**2019-2021 Grant Cycle Data for Indicator 16/*Breathe***

“*Breathe: Healthy Steps for Living Tobacco Free*” continued its rollout across Indiana during the 2020-2021 grant year as the official program to address Indicator 16 with Head Start and similar partners. Even amid a global pandemic, creativity and flexibility ensured *Breathe* implementation continued. Below are the highlights of *Breathe* for the 2020-2021 grant year and the full 2 year grant cycle for Health Ed Pros (the statewide partner overseeing *Breathe*) and the TPC funded County Coordinators.

**General *Breathe* Stats for 2019-2021**

* 58 *Breathe* Trainings were completed (46 full *Breathe* trainings, 10 *Breathe* Refreshers, and 2 *Breathe* teasers)
	+ 41 trainings were conducted in person; 17 trainings were conducted virtually
* 1,156 people attended a *Breathe* Training (916 in person, 240 virtually)
* 49 Counties were reached with *Breathe*

**Key Results from Pre and Post Assessments for Full *Breathe* Trainings (virtual and in-person)**

* 829 Pre Assessments were completed, 835 Post Assessments were completed
* 97.8% would recommend the *Breathe* Training to others (97.6% for in person trainings, 100% for virtual trainings).
* Those who felt prepared to discuss tobacco/smoking with parents (very prepared and somewhat prepared) went from 52.9% before the training to 85.5% after the training.
	+ For in person trainings: 51.5% before the training to 84.2% after the training.
	+ For virtual trainings: 67.6% before the training to 98.6% after the training.
* Those who felt prepared to discuss second/thirdhand smoke with parents (very prepared and somewhat prepared) went from 52.9% before the training to 85.6% after the training.
	+ For in person trainings: 51.5% before the training to 84.4% after the training.
	+ For virtual trainings: 67.6% before the training to 98.6% after the training.
* Those who felt prepared to discuss marijuana with parents (very prepared and somewhat prepared) went from 41.3% before the training to 76.8% after the training.
	+ For in person trainings: 40.3% before the training to 75.2% after the training.
	+ For virtual trainings: 52.1% before the training to 93.2% after the training.
* Sample of participant responses for in person and virtual trainings in 2020-2021:
	+ Positive/Favorite Elements: “Excellent presentation/training!” – “How to approach smokers helped me gain confidence.” – “The materials & activities make it easier to implement the activities & show parents how it works.” – “To me, it doesn't matter if the parents/guardians choose to quit smoking or feel comfortable talking about it, but I will present and offer it to them as resources to help tobacco users quit” – “20 year smoker, I quit 1 year 3 months ago! :)” – “It was very informative and interactive” – “Very excited to start using the material.” – “Handouts/videos will be great to use with families.” – “The scenario game with Kayla and Jordan- it was mind-boggling” – “Learning about third hand smoke and vaping” – “The introduction of materials. I love that you have tangible resources for those you train.” – “Preparing us for how to start the conversation, because it's easy to have the facts in your head but harder to express in a supportive, client-focused, non judgmental way” -- “The information was presented so well in language and terminology we can use with our clients” – “Interaction/Activities”
	+ Suggestions/Least Favorite Elements: “Discussing marijuana - makes me uncomfortable” – “Only activities with children. I don't feel comfortable to talk to the parents about personal things” – “Too long” – “Having to put myself in uncomfortable situations to ask parents about their personal choices.” – “Knowing there aren't enough kits for every employee” – “That COVID made us do this through Zoom and not in person.” -- “Technical difficulties/Connection issues” – “I think it's important to use patient centered language -- such as parents who smoke, rather than "smoker".” – “May be helpful to have more clarity on the different programs available like distinguishing the quit line, websites, where to get free NRT, etc”
* 95.2% indicated they were extremely likely or somewhat likely to use the *Breathe* training materials.
	+ For in person trainings: 94.9%
	+ For virtual trainings: 98.6%

**Key Results from *Breathe* One Month Follow Up Surveys for all trainings in 2019-2021**

* 260 One Month Follow Up Surveys completed; 22.5% response rate
* USAGE rates (at least once) for each component 1 month after the training: Flipchart 36.8%, **Parent Handouts 43.7%**, Parent Activities 30.6%, Children’s Activities 34.7%, Videos 19.9%
* USEFULNESS rates for those who have used the materials (Extremely Useful & Somewhat Useful) for each component: Flipchart 95.2%, Parent Handouts 97.5%, Parent Activities 96.7%, **Children’s Activities 97.9%**, Videos 96.1%
* INTENT TO USE rates (Extremely Likely & Somewhat Likely) for each component: **Flipchart 88.9%,** **Parent Handouts 88.9%,** Parent Activities 85.9%, Children’s Activities 86.7%, Videos 84%
* Sample of Successes and Challenges (2020-2019): “one family found it useful and did not know all of the information. the family appreciated the information.” – “Due to COVID and my role within our program, I have not utilized the materials with families. I believe as the situations arise and with having the materials readily available staff will use the materials on a regular basis as we move forward.” -- “I have not had the chance to use the material as of yet” -- “We do not see the parents on a regular basis to introduce the information to them due to COVID-19. In another instance I don't feel comfortable talking about to adults about what goes on their own house” -- “We appreciate having these materials and look forward to using them with our families throughout the school year.” -- “Parents lie about smoking inside the home.” -- “I feel that the training - materials and videos - should have been sent to parents rather than used as a training for teaching teams. I feel that our parents are affronted when my teaching team tries to talk with them about quitting smoking. Our parents might feel that we are not the experts who they will/would listen to regarding quitting smoking.”
* Sample of Suggested Improvements (2020-2019): “Providing more creative ideas for making *Breathe* training and materials more engaging for participants to utilize.” – “An in person training would be better, but we were unable to do this time due to COVID restrictions.” – “ways to share them with families with out coming off as accusatory” – “Conduct the training with parents. Make it a necessary training for all perspective Head Start parents.” – “How to introduce the subject in a manner that does not pass judgement or belittle a particular families choices or lifestyle.” – “If there were online resources that we could share with parents, that would be great. I think that it would give us another way of getting it to the parents, even though not many have internet at the moment.”

**Key Results from Pre and Post Assessments for *Breathe* Refresher Trainings (held one year after the initial *Breathe* training, virtual and in-person)**

* From the 10 *Breathe* Refreshers, for 182 training participants:
	+ 65.1% attended the previous *Breathe* training
	+ 54.6% know where a *Breathe* Kit is stored at their center
* USAGE rates (at least once) for each component: Flipchart 23.4%, **Parent Handouts 41.3%,** Parent Activities 28.8%, Children’s Activities 32%, Videos 16%
* INTENT TO USE rates (Extremely Likely & Somewhat Likely) for each component: Flipchart 91.9%, **Parent Handouts 96.3%,** Parent Activities 95.7%, Children’s Activities 91.8%, Videos 90.6%
* 98.1% would recommend the *Breathe* Refresher Training to others
* Sample of participants’ impression of the *Breathe* Refresher: “very informative” – “this was an awesome refresher” – “The games were fun!” – “good length” – “very overwhelming” – “this is all good information I can use with my families” – “I enjoyed the info given in a fun way” – “It was great to learn new ways to show parents how to quit” – “The speaker is passionate about this subject” – “I love the new training. Much more engaging!” – “a fresh spin on quitting tobacco usage” – “glad to have it-I had forgotten some of it from last year”
* Sample of favorite parts of the training: games/Jeopardy, new materials, e-cigarette info, and sharing of ideas
* Sample of least favorite parts of the training: low number of participants, training too early (7:30), judgmental/confrontational

**Key Results from the County Coordinator Survey**

* 31 County Coordinators Completed the *Breathe* Feedback Survey
* 27 were Community Partners, 2 were Minority Based Partners, and 2 were Statewide Partners
* 20 have conducted a *Breathe* training, 7 have not, 4 have not conducted a training yet but have one scheduled
* 10 have conducted one *Breathe* training and 10 have conducted 2 or more trainings
* In addition to completing the *Breathe* trainings, the top activities completed included: provided quitline materials, shared the *Breathe* e-newsletter, and provided Community/Parent/Student education
* The least likely activities completed included: reviewed their health assessments, executed a memorandum of understanding, and enrolled Head Start as a preferred organization
* Samples of Successes: “We presented to Headstart parents in both English and Spanish” – “We were able to provide training to multiple sites even with the barrier of COVID 19” – “We have hosted quarterly discussions with Head Start Teachers and Family Advocates to collaborate on activities to be done with their families both in person and virtually.” – “Completed a *Breathe* training for 3 counties!”
* Samples of Creative ways *Breathe* has been shared during Covid: “Hosted trainings and meetings in virtual manners to accommodate everyone's needs.” – “My colleague developed a Kahoot review game to use in her virtual training” – “e-newsletter has been a great outreach tool” – “We just had to adapt the games to do them online.”
* Samples of Challenges: “COVID!” – “Educating staff on utilizing materials in the virtual world.” – “Getting Staff of H.S. to follow up on/with *Breathe* Curriculum” – “It was a little bit long, we also struggled with time as we went over the time for about 20 minutes.” – “In previous years it was an easy sell for me to come in and present to staff. This year no matter how much I offered my services I was only able to provide a presentation to a few staff members at one Center.” – “The use of material was not a priority. Said the time is not available to focus on this topic.”
* 83.3% of respondents found the *Breathe* website Extremely or Somewhat Helpful.
* Of those who have joined the *Breathe* Facebook group, 59.3% have found it Extremely or Somewhat Helpful
* Of those who are receiving the *Breathe* newsletter, 89.3% have found it Extremely or Somewhat Helpful
* Of the original *Breathe* kit components, county coordinators found the Parent Handouts the most useful, followed closely by the Children’s Activity Booklet, and the Flipchart and videos.
* Of the new *Breathe* materials, county coordinators found the Coloring Sheets/book the most useful, followed by the Spanish Materials and the Social Media Images and Text.
* Additional Support needed: Finding alternative sites for trainings, state level support from WIC, collaboration with other county coordinators to find out what is working, and more engagement in the Facebook group
* Testimonials: “Incredibly well organized program with variety of materials and outreach tools. The website is very helpful for getting an overview of the program.” – “I wish there was an agreement with state that required Head Starts to complete this training. While some Head Start sites are grateful for this opportunity it seems others like ours, do not feel the same. We honestly find that the alternate sites seem to be more excited about the opportunity.”

**Insights for Moving Forward**

A great deal was accomplished around Indicator 16 and the rollout of *Breathe* this grant cycle. The response from County Coordinators as well as Head Start and alternate partners was very positive. The biggest challenge for Indicator 16/*Breathe* has been adapting to the everchanging conditions around Covid-19 over the past 16 months, but many county coordinators have successfully adapted to virtual formats and continued to maintain existing relationships. Despite fewer numbers of trainings and training participants in year two, those who did complete the trainings rated the program highly and expressed encouraging levels of intent to utilize the materials in the future, which further supports the need for on-going support from county coordinators beyond the initial trainings. With the additional *Breathe* materials that have been created and the ability to offer *Breathe* trainings both in person and virtually, there are now so many ways to implement *Breathe* and offer flexibility to our partners, which will be a key factor moving forward. Health Ed Pros will continue to nurture our relationship with the state level leadership with Head Start and will also work to engage support from more alternate partners at the state level given the potential for greater expansion of *Breathe* beyond Head Start.

**In the upcoming grant cycle, key priorities should include:**

* continuing to expand the reach and impact of *Breathe* by offering both in person and virtual training options, utilizing digital versions of the *Breathe* kit components, and offering the program to more alternate partners
* training new County Coordinators on *Breathe* as well as conducting a review of lessons learned and upcoming changes for the existing County Coordinators
* creating additional opportunities for county coordinators to collaborate and share ideas around *Breathe*
* improving content and usability of the *Breathe* website and Facebook group
* increasing utilization of the monthly *Breathe* newsletter
* continuing to add to the *Breathe* resources as needs arise
* gathering additional impact data by implementing a new parent survey
* reaching more marginalized populations with *Breathe* through partnerships with organizations connected with African American and Latino populations
* engaging with both new and existing Head Start and Alternate Partners at the state and local level to develop long term, mutually beneficial relationships

***Report Completed by Health Ed Pros***

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