jill Smith, DrPH</td>
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<td></td>
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<tr>
<td>Program Coordinator</td>
<td>36 months</td>
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<td>Meghan Johnson, MPH, TTS</td>
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<td></td>
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<tr>
<td>Project Manager</td>
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<tr>
<td>Rebecca Oliver, MPH</td>
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<tr>
<td>Counselor</td>
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<td>Mason Runyon</td>
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<td>Cessation Counselor</td>
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<td>Biostatistician</td>
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<tr>
<td>Fiscal Manager</td>
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<td>10%</td>
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<tr>
<td>Madison Vance</td>
<td></td>
<td></td>
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Jill Smith, DrPH will serve as the Program Director (PD) for the Enough Smoke intervention. Dr. Smith became the KRDHD Director in 2001 and continues in that capacity today. She has also served as a counselor, County Manager and Quality Improvement Director for the ADANTA Group. She graduated with a bachelor’s from Western Kentucky University where she majored in Social Work and Psychology. She later achieved a Master’s of Social Work from the University of Louisville and a Doctorate in Public Health from the University of Kentucky. Dr. Smith is a member of the National Association of County & City Health Officials (NACCHO) and has served on many Advisory Boards for the organization. In addition to her expertise in social work
APPENDIX 3

and counseling services, Dr. Smith has extensive experience in implementing evidence-based programs in Owsley County and other communities with significant health disparities. She has a successful track record of leading multiple projects, training staff and students, working with interdisciplinary collaborators, conducting qualitative research, adapting and implementing evidence based programs, and leading dissemination efforts. These skills and her relationships with stakeholders in the community will be essential to the successful completion of the proposed *Enough Smoke* intervention. Dr. Smith responsible for the oversight of all programming implemented by the health department and will continue this role for the *Enough Smoke* intervention. Dr. Smith will provide oversight of project management, program implementation, measurement, and results dissemination. She will assume responsibility for supervision of the budget by working closely with the fiscal manager, Mr. Madison Vance, and will supervise the *Enough Smoke* Project Coordinator, Meghan Johnson.

**Meghan Johnson, MPH, TTS** will serve as Program Coordinator for the *Enough Smoke* intervention program. Meghan has an undergraduate degree in Exercise Science from Transylvania University and a Master’s degree in Public Health from UK, both in Lexington. She has extensive experience in working with rural communities and is able to provide insight into the unique social and cultural characteristics of these communities. Ms. Johnson currently serves as the Health Education Director for OCHD. During her tenure with OCHD she has implemented and assisted with health education programming for adults, women, children, and minority populations. Meghan has specific research experience in evidence-based smoking cessation programming and
was a vital part of implementing the GIFTS program in Owsley County. Ms. Johnson has the necessary experience and expertise to coordinate and assist with multi-dimensional projects, work with community partners, and implement the *Enough Smoke* program in the county. Her primary responsibilities include: (1) providing support to the project team in adapting the *Enough Smoke* intervention and tailoring it to the community; (2) providing support to Ms. Oliver and her work with the CAG and Professional Advisory Board (PAB) (3) serving as lead on all training and project team workgroups; (4) overseeing the modified CHNA; (5) serving on the participant phone call team and attending the participant focus group meetings; (6) oversight of all surveys (7) continuous quality control over all study team members and protocol.

**Rebecca Oliver, MPH** will serve as the Project Manager. Ms. Oliver received a bachelor of arts from Transylvania University and a Masters in Public Health from the University of Pennsylvania where she focused her research and studies on health program management and evidence-based interventions. She has worked to implement over 15 evidence-based programs in communities around the United States with specific experience working with rural populations. Ms. Oliver has received recognition from the CDC and the National Institutes of Health for her success in implementing evidence-based programs in rural communities. Ms. Oliver has implemented *Enough Snuff* in two other communities in Arizona and North Carolina and led the sustainability efforts within the respective health departments. As Project Manager, she will be in charge of the day-to-day activities related to the program from the start of Year 1. Her primary responsibilities include, but are not limited to, (1) leading the team in their collaboration with their CAG; (2) serving on all work groups formed during the project;
APPENDIX 3

(3) serving as the primary point of contact for all study-related matters; (4) assisting Dr. Smith and Ms. Johnson with conducting formative research (e.g., focus groups, and surveys); (5) assisting Dr. Athens with *Enough Smoke* adaptation and development; (6) assisting with data collection and evaluation for all phases of the project.

**Kay Athens, PhD** will serve as health communication specialist for the project. Dr. Athens earned her doctorate at Washington University in St. Louis, and a Master of Public Health in Epidemiology and Behavioral Science from Saint Louis University School of Public Health. She gained extensive experience through her work at the Health Communication Research Laboratory (HCRL), one of five Centers of Excellence in Cancer Communication Research in the United States, as designated and awarded by the National Cancer Institute. At the HCRL, Dr. Athens collaborated to begin a partnership with United Way 2-1-1 Missouri, a 3-digit telephone exchange that connects callers in need to basic health and social services. The goal was to connect callers with unmet health needs to cancer prevention and control services available to them for free. Since 2008, this partnership has grown to include research-2-1-1 partnerships among many 2-1-1 systems nationally, as well as national 2-1-1 and United Way leadership. Dr. Athens served as a co-editor for a special issue of the American Journal of Preventive Medicine focused on research partnerships with 2-1-1 to eliminate health disparities, published in December 2012 and available at [http://cancercontrol.cancer.gov/brp/srtb/211eliminate-hd.html](http://cancercontrol.cancer.gov/brp/srtb/211eliminate-hd.html). For this project, Dr. Athens will be tasked with leading the team in adapting the *Enough Snuff* curriculum to *Enough Smoke*. These adaptations include ensuring that the content is applicable to smokers and culturally competent. She will work with Ms. Johnson, Ms. Oliver, and the
cessation counselors to create the *Enough Smoke* handbook and DVD. The team will use Dr. Athens’ expertise in health communication to make these adaptations and communicate the intervention to the community in the most effective way.

**Mason Runyon, MS, CAP** will serve as the Certified Addictions Professional for the project. Mr. Runyon is a devoted Substance Abuse Counselor with 10 years of counseling experience in the area of addiction. He earned a Master of Science degree in Substance Abuse and Clinical Counseling from the University of South Carolina. In South Carolina, where adult smoking rate is about 20%, Mr. Runyon began his career by counseling patients with cigarette. He has extensive experience in clinical evaluation, treatment planning, referrals, client education, case management, and program development. Additionally, he has provided detox support, crisis intervention, and group counseling. In his current position as Senior Substance Abuse Counselor at Kentucky River Community Care, Mr. Runyon provides direct services to clients in addition to leading group counseling. These skills will be his primary responsibility in the *Enough Smoke* intervention. Mr. Runyon will provide an initial professional development session with the entire project team on interactive listening, aiding participants in the quit process, signs of withdrawal, and signs of mental health issues that need professional attention. He will be the leader at all of the group sessions during the pilot intervention in Year 1 and full intervention in years 2 and 3. Mr. Runyon is also responsible for all crisis management and referrals necessary. Along with the cessation counselors, he will be involved in the support phone calls to participants throughout their enrollment. Any participants who are identified as having mental health issues in need of attention will be contacted by only Mr. Runyon. At that time he will offer further services and/or
APPENDIX 3

provide referrals. He will be in direct communication with Ms. Oliver and Ms. Johnson throughout the duration of the project and will serve on all training and project team work groups.

**Cessation Counselors** will be recruited from Kentucky Rivers Community Center and surrounding mental health facilities. Cessation counselors advise clients who suffer from substance addition, specifically tobacco, and provide treatment and support to help users recover from addiction or modify problem behaviors. They will be part of our counseling team and will assist Mr. Runyon in all counseling responsibilities, i.e. phone calls, group sessions, and trainings. In collaboration with Dr. Athens, the counselors will adapt the Enough Smoke curriculum and help brainstorm the development of the new and culturally representative DVD. They will assist in participant recruitment and retention and be in charge of identifying and distributing participant incentives. The SCs will manage and conduct follow-up data collection during years 1, 2, and 3, in addition to monitoring accrual and data management using REDCap. Throughout the project, the SCs will perform additional project-related tasks as needed.

**Mr. Madison Vance** will serve as the financial manager for the project and will be tasked with managing the budget and all financial matters surrounding the project. As financial manager, his primary responsibility is to prepare and monitor budgets for the project. Budget-related obligations require weekly (and often daily) attention to records and accounting procedures employed by the grant. His role is to ensure that all award spending is consistent with the NIH-approved budget as well with federal guidelines and procedures. A key part of this role is the generation of periodic reports to the PI and advising on changes to the budget if necessary.
Our **Biostatistician (TBD)** will work with Ms. Johnson and Ms. Oliver on all aspects of analyzing and tracking data that results from follow-up and quality control surveys during the course of the project. Data control, management, and presentation will be the primary responsibilities for this role. Specifically, he/she will assist with producing an annual report of data. The report will include trends of recruitment, and quality improvement for the first year, in addition to data from surveys given to the CAG, and pilot data. This report will be imperative to the program moving forward and provide directional changes that should be made in years 2 and 3. Reports from years 2 and 3 will include data from the 4 surveys (baseline, post at 6 months, post at 1 year, and follow-up at the conclusion of the grand period). These surveys will assess the short-term and long-term outcomes of the program in addition to quality improvement measures.

**Travel**

Support for travel expenses are requested to support the at-home cessation support provided by the project staff. Upon enrollment, participants have an option to participate in periodic at-home support visits in order to enhance the cessation process. The team’s central location is at OCHD located at 501 KY-28, Booneville, KY 41314. The furthest distance from this location in Owsley County is 28 miles, with a bidirectional distance of 56 miles. We estimate that 50% of our participants will opt-in to the monthly at-home visits (n=300 at 50%, n=150). Mileage expenses are reimbursed at the federal rate of $0.54/mile. Mileage reimbursement is estimated at 56 miles/trip for 1,800 total visits, for a total of $54,432. In years 2-3, the budget increases for travel significantly due to the requirement of our team to travel to Washington, D.C. for the annual Regional Training meeting and the Project Director’s meeting. Additionally, our project staff will travel more
in years 2-3 locally, in order to enhance our dissemination efforts and provide recruitment assistance.

**NEVideo Recording Company**
The Recording Company will be used to shoot the *Enough Smoke*, 25 minute, DVD.

The DVD will be adapted from the original *Enough Snuff* DVD to include cigarette smoking messaging and individuals from Owsley County. We received a quote from the company for $15,000.

**Yurz Graphic Design**
This design firm is located in Booneville, KY and will be recruited to create the *Enough Smoke* booklets. We will need 320 booklets. We received a quote from the company for $10,000.

**Advertising**
Advertising will be imperative to the success of the program. We will rely on the expertise of the Yurz graphic design and our community partners to brainstorm the most effective and efficient advertising strategies. For the purposes of budgeting we will include $10,000 for the development and distribution of flyers and signage, $10,000 for large billboards, and $10,000 to produce digital messaging at high school sporting events.

**Supplies**

*Postage and Envelopes for Mailed Survey: $1,521*

A total of three surveys will be mailed to each participant (n=300) throughout the course of the project. The baseline survey packet will include the *Enough Smoke* Booklet in addition to the DVD and consent form, will be given to each participant in person, reducing our mailing costs. Each envelope mailed to a participant will include a survey,
APPENDIX 3

and a pre-paid, pre-addressed return envelope. Each packet will cost $1.69 in postage (for the sending and return postage) for 300 participants which totals $1521.

**Laptop: $1,000**
The Project Manager requires a laptop computer to manage off-site data collection and technical support. This computer will be purchased and dedicated to exclusive use by the Project Manager throughout the 3-year project. The project coordinator will be “mobile,” meaning that she will not have an office and will instead be based from her private home office and work in public indoor venues. Thus, she will need a reliable and durable laptop computer configured to receive 4G Internet signals (approximately $1,000). The computer will be exclusively dedicated to the accomplishment of the specific aims of the project, including development of materials, qualitative and quantitative data collection and analysis activities, and overall project communication.

**CAG Incentives: $3,000**
The CAG incentives will include meals at all ten CAG meetings and a $100 gift as a “thank-you” for their participation in the project.

**Project Team Incentives: $25,800**
The Project team will be eligible for a monthly drawing of $300/month, totaling $10,800. Additionally, food will be provided at every meal. The 2% salary raise is expressed in the budget for the salaries. Professional development days are an added benefit that will cost $2,000/year totally $6,000.

**Community Partner Incentives: $10,000**
Our community partners will meet biannually and will receive meals at each meeting. Additionally, our partners who are delivering the baseline survey and obtaining informed consent, Kentucky Rivers Community Center; Kentucky Rivers Medical Center; and
APPENDIX 3

churches, will receive individual monthly “recruitment awards” as the sites meet recruitment goals.

_Enough Snuff Materials - $1,116_

The original _Enough Snuff_ materials are necessary in order to adapt the _Enough Smoke_ curriculum. Funds are requested to provide each team member and CAG member with an _Enough Snuff_ booklet and one DVD to be copied and distributed. There are 18 members of the team and CAG ($11.95/booklet X 18 = $216). 18 _Enough Snuff_ instructional DVD is requested at $49.95/DVD = $900.

_Rekruietment/Retention:_

Active participants will be enrolled in a $250 monthly drawing. They will also receive $5, $10, and $20 as they complete their 3, 6, and 12-month surveys (respectively.) Of course, the invaluable benefit is a healthier, happier, life smoke-free.
## APPENDIX 3

### YEAR 1

September 1, 2016 - August 31, 2017

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<tr>
<th>Name</th>
<th>Effort</th>
<th>Salary</th>
<th>Fringe</th>
<th>Total</th>
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Total Salary: $304,955

Travel: $55,000

Local Video Recording Company: $15,000

Yurz Graphic Design: $50,000

Advertising: $30,000

Supplies: $13,250

Recruitment/Retention: $6,800

Total: $475,005

**GRAND TOTAL**: $475,005
# APPENDIX 3

## YEAR 2

September 1, 2017 - August 31, 2018

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<td>70.00%</td>
<td>$60,500</td>
<td>$43,197</td>
<td>$47,020</td>
</tr>
<tr>
<td>Dr. Kay Athens</td>
<td>15.00%</td>
<td>$100,000</td>
<td>$15,300</td>
<td>$18,551</td>
</tr>
<tr>
<td>Biostatistician</td>
<td>5.00%</td>
<td>$80,000</td>
<td>$4,080</td>
<td>$4,862</td>
</tr>
<tr>
<td>Madison Vance</td>
<td>10.00%</td>
<td>$80,000</td>
<td>$8,160</td>
<td>$9,918</td>
</tr>
</tbody>
</table>

**Total Salary** $310,957

**Travel** $73,000

**Advertising** $50,000

**Supplies** $13,000

**Recruitment/Retention** $16,000

**GRAND TOTAL** $462,957
## APPENDIX 3

### YEAR 3

**September 1, 2018 - August 31, 2019**

<table>
<thead>
<tr>
<th>Name</th>
<th>Effort</th>
<th>Salary</th>
<th>Fringe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jill Smith</td>
<td>10.00%</td>
<td>$102,000</td>
<td>$10,404</td>
<td>$12,615</td>
</tr>
<tr>
<td>Meghan Johnson</td>
<td>50.00%</td>
<td>$71,910</td>
<td>$36,674</td>
<td>$44,577</td>
</tr>
<tr>
<td>Rebecca Oliver</td>
<td>100.00%</td>
<td>$61,710</td>
<td>$62,944</td>
<td>$76,509</td>
</tr>
<tr>
<td>Mason Runyon</td>
<td>70.00%</td>
<td>$61,710</td>
<td>$44,061</td>
<td>$53,556</td>
</tr>
<tr>
<td>Cessation Counselor</td>
<td>70.00%</td>
<td>$61,710</td>
<td>$44,061</td>
<td>$47,960</td>
</tr>
<tr>
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<td>70.00%</td>
<td>$61,710</td>
<td>$44,061</td>
<td>$47,960</td>
</tr>
<tr>
<td>Dr. Kay Athens</td>
<td>15.00%</td>
<td>$102,000</td>
<td>$15,606</td>
<td>$18,922</td>
</tr>
<tr>
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<td>$81,600</td>
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<td>$10,117</td>
</tr>
</tbody>
</table>

**Total Salary** $317,079

**Travel** $73,000

**Advertising** $50,000

**Supplies** $13,000

**Recruitment/Retention** $16,000

**Total** $469,079

**GRAND TOTAL** $469,079