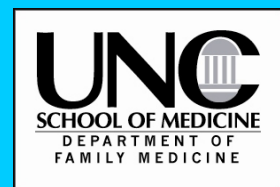


Health and Wellness Trust Fund Teen Tobacco Use Prevention and Cessation Initiative

Outcomes Evaluation 2004-05

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Abbreviations

ALA	American Lung Association
ATS	Alternatives To Suspension
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHAMP	Child Health Assessment and Monitoring Program
GBSC	General Baptist State Convention
HWTF	Health and Wellness Trust Fund
iPTS	Indicator Progress Tracking System
LEA	Local Educational Agencies
NC DHHS	NC Department of Health and Human Services
NCCIA	NC Commission of Indian Affairs
N-O-T	Not-On-Tobacco Program
ONSMS	Old North State Medical Society
Phase I	HWTF grants that began in Spring 2003
Phase II	HWTF grants that begin in July 1, 2004
PTS	Progress Tracking System
SAVE	Survivors & Victims (of Tobacco) Empowerment Program
SET	Surveillance and Evaluation Team (TPCB)
SHAC	School Health Advisory Committee
SHS	Secondhand Smoke
TATC	Technical Assistance and Training Committee
TATU	Teens Against Tobacco Use
TFS	Tobacco-Free School
TPCB	Tobacco Prevention and Control Branch
TPEP	Tobacco Prevention and Evaluation Programs
TRU	Tobacco.Reality.Unfiltered
TTUPC Initiative	Teen Tobacco Use Prevention and Cessation Initiative
Year 1	March 2003 – March 2004
Year 2	April 2004 – June 2005
YTS	Youth Tobacco Survey

Preventing Youth Initiation of Tobacco Use

In Washington County, a youth led initiative was a prime example of how teens who are empowered and who develop skills to speak to school boards, community leaders, teachers, peers, and SHAC committees can make a tremendous difference in their school system. Amidst controversy and resistance, our Board of Education heard the message from students that they could receive a better education in an environment that was free from the influences of tobacco. If there was a "cookie cutter" approach to implementing a strategy for tobacco-free schools, ours would be the mold. I am convinced that it is imperative to build relationships in communities and schools and win the trust and respect from youth and adults. To do this, we must emphasize the importance of activities that will bond us and our program with communities and schools.

HWTF Community/Schools grantee

Preventing Youth Initiation of Tobacco Use

I gave a presentation on the harmful effects of cigarette smoking to a small high school class. Most of the students in the class were cigarette smokers. The students remained quiet and paid attention throughout the presentation. However, I never could tell for certain if they were processing all the information. A couple of weeks later, one of the students came up after class to tell me that she had refused to light her friend's cigarette. A little shocked, I asked her why she wouldn't light the cigarette. She said, "It was my friend's very first cigarette and I didn't want her to be addicted like I am". She also told me that she had cut down the amount of cigarettes she smokes. This story is a perfect example of the effect youth empowerment can have on teen tobacco prevention. With the right knowledge, teens can educate their peers on the serious dangers of tobacco use. Teens can prevent one another from starting a potentially life-long, un-healthy habit.

HWTF Community/Schools grantee

Section 1: Executive Summary

In Year 2 (2004-2005) of the Health and Wellness Trust Fund's (HWTF) Teen Tobacco Use Prevention and Cessation (TTUPC) Initiative, the program has made substantial progress on all four of its goals to:

- 1) Prevent youth initiation of tobacco use;
- 2) Eliminate youth exposure to secondhand smoke;
- 3) Promote youth access to tobacco cessation services; and
- 4) Reduce health disparities among youth attributable to tobacco use.

Highlights of TTUPC Initiative's second year include increased program funding and resulting program expansion, adoption of 100% Tobacco Free School (TFS) policies in 20 new school districts covered by HWTF grants, 100 new youth-led trainings, 73 new or improved smoke-free policies in areas frequented by youth, and promotion of youth cessation services by the majority of HWTF grantees across the state. In addition, the HWTF Tobacco.Reality.Unfiltered. (TRU) media campaign continued statewide through 2004, and HWTF grantees began using a new indicator-based tracking system to better evaluate the progress of the TTUPC Initiative.

While there is reason for optimism about the significant accomplishments in the first two years of the HWTF TTUPC Initiative, challenges remain for the Initiative in Year 3. Major challenges include: 1) the rise in tobacco use among 18-24 year olds in the state, and 2) delays in funding the TRU media campaign in 2005, which may reverse gains made in 2004 with North Carolina youth. Recommendations, with opportunities to selectively expand the TTUPC Initiative, as well as strengthen existing grants within the program, are detailed below.

1.A. Program Overview

The North Carolina Health and Wellness Trust Fund was created by the General Assembly in 2001 to improve the health and wellness of the people of North Carolina, with a "priority on preventing, reducing, and remedying the effects of tobacco use with an emphasis on reducing youth tobacco use." In 2002, HWTF approved the TTUPC Initiative and allocated \$6.2 million per year for three years to this statewide effort. In 2004, HWTF increased the annual allocation to \$15 million, moving NC from 30th to 21st in the country in funding for youth tobacco prevention programs (<http://www.tobaccofreekids.org/reports/settlements/2005/staterankings.pdf>). In 1999, the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs recommended a minimal annual funding level for North Carolina for tobacco control efforts of \$42.6 million (<http://www.cdc.gov/tobacco>). The total planned investment for the TTUPC Initiative from 2002 to 2009 is \$80.9 million.

The priorities and structures for programmatic funding were derived from the North Carolina Vision 2010 Coalition, a coalition of public and private health advocacy organizations dedicated to preventing and reducing the health effects of tobacco use. TTUPCI grants receive HWTF funding through a competitive peer review process. Major program categories include: Community/School prevention programs, Priority Population grantees (organizations that are capable of addressing, on a statewide basis, the disparities related to tobacco use among African Americans, American Indians, and Latino youth), the American Lung Association's Not-on-Tobacco (N-O-T) Cessation Program, the Department of Health and Human Services Women's and Children's Health Section's Pregnant Teens Cessation program, Paid Media,

Section 1

100% Tobacco Free Schools mini-grants, enforcement of tobacco sales law by the NC Department of Crime Control and Public Safety Division of Alcohol Law Enforcement, Minority Outreach Program Support, and Technical Support for grantees. A statewide map of grantees and their funding levels is available at:

<http://www.HWTFC.org/pdffiles/hwMapTeenTobaccoGrants.pdf>

<http://www.HWTFC.org/pdffiles/Communityschools%20Recipients-comprehensive.pdf>

In addition, the HWTF's enabling statute requires that all funded programs be evaluated to determine the extent to which their stated goals have been achieved. An RFP was awarded to the University of North Carolina Tobacco Prevention and Evaluation Programs (UNC TPEP) in spring 2003 for evaluating all components of the HWTF TTUPC Initiative, except for resources dedicated to tobacco sales to minors. A full description of the data sources for the Outcomes Analysis can be found on the TPEP web page (<http://www.fammed.unc.edu/TPEP>) as well as in each section of this report.

This report, covering the 15 month period of April 2004-June 2005, is a comprehensive review of Year 2 TTUPC Initiative outcomes as assessed by UNC TPEP, along with recommendations for improving the program in the coming year.

1.B. Year 2 Accomplishments and Challenges

In Year 2, the HWTF TTUPCI has made accomplishments in overall program administration, in the achievement of the four program goals, in its statewide media campaign, and in program evaluation. Each of these is discussed below.

Program Administration

The HWTF TTUPC Initiative has:

- Continued to grow its programs, increasing funding for the program in its second year to \$15 million, moving NC from 30th to 21st in the country in funding for youth tobacco prevention programs, and increasing from 23 to 34 the number of Community/Schools grantees receiving funding;
- Continued to encourage utilization of evidence-based approaches to tobacco use prevention and cessation as evidenced by support for revisions of the Progress Tracking System to an indicator-based Progress Tracking System;
- Encouraged adoption of the UNC TPEP Year 1 recommendations;
- Placed increased emphasis on the access to and utilization of HWTF technical assistance and training resources, including a special technical assistance evaluation to identify strengths and areas for improvement; and
- Increased awareness of local HWTF funded programs and their successes through grantee meetings with government policymakers.

Program Goals

Prevent youth initiation of tobacco use

- *Substantively advanced the adoption and enforcement of 100% TFS school policies.*

In total, 33 Community/School grants covered 62 (54%) of the 115 NC school districts for most of Year 2 (April 2004 – June 2005). The additional contributions of Phase II grantees, experience of Phase I grantees, and overall momentum of Tobacco-Free Schools in the state led to significant increases in 100% TFS policy adoption in these school districts during Year 2. Sixteen new school districts covered by Community/Schools grantees adopted a 100% TFS policy in Year 2, compared to seven school districts covered by Community/Schools grantees that adopted policies during Year 1. An additional four school districts adopted a 100% TFS policy with some assistance from HWTF technical assistance and resource providers. Eighty-three percent (20 of 24) of all 100% TFS policies adopted in NC between April 2004 and June 2005 passed with the help of HWTF grantees.

- *Increased trainings on youth empowerment.*

With additional grantees being funded in this reporting period, there were approximately 200 youth trainings, about half of which were youth-led.

- *Increased efforts to decrease underage sale of tobacco products, reduce tobacco advertising targeting youth, and educate about product pricing and youth initiation.*

While overall numbers remain relatively small, there was consistent and potentially increasing attention to these indicators.

- *Involved youth in anti-tobacco community and school events.*

Data from the TRU Media Campaign Telephone Spring and Fall 2004 surveys show an increase from 12% to 17% of North Carolina youth who reported participating in anti-tobacco community events during the preceding 12 months.

Eliminate youth exposure to secondhand smoke

- *Incrementally advanced secondhand smoke (SHS) policy gains*

An overall increase in SHS policy activity occurred, with approximately 30 new 100% smoke-free policies and 32 improved policies adopted with the assistance of Community/Schools grantees. Policy gains occurred in a variety of areas, including restaurants, churches, parks, bowling alleys, a speedway, amusement parks, college campus areas, and minor league baseball parks. In addition, over 200 meetings occurred with managers, owners, or community leaders to promote smoke-free policy adoption.

Promote youth access to tobacco cessation services

- The majority of grantees were involved in promoting youth access to cessation services, including promoting the Quitline, the N-O-T Program, and 5A counseling for youth.

Section 1

Reduce health disparities among youth attributable to tobacco use

- Three Community/Schools grantees worked on disparities affecting the young adult population (18-24 year old population), with a large number of indicator changes.
- Priority Population grantees reported 60 skill-building trainings for youth from identified populations from January to June 2005. In addition, two Priority Population grantees, the NC Commission of Indian Affairs and the General Baptist State Convention, were responsible for eleven smoke-free policy changes.

Media Campaign

- Evaluation results showed that the TRU media campaign, in its second year, reached 45% of youth 11 to 17 years of age in 2004. The *Anna* ad was seen by 29.9% of all youth. Both the *Anna* ad and *Travelogue* were reported as convincing, grabbing attention, and offering good reasons not to smoke by the great majority of youth surveyed who had seen the ads.
- Awareness of the Tobacco.Reality.Unfiltered. logo has increased from Year 1 to Year 2.

Program Evaluation

- The HWTF continued to demonstrate high commitment to program evaluation through training and utilization of the IPTS system by virtually all grantees and continued funding of a comprehensive evaluation program.

Barriers/Challenges

- Surveillance data indicated the highest prevalence of smoking in North Carolina is among the 18 to 24 age group. Smoking rates in this group increased by 3.3% from 2003-2004.
- The delay in continuation of the TRU media campaign in spring 2005 threatens campaign gains from fall 2004.
- While a majority of school districts have adopted a 100% TFS policy, remaining school districts may present greater challenges for education and advocacy.
- Grantees continued to report mixed reactions to the N-O-T Program, with many grantees implementing modified versions of the program and others reporting multiple barriers (e.g., lack of student participation, transportation issues, and insufficient resources).

1.C. Recommendations for Year 3

Program Administration

- The HWTF should support, given availability of funds, continued expansion in scope and intensity of its Teen Tobacco Use Prevention and Cessation Initiative (TTUPCI) to be more consistent with the Center for Disease Control and Prevention's (CDC) estimated minimum dollars for tobacco use prevention in a state. An additional \$5 million a year to

the program would reach 47% of the CDC's minimum recommended dollars for funding a comprehensive tobacco control program for NC, and this would move the state to 14th in 2004 national rankings on allocations to state tobacco use prevention and cessation.

- Further improvements in Technical Assistance would be expected to occur with adoption of the recommendations from the TA special study produced for the HWTF.
- A comprehensive plan for incorporating counter-marketing activities throughout the TTUPC Initiative needs to be developed and implemented.

Program Goals

Prevent youth initiation of tobacco use

- The 24 school districts in HWTF-funded programs that did not have a 100% TFS policy at the end of the second year of program funding should have as a high priority the establishment of 100% TFS policy in program Year 3. Since these districts may present unique challenges for grantees, additional skill development and resource allocation may be indicated.
- A coordinated and comprehensive plan should occur for ensuring that all counties without HWTF funding, and which do not yet have a 100% TFS policy, have resources for advancing 100% TFS policy.
- Community/School grantees should be discouraged from working on tobacco prevention education activities that do not link directly to one or more policy change indicators, particularly for training activities with youth. Clarification needs to be provided for how to link education and policy change (drawing from current grantee successes).

Eliminate youth exposure to secondhand smoke

- There are still substantial opportunities for improvement in SHS policy gains. Additional training, skill development, and targets towards SHS policy gains will further reduce youth exposure to SHS.

Promote youth access to tobacco cessation services

- The implementation and evaluation of the NC Tobacco Quitline will significantly strengthen treatment options in Year 3 for teens who want to quit.
- More detailed evaluation of the success of the N-O-T Program is needed in Year 3 with recommendations for program improvement.

Reduce health disparities among youth attributable to tobacco use

- Priority Population grantees should be discouraged from working on tobacco prevention education activities that do not link directly to one or more policy change indicators, particularly for training activities with youth. Clarification needs to be provided for how to link education and policy change (drawing from current grantee successes).
- Similar to the Community/School grantees, Priority Population grantees should communicate the policy successes of their programs to government policy makers.

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- Significant funding of programs for 18 to 24 year olds statewide, especially a comprehensive college program, may impact elevated tobacco use trends among 18-24 year olds in the state.

Media Campaign

- Media recommendations from Program Year 1, along with outcomes of media focus groups in Year 2, should continue to inform further development of the TRU media campaign for Year 3 (Refer to the full report at: <http://fammed.unc.edu/TPEP/hwtfceval/reports/annual04.pdf>)
- Funding for the HWTF Tobacco.Reality.Unfiltered. (TRU) media campaign should be fully restored or campaign gains may be severely jeopardized. Further, funding should be increased to allow for a statewide dose equal to the dose for the Charlotte region in Year 1 of the campaign.
- Focus groups with youth should be conducted to test all new TRU ads before they air in order to ensure that ads resonate with NC youth.
- Funding for the TRU media campaign should be provided on a continuous basis to ensure that ads are run throughout the year, with no more than a two-month gap between ad flights. Campaign continuity will promote increased brand recognition and message retention among youth.
- Special efforts should be made in disseminating the TRU campaign to ensure it reaches less urban areas of the state.
- Any Tobacco Free Schools media campaign should adhere to guidelines outlined in the special studies report, including recommended themes and people, recognizable and action-based tag line, link to community and statewide programs, and directing viewers to a comprehensive and interactive website. TFS ads should also be tested with members of the target audience before the campaign is launched.

Program Evaluation

- The Tobacco.Reality.Unfiltered. media campaign should continue to receive an annual evaluation to ensure that the campaign is recognized among youth and that the messages are having the desired impact on preventing youth tobacco use.
- If feasible, a study should occur on the effects of the increase in the N.C. state tobacco excise tax on tobacco consumption among youth and adults in N.C.
- With funding of a comprehensive Quitline, concomitant evaluation should occur.
- Existing logic models need to be reviewed and revised.

Promoting youth access to tobacco cessation services

In January, Union County did a spit tobacco awareness blitz, reaching over 4,000 middle and high school students and 450 university youth with presentations about the health hazards of spit tobacco. One 9th grade boy came up and said, "I don't want that to happen to me [referring to Gruen von Behrens story]. Can you please help me quit? I started dipping when I was 10 and now I'm 14, and I want to quit." Also, after the University program, we found a half-full apple-flavored Skoal can that an athlete had quietly discarded. Another teen that asked for help quitting said he started three years ago, after receiving free dip at a country music concert. We were able to get students' attention and motivate some to quit, and hopefully even more to never start. Cessation support was provided for teens who requested it. We were able to get the message through to some!

HWTF Community/Schools grantee

Eliminating health disparities among youth populations identified with tobacco-related health disparities

The Picture Me Tobacco Free Photovoice Project sponsored and encouraged a Tobacco Free Sunday on May 15. Churches, especially in Durham and Wake Counties, were encouraged to educate members about the dangers of secondhand smoke exposure and to promote Tobacco Free Church Grounds. During service on Tobacco Free Sunday, many churches made presentations on secondhand smoke during announcements, passed out bulletin inserts and secondhand smoke opinion surveys, and displayed exhibits. Over 500 secondhand smoke opinion surveys were sent back!

HWTF Priority Population grantee

Section 2: UNC TPEP Activities

The University of North Carolina Tobacco Prevention and Evaluation Programs (UNC TPEP) worked extensively in 2004-2005 to continue the development and implementation of a comprehensive evaluation system for the North Carolina Health and Wellness Trust Fund's (HWTF) Teen Tobacco Use Prevention and Cessation Initiative. This section describes UNC TPEP program activities during Year 2 of the initiative, including development of action plans, revisions to the Progress Tracking System (PTS), participation in the state Surveillance and Evaluation Advisory Team, review of Phase Three grantee proposals, reporting on grantee data, contribution to statewide surveys, conducting special studies, and dissemination of evaluation reports.

UNC TPEP personnel involved with the TTUPC Initiative evaluation program include:

Core Personnel:

Adam Goldstein, MD, MPH, Director
George Gamble, PhD, Associate Director until July 2005
Kathryn Kramer, PhD, Associate Director as of July 2005
Erin Gibbons, BA, Research Intern
Rebecca Kalman, BA, Research Intern
Kelly Kandra, MA, Research Associate
Mary Mathew, MSPH, Research Associate
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Dave Austin, PhD, Research Triangle Institute, Tobacco Research Branch
Tim McGloin, MPH, UNC Program on Health Promotion and Disease Prevention
Laura Linnan, PhD, UNC School of Public Health, Health Behavior and Health Education

2.A. Action Plans for Year 1 Annual Report Recommendations

In August 2004, the UNC TPEP published the *Health and Wellness Trust Fund Teen Tobacco Prevention Initiative Outcomes Evaluation Year-end Report 2003-04*. In this report, several recommendations were outlined for Year 2 of the HWTF TTUPC Initiative.

In order to increase utilization of this report, action plans were developed by UNC TPEP for recommendations provided in the Year-end Report 2003-04. These plans identified suggested tasks and corresponding organizations to follow up with recommendations. Action plans were distributed by UNC TPEP to the HWTF and other parties as required in October 2004.

Section 2

2.B. Revisions to Progress Tracking System (PTS)

UNC TPEP was actively involved with the Tobacco Prevention and Control Branch (TPCB) Surveillance and Evaluation Team (SET) in revising the computer-based, Progress Tracking System (PTS) during Year 2. PTS is used by HWTF grantees to report their progress and activities for monitoring and evaluation purposes. PTS data are submitted by grantees on a monthly basis and reviewed regularly by UNC TPEP.

TPCB and TPEP staff and a contracted software programmer led the PTS revision process, with the goal of improving its overall utility and ability to measure grantee progress towards desired goals and objectives. The PTS revision process went through several phases of pilot testing, receiving feedback, and making modifications.

The revised PTS, referred to as the Indicator Progress Tracking System (iPTS), was finalized in January 2005. The iPTS was formatted to track and report data based on 9 focus areas and 36 indicators developed and approved by the HWTF, TPCB, and TPEP for use with all Community/Schools and Priority Population grantees (See Appendix 1: Monthly iPTS Indicators for HWTF Grantees.) The indicators were modified for one Community/Schools grantee targeting young adult populations (See Appendix 2: Monthly iPTS Indicators for Guilford-County Colleges [18-24].) These policy-focused indicators, derived from best practices and HWTF logic models, formed the basic reporting structure of the revised iPTS used by HWTF grantees. Revisions were also made to the Semi-Annual Survey included in the iPTS. (Note: The Semi-Annual Survey in iPTS used to be called the Six Month Survey in PTS.)

2.C. Training and Implementation of the Indicator Progress Tracking System (iPTS)

All Community/Schools and Priority Population grantees were trained to use the new iPTS in January and February 2005, so the revised tracking system has been utilized for approximately six months. Trainings were developed and presented by the iPTS Team including two UNC TPEP staff. In total, six iPTS trainings were conducted across North Carolina. The iPTS team also provided telephone and email follow-up for technical assistance to grantees.

Since the iPTS system was implemented mid-way through Year 2, three different reporting systems were used by HWTF grantees at different times during the year. These include the Progress Tracking System (PTS), Monthly Progress Indicator Tracking Form (MPIT), and Indicator Progress Tracking System (iPTS). Prior to implementing the iPTS, Community/Schools grantees transitioned from activity-based PTS reporting to indicator-based reporting using a MPIT form developed by the iPTS Team. Community/Schools grantees reported their program activities using the interim MPIT report from October to December 2005. These data were later transferred by grantees into the iPTS, with assistance from the iPTS team. Appendix 3 summarizes the different reporting systems used by grantees during Year 2.

Ongoing follow-up to grantees regarding iPTS use and reporting, including group and individual feedback, has been provided by the iPTS Team

2.D. Surveillance and Evaluation Advisory Team

UNC TPEP participates in the Surveillance and Evaluation Advisory Team, which was established by the TPCB in 2003. This team was developed to 1) scrutinize the TPCB objectives and focus evaluation efforts on priority areas, 2) connect with advisors of different statewide tobacco evaluation networks, 3) review statewide evaluation reports, plans, and instruments, and make recommendations, and 4) identify new priority statewide evaluation areas to pursue. UNC TPEP's Year 1 Recommendations to the HWTF were presented to the Advisory Team in November 2005.

2.E. Review of Phase III Grantees Proposals

In February 2005, the HWTF announced a Request for Proposals for new Phase III Community/Schools and Priority Population grants. One TPEP staff member assisted in this process by reviewing and providing feedback on approximately ten submitted applications. This feedback was used in the selection of potential Phase III grantees of the TTUPC Initiative.

2.F. Quarterly and Semi-Annual Survey Reports

UNC TPEP prepared four Quarterly Reports and two Semi-Annual Survey Reports during Year 2. (These reports are available at <http://fammed.unc.edu/TPEP/hwtfceval/index.htm>.) PTS and IPTS data submitted by all Community/Schools and Priority Population grantees were reviewed by the UNC TPEP team for accuracy. The team analyzed and summarized data sets in these reports, and made recommendations for the statewide TTUPC Initiative. Reports were disseminated to the HWTF, as well to key stakeholders and grantees via email, the TRU listserv, and the TPEP website. Two joint meetings with HWTF, UNC TPEP, and TPCB staff took place to discuss Quarterly and Semi-Annual Survey Report findings and recommendations.

Some TTUPC Initiative grantees fall outside the Community/Schools and Priority Population groups and are termed for the purposes of this report "TTUPC Initiative Special Projects". These include the Department of Health and Human Services Women's and Children's Health Branch's Pregnant Teens Cessation program, the American Cancer Society's Quitline, and the North Carolina Amateur Sports/State Games. The American Lung Association's Not-on-Tobacco (N-O-T) and Teens Against Tobacco Use (TATU) programs are also included in this section. TPEP receives and summarizes the reports these projects provide to the HWTF.

2.G. Contribution to Statewide Surveys

UNC TPEP collaborated with the TPCB in contributing questions for the 2005 North Carolina Youth Tobacco Survey (NC YTS). TPEP utilizes results from YTS questions to supplement its evaluation of the HWTF programs, including the media campaign and will compare trends in NC with trends in other tobacco-producing states and national trends. Data from the 2005 YTS will be included in TPEP's 2005-2006 Annual Report.

UNC TPEP contributed questions to a second statewide survey, the Child Health Assessment and Monitoring Program (CHAMP), administered by the North Carolina State Center for Health

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Statistics. This CHAMP survey interviews adults with children 0 to 17 living in their households (see <http://www.schs.state.nc.us/SCHS/champ/> for more information). TPEP contributed questions to the CHAMP survey assessing support among North Carolina parents regarding tobacco-related policies affecting youth, adult knowledge of North Carolina's anti-tobacco media campaign, and parents' estimation of and discussion about their children's tobacco use.

2.H. Special Studies

As part of the general evaluation of the HWTF TTUPC Initiative grantees' work in North Carolina, UNC TPEP also conducts special studies to supplement the data collected from other sources. During the second program year, four such studies were conducted.

a) TRU Media Evaluation

UNC TPEP continued its evaluation of the 2004 media campaign through a statewide telephone survey. Data were collected from the same cohort of youth who participated in the baseline survey in the spring of 2004. Formative work included revising the questionnaire to reflect changes in the media campaign and modifying several attitude questions in an effort to elucidate how the media campaign may be influencing youths' attitudes about tobacco use and tobacco companies. UNC TPEP contracted with the UNC Survey Research Unit to conduct the interviews and provide sampling weights for the data.

The interviews were conducted in November and December of 2005. More detailed information on this evaluation can be found in Section 5. The results of the baseline and Time 2 survey can be found on the TPEP website (http://fammed.unc.edu/TPEP/hwtfceval/special_reports.htm).

b) TRU Focus Groups

UNC TPEP conducted a qualitative evaluation of the 2004 TRU media campaign. The purpose of this evaluation was to provide the media vendor with information about how often North Carolina youth were viewing the 2004 TRU ads, how youth were interpreting the ads, and how the ads might be improved for future campaigns. Fourteen focus groups, with geographic and demographic diversity, were held throughout the state in November and December of 2004. More detailed information on this study and the full media evaluation can be found in Section 5. The complete focus group report can be found on the TPEP website at http://fammed.unc.edu/TPEP/focus_group_report05.pdf

c) Tobacco-Free Schools Best Practices

UNC TPEP conducted a special study to gather information that would assist the HWTF in launching the first statewide television campaign to promote 100% Tobacco Free School (TFS) policies in the country. Specifically, UNC TPEP reviewed the literature on media and 100% TFS policies, developed a conceptual model for the campaign, and discussed the proposed campaign with TFS experts and community stakeholders. Based on the information from the literature review, conceptual model, and interviews, TPEP compiled a report to assist the HWTF and its contracted media vendor in reviewing best practices surrounding the adoption and enforcement of TFS policy in NC, and providing recommendations for use in the development of an effective and politically feasible media campaign to promote TFS policy.

The planning and implementation of this study took place in February and March of 2005. More detailed information on this evaluation can be found in Section 4. The complete report can be found on the TPEP website at http://fammed.unc.edu/TPEP/hwtfceval/special_reports.htm

d) Evaluation of Technical Assistance to HWTF Grantees

UNC TPEP was asked by HWTF to conduct an evaluation of the technical assistance offered to grantees in the TTUPC Initiative. Working with the Technical Assistance and Training Committee (which represents all technical assistance and training providers contracted by HWTF), TPEP developed a logic model and framework for the evaluation in early 2005. In addition to information from the IPTS monthly and semi-annual reports, two separate interviews were developed, one for providers and another for grantee coordinators. TPEP contracted Innovation Research and Training, Inc. to conduct the telephone interviews and write a data summary. Interviews with providers took place in April, and grantee coordinator interviews took place during May and June. The report on these interviews was completed in July. More detailed information on this evaluation can be found in Section 4. The recommendations from this evaluation can be found on the TPEP website at http://fammed.unc.edu/TPEP/hwtfceval/special_reports.htm

2.I. Dissemination Activities

UNC TPEP continues to be actively involved in disseminating the results of its research and evaluation activities to the public, to policy makers, and to key stakeholders in the tobacco prevention community. TPEP accomplishes this goal using several dissemination strategies, including website development, conference presentations, and press releases.

a) Website Development

The UNC TPEP website (www.fammed.unc.edu/TPEP) provides information about TPEP programs, personnel, partnerships, and services. The site was created to make this information easily accessible to local and statewide partners and to communities that are seeking TPEP's assistance in using evaluation as part of effective tobacco prevention and control programs. The TTUPC Initiative portion of the site includes a list of HWTF Communities and Schools and Priority Population grantees, a map of grantees' locations, grantee and special studies reports, tools, and logic models. The website is visited by an average of 92 users per month.

b) Conference Presentations

All UNC TPEP staff attended the National Conference on Tobacco or Health in Chicago, Illinois, May 4 -6, 2005. TPEP staff made the following presentations at the conference:

- Designing a Comprehensive Evaluation of a \$10 Million State Tobacco Program
- NC Teen Tobacco Use Prevention: Year 1 Outcomes of a \$10 Million Annual Program
- Teaching Logic Models: Helping Partners Face, Manage, and Love Evaluation
- Comprehensive Evaluation of NC Youth-Focused Tobacco Prevention Media Campaign

TPEP staff also provided a plenary session presentation and a workshop at the October 2004 HWTF Kick-Off: *Making a Difference – Building a “TRU” Movement* Event for Phase I and Phase II HWTF grantees. TPEP presentations at this event included:

- Back to the Future: An *Inside Out* View of Tobacco Control in NC (plenary session)
- Fun and Easy Ways to Measure Your Success (workshop)

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c) Press Releases

UNC TPEP disseminates news releases on events and activities that merit public attention to news outlets across North Carolina. Press releases from the past year included TPEP's Year 1 evaluation of the HWTF's TTUPC Initiative and the results of the TRU media campaign evaluation. Copies are available at <http://fammed.unc.edu/TPEP/hwtfceval/index.htm>.

Eliminating Youth Exposure to Secondhand Smoke

BEEP, BEEP, BEEP . . . A TATU teen leader from Richmond Senior High blows the horn of her Volkswagen Beetle in great delight and excitement as she cruises by her favorite pizzeria and notes its marquee. Traditionally, the marquee advertises the weekly specials, such as two medium pepperonis for \$9.99. Today the marquee is advertising an even better special for customers: "Now Smoke-Free." The TATU teen leaders, coalition members, media partners, and First Health staff are proud of the new advertisement and Pizza Inn's owner and managers. For the past several months, over 50 youth and 15 adults have been active in smoke-free advocacy by attending trainings and retreats, distributing fact sheets, conducting surveys, leaving stickers on receipts, and discussing the values and benefits of smoke-free dining with friends, family members, and community decision makers in Richmond County. Pizza Inn adopting a smoke-free policy is a product of their work and a sign of changing times.

HWTF Community/Schools grantee

Preventing Youth Initiation of Tobacco Use

It has been most rewarding to play a major part in helping four school boards in northeastern North Carolina adopt a 100% Tobacco-Free School policy within a six month period. This could not have taken place without dedicated youth and school board members who care about the health and well being of their staff and youth. In northeastern NC, it is very difficult for a policy such as this to be adopted, since tobacco is still a major crop and an important part of the economy. Although many farmers opted for the tobacco buy-out, tobacco still runs deep in the heart of many northeastern NC counties. It is through youth-led efforts, including presentations to the school boards, that the policy was adopted in these counties.

HWTF Community/Schools grantee

Section 3: Grantee Reports

Section 3 summarizes the progress and activities of three groups funded by the HWTF TTUPC Initiative: 1) Community/Schools grantees, 2) Priority Population grantees, and 3) TTUPC Initiative Special Projects.

In this section, the methodology used to assess Community/ Schools and Priority Population grantee activities for Year 2 (April 2004 - June 2005) is provided, followed by an overview and summary of the results. In addition, this section summarizes the results from four TTUPC Initiative Special Projects.

3.A. Methodology

The progress and activities of HWTF Community/Schools and Priority Population grantees for Year 2 were assessed by UNC TPEP using three different datasets. These include: 1) Progress Tracking System (PTS) data, 2) Indicator Progress Tracking System (iPTS) data, and 3) Semi-Annual Survey data. Brief descriptions of these datasets, analyses, and limitations are as follows:

Progress Tracking System (PTS) data

Phase I Community/Schools and Priority Population grantees reported their activities on a monthly basis using the computer-based PTS for all of Year 1 and a portion of Year 2 (See Appendix 3 for a list of months when PTS was used by grantees during Year 2.)

PTS categorizes grantee activities as either infrastructure or tobacco control events. Monthly PTS data were compiled, cleaned, and analyzed by UNC TPEP staff for the months when PTS was used. Two detailed Quarterly Reports, based on PTS data, were published by UNC TPEP during Year 2. These reports can be accessed on the TPEP website.

The use of PTS was discontinued in the fall of 2004. A brief summary of Year 2 PTS data for Community/Schools and Priority Population grantees is included in Appendices 4 and 5.

Indicator Progress Tracking System (iPTS) data

Approximately mid-way through Year 2, Community/Schools and Priority Population grantees transitioned from using PTS to using the revised iPTS for reporting their monthly activities (See Appendix 3 for a list of months when iPTS was used by grantees during Year 2.) For additional information regarding the implementation of iPTS during Year 2, see Section 2.C.

iPTS reporting is based on key focus areas and indicators for all Community/Schools and Priority Population grantees (see Appendix 1). Monthly iPTS data were compiled, cleaned, and analyzed by UNC TPEP staff for the months when iPTS was used. Three detailed Quarterly Reports, based on iPTS data, were published by UNC TPEP during Year 2. These reports can be accessed on the TPEP website.

Indicator-based iPTS data for Year 2 has been summarized for Community/Schools and Priority Population grantees in sections 3.B and 3.C of this report.

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Semi-Annual Survey data

Twice a year, grantees complete the Semi-Annual Survey that is included in iPTS. During Year 2, Phase I Community/Schools and Priority Population grantees completed their first assessment in October 2004, using the PTS Six Month Survey. Their second assessment was completed in July 2005 using the revised Semi-Annual Survey in iPTS. Phase II Community/Schools grantees used the iPTS Semi-Annual Survey in January and July 2005.

The four parts of the Semi-Annual Survey document grantee perception of program progress, technical assistance and training utilization/needs, major accomplishments, and semi-annual indicators. Semi-Annual Survey data were compiled, cleaned, and analyzed by UNC TPEP staff. Two detailed Semi-Annual Survey Reports were published by UNC TPEP during Year 2. These reports can be accessed on the TPEP website.

Selected data from the July 2005 Semi-Annual Survey (i.e., program progress and indicator data) have been included in Sections 3.B and 3.C of this report. The program progress section uses a 10-point Likert-type scale to assess the extent to which grantees believe they have progressed in each area. Technical assistance and training utilization/needs assessments are reported in the Special Studies Technical Assistance Evaluation report in Section 4. Selected major accomplishments reported by grantees can be found at the beginning of each section of this report.

Data limitations

Due to significant changes in tracking systems and performance indicators used during Year 2, data presented in Section 3 have several limitations. These include more emphasis on tracking policy initiatives in Year 2 (e.g., 100% TFS policies, smoke-free policies, and product pricing), changes in how activities are reported (e.g., indicator-based reporting vs. activity-based reporting), and grantee/stakeholder inexperience using iPTS. The PTS and iPTS systems also use different units and categories of reporting, making it difficult to analyze grantee activities over time. As grantees adjust to the new data reporting system, these limitations should diminish in Year 3.

3.B. Community/Schools Grantees

The HWTF awards Community/Schools grants to local coalitions that propose to fill current service gaps, enhance services, and build capacity for evidence-based tobacco prevention and control strategies targeting North Carolina youth. Community/Schools grantees are encouraged to address all four tobacco prevention control goal areas outlined by the CDC (i.e., Initiation, Secondhand Smoke, Cessation, and Disparities) using a comprehensive approach.

Thirty-four coalitions, serving single or multi-county areas, received Community/Schools grant funding during Year 2 (see Appendix 6 for a list of all Year 2 Community/Schools grantees). Most Community/Schools grant coordinators are based in schools, health departments, or local, non-profit organizations. Community/Schools grants were awarded as follows:

- Twenty-three grantees received Phase I grants beginning primarily in March 2003.
- Eleven additional grantees received Phase II grants beginning in July 2004.
 - i. One Phase II Community/Schools grantee specifically targets alternative high school and college student populations.
 - ii. Two Phase II Community/Schools grantees target specific populations (i.e., Lumbee and Latino youth).

Community/Schools grantees' reported progress, successes, and barriers during Year 2 are summarized in the following section using a combination of PTS, IPTS, and Semi-Annual Survey data.

Results are reported in two broad areas: 1) grantee perceptions of overall progress and barriers (based on Semi-Annual Survey), and 2) specific progress by goal area and indicator changes (based on monthly IPTS data).

3.B.i. Overall progress and barriers

Grantee perceptions of overall progress

HWTF's TTUPC Initiative grantees reported that they had reached a high level of achievement in meeting their objectives during the past six months, with Phase II Community/Schools grantees making strong progress to attain levels similar to Phase I grantees.

Most **Phase I** Community/Schools grantees continued to feel they were making progress with their programs and believed they were on target for achieving their objectives.

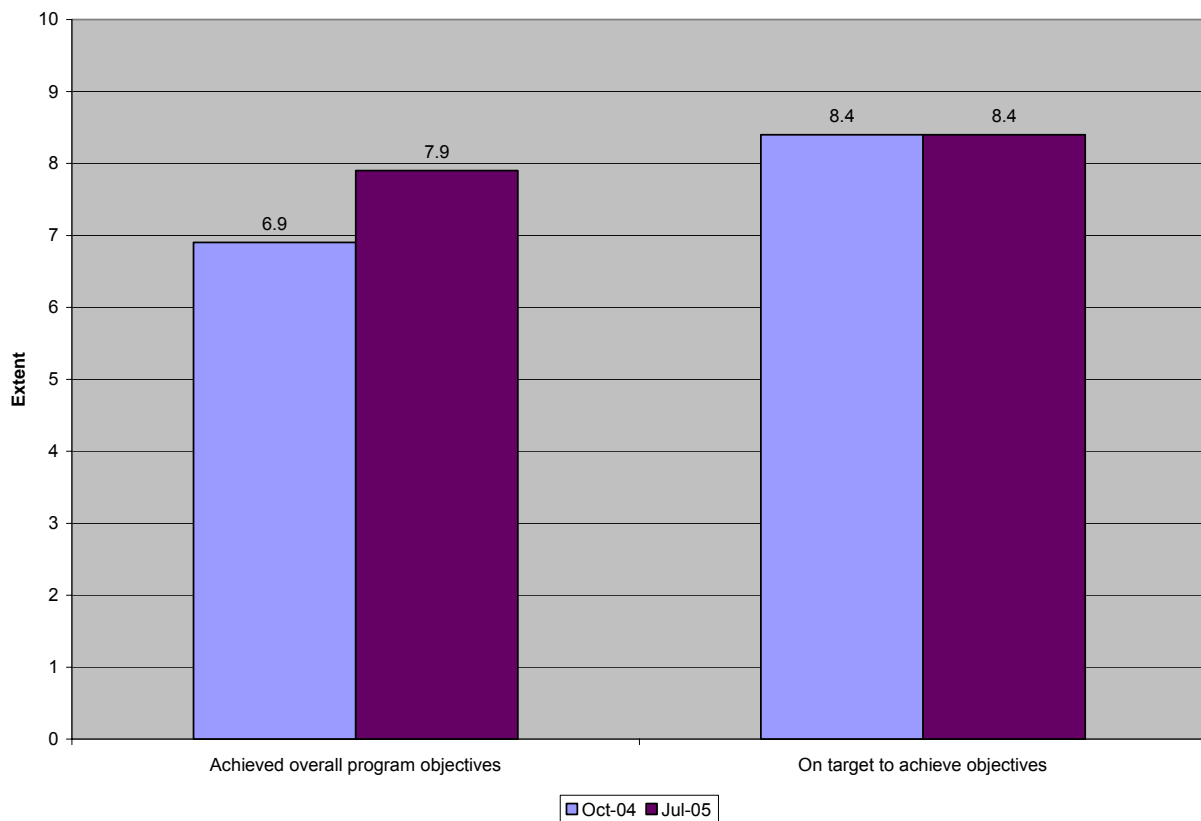
While only 18% (2 of 11) of **Phase II** grantees reported achieving their objectives to a large extent (≥ 7 on a 10-point scale, where 1 = to no extent and 10 = to a large extent) during the first six months, 63% (7 of 11) reported achieving their objectives to a large extent in the second six months. Even those rating their progress less than seven showed increases on this measure from the first six months. The mean rating for **Phase II** grantees in achieving their objectives for the two reporting periods increased from 4.4 to 7.4 (68% increase). In the first two six month periods for **Phase I** Community/Schools grantees, the mean ratings for achievement increased

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from 6.5 to 7.9 (22% increase). Despite the **Phase II** grantees' lower starting point, both groups ended the second six month period with similar self-reported high achievement ratings. In addition, 92% (9 of 11) of **Phase II** grantees stated that they were on target for achieving their objectives in the next six months.

Figure 3.B.1 shows the comparison of the means ratings of all Community/Schools grantees (Phase I and II) regarding their perceptions of achievement of program objectives during the reporting period and their readiness to achieve program objectives in the next six months.

Figure 3.B.1: Extent to Which Grantees Believe They Have Achieved Their Program Objectives and Are on Target to Achieve Objectives in the Next Six Months



**Comparison of Means from Semi-Annual Surveys
Community/Schools Grantees (n=34)**

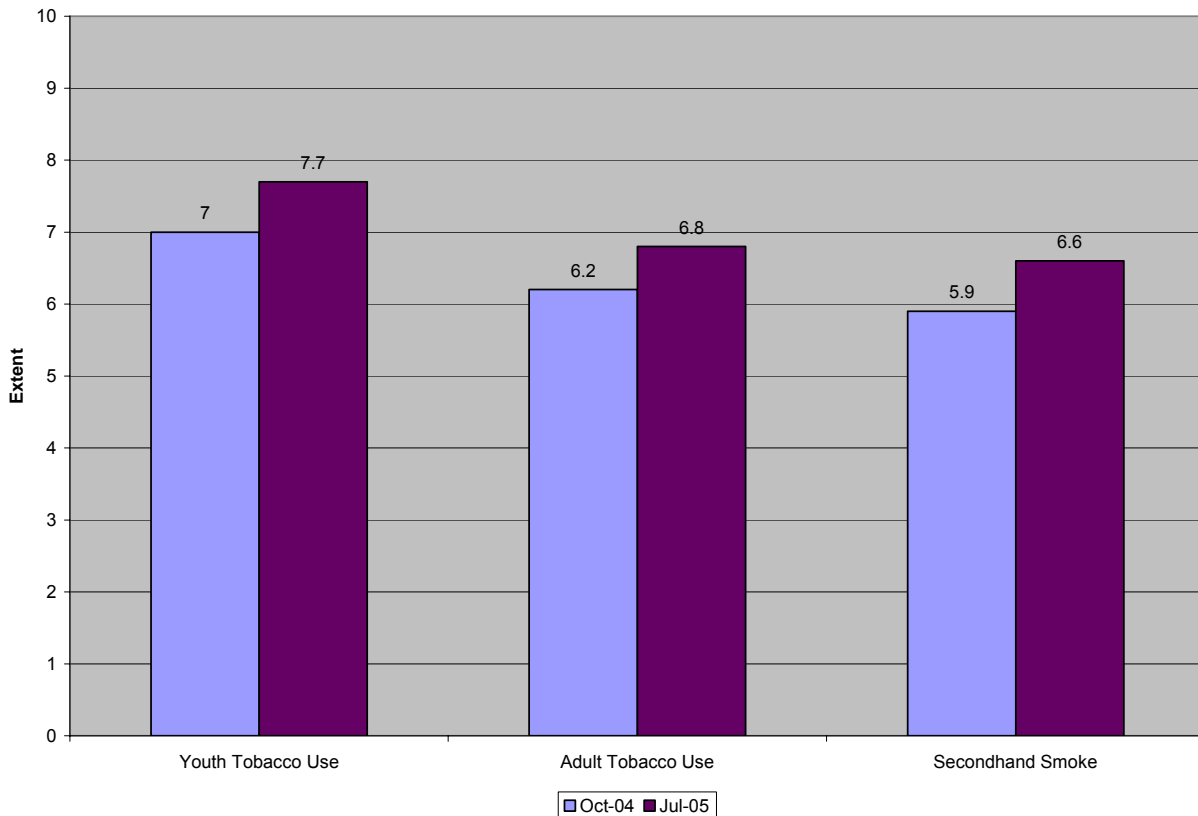
Grantee perceptions of community awareness

Most **Phase I** Community/Schools grantees perceive a significant level of public awareness of youth and adult tobacco use and of secondhand smoke as a serious health problem in their communities. While increases for each reporting period have been slight, this is the first reporting period in which the mean rating for awareness in all three areas is to a significant extent (≥ 7).

Phase II Community/Schools grantees reported a substantial increase in perceptions of the public's awareness of youth tobacco use as a serious health problem in their communities. Although the mean ratings on views on adult use and secondhand smoke remained similar to the first six month reporting period, there was an increase in the number of grantees reporting that, to a large extent, they believed their communities viewed secondhand smoke as a serious health problem (i.e. the number of grantees rating the extent ≥ 7 increased from 27% to 45%). Phase II grantees showed trends that were similar to Phase I grantees during their first two reporting periods (i.e., during their start-up phase) in all three areas described above.

Figure 3.B.2 shows a comparison of means for the two semi-annual surveys as reported by all Community/Schools grantees. The increases reflected a positive trend overall.

Figure 3.B.2: Extent to Which Grantees Believe Their Communities View Tobacco Use and Secondhand Smoke as Serious Health Problems



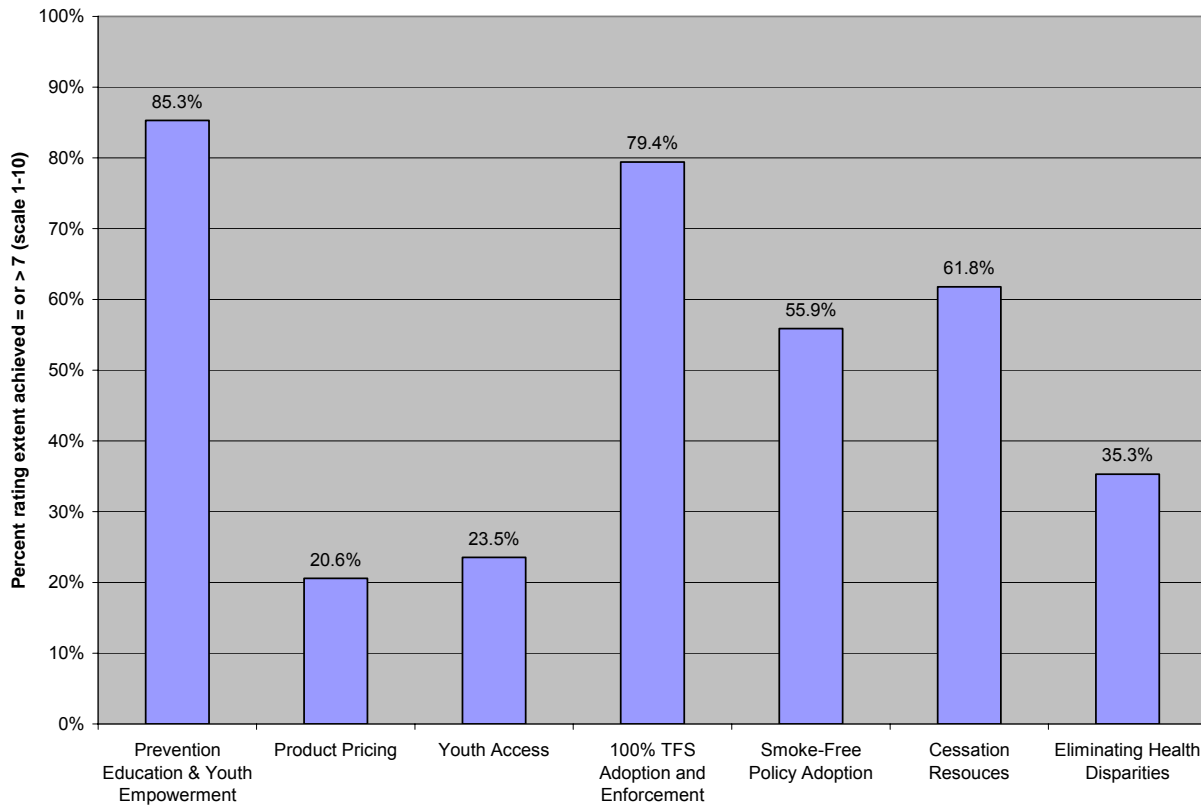
**Comparison of Means from Semi-Annual Surveys
Community/Schools Grantees (n=34)**

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Grantee perceptions of progress by focus areas

In the July 2005 Semi-Annual Survey, grantees were asked to rate on a scale of 1-10 the extent to which they had achieved their objectives in each of the focus areas (1=no extent and 10=large extent). Figure 3.B.4 shows the percentage of Community/Schools grantees who feel they achieved their objectives to a large extent and provides an overall view of achievement in each of the focus areas, which are described in the sub-sections that follow.

Figure 3.B.3: Percent of Community/Schools Grantees Who Report Achievement of Objectives to a Large Extent: By Focus Area Jan-Jun 2005 (n=34)



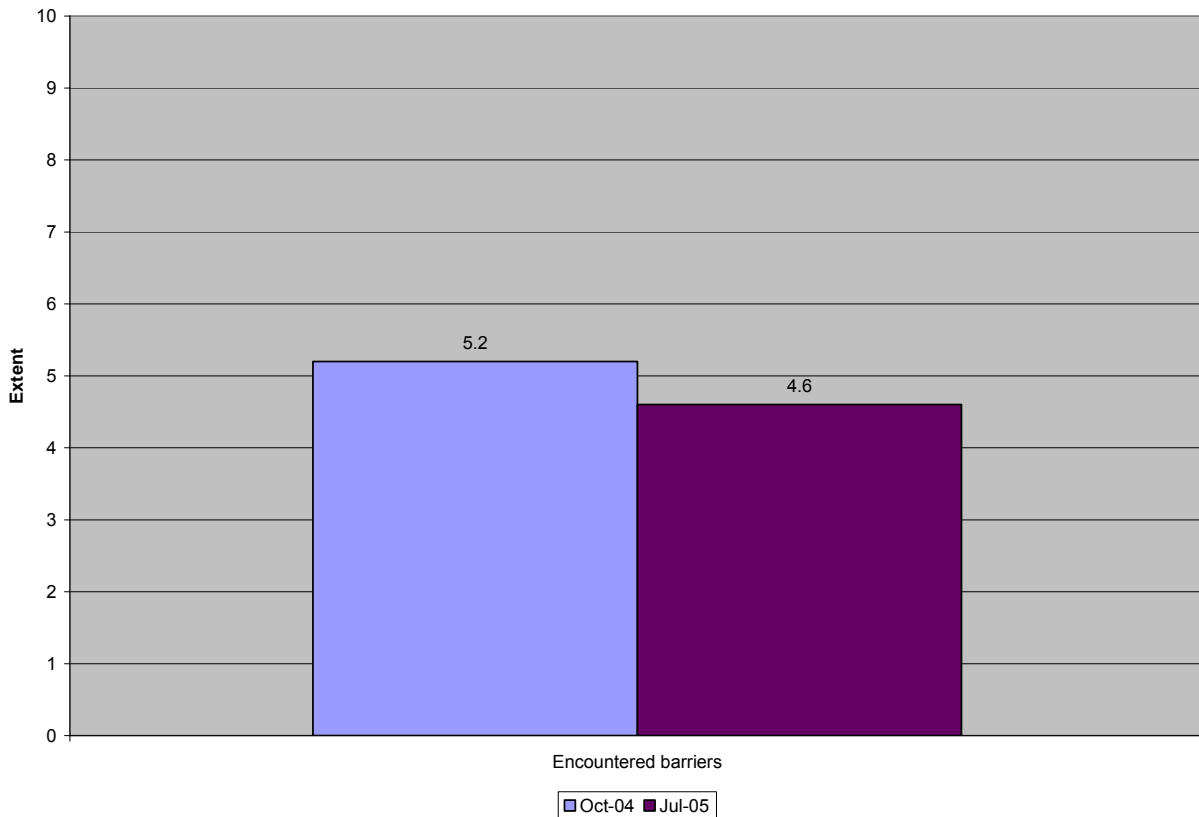
Grantee perceptions of barriers

Phase I Community/Schools grantees reported an 18% decrease in barriers encountered during this reporting period as compared to the previous period.

While only 2 of 11 **Phase II** grantees reported encountering significant barriers in meeting their program objectives during the past six months, four of the grantees rated their barriers higher now than they did during the first six months.

Figure 3.B.3 shows a comparison of means for the two semi-annual surveys as reported by all Community/Schools grantees. Overall, Community/Schools grantees reported few substantial barriers to carrying out their program activities in the monthly IPTS during Year 2.

Figure 3.B.4: Extent to Which Grantees Report Encountering Significant Barriers to Achieving Their Program Objectives



**Comparison of Means from Semi-Annual Surveys
Community/Schools Grantees (n=34)**

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Common barriers reported by Community/Schools grantees in their monthly iPTS reports were as follows:

- Issues related to scheduling, attendance, and lack of time for activities, particularly at the end of the school year;
- Challenges with the implementation of ATS and N-O-T programs;
- Barriers to 100% TFS policy adoption and enforcement in some districts (i.e., resistance from key decision makers and tobacco-producing communities, concerns regarding how the policy will be enforced, lack of staff participation in cessation services, etc.);
- Lack of clarity among some grantees as to how they should address the product pricing focus area;
- Resistance from some areas to adopt 100% smoke-free policies (i.e., concerns regarding enforcement, smoking patrons, etc.);
- Challenges related to transportation (e.g., getting youth to and from activities in rural and urban areas); and
- Limited time for clinicians to attend cessation trainings.

The following sub-sections summarize Community/Schools grantee progress in the four identified goal areas (Initiation, SHS, Cessation, and Disparities), as well as selected media and administrative areas. The majority of these summaries are based on iPTS data. PTS and Semi-Annual Survey data have been included in some areas where applicable.

3.B.ii. GOAL AREA: Initiation

Tobacco-Free Schools

Tobacco-Free School (TFS) policies are an evidenced-based approach to preventing youth initiation of tobacco use. North Carolina has made significant progress in the area of Tobacco-Free Schools over the past year, with more than half of its school districts (i.e., 59 of 115 districts) having adopted 100% TFS policies as of June 30, 2005.

A highlight of Community/Schools grantee progress during Year 2 is their success in promoting the adoption and enforcement of 100% TFS policies. HWTF technical assistance and training providers including Question Why, the TPCB TFS Coordinator, TPCB Field Coordinators, and SAVE were instrumental in assisting Community/School grantees with their efforts in this area. Several of these providers also helped advocate for policy adoption in gap counties (i.e., school districts not covered by Community/School grants); however, the focus of this report will be the work of local Community/Schools grantees in their designated school districts.

With the addition of Phase II grants in July 2004, 25 new school districts (also known as Local Educational Authorities, or LEAs) were covered by 11 new Community/Schools grantees during Year 2. In total, 33 Community/Schools grantees covered 62 (54%) of the 115 NC school districts for most of Year 2. One Phase II Community/Schools grantee, working primarily on college campuses, was not included in this total. See Appendix 7 for a list of school districts covered by local HWTF Community/Schools grantees.

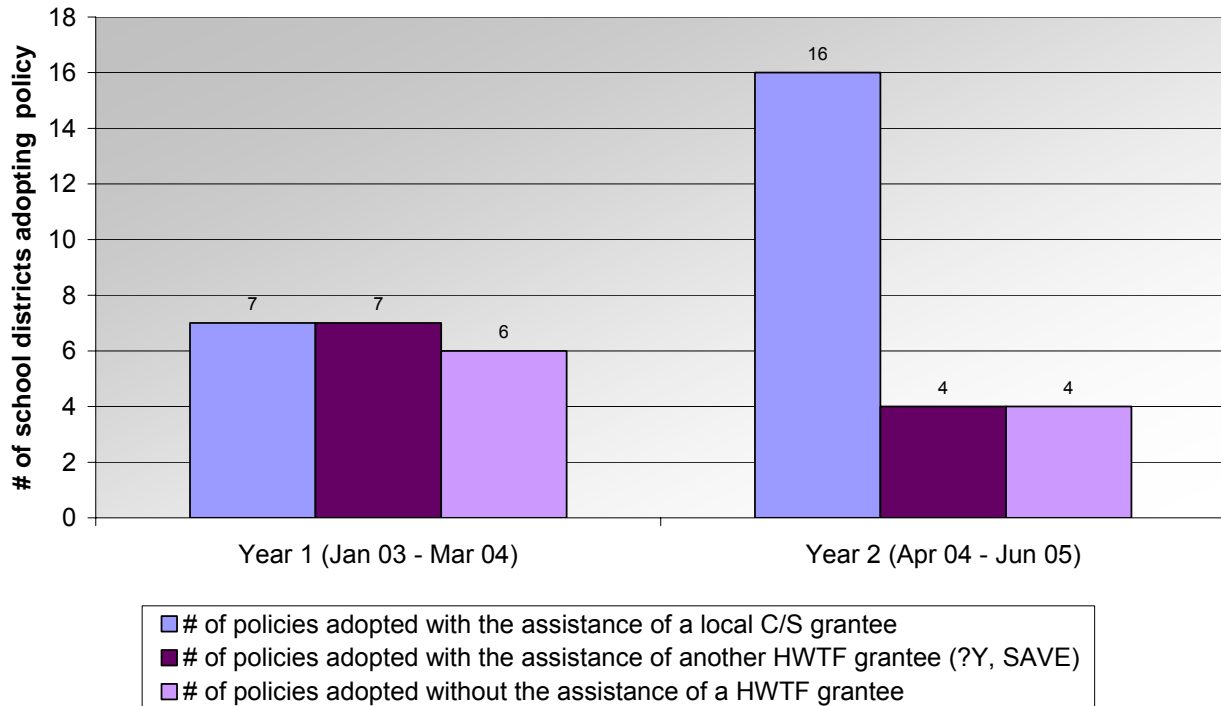
The additional contributions of Phase II grantees, experience of Phase I grantees, and overall momentum of Tobacco-Free Schools in the state led to significant increases in 100% TFS policy adoption during Year 2. Key highlights are as follows:

- In total, 16 new school districts covered by local Community/ Schools grants adopted a 100% TFS policy in Year 2 (Apr 04-Jun05), compared to seven school districts covered by local Community/Schools grants that adopted policies during Year 1 (Mar 03–Mar 04).
- An additional four school districts adopted 100% TFS policies during Year 2 with the assistance of SAVE (statewide C/S grant) and Question Why Central (TA grant funded Oct 03). Including the work of these two groups, 20 new school districts adopted a 100% TFS policy during Year 2 with some form of HWTF assistance.
- Four school districts adopted 100% TFS Policies during Year 2 without any assistance from HWTF grantees.

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Figure 3.B.5 shows the impact of HWTF grantees on 100% TFS policy successes in North Carolina, since the beginning of the HWTF TTUPC Initiative in March 2003. This graph highlights the number of school policies that were adopted with the assistance of local Community/Schools grantees and other regional HWTF grantees (i.e., SAVE and Question Why) in comparison to the number of districts that adopted the policy *without* direct assistance from any HWTF grantee. Data indicate that HWTF grantees made a significant contribution to 100% TFS policy successes in the state during Year 2, with 83% (20 of 24) of all of the policies adopted between April 2004 and June 2005 passing with help of HWTF grantees.

Figure 3.B.5: HWTF Grantee Involvement in 100% TFS Policy Adoption Successes



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Table 3B.1 summarizes local Community/Schools grantee involvement in 100% TFS policy adoption during the first two years of the HWTF TTUPC Initiative. This table does not include data reflecting the work of other HWTF grantees (i.e., Question Why and SAVE). Differences in the length of Year 1 and Year 2, as well as the increased number of Community/Schools grants and school districts covered during Year 2, should be considered when reviewing these data.

Table 3.B.1: Local C/S Grantee Involvement in 100% TFS Policy Adoption Over Time

	Year 1 <ul style="list-style-type: none"> ▪ Mar 03 – March 04 ▪ 12 months ▪ 23 local C/S grants* 	Year 2 <ul style="list-style-type: none"> ▪ April 04 – June 05 ▪ 15 months ▪ 33 local C/S grants **
# of school districts covered by C/S grants	37 (32% of 115 districts)	62 (54 % of 115 districts)
# of school districts covered by C/S grants <u>WITH</u> a policy at the beginning of the year	10 (27% of 37 districts)	22 (35 % of 62 districts)
# of school districts covered by C/S grants <u>WITH</u> a policy at the end of the year	17 (50% of 37 districts)	38 (61% of 62 districts)
Total # of policies adopted in districts covered by C/S grants during the year	7	16
# of school districts covered by C/S grants <u>WITHOUT</u> a policy at the end of the year	20 (54% of 37 districts)	24 (39% of 62 districts)

* Number does not include statewide/regional groups (i.e., SAVE, NC Amateur Sports, Question Why).

** Thirty-four Community/Schools grants existed as of July 1, 2004 when Phase II grants were awarded. One Phase II grantee, working primarily on college campuses, was not included in this total.

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Figure 3.B.6 highlights trends in the number of 100% TFS policies adopted in school districts covered by local Community/Schools grantees during Year 1 and Year 2. In total, 23 new school districts covered by Community/Schools grantees adopted 100% TFS policies during this period. Data show a consistently increasing number of school districts adopting 100% TFS policies, particularly during 2005.

Figure 3.B.6: Trends in 100% TFS Policies Adopted in C/S Grantee School Districts

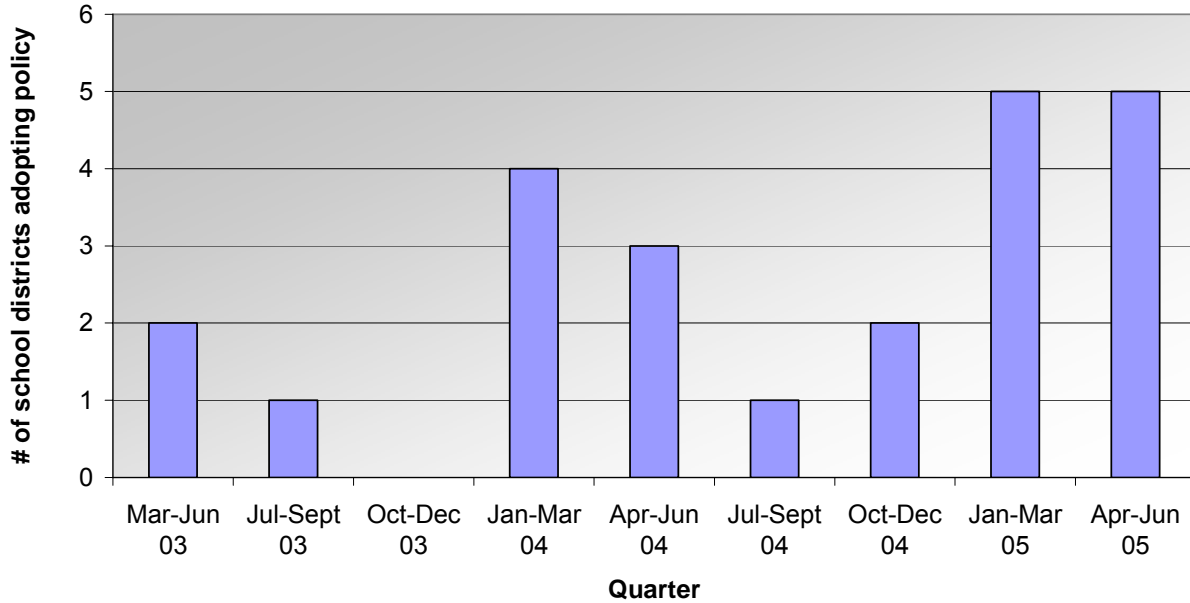
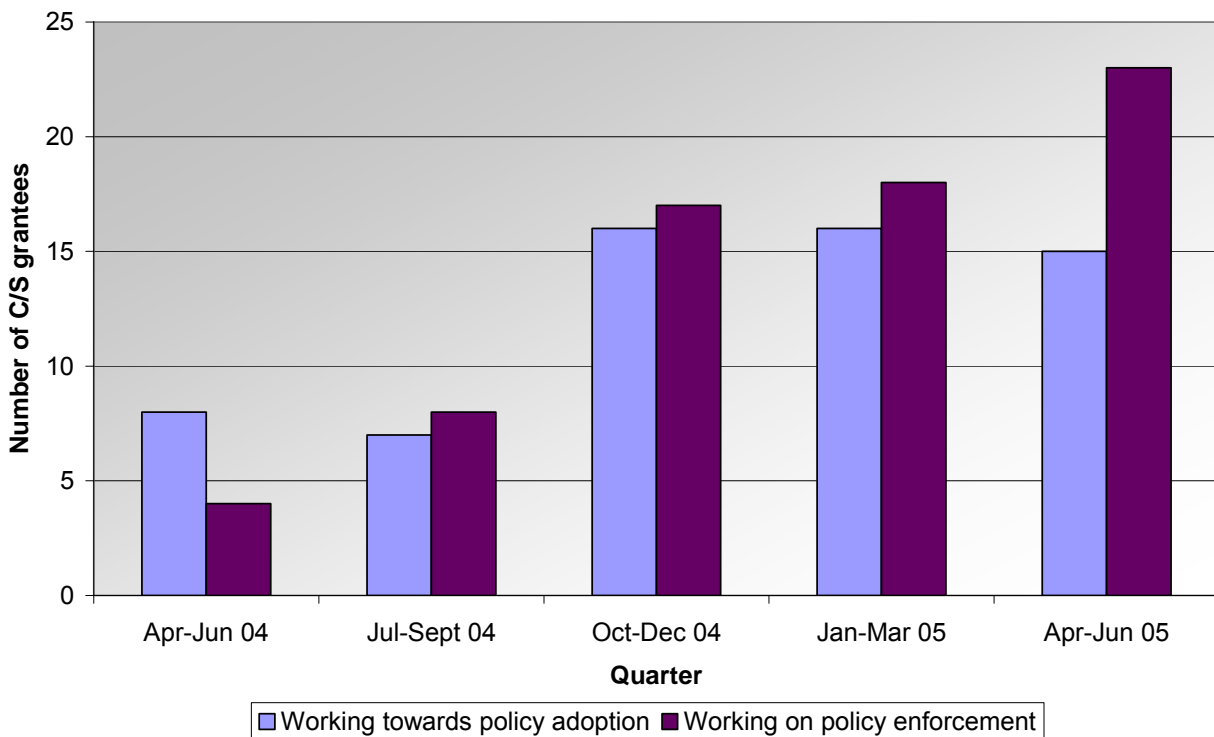


Figure 3.B.7 highlights trends in Community/Schools grantee involvement in 100% TFS policy adoption and enforcement activities during Year 2. This graph includes any grantee who reported one or more activities working toward policy adoption or enforcement in their quarterly PTS or IPTS data (i.e., a tobacco control event, indicator change, or summary box activity). TFS activities include the development and dissemination of media messages, readiness assessments, presentations with key decision makers, efforts to promote the Alternative-to-Suspension (ATS) Program, and presentations promoting cessation resources for staff.

The graph below demonstrates a trend toward increased Community/Schools grantee involvement in the area of Tobacco-Free Schools over the past year, particularly in the area of enforcement. The trend toward increased enforcement activities would be expected to continue as more school districts adopt 100% TFS policies over time, and Community/Schools grantees shift their efforts toward promoting compliance.

Figure 3.B.7: C/S Grantee Involvement in 100% TFS Policy Adoption and Enforcement Activities



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Table 3.B.2 highlights TFS indicator data reported in the Semi-Annual Survey.

Table 3.B.2: Tobacco-Free Schools Semi-Annual Indicator Data (Jan-Jul 05)

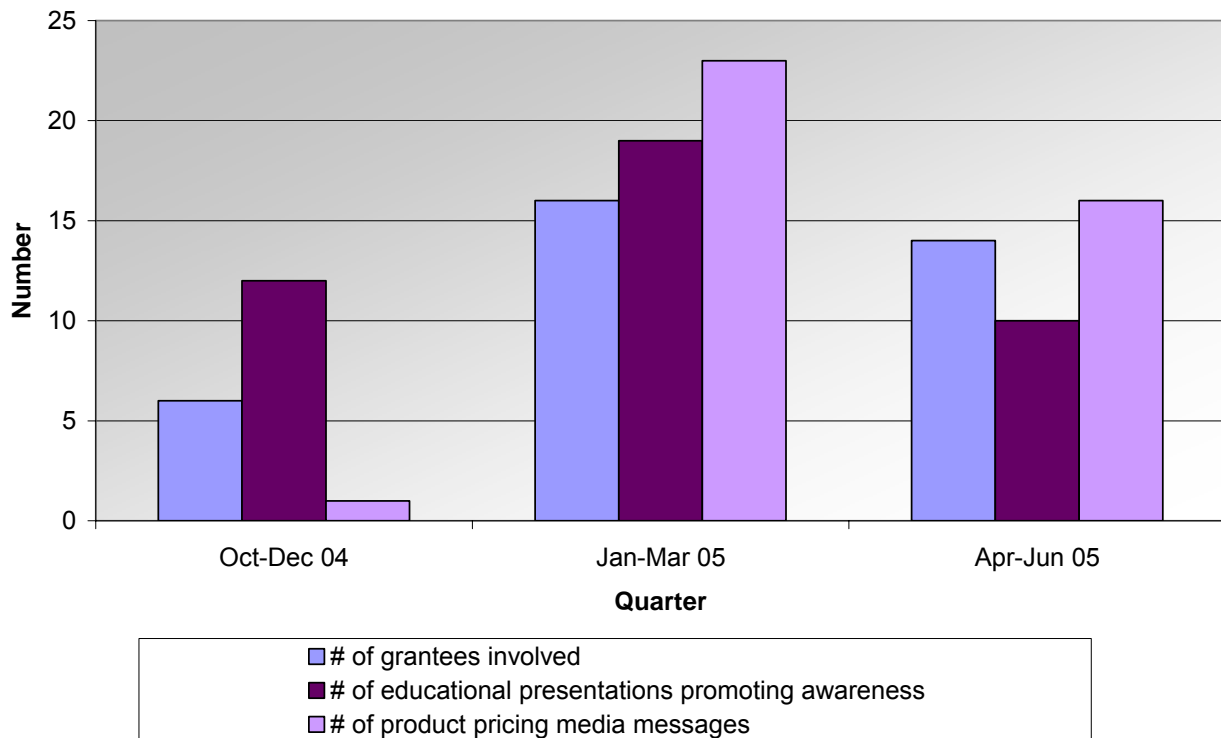
Indicator	# C/S grantees reporting for each indicator (n = 34)	Total # reported for each indicator
# of ATS courses completed	11	41
# of youth attending at least one hour of ATS tobacco ed. course	12	164
○ # of youth in identified populations attending at least one hour of ATS tobacco education course	7	60
# of youth attending all four hours of ATS tobacco ed. course	9	69
○ # of youth in identified populations attending all four hours of ATS tobacco education course	4	21
For schools WITHOUT 100% TFS policy		
# of school districts whose School Health Advisory Committee (SHAC) has included the adoption of 100% TFS policy as a part of their policy action plan	11	15
# of schools offering ATS program (cumulative)	8	17
For schools WITH 100% TFS policy		
# of school districts whose School Health Advisory Committee (SHAC) has included the implementation and enforcement of 100% TFS policy as a part of their policy action plan	19	28
# of schools offering ATS program (cumulative)	19	137
# of schools with TFS signs posted	19	547

Product Pricing

Another focus area grantees were encouraged to work in during Year 2 was product pricing. Activities in this focus area promote the awareness of research on the relationship between higher prices of tobacco products and significant declines in youth initiation of tobacco use. Product pricing was introduced as a new focus area for grantees in the fall of 2004, with two primary indicator areas including: 1) media message development and dissemination, and 2) educational presentations on product pricing in schools and the community.

Figure 3.B.8 highlights iPTS data submitted in the product pricing focus area between October 2004 and June 2005. In general, the number of grantees involved in this area has increased, with the highest level of grantee activity reported during January to March 2005.

Figure 3.B.8: C/S Grantee Involvement in Promoting Awareness of Research That Cites the Relationship of Tobacco Product Pricing and Youth Initiation



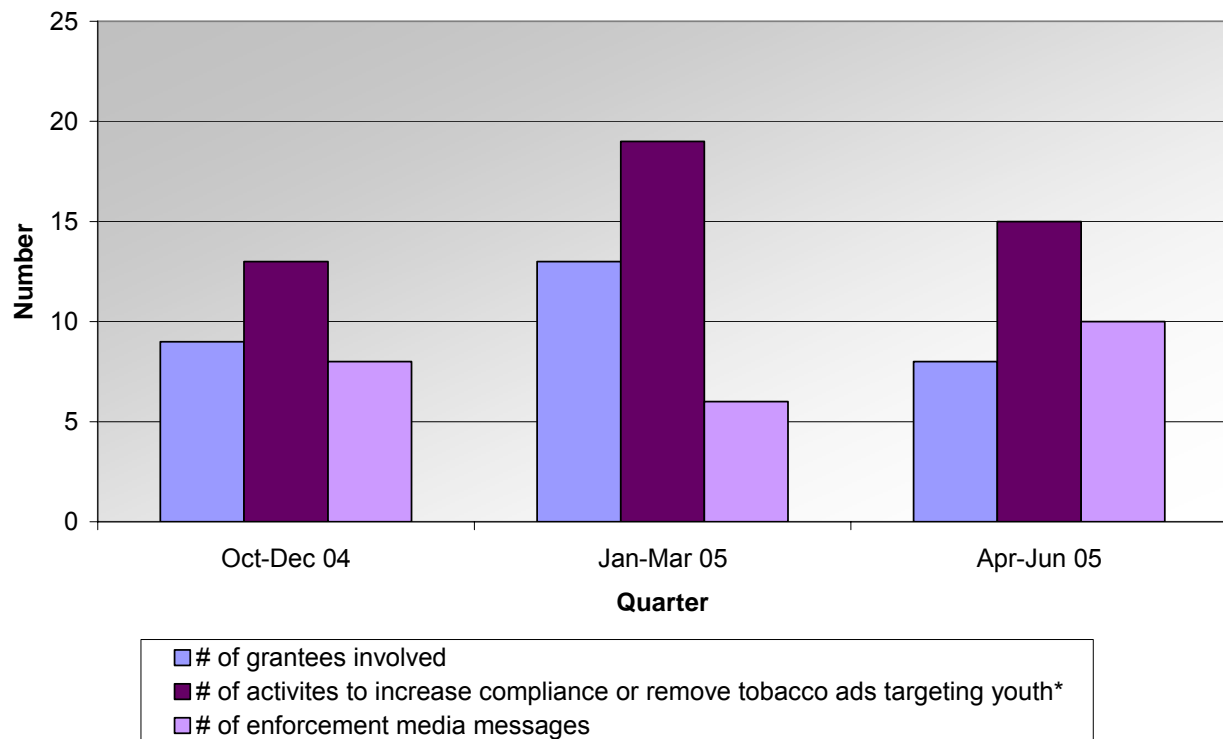
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Youth Access

An additional focus area emphasized with Community/Schools grantees in Year 2 was preventing youth access to tobacco products. Activities in this area focus on promoting compliance with underage tobacco sale laws and reducing tobacco advertising that appeals to youth. Indicators for this focus area include 1) media message development and dissemination, 2) activities to increase compliance (e.g., merchant education regarding underage tobacco sale laws), and 3) efforts to limit or remove tobacco ads targeting youth (e.g., promoting store policies that prohibit the display of tobacco ads targeting youth).

Figure 3.B.9 summarizes IPTS data submitted in the youth access focus area between October 2004 and June 2005. The data show a small, but consistent, number of grantees who were involved in activities related to decreasing the appeal of tobacco ads toward youth and to increasing compliance with underage access laws.

Figure 3.B.9: C/S Grantee Involvement in Promoting Enforcement of Underage Tobacco Sales Laws and Reducing Tobacco Advertising that Appeals to Youth



* Combined data for two indicators (i.e., activities to increase compliance and remove tobacco ads).

Tobacco Prevention Education

The greatest number of activities reported by Community/Schools grantees during Year 2 was in the area of tobacco prevention education activities. Tobacco prevention education activities are generally defined as any activity that focuses on youth tobacco prevention education. Most tobacco prevention activities cover a variety of tobacco prevention topics (e.g., dangers of tobacco use, SHS, cessation) and types of events (e.g., school presentations, health fair booths, puppet shows, youth summits, etc.). Grantees are encouraged to link all educational activities with policy advocacy, as well as include an evaluation component; however, these are not frequently reported by grantees.

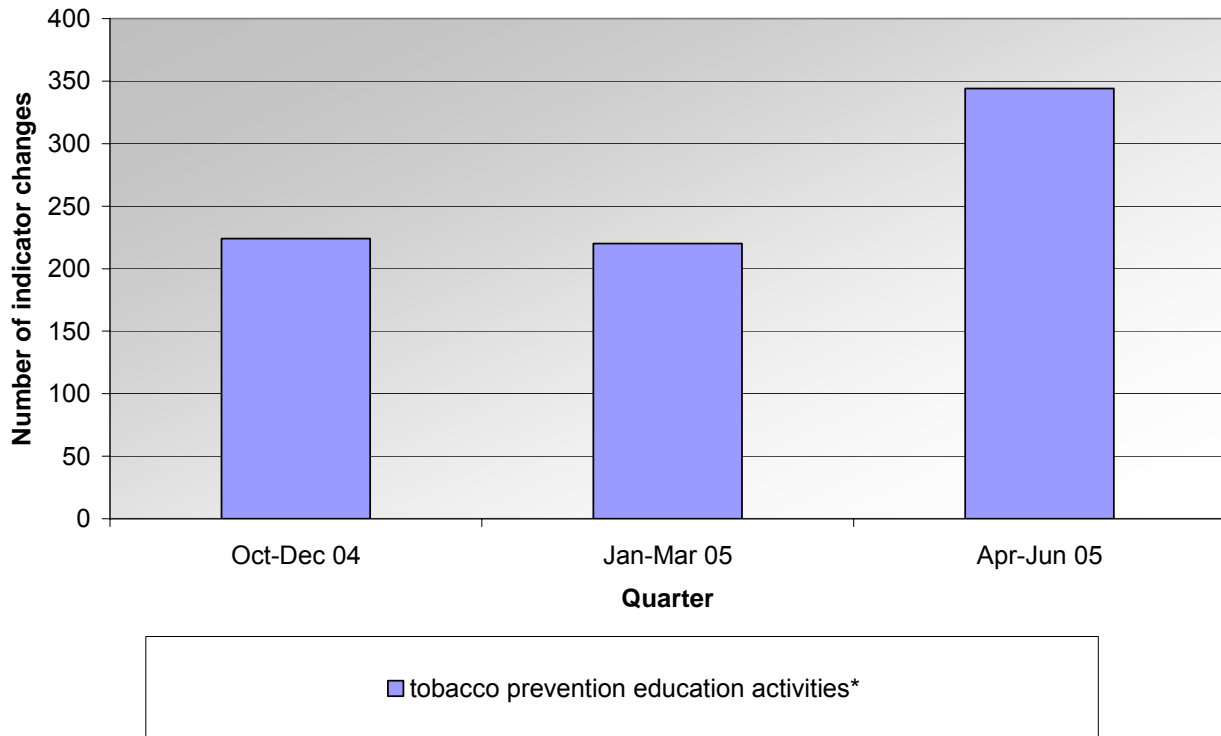
An overview of data suggests that on average, 32 (94%) of 34 Community/Schools grantees report tobacco prevention education activity indicator changes each quarter. Figure 3.B.10 shows the approximate number of tobacco prevention education activity indicator changes reported by Community/Schools grantees during the last three quarters of Year 2.

Overall, the number of tobacco prevention education activities reported by Community/Schools grantees is high. Approximately 220 tobacco prevention education activities were reported during the October-December 2004 and January-March 2005 quarters. The number of indicator changes reported in this area increased to about 344 during the April-June 2005 quarter. Approximately 150 (44%) of these 344 indicator changes were youth-led. Part of the increase in activity level during April-June 2005 may be due to differences in how tobacco prevention education activities were counted during this period (i.e. one presentation in three different schools was previously considered one unit indicator change; during the quarter the same activity was being reported by some grantees as three unit indicator changes [one for each school]).

The accuracy of Year 2 IPTS data in this area is of concern. Due to the large volume of data reported for this indicator, only minor cleaning of the data could be completed. A revised protocol for reporting indicator changes in this area is in development for the upcoming year.

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Figure 3.B.10: Number of C/S Grantee Tobacco Prevention Education Activities



* This graph represents the number of tobacco prevention education activity *indicator changes* reported by Community/Schools grantees. One indicator change often represents multiple presentations or activities (i.e., five Tobacco 101 sessions at one school are counted as one unit indicator change). Changes in grantee reporting for this indicator may have affected data for Apr-Jun 05.

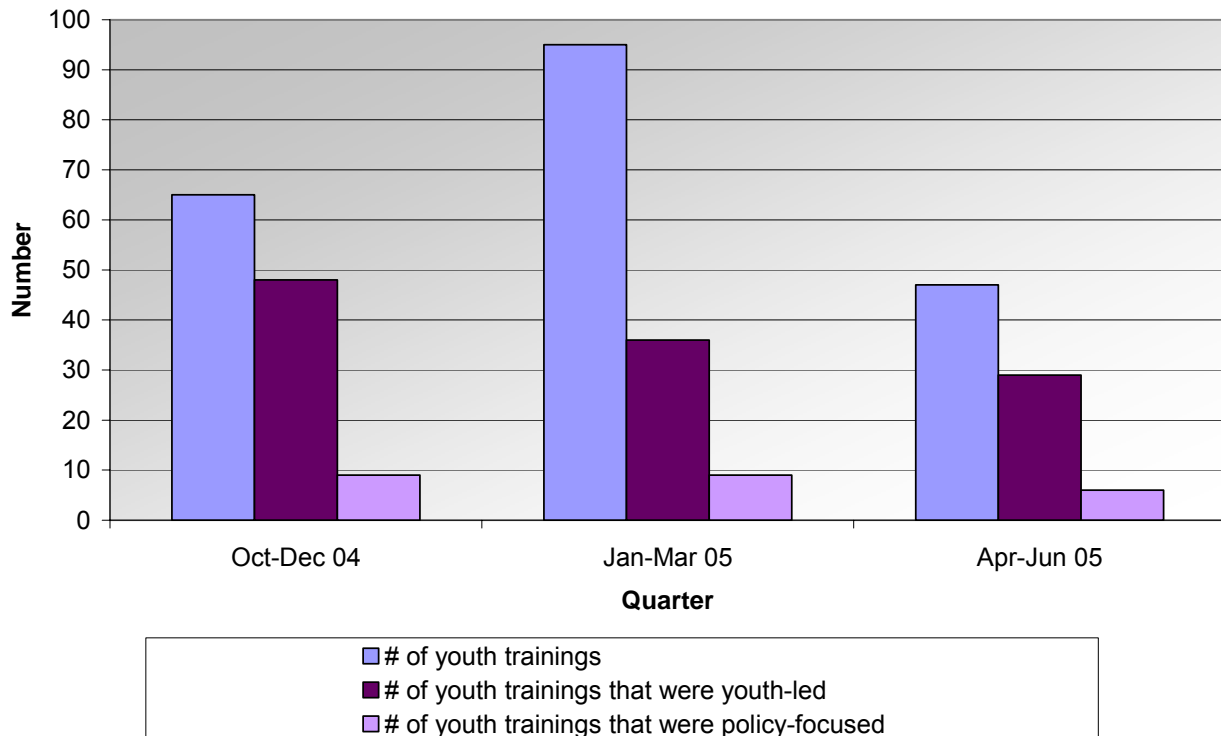
Youth Empowerment

HWTF grantees are expected to promote youth empowerment through skill-based trainings and provision of opportunities for active participation in prevention education and policy advocacy. Grantees are asked to specify youth involvement in indicator changes in IPTS by using a youth-led check box. An indicator change is considered youth-led if youth were actively involved in the planning and/or implementation of the activity, with guidance from adults.

On average, Community/Schools grantees reported approximately 450 youth-led indicator changes per quarter. The majority of youth-led indicator changes were in the area of general tobacco prevention education (e.g., peer education activities, development of media messages, informational displays, etc.). Approximately 20-30% of all youth-led indicator changes were in policy-related focus areas (i.e., TFS, SHS, product pricing).

Figure 3.B.11 highlights trends in the number of skill-building youth trainings reported by Community/Schools grantees during the last three quarters of Year 2. The number of youth trainings peaked during the January to March 2005 quarter. The total number of youth trainings that are specifically focused on policy advocacy (e.g., restaurant smoke-free policy advocacy) is relatively small compared to the total number of youth trainings offered; however, many youth trainings include some policy-related training.

Figure 3.B.11: Number of Youth Trainings Reported by C/S Grantees



Section 3

Table 3.B.3 highlights data on youth empowerment indicators reported in the Semi-Annual Survey

Table 3.B.3: Youth Empowerment Semi-Annual Indicator Data (Jan-Jul 05)

Indicator	# C/S grantees reporting for each indicator (n = 34)	Total # reported for each indicator
# of youth groups formed or sponsored	30	123
# of mini-grants offered to youth	9	21
# of youth actively involved in planning and implementing tobacco prevention activities	33	1373
o # of youth actively involved in planning & implementing tobacco prevention activities in identified populations	25	537
# of youth trained	29	1120
o # of youth in identified populations trained	21	377

3.B.iii. GOAL AREA: Secondhand Smoke

This sub-section summarizes grantees' activities that focus on promoting the adoption of smoke-free policies in indoor/outdoor areas frequented by youth (e.g., restaurants, bowling alleys, parks, stadiums, sporting events). Activities in this focus area include: 1) the development and dissemination of secondhand smoke (SHS)-related media messages; 2) educational presentations in schools and the community; 3) meetings with managers, owners, and/or leaders to advocate for policy adoption; and 4) patron SHS survey campaigns or petition drives. All grantee activities in this area are intended to work toward the adoption of 100% smoke-free policies that decrease youth exposure to SHS.

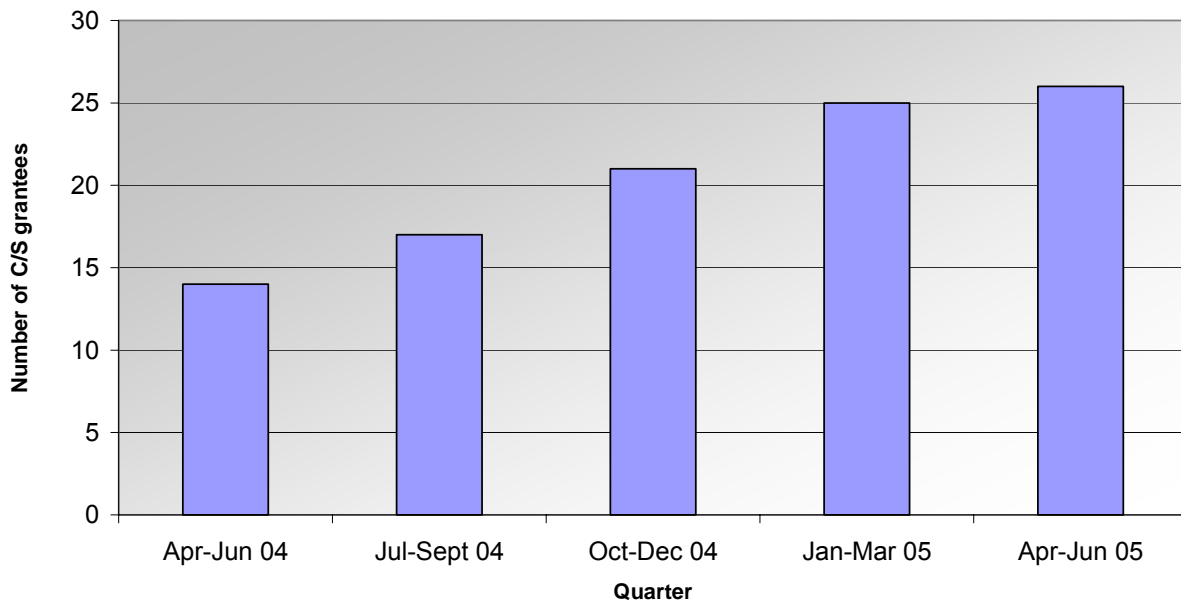
Overall, Community/School grantees made progress in the SHS goal area during Year 2. Almost all grantees started working in this area and reporting some accomplishments toward SHS policy gains. The following three figures, based on PTS and IPTS data, highlight overall Community/Schools grantee involvement, policy successes, and activities in the SHS goal area during Year 2.

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Community/Schools grantee involvement in SHS activities

Figure 3.B.12 highlights trends in Community/Schools grantee involvement in SHS activities during Year 2. This graph includes any grantee that reported one or more activities focusing on smoke-free policy adoption (i.e., a SHS-related tobacco control event, indicator change, or summary box activity). Data show a positive, upward trend, with an increasing number of Community/Schools grantees working in the SHS area over the past year. This may be due to an increased emphasis by HWTF and technical assistance providers to advance SHS policy work during Year 2, particularly as more grantees were able to shift their attention from 100% TFS policy adoption to SHS policy advocacy in their communities. Increased training and technical assistance in SHS advocacy, as well as the integration of new SHS IPTS indicators in the fall of 2004, may have also had an impact on this increase in grantee reporting and involvement.

Figure 3.B.12: Number of C/S Grantees Working in SHS Goal Area



Smoke-free policies adopted

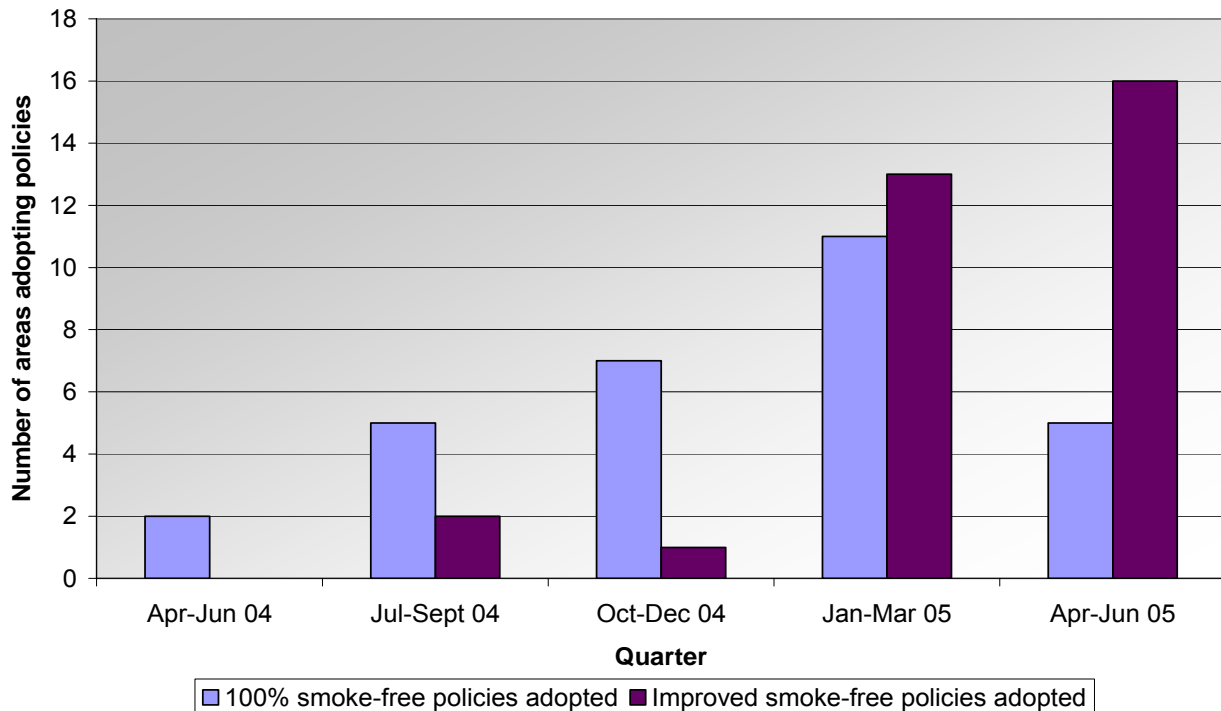
Figure 3.B.13 highlights Community/Schools grantee success in advancing the adoption of smoke-free policies in indoor/outdoor areas frequented by youth during the past year. Using PTS and IPTS data, this figure shows the number of areas or events that were reported to adopt improved policies (e.g., a smoke-free night) or 100% smoke-free policies during Year 2 with the assistance of grantees. Grantees had to report some involvement in the policy's adoption in order for it to be included in this data.

In total, approximately 30 100% smoke-free policies and 32 improved policies were adopted with the assistance of Community/Schools grantees. These policy changes occurred in a

variety of areas including restaurants, churches, parks, bowling alleys, a speed way, amusement parks, college campus areas, and minor league baseball parks. As Figure 3.B.13 indicates, the number of areas adopting policies with the assistance of Community/ Schools grantees has increased over Year 2.

Data regarding the exact number of areas adopting policies and how grantees were involved in the policy adoption are limited. Grantees did not always provide sufficient detail in their PTS/iPTS descriptions to determine how policy changes occurred. Several grantees reported areas that were identified as being smoke-free (e.g., for the development of smoke-free guides) or reported that a restaurant went smoke-free in their area, even though they did not directly participate in this change. In order to capture policy changes that were known to directly result from grantee advocacy efforts, policy changes without specified grantee involvement were not included in these data.

Figure 3.B.13: Number of Smoke-Free Policies Adopted in Areas Frequented by Youth with the Assistance of C/S Grantee SHS Advocacy Efforts

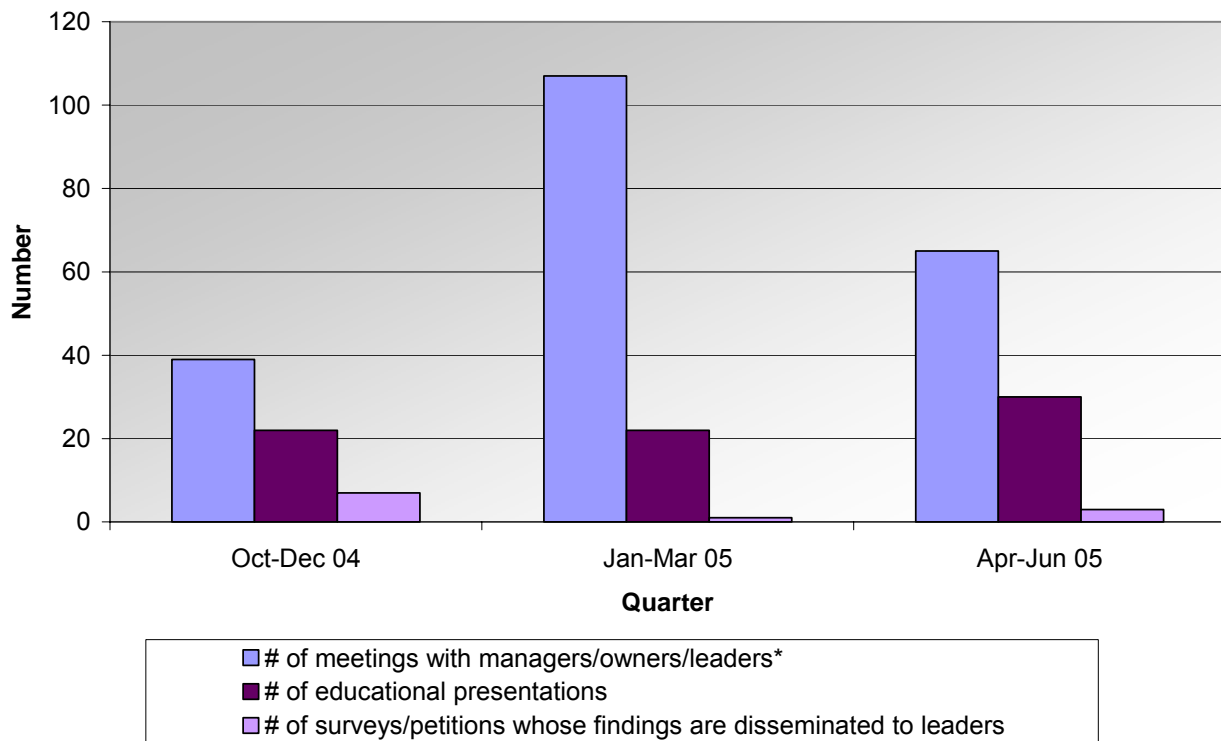


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SHS activities

Figure 3.B.14 highlights the types of activities reported by Community/Schools grantees in the SHS focus area during the last three quarters of Year 2. The number of meetings with managers/owners/ leaders peaked during January-March 2004, with approximately 107 meetings reported by 18 grantees during this period. The level of educational presentations related to SHS remained about the same throughout the year. While several grantees reported conducting SHS surveys or petitions, fewer grantees actually reported disseminating the results of these surveys or petitions to manager/owner/leaders.

Figure 3.B.14: C/S Grantees Activities Promoting the Adoption of Smoke-Free Policies in Indoor/Outdoor Areas Frequented by Youth



* Any meeting/contact with a manager/owner/leader of a different area was counted as one meeting (e.g., If a youth groups talks with managers from 20 restaurants in two days, it is counted as 20 meetings).

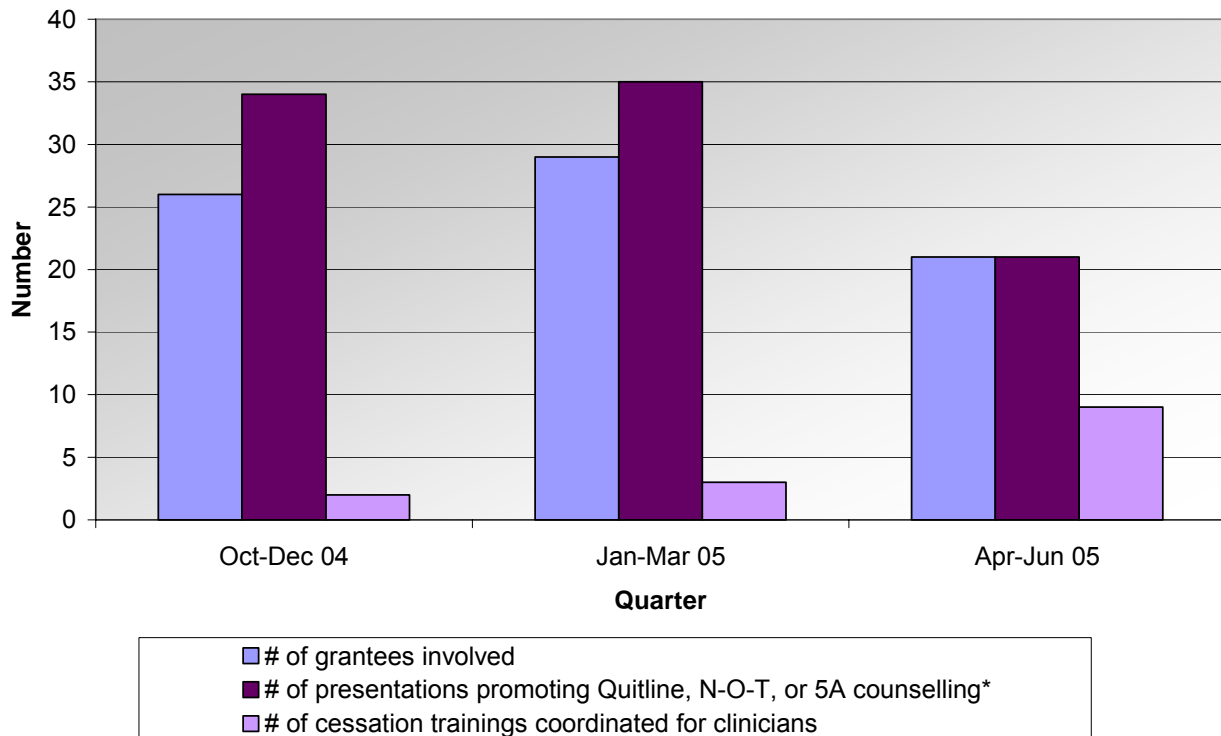
3.B.iv. GOAL AREA: Cessation

This sub-section summarizes grantees’ activities that focus on providing youth access to effective tobacco use cessation resources. Activities in this goal area include: 1) the development and dissemination of cessation-related media messages; 2) presentations promoting the Quitline, Not-On-Tobacco (N-O-T) program, and 5 A counseling for youth; 3) efforts to promote the adoption and implementation of the N-O-T program; and 4) coordinating trainings for health care professionals on 5A counseling for youth

Cessation activities

Figure 3.B.15 highlights Community/Schools grantees involvement in promoting access to youth cessation services. A large proportion of Community/Schools grantees reported at least some work specifically addressing the cessation goal area, including media messages, individual cessation counseling, and presentations. The number of presentations promoting the Quitline, N-O-T program, or 5A counseling decreased during the April-June 2005 quarter, while trainings increased during the same period. The presentation data reported below include group presentations to youth and community members. They do not include individual cessation counseling sessions or N-O-T classes conducted with students, although several grantees reported these sessions in IPTS (particularly school-based grantees). A revised protocol for how these sessions are reported will be considered for the upcoming year.

Figure 3.B.15: C/S Grantee Involvement in Promoting Youth Access to Cessation Services



* Number of presentations does not include individual cessation counseling sessions with students.

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Not-On-Tobacco (N-O-T) Program

Beginning in the fall of 2004, grantees were asked to begin reporting on the number of new schools in their district(s) that adopted the American Lung Association's, Not-On-Tobacco, youth cessation program. Figure 3.B.16 highlights these data for the last three quarters of Year 2. In total, 31 individual schools were reported as adopting the N-O-T program for the first time, or after a lapse in promotion, during the period of October 2004 to June 2005. Overall, iPTS data indicate that the number of schools adopting the N-O-T program decreased during the last three quarters of Year 2.

Because this indicator was added mid-way through Year 2, grantees may have included data during the October-December 2004 quarter that occurred in previous months (i.e., April-September 2004). This, in addition to being the beginning of the school year, may have contributed to the higher number of schools adopting the N-O-T program during October-December 2004.

For additional information on American Lung Association N-O-T and T-A-T-U programs, see Section 3.D: TTUPC Initiative Special Projects. Baseline data on the N-O-T program (i.e., total number of schools that have adopted the N-O-T program in districts covered by Community/Schools grantees) are currently unavailable.

Figure 3.B.16: Number of New Schools Adopting N-O-T Program

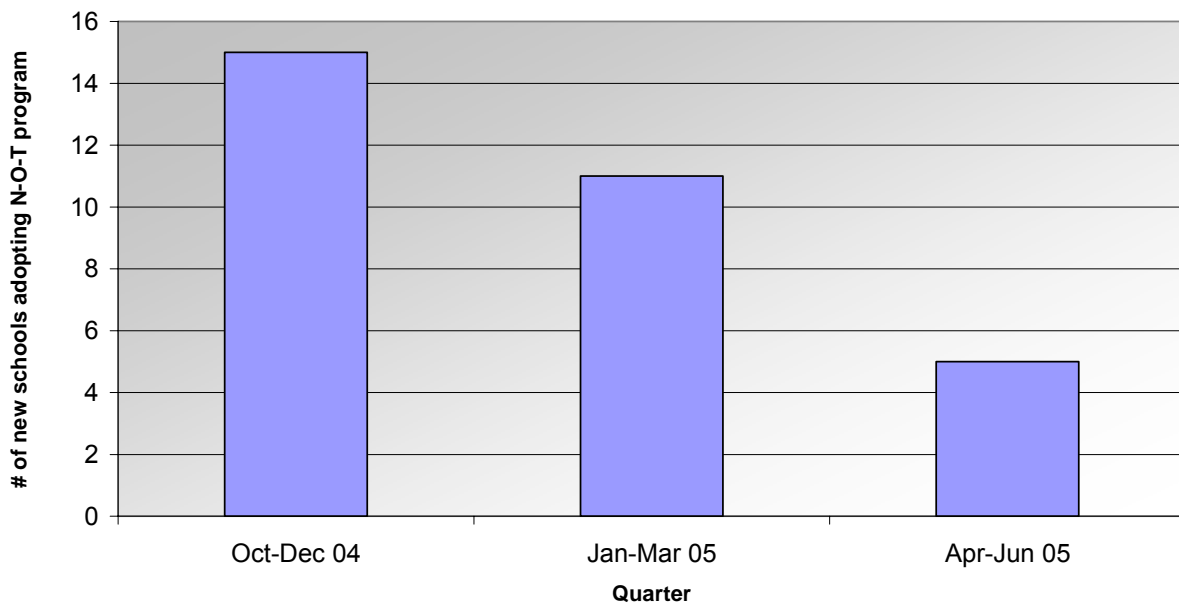


Table 3.B.3 highlights data on N-O-T program indicators reported in the Semi-Annual Survey

Table 3.B.4: N-O-T Program Semi-Annual Indicator Data (Jan-Jul 05)

Indicator	# C/S grantees reporting for each indicator (n = 34)	Total # reported for each indicator
# of N-O-T courses (i.e. 10 sessions) completed	7	16
# of youth attending N-O-T course at least once	11	67
<ul style="list-style-type: none"> ○ # of youth in identified populations attending N-O-T course at least once 	7	25
# of youth completing all sessions of N-O-T course	7	32
<ul style="list-style-type: none"> ○ # of youth in identified populations completing all sessions of N-O-T course 	5	14

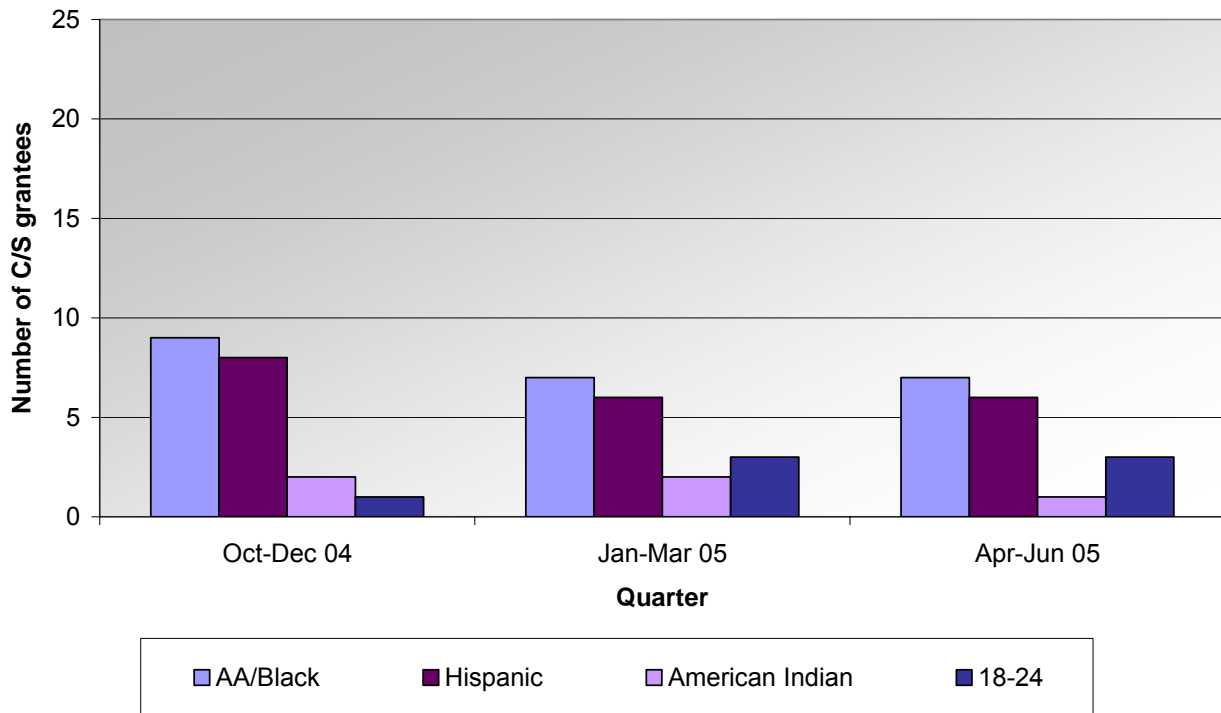
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3.B.v. GOAL AREA: Disparities

Many Community/Schools grantees reach youth from identified populations with a variety of activities. This section highlights one measure of Community/Schools grantee involvement in the disparities goal area: activities that were *uniquely designed* for youth from an identified population.

Figure 3.B.17 highlights trends in the number of grantees involved in activities that were uniquely designed for four identified populations: African American youth, Hispanic youth, American Indian youth, and young adults (18-24).

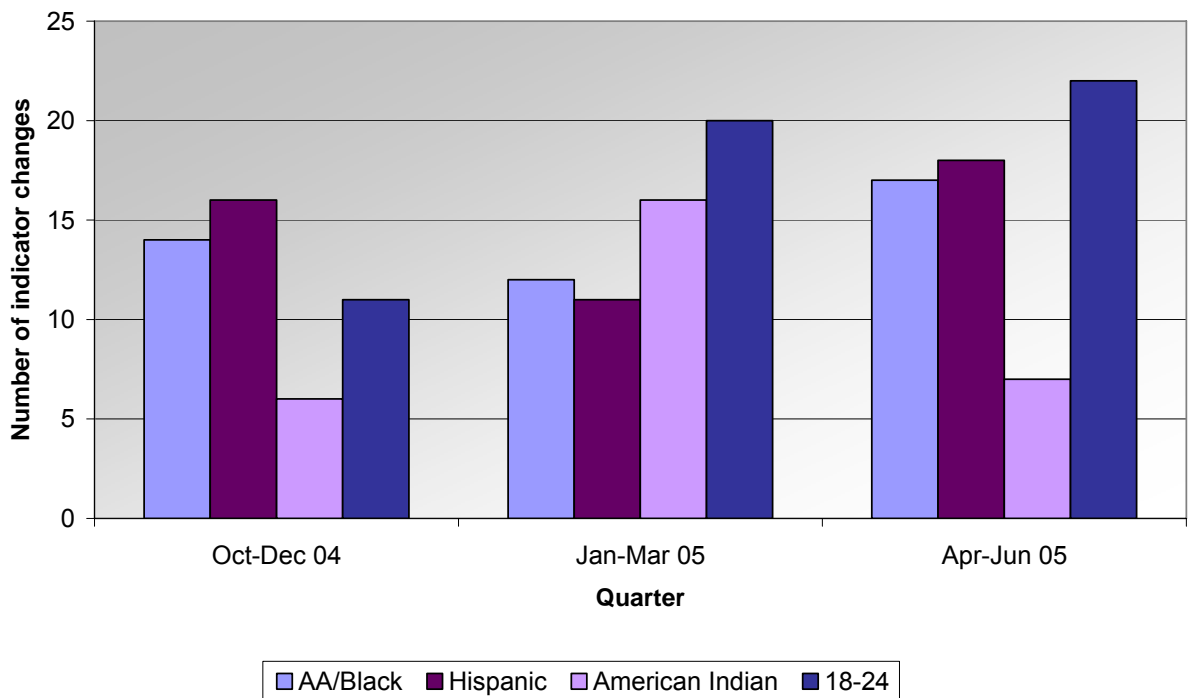
Figure 3.B.17: Number of C/S Grantees Reporting Indicator Changes Designed for Identified Populations



Note: Three Phase II grantees represented in this graph were specifically funded to work with three identified populations: Lumbee Tribal Nations Programs (American Indian), Coastal Horizons Center (Hispanic), and Moses Cone Wesley Long Community Health Foundation (18-24).

Figure 3.B.18 shows the approximate number of indicator changes reported by Community/Schools grantees that were uniquely designed to reach an identified population during the last three quarters of Year 2. Although only two or three grantees (including Moses Cone) reported working with young adults during this period (see Figure 3.B.17), the total number of indicator changes designed for young adults increased during Year 2 surpassed the number of indicator changes specifically designed for African American and Hispanic youth populations. The highest number of indicator changes designed for American Indian youth was reported during January to March 2005 by two Community/Schools grantees (including Lumbee Tribal Nations Program).

Figure 3.B.18: Number of C/S Grantee Indicator Changes Uniquely Designed for Youth from Identified Populations



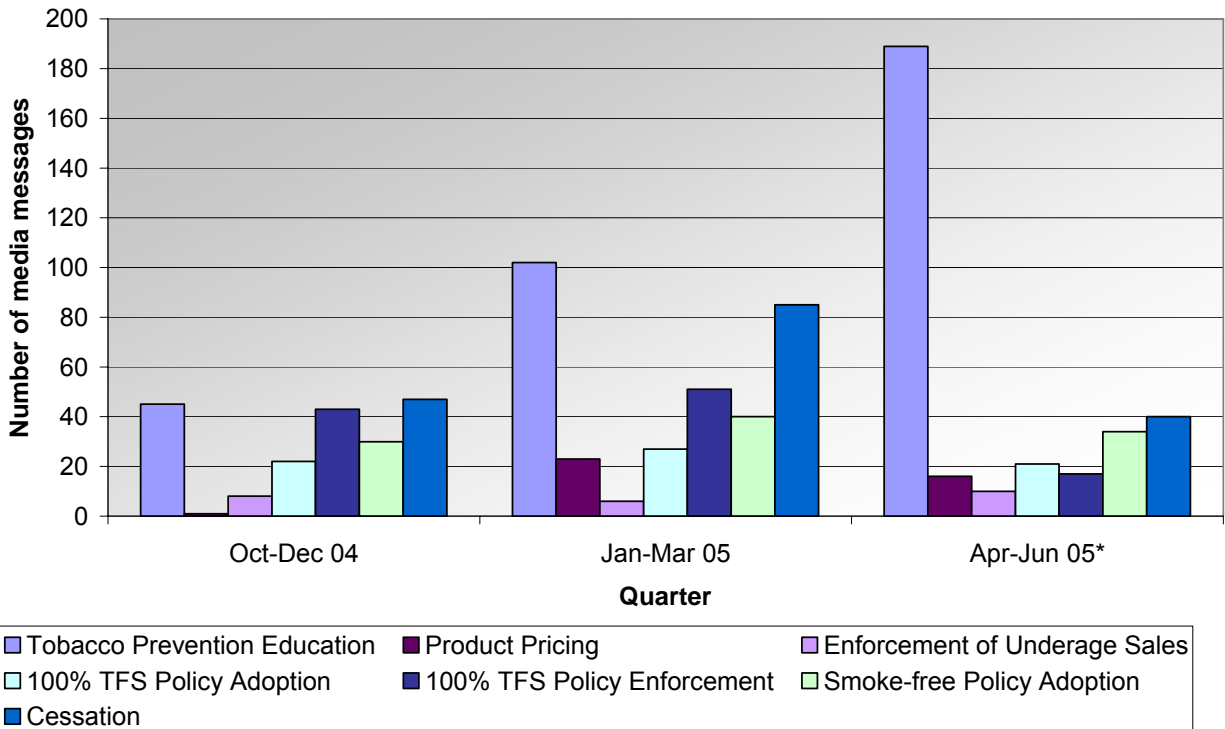
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3.B.vi. Media

Each month, Community/Schools grantees report their work in developing and disseminating media messages that target each focus area. One media message is defined as any earned or paid message in print, broadcast, or web-based media that addresses a particular focus area. One media message includes one product (i.e., 100 copies of 1 poster = 1 media message). The reporting of media messages was new to grantees with the implementation of IPTS in 2004. Incoming media data continue to be questionable. A revised protocol for reporting media messages is under consideration for the upcoming year.

Figure 3.B.19 depicts overall trends in the number of media messages reported by Community/Schools grantees in each focus area between October 2004 and June 2005. The greatest number of media messages reported by the most number of Community/Schools grantees was in the area of tobacco prevention education. The number of tobacco prevention education messages, relative to media messages in other areas, increased significantly over time, reaching its peak during April-June 2005. Most tobacco prevention education messages also addressed other areas, such as SHS, cessation, and product pricing to some extent; however, they do not specifically focus on any one of these areas. Cessation messages were highest during the January-March 2005 quarter, which corresponded with a high number of other cessation activities also noted for this quarter. The least reported media messages were those that addressed product pricing and youth access.

Figure 3.B.19: Number of C/S Grantee Media Indicator Changes by Focus Area



* Differences in grantee reporting and counting of tobacco prevention education media messages may have impacted data for this quarter.

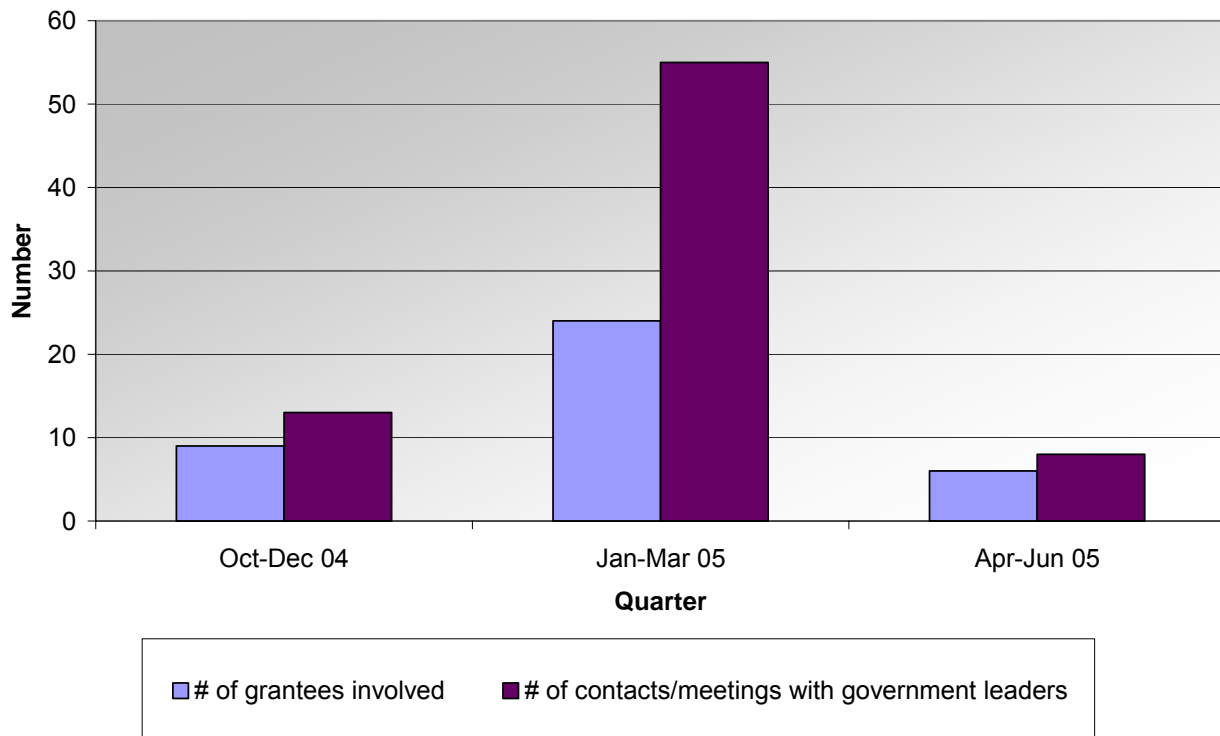
3.B.vii. Administrative

The following sub-section summarizes data for one administrative indicator area outlined in IPTS: number of meetings/contacts with state and local government leaders. Data for other administrative indicator areas (i.e., # of HWTF conference calls engaged in during the month, # of staff trainings, # of new partnerships formed, # of downloads/postings to the TRU listserv, # of different TRU materials disseminated locally, etc.) are summarized in Year 2 UNC TPEP Quarterly Reports. These reports can be accessed on the TPEP website. Grantee perceptions about utilization of partnerships to assist in achieving their objectives from the Semi-Annual Survey are included below.

Meetings with Government Leaders

Figure 3.B.20 illustrates the number of contacts/meetings with state and local government leaders reported by Community/Schools grantees during the last three quarters of Year 2. The purpose of these meetings is to promote local grantee efforts and the HWTF TTUPC Initiative among key decision makers. Community/Schools grantees reported approximately 76 meetings with government leaders during this period. Seventy percent (24) of all Community/Schools grantees reported a total of 55 meetings (72% of all meetings reported) between January and Mar 2005.

Figure 3.B.20: Number of C/S Grantee Meetings with State and Local Government Leaders



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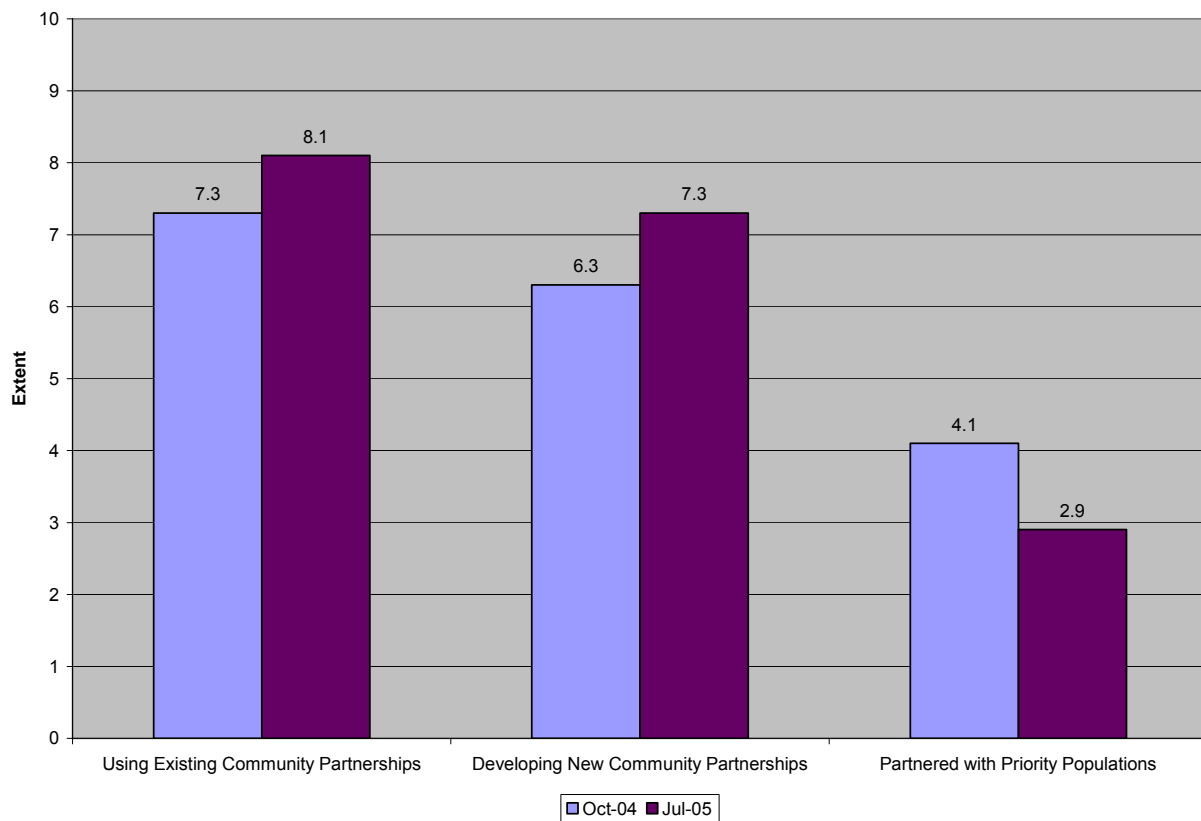
Partnerships

Phase I Community/Schools grantees continue to report using existing and new community partners to a large extent in achieving their objectives. However, the mean rating for partnering with Priority Population grantees dropped almost 50% during this past six months.

Phase II grantees reported substantial increases in the extent to which they were able to use existing partnerships and develop new ones to help them achieve their objectives, with mean increases of 15% and 32% respectively. Partnerships with Priority Population grantees increased by 25%.

Figure 3.B.21 shows the comparison of means for the two Semi-Annual Surveys of all Community/Schools grantee ratings of utilization of partners to achieve their objectives.

Figure 3.B.21: Extent to Which Grantees Report Using or Developing Partnerships to Assist Them in Meeting Their Program Objectives



**Comparison of Means from Semi-Annual Surveys
Community/School Grantees (n=34)**

3.C. Priority Population Grantees

The HWTF awards Priority Population grants to statewide coalitions that proposed to fill current service gaps, enhance services, and build capacity for evidence-based strategies that reach statewide populations identified with tobacco-related health disparities, specifically African American, Hispanic, and American Indian youth.

The following four statewide organizations received Priority Population grants:

1. Center for Health and Healing, General Baptist State Convention (GBSC)
2. El Pueblo
3. North Carolina Commission of Indian Affairs (NCCIA)
4. Old North State Medical Society (ONSMS)

Priority Population grantees were awarded Phase I funding in the spring of 2003. El Pueblo received additional Phase II funding in Year 2 for program expansion (i.e., increased service area and youth groups) in July 2004.

For the majority of Year 2, Priority Population grantees did not have a full-time, technical assistance provider (i.e., Disparities Coordinator) to support their activities. Interim coordination was provided by a TPCB staff member during this time. This position was officially filled in the spring of 2005. The coordinator for the ONSMS grant also changed in the spring of 2005, which limited some ONSMS activities during this time.

During the past year, Priority Population grantees reported their monthly activities using two different monitoring systems. The Progress Tracking System (PTS) was used from April to December 2004 (one quarter more than Community/Schools grantees). The revised Indicator Progress Tracking System (iPTS) was used from January to June 2005. As previously stated, these changes in procedures present challenges for data analysis and reporting.

Priority Population grantee progress and activities for Year 2 are summarized in the following section using available PTS, iPTS, and Semi-Annual Survey data. When possible, comparisons are made with Year 1 PTS data included in the UNC TPEP Annual Report for 2003-04.

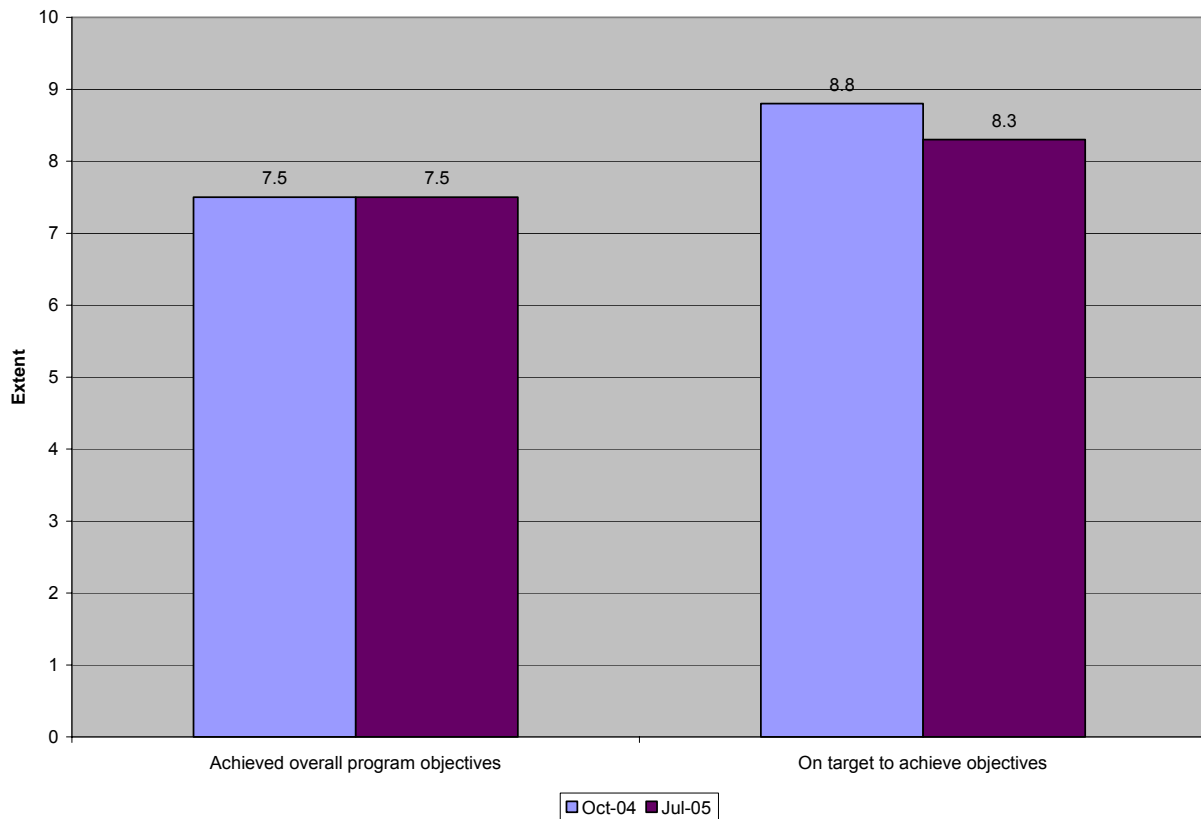
Section 3

3.C.i. Overall progress and barriers

Priority Population grantee perceptions of overall progress

All Priority Population (PP) grantees reported continued high levels of achievement of their program objectives. Although the mean rating for being on target to achieve objectives during the next six months decreased slightly, data still suggest a high level of overall confidence.

Figure 3.C.1: Extent to Which PP Grantees Believe They Have Achieved Their Program Objectives and Are on Target to Achieve Objectives in the Next Six Months

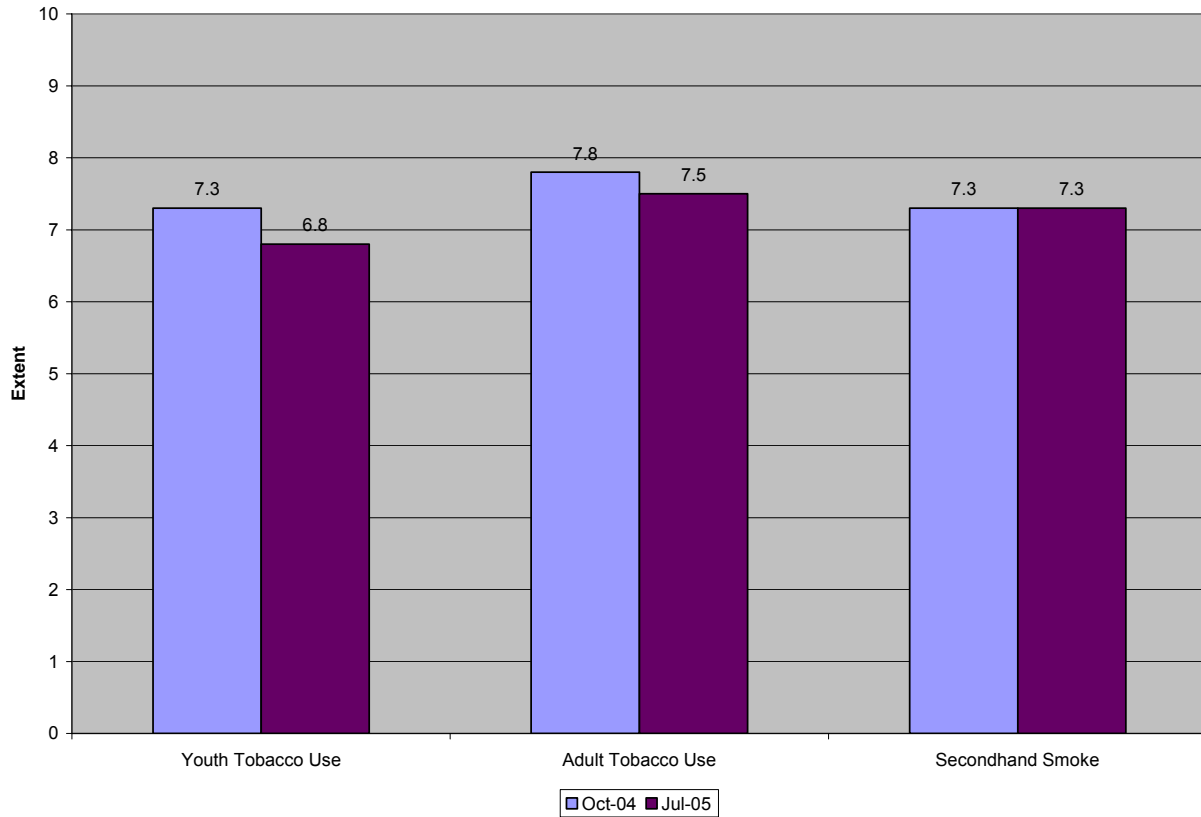


**Comparison of Means from Semi-Annual Surveys
Priority Population Grantees (n=4)**

Priority Population grantee perceptions of community awareness

Priority Population grantees reported slight decreases in their perceptions of their communities' views of youth and adult tobacco use as serious health hazards, with secondhand smoke awareness remaining constant.

Figure 3.C.2: Extent to Which PP Grantees Believe Their Communities View Tobacco Use and Secondhand Smoke as Serious Health Problems



**Comparison of Means from Semi-Annual Surveys
Priority Population Grantees (n=4)**

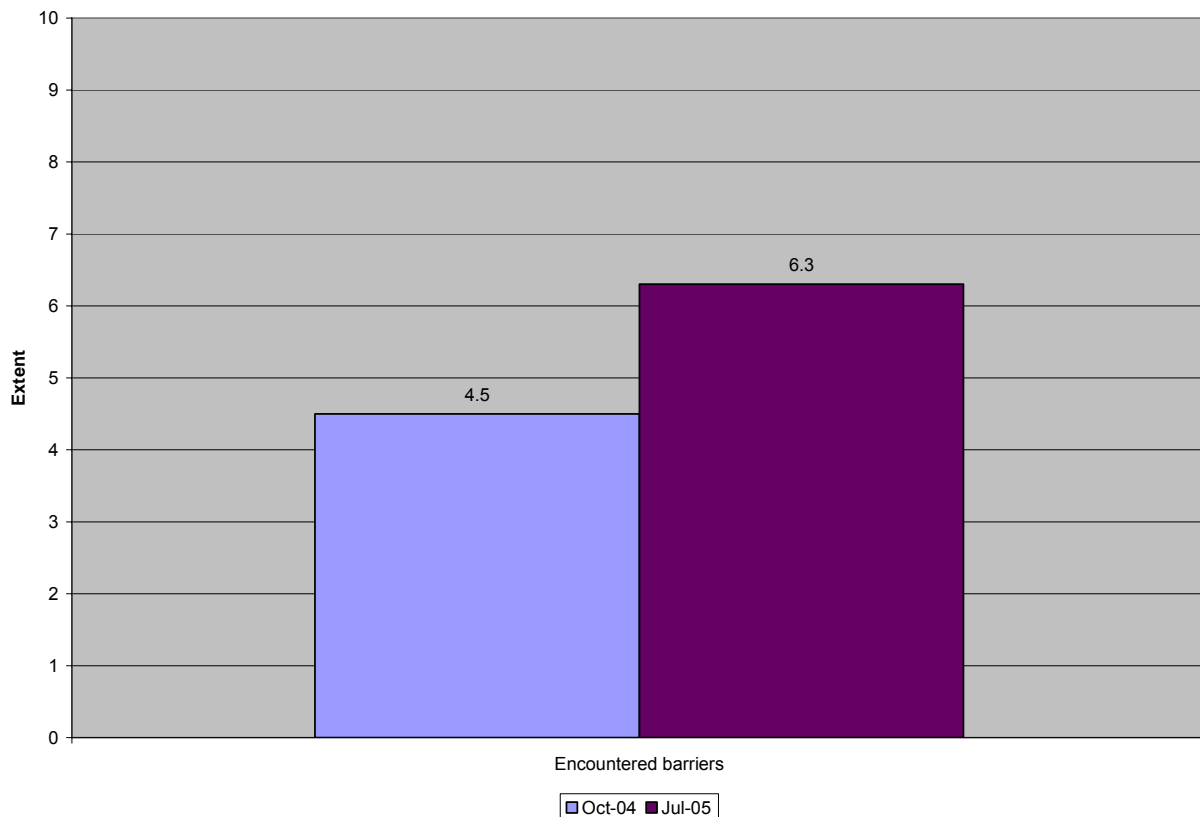
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Priority Population grantee perceptions of barriers

Priority Population grantees reported very few barriers in the monthly IPTS between January and June 2005. One grantee reported some general barriers to getting support for tobacco-free policies, as well as challenges to getting youth involved in advocacy.

Priority Population grantee barriers were also addressed in the UNC TPEP Semi-Annual Survey Reports for Year 2. In this survey, grantees were asked to rate on a 10-point scale (1 = not at all; 10 = to a large extent), the extent to which they have encountered significant barriers to their program objectives over the past six months. In contrast to the few barriers reported in IPTS, Priority Population grantees reported a 40% increase in the extent to which they encountered significant barriers in their Year 2 Semi-Annual Survey data (Figure 3.C.3).

Figure 3.C.3: Extent to Which PP Grantees Report Encountering Significant Barriers to Achieving Their Program Objectives

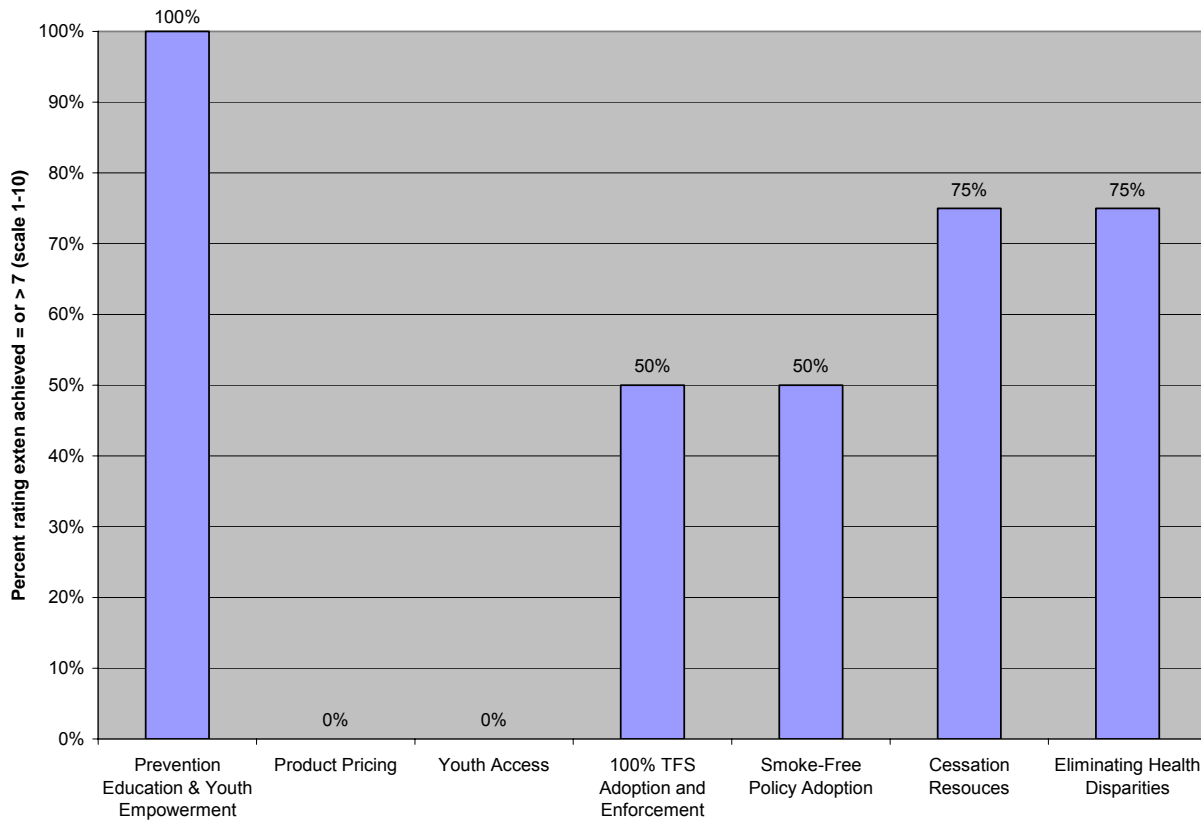


**Comparison of Means from Semi-Annual Surveys
Priority Population Grantees (n=4)**

Priority Population grantee perceptions of progress by goal area

In the July 2005 Semi-Annual Survey, grantees were asked to rate on a scale of 1-10 the extent to which they had achieved their objectives in each of the focus areas (1=no extent, 10=large extent). The following chart shows the percentage of Priority Population grantees who felt they achieved their objectives to a large extent and provides an overall view of achievement in each of the focus areas described in the sections that follow.

Figure 3.C.4: Percent of Priority Population Grantees Who Report Achieving Objectives to a Large Extent: By Focus Area Jan-Jun 2005 (n=4)

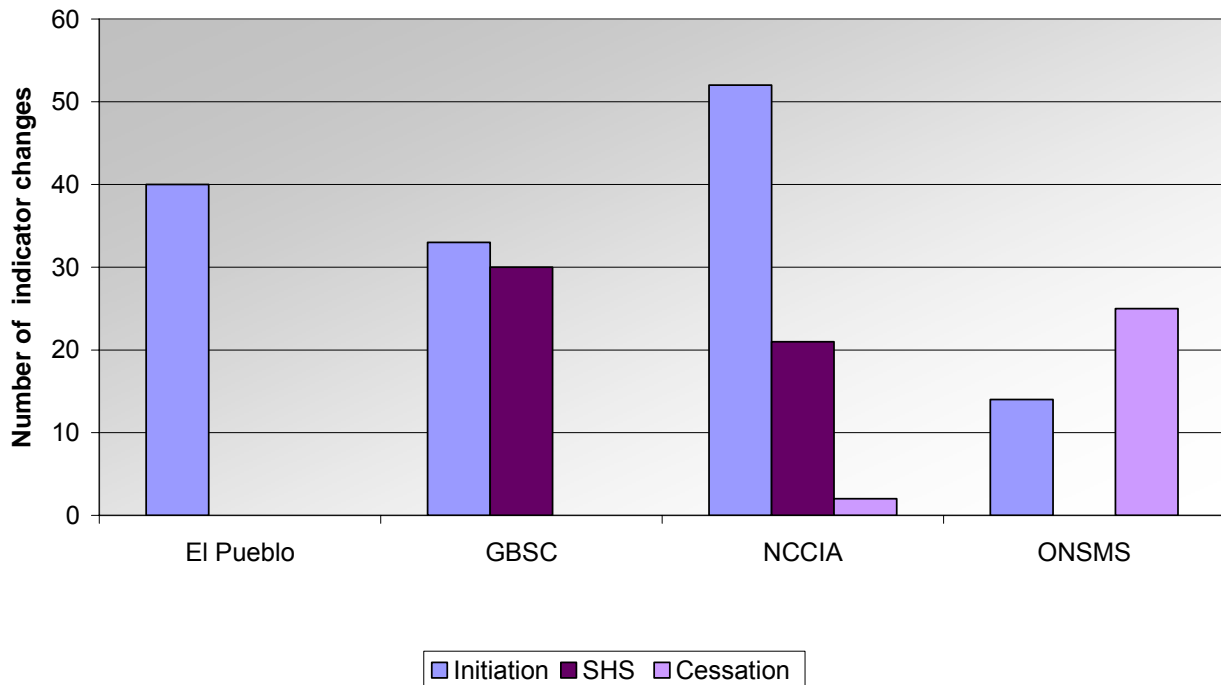


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As previously mentioned, during the six month period of January to June 2005, Priority Population grantees reported their activities using the new indicator-based IPTS. Figure 3.C.5 reports the number of indicator changes reported by Priority Population grantees in the Initiation, SHS, and Cessation goal areas between January and June 2005. One indicator change may represent various types of activities (e.g., a newspaper article, a youth summit reaching over 100 youth, or an educational presentation to two key leaders). See Appendix 1 for a list of all IPTS indicators for Priority Population grantees by goal area.

The following graph provides an overall view of the goal areas in which each Priority Population grantee worked during the last three quarters of Year 2. All Priority Population grantees worked in the Initiation goal area, particularly El Pueblo, who focused much of their work on youth empowerment and education. Only two grantees (GBSC and NCCIA) worked specifically to promote policy change in the SHS goal area. Also, only two grantees (ONSMS and NCCIA) worked specifically to address cessation issues for youth from identified populations.

Figure 3.C.5: Priority Population Grantee Indicator Changes by Goal Area (Jan-Jun 2005)



Note: Grantee inexperience in using IPTS and a shift towards policy-oriented indicator areas without the support of a full-time Disparities Coordinator may have had an impact on Priority Population grantee IPTS reporting during this period. The current TPCB Parity and Diversity Coordinator suggested that Priority Population grantees may have underreported their activities during this time.

The following sub-sections summarize Priority Population grantee activities by goal area during the last two quarters of Year 2. Key media efforts and administrative indicators are also highlighted for this period. The majority of these summaries are based on iPTS data. PTS and Semi-Annual Survey data have been included in some areas where applicable.

3.C.ii. GOAL AREA: Initiation

Most Priority Population grantee activities between January and June 2005 were in the Initiation goal area. In particular, Priority Population grantees focused on youth empowerment and tobacco prevention education activities. All four grantees reported work in this goal area.

Tobacco prevention education activities

Priority Population grantees reported 56 tobacco prevention education activities between January and June 2005. The content and type of these activities varied widely. Examples of these activities include educational sessions in school and faith-based settings, teen summits, information booths, presentations at tribal meetings or community events, and Tobacco 101 sessions. These activities often covered a variety of topics including the dangers of tobacco use, culturally-specific tobacco use issues, SHS, and cessation strategies. NCCIA did an exemplary job linking their tobacco prevention education activities to policy advocacy, including the promotion of smoke-free policies at homes, churches, and cultural events. Other grantees did not consistently report how their educational activities were linked to policy advocacy.

Youth trainings

Priority Population grantees reported approximately 60 skill building trainings for youth between January and June 2005. More than half of these trainings were No Fumo Curriculum sessions reported by El Pueblo. The No Fumo Curriculum focuses on leadership skill development among Latino youth. ONSMS, NCCIA, and El Pueblo all organized large youth summit events during Year 2 reaching several hundred youth (e.g., TRU Youth X-plosion Summit, No Fumo Youth Leadership Retreat). GBSC worked regularly with their Youth Action Teams. For more information about Priority Population grantee progress in youth empowerment, see Table 3.C.1.

Tobacco-Free Schools

Priority Population grantees worked minimally in the area of 100% Tobacco-Free Schools during Year 2. Only two indicator changes were reported by two grantees in this area between January and June 2005. These activities included: 1) training youth from Durham County to promote the enforcement of 100% TFS policies using Photovoice, and 2) advocating for ATS programs reaching American Indian youth. During the first three quarters of Year 2, NCCIA and ONSMS participated in two activities that promoted 100% TFS policy adoption and enforcement (i.e., "Steppin Out for a Smoke-Free Robeson" and the promotion of ATS/N-O-T programs at the Booker T. Washington Learning Center).

Product Pricing and Youth Access

Priority Population grantees did not report any activities that focused on these areas in Year 2.

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**Table 3.C.1: Youth Empowerment Semi-Annual Indicator Data - PP grantees
(Jan-Jul 05)**

Indicator	# PP grantees reporting for each indicator (n = 4)	Total # reported for each indicator
# of youth groups formed or sponsored	3	30
# of mini-grants offered to youth	2	18
# of youth actively involved in planning and implementing tobacco prevention activities	2	125
○ # of youth actively involved in planning & implementing tobacco prevention activities in identified populations	3	225
# of youth trained	3	110
○ # of youth in identified populations trained	4	410

3.C.iii. GOAL AREA: *Secondhand Smoke*

Two Priority Population grantees (NCCIA and GBSC) reported specific work in the SHS goal area during Year 2 (PTS data were reviewed to include SHS policy changes for all of Year 2):

- Approximately 11 tobacco-free policies were improved or adopted as a result of NCCIA and GBSC activities during Year 2. These included policy changes at four churches, three American Indian organizations (i.e., Healing Lodge, Burnt Swamp Association, Metrolina Native American Association), and four American Indian cultural events (i.e., Annual Unity Conference, two powwows, Community Gathering).
- GBSC sponsored two Tobacco-Free Sunday events (November 2004 and May 2005). The second Tobacco-Free Sunday focused on SHS smoke issues, with presentations and displays at various African American churches across the state promoting smoke-free church grounds. Surveys were also distributed to help promote policy adoption.
- NCCIA and GBSC conducted approximately 26 educational presentations and 10 meetings with managers/leaders to promote the adoption of smoke-free policies between January and June 2005.

3.C.iv. GOAL AREA: *Cessation*

Two Priority Population grantees (ONSMS and NCCIA) reported 12 indicator changes in the cessation goal area during the last two quarters of Year 2, nine of which were media messages.

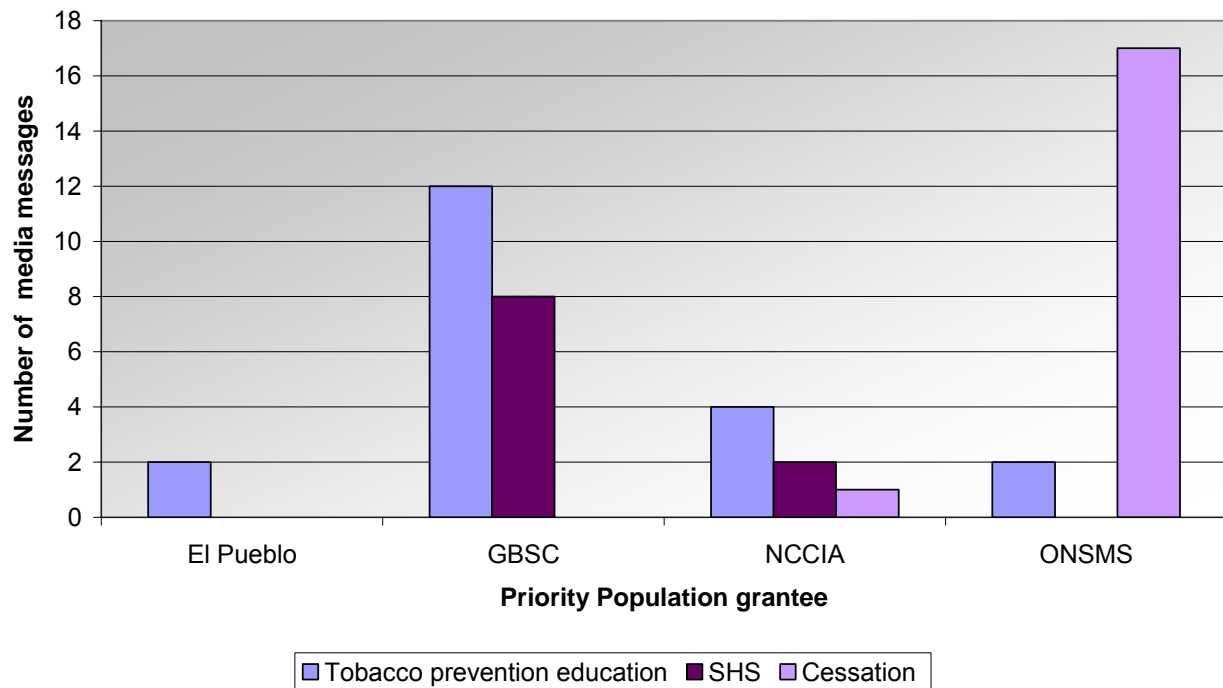
- The largest cessation effort was a media campaign organized by ONSMS, with the assistance of Webb Patterson, targeting African Americans. This campaign included radio PSAs aired on four stations, print PSAs published in 13 newspapers, and a new website listing ONSMS physicians providing cessation services (www.mydoccares.org). ONSMS also promoted the NC Tobacco Quitline at their Annual Conference and organized one 5A counseling training for approximately 40 to 50 ONSMS health providers.
- NCCIA assisted in planning the marketing of the Quitline to American Indian young adults and have advocated for American Indian youth recruitment to N-O-T and American Indian N-O-T (A-I-N-O-T) programs.
- NCCIA was the only Priority Population grantee to report indicator data on the use of the N-O-T program by youth from identified populations in the July 2005 Semi-Annual Survey. In total, four N-O-T (A-I-N-O-T) courses (i.e., 10 sessions) were completed with American Indian youth between January and June 2005. Fifty American Indian youth attended the N-O-T course *at least once*. Twenty-five American Indian youth completed *all sessions* of the N-O-T course.

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3.C.v. Media

Priority Population grantees reported 48 media messages between January and June 2005. Grantees utilized various media including newspaper articles/ads (24), exhibits (12), radio PSAs (5), television interviews (2), websites (2), a church newsletter (1), and a Jumbotron (large screen at a sporting event) PSA (1). ONSMS produced a large cessation focused media campaign during February 2005 (see 3.C.iv. cessation section for further details). GBSC Photovoice exhibits were included under media messages for Year 2, but may be re-categorized for the upcoming year.

Figure 3.C.6: Number of Priority Population Grantee Media Messages by Area (January-June 2005)



3.C.vi. Administrative

The following section summarizes Priority Population data for two administrative indicators reported in iPTS for the period of January-June 2005. Semi-Annual Survey data on partnerships have also been included.

Meetings with local/state government leaders

Two Priority Population grantees reported four meetings with key leaders from various cultural groups/organizations in their iPTS; however, three of these were technical assistance meetings with mini-grant recipients and the other did not specifically promote local tobacco control efforts, or the HWTF TTUPC Initiative.

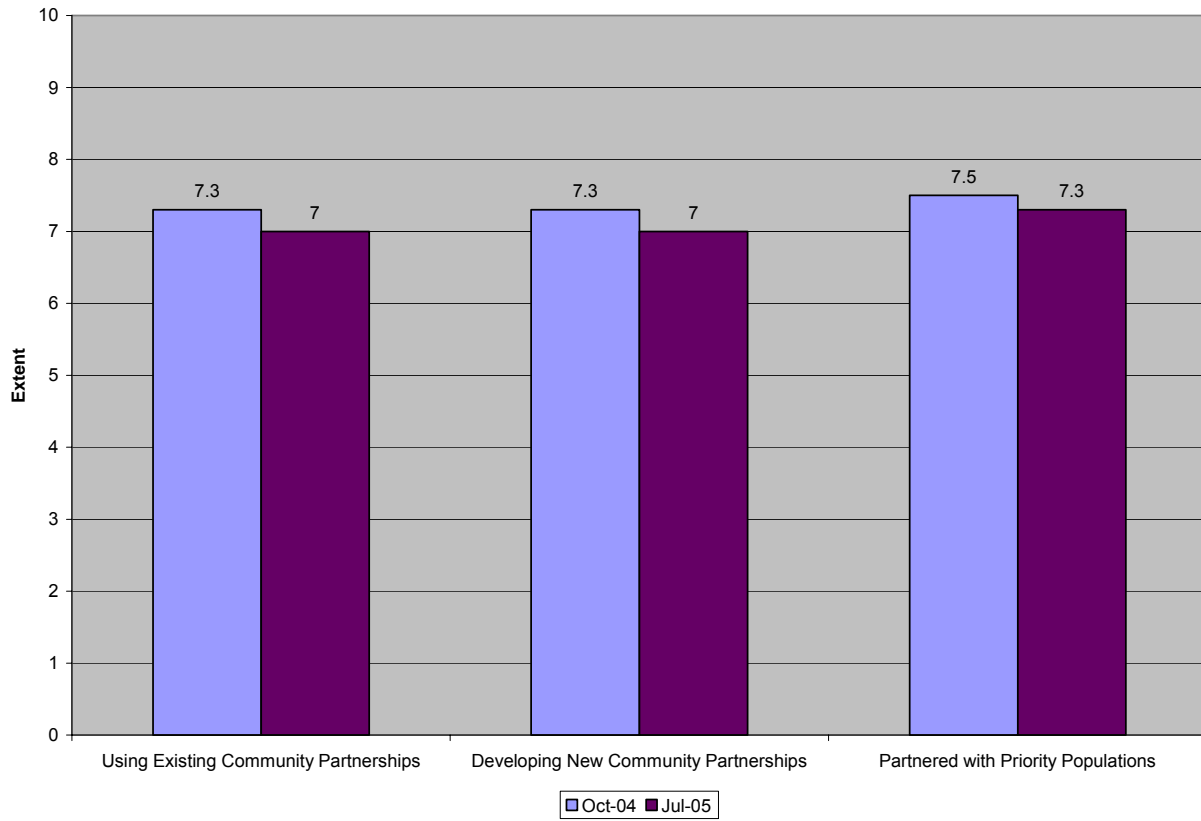
Partnerships

Priority Population grantees reported ten new partnerships formed between January and June 2005. These partnerships included work with Question Why, the UNC-Pembroke Counseling Center, faith-based organizations, Eastern Stars, a community college, and the Highlander Center in Tennessee. When reviewing all iPTS data for this period (including summary boxes), Priority Population grantees reported some contact/work with eight Community/Schools grantees; however, it is not clear whether these contacts resulted in long-term partnerships or sharing of resources.

Grantees reported significant levels (meaning ≥ 7) of collaboration with existing and new partners, as well as with other Priority Population grantees, in their Semi-Annual Survey reports. Ratings remained comparable in the last two six month reporting periods (see Figure 3.C.7).

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Figure 3.C.7: Extent to Which PP Grantees Report Using or Developing Partnerships to Assist Them in Meeting Their Program Objectives



3.D. TTUPC Initiative Special Projects

The following sub-section summarizes the progress of three HWTF TTUPC Initiative Special Projects. These projects do not report through iPTS, but send quarterly/monthly reports directly to the HWTF.

3.D.i. American Cancer Society Quitline

Overview

The American Cancer Society (ACS) is the nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy and service. In an effort to help youth (with an emphasis on African-American youth) quit smoking, the ACS proposed to pilot a set of strategies for marketing Quitline services in six counties in northeastern North Carolina: Bertie, Edgecombe, Halifax, Hertford, Northampton, and Warren.

The ACS partnered with North Carolina Central University (NCCU) on this project, involving faculty and staff in the design and delivery of the marketing. The primary role of NCCU was to provide advice and guidance for tailoring the tobacco use prevention and cessation messages to African-American youth.

The project grant proposal established two primary goals: (1) to increase utilization of youth cessation services through the ACS Quitline by employing marketing techniques tailored to the target population and (2) to demonstrate the effectiveness of the marketing strategies in combination with the Quitline services and collect related information useful for replication of the project in other areas.

The ACS Teen Quitline project reports directly to the Northeast Field Coordinator on a monthly basis. Monthly reports are also sent sporadically to UNC TPEP. This grantee does not use the PTS or iPTS utilized by other grantees. The current report is based upon the following sources:

- American Cancer Society Teen Quitline grant proposal
- Grantee monthly progress reports to TPEP from March 2005 to July 2005

Results

Primary activities surrounding the planning and implementation of the ACS Teen Quitline included researching marketing strategies for an effective media campaign and preparation for an evaluation of the Quitline. Based on available market research and one focus group of high school students, two radio spots were created and will be used in the media phase of the campaign. The evaluation of the Quitline will be conducted in the fall of 2005, using a school-based survey. Support for the survey was obtained from one county school system, with two other systems offering preliminary support. Efforts are being made to tie-in the Quitline evaluation survey with the TPCB's 2005 Youth Tobacco Survey.

The Quitline is currently in its pre-promotion phase; therefore no data are yet available on the utilization of the service.

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3.D.ii. American Lung Association

Overview

The American Lung Association (ALA) of North Carolina is contracted to provide N-O-T (Not-on-Tobacco) teen smoking cessation and TATU (Teens Against Tobacco Use) youth empowerment programs across the state. Their grant proposal set the following program related goals for Year 2 of program implementation: (1) conduct N-O-T facilitator trainings; (2) establish more operating programs; (3) further develop website; (4) offer technical assistance; (5) assist with local teen conferences; and (6) conduct booster trainings. TATU-related objectives were added during Program Year 1 at the request of the Health and Wellness Trust Fund. The planned activities were similar to those for the N-O-T program.

The ALA sends reports directly to the HWTF on a quarterly basis. They do not report using the PTS or IPTS. The current summary report is based upon the following sources:

- Interview with Program Director and Tobacco Control Manager, conducted by a UNC TPEP staff member (June 28, 2005)
- Community/Schools and Priority Population grantee data available through PTS/iPTS
- ALA Quarterly Progress Report to HWTF (January – March 2005)
- ALA Year-End Outcomes Reports to HWTF (2003 and 2004)
- ALA logic model
- American Lung Association of North Carolina grant proposal (August 5, 2002)

Results

The ALA's logic model for the HWTF outlines outputs for evaluation of their progress toward the objectives outlined in the introduction above. Five of these outputs are reported on in the grantee's Year-End Outcomes Report (2004) and the ALA Quarterly Progress Report (January – March 2005) and are summarized in Table 3D.1.

The Year-End Outcomes Report is a summary of January 2004 through December 2004. All data provided span this time period, and it is not possible to determine data for May 2004 to December 2004 alone. Consequently, this summary includes data for all of 2004.

Comparing the data provided to UNC TPEP by ALA for 2003-04, there was a reported decrease in the number of N-O-T and TATU facilitator trainings. However the overall number of facilitators who reported implementing the N-O-T program increased from 21% in 2003 to 36% in 2004. For the TATU program, in 2004, 71% of facilitators reported implementing the program, as opposed to 74% in 2003. This is consistent with the three year timeline presented in the grant proposal which calls for a reduction in training to allow more resources to be targeted toward program implementation.

ALA data showed an overall decrease in teen enrollment in the N-O-T program from Year 1 to Year 2, with enrollment decreasing from 391 to 293. However, the percentage of teens attending the program for at least six sessions increased from 50% to 59%. These data are dependent on participant feedback, which has been problematic for the ALA. According to the Project Coordinator, the ALA has had difficulty getting facilitators to respond to surveys concerning their N-O-T activities. Declines in facilitator response to surveys and facilitator turnover could be responsible for the differences in teen enrollment between Years 1 and 2.

Declines in enrollment might also be related to difficulties with implementation of the N-O-T program. Reviews of the PTS and iPTS data revealed that recruitment and scheduling difficulties were the most commonly reported problems with implementation. Trouble finding a facilitator able to dedicate sufficient time and energy to N-O-T was another commonly reported difficulty. In an effort to improve and increase implementation of the N-O-T program, the ALA has instituted networking sessions with facilitators to discuss these issues and strategies for overcoming them. These sessions are held regionally and are intended to address the issues specific to an area and also introduce facilitators to others in the area who may be able to offer advice and support. Two networking sessions were held in June and reports in iPTS on these sessions indicate that facilitators find the sessions helpful in dealing with barriers to implementation. Furthermore, the ALA offers technical assistance to facilitators by providing resources and materials, as well as advice, on possible modifications of the N-O-T program (tailored to fit the needs and limitations of individual programs).

Community/School grantees reported on indicators relevant to the N-O-T program in the HWTF Semi- Annual Survey for January through June 2005. These data are summarized in Table 3.B.4. Outcomes for the N-O-T and TATU programs can be found in Table 3.D.1. Although the data reported in Table 3.D.1 is impressive, only a small number of Community/School grantees reported on indicators relating to the N-O-T program.

According to the ALA Program Director, the ALA plans to continue forward with its current activities in Year 3. It also aims to further develop the networking sessions in an effort to improve implementation in Year 3 and address problems with facilitator feedback. Currently, there are also plans to refine the technical assistance program such that facilitators could contact other N-O-T facilitators, who could be considered experts on specific populations or implementation barriers. In this way facilitators can obtain advice from someone who has faced or is facing similar problems. Finally, there are plans to target currently underserved populations and modify the N-O-T program to better serve these groups.

Although the ALA has reported on some outputs pertaining to the TATU program, there is not a great deal of information concerning the goals of the program and progress toward those goals. It is recommended that a more complete logic model be developed for the program with defined goals and methods for assessing progress toward these goals. A more detailed protocol for follow-up of TATU youth and how they are utilizing the skills taught in the TATU program might be considered. It is also recommended that the TATU program be reported on separately from the N-O-T program, as these are two separate programs provided by the ALA, which serve different purposes.

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Table 3.D.1: Outcomes for N-O-T and TATU Programs Based on ALA Reports, January – December 2004

Outcome	Output
Adult facilitators trained – trainees include HWTF grantees and non-grantees (Note: trainings reported span January 2004 – March 2005)	<ul style="list-style-type: none"> • 191 N-O-T facilitators trained in 15 training sessions • 175 TATU facilitators trained in 10 training sessions
Implementation rate for trained facilitators, as measured by biannual telephone surveys with trained facilitators	<ul style="list-style-type: none"> • 46 facilitators implementing N-O-T (implementation rate per 100 trained facilitators = 36) • 115 facilitators implementing TATU (implementation rate per 100 trained facilitators = 71)
Teens/youth involved in programs, as measured by surveys of trained facilitators	<ul style="list-style-type: none"> • 293 teens signed up for N-O-T clinic • 174 teens attended at least six out of ten sessions of a N-O-T clinic • 2,650 teens attended a TATU teen facilitator training session
Quit rate of programs, as measured by surveys of trained facilitators	<ul style="list-style-type: none"> • N-O-T clinic quit rate: 54% • Three-month reported quit rate: 27.5% • Six-month reported quit rate: 22.4% • Reduction in smoking among enrolled (excluding those who quit): 32.8% • N-O-T clinic reduction and/or cessation rate: 86.8%
Number of website hits	<ul style="list-style-type: none"> • 3,191 hits on the N-O-T website since its launch in December 2003

3.D.iii. Department of Health and Human Services, Women's and Children's Health Branch

Overview

The Smoking Cessation Program for Pregnant Teens Project was established through the Department of Health and Human Services, Women's Health Branch, and serves as part of its action plan to reduce tobacco use among women in the state of North Carolina. This program incorporated brief smoking cessation counseling sessions into existing healthcare settings in Durham County (First Breath Program), Gaston County (Clean Air Tobacco Out Program), and Robeson County (The Smoke Free Start Program). All project sites provide prenatal care services to patients enrolled in Medicaid (ACCESS sites). Program participants receive educational materials on smoking cessation and secondhand smoke exposure, as well as on-going smoking cessation counseling from the Program Coordinator and/or maternity clinic staff.

The Pregnant Teens Project has a separate contract with the Healthy Start Foundation to produce materials on smoking cessation. Materials produced are distributed to the three project sites, as well as to other departments.

The project grant proposal established the following overall project goal:

To increase the number of prenatal care providers that incorporate evidence-based smoking cessation interventions into routine health care practice and provide referrals to existing smoking cessation counseling programs and resources to pregnant teenagers in NC.

The proposal also outlined five specific objectives: (1) to conduct outreach and provide smoking cessation training for prenatal care providers; (2) to provide patient education materials; (3) to promote referrals to existing smoking cessation resources; (4) to expand partnerships with other organizations; and (5) to provide on-going project monitoring and evaluation. Progress toward these goals is outlined below.

The Smoking Cessation for Pregnant Teens Project reported directly to the Health and Wellness Trust Fund Commission (HWTF) on a quarterly basis. Quarterly reports were sent to UNC TPEP as well. This grantee did not use PTS or IPTS. The current report is, therefore, based upon the following sources:

- Smoking Cessation for Pregnant Teens Project grant proposal;
- Grantee logic model;
- Grantee Quarterly Progress Reports to HWTF (July 31, 2004; October 31, 2004; January 31, 2005; April 30, 2005); and
- Interview with Program Manager at the Women's Health Branch conducted by UNC TPEP staff.

Results

This project year was characterized by staff turnovers at all sites and at the Women's Health Branch, delaying reports and data submission. Despite the staff turnovers, this grantee reported progress toward meeting all objectives outlined in its proposal. Objective-specific activities reported as completed in Project Year 3 are outlined in Table 3.D.2.

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Table 3.D.2: Summary of Activities and Outcomes for DHHS Pregnant Teens Project, May 2004 – June 2005

Objective	Activities and Outcomes
<p>Objective 1: Conduct outreach and provide smoking cessation training for prenatal care providers at each project site</p>	<ul style="list-style-type: none"> ○ Information on the effects of smoking marijuana during pregnancy distributed to Program Coordinators ○ New Program Coordinators in Gaston and Robeson Counties, along with CATO Women’s Health nursing staff, participated in 5A’s smoking cessation counseling training program
<p>Objective 2: Provide patient education materials and outreach to pregnant teenage women utilizing health care services in each project site</p>	<ul style="list-style-type: none"> ○ NC Healthy Start Foundation’s new secondhand smoke manual for pregnant teenage women “Get Real ~ Secondhand Smoke Matters” distributed to all project sites. ○ NC Healthy Start Foundation completed Spanish language smoking cessation brochures for pregnant teens.
<p>Objective 3: Identify and promote referrals to existing smoking cessation resources in each project area</p>	<ul style="list-style-type: none"> ○ Staff promoted referrals to existing smoking cessation programs housed with in the departments.
<p>Objective 4: Expand and strengthen partnerships with public and private organizations in each project area</p>	<ul style="list-style-type: none"> ○ Program Coordinator in Robeson County attended meeting at Robeson County Board of Education, presented at Robeson Health Care Corporation retreat, and exhibited at annual maternity fair ○ Program Coordinators in Durham and Robeson Counties, along with Branch Unit Supervisor, participated in the Statewide Training and Information Exchange “Making a Difference: Building a TRU Movement” ○ Unit Supervisor participated in the National Partnership to Help Pregnant Smokers Quit Conference call
<p>Objective 5: Provide on-going project monitoring and evaluation</p>	<ul style="list-style-type: none"> ○ Project Manager conducted random chart audits at each project site to verify accuracy of data collection ○ Each Program Coordinator attended meetings with their maternity clinic staff and providers on a regularly scheduled basis ○ Conducted bi-annual self-assessment questionnaires for Program Coordinators ○ Finalized and conducted patients satisfaction surveys at each site

3.D.iv. NC Amateur Sports/ State Games of North Carolina

Overview

North Carolina Amateur Sports (NCAS) is a non-profit organization established to host the State Games of North Carolina (SGNC) yearly. The SGNC is a 16-sport, Olympic-style event that has been held each summer since 1987. Each year, over 13,000 amateur athletes and coaches from over 90 counties participate in the SGNC, which is open to all residents of North Carolina. In an effort to promote the spirit of amateur sports, physical fitness, and good health statewide, the SGNC proposed the State Games Tobacco Free Team program. The primary goals of this program are: (1) to prevent and decrease youth tobacco use by promoting participation in athletics as a tool to better combat pressures/behaviors that initiate tobacco use; (2) to reduce all SGNC participants' exposure to environmental second-hand smoke by establishing 100% tobacco free event venues; and (3) to utilize major North Carolina media sources that partner with SGNC to promote the program message statewide via television, radio, newspapers, and the internet.

The proposal also outlined five specific objectives to achieve the project's primary goals:

1. Reinforce tobacco free rules for all SGNC event venues;
2. Educate teens and raise their awareness of the dangers of tobacco
3. Create the SGNC Tobacco Free Team for teens;
4. Promote organized youth sports as a constructive life skill and health/fitness developer and set higher athletic performance goals; and
5. Encourage leadership from athlete parents/coaches.

The NCAS SGNC reports directly to the Central Field Coordinator on a monthly basis. Monthly reports are also sent sporadically to UNC TPEP. This report is based on the following sources:

- North Carolina Amateur Sports / State Games of North Carolina grant proposal
- Grantee monthly progress reports to TPEP from April 2004 to July 2005

Results

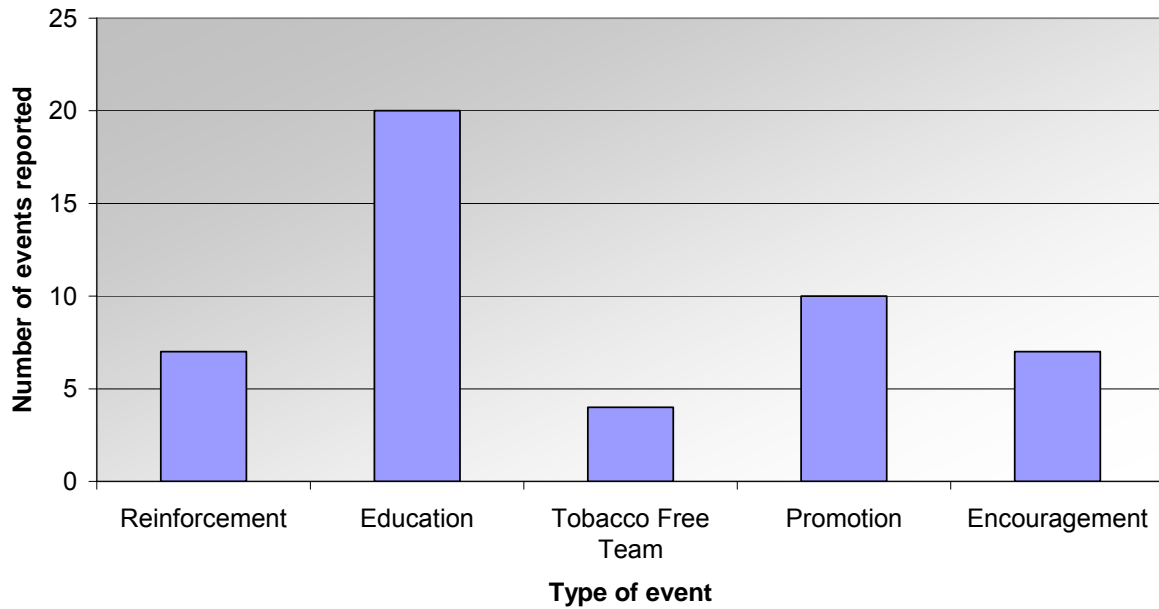
The State Games of North Carolina have been active statewide in a variety of public awareness, health education, and advocacy efforts to prevent youth initiation of tobacco use and to eliminate youth exposure to secondhand smoke. Figure 3.D.1 presents the number of events reported that meet each outlined objective. Minimal data on outputs, and none on outcomes/impacts, were available at the time of this report.

One of the SGNC's major activities is the Tobacco-Free Minor League Baseball Initiative, which resulted in partnerships with several local and statewide partners for carrying out objectives. For example, the State Games partnered with Mecklenburg County Health Department, Union County, and players from the Charlotte Knights Baseball Team to conduct spit tobacco educational sessions in schools throughout these counties. The State Games also partnered with NC-STEP to give a speech on teen tobacco prevention and cessation to the NC High School Baseball Coaches Association, which resulted in earned media from five different media channels. In addition to the Tobacco-Free Minor League Baseball Initiative and spit tobacco efforts, the State Games have also been involved in activities to promote 100% Tobacco-Free

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schools, including having the TRU-State Games Youth Ambassador speak at meetings about TFS, and posting prevention and cessation information on the NC Amateur Sports website.

Figure 3.D.1: Events Reported by NC Amateur Sports/State Games of NC



Developing Partnerships to Achieve Program Objectives

The Public Schools of Robeson County Teen Tobacco Prevention Team, the NC Commission on Indian Affairs' faith-based Home, Health and Heritage program, and the Lumbee Tribal, representing Phase I Community/Schools, Priority Population, and Phase II Grantees partnership resulted in at least two major events this past year. The 1st Annual Tobacco Free Workshop/Empowering Native American Communities on a Tobacco Free Community on July 30, 2004 included sessions on Tobacco 101, Media Literacy/Advocacy, Faith-based Initiatives, Second hand Smoke, and Policy Change. Those attending included youth, community and tribe members, health professionals, and church members from Robeson County. Our local new media broadcast the event on WBTW Channel 13 News. Then in November, they organized and implemented the first annual "Steppin' Out for a Smoke free Robeson" walkathon, which was staged at UNC-P. Initiated by the Home, Heritage, and Health program. Key spokespersons, including 2004 "Miss Lumbee", spoke out in favor of tobacco-free policies. Local radio and newspapers provided excellent media coverage. This was followed up by formation of a faith-based advisory team and a planning meeting for a Spring Training Program for Tobacco-free Advocacy. This youth-led event will also include partnership with the Piedmont Central Question Why Youth Empowerment Center.

HWTF Community/Schools and Priority Population grantees

Section 4: Special Studies

Introduction

As part of the general evaluation of the HWTF TTUPC Initiative grantees' work in North Carolina, UNC TPEP also conducts special studies to supplement the data collected from other sources. During the second program year, four such studies were conducted:

- Evaluation of the TRU Media Campaign
 - Telephone survey
 - Focus groups
- Tobacco-Free Schools Best Practices Research
- Evaluation of Technical Assistance

4.A. TRU Media Campaign: Telephone Survey

Overview

In 2004, UNC TPEP determined that the most effective and cost-efficient method to evaluate the TRU media campaign was to utilize a longitudinal telephone survey. The results from a longitudinal study enable UNC TPEP to:

- Measure levels of exposure and awareness of the media campaign among the target population of youth;
- Measure changes in the key outcome variables including youth attitudes, beliefs and behaviors related to tobacco; and
- Attribute changes in those key outcome variables among youth to the effects of the media campaign

The campaign employed a differential dose of advertising in the Charlotte media market to better measure the dose effect of the campaign in the entire state.

Methodology

Baseline data for the telephone survey was collected in March and April of 2004. With the evaluation design and method already in place, only slight modifications had to be made to the survey for the second wave of data collection.

The following subject areas were included in the Time 2 survey:

- Demographics;
- Media use / exposure;
- Household smoking;
- Peer smoking;
- Individual smoking behavior and intentions;

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- Exposure to / participation in school / community anti-tobacco classes / events;
- Attitudes and beliefs associated with tobacco use;
- General anti-tobacco ad awareness;
- Aided and unaided awareness of existing anti-tobacco ads;
- Frequency of exposure to existing ads; and
- Appeal and perceived effectiveness of existing anti-tobacco ads.

Campaign awareness for the TRU ads was assessed using an aided recall, confirmed awareness approach. Each of the four ads was summarized in a one-sentence description. For each of the ads, the interviewer asked the respondent whether he or she had seen an ad, followed by that ad's description. If the respondent answered positively to this question, he or she was then asked what happened in the ad and about the ad's main message. The content question was used to measure a level of confirmed awareness for the ads. Two independent researchers read the responses to determine whether the responses accurately depicted what happened in the ad. The researchers then reconciled their codes (coefficient Kappa = 0.85).

The Survey Research Unit (SRU) at the University of North Carolina conducted the survey interviews. Because the study is longitudinal, the same cohort of 11 to 17 year olds that were sampled at baseline participated at Time 2. Approximately three weeks before the SRU started calling youth, TPEP staff sent out postcards reminding the youth of their participation in the study, and telling them that they would be contacted between November 8th 2004 and December 17th 2004 to participate in the second round of the survey. A total of 604 youth (95% of respondents from baseline) completed the Time 2 survey.

Results and Recommendations

As smoking behaviors, intentions to smoke, and tobacco-related knowledge and attitudes were not expected to have changed in the short term (i.e. six months between baseline and Time 2), these results focus on: 1) awareness of the TRU campaign and 2) appeal and perceived effectiveness of the TRU ads.

Confirmed awareness by youth for any TRU ad was 45.0%. Confirmed awareness of individual ads was:

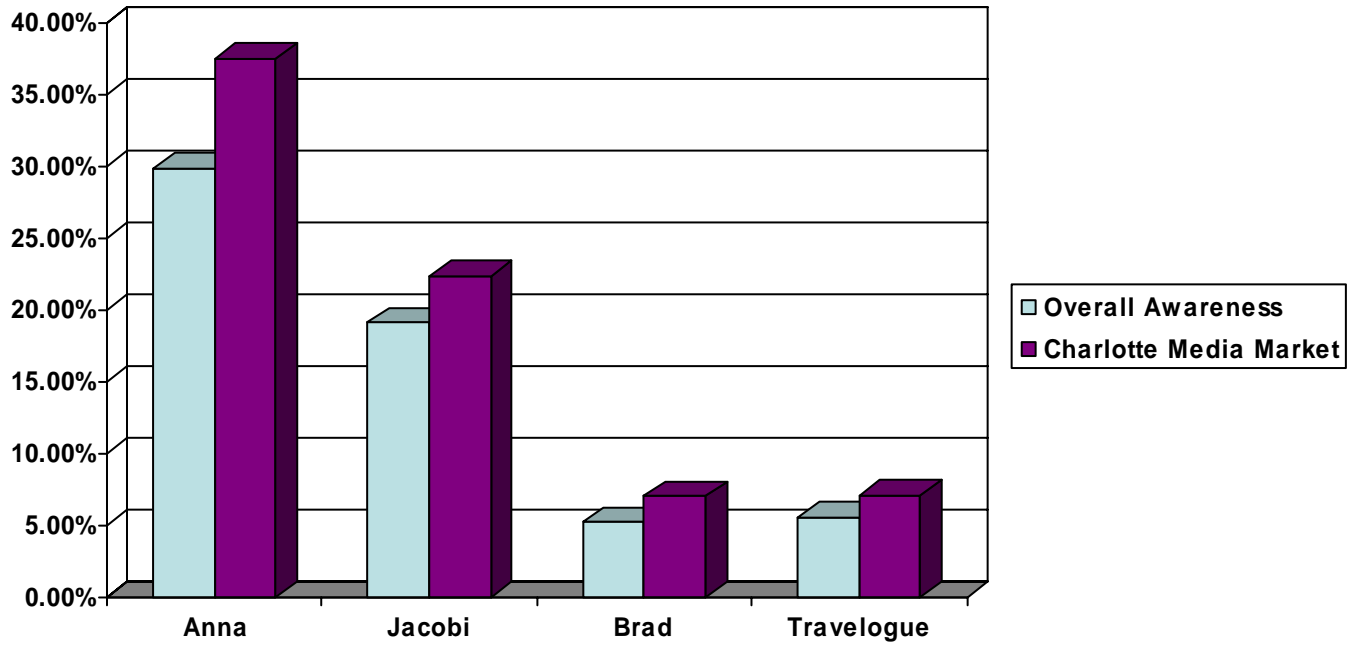
- *Anna* (29.9%)
- *Jacobi* (19.1%)
- *Travelogue* (5.5%)
- *Brad* (5.2%)

The Charlotte media market, which received a higher dose of the TRU media campaign, had a confirmed awareness level of 52.9% for any TRU ad. Confirmed awareness of individual ads in the Charlotte area was:

- *Anna* (37.5%)
- *Jacobi* (22.3%)
- *Travelogue* (7.1%)
- *Brad* (7.0%)

Figure 4.A.1 shows a comparison of overall awareness levels to awareness in the Charlotte media market.

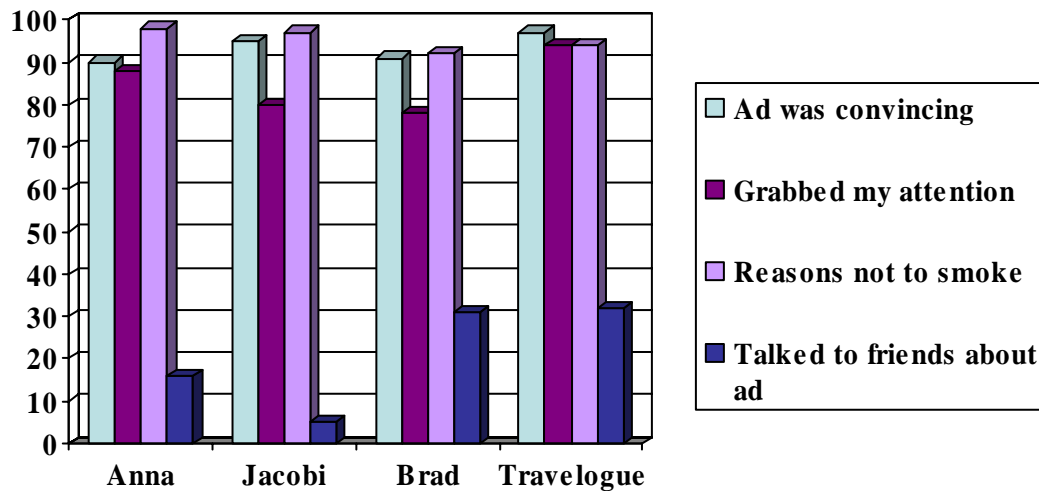
Figure 4.A.1: Confirmed Awareness for TRU Ads



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North Carolina youth responded positively to the TRU ads (see Figure 4.A.2). Despite the lower reach of the Travelogue ad, this ad had the most positive response and had the highest percentage of youth who said they talked to their friends about the ad. While the *Brad* ad also had high responses on these measures, it had the lowest ratings across three of the four appeal and perceived effectiveness questions.

Figure 4.A.2: Youth Response to TRU Ads



The comprehensive telephone survey results can be found at http://fammed.unc.edu/TPEP/hwtfceval/special_reports.htm.

UNC TPEP recommends that a longitudinal media survey of North Carolina youth be continued annually. If yearly evaluations are conducted, it would be possible to determine whether the TRU media campaign has a long-term positive impact on smoking behaviors / intentions, and tobacco-related knowledge and attitudes during an active media campaign. If the media campaign is suspended, UNC TPEP can determine whether the lack of a media campaign has a negative effect on these variables.

It is also recommended that the advertising dose for the entire state should, at a minimum, equal the dose that was used in the Charlotte media market. This recommendation will both ensure that the future TRU media campaign reaches significantly more youth than the current campaign (an additional 68,600 youth), and it will heighten the ability to measure long-term changes in youth's behaviors around tobacco use.

4.B. TRU Media Campaign: Focus Groups

Overview

In the fall of 2004, the North Carolina Health and Wellness Trust Fund commissioned UNC TPEP to provide a qualitative assessment of the “Tobacco.Reality.Unfiltered.” (“TRU”) television ads shown as part of the 2004 statewide media campaign. Specifically, the study utilized focus groups of youth to:

- 1) Provide the HWTF and its media vendor with information on how NC youth were viewing and interpreting the TRU ads; and
- 2) Gain insight into how the TRU ads might be improved.

Youth in the focus groups provided feedback on the 2004 TRU campaign and made recommendations for potential use in the development of the 2005 TRU television campaign.

Methodology

Planning, implementation, and data analysis of the focus groups took place between September 2004 and February 2005. Fourteen groups of varying demographic characteristics (age, gender, ethnicity, and smoking status) were conducted across the state. This provided both demographic and geographic diversity to ensure broad representation by participants. Three general groups of ads were included in the testing: 2004 TRU ads; a TRU highlights reel; and some Truth ads*. Although all ads could not be shown and discussed in every group, each ad was shown in a variety of groups to get opinions on all ads. All of the focus groups were audio taped, professionally transcribed, and then coded using Atlas.ti qualitative software. The final coded document from each focus group was then utilized to compile the summary views and recommendations presented in the current report.

Results and Recommendations

While opinions about ads varied, youth expressed a clear preference for their favorite ad: *Travelogue* (the final TRU ad of 2004). *Travelogue* was chosen as the favorite ad by the majority of youth in 13 of 14 groups. Many of the youth were emphatic about this choice. The reasons they gave for choosing *Travelogue* included three major elements emphasized by groups as effective or memorable.

Travelogue showed:

- Graphic display of serious health consequences of smoking, which elicited strong reactions/emotions;
- The featured individuals telling stories about their own experiences, rather than those of a friend or family member; and

* Although these ads are referred to as “Truth” ads, only one of the five shown was part of the American Legacy Foundation’s Truth™ campaign. The other four ads did include a “Truth” tag, but were part of state campaigns that used this tag before the American Legacy Foundation branded campaign launched in 2000.

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- A diversity (ethnic, gender, and age) of people.

Feedback on most other ads was mixed and is described in detail in the full report, along with youth suggestions for improving the advertising campaign. The full report can be found at http://fammed.unc.edu/TPEP/hwtfceval/special_reports.htm.

The following recommendations derive from analysis of the full focus group findings. Recommendations below reflect summary data from the focus group evaluations of existing TRU ads, including their content, perceived emotional tone, format, person(s) in the ads, styles and branding. To provide a context for the focus group recommendations, they are presented alongside the findings from the December 2003 UNC TPEP report: *Recommendations for 2004 North Carolina Youth Tobacco Use Prevention Media Campaign*. The *Recommendations* report (http://www.fammed.unc.edu/TPEP/hwtfceval/reports/media_analysis03.pdf) describes best practices for youth-focused tobacco prevention media campaigns as gathered from a comprehensive literature review and interviews with state and national experts, as well as local experts and stakeholders. The *Recommendations* report also served, in part, as the basis for initial designs of the 2004 media campaign.

Ad Content

(1) Ads using a serious health consequences theme should graphically depict the harms resulting from smoking. Images should be shocking in some way and should appear early in a commercial to grab youth's attention. Images should be tied to a personal story to give additional meaning and elicit higher emotional response from youth.

Findings – Best Practices Report	Findings – Focus Groups
* Good evidence for effectiveness of ads depicting serious health consequences of tobacco use (when used in way that elicits strong emotion). Graphic display of serious health consequences that is too gory or gruesome or too disassociated from a personal testimonial is probably less effective.	*Youth responded well to ads depicting serious health consequences when used in a way that elicits strong emotion, and when used in conjunction with graphic images of the consequences.

Ad Emotional Tone

(2) Ads should utilize a negative emotional tone such as sadness (e.g., during a moving emotional testimonial) or fear/shock (e.g., from the graphic depiction of the health consequences of smoking, such as in *Travelogue*.) Some combination of *people in ads showing emotion* and *the ad itself eliciting emotion in viewers* would likely be most effective.

Findings – Best Practices Report	Findings – Focus Groups
<p>* Strong evidence for effectiveness of ads utilizing negative emotional tone, meaning that the ad elicits feelings such as sadness, anger, fear, or shock.</p>	<p>* The emotional aspect of an ad is very important to teens. They are sensitive to both the emotion displayed by the actors in the ads (like <i>Anna</i>) and the their own emotion caused by the content of the ad (e.g. <i>Janet Sackman</i> and <i>Travelogue</i>).</p>

Ad Format

(3) Ads should feature or incorporate smokers or former smokers telling their own stories, rather than people solely talking about family members or friends.

Findings – Best Practices Report	Findings – Focus Groups
<p>* Strong evidence to indicate effectiveness of ads using personal testimonials in which people tell moving stories about the effects tobacco has had on their health or on their loved ones.</p>	<p>* Youth stated repeatedly that stories told by friends/family members about loved ones who have become ill because of smoking are <i>not</i> as effective as stories told by the actual person who suffered the health consequences.</p>

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(4) Use facts and statistics sparingly, and when used, ensure they are made personal or placed in a meaningful context (e.g., do not use a number like “200,000” but rather state “1 out of 5 North Carolina teens will. . .”).

Findings – Best Practices Report	Findings – Focus Groups
<p>* Limited evidence that use of facts can be effective if used in conjunction with effective themes and emotional tone.</p>	<p>* Youth opinion on the facts used in some TRU ads was split. Some found the facts thought-provoking, while others felt the facts were boring, implausible, or something they already knew. Youth comments suggest that facts are more meaningful if used at the individual level and placed in context.</p>

Person(s) in Ad

(5) Ads featuring just one person can utilize people of either gender or any ethnicity equally effectively, but ads incorporating several people should show people of diverse ethnicities and gender. Showing people of different ages can also be effective (see Recommendation 6).

Findings – Best Practices Report	Findings – Focus Groups
<p>* Multicultural ads that depict actors from diverse ethnic groups may be particularly effective within a single ad or in the context of several ads; however the depiction of ethnicity should not be “forced.”</p>	<p>* Youth consistently stated that one of their favorite aspects of <i>Travelogue</i> was the diversity of people featured. Although they said a person’s gender or ethnicity were not important to the effectiveness of an ad’s message, they did like seeing a variety of people in an ad showing that tobacco affects many different kinds of people.</p>

(6) People in ads should ideally be young people who are already suffering visible and serious health consequences from smoking. If “older” people are used, their story should be tied to a younger person’s story in order to connect youth behavior with future consequences, or should show pictures of the person when he/she was younger.

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Findings – Best Practices Report	Findings – Focus Groups
* Ads should not depict “older” adults (older than 55) so that the serious health consequences of tobacco use do not appear irrelevant to a young audience.	* Youth suggested that a young person who is already suffering serious, visible health consequences from smoking would be ideal to use in an ad, as it would make the consequences seem more imminent. They did relate to some “older” people used in ads when the person’s picture was shown as a young person (<i>Janet Sackman</i>), or when their story was tied to a younger person’s story in order to connect youth behavior with future consequences (<i>Travelogue</i>).

(7) Spanish language should be incorporated into ads directed to Latino youth because they do relate to that language. However, they, like other ethnic groups, see themselves as part of a diverse, real world scene, which includes a mix of people, and mixed English/ Spanish language scenes are more realistic for them. They appreciate seeing an ad that includes some Spanish but that, in and of itself, will not make an effective ad.

Findings – Best Practices Report	Findings – Focus Groups
* Multicultural ads that depict actors from diverse ethnic groups may be particularly effective within a single ad or in the context of several ads; however the depiction of ethnicity should not be “forced.” There was nothing found specifically on language.	* Latino youth appreciated the inclusion of Latino people and Spanish in the <i>Spanish Language</i> ad but they generally found the ad lacking an anti-smoking message. They, like other youth, also appreciated the diversity of people in the <i>Travelogue</i> ad.

Style of Ad

(8) The tone of ads should not be “preachy” and messages should not be “heavy-handed” in telling youth not to smoke.

Findings – Best Practices Report	Findings – Focus Groups
* This issue not discussed in Best Practices Report.	* Youth stated that they did not like it when ads were “preachy” or told them outright not to smoke.

(9) The people, their message, and the setting they are placed in need to feel genuine to youth for them to pay attention to the ad.

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Findings – Best Practices Report	Findings – Focus Groups
* Ads should use real people rather than actors, particularly for ads using testimonials.	* The idea of “real” is important to youth. People in ads that did not appear “real” (e.g. no visible health consequences, no “real” emotion) were dismissed by youth.

(10) Branding slogans need to be given greater graphic and oral presence in the ads if youth are going to remember them. “Tag lines” or summary statements (such as *Travelogue’s* “Every time you smoke another cigarette, there goes another breath of your life”) may help youth to better understand and remember the message of an ad.

Findings – Best Practices Report	Findings – Focus Groups
* This issue not discussed in Best Practices Report.	* Youth generally did not see or remember the slogans from the ads shown in the focus groups. They suggested that the slogans needed to be more prominent in the ads. The tag lines for the <i>Anna</i> (“ <i>You never know which cigarette gives you the cancer. .</i> ”) and <i>Travelogue</i> (“ <i>. . . there goes another breath of your life</i> ”) ads were sometimes cited by youth, indicating that they were memorable components of the ads.

(11) Camera work that appears “artsy” can be distracting in an ad. The filming and setting of an ad should appear as natural to the everyday life of youth as possible so as not to take away from the content of the ad.

Findings – Best Practices Report	Findings – Focus Groups
* This issue not discussed in Best Practices Report, though there is a reference to the fact that production quality may influence ad effectiveness.	* Youth were distracted by the camera work and the settings in some of the ads, and attention to these aspects took their focus away from the ads’ messages.

General

(12) Test all future ads before they go on the air in order to increase the likelihood of reaching youth with an effective TRU campaign.

Findings – Best Practices Report	Findings – Focus Groups
<p>* Final ads for a campaign should be pre-tested to ensure that they are on target with primary campaign goals, resonate with youth, and are consistent with best practices.</p>	<p>* Youth opinion was varied on certain aspects of the ads, such as the music, setting, and reaction to the person in the ad. Although there were some aspects of the ads upon which most youth agreed, it is difficult to predict youth reaction to all components of an ad.</p>

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4.C. Tobacco-Free Schools Best Practices

Overview

In the spring of 2005, TPEP conducted a special study commissioned by the HWTF to gather information that would assist the HWTF in launching the first statewide television campaign to promote 100% Tobacco-Free School (TFS) policies in the country. Specifically, UNC TPEP reviewed the literature on media and 100% TFS policies, developed a conceptual model for the campaign, and discussed the proposed campaign with TFS experts and community stakeholders. The intended use of this special project was to assist the HWTF and its contracted media vendor in awareness of the issues surrounding the adoption and enforcement of TFS policy in NC, and to provide recommendations for use in the development of an effective and politically feasible 2005 media campaign to promote TFS policy.

Methodology

Planning and implementation of this study took place in February and March of 2005, and included a literature review, development of a conceptual model, and interviews with experts and stakeholders. In total, 45 interviews were conducted with 16 experts and 29 stakeholders, including 9 legislators. Experts and stakeholders were surveyed about their opinions regarding the critical factors behind the adoption or non-adoption of TFS policy, as well as themes that they believed would be effective for the media campaign. Legislators were also asked about which messages they believed would work for the media campaign, as well as which messages the campaign should seek to avoid.

Based on the information in the literature review, the conceptual model, and results of the interviews, UNC TPEP compiled summary views and recommendations*. The report was subsequently reviewed and refined by four broad-based experts in media and tobacco control. The complete Tobacco-Free Schools Best Practices Report can be found at http://fammed.unc.edu/TPEP/hwtfceval/special_reports.htm.

* Some recommendations are presented using the conceptual model for best practices in youth tobacco prevention media campaigns, developed in the December 2003 UNC TPEP report: *Recommendations for 2004 North Carolina Youth Tobacco Use Prevention Media Campaign*. Only two of the five elements from the model are used: Ad Content/Themes and People in Ad. In the case of this study, Format of Ad is subsumed under Ad Content/Themes. The remaining elements – Emotional Tone and Style – were not included, as they are best tested by obtaining actual viewer response to ads (such as in a focus group setting), rather than through hypothetical interview questions.

Results and Recommendations

Ad Content/Theme

(1) Four themes were recommended: (i) adult role modeling, (ii) personal stories about and from affected youth, (iii) experiences of successful TFS districts, and (iv) TFS becoming the norm in NC. These themes reinforced the promotion, adoption, and enforcement of TFS policy. It was also felt that these themes might appeal to diverse audiences.

People in Ads

(2) To increase the chances that viewers related to the people in the ads, and to share a broader perspective on the importance of TFS policy adoption/enforcement, it was recommended that ads utilize both youth and adults and show a diversity of people. Diversity here refers not simply to gender and ethnicity, but also to roles in TFS policy promotion, such as youth, school administrators, teachers, parents, and others. Another recommendation was that the primary people in the ads should be individuals who had a personal connection to the issue of TFS and to the specific content of the ad (i.e. themes chosen first, and then an appropriate spokesperson for each theme).

Prioritization of TFS Policy as an Issue

(3) As presented in the conceptual model, successful media advocacy should raise the awareness of TFS policy, frame the issue, advance policy adoption, and encourage institutionalization (enforcement). Since there are still some NC school districts that have not adopted a 100% TFS policy, it is important to continue to advocate for policy adoption through ads across the state.

(4) Ads should also be memorable to have the desired impact. A recognizable, action-based slogan or tag line could assist viewers in recalling the ad, its message, and particularly its call to action.

Link to Community Programs and Website

(5) Because there is evidence that comprehensive community programs and media campaigns are effective in reducing youth smoking, the TFS media campaign should link with the community-level work that HWTF grantees are doing to promote the adoption or enforcement of TFS policy in their local school districts. As shown in the conceptual model, both community action and media advocacy are necessary to move TFS policy along the stages of policy adoption and enforcement. HWTF grantees should be aware of the media campaign and work to support it, just as the media vendor should ensure inclusion of grantees in promotional events and generation of ideas for future ads.

(6) To increase ad reach in a community, ads should direct viewers to a website to learn more about policy in their own school districts and take action to promote adoption or enforcement of the policy. The website should be interactive and feature tools users can employ to write letters or take other actions directly from the website, as well as a telephone number for a local TFS advocate for people to contact if they want to get involved in promoting TFS policy in their school districts.

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(7) Because framing of the issue (and consequent dispelling of myths or fears surrounding the policy) is so important, HWTF grantees should work in collaboration with the media vendor to generate additional earned media in newspapers, the radio, and television. The themes of the TFS media campaign should be emphasized in generating earned media.

(8) Technical assistance providers to HWTF grantees need to play an integral role in supporting the link between grantees and the media vendor to create a cohesive campaign promoting TFS policy adoption and enforcement.

Links to Statewide Programs

(9) Continuous and public state-level support for adoption and enforcement of TFS policies should occur in conjunction with the campaign. Letters of support from the Governor, Lt. Governor, and State Superintendent of Public Instruction could be sent to school districts around the state informing them of the campaign, encouraging them to adopt 100% TFS policy if they have not done so already, and encouraging enforcement of the policy for those that have adopted it. The themes of the TFS media campaign can also be stressed in any correspondence. Regional and statewide trainings for HWTF grantees should incorporate campaign messages, themes, and goals.

Testing of Ads

(10) Because North Carolina is the first state to develop a statewide media campaign to promote TFS, and there is little prior research to indicate best practices for this type of campaign, all ads should be tested in diverse focus groups based on the intended audience for the ad. Groups should be tested in districts with and without policies - with parents, school personnel, and school administrators/Board of Education members. (It will be particularly important to test messages with parents, since they are underrepresented in the interview sample.)

(11) In order to increase North Carolinians' recognition of NC's HWTF, the TFS media campaign ads should be clearly identified as being sponsored by the HWTF, and this component should be tested in focus groups.

Evaluation of Campaign

(12) Since the TFS media campaign is the first of its kind, it will be particularly important to evaluate the campaign to provide further recommendations for similar campaigns in NC and in other states. Evaluation of the campaign may include:

- Random assignment of communities or media markets to various levels of campaign exposure;
- Pre and post-campaign telephone surveys of potential adult viewers, statewide or in selected counties;
- Process measures, such as measurement of hits to website promoted in campaign
- Measurement of advocacy actions taken through website promoted in campaign (including phone calls to local advocates, etc.); and
- Surveys of new school districts adopting TFS policy to assess influence of media campaign.

4.D. Technical Assistance Evaluation

4.D.i. Overview

To support the work of local grantees in the TTUPC Initiative, the HWTF contracted with a variety of agencies that could provide technical assistance (TA). These agencies offered expertise in a number of areas, such as comprehensive tobacco control, media, disparities, youth empowerment, and secondhand smoke.

In the fall of 2004, HWTF requested that UNC TPEP carry out an evaluation of the TA offered by these providers. The evaluation sought to answer three major questions:

How is TA being implemented?

Implementation includes communication of services offered to grantees, how grantees' needs are assessed, how TA is coordinated among the providers;

How is TA being utilized?

Utilization includes grantee satisfaction, barriers encountered, appropriateness of services offered in relation to grantee needs; and

Is TA having the intended effect?

This question includes outcome measures, such as the impact of TA on grantee work and improvements made in individual programs and the TTUPC Initiative as a whole.

4.D.ii. Methodology

UNC TPEP proposed an evaluation plan that included stakeholder involvement in creating a technical assistance logic model and outcome framework. The following definition of technical assistance from the Tobacco Technical Assistance Consortium was adopted:

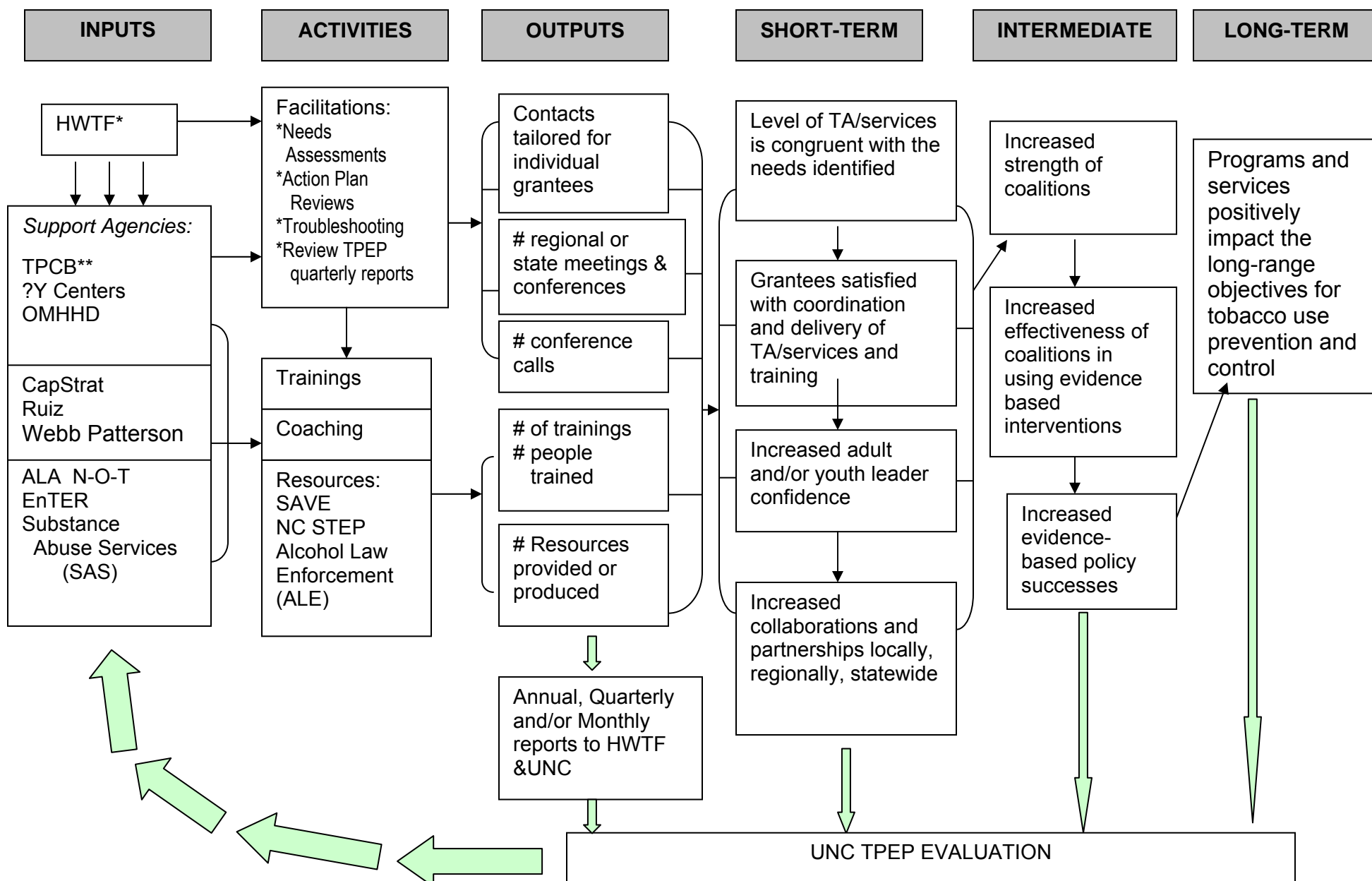
Technical assistance (TA) can be defined as services provided by professional staff and consultants intended to give guidance to tobacco prevention and control programs at the state and local governmental levels as well as community organizations to strengthen or enhance program effectiveness. The goal of TA is to build skills, expertise, and capacity in tobacco prevention and control.

Technical Assistance Logic Model and Outcome Framework

Using the guidelines developed by the NC Tobacco Prevention and Control Branch (TPCB) for regional field coordinator positions, supplemented by resources from the national Tobacco Technical Assistance Consortium, TPEP evaluators drafted a logic model showing the expected outcomes of TA for HWTF grants. This logic model and the evaluation plan were presented to the Technical Assistance and Training Committee (TATC), which includes representatives from each of the HWTF TA provider agencies (see Appendix 8 for list of provider agencies). Members were asked to choose three questions that they would like answered in the evaluation, as well as affirm that their programs and services were accurately reflected in the logic model. Based on this feedback, the logic model was revised (Figure 4.D.1). The outcomes from the logic model were then placed in a framework that listed indicators for outcome success.

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Figure 4.D.1. HWTF Technical Assistance Logic Model



Survey Measures

Two telephone interview instruments were developed and piloted: 1) TA Provider Questionnaire and 2) Grantee Coordinator Questionnaire. The Grantee Coordinator Questionnaire also included a web-based component. IRB approval was received, and an independent research firm, Innovation Research and Training, Inc. (IRT) was contracted to conduct the interviews. Responses to questionnaires were recorded in Access databases. Research assistants at IRT provided initial data analysis and contributed to the writing of the TA report.

In addition, the iPTS Semi-Annual Survey was revised to include more specific questions on TA utilization. Grantees complete this survey each January and June, allowing for trend analysis.

A description of each of these surveys follows below.

TA Provider Questionnaire

The Provider Questionnaire, a semi-structured, telephone interview, included questions in the following areas: Communication, Needs Assessment, Coordination of Services, Feedback and Follow-up, Evaluation, and Provider Competency. In each of these domains, with the exception of Provider Competency, providers were asked to respond to questions about adequacy and effectiveness. Adequacy was defined as “Was it enough?” Effectiveness was defined as “Did it accomplish what was intended?” Rating scales were based on a ten point, Likert-type scale where 1 = “not at all” and a 10 = “to a great extent”.

After revisions and pilot tests, the Provider Questionnaire was distributed via email, along with a consent form, to the 23 TA providers. The IRT interviewer then contacted each provider to set up a time for the telephone interview and to obtain verbal consent. Three providers did not complete the interview: one was on leave and two did not respond to repeated contact. The final number of respondents was 20 (90% response rate). All providers were told that they could choose not to answer a particular question. In addition, almost all questions allowed for open-ended responses, and providers could give more than one answer to a question; therefore, more than 20 responses were collected for some of the questions.

Grantee Coordinator Questionnaire

The Grantee Coordinator Questionnaire was developed for the Tobacco Prevention Specialist or Coordinator for each of the Community/Schools and Priority Population Grants. It consisted of two parts.

Part I of the coordinator questionnaire was web-based. Coordinators of Community/Schools and Priority Population grants rated their use of each provider’s services and their confidence in core competencies. They were asked to describe accomplishments that resulted in part from effective TA. Questions about funding, reporting requirements, and performance objectives were also included.

Part II of the questionnaire, a telephone interview, was linked to the answers in Part I. Grantees were asked about their understanding of TA, how their needs were assessed, and about the effectiveness of coordination of services. In addition, depending on their answers in Part I, they were asked a series of questions about the effectiveness of services from each provider that had been used moderately or extensively, and a different series of questions about providers that had been used little or not at all.

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This questionnaire was revised following consultations with the HWTF staff and initial pilot interviews. A consent form was emailed to each coordinator, with the link to the web-based Part I. Forty-four grantees were contacted, one for each grant, except in the case of two grants that had multiple coordinators for different counties or regions. Three coordinators had left their positions, and the remaining 41 completed questionnaires for Part I (100% response rate). These represent 34 of the 35 Community/School grants and all four of the Priority Population grants. Thirty-six coordinators (87.8% response rate) completed Part II telephone interviews.

iPTS Semi-Annual Survey

Seventeen TA, Support, and Training Agencies are listed in the Semi-Annual Survey. Grantees are asked to measure the extent to which they have utilized each of these agencies during the past six months. Two open-ended questions in the semi-annual survey ask how grantees can be better linked to the TA resource providers, and what specific needs for TA or training grantees might need in the coming six months. Thirty-eight grantees, which included the four Priority Population, 23 Phase I, and 11 Phase II Community/Schools grantees, completed the July 2005 Semi-Annual Survey.

Copies of the TA survey instruments can be found in the *Technical Assistance Evaluation Report* on the UNC TPEP website.

4.D.iii. Overall Results and Recommendations

The overall summary below, based on results from all three survey instruments, broadly addresses the three primary evaluation questions. Results from each individual instrument follow.

TA is perceived by grantees and TA providers as being implemented well. However, in order to fill some gaps in the communication of available resources, provide a more comprehensive needs assessment, and establish clear expectations for TA providers, it is recommended that HWTF assign managerial responsibility for the oversight of the entire TA enterprise. Initially this might include expanding the current TPCB guidelines to ensure that a comprehensive model for the provision of TA exists, and then to oversee its operation. It is expected that this TA management would enhance and support the coordination and availability of services, as well as augment training for all TA providers on the provision of TA. Additional provider training may include process areas, such as how to give specific feedback, as well as content areas, such as working with diverse populations.

While TA is being utilized by all grantees, with the Tobacco Prevention and Control Branch, and Question Why Youth Empowerment Centers services being used most extensively, multiple opportunities also exist for improved utilization. Providing links between annual action plan objectives and the TA providers who can assist with the accomplishment of those objectives can contribute to greater utilization. While the statewide data suggests overall adequacy and effectiveness of TA and training, individual and regional variations should be carefully explored by field coordinators, so that program improvements can be made in response to the evaluation data.

The TA being provided for the HWTF TTUPC Initiative is highly diverse, is contributing significantly to the initiative's overall success, and is perceived as effective by both providers and grantees. Grantees cited accomplishments that were specifically tied to the TA and training they had received. In addition, the overall level of success in such areas as 100% TFS policy

adoption and increased work in areas of policy change that are addressed in Section 3 of this report can be linked to effective provision of TA.

Results and Recommendation from TA Provider Questionnaire

While providers feel that their services are, in general, both adequate and effective, a need exists for the HWTF to provide additional clarity and specificity about what they consider to be adequate and effective TA.

Provider Communication

- Providers can be more proactive in their contact with grantees. Annual action plans for TA by TA providers should incorporate proactive communication strategies.
- The development of an orientation CD or video could be useful for newly hired grantees and for those unable to attend Kick Off conferences.
- Core personnel who maintain on-going communication with the grantees (TPCB Field Coordinators and other staff, Question Why staff) should be informed and kept abreast of all TA services available to the grantees.

Provider Needs Assessment

- While a mix of methods, both formal and informal, for assessing TA needs is necessary, a single needs assessment instrument, to be used by all Technical Assistance and Training Committee (TATC) group members, would be valuable in helping to plan and implement overall TA and prevent duplication of services.

Provider Feedback and Follow-up

- Insufficient clarity exists about what is needed or expected in giving feedback to grantees. HWTF should develop and communicate expectations for effective delivery of feedback.
- HWTF, TPCB, and TATC should work together to ensure that IPTS and UNC TPEP reports are regularly utilized by TA providers in giving specific feedback or providing needed follow-up to grantee coordinators.

Provider Evaluation

- TA providers need encouragement to incorporate evaluation (formative, process, and outcome) in every step of their service provision, including planning, implementation, and feedback.
- TATC should consider developing and utilizing a standard evaluation tool and/or training to support provider evaluation.

Provider Development

- TA providers should be encouraged and funded to attend national conferences to ensure that they keep current in their fields.

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- Devoting a portion of each TATC meeting to an “in-service” training or sharing around TA issues and constructs should improve overall TA delivery.

Results and Recommendations from Grantee Coordinator Questionnaire

Utilization and Coordination of services

- Virtually all TA services available to the HWTF program are being actively utilized by the grantee coordinators. A majority of the Community/Schools and Priority Population grantee coordinators report extensive to moderate utilization of TA for each of the following groups: TPCB Field Coordinators (Community/Schools), HWTF staff, Question Why, TPCB Disparities Coordinator (Priority Population), TPCB Media Specialist, UNC TPEP, SAVE, Webb Patterson (Priority Population), TPCB Surveillance and Evaluation Staff, American Lung Association, and the Ruiz Agency.
- Utilization of TA services has contributed to grantee coordinators’ core competencies and accomplishments, and to the overall success of the TTUPC Initiative.
- Coordination of TA is occurring at substantial levels despite the complexity, growth, and relatively early stages of the program. However, an annual action plan for TA, as part of the comprehensive operational model, could help improve overall coordination.
- HWTF should encourage all TA providers to ensure that their websites are kept current, particularly in the area of content. TA providers should also be encouraged to develop innovative and creative approaches in presenting TA and training to grantees.

Needs Assessment

- Grantee coordinators report TPCB and Question Why as the primary providers who assessed their TA needs. UNC TPEP and HWTF are also frequently mentioned as assessing TA needs of grantee coordinators. Satisfaction with needs assessment is high for approximately half of the grantees. A yearly comprehensive needs assessment, IPTS Semi-Annual Survey responses, and regular communication with primary TA contacts, such as field coordinators, can help determine any new or unmet TA needs as soon as possible. Identified needs should be directed, in a timely manner, to the appropriate TA providers.
- A small number of grantee coordinators indicated lower levels of confidence in the following areas: media advocacy, working with diverse populations, recruiting and engaging youth, and resolving conflicts. These grantees would benefit from focused training in these areas.

Funding, Reporting, and Grantee Experience

- Grantee coordinators report overall satisfaction with their funding levels and with the level of reporting requirements. HWTF might consider making additional funds available to counties demonstrating higher needs during the fiscal year (e.g. programs in rural counties have greater travel needs than anticipated).

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- The Indicator Progress Tracking System (iPTS) is perceived as user-friendly, and the use of performance objectives, indicators, and targets will likely improve the success of the TTUPC Initiative's overall objectives.
- While almost half of the grantees had less than one year of experience in tobacco control before assuming their current positions, prior experience was not strongly related to attitudes or outcomes of TA. Approximately two-thirds of the grantee coordinators now have over two years of experience. Providing support and training that increases grantee coordinators' confidence and competence in leadership skills and their ability to implement best practices can lead to greater job satisfaction and retention of experienced advocates, stronger and more effective coalitions, and increased policy successes.

Conclusions from the iPTS June 2005 Semi-Annual Survey

Utilization

The TPCB and Question Why were listed as having the highest rates of utilization, followed by the TRU campaign, (which was not listed separately in the web-based survey), UNC TPEP, SAVE, ALA's TATU program, EnTER, NCSTEP, ALA's N-O-T, Ruiz Agency, CapStrat, and Substance Abuse Services (Table 4.D.1). In addition, Priority Population grantees indicated high utilization of the Office of Minority Health and Health Disparities and Webb Patterson Communications.

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Table 4.D.1: Extent HWTF Grantees Utilized TA, Support, and Training Agencies as Reported in IPTS Semi-Annual Survey Jan-Jun 2005 (Scale 1-10)

HWTF TA, Support, or Training Agency	Mean Responses n=38	Range
Tobacco Prevention and Control Branch	8.0	1-10
Question Why Youth Empowerment Centers	7.4	1-10
TRU (Tobacco Reality Unfiltered) Campaign	7.3	1-10
UNC Tobacco Prevention and Evaluation Programs	6.6	1-10
SAVE (Survivors and Victims of Tobacco Empowerment)	6.1	1-10
American Lung Association TATU program	5.4	1-10
EnTER (Environmental Tobacco Education and Research Program)	5.4	1-10
NCSTEP (North Carolina Spit Tobacco Education Program)	5.1	1-10
American Lung Association N-O-T program	5.0	1-9
Ruiz Agency	4.9	1-10
CapStrat	3.7	1-10
Substance Abuse Services/ ALE (Alcohol Law Enforcement)	3.5	1-10

As shown in Table 4.D.1, there is wide variability in usage of TA provider services, as demonstrated by range and means scores. Not all providers were contracted at the same level of service delivery, and this may account for some of the differences. However, because the TPCB is the primary provider of TA, there should be follow-up with the eight grantees who reported the extent to which they had utilized TPCB services as a six or below. Also, there are noteworthy differences in usage among regions as well. For example, NCSTEP's mean usage rating for all grantees was 5.1. However, in the west, where spit tobacco use rates among teens are highest, grantees' mean utilization rating is 8.0. In addition to need, other factors that influence variability of use relate to accessibility and awareness of the TA resource.

TA and Training Needs

Twenty-seven grantees (73%) indicated training or TA needs for the next six months. Fourteen grantees mentioned one area of training; two new grantee coordinators indicated they could use any training; seven grantees mentioned 2 or 3 areas of training, and 4 grantees described 4 to 6 areas in which training was needed and/or planned. Ten grantees (27%) did not name or perceive any TA or training needs in the next 6 months.

Areas of TA or training needs requested, followed by the number of grantees who made the request, included:

- Secondhand smoke policy advocacy (7)

- Youth empowerment (7)
- Working with specific populations (5)
- Youth access (4)
- Evaluation/iPTS (4)
- Media (4)
- Cessation (3)
- TFS enforcement (3)
- Product pricing (2).

The diversity of needs further underscores the recommendation of better needs assessment and individualized targeting of TA and training to grantees.

Suggestions for better linkage between resources and programs

Thirty-three grantees (87%) offered the following suggestions for better linkage of the HWTF TA, Training, and Support Agencies, as well as other Community/Schools and Priority Population grantees, with their programmatic initiatives.

- Eight grantees from the western area of the state asked that the TRU campaign extend into their communities. One of these suggested site visits by Ruiz Agency to develop smaller-scale events for rural counties.
- Eleven grantees had concerns related to communication. Suggestions included better awareness of programs, initiation of contact by providers, and continued regional or state gatherings where resources can be explained in relation to action plans.
- Five grantees indicated the need for more information about the services available, either as a whole, or mentioning specific agencies.
- Five grantees, two from the east and three from the west, indicated the need for trainings to be held in closer proximity to them.
- Three recommendations for media included continued work to provide creative, cost-effective ideas for local media, more advanced notice for press releases, and development of a county-specific listing of media sources that serve minorities.
- More resources were suggested for the following three content areas: social norms, working with colleges, and youth involvement in policy change.
- Two grantees felt that the TRU incentives and promotional materials need updating.

Based on the Semi-Annual Survey data, UNC TPEP recommends:

- updating the listing of HWTF TA and Training Providers, including contact information and services offered to local grantees;
- encouraging site visits by HWTF staff and/or TPCB Field Coordinators to new grantee coordinators within the first month of their hiring, with the specific agenda of acquainting them with these resources to ensure the appropriate and timely use of these provider services;
- reminding grantees of services that would benefit their programs during the review of annual action plans by the field coordinators; and
- asking providers to review grantee annual action plans, specifically the areas addressed by their services, to increase providers' awareness of needs, with follow-up coordinated with field staff.

Preventing Youth Initiation of Tobacco Use

One major accomplishment this year was the formation of organized TRU Clubs in Haywood County...This year, two high school clubs have worked on TATU programs, been trained in TATU and media literacy, organized school cessation promotions, participated in a regional youth summit, and most important, conducted a presentation on the benefits and need for a 100% TFS policy in Haywood County and formally asked for a policy change. It has taken almost 12 years of community education, social marketing, and plain hard work to create the climate in which our youth and adult leaders can openly and publicly go before the Board of Education and request this action. The groups are encouraged by their reception, but know that this is just the first step toward this important policy change. The Board of Education has promised to review the materials and study the feasibility of the policy change. But the youth have already begun to collect signatures on a 100% TFS policy petition and plan to host a meeting with the BOE to present the petitions later this month.

HWTF Community/Schools grantee

Eliminating Youth Exposure to Secondhand Smoke

Alamance and the HWTF partnered with the Burlington Indians minor league baseball team to provide a season-long tobacco education program to youth...The Indians agreed to make two of their 34 home games tobacco-free this year. Those tobacco-free nights will complement a previous promotion in which anyone age 18 and under is admitted to those games free. In addition, the Indians will provide tobacco education public address announcements at each of their 34 home games...Throughout the season, the Indians' game program will include a full-page editorial about the dangers of smoking and promote the QUIT-NOW line. In August, each of the team's collectible baseball cards will include "Did You Know?" tobacco facts with messages targeted toward children and teens...The partnership improves the chances of the Indians accommodating even stronger tobacco-free policies in the near future. The Indians' General Manager acknowledges that his team has an obligation to provide a healthy venue for the youth who attend games at Burlington Athletic Stadium.

HWTF Community/Schools grantee

Section 5: Surveillance of Statewide Data Sets

Introduction

To provide a context for the evaluation of the HWTF TTUPC Initiative's grantees' work in North Carolina, UNC TPEP contributes to and analyzes statewide and national data sets related to tobacco use. In 2004-2005, TPEP's work included contributions to or analysis of data from the North Carolina Youth Tobacco Survey (YTS), the Child Health Assessment Monitoring Program (CHAMP), and the Behavioral Risk Factor Surveillance System (BRFSS).

5.A. Youth Tobacco Survey (YTS)

The Youth Tobacco Survey (YTS), used to estimate youth tobacco use prevalence, has been conducted every other year in North Carolina since 1999. The YTS is routinely conducted in the majority of states and includes both state-specific and core questions from the Centers for Disease Control and Prevention (CDC).

For the 2003 and 2005 YTS, UNC TPEP worked with the North Carolina Tobacco Prevention and Control Branch (TPCB) to include specific questions of interest to the HWTF program and its TRU media campaign. UNC TPEP also compares the NC data to national YTS data, as well as to data from other tobacco-producing states. An analysis of the 2003 YTS data can be found in the 2003-2004 Annual Report at http://fammed.unc.edu/TPEP/hwtfceval/annual_reports.htm. The 2005 YTS data will be included in UNC TPEP's 2005-2006 Annual Report.

5.B. Child Health Assessment Monitoring Program (CHAMP)

The North Carolina State Center for Health Statistics conducts ongoing studies of health behaviors affecting North Carolina citizens. The Center began a new surveillance system, the Child Health Assessment and Monitoring Program (CHAMP), in 2005 to measure the health characteristics of children ages 0 to 17. The survey measures a wide variety of health-related topics affecting children and parents, including breastfeeding, early childhood development, access to health care, oral health, mental health, physical health, nutrition, physical activity, family involvement, and parent opinion on topics such as tobacco and childhood obesity.

In collaboration with the North Carolina State Center for Statistics, as well as other state and local public health agencies, UNC TPEP worked to include items for the 2005 CHAMP survey. Specifically, UNC TPEP provided feedback for the tobacco questions: assessing opinions about tobacco policy measures and initiatives that are of interest to the state of North Carolina, children's tobacco use, and awareness of North Carolina's tobacco use prevention media campaign, Tobacco.Reality.Unfiltered.

A report disseminating preliminary data from the January to March 2005 CHAMP survey will be produced by UNC TPEP in September of 2005.

Section 5

5.C. Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is conducted on a continuous basis nationwide to monitor individual health behaviors and risks related to chronic disease, injury, and death. All states participate in the BRFSS, and questionnaires are developed jointly by the Centers for Disease Control and Prevention (CDC) and state health departments. In North Carolina, the survey has been administered by the Department of Health and Human Services Division of Public Health since 1987, through random digit dialing and interviews of NC residents aged 18 and older. Data are collected throughout the year and analyzed on an annual basis.

The BRFSS data on smoking are broken into a “Four Level Smoking Status”: those who smoke everyday, those who smoke some days, former smokers, and those who have never smoked. The latest data in NC (from 2004) show that 23.1% of adults in NC are current smokers. Table 5.C.1. shows current smoking rate by age group.

Table 5.C.1. NC Adults Who Are Current Smokers*

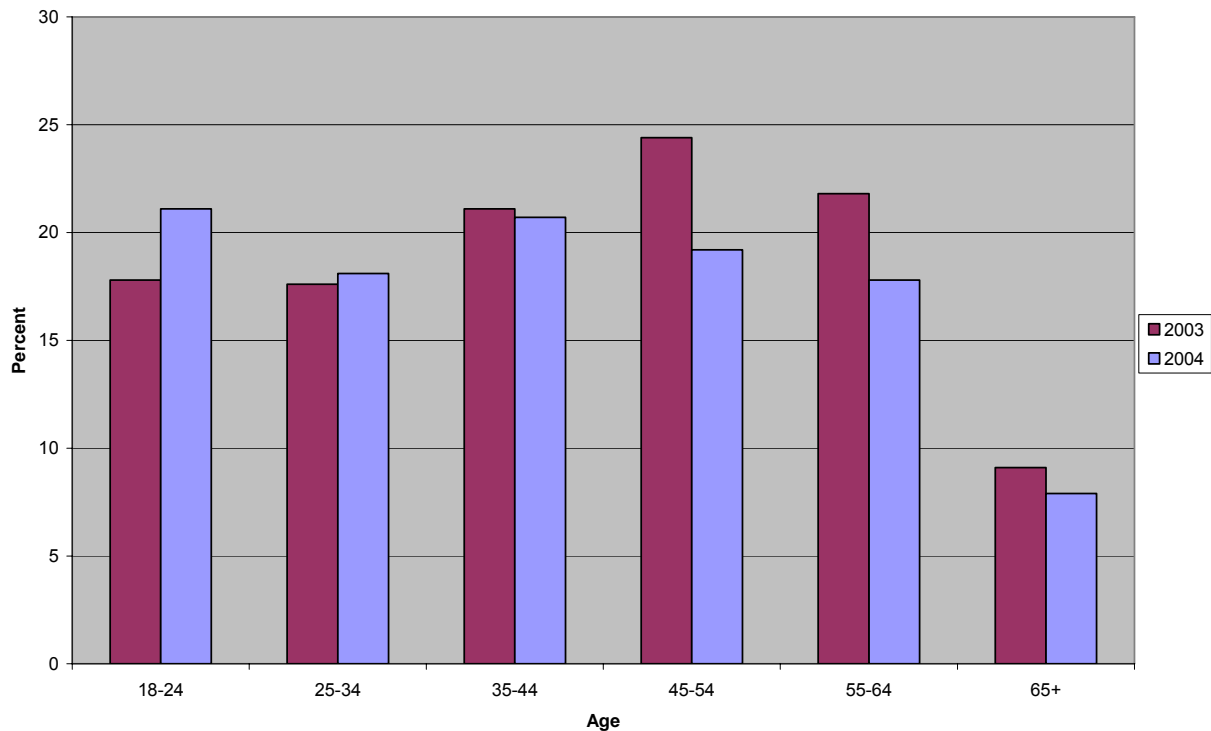
Age	Yes	No
18-24	28.4	71.5
25-34	25.3	74.6
35-44	26.8	73.1
45-54	24.8	75.1
55-64	22.1	77.8
65+	10.2	89.7

*Table adapted from CDC website:

<http://apps.nccd.cdc.gov/brfss/age.asp?cat=TU&yr=2004&qkey=4396&state=NC>

Comparison with 2003 data shows that the rates of adults who report that they smoke every day (regular smokers) increased in the 18 to 24 and 25 to 34 age groups, yet rates decreased in older age groups. (See Figure 5.C.1.)

Figure 5.C.1: NC Rates of Everyday Smokers, 2003 vs. 2004



Given that the highest prevalence of smoking in North Carolina is among the 18 to 24 age group, and that smoking rates in this group actually increased by 3.3% compared to declines in four of the five other age groups, effective tobacco control programs will need to focus on programs for 18 to 24 year olds to see statewide tobacco use rates decrease. One way to target this age range is through college programs, which capture a large piece of the 18 to 24 demographic in North Carolina.

The BRFSS data highlight the importance of tobacco use prevention programs with youth, since 80% of adult smokers began smoking before age 18¹, and rates for all adult groups are high. For North Carolina, current smoking rates translate to 11,900 people who die each year from smoking-related disease, and 1,180 to 2,100 who die from illness caused by exposure to secondhand smoke. Financially, this means 2.26 billion dollars a year spent in health care costs in North Carolina due to smoking.² Spending more on prevention of youth tobacco use will eventually save the North Carolina government and taxpayers much of these needed funds.

¹ Centers for Disease Control and Prevention (CDC).
http://www.cdc.gov/nccdphp/pe_factsheets/pe_tobacco.htm

² Campaign for Tobacco Free Kids.
<http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=NC>

Developing Partnerships to Achieve Program Objectives

A strong working coalition has been built between TRU-State Games (Phase I grantee) and NC-STEP (Phase II grantee). The first co-sponsored tobacco prevention event for this coalition took place at the NC High School Baseball Coaches Association annual conference in Raleigh, December 18, 2004.

Dr. Paul Turner, NC-STEP, delivered a passionate pro-health, youth tobacco prevention and cessation speech to 130 youth baseball coaches from across NC, focusing on the importance of positive adult role modeling to eliminate spit tobacco use in youth and school sports. This key message was delivered effectively to a target audience of adult leaders who directly influence thousands of youth throughout NC every year. In addition to the 25-minute speech, tobacco presentation educational materials were distributed to all participants, totaling over 500 TRU, HWTF, NC-STEP, and TRU-State Games messages. This event was highlighted by decidedly strong pro-health media coverage in all mediums throughout the Triangle-area. The Raleigh News and Observer ran a positive, pro-TRU, pro-HWTF story in their Sunday, 12/19, Metro section (180,000 circulation), and ABC, NBC, WB, and UPN local network TV affiliates featured the youth tobacco prevention story in their nightly local news broadcasts.

The NC-STEP--TRU-State Games coalition will be strong and lasting, focusing on tobacco and spit tobacco use prevention in community and school youth sports statewide through the end of the HWTF funding cycles.

HWTF Special Project grantee

Appendices

Appendix 1: IPTS Indicators for Community/Schools and Priority Population Grantees

GOAL AREA: INITIATION

Focus Area #1: Provide youth tobacco use prevention education and empowerment opportunities in schools and the community

- # of tobacco use prevention education media messages published or aired
- # of tobacco use prevention education activities
- # of skill building trainings offered to youth

Focus Area #2: Promote awareness of research that cites a relationship between price of tobacco products and youth initiation

- # of product pricing media messages published or aired
- # of educational presentations on product pricing to school/community

Focus Area #3: Promote enforcement of underage tobacco sale laws and reduced tobacco advertising that appeals to youth

- # of enforcement media messages published or aired
- # of activities to increase compliance (e.g., merchant education)
- # of efforts to limit or remove tobacco ads targeting youth in stores

Focus Area #4: Advance the adoption of 100% TFS policy in a school system

- # of media messages encouraging adoption of 100% TFS policy that are published or aired
- # of readiness assessments, surveys, or petitions whose findings are disseminated to school leaders
- # of presentations/meetings with leaders/decision makers encouraging adoption of 100% TFS policy
- # of presentations promoting effective cessation resources for staff
- # of schools without 100% TFS policy adopting ATS program
- # of school district votes to adopt 100% TFS policy

Focus Area #5: Encourage implementation and enforcement of 100% TFS policy throughout school district

- # of media messages encouraging compliance with 100% TFS policy that are published or aired
- # of meetings with school/community agencies to encourage implementation and enforcement of 100% TFS policy
- # of presentations promoting effective cessation resources for staff
- # of schools with 100% TFS policy adopting ATS program

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GOAL AREA: SECONDHAND SMOKE

Focus Area #6: Indoor/outdoor area frequented by youth in contract area adopts or advances towards a smoke-free policy

- # of media messages promoting adoption of smoke-free policies published or aired
- # of educational presentations in school/community promoting adoption of smoke-free policies
- # of meetings with managers/owners/leaders regarding smoke-free policy
- # of patron survey campaigns/petition drives whose findings are disseminated to manager/owners/leaders
- # of areas adopting an improved smoke-free policy (e.g., smoke-free night)
- # of areas adopting smoke-free policy

GOAL AREA: CESSATION

Focus Area #7: Provide access to effective tobacco use cessation resources

- # of cessation media messages published or aired
- # of presentations promoting Quitline, N-O-T, or 5A counseling for youth
- # of schools adopting N-O-T program
- # of trainings coordinated for health care professionals on 5A counseling for youth
- # of clinics, hospitals, and practices adopting Clinical Practice Guidelines for youth cessation (Priority Population grantees only)

GOAL AREA: ADMINISTRATIVE

Focus Area #8: Other monthly administrative measures

- # of HWTF conference calls engaged in during the month
- # of training sessions/events attended by staff or partners
- # of contacts/meetings with state/local government leaders
- # of new partnerships formed

Focus Area #9: Create linkages with the statewide TRU campaign

- # of postings and/or downloads on TRU website or list serv
- # of TRU/HWTF-sponsored events attended by youth at school or in the community
- # of different types of TRU materials disseminated locally

Appendix 2: iPTS Indicators for Colleges

iPTS Indicators for Guilford County – Colleges (18-24)

Focus Area #1: Provide youth/young adults tobacco use prevention education and empowerment opportunities in schools, colleges, and the community

- # of tobacco use prevention education media messages published or aired
- # of tobacco use prevention education activities
- # of skill building trainings offered to youth/young adults

Focus Area #2: Promote awareness of research that cites a relationship between price of tobacco products and youth/young adult initiation

- # of product pricing media messages published or aired
- # of educational presentations on product pricing in school, campus, and community

Focus Area #3: Promote enforcement of underage tobacco sale laws and reduced tobacco advertising that appeals to youth/young adults

- # of media messages encouraging enforcement of existing policy published or aired
- # of activities to influence on-campus merchants to refuse to sell tobacco products
- # of efforts to limit or remove tobacco ads targeting youth/young adults in stores, bars, or other entertainment venues

Focus Area #4: Advance the adoption of 100% Tobacco Free Building and Campus Policy

- # of media messages encouraging adoption of 100% TF policy that are published or aired
- # of readiness assessments, surveys, or petitions whose findings are disseminated to campus leaders
- # of presentations/meetings to key decision makers encouraging adoption of 100% TF policy
- # of presentations promoting effective cessation resources for staff and faculty
- # of TF Building or Campus policies enacted or strengthened

Focus Area #5: Encourage implementation and enforcement of 100% Tobacco Free Building and Campus policy

- # of campus media messages encouraging compliance with 100% TF policy that are published or aired
- # of meetings with school/college/community agencies to encourage implementation and enforcement of 100% TF policy
- # of presentations identifying effective cessation resources for staff

Focus Area #6: Indoor/outdoor area frequented by youth/young adults adopts or advances towards a smoke-free policy

- # of media messages promoting adoption of smoke-free policies published or aired
- # of educational presentations promoting adoption of smoke-free policies
- # of meetings with managers/owners/leaders regarding smoke-free policy
- # of patron survey campaigns/ petition drives whose findings are disseminated to managers/owners/leaders
- # of areas adopting an improved smoke-free policy (e.g., smoke-free night)
- # of areas adopting smoke-free policy

Appendices

Focus Area #7: Provide access to effective tobacco use cessation resources

of cessation media messages published or aired

of presentations promoting Quit line, classes, or 5A counseling for youth/young adults

Focus Area #8: Other monthly administrative measures

of HWTF conference calls engaged in during the month

of training sessions/events attended by staff or partners

of contacts/meetings with state/local government leaders

of new partnerships formed

Focus Area #9: Create linkages with the statewide TRU campaign

of postings and/or downloads on TRU website or list serv

of TRU/HWTF-sponsored events attended by youth/young adults

of different types of TRU materials disseminated locally

Appendix 3: Reporting Systems Used by HWTF Grantees During Year 2

Month	Phase I C/S grantees	Phase II C/S grantees	PP grantees	Other grantees*
Jul 04	PTS	MPIT	PTS	PTS
Aug 04	PTS	MPIT	PTS	PTS
Sept 04	PTS	MPIT	PTS	PTS
Oct 04	MPIT**	MPIT**	PTS	PTS
Nov 04	MPIT**	MPIT**	PTS	PTS
Dec 04	MPIT**	MPIT**	PTS	PTS
Jan 05	iPTS	iPTS	iPTS	Other
Feb 05	iPTS	iPTS	iPTS	Other
Mar 05	iPTS	iPTS	iPTS	Other
Apr 05	iPTS	iPTS	iPTS	Other
May 05	iPTS	iPTS	iPTS	Other
Jun 05	iPTS	iPTS	iPTS	Other

* Other grantees includes: NC Amateur Sports, SAVE, NC STEP, and ACS

** MPIT data was manually entered into the iPTS by C/S grantees during Jan-Feb 2005.

Legend:

PTS: Progress Tracking System
MPIT: Monthly Progress Indicator Tracking Form
iPTS: Indicator Progress Tracking System
Other: Other reporting system (e.g., Quarterly reports to HWTF and TPEP)

Appendix 4: Overview of Community/Schools Grantee PTS Data (April – September 2004)

For the first two quarters of Year 2 (Apr-Jun 04 and Jul-Sept 04), Community/Schools grantees reported their progress and activities using PTS. PTS organizes grantee activities into two categories: 1) tobacco control events and 2) infrastructure events. *Tobacco control events* are activities that involve youth and/or relate to the four goals areas (e.g., educational presentations, policy change activities). *Infrastructure events* are activities that build program capacity (e.g., planning, training, partnering, staffing).

Figure A.1 highlights trends in event types reported by Community/Schools grantees in PTS from the beginning of Year 1 through the first two quarters of Year 2. With the exception of Mar-Jun 03, the overall level of infrastructure events was fairly consistent from Year 1 through Sept 04. The overall level of tobacco control events increased and then decreased over the same period. Summer holidays, school schedules, and 11-month staffing likely contributed to the decrease in tobacco control events reported in Apr-Jun 04 and Jul-Sept 04. A comparison of Jul-Sept 03 and Jul-Sept 04 quarters shows a small (10%) increase in tobacco control events in 2004, suggesting near saturation of Phase I grantees event activities by early fiscal year 2004.

Figure A.1: C/S Grantee Trends in Infrastructure and Tobacco Control Events

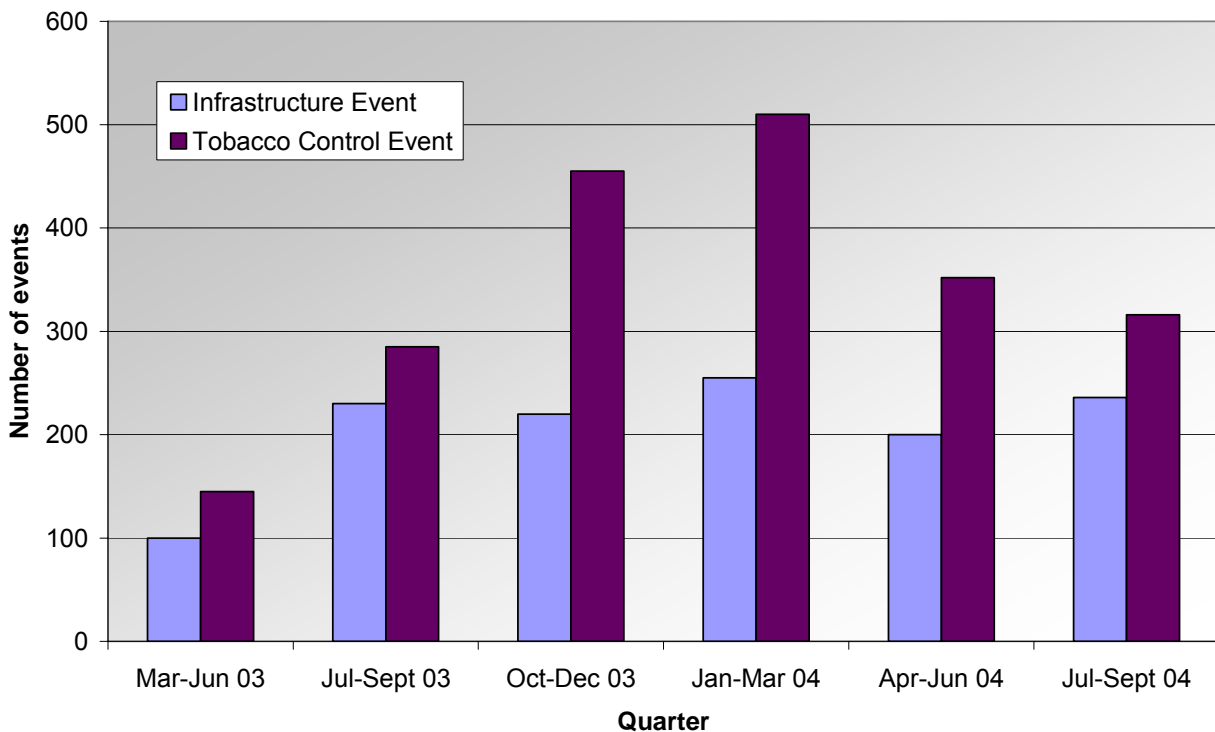
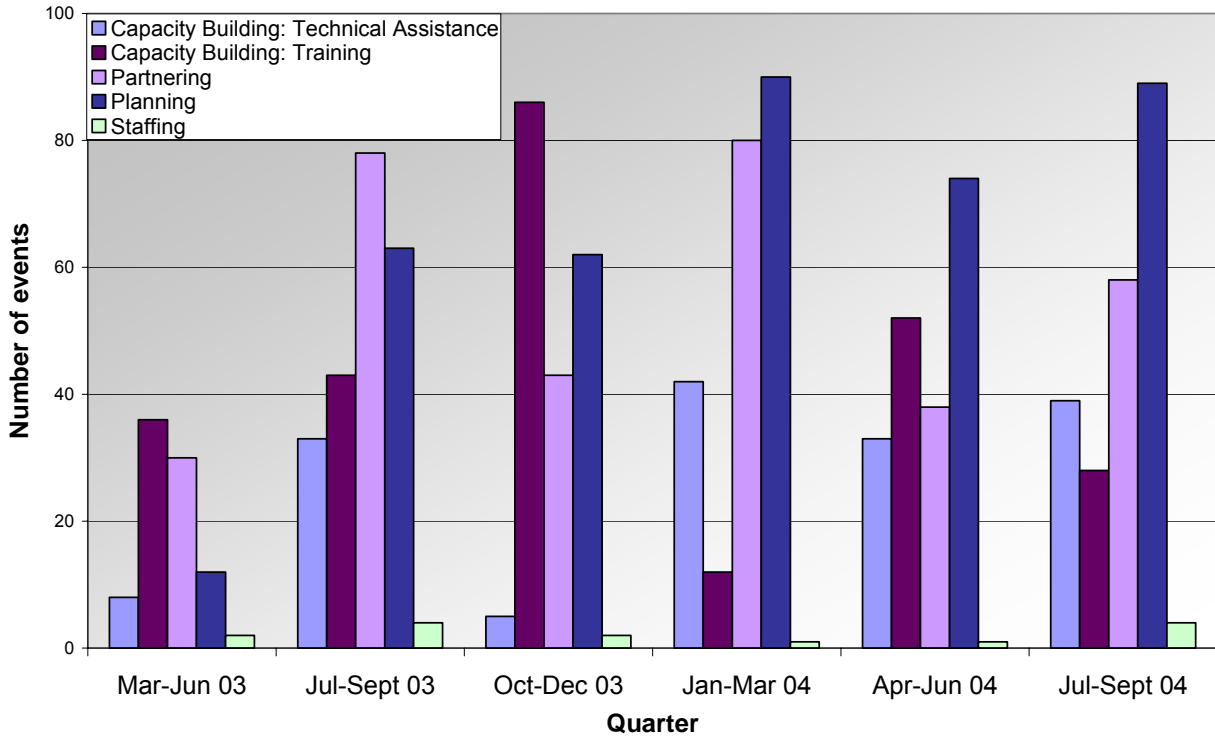


Figure A.2 highlights trends in the types of infrastructure events reported by Community/Schools grantees between Year 1 and the first two quarters of Year 2. Similar to the end of Year 1, the first two quarters of Year 2, including summer and school start up months, are characterized by high levels of planning activities. Reported levels of technical assistance activities were similar in Jul-Sept 03 and Jul-Sept 04. Overall, training, partnering, technical assistance activities were variable at different times throughout the time period.

Figure A.2: C/S Grantee Trends in Infrastructure Events



Appendix 5: Overview of Priority Population Grantee PTS Data (April – December 2004)

During the eleven month period of April to December 2004, Priority Population grantees reported their activities as either infrastructure events (e.g., planning, partnering) or tobacco control events (i.e., educational presentations, policy activities) using PTS. Three UNC TPEP Quarterly Reports highlight specific Priority Population grantee activities during this period.

Figure A.3 shows trends in the number of infrastructure and tobacco control events reported by Priority Population grantees from the beginning of Year 1 through the first three quarters of Year 2. Trends show an overall increase in Priority Population grantee activity during the first three quarters of Year 2. In particular, Priority Population grantees showed a recommended decrease in infrastructure events and increase in tobacco control events (e.g., their tobacco control events nearly doubled between the first and third quarters of Year 2). This demonstrates a positive shift away from the high number of capacity-building activities expected in Year 1 towards increased program implementation and policy activities in Year 2, particularly during Oct-Dec 04. In general, Priority Population grantees took longer than Phase 1 Community/Schools grantees to make this shift (See Appendix 4: Figure A.1).

Figure A.3: Priority Population Grantee Trends in Infrastructure and Tobacco Control Events

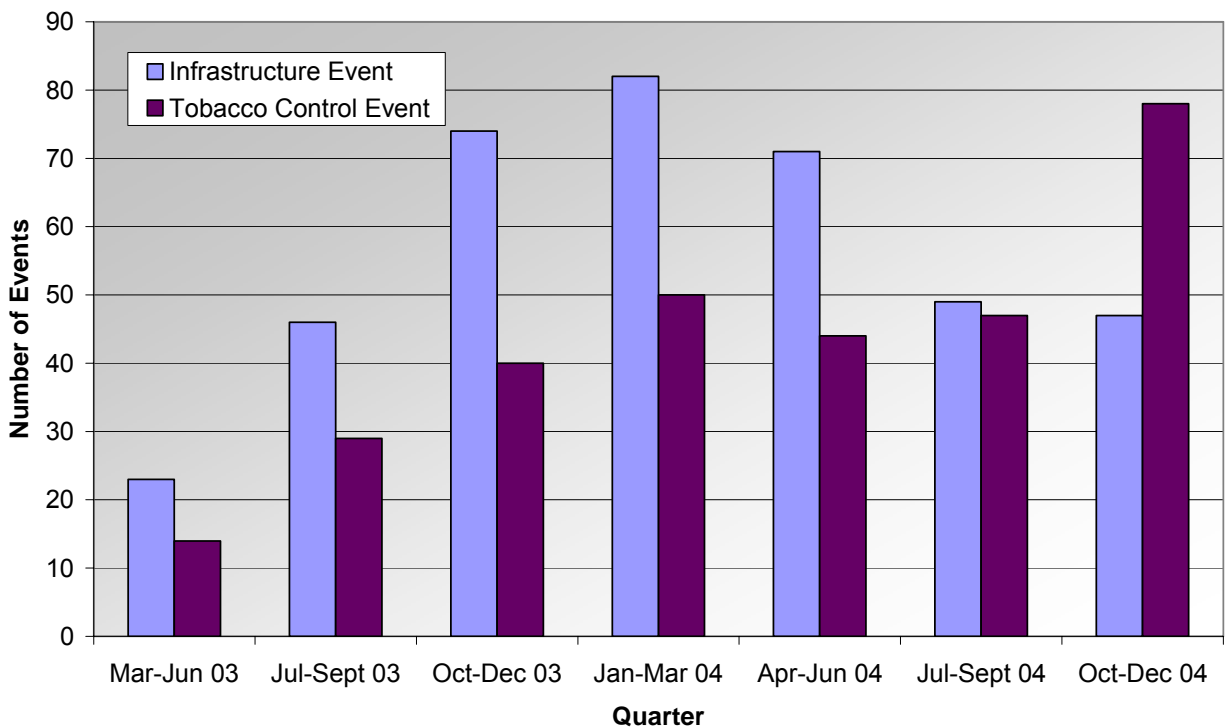
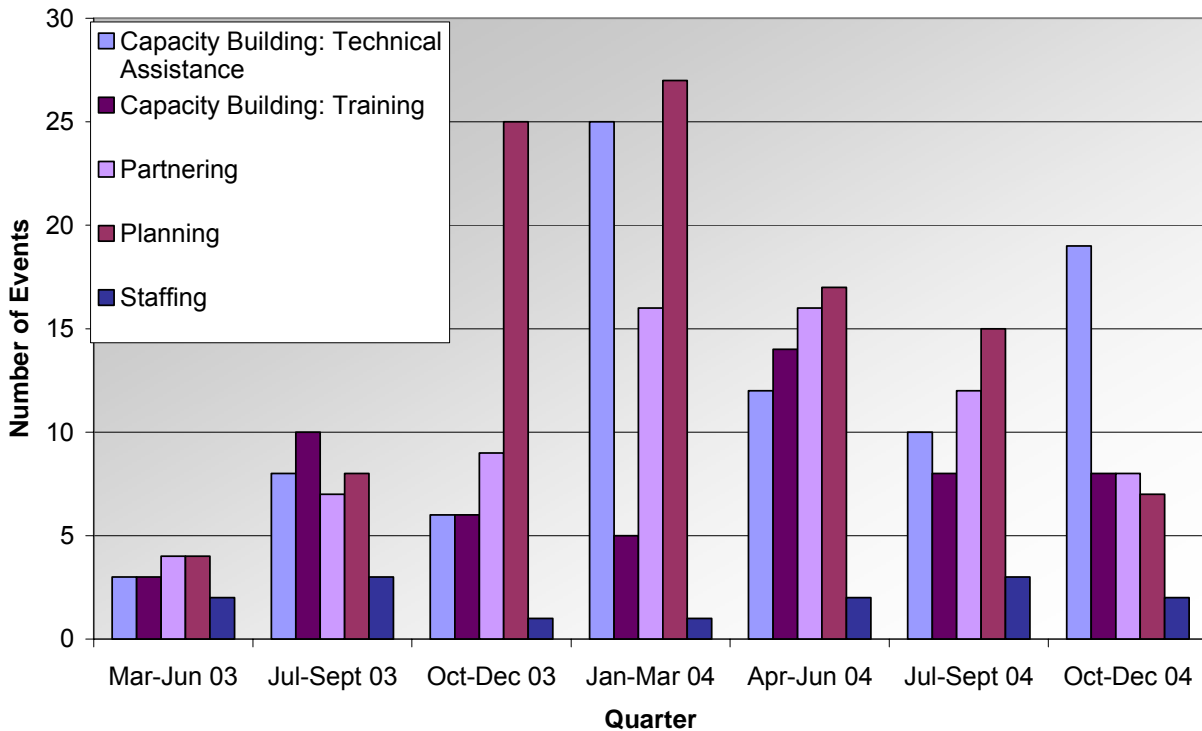


Figure A.4 highlights trends in the types of infrastructure events reported by Priority Population grantees between March 2003 and December 2004. Overall, trends show a decrease in planning and partnering activities from the end of Year 1 thru the beginning of Year 2. Technical assistance activities peaked during Jan-Mar 04 and Oct-Dec 04. Technical assistance activities reported by grantees in Oct-Dec 04 include: educating community partners and adult advisors on how to work with Latino college students and African American Youth Action Teams; meeting with mini-grant recipients regarding smoke-free policy advocacy; and participating in the October Kick-Off Summit from HWTF grantees

Figure A.4: Priority Population Grantee Trends in Infrastructure Events



Appendices

Appendix 6: List of HWTF TTUPC Initiative Grantees for Year 2

(UNC TPEP Annual Report: April 2004 – June 2005)

LEGEND	
black	- Phase I grantee
red	- Phase II grantee
blue	- both Phase I and II grantee
Community/Schools (34)	
1.	Alamance-Caswell Area MH/DD/SA Authority
2.	Alleghany County Schools
3.	Ashe County Schools/Ashe County Health Council
4.	Blue Ridge HealthCare Systems
5.	Buncombe County Safe and Drug Free Schools
6.	Cancer Services of Gaston County, Inc.
7.	Catawba County Public Health Department
8.	Chatham County Health Department
9.	Chowan Regional Health Care Foundation
10.	Coastal Horizons Center, Inc.*
11.	Durham County Health Department
12.	FirstHealth of the Carolinas
13.	Forsyth County Department of Public Health
14.	Guilford County Project ASSIST
15.	Halifax County Schools
16.	Haywood County Health Dept--Hi-Top ASSIST
17.	Healthy Caldwellians
18.	Hertford County Public Health Authority
19.	Lumbee Tribal Nation Programs, Inc.**
20.	Macon County Public Health Center
21.	McDowell County Schools
22.	Mecklenburg County Health Department
23.	Mitchell County Schools
24.	Moses Cone Wesley Long Community Health Foundation***
25.	Onslow County Health Department
26.	Orange County Health Department
27.	Public Schools of Robeson County
28.	Rowan County Health Department
29.	Surry County Health and Nutrition Center
30.	Tri County Community Health Partnership
31.	UNC--NC Institute for Public Health
32.	Union County Public Schools
33.	Watauga County Schools
34.	Wilkes County Schools

* Focus on Hispanic youth

** Focus on Lumbee youth

*** Focus on alternative high school and college students

Priority Population (4)
1. El Pueblo, Inc
2. General State Baptist Convention
3. North Carolina Commission on Indian Affairs
4. Old North State Medical Society
Special Projects
American Cancer Society – Quitline
N.C. Amateur Sports/State Games of NC
NC Pregnant Teens Smoking Cessation
Technical Assistance and Resource Providers
American Lung Association -- N-O-T/TATU
Capstrat
EnTER
Health & Wellness Trust Fund Commission and Staff (HWTF) (Funder)
NC DHHS Tobacco Prevention and Control Branch (TPCB)
Office of Minority Health and Health Disparities (OMHHD)
Question Why Central Region
Question Why Eastern Region
Question Why Western Region
Ruiz Agency
SAVE
UNC Tobacco Prevention and Evaluation Programs (Evaluator)
Webb Patterson

Appendices

Appendix 7: NC School Districts Covered by Local HWTF Community/Schools Grants, April 2004 - June 2005

Community/Schools Grantee	School District
Chowan Regional Health Care Foundation	Chowan, Perquimans, Tyrrell, Washington
Halifax County Schools	Halifax
Hertford-Gates Health Agency	Hertford, Gates
UNC IPH North East Consortium	Bertie, Currituck, Dare, Northhampton, Warren
	Beaufort, Camden, Edgecombe, Hyde, Martin, Pasquotank
Alleghany County Schools	Alleghany
Ashe County Schools	Ashe
Buncombe County Schools	Buncombe
Haywood County Health Department	Haywood, Jackson, Madison, Swain, Transylvania
Healthy Caldwellians	Caldwell
Macon County Public Health Center	Macon
Tri-County Community Health Partnership	Cherokee, Clay
	Graham
Watauga County Schools	Watauga
Wilkes County Schools	Wilkes
Cancer Services of Gaston County, Inc.	Gaston
Catawba County Public Health Department	Catawba, Hickory, Newton-Conover
McDowell County Schools	McDowell
Mitchell County Schools/Toe River Health	Mitchell
	Yancey
Rowan County Health Department	Rowan
Surry County Health and Nutrition Center	Surry, Mount Airy
	Elkin
Forsyth County Health Department	Forsyth
Blue RidgeHealthcare Systems	Burke
Alamance-Caswell Area MH/DD/SA Authority	Alamance, Caswell
Chatham County Health Department	Chatham
Durham County Health Department	Durham
Guilford County Project ASSIST	Guilford
Mecklenburg County Health Department	Mecklenburg
Orange County Health Department	Orange, Chapel Hill/Carrboro
FirstHealth of the Carolinas	Richmond
	Hoke
Public Schools of Robeson County	Robeson
Lumbee Tribe of NC	
Onslow County Health Department	Onslow
Union County Public Schools	Union
Coastal Horizons	Brunswick
	Pender, New Hanover

33 grantees

62 districts

Legend

Phase II Community/Schools Grantee
HAVE 100% TFS policy as of June 30, 2005

Appendix 8: HWTF Technical Assistance and Training Providers Included in the Technical Assistance Evaluation

Direct Technical Assistance and Training

- NC Department of Health and Human Services Tobacco Prevention and Control Branch (TPCB)
Five Regional Field Coordinators
Media Specialist
Tobacco Free Schools Director
Evaluation and Surveillance Team
Training and Development Director
Teen Tobacco Use Prevention Advisor
- Question Why Youth Empowerment Centers
- Three regional Directors
- UNC Environmental Tobacco Education and Research (EnTER)
- American Lung Association (TATU and N-O-T programs)
- Office of Minority Health and Health Disparities (OMHHD)
- NC Department of Health and Human Services Substance Abuse Section [works with Alcohol Law Enforcement (ALE)]

Media Specific Technical Assistance

- CapStrat
- Ruiz Agency
- Webb Patterson

Resource Providers

- NC Spit Tobacco Education Program (NCSTEP)
- Survivors and Victims (of Tobacco) Empowerment Program (SAVE)

Not Contacted for Interview

- Health and Wellness Trust Fund Staff
- UNC Tobacco Prevention and Evaluation Programs (TPEP)
- TPCB Other Staff