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Beyond the Manuscript: Development of a Tobacco control ‘Prescription’ in a Southern US City

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Welcome to Progress in Community Health Partnerships’ latest episode of our Beyond the Manuscript podcast. In each volume of the Journal, the editors select one article for our Beyond the Manuscript post-study interview with the authors. Beyond the Manuscript provides the authors the opportunity to tell listeners what they would want to know about the project beyond what went into the final manuscript.

In this episode of Beyond the Manuscript, Associate Editor, Jessica Holzer, interviews Carrie Fry, Caroline Young, and Molly Sudderth three of the authors of “Development of a Tobacco Control ‘Prescription’ in a Southern US City.”

Jessica Holzer: All right. Well, thank you so much to each of you for having—making the time to have this podcast. My name is Jessica Holzer. I’m an assistant professor at the University of New Haven in the School of Health Science, and I would like each of you to take some time to introduce yourselves. Carrie, can we start with you?

Carrie Fry: Yeah. I’m Carrie Fry. I’m currently a graduate student of health policy at the Harvard—at Harvard University, and I—at the time that the manuscript was written, I was a research analyst in the Department of Health Policy at Vanderbilt University School of Medicine.

Jessica Holzer: Okay. And Caroline?

Caroline Young: Hi, there. I’m Caroline Young. I serve as executive director of NashvilleHealth. We are a nonprofit organization that was launched in 2015 by former U.S. Senate Majority Leader Bill Frist. Our mission is to improve the health of all Nashvillians, and we do this by working on collaborations and convening around high-priority health issues for our community.

Jessica Holzer: Okay. And Molly?

Molly Sudderth: Hi, I’m Molly Sudderth. I’m the director of community engagement here at Nashville Health.

Jessica Holzer: Okay. So, Caroline and Molly, I think because you’re at NashvilleHealth, I’ll start with you, because I think this first question I have is probably best targeted to you. You make a point of saying in a manuscript that this project really originated with the community partners, who then reached out to Vanderbilt for research assistance, and that ends up being a theme throughout the manuscript. Can you talk to me a little bit about how you think the fact that that was the order of operations changed the dynamics of the partnership?

Caroline Young: Certainly. So this is Caroline, and we conducted here in the community probably 50 to 60 meetings with leaders and influencers from the diverse sectors of the community, from government to faith to academia to health care to understand where they thought the high-priority health issues were, where

they thought we should focus our efforts, and we got a tremendous amount of input and feedback and ideas. And at that point, we knew we needed some help to take a deep dive and really zero in on how we could be most effective. And we wanted that academic rigor that could be brought to the process to assist us in that fact-finding. And so, that's what really directed us toward the team at Vanderbilt.

Jessica Holzer:

Carrie, maybe because you were on the team at Vanderbilt, you can talk a little bit about sort how it was received on Vanderbilt's side in terms of the partnership.

Carrie Fry:

Yeah, of course. So this is Carrie. So the Department of Health policy at Vanderbilt is—has—is led by Dr. Melinda Buntin, and she has made it her mission to not only engage in health policy both at the federal level but also at the state and local level, and, I think that this was seen as a great opportunity to really make an impact at the local level in the Nashville community and to engage community members and organizations like NashvilleHealth. And what we were able to do from there was tap into other academic partners at Vanderbilt like Dr. Hillary Tindle, who's a tobacco researcher and a clinician, and provide not only sort of broad evaluative technical assistance but to also provide some real content expertise to the NashvilleHealth team, which I think, in all three initial priority areas that were tackled, provided some really great insight and additional knowledge to the Nashville Health team and to the—and really informed the community efforts in a rigorous way.

Caroline Young:

This is Caroline. I would just add that in the manner that our collaboration came together with the team at Vanderbilt, it was very collaborative and positive from the very beginning. We were all part of this team together working to drive community change, and they provided that rigor and those resources in a very positive way.

Jessica Holzer:

Thinking about resources gets me into our next question. You mentioned in the manuscript that both the academic partners, Vanderbilt and Nashville Health, were able to receive independent funding in order to make this project work. I think a lot of our readers are very interested in sources of funding and mechanisms for getting community partnerships funded. And so, can you talk to us a little bit about how that funding structure came about? Were there conversations in advance?

Carrie Fry:

Yeah, so this is Carrie. So, I think one of the other things that we highlight in the manuscript that is also very important is that at the outset, this community academic partnership really defined the roles of the community organizations and what ended up being a broader coalition and the academic partners really well. Because the roles were so defined when we went out and sought separate funding, albeit from the same organization, we were able to say, "This is what our organization will do with this funding," and they were distinct enough that the funding organization, I think, felt comfortable funding both parts of this community academic partnership. And then, moving forward, because we each had our own roles in our own funding, we just sort of—we just did what we said we were going to do, and it was a collaborative approach, and they were really complementary and worked well with one another, but they were distinct and separate at the same time.

Caroline Young:

This is Caroline. With the established roles and the distinct responsibilities came mutual respect between our two organizations and reduced tensions related to finances throughout the entire project. So it moved very smoothly, given the separation of the funding.

Jessica Holzer:

So, given the fact that you got the funding from the same funder, did you find that the funder was actually more attracted to the project in your conversations with them? Did they seem more attracted

given the fact that this was so clearly defined a partnership and that the roles were so distinct? Did you ever get an inclination from them that they felt like they were getting more than the sum of its parts for each of the two funding streams?

Carrie Fry:

This is Carrie again. That's a good question, Jess. With the distinct funding also came distinct project officers, and so I think that, speaking from Vanderbilt's side, our project officer felt that what we were doing really added benefit to what NashvilleHealth was doing and that the complementarity of what we were doing was really nice. I assume that NashvilleHealth project officers felt the same way and that the foundation was getting something that they probably would have funded independent—again, if NashvilleHealth had gone to the funder independently of Vanderbilt, then they would've gotten funded, and similarly if—I think that the funder would have funded the parts separately, separately meaning one and not the other, but you're right in that the fact that funding both gave them insight into how these two mechanisms worked together, which I think was valuable for them instead of just funding the evaluation piece or the technical-assistance piece or just funding the implementation piece. By funding both pieces, they got to see how these two—how teams that do community academic partnerships, community-based work, could work together.

Jessica Holzer:

Right. Yeah, and my question comes in part, because there's more and more pressure coming from funders to have partnered projects. And particularly because funding tends to be such a challenge for many partnerships in terms of particularly when academic funders have a lot of advantage and a lot of institutional knowledge about how to get funding, I just think that that's a really interesting model that you guys were able to develop and implement that could be very instructive to readers and to other partnerships who are at the beginning of facing this challenge. So thank you for sharing that.

Another thing that was very interesting to me in the manuscript was this difference between how the expert panel evaluated the move to get TennCare, which is the Medicaid provider in Tennessee, to expand access to smoking-cessation medication without counting it against the medication limit that recipients have. And the expert panel felt that that was going to be a difficult thing to achieve, but the local group managed to successfully make that change. And you attribute it to existing relationships between the administrators and the partnership, and I'm hoping that maybe you could give advice to readers who are in their own cities and states thinking about how could they—what—how could they see opportunities in places where it looks like there are challenges? What are some specific things that you think happened in that relationship and—or among those relationships that made it possible for that TennCare access to change as smoothly as it appears to have done?

Caroline Young:

This is Caroline. I think our partnership contained some key ingredients that made us successful in securing that policy change. One, our academic partners had this strong clinical and research background to make an evidence-based argument toward the positive outcomes of such a policy change and the power of cessation medications for enrollees who wanted to quit. And then our community group brought to the table knowledge and relationships with key policymakers who had purview over those issues. So these are individuals who would answer our call and let us bring our diverse group in to meet with them and lay out the argument in a very thoughtful way. And, as such, we were very successful in making that policy change when we worked together as a group and played to our strengths.

- Jessica Holzer:* Okay. And you really felt like it was the strengths of the combination of the relationships and then also really bringing that strong evidence to bear about how such an expansion could be so effective. Is that a fair synopsis?
- Caroline Young:* Absolutely. Our community group understood the policy landscape, who the individuals in leadership were who could make those changes to the law and then, by bringing in our academic partners with the evidence base to share, it really made us strong and successful.
- Jessica Holzer:* Okay. Great, great. Thank you. And I think one of the most interesting things about reading a paper like this is it's like reading a good novel, where you get attached to the characters, and then the novel finishes, and you're like, "Well, what next?" So, I'm curious what the partnership has been doing. Has it continued? You had some early successes, and then you had some additional goals, and I'm interested to hear, what have you been doing since you submitted the paper, and what's on the horizon for you?
- Caroline Young:* This is Caroline, and as the paper highlighted, the partnership kicked off a few really positive things. One was the excitement of individuals and groups across our state that there was renewed interest in this very important issue of reducing the use of tobacco in our state and that we had powerful voices at the table and ready to advocate. And in the couple of years that have ensued, that excitement has remained and really buoyed us in our work. Two, with the academic partners and the expert panel that they brought to bear, we saw several key strategies outlined beyond the TennCare discussion that we have continued to work toward here in Tennessee, but some of them have seen some early successes as well. And so, a couple of those I'll share with you.
- The expert panel suggested that we needed to create a statewide coalition of groups that could work together and know each other and share information to work toward better tobacco policy. And since that time, we have reinvigorated, if you will, a coalition that had come together some years ago that had lost a little energy. And today we are administering it. That group is meeting four to six times a year. It has statewide membership. It now has bylaws. It has officers. It is really an exciting group doing good work across the state, and just this past legislative session, our group supported several pieces of tobacco-oriented legislation together, so much more effective.
- Secondly, in that same regard, the expert panel strongly suggested that we support a move toward raising the age to purchase tobacco or vape products from 18 to 21 here in Tennessee. And our community group and our statewide coalition supports that notion as well. So we have supported a bill traveling through the Tennessee legislature currently to change that purchase age, and we will continue to do so in the next legislative session, but that is a direct output of what the academic partner brought to the table and what we have continued to move forward in a really positive way.
- Jessica Holzer:* Okay, great. Thank you so much for sharing that. Are there any other comments you'd like to leave for other groups that are thinking about doing something similar? This is your opportunity to sort of work—go beyond the manuscript and just share something that you think you would recommend to anybody who's attempting to do something similar in their state or their city.
- Caroline Young:* This is Caroline. I would say that the community academic partnership well positions the community group for policy change if that is of interest to them, because that rigor that the academic partner brings to the table, that thoughtful evidence base, that sound research just bolsters your arguments, your issues and any kind of policy change you're trying to make.

Jessica Holzer:

Okay. Anybody else?

Carrie Fry:

Yeah. This is Carrie. The other thing that I think that makes the process that we took in Nashville unique was that we looked outside of ourselves. We held this expert panel of nationally renowned tobacco experts, some of whom were academics, some of whom were community implementers or community organizers, and we took very seriously the notion of learning from others and not only just through standard academic literature but also through experiences and barriers that these other communities had seen. And I think that that prepared the community academic partnership for what they could expect moving forward, and I think it was good not only could excite us but to help us in some ways temper our expectations and know the best places to start and some of the pitfalls that we may encounter along the way.

Jessica Holzer:

Yeah, yeah. And I'll say as a reader I liked the sort of in-reach and outreach that you had, where you had both the national expert panel but also a local panel of experts, particularly on the locality, right, people who were very in touch with Nashville and could speak to the characteristics that you would face on the ground there. And you could see in the manuscript how those two groups didn't necessarily rate the same things with the same level of priority and how that was a really interesting opportunity to make a choice between them. And it looks like it's paid off, so that—those're my questions, and I think we're about on time. Thank you to all three of you for—one, for your manuscript, and, two, for making time today to have this conversation. I think it's really interesting for our readers to be able to hear a little bit more from each of the authors about stuff that doesn't always make it into the manuscript. So, thank you again, and I look forward to seeing a transcript published in the journal.

Caroline Young:

Thank you for the opportunity.

Carrie Fry:

Thank you.