

**CCCS Health and Well Being Workgroup  
February 12, 2015 1pm Meeting Agenda**

Patrick Henry Building, Conference Room #3  
1111 East Broad Street Richmond, VA 23219  
Via Conference Call: 866-842-5779; and pass code 4399398107

- I. Welcome and Introductions
  
- II. Home Visiting: Overview and Outcomes (Johanna Schuchert)
  
- III. Follow Up on Dr. Levine's Thriving Infants Presentation
  - a. Long Acting Reversible Contraceptives (Lauri Kalanges, MD MPH; Deputy Director, Office of Family Health Services, Virginia Department of Health)
  
  - b. Virginia's Messaging for Preventing Youth Tobacco Use (Danny Saggese, Director of Marketing, Virginia Foundation for Healthy Youth)
  
- IV. Discussion of Potential Recommendations for Consideration

*Next CCCS Meeting: May 4, 2015 at 3pm in the Patrick Henry Building*



**Virginia Home Visiting Consortium**

# **Early Childhood Home Visiting in Virginia**

**Laurel Aparicio, Director  
Virginia Home Visiting Consortium**

# What is Early Childhood Home Visiting?

- \* A strategy for:
  - \* strengthening family functioning,
  - \* improving maternal and child health,
  - \* promoting child development and school readiness
- \* Voluntary service delivery occurs in the family's home
- \* Reach families in a comfortable and predictable environment

# Home Visiting Consortium (HVC)

- \* A collaboration of statewide early childhood home visiting programs that serve families of children from pregnancy through age 5.
- \* Consortium membership includes state coordinators of each home visiting model and other state level early childhood leaders.



# Home Visiting in Virginia

- CHIP of Virginia
- Early Head Start
- Healthy Families VA
- Healthy Start/Loving Steps
- Nurse Family Partnership
- Parents as Teachers (PAT)
- Project Link
- Resource Mothers

# Families Served

- \* Young
- \* Single
- \* Poor
- \* “At-risk”
- \* History of trauma
- \* Limited education
- \* Multi-cultural



# Program characteristics

- \* Voluntary
- \* Free
- \* Long term and intensive service delivery
- \* Based on Best practice
- \* Evidence Based Curriculum
- \* Extensive Professional Development/Training
- \* Community based
- \* Data driven

# Types of Services

- ❖ Screening, Assessment and Planning
  - child development
  - maternal and child health
  - perinatal depression
  - intimate partner violence
- ❖ Referral to community resources
- ❖ Parent Education and Support
  - teach
  - mentor
  - coach

# Common Goals

- \* Family Functioning
- \* Maternal and Child Health
- \* Child Development and School Readiness
- \* Parent-Child Relationships

# Home Visiting Works to...

## Improve Pregnancy and Birth Outcomes

### Prenatal care

- \* Participating Moms are more likely to receive recommended prenatal care

### Healthy birth weight

- \* 75% more likely to give birth to infants weighing over 5.5 lbs

### Gestational Age

- \* 50% fewer NICU days
- \* 44% fewer in-patient days

### Birth spacing

- \* More likely to delay subsequent births

### Risky Behaviors

- \* Reduce drinking and smoking during pregnancy



# Home Visiting Works to...

## Improve Family Health and Well-being

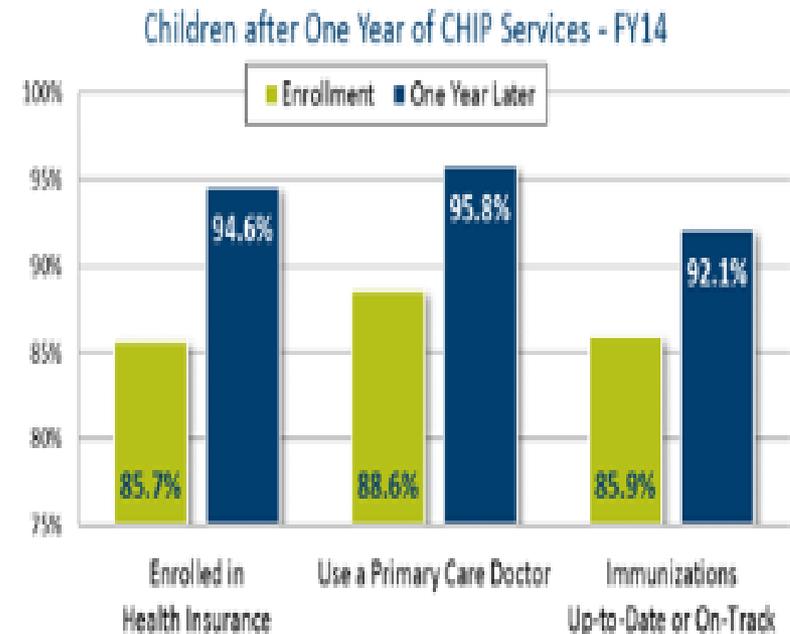
### Medical Home

Appropriate use of Medical Home and Emergency Care

### Preventive Health Care

Increased use of preventive health care including:

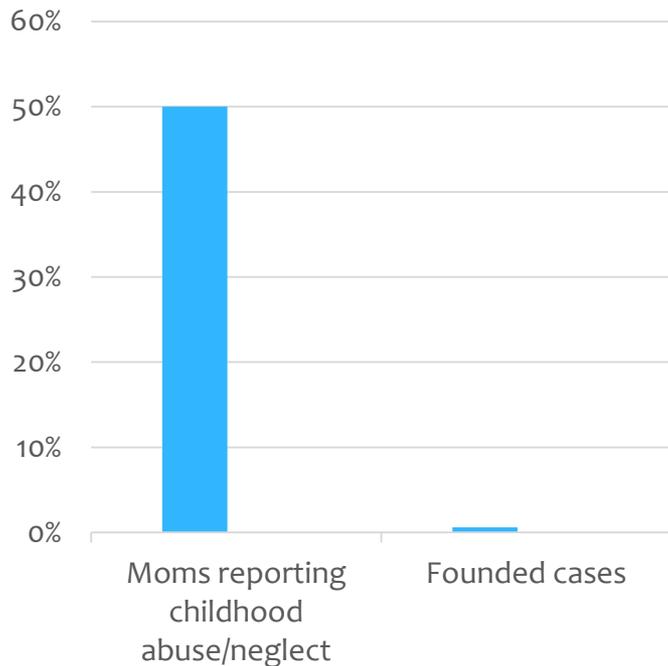
- \* well-child care
- \* immunizations
- \* interconception care



# Home Visiting Works to...

## Improve Family Health and Well-being

### Breaking the Cycle of Child Abuse & Neglect



Healthy Families Virginia Data

### Child Abuse and Neglect

50% reduction in child abuse and neglect and involvement with Child Protective Services

### Teen Pregnancy

More likely to delay subsequent birth for 24 months or longer

### Maternal and Child Mortality

Reduced rates of unintentional injuries, maternal mortality from all causes and preventable child mortality from birth to age 20

# Home Visiting Works to...

## Child Development and School Readiness

### Support healthy growth and development

- \* Child development screening, referral and parent education for early intervention



### School readiness

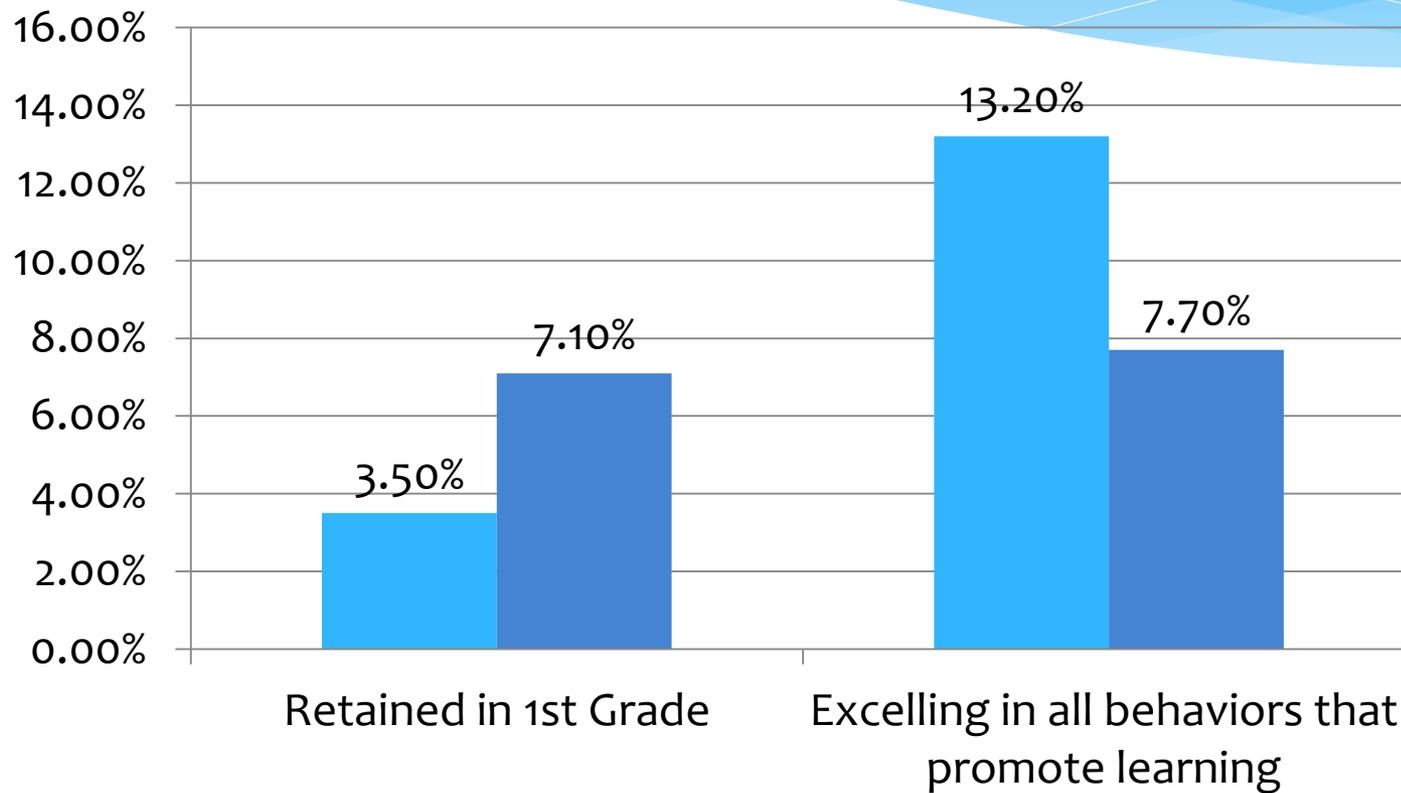
- \* Significantly more likely to enter school ready to learn and with fewer behavioral problems



### School success

- \* 50% less likely to be retained in 1<sup>st</sup> grade
- \* 56% more likely to graduate from high school

# Effect of Home Visiting on Children's Adjustment to School



 Children receiving Healthy Families New York home visits

 Control Group

# Home Visiting Works to...

## Improve Family Functioning

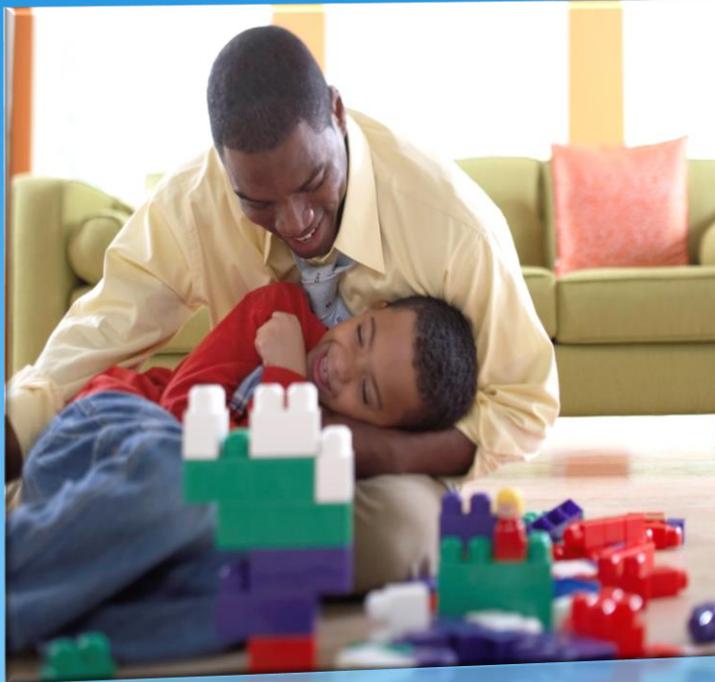
### Stable living situation

- \* 50% reduction in families moving 2+ times in a year



### Employment

- \* Increased rate of employment of one or both parents



94% of participants  
demonstrate  
**positive parent-child  
interaction**  
or show improvement

Healthy Families Virginia 2013

# Return on Investment

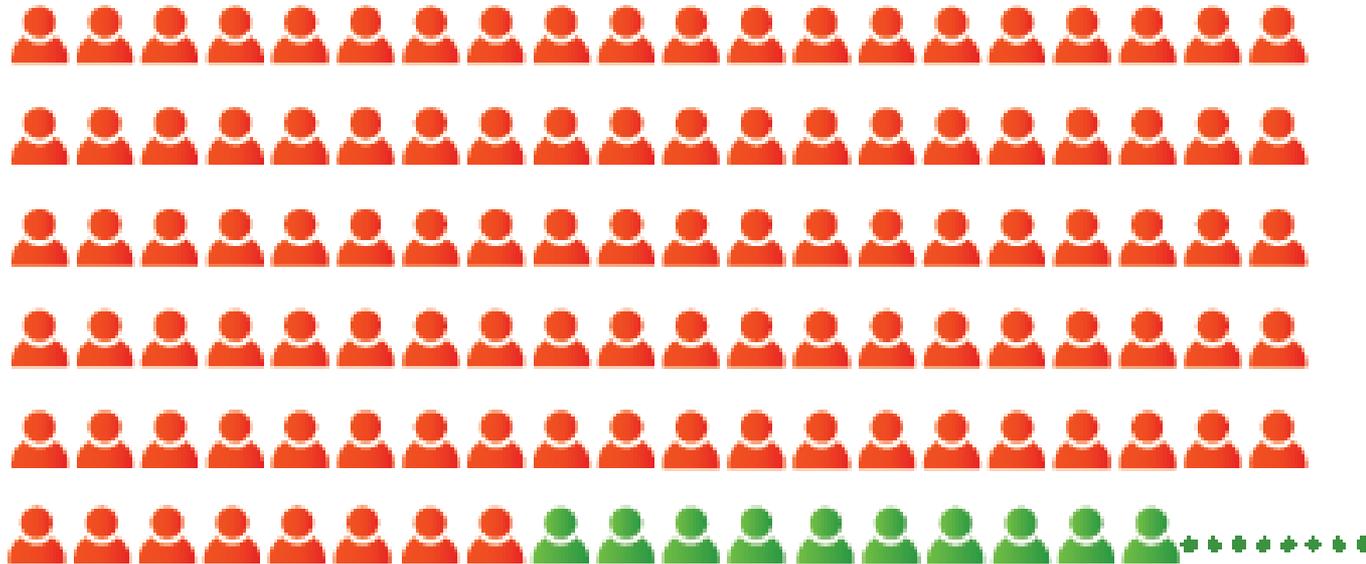
- \* **Short and long term savings**

- \* Health care costs
- \* Education costs
- \* Child welfare costs



- \* Return of up to **\$5.70** for every dollar invested

# 88% Unmet Need



# Unmet Need

- \* **88%** (~106,000) of low income families cannot access home visiting services in Virginia
- \* 17 localities have NO home visiting services
- \* In 71 communities, less than 10% of families in need receive home visiting

# www.homevisitingva.com



Virginia Home Visiting Consortium

*Our Vision:*

Children grow up healthy and ready to learn with parents providing a safe and supportive home.



[HOME](#) [PROGRAMS & CONSORTIUM MEMBERS](#) [TRAINING](#) [RESOURCES](#) [WHAT'S NEW?](#) [CONTACT](#)

## 2014 Home Visiting Conference

Thank you for attending!

2014 Home Visiting Conference  
Home Visiting: Investing from the Start,  
Building for the Future

[Handouts, Videos, and Photos Available Here](#)



HOME VISITOR  
TRAINING

CHECK YOUR  
TRANSCRIPT

DIRECTORY OF  
VIRGINIA  
PROGRAMS

## Virginia's Home Visiting Consortium (HVC)

is a collaboration of statewide early childhood home visiting programs that serve families of children from pregnancy through age 5.

## HVC Mission:

Since 2006, the Virginia Home Visiting Consortium has been advancing the delivery of high quality, efficient services that improve the health, social, and educational outcomes for new and expecting parents, young children, and their families within safe homes and connected communities.

Core strategies: [Guide](#), [Lead](#), [Collaborate](#), and [Research](#)

The HVC [guides](#) through    The HVC [leads](#) in resource    The HVC [collaborates](#) and    The HVC [facilitates](#)

- \* Directory of Programs
- \* Training
- \* Information
- \* Resources
- \* And, more....

For more information:

[laurel.aparicio@homevisitingva.com](mailto:laurel.aparicio@homevisitingva.com)

**Commonwealth Council on Childhood Success  
Health and Well Being Workgroup  
February 12, 2015 Meeting Notes**

***Attendees:***

Catherine Hancock, DBHDS Early Intervention Coordinator (Co-Chair)  
Lisa Specter-Dunaway, Home Visiting Consortium (Co-Chair)  
Ashley Harrell, Maternal and Child Health, DMAS  
Ipek Taffe, The Planning Council (Norfolk)  
Dr. David Buchsbaum, Anthem  
Becky Boswell, Autism Society Central VA  
Johanna Schuchert, Prevent Child Abuse Virginia  
Margaret Schultze, Commissioner, Dept of Social Services  
Heidi Lawyer, Virginia Board for People with Disabilities  
Michele Chesser, Joint Commission on Health Care  
Marty Kilgore, VA Foundation for Healthy Youth  
Heidi Hertz, VA Foundation for Healthy Youth  
Rebecca Bates, ODU Doctoral Student, working with Becky Bowers-Lanier  
Laurel Aparicio, Home Visiting Consortium  
Dr. Lauri Kalanges, Virginia Department of Health  
Danny Saggese, VFHY  
Tonya Vidal Kinlow, Children's National Health System

***Workgroup Updates***

This is the last meeting with presentations; the group will focus on recommendations from here on out in preparation for May meeting.

***Presentation on Home Visiting (HV) by Laurel Aparicio***

Laurel has recently started as the Director of the Home Visiting Consortium, and presented an overview of what home visiting is, how the consortium works, and data outcomes. [Her entire power point presentation is online here.](#)

- Data drives innovation and improvement in service delivery, more true today than ever
- HV consortium provides professional development courses, and is working on a common certificate program for professionals
- Highlights from Outcome Data:
  - 75% more likely to give birth to healthy weight babies
  - CHIP babies spend 50% fewer days in the NICU
  - Better use of medical homes and preventive care
  - Participants are 50% less likely to abuse or neglect children (nationally); original purpose of many HV programs
  - Participants are 50% less likely to be retained in 1st grade
  - 40% increase rate of employment after 1 year in a HV program
  - \$5.70 return on investment for every dollar invested in HV
- HV programs are currently serving only 12% of the need in VA. Really just a resource issue. Closed in Halifax and Farmville, those programs were dependent on state funding and when that disappeared the sites closed.

- William and Mary study on Hampton from a few years ago indicates that 50% of eligible babies born each year need to receive services before the community outcomes begin to change.

*Discussion and Questions:*

Is it hard to find families to participate in these programs? No, many have wait lists.

Is there research out there on the value of providing services beyond child's entrance to Kindergarten? Some with transitions through the kindergarten year; beyond that no known research

Is there an increased number of localities without services? Yes, 6 Healthy Family sites closed in recent years

How do the payment models and insurance reimbursements work? It depends on the model and program. Some get Medicaid reimbursement through nursing services; other programs housed in CSB's who are reimbursed through targeted case management.

CHIP - because of nurse model, they have contracts with 2 MCO's to serve high risk babies and toddlers. The reimbursement pays for about 1/3 of the cost of the home visit.

On the mental health side- Healthy Families have MOA's with local CSB's. Their model is designed to be proactive and built on existing systems in the community. When the CSB is the fiscal sponsor of the program CSB bills Medicaid for targeted case management, put up the match until reimbursement comes in, after which it goes to Healthy Families. Some Healthy Family sites are not fiscally sponsored by CSB's but have similar MOA set up.

***Presentation on Long Acting Reversible Contraceptives (LARC's) by Dr. Lauri Kalanges (VDH)***

Dr. Kalanges is the Deputy Director, for the Office of Family Health Services at the Virginia Department of Health. She was asked to provide the group with more detailed information on LARC's given the conversation during Commissioner Levine's presentation at the last workgroup meeting on Thriving Infants and the role LARC's have.

Dr. Kalanges gave the group an overview of the types of LARC's that are FDA approved, and a bit about the history of their evolution. She then discussed the health benefits associated with appropriately spaced births and shared some of the outcome data from studies on LARC's in St Louis and Colorado. [Her full presentation is online here.](#)

Benefits of LARC's

- Reduce unintended pregnancy
- Increase inter-birth interval
- Improved birth outcomes
- Increased thriving infants

Missed/ current opportunity to promote immediate post partum long acting reversible contraception (IPP LARC), which are safe, reversible and highly effective. But challenges to policy implementation include:

- Bundling of prenatal, delivery, and postpartum services based on diagnosis related group guidelines.
  - Under the current reimbursement guidelines, if a practitioner were to provide a LARC method following placental removal, the hospital would not be reimbursed for the device and the practitioner may not be paid for the insertion fee.
- Public Awareness of LARC benefits
- Provider awareness
- Hospital systems change

Dr. Buschbaum explained that Anthem will be rolling out a program this spring to cover LARCs and decouple the funding so that practitioners and hospitals are reimbursed.

There are also challenges around publically funded reimbursements, including:

- Publically funded reimbursement
  - South Carolina
    - J-codes and family planning modifier
  - Colorado, Iowa, New Mexico, Georgia, Alabama, New York and Washington D.C.
- MCOs
  - Medicaid budget authority needed
  - MCO contract and capitation rates would need modified
- As Medicaid goes, so go other reimbursement plans?

There was also extensive discussion about the fact that any provider that touches the family needs to be trained and informed on the issue, from pediatricians to internists.

***Presentation on Preventing Youth Tobacco Use, Danny Saggese, VFHY***

As part of the desire to continue the conversation from Dr. Levine's presentation on thriving infants, Danny was invited to share a bit about the segmented marketing campaigns that VFHY does. The goal being to help us think about how to connect these smoking cessation efforts with the profound impact tobacco use has on thriving infants.

Danny explained a bit about how segmentation is used to better reach specific audiences because it is incredibly hard to change behavior (changing preferences is easy - coke to pepsi).

Data indicates that 15% of high school youth still smoke in the state; and teens are driven by their social identity, which varies dramatically from teen to teen.

Smoking teens didn't trust the VFHY's last campaign, as it wasn't speaking to the population it needed to.

Danny explained that demographics matter little in these campaigns, but rather group culture and identity cut across demographics. And VFHY found different prevalence rates of smoking for each of these different cultures.

This led to segmentation marketing based on the values of each different culture/ "peer crowds." They identify 5 major peer crowds, knowing that some teens identify with multiples. They tested each message with the respective peer crowd, before blasting to whole group.

One of his recommendations for the group to consider is to include the I-Base survey info in the VA youth survey instead of spending \$200,000 and taking 18 months to do it separately.

His [full presentation is online here.](#)

Sample videos are online here:

Alternative- <https://www.youtube.com/user/SYKEVA>

Country/ Rural - <https://www.youtube.com/user/DownandDirtyVA>

Hip Hop - <https://www.youtube.com/user/FreshSocietyVA>

# Long Acting Reversible Contraception: LARC

Health and Well Being Workgroup  
February 12, 2015

Lauri Kalanges, MD MPH  
Deputy Director, Office of Family Health Services

# Evolution of Contraception

- From 40 years of hormonal contraception through birth control pills and other methods that require daily memory and/or dependent upon individual activity usage
- To more effective and reliable methods that include hormonal implants and hormonal/nonhormonal uterine devices

# Definition of LARCs

ACOG:

“Long-acting reversible contraceptives, intrauterine devices and implants are methods that have multiple advantages over other reversible methods. Most importantly, once in place, they do not require maintenance and their duration of action is long, ranging from 3 to 10 years.”

# Types of LARCs and Mechanism of Action

## – Intrauterine device or system (IUD/IUS )

- Mirena: create thickened cervical mucus which is impermeable by sperm and also prevention of ovulation
- Paragard: prevents pregnancy by creating a hostile environment for sperm to travel (pre-fertilization)
- Skyla: create thickened cervical mucus which is impermeable by sperm and also prevention of ovulation

## – Implantable devices

- Nexplanon: create thickened cervical mucus which is impermeable by sperm and also prevention of ovulation

# Contraceptive Effectiveness

Figure 3-1 Comparing typical effectiveness of contraceptive methods

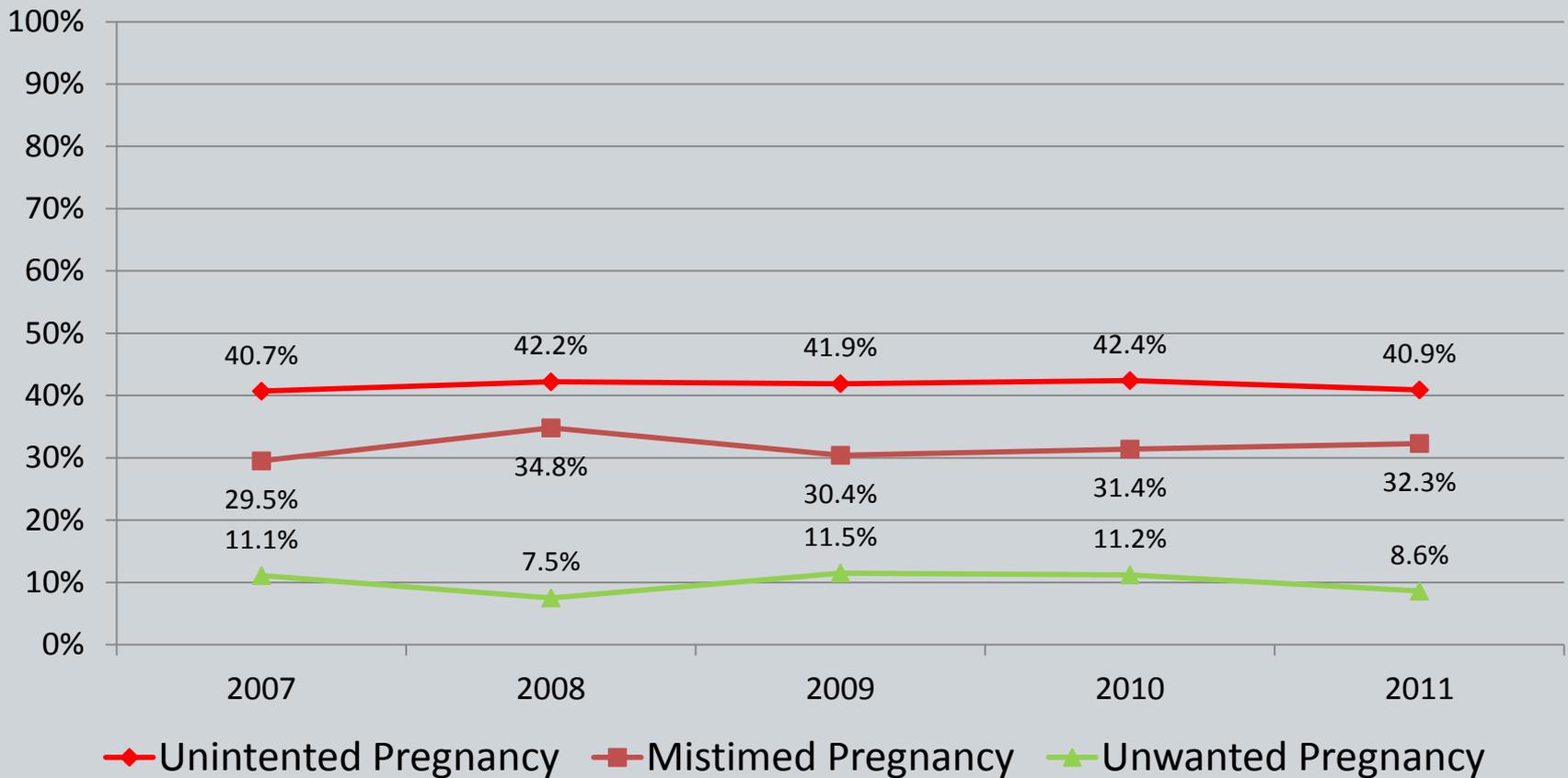


# Benefits of LARCS

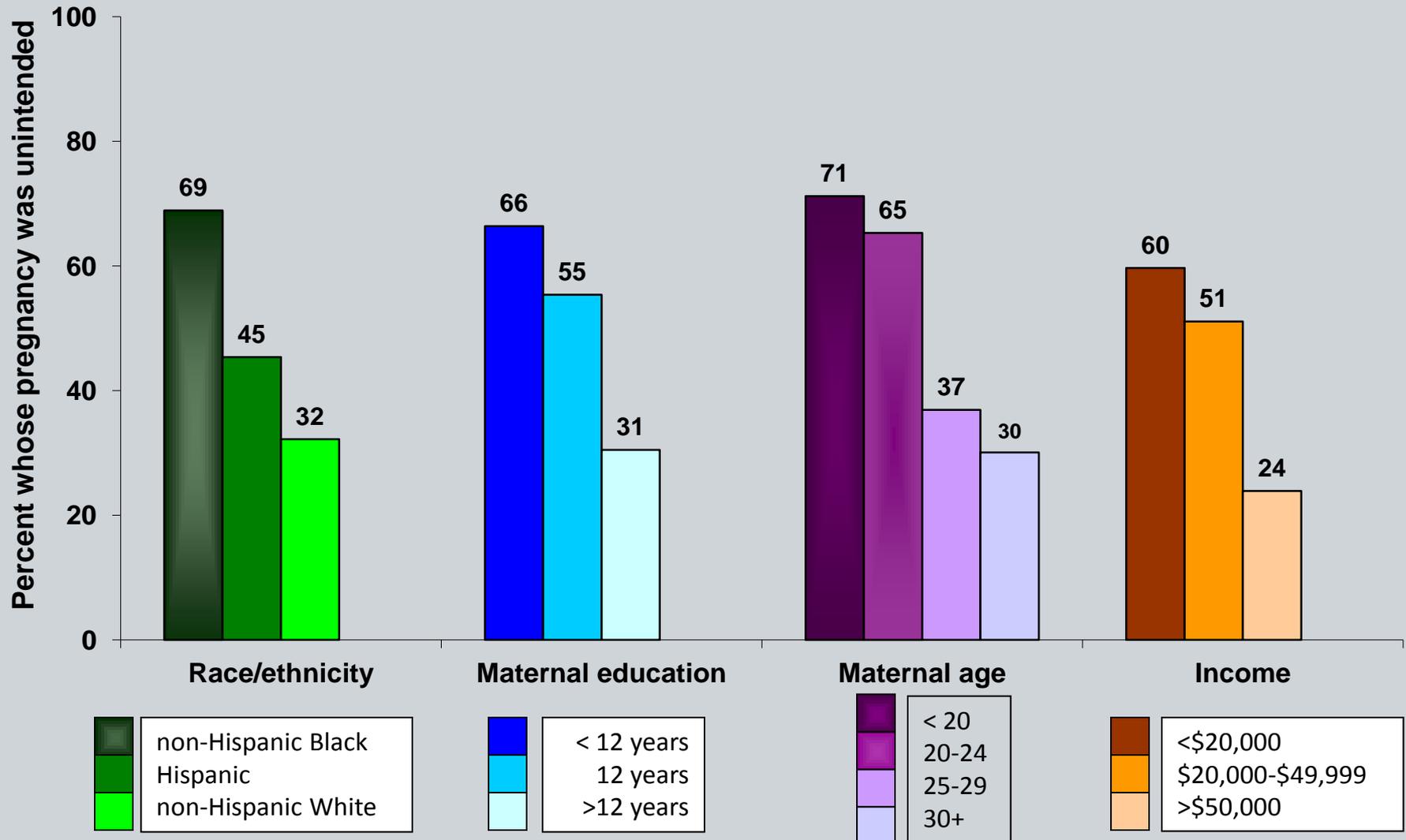
- Reduce unintended pregnancy
- Increase inter-birth interval
- Improved birth outcomes
- Increased thriving infants

# Pregnancy Intention

Percent of women having a live birth who reported their most recent pregnancy was Unintended [Mistimed or Unwanted], Virginia 2007-2011



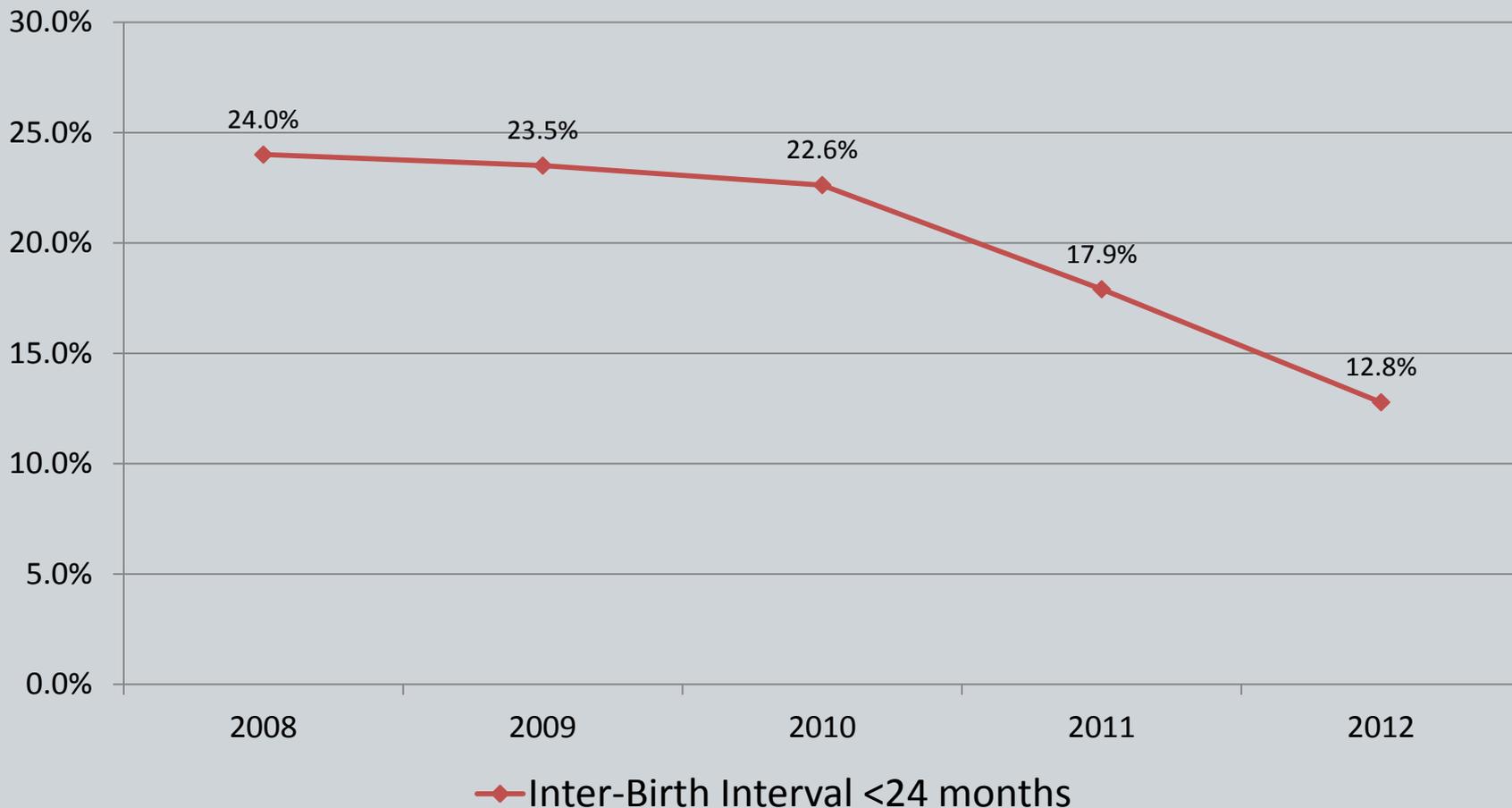
# Percent of mothers who had an unintended pregnancy 2010-2011 Virginia PRAMS



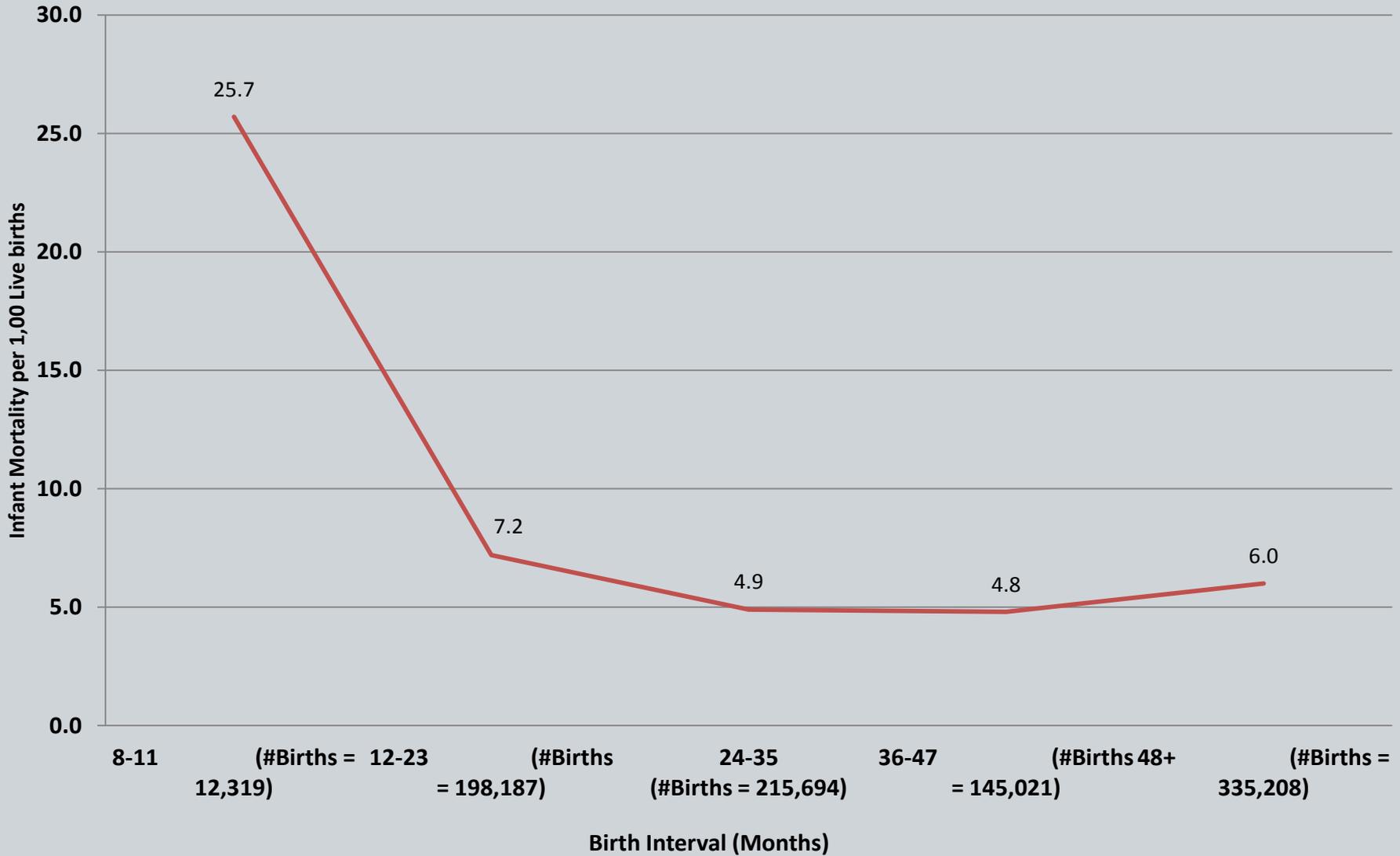
Source: Virginia Department of Health, Pregnancy Risk Assessment Monitoring System, 2010-11.

# Inter-Birth Interval

Percent of women having an inter-birth Interval less than 24 months since their last live birth,  
Virginia 2008-2012



# Infant Mortality Rate by Preceding Birth Interval, Virginia 1993-2009



# Virginia Publically funded Delivery

- As of November 2, 2014, there are 16,912 women enrolled in Medicaid FFS or FAMIS MOMS
- In 2012, nearly 30% of all live births were paid for by Medicaid and of those
  - 67% enrolled in MCO at time of delivery
  - 33% of deliveries were women enrolled in FFS
    - 14% of deliveries are covered by emergency Medicaid (covers only delivery costs)

# Postpartum Visits Lost to Follow-up

- 41% of Medicaid recipients in California of eligible postpartum patients had a claim filed for contraception in the 90 days postpartum.
- Even among women seen more than once in the 90 days postpartum, 33% had no contraceptive claims.
- In trials, LTF-U occurs; 1/3 of women assigned to immediate postpartum versus 3% delayed long-acting devices

# The CHOICE project in St. Louis

- Provided no-cost contraception to 9,256 women (75% of whom chose long-acting reversible methods)
- Within 4 years, the researchers demonstrated lower failure rates (<1%),
  - higher continuation
  - and satisfaction rates,
  - a decrease in unintended pregnancy
  - and abortion rates to half that of regional and national rates among users of long acting as compared to shorter acting methods.

# Game Change in Colorado

- In 2009, 28 Title X funded agencies received private funding to address barriers to LARC use
  - Training providers
  - Financing LARC method provision
- By 2011, results:
  - 23% increase in caseloads
  - LARC use among 15-24 year olds increased from 5% to 19%
  - Observed fertility rates, high risk births, and abortion rates were lower across age groups

# Missed opportunity

- Immediate post partum long acting reversible contraception (IPP LARC)
  - Intrauterine device or system (IUD/IUS )
    - Mirena
    - Paragard
  - Implantable devices
    - Nexplanon
- Safe
- Reversible
- Highly effective

# Disparities

- Among women experiencing a repeat pregnancy in 0-23 months in 2011,
  - 64% of women were <19 years old
  - 36% of women 19-24 years old
  - Black, Non-Hispanic women
  - 42% of teens have had intercourse with the majority reporting some contraceptive use:
    - typically withdrawal
    - oral contraceptive pills
    - methods with low typical-use effectiveness.

# Challenges to Immediate PP LARC

- Bundling of prenatal, delivery, and postpartum services based on diagnosis related group guidelines.
  - Under the current reimbursement guidelines, if a practitioner were to provide a LARC method following placental removal, the hospital would not be reimbursed for the device and the practitioner may not be paid for the insertion fee.
- Public Awareness of LARC benefits
- Provider awareness
- Hospital systems change

# Publically Funded Reimbursement: Policy Changes

- Publically funded reimbursement
  - South Carolina
    - J-codes and family planning modifier
  - Colorado, Iowa, New Mexico, Georgia, Alabama, New York and Washington D.C.
- MCOs
  - Medicaid budget authority needed
  - MCO contract and capitation rates would need modified
- As Medicaid goes, so go other reimbursement plans?

# Virginia Recommendations and Initiatives

- MCO: Current discussions and efforts including evaluation
- Virginia Thriving Infants Initiative:
  - LARC strategy action plan with a focus on health disparities
- Consider collaboration with Virginia Association of Health Plans and survey private payer reimbursement policies
- Expansion of reimbursement policy changes across all payers

# Evaluation of IM PP LARC

- Data collection
  - Birth Certificates versus CPT data
    - Increase percentage of births >24 months from initial birth per mother
    - Increase # of diagnosis codes v25.11 or v25.55
  - PRAMS
    - Increase pregnancy intendedness
  - # of hospitals reporting IM PP LARC insertions

# Additional resources

- ACOG's LARC Program:  
[http://www.acog.org/About ACOG/ACOG Departments/Long Acting Reversible Contraception](http://www.acog.org/About_ACOG/ACOG_Departments/Long_Acting_Reversible_Contraception)

Thank you!

Lauri.kalanges@vdh.virginia.gov



# Using Peer Crowd Segmentation in Youth Tobacco Prevention

February 12, 2015  
CCCS Health and Well-Being Workgroup Meeting

# Are You Pepsi or Coke?



VS.



# Commercial Marketing



# Behavior Change



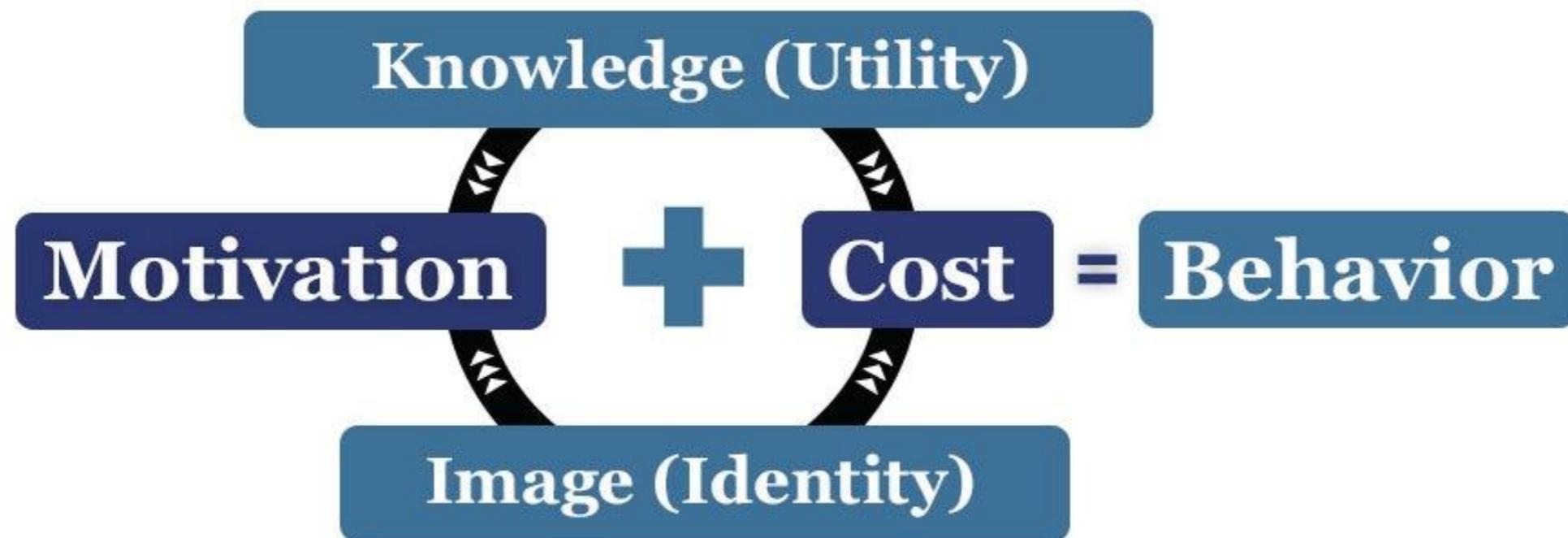
To change behavior

We must change  
something that affects  
that behavior



# What do you want to change?

Think of your behavior as an equation for your customer...



Who you are often  
motivates behavior  
more powerfully

Than what you know





# Segmentation

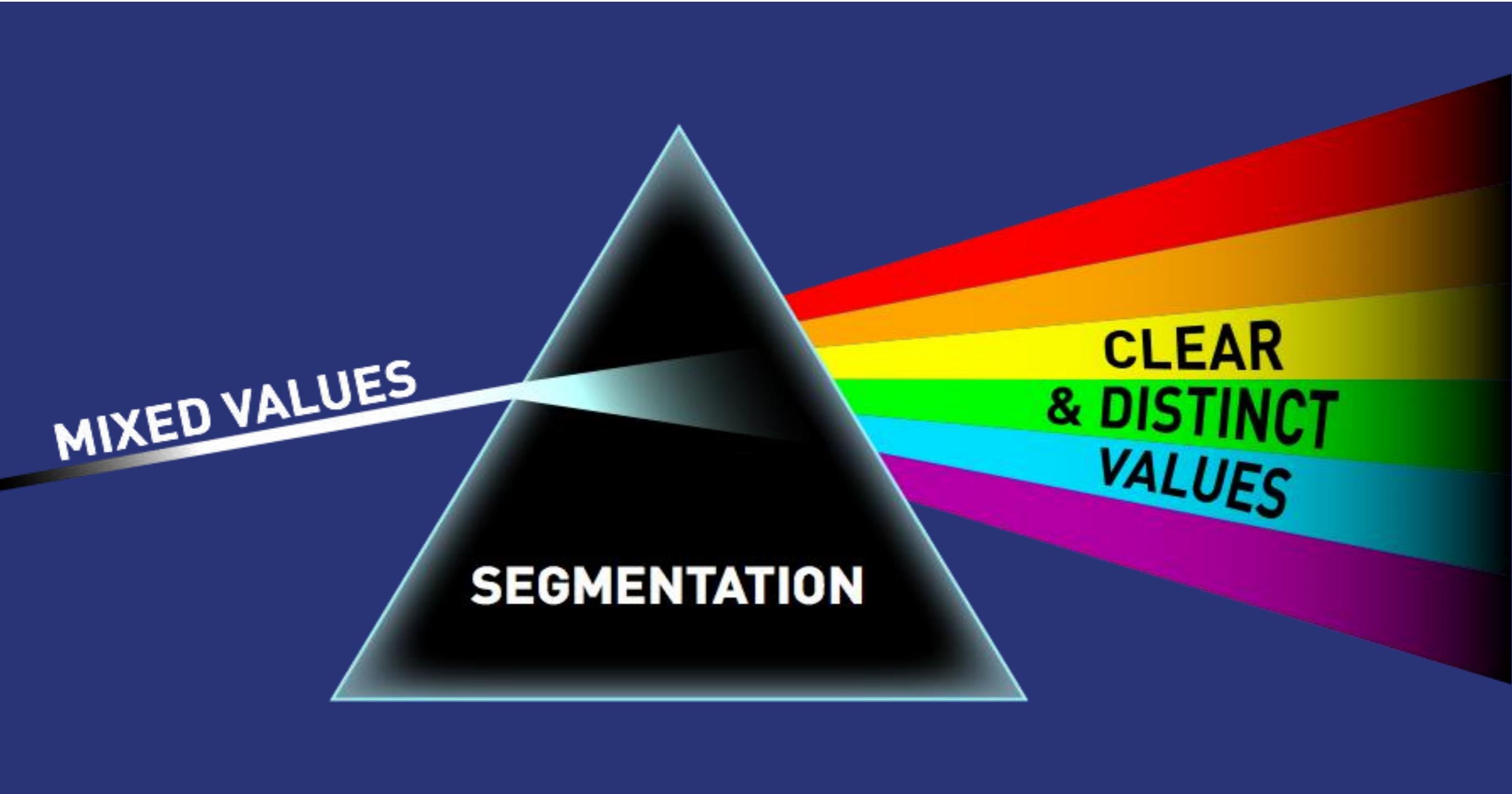
The process of classifying a market into distinct segments that behave in similar ways or have similar needs



This is the only time in  
our lives when  
demographics alone  
define us



# Segmentation is a Prism



# Characteristics Used in Segmentation

More Effective

Psychographics

Less Effective

Demographics



# What are Psychographics?

- A system measuring beliefs, opinions, and interests of your target
- Determine types of smokers based on attitudes, lifestyle, social groups, self descriptors
- Addresses wants and motivations
- Combined with Demographics
- Basic marketing tool

# Virginia Segmentation Study Findings



# Virginia Statewide I-Base

- Statewide survey using YRBS methodology
- 3,537 junior and senior HS students
- 21 high schools throughout Virginia
- I-Base Survey plus many YRBS tobacco use questions
- Data collected in 2012 in two waves: spring and fall
- “I-Base Survey” measures social concern & peer crowd influence



**Peer Crowds are the macro-level connections between peer groups with similar interests, lifestyles, influencers and habits.**

**While a teen has his/her peer group that he belongs to, both the teen and his/her peer group belong to a larger “Peer Crowd” that shares significant cultural similarities across geographic areas.**



# Measuring Peer Crowds

- Survey uses images confirmed to represent each peer crowd during peer crowd discovery research
- Has been used with over 10,000 teens and 30,000 young adults in over 20 states and Canada
- Part of multiple research grants including an NCI study through UCSF
- Part of two published studies and one more currently accepted for publication



# Theoretical Background

## Why **Peer Crowds** Exist

Symbolic Interactionism: objects, images, symbols have collective meaning

(In-Group) Social Norms: defines acceptable behavior

Social Identity Theory: desire to belong in relevant social group

## Why **Peer Crowds** Matter to Us

Diffusion of Innovation: cultural leaders introduce innovations that trickle down

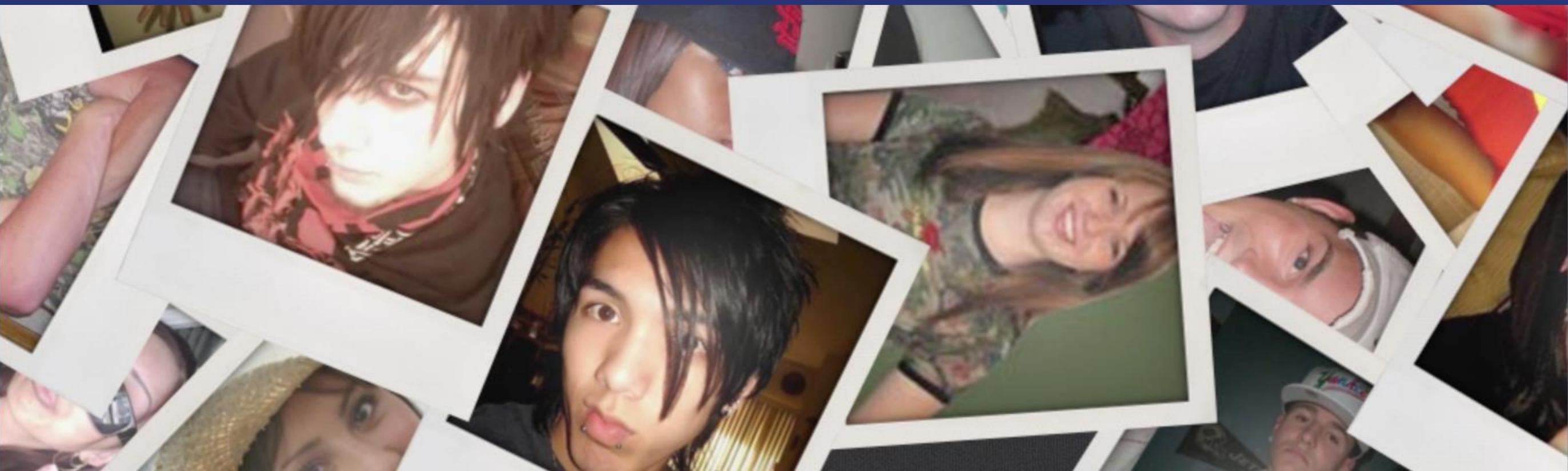
Information Processing Theories: message presented in a familiar manner by a familiar person

Social Cognitive Theory: observational learning, self-regulation, self-efficacy, outcome expectations



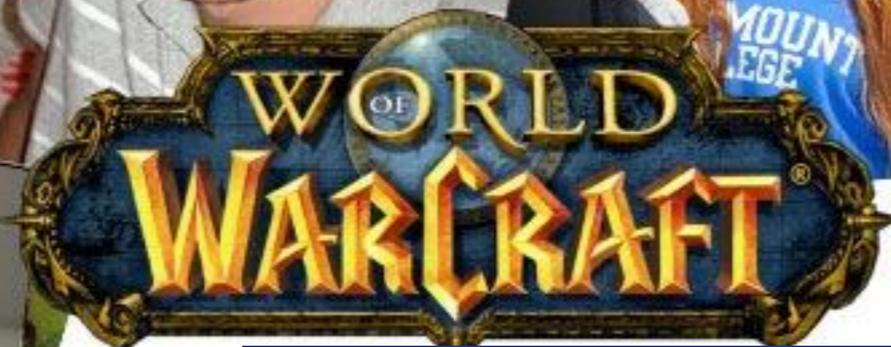


# Discovering Peer Crowds

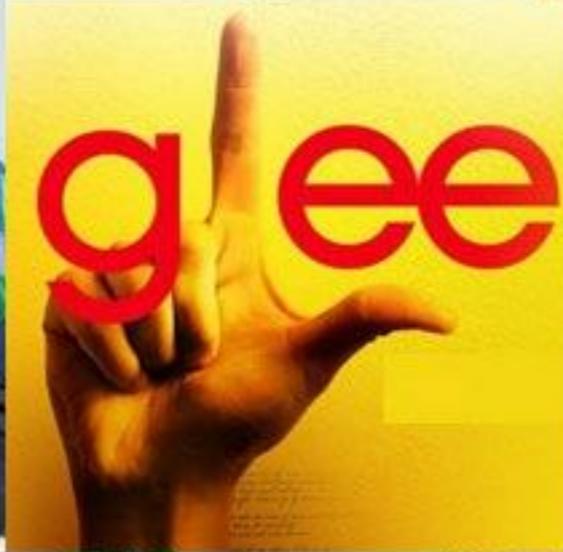


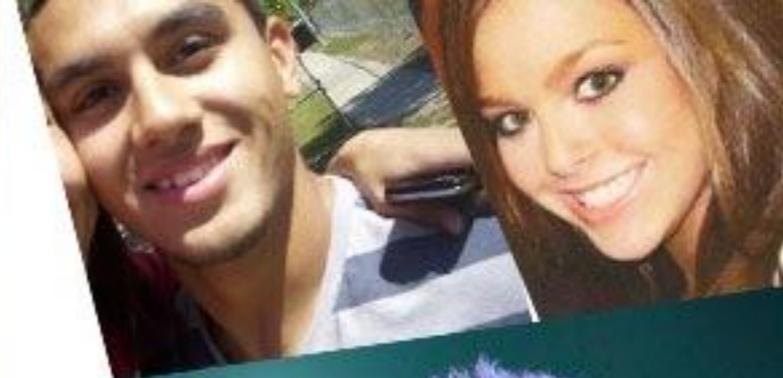
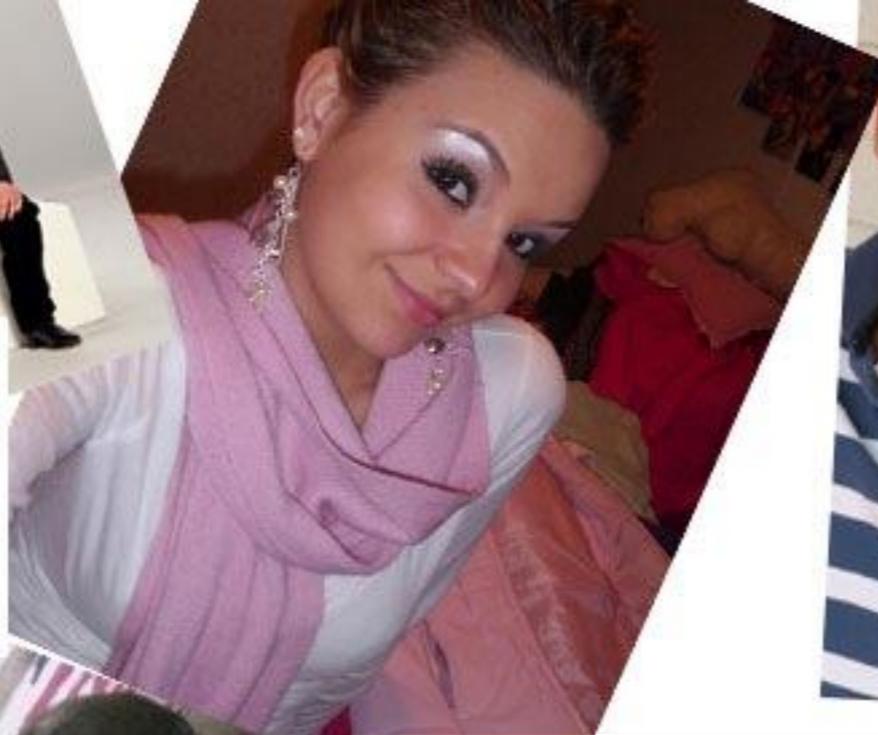
# Common Teen Peer Crowds



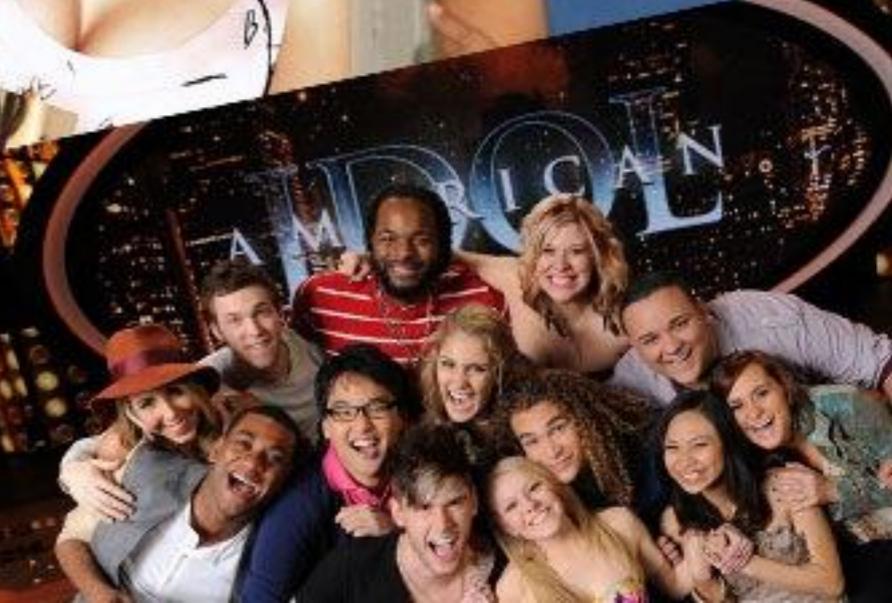
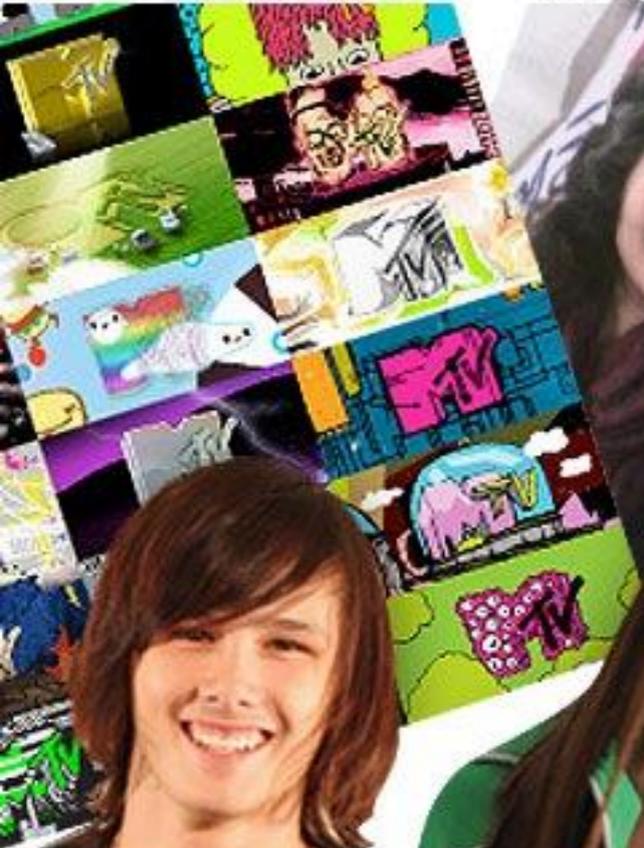


# Mainstream





# Preppy Partier







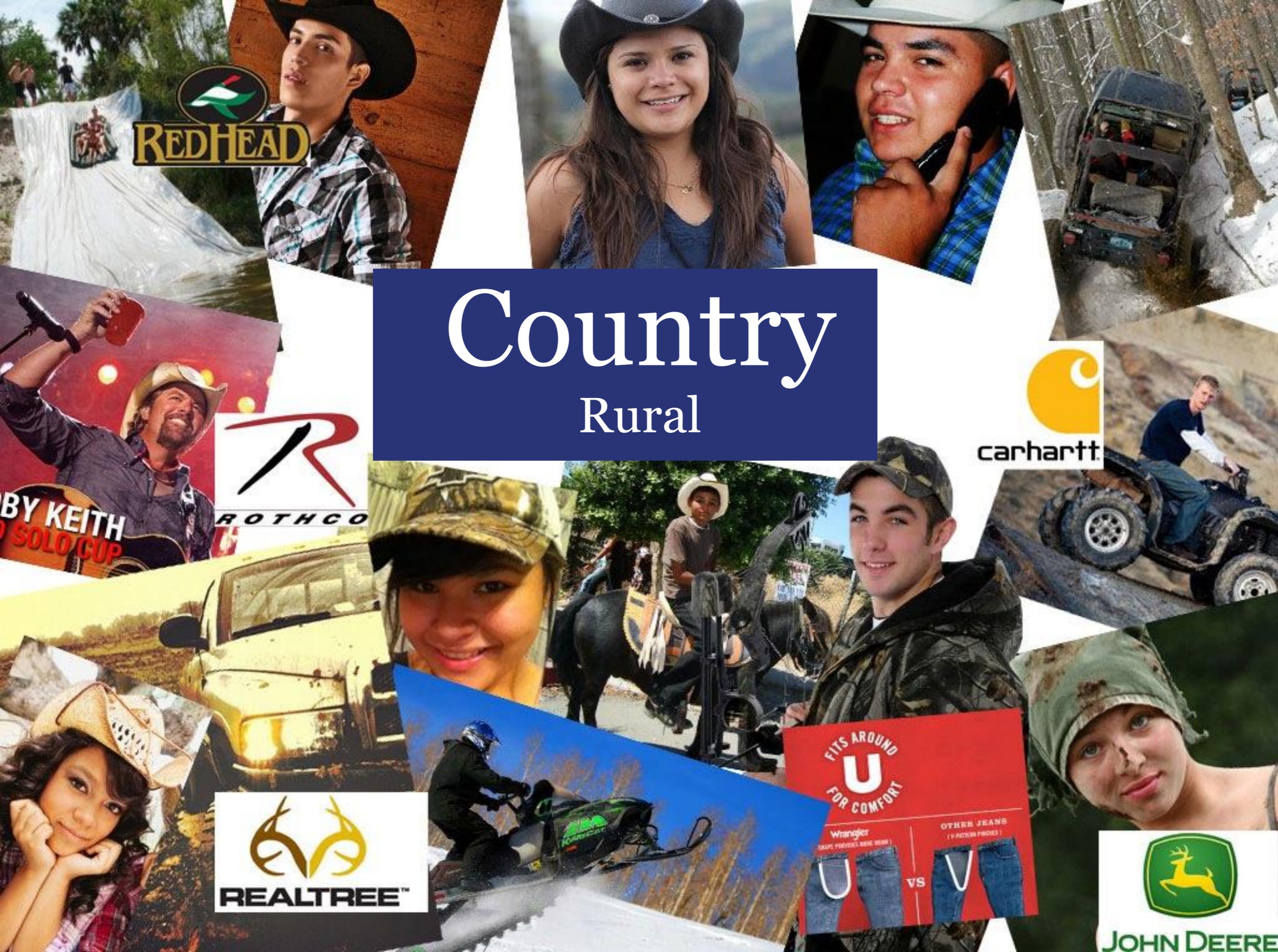
# Country Rural



BY KEITH  
SOLO CUP

FITS AROUND  
**U**  
FOR COMFORT

<p>Wrangler (TRAP PROVIDES MORE ROOM)</p>	<p>VS</p>	<p>OTHER JEANS (F-PATTERN PANTS)</p>
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eckō unltd.

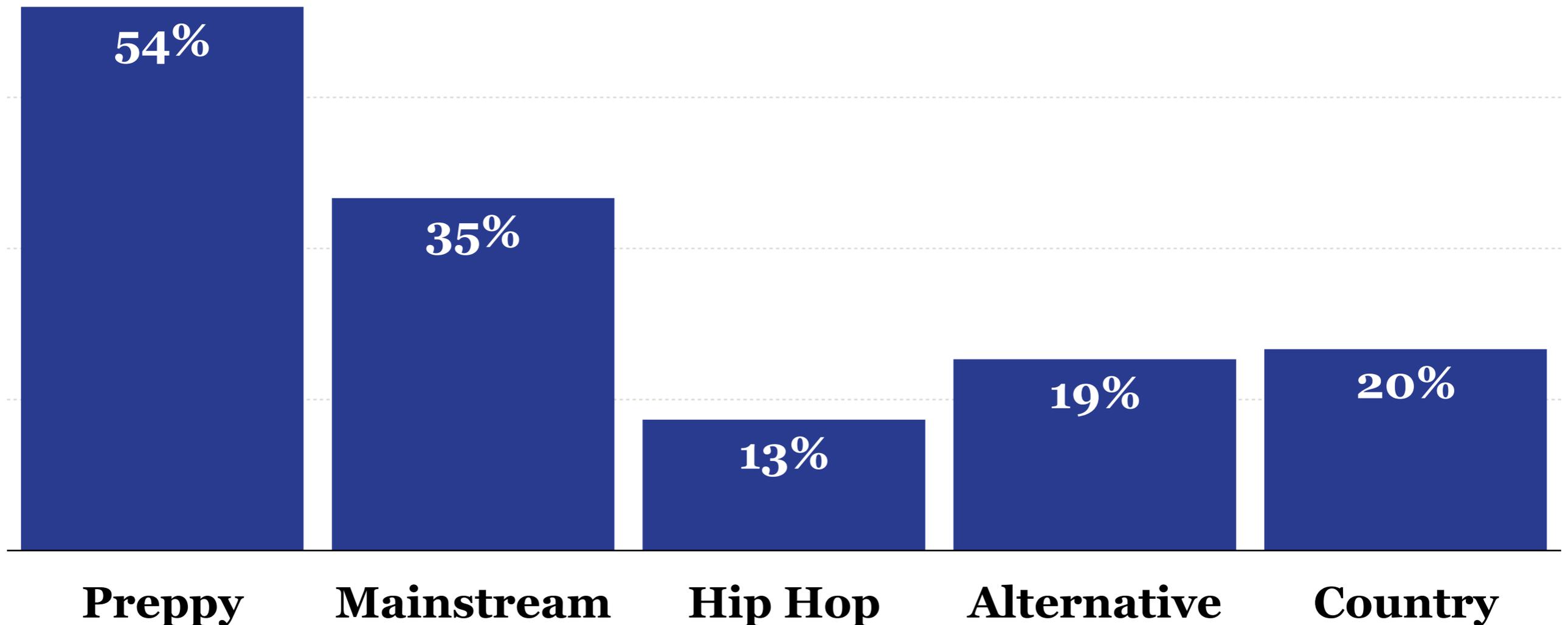


# Hip Hop



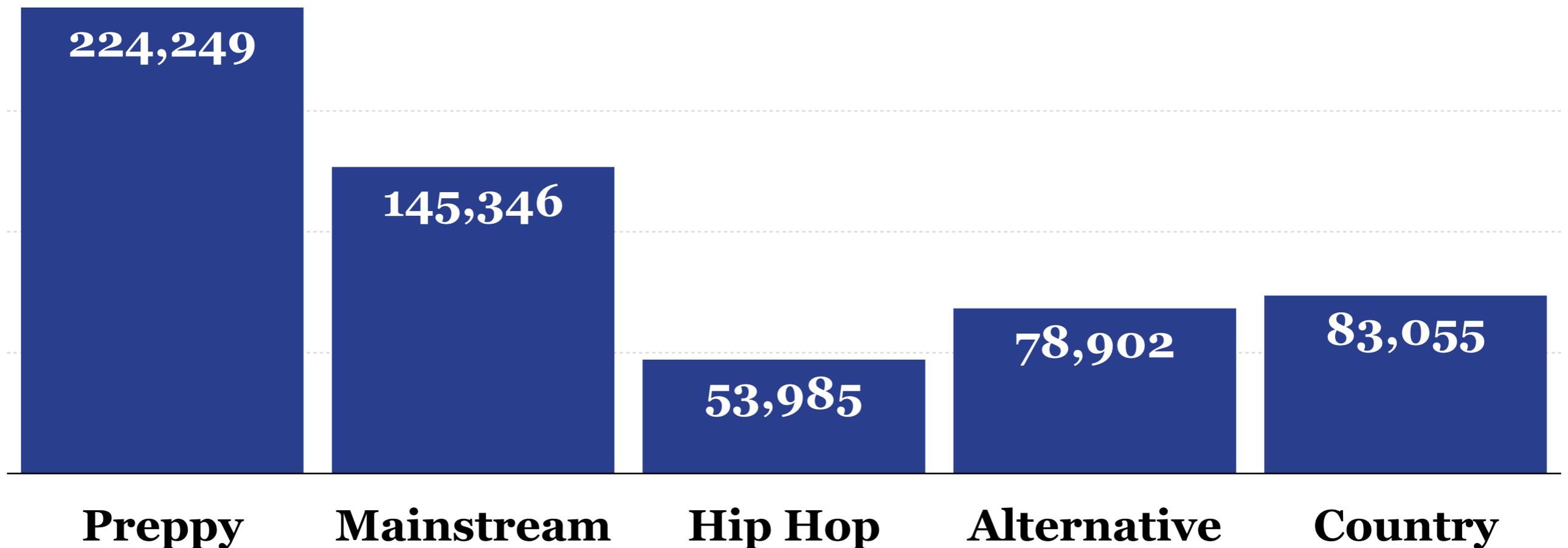
# Size of Peer Crowds

2012 VA Statewide Sample (N=3,537)



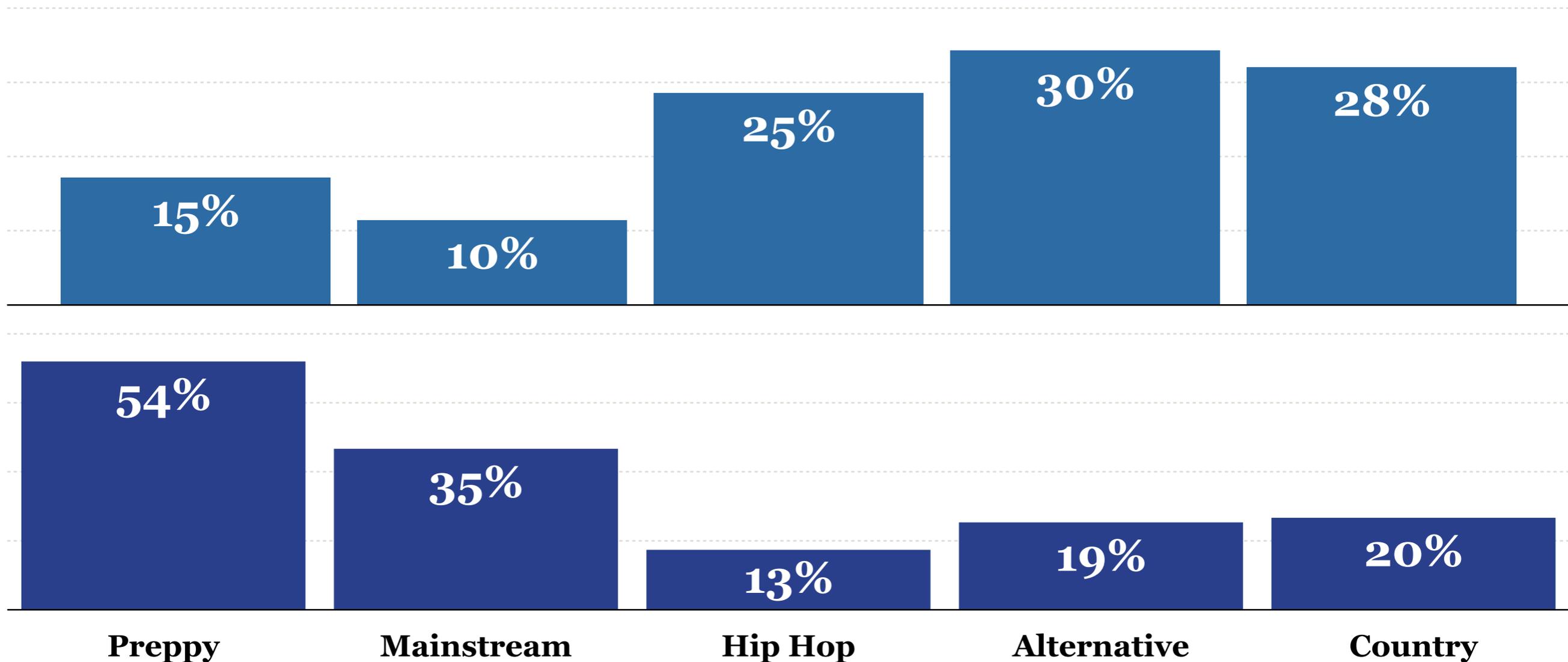
# Size of Peer Crowds

Statewide Estimate



# Smoking by Peer Crowd

2012 VA Statewide Sample (N=3,537)



# Source of Tobacco Use Norms

- Even though there are Preppy and Mainstream smokers, data show Preppy and Mainstream cultures are discouraging tobacco use
  - The more Preppy or Mainstream a teen is, the less likely they are to use any tobacco product
- In contrast, Hip Hop, Alternative and Country peer crowds are encouraging tobacco use
  - The more Hip Hop, Alternative or Country a teen is, the more likely they are to smoke cigarettes
  - The more Hip Hop or Alternative a teen is, the more likely they are to smoke cigarillos
  - The more Country a teen is, the more likely they are to chew tobacco



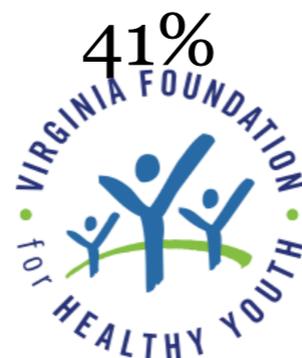
# Peer Crowds Represent Attitudes and Values

- Teens from high risk peer crowds also have stronger pro-tobacco use attitudes
- Teens from all peer crowds perceive a similar amount of tobacco use among all teens, but when asked about their social groups, there are significant differences by peer crowd
- These differences are evidence that peer crowd norms, not overall teen norms, drive behavior

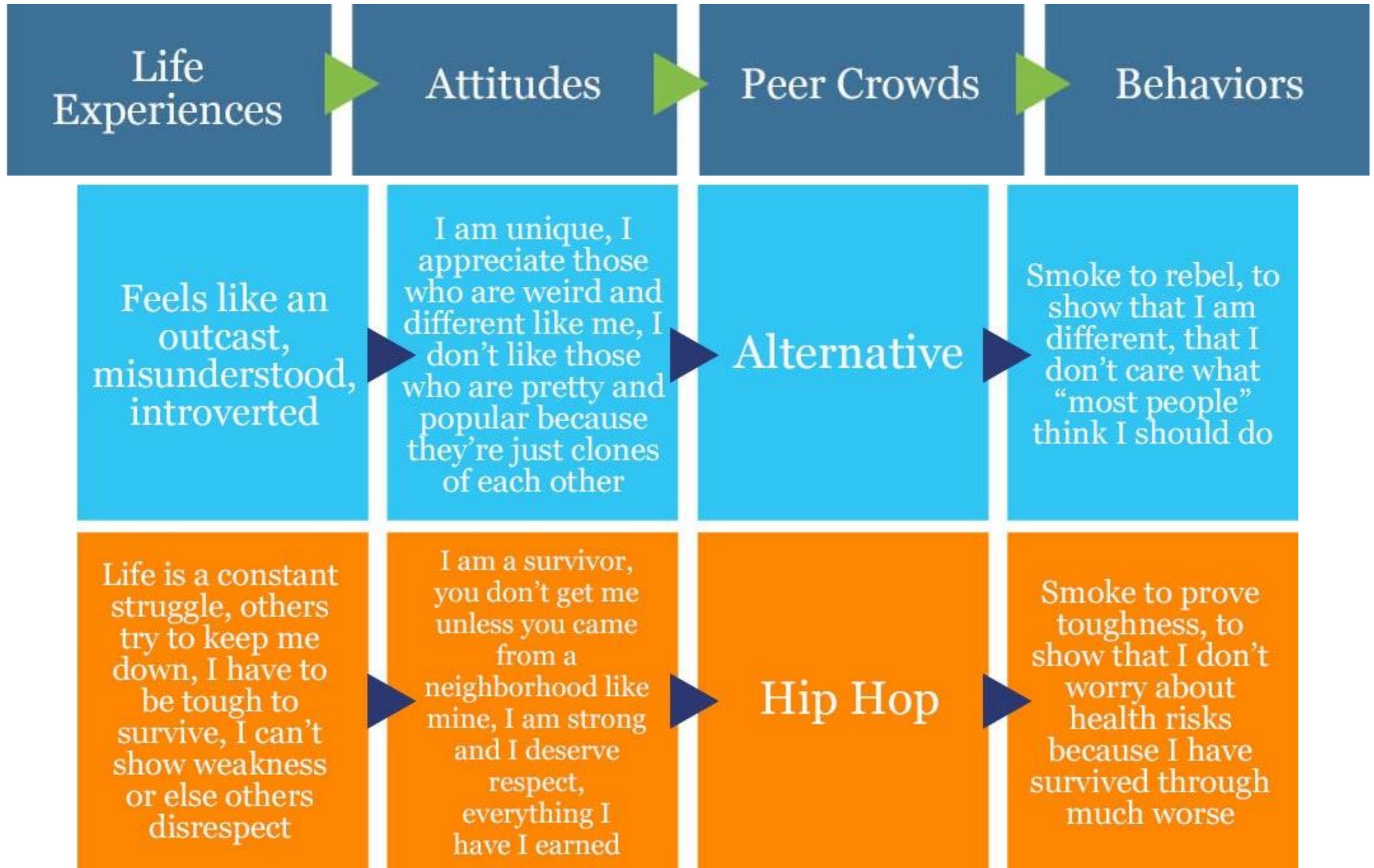


# Tobacco Use Attitudes

Peer Crowd Association	Smoking cigarettes help people feel more comfortable at parties and in other social situations	I want to be involved with efforts to get rid of cigarette and Black & Mild smoking	Taking a stand against smoking is important to me	It is important to me to live a tobacco-free lifestyle
	(Those who agree completely or agree somewhat, combined)			
Mainstream	35%	68%	72%	87%
Preppy	41%	61%	66%	80%
Country	50%	50%	53%	66%
Alternative	50%	45%	48%	67%
Hip Hop	48%	41%	42%	67%



# Identity Drives Behavior



# Values by Peer Crowds

- Teens perceive generally targeted messages as outsiders trying to influence them
- Peer-crowd-targeted messages elicit more emotion, are more attention-getting and are more convincing
- Alternative teens are anti-corporate and anti-mainstream
- Country teens are family-oriented and pro-independence
- Hip Hop teens are pro-family and want to look “fresh”



Peer crowds encompass attitudes, images, interests and lifestyles.

It is not just about looking “Hip Hop,” it is about fully embodying Hip Hop.



How do we apply this information to our tobacco prevention strategies?



There has never been a  
commercial brand, not Nike, not  
Apple, not Coke

That Appeals to all teens.

So how would a single tobacco  
prevention brand work for all  
teens?



# Virginia's Comprehensive Youth Strategy

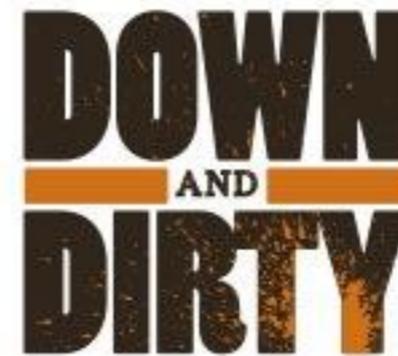
**Youth Engagement**



**Culture Change**



Alternative  
Teens



Country  
Teens



Hip Hop  
Teens





Fresh  
Society

**REACHING THE **HIP HOP**  
PEER CROWD**



# SYNCO

REACHING THE  
**ALTERNATIVE**  
PEER CROWD





Syke

**DOWN**

**AND**

**DIRTY**

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**REACHING THE**

**COUNTRY / RURAL**

**PEER CROWD**

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# Using Peer Crowd Segmentation in Youth Tobacco Prevention

February 12, 2015  
CCCS Health and Well-Being Workgroup Meeting