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Fall 2023



Emory Prevention  
Research Center

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## Research in Georgia and Beyond

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## Smoke-Free Homes Adaptations with Partners

**GAT+HER**  
Georgia & Armenia Teams  
for Healthy Environments & Research

**GAT+HER.**



We are excited to announce that the Emory Prevention Research Center (EPRC), along with Dr. Carla Berg from George Washington University (GW), has partnered once again with colleagues from Georgia and Armenia, for a second cycle of GATHER. In collaboration with the Georgia National Center for Disease Control, Armenia National Institute of Health, and American University of Armenia, the project will leverage community coalitions formed as part of our first study on smoke-free environments, along with national quitlines to:

- Adapt our evidence-based smoke-free home intervention to be culturally appropriate for Georgia and Armenia and develop capacity for intervention delivery.
- Examine the effectiveness of the adapted intervention on smoke-free home adoption among households in both countries.
- Assess intervention reach, adoption, implementation, and sustainability.

Currently, both countries are translating and adapting the *Smoke-Free Homes: Some Things are Better Outside* materials. Our partners will then conduct focus groups with smokers and nonsmokers to ensure the materials are culturally appropriate. The EPRC team will travel to Georgia and Armenia in the summer of 2024, to train community partners on recruitment methods and intervention delivery.

The EPRC is thrilled to continue this partnership, and we hope that together, our efforts will create a sustainable program that will reduce secondhand smoke exposure and smoking rates locally, and in other low and middle income countries.

To learn more about our prior work in Georgia and Armenia, click [HERE](#).

To learn more about *Smoke-Free Homes: Some Things are Better Outside*, and to order your free kit, click [HERE](#).



## Tribal Smoke-Free Homes

The Emory Prevention Research Center (EPRC) received a grant from the National Cancer Institute to adapt and evaluate our Smoke-Free Homes intervention for rural tribal communities. We are partnering with two members of the CDC-funded National Native Network: the Inter-Tribal Council of Michigan (ITCM), which represents 12 federally recognized tribes in Michigan and 2) the Great Plains Tribal Leaders Health Board (GPTLHB), representing 17 sovereign nations within a four-state area (North Dakota, South Dakota, Nebraska and Iowa). Both ITCM and GPTLHB share a mission to advocate for and champion health equity in their respective tribal nations and have been integral to the design of the project.

Our partners are in the process of asking tribal members to review and provide feedback on the adapted Smoke-Free Homes materials to ensure that they are culturally appropriate (e.g., emphasize commercial tobacco in defining a smoke-free home), visually appealing, and easy to understand. Feedback will be used to make additional revisions to the materials that will then be used in the key part of this project: testing the effectiveness of the brief intervention for families living in tribal communities to create smoke-free homes. In other words, does providing educational materials and a coaching call, to walk participants through the 5-steps of creating a smoke-free home, help families living in tribal communities implement a rule that limits commercial tobacco use (for non-traditional purposes) in their households? Our partners are also interviewing tribal leaders to gauge how ready their communities are to consider smoke-free tribal housing focused on commercial tobacco.

This past October, the EPRC Tribal Smoke-Free Homes team traveled to both Rapid City, South Dakota and Traverse City, Michigan to meet with partners from ITCM and GPTLHB. The team also met with staff from five tribal nations to engage in the study planning process and to strengthen collaborations. With several years of preparation and hopes of testing the Smoke-Free Homes intervention with tribal communities, the EPRC is excited that this project has become a reality.



*The Emory Tribal Smoke-Free Homes Team with the Great Plains Tribal Leaders Health Board in Rapid City, South Dakota*



*The Emory Tribal Smoke-Free Homes Team with the Inter-Tribal Council of Michigan in Traverse City*



*Dr. Michelle Kegler (left) and Dr. Robin McGee (right) at the training.*

## Helping Hands Ending Hunger: A Practice-Based Evidence Project

The Emory Prevention Research Center is identifying promising programs in Georgia and helping to gather practice-based evidence. Through this process, we began a partnership with Helping Hands Ending Hunger. This rapidly growing, community-based program has developed an innovative approach to both reduce food waste in schools and address food insecurity. To inform understanding about the program and its impact, we recently conducted a site visit to observe a school-based training on how to implement the program.

Leaders from four Northwest Georgia schools participated in the training, where they learned about the Helping Hands Ending Hunger approach, sources of support, and opportunities for future programming. Since the training, Helping Hands Ending Hunger and the local schools have worked together to implement school-based food rescue systems. With support from school leaders, students collect, clean, and store uneaten food for redistribution to children and families who may be experiencing food insecurity. The food is repackaged into meal bags for families to use over the weekend and during school breaks. The program is centered on "kids helping kids" to foster a school environment that empowers students to engage with one another in support of addressing food-related public health challenges.

After the training, we met with the Helping Hands Ending Hunger CEO, Carla Harward to discuss details about the program and opportunities for collecting practice-based evidence. With the support of Helping Hands Ending Hunger, we recently launched a brief survey to assess the impact of the program on families and kids. With the data from the survey, we hope to learn from the families receiving the food bags and how the food bags might support addressing their food needs.



The lessons learned from this evaluation will assist Helping Hands Ending Hunger's future programming, as well as strengthen the evidence-base for these types of community-driven initiatives to address food insecurity.

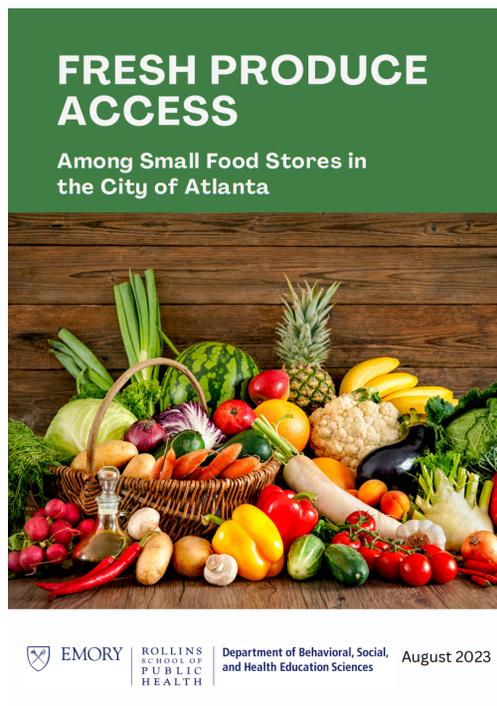


Image by Sky and Glass on Freepik

## Fresh Produce Access Report in City of Atlanta

The [Healthy Food Retail Research Team](#), including faculty and staff affiliated with the EPRC, recently published a report that unveils critical insights into disparities in fresh produce access among residents of Atlanta. The report was covered in [Fox5Atlanta](#) and the [Atlanta Journal-Constitution](#).

Titled "[Fresh Produce Access among Small Food Stores in the City of Atlanta](#)," this report examines the current landscape of fresh fruit and vegetable access among small food retailers in Atlanta using data from 150 randomly selected stores. Small food stores, such as convenience/corner stores, gas-marts, dollar stores, and pharmacies, are a key opportunity to equitably expand produce access and help the City achieve its goals of all residents having access to fresh, affordable options.



**Key highlights of the report include:**

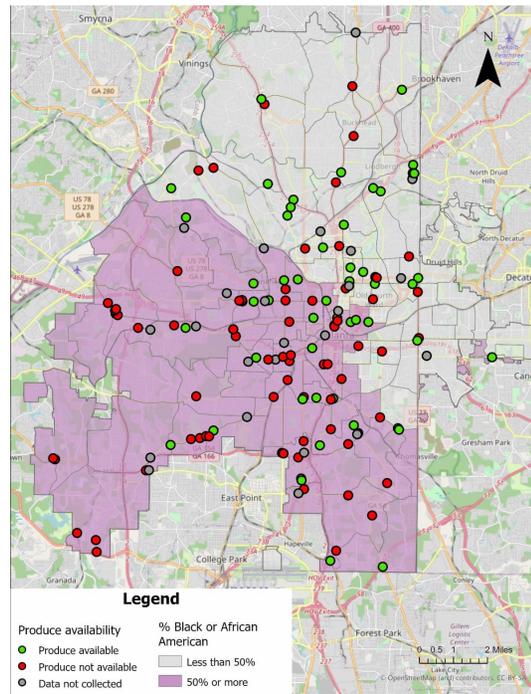
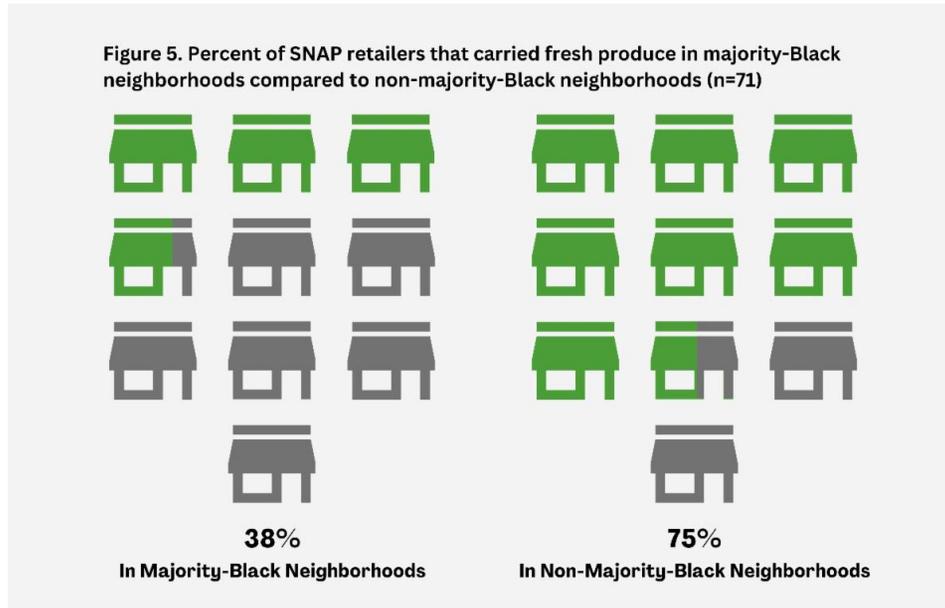
Small food stores **are abundant** in Atlanta and **more common in majority-Black and low-income neighborhoods with limited supermarket access.**

Fresh produce is available **in less than half (44%) of small stores overall.**

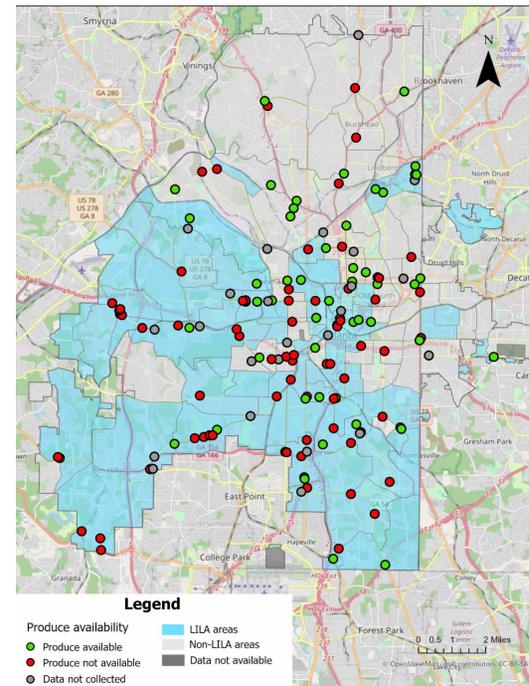
**Stark geographic, socioeconomic, and racial disparities** in fresh produce availability **exist—even among stores authorized to accept SNAP.**

Encouragingly, there is **consistent quality, promotion, and prices** among stores that choose to make produce available.

Figure 5. Percent of SNAP retailers that carried fresh produce in majority-Black neighborhoods compared to non-majority-Black neighborhoods (n=71)



Produce availability in the city of Atlanta by majority vs non-majority-Black neighborhoods



Produce availability among stores in the city of Atlanta by LILA\* vs non-LILA\* areas

**Footnote:** The Healthy Food Retail Research Team, led by Dr. Megan Winkler at Emory University Rollins School of Public Health, aims to advance dietary-related population health by investigating opportunities to make the U.S. food retail environment a more health promoting space.



Source: <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

## EPRC Trainings: Social Determinants of Health

The EPRC training core offered 2 trainings this past year on social determinants of health (SDOH). Social determinants of health are “the conditions in which people are born, grow, live, work, and age” and the “fundamental drivers of these conditions.” There are five major SDOH domains: economic stability, education access and quality, health care access and quality, neighborhood and build environment, and the social & community context.

The first training focused on an overview of social determinants of health, SDOH models and frameworks, and how to measure social needs in communities (e.g., surveys). The second training primarily covered strategies to address SDOH and provided examples of

these strategies implemented through [The Two Georgias Initiative](#). This Initiative was a place-based grant making initiative funded by Healthcare Georgia Foundation (now Georgia Health Initiative) designed to expand access to quality health care, achieve greater health equity among rural Georgians, and build community, organizational, and individual leadership. The 11 funded coalitions addressed each of the different SDOH domains in ways that were appropriate for their communities.

About 30 participants attended the 2 trainings. During the training, we asked about the social determinants that participants were seeing in their communities.

Social determinants of health issues	Part I n = 15	Part II n=16
<i>Education Access &amp; Quality</i>	40%	56%
<i>Economic Stability</i>	93%	69%
<i>Social &amp; Community Context</i>	53%	31%
<i>Neighborhood &amp; Built Environment</i>	67%	38%
<i>Healthcare Access &amp; Quality</i>	87%	56%

For both trainings, participants strongly agreed that the training was a good learning experience (Mean=5:00). Participants demonstrated increased knowledge and skills of these topics after the training. See the table of changes from before and after the trainings below.

Training Objectives	BEFORE					AFTER				
	Before attending <i>SODH Training</i> , my ability to meet this objective was:					After attending <i>SPDH Training</i> , my ability to meet this objective is:				
	Low	Moderate	High			Low	Moderate	High		
	1	2	3	4	5	1	2	3	4	5
<b>Part I</b>										
Define social determinants of health and their categories	1.8 (.58)					2.8 (.39)				
Describe the effects of social determinants of health	2.2 (.58)					2.8 (.39)				
Locate and utilize tools for assessing social determinants of health	2.0 (.74)					2.8 (.45)				
<b>Part II</b>										
Discuss ways to address social determinants of health	2.0 (.50)					2.6 (.50)				
Describe guidance for addressing social determinants of health in your organization	2.0 (.50)					2.6 (.53)				

Participants said that the most useful parts of the trainings were:

- Learning to identify SDOH, examples, and resources
- Training was virtual
- Videos and hands-on assignments
- Peer learning
- Resources & worksheets, and examples
- Breakout groups
- Strategies to address SDOH

Finally, they reported on how they would use the information on the training, including:

- At work (with clients, share with colleagues, students, patients)
- Discussions about community needs and conduct needs assessments
- Implement intervention programs
- Identify barriers to adequate high-quality care
- Locate more resources (to increase opportunities for students and teachers)

## EPRC Trainings: Social Determinants of Health



## EPRC Training Materials and Resources

can be found on the **EPRC Website**

We encourage you to review these and share with partners in your communities.

**Go to EPRC Training Webpage**

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