



# North Carolina Health and Wellness Trust Fund Teen Tobacco Use Prevention and Cessation Initiative

## Independent Outcomes Evaluation 2003—2006

Prepared for  
North Carolina Health and Wellness Trust Fund



Prepared by  
UNC School of Medicine  
Tobacco Prevention and Evaluation Program





Photo courtesy Question Why

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# Executive Summary

The Health and Wellness Trust Fund (HWTF) began funding the Teen Tobacco Use Prevention and Cessation Initiative (TTUPC Initiative) in 2003–04 as the first statewide program in North Carolina (NC) to reduce and prevent tobacco use among youth. The TTUPC Initiative has grown each year since its inception and now includes support for over 60 agencies, including local coalitions, statewide organizations, a media vendor, technical assistance providers, and an outcomes evaluator.

The 2003–06 Outcomes Evaluation shows that the TTUPC Initiative has made significant progress toward its four program goals of *preventing youth initiation of tobacco use, eliminating youth exposure to secondhand smoke (SHS), providing tobacco cessation resources for youth, and reducing health disparities among youth attributable to tobacco use*. Programmatic successes are directly related to the funding (increased over 100% from its inception), design (evidence-based), and scope (comprehensive and following detailed planning models) of the TTUPC Initiative.

The major challenges facing the program over the next three years include its ability to sustain current funding, to obtain additional funding for local coalitions and the statewide media campaign, and to continue the focus on evidence-based policy outcomes.

This executive summary highlights the accomplishments of the program in its first three years, major challenges it faces in the next three years, and recommendations for dealing with these challenges. Detailed data supporting these findings and recommendations are found in the full report that follows.

## I. Program Goal Accomplishments 2003–06

### Prevent youth initiation of tobacco use

- ☒ *Substantially fewer youth are using tobacco products in North Carolina in 2005 than were using them in 2003 at the start of the TTUPC Initiative.* According to the Youth Tobacco Survey (YTS), cigarette use declined 25.6% among high school students and 37.6% among middle school students from 2003 to 2005. The rate of decline in tobacco use since the Initiative began appears to have accelerated, as compared to previous years. The increase in the tobacco excise tax in 2005 may contribute to future reductions in tobacco use.
- ☒ *Over two-thirds (67%) of North Carolina school districts have adopted 100% Tobacco-Free School (TFS) policies, up from 22% in 2003 when the TTUPC Initiative began.* In communities where the TTUPC Initiative funds Community/School grants, 80% of school districts have 100% TFS policies, compared to 51% of districts without such funding. Survey data indicate that HWTF funding, as well as statewide and local leadership, are strongly related to project successes. Sixty-two percent of North Carolina youth now attend 100% tobacco-free schools.

Programmatic successes are directly related to the funding, design, and scope of the TTUPC Initiative.

- ☒ *The TTUPC Initiative’s media campaign, Tobacco.Reality.Unfiltered. or TRU, is a key component in the overall comprehensive program, and it continues to show promise. According to survey data, youth awareness of the campaign increased from 45% in 2004 to 54% in 2006. Youth receptivity to the ad campaign remains very high. Recognition of the campaign continues to be higher in regions of the state where there was greater exposure to the campaign.*

### **Eliminate youth exposure to secondhand smoke**

- ☒ *In 2005-06, TTUPC Initiative grantees reported 257 new smoke-free policies in areas frequented by youth, including restaurants, recreational facilities, churches, community centers, and healthcare facilities. The increase in tobacco-free policy adoptions represents almost a ten-fold increase over the 28 new policies reported in 2004–05.*
- ☒ *Data from the 2005 Child Health Assessment and Monitoring Program (CHAMP) survey of parents show broad support for smoking restrictions in indoor recreational areas and fast food restaurants frequented by youth.*

### **Providing tobacco cessation resources for youth**

- ☒ *In November 2005, the first statewide tobacco quitline (Quitline NC) was launched. HWTF pays for youth to age 24, school/daycare employees, and primary caregivers of children under 18 who call for help with cessation. In the first seven months of operation, 680 adults and youth included in the categories above received support from the proactive quitline.*
- ☒ *All grantees report promoting youth access to cessation services, including promoting Quitline NC, 5A counseling for youth by healthcare providers, and the Not-on-Tobacco (N-O-T) Program.*

### **Reduce health disparities among youth attributable to tobacco use**

- ☒ *Survey data show that cigarette use among African American high school youth declined 36% from 2003 to 2005, from 20.1% to 12.8%. TTUPC Initiative grantees reported 762 activities in 2005–06 that were uniquely designed for identified populations, as well as increases in goal achievement related to decreasing tobacco use among targeted populations.*

Youth awareness of the Tobacco.Reality.Unfiltered. (TRU) campaign increased from 45% in 2004 to 54% in 2006.

## II. Program Administrative Accomplishments, 2003–06

- ☒ *HWTF increased funding for its tobacco prevention initiatives from \$6 million/year to \$15 million/year in the first three years, moving North Carolina to 23rd in the country in state funding for tobacco use prevention and cessation. Prior to the establishment of the HWTF, North Carolina had been one of the lowest-funded states in the nation.*
- ☒ *Since its inception, HWTF has encouraged, supported, and utilized comprehensive, evidence-based approaches to tobacco use prevention and cessation, with an emphasis on policy change.*
- ☒ *HWTF has adopted several critical recommendations to improve the program, including increased funding of local coalitions, creation of a new college tobacco use prevention and cessation program to address high rates of tobacco use among 18–24 year olds, increased managerial oversight to coordinate technical assistance, and additional resources to strengthen the statewide media campaign.*
- ☒ *Survey data show that technical assistance and training supported by the TTUPC Initiative appear to be making substantial contributions to program outcomes. Youth empowerment programs and activities remain central to the success of the TTUPC Initiative.*

Over two-thirds of school districts have adopted 100% TFS policies.

## III. Program Challenges & Recommendations

### The TTUPC Initiative should sustain current funding for programmatic initiatives

- ☒ *Challenge:* Reports from many states across the U.S. over the last three years indicate that out of the many threats to well-funded, comprehensive tobacco programs, the most serious one to date remains the loss of programmatic funding. In states like Florida, Massachusetts, and Minnesota, significant and sustained gains in tobacco use reduction were subsequently met with severe cuts in programmatic funding. Cuts in program funding halted and, in some cases, reversed program success. North Carolina may face pressures to decrease program funding now that the program is showing success. The TTUPC Initiative's public health gains would likely reverse with decreases in program funding.
- ☒ *Recommendation:* The successes and needs of the TTUPC Initiative should be communicated in a timely manner to stakeholders within North Carolina and nationwide. TTUPC Initiative grantees should continue to strengthen their contacts with state and local government leaders about their program accomplishments.

### **The TTUPC Initiative should expand funding of and capacity building for local coalitions in gap counties and regions**

- ☞ *Challenge:* Not all counties in the state currently have active teen tobacco use prevention and cessation coalitions. Additionally, data show higher numbers of policy successes in the western region of the state, a region with higher per-capita funding levels than the other regions of the state. The central region has the largest population of youth.
- ☞ *Recommendation:* Over the next three years, increase local coalition funding and support for capacity building in the central and eastern regions to come closer to per-capita levels in the western region of the state (at least \$2.5 million in new funding). This additional funding would move the state closer to the Centers for Disease Control and Prevention (CDC) recommended minimum dollars for funding comprehensive tobacco control programs.

### **The TTUPC Initiative should continue to progressively expand funding for its statewide media campaign**

- ☞ *Challenge:* The statewide media campaign remains a critical component to the future success of NC's comprehensive teen tobacco program. Funding levels for the campaign have been insufficient to increase campaign awareness to at least 80% among youth, a minimum level of awareness recommended to show maximum long-term campaign outcomes. Higher exposure to the campaign has resulted in higher levels of awareness.
- ☞ *Recommendation:* Over the next three years, continue to increase TTUPC Initiative media funding to ensure that the campaign achieves at least an 80% level of awareness, that campaign messages continue to receive focus group testing, and that statewide campaign evaluations guide progress toward these goals.

### **The TTUPC Initiative should continue to focus on existing, as well as new, evidence-based policy strategies**

- ☞ *Challenge:* The initial successes of the TTUPC Initiative come from its emphasis on following comprehensive intervention approaches, as well as evidence-based policy outcomes (e.g. 100% TFS policies, policies to reduce secondhand smoke in areas frequented by youth, policies that promote statewide quitline services). As the Initiative achieves additional policy outcomes, best practice strategies may change, ineffective strategies should be eliminated, and new evidence-based strategies must be incorporated.
- ☞ *Recommendation:* Every two years (beginning in 2007), the TTUPC Initiative should convene a consensus group of experts (or conduct a similar process) to review existing TTUPC Initiative outcome data, discuss what current strategies should be changed, explore emerging opportunities for policy change that are not being fully realized, and propose innovative ways that the TTUPC Initiative can target populations of youth at higher risk of using tobacco. New evaluation data will be needed to address any new program strategies.

The most serious challenge to the success of the TTUPC Initiative in the next three years would be loss of program funding.

# Introduction

The HWTF was created by the North Carolina General Assembly in 2001 with 25% of the state's share of the Tobacco Master Settlement Agreement. The Fund invests in “programs and partnerships to address access, prevention, education, and research that help all North Carolinians achieve better health,” partially through “preventing, reducing, and remedying the effects of tobacco use with an emphasis on reducing youth tobacco use” ([www.healthwellnc.com](http://www.healthwellnc.com)). Priorities and structures for the emphasis on reducing youth tobacco use were derived in part from the North Carolina Vision 2010 Coalition, an alliance of public and private health advocacy organizations dedicated to preventing and reducing the health effects of tobacco use.

The resulting Teen Tobacco Use Prevention and Cessation Initiative (TTUPC Initiative), established by HWTF in 2002 to achieve goals related to reducing youth tobacco use, has grown each year since its inception. Currently more than 60 programmatic, technical assistance, and media organizations across the state, as well as agencies for administration and evaluation, comprise the TTUPC Initiative. Organizations receive HWTF grants through a competitive review process. All grantees work to address one or more of the four goals for tobacco prevention outlined by the CDC:

- (1) Prevent youth initiation of tobacco use;
- (2) Eliminate youth exposure to secondhand smoke;
- (3) Provide tobacco cessation resources for youth; and
- (4) Reduce health disparities among youth attributable to tobacco use.

This report highlights the major TTUPC Initiative program accomplishments and outcomes in its first three years (2003–06). The report focuses on grantee progress toward key short-term and intermediate outcomes as outlined in the evaluation models for the four goal areas. For more information about evaluation frameworks for the TTUPC Initiative, see <http://fammed.unc.edu/TPEP>.



## A Comprehensive Approach

TTUPC Initiative grants fall under the following categories:

- ❑ *The 100% Tobacco Free Schools (TFS) Campaign* helps to promote the adoption of and compliance with 100% TFS policies across the state through the maintenance of a comprehensive website, production of signs and compliance toolkits, trainings, policy briefings, and mini-grant awards.
- ❑ *Community/School prevention programs* work locally to address the four CDC goal areas described on the previous page.
- ❑ *Priority Population grantees* address, on a statewide basis, the disparities related to tobacco use among African American, American Indian, and Hispanic youth.
- ❑ *The Tobacco.Reality.Unfiltered. (TRU)* mass media campaign targets teens across the state with prevention messages about cigarette and spit tobacco use through television ads and a youth-focused website.
- ❑ *Quitline NC* allows youth and adults who work or live with youth to call for free assistance in quitting tobacco use.
- ❑ *The enforcement of underage tobacco sales law* occurs through funding to the North Carolina Department of Health and Human Services and the Public Safety Division of Alcohol Law Enforcement (ALE).
- ❑ *Technical assistance* takes place through the North Carolina Department of Health and Human Services' Tobacco Prevention and Control Branch (TPCB) and three regional Question Why Youth Empowerment Centers. The American Lung Association (N-O-T and TATU programs), NCSTEP (spit tobacco prevention), EnTER (secondhand smoke policy), ALE (youth access), and SAVE (speakers program for survivors of tobacco-related disease) offer specialized training and resources. In addition, one of the media vendors has developed and maintains a calendar and listserv.
- ❑ *Outcomes evaluation of the TTUPC Initiative* (excluding resources dedicated to enforcement of tobacco sales laws for minors) is conducted by the Tobacco Prevention and Evaluation Program at the University of North Carolina School of Medicine (TPEP).



## Building a Culture of Tobacco Use Prevention in North Carolina

In 1991, 10 local sites, representing 24 counties, were funded to develop tobacco control coalitions through the CDC's Project ASSIST (American Stop Smoking Intervention Study). The experience and expertise of ASSIST coalitions and other statewide partners in tobacco control became the foundation for the initial 23 HWTF Community/School grants that were funded in 2003.

In 2006, over 30 coalitions based in county health departments, schools, and community organizations across North Carolina implemented teen tobacco prevention and cessation activities, working in 59 of 100 North Carolina counties. In addition, four statewide grants focused on reducing tobacco use among populations with tobacco-related health disparities.

Creating effective coalitions requires knowledge and skills for incorporating best practices at the local level. Training and assistance in such areas as recruiting members and partners, budgeting, action planning, media literacy and advocacy, and policy advocacy help grantees succeed in meeting their objectives. To ensure that coalitions have the resources and tools needed, technical assistance and training activities accounted for approximately 12% of the program funding for HWTF grantees in 2005–06.

## Funding

In 2002, HWTF approved the TTUPC Initiative and allocated \$6.2 million per year to this statewide effort. In 2004, HWTF increased the annual allocation to \$15 million for 2005 through 2008, moving North Carolina from 30th in the first year of funding to 23rd in 2005 compared to other states' funding for tobacco programs.

## Where do the outcomes evaluation data come from?

The University of North Carolina Tobacco Prevention and Evaluation Program (TPEP) conducts research and evaluation for the TTUPC Initiative. Data collection began in 2003. Annual outcome reports from 2004 and 2005 can be found in PDF format at:

<http://fammed.unc.edu/TPEP/reports/annual%2004.pdf>

<http://fammed.unc.edu/TPEP/reports/annual%2005.pdf>

Data to assess progress toward all outcomes come from a variety of sources, including:

- ❑ iPTS (monthly indicator Progress Tracking System) reports
- ❑ Semi-annual (SA) surveys
- ❑ Youth Tobacco Survey (YTS)
- ❑ Behavioral Risk Factor Surveillance System survey (BRFSS)
- ❑ N.C. Office of State Budget and Management State Demographics
- ❑ Media Tracking Survey (MTS)
- ❑ Tobacco-Free School surveys
- ❑ Quitline NC call data
- ❑ N.C. Department of Public Instruction Statistical Profiles
- ❑ Child Health Assessment and Monitoring Program (CHAMP) survey

# Key Events in the North Carolina

## Previous Years

- **1989** Greensboro enacts first significant smoke-free legislation
- **1990** Chapel Hill/Carrboro Schools adopts the first 100% TFS Policy
- **1991** Initial ASSIST coalitions funded
- **1993** State tobacco preemption law passed
- **2001** Master Settlement Agreement and creation of HWTF Commission
- **2002** First allocation of state funds for tobacco prevention
- **2003** HWTF-funded teen coalitions begin work in schools and communities across the state
- **2004** First North Carolina statewide tobacco prevention television campaign launches
- **2004** HWTF increases funding for the TTUPC Initiative
- **2005** In June, over half (58 of 115) of North Carolina school districts now have 100% TFS policies

# Tobacco Control Movement

## The 2005-06 Year in Review

### 2005

*September* Excise tax on cigarettes increased by 25 cents, bringing total tax to 30 cents (with an additional 5 cents added in July 2006)

*October* Biannual Youth Tobacco Survey (YTS) conducted with more than 6,000 middle and high-school students in 79 school districts across NC

*November* Launch of Quitline North Carolina (1-800-QUIT-NOW), NC's first statewide proactive quitline

Youth around the state participate in activities related to the Great American Smokeout

*December* Tobacco.Reality.Unfiltered. (TRU) media campaign runs new youth prevention ads across the state, focusing on both smoking and spit tobacco

HWTF awards Phase 3 grants, expanding the TTUPC Initiative

### 2006

*January* HWTF launches new College Initiative targeting 18-24 year olds on over 60 college campuses

*February* Results of North Carolina YTS released, showing dramatic decreases in teen smoking rates

*April* Youth around the state participate in activities for Kick Butts Day

*June* Release of the Surgeon General's report on SHS highlighting the short- and long-term dangers of SHS exposure

Number of school districts passing 100% TFS policies reaches 77, two-thirds of the total school districts in NC

North Carolina legislators prepare to pass bills making General Assembly buildings in North Carolina 100% smoke-free and allowing community colleges to adopt 100% tobacco-free policies



Photo courtesy Question Why

# Running Programs Effectively

Getting policies passed in North Carolina communities and building support for tobacco control programs require leadership, experience, and skill. Running a successful program entails establishing active youth programs, building capacity to advance policy change, developing partnerships, training, and managing resources. This section of the report examines how effectively the TTUPC Initiative programs are being run.

## **Are HWTF grantees' action plans and activities in line with proposed outcomes?**

All grant coordinators met with technical assistance providers and HWTF staff in April 2005 and 2006 to develop action plans related to the TTUPC Initiative's goals. All plans were reviewed to ensure that activities were in line with desired outcomes and then approved prior to the beginning of the program year. Responding to recommendations for increasing managerial oversight of technical assistance, HWTF hired staff and created a Grants Resource Management Committee. In addition, an Evaluation and Development Team was added to facilitate overall grant management.

## **Are HWTF grantees utilizing feedback from technical assistance providers and evaluation reports?**

Survey data show that grantees extensively used the primary providers of technical assistance. Approximately one third of grant coordinators referred to assistance received from technical assistance, training, and resource providers when describing their program successes.

## **Are grantees recruiting diverse partners for coalition membership?**

In 2005-06, grantees reported forming 310 new partnerships in their communities. Reports show:

- ☒ 94% of grantees collaborated extensively with existing partners (increased from 84% in 2005)
- ☒ 86% of grantees worked extensively with new partners (increased from 63% in 2005)
- ☒ More than 50% of grantees partnered extensively with Community/School grantees (increased from 34% in 2005)

## **Successful Partnerships**

“One of the most successful accomplishments of the past six months was the Tobacco Roundtable's effort to increase physician interest in and knowledge of tobacco risks and cessation opportunities.

This group included hospital staff, [grantee] representatives, and [university] personnel. This generated earned media [and was] a great example of a collaborative effort that involved some agencies that had not been connected prior to this project.”

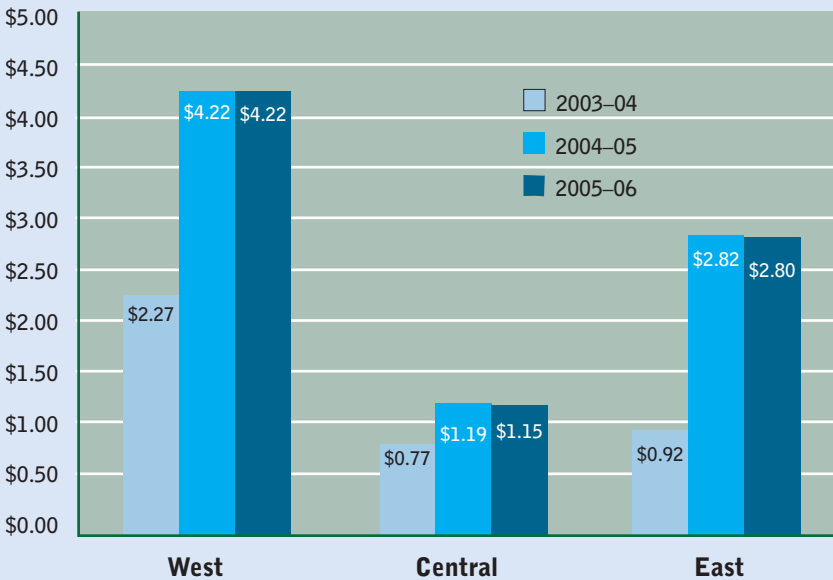
— Community/School Grantee

## Are HWTF program resources sufficient for achieving program outcomes?

Current resources have clearly played a role in achieving important program impacts in all four goal areas. A major threat to program success involves potential loss of statewide funding. To support continued programmatic funding, grantees have communicated program successes to state and local government leaders, with over 210 meetings and contacts over the past two years. The number of such contacts increased significantly in 2005-06 relative to the previous year.

An analysis of current resource allocation by region (West, Central, and East—see map on page 23) shows that per capita spending for youth 18 and younger was highest in the western region. There appear to be associations between levels of funding and levels of accomplishment relating to TFS and SHS policy adoptions, as discussed elsewhere in this report.

**HWTF dollars per youth (18 and under), by region**  
**Community/school grants, plus gap county funding, 2003–2005**

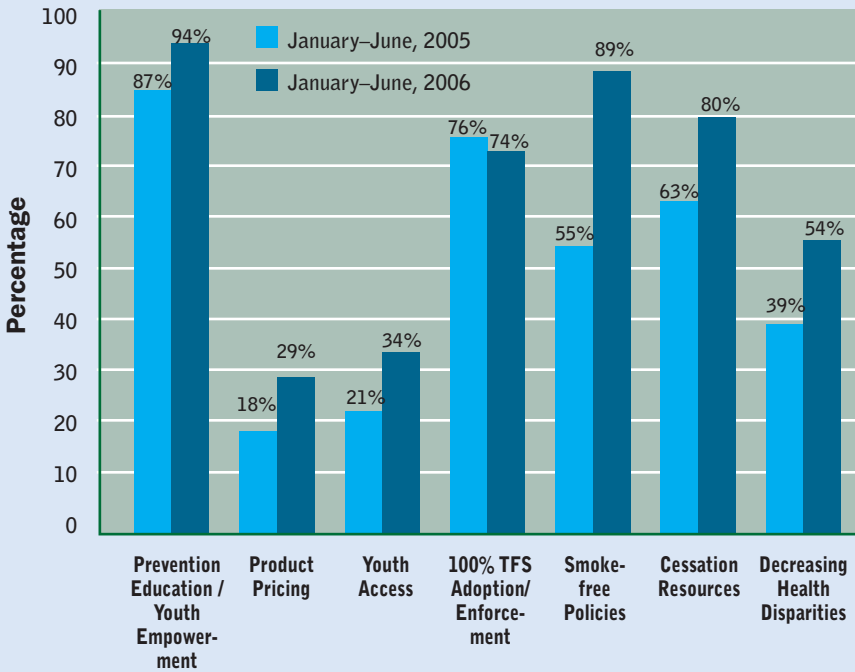


Current resources have clearly played a role in achieving important program impacts in all four goal areas.

## Were the TTUPC Initiative Programs implemented as planned?

Surveys show that grantees reported meeting or exceeding projected annual target levels in 50% (18 of 36) of the indicators across all four goal areas. Grantees ultimately established a goal of 6,033 activities, with 7,423 actual achievements by the end of the year. However, achievement toward key outcome indicators was mixed. Grantees exceeded their target by 50% for smoke-free policy adoption in areas frequented by youth, but met only 50% of their target achievement in 100% TFS policy votes. Survey data show that substantially more grantees reported achieving their objectives to a large extent than at the end of the previous year, especially in the area of SHS policies.

**Percentage of grantees achieving objectives in focus areas to large extent, 2003–2005**



## Do HWTF grantees have active youth empowerment programs?

Effective teen tobacco prevention and cessation programs involve youth as peer educators and policy advocates. Empowerment activities engage youth as active citizens who make a difference in their communities — influencing smoke-free policies in schools, recreational sites, and other places where youth spend time, as well as sending anti-tobacco messages to their peers.

Survey data for 2005–06 indicate that 37 of 38 Community/School and Priority Population grantees reported working with youth who were involved in planning and implementing tobacco prevention activities. At the end of the year, grantees reported 1,432 youth working actively in this capacity, using skills learned in trainings offered through the grantee organization. This is consistent with the number of youth reported for 2004–05.

## Youth Empowered

“This year we established an active, working, all-youth Youth Advisory Committee. [The Committee] was essential in the planning, implementation and evaluation of our Youth Foro [forum]. Our greatest success this year is to see the youth take ownership and leadership in the movement, and we are excited about the potential for the upcoming year.”

—Priority Population Grantee

## Are grantees and youth using knowledge and skills to advance policies?

In 2005-06, 30% (2,195 of 7,423) of all activities reported by Community/School and Priority Population grantees were youth led. Of the 2,786 grantee activities reported related to TFS policies and smoke-free policies in areas frequented by youth, 656 (24%) were youth-led.



## What else can be done?

**Phase III Community/School grants** have increased the percentage of youth served, though the per capita regional differences remain. The TTUPC Initiative would benefit from additional Community/School grant funding in the central and eastern regions of the state to ensure that optimal resources are available for teen tobacco prevention work in those areas.

**Additional resources** (financial and capacity building) for the central and eastern regions would provide opportunities for increasing support in local communities for tobacco prevention

coalitions, as well as bring funding to levels seen in the western region.

**Additional program resources** can target counties where a higher impact can be made. For example, if Wake County school district adopted a 100% TFS policy, the percentage of students in the central region enrolled in schools with the policy would increase from 57.3% to 71.0%. Similarly, if Robeson County school district passed a 100% TFS policy, the percentage of American Indian youth in the central region who attend schools with 100% TFS policy would increase from 18.5% to 82.0%.



# Preventing Youth from Starting to Use Tobacco

HWTF teen grantees' efforts to prevent initiation of tobacco use among youth include advocating for the adoption of and compliance with 100% Tobacco Free School (TFS) policies, reducing access to tobacco, decreasing youth susceptibility to tobacco industry advertising, and educating about product pricing.

## What are North Carolina communities' attitudes toward teen tobacco use?

- ❑ Data show a steady increase in the percentage of grantees reporting that their communities regard youth tobacco use as a serious health issue, from 66% in 2004 to 91% in 2006.
- ❑ The 2006 MTS shows that greater than 90% of North Carolina youth acknowledge that SHS is harmful, that spit tobacco is likely to cause mouth cancer, and that cigarettes are addictive. While over 80% of youth say they personally do not approve of persons their age smoking, over 50% believe that most people their age think it is OK to smoke.
- ❑ YTS data in 2005 show that the majority of North Carolina youth (87.2% of middle school students and 84.8% of high school students) do not think smoking cigarettes makes young people look cool or fit in.
- ❑ CHAMP survey data indicate that over 90% of North Carolina parents believe it is very important for the state to take additional actions to prevent and reduce tobacco use among North Carolina youth.

96%  
of NC  
parents support  
100% TFS  
policies in their  
children's  
schools.

## How did grantees contribute to these outcomes?

- ❑ Created and disseminated 815 prevention education media messages targeted to youth, as well as 51 messages to promote enforcement of underage tobacco sales law
- ❑ Created and disseminated 367 media messages promoting the adoption of and compliance with 100% TFS policies
- ❑ Participated in 122 merchant education activities
- ❑ Conducted 10 readiness assessments and 133 educational presentations on the importance of adopting 100% TFS policies
- ❑ Offered 180 presentations demonstrating effective cessation resources for school staff
- ❑ Worked to promote Alternative to Suspension programs in 32 schools
- ❑ Arranged and held 322 meetings with school and community leaders to address the importance of 100% TFS policies

## Do North Carolina communities support policies to reduce youth initiation?

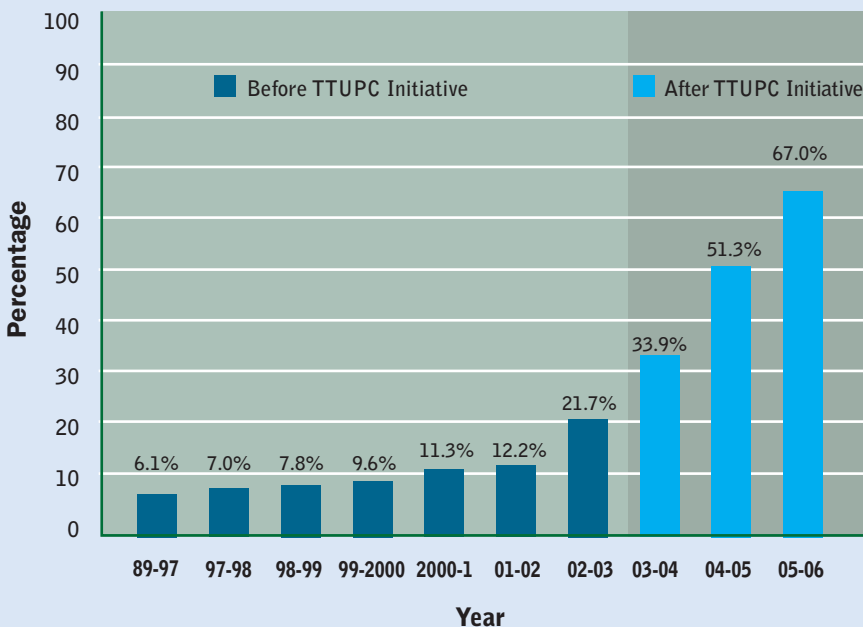
- ☒ Survey data indicate that 44 of the 51 school districts (86%) represented by Community/School grantees that have adopted a 100% TFS policy include compliance in their School Health Advisory Council (SHAC) action plans. Eight of the 13 school districts (62%) without a policy report policy adoption in their SHAC action plans.
- ☒ The 2005 CHAMP survey data show that 96% of parents supported 100% TFS policies in their children's schools.
- ☒ Eighty-three percent of parents in the CHAMP study supported increasing the tax on cigarettes in North Carolina as a means of reducing youth access to tobacco.

## Has the number of 100% TFS policies increased?

- ☒ By the end of 2005-06, 67% (77 of 115) of North Carolina school districts had adopted 100% TFS policies, up from 22% in 2003 when HWTF began funding local coalitions. This translates to 6 out of 10 public school students attending classes at a 100% tobacco free campus.
- ☒ The percentage of school districts where HWTF Community/School grantees are working that have now adopted 100% TFS policy has increased to 80% (51 of 64), compared to 51% (26 of 51) of the districts without HWTF Community/School grantees.
- ☒ Results from the 2006 TFS study with more than 100 key informants in 46 school districts with 100% TFS policies indicate that HWTF-funded personnel and support were vital to increased policy passage.

6 out of 10  
NC public  
school students  
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Schools  
in 2006.

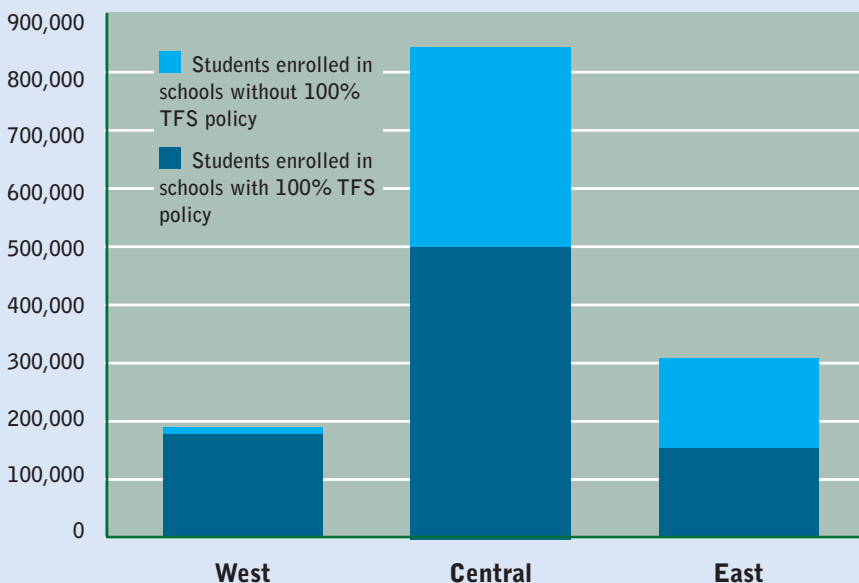
**North Carolina school districts adopting 100% TFS policy, 1989–2006 (n=115)**



Progress toward adopting 100% TFS policies is being made across the state. The western region has the highest percentage of school districts that have adopted the policy (86%). This compares to 55.5% of school districts in the central region and 65.8% of the school districts in the eastern region.

The 100% TFS policies in the western region cover 93% of the students attending school in that region. However, larger numbers of students attend schools in the central and eastern regions, where 57% and 54% of the students are covered by 100% TFS policy, respectively.

**Student enrollment in NC public schools,  
by region and TFS policy, 2005–2006**



The percentage of 100% TFS increased from 22% before the TTUPC Initiative funding to 67% in 2005–06.

### **Are students, staff, and visitors complying with existing 100% TFS policies?**

It is clear that grantees are working toward increasing compliance with signage, media messages, advancing Alternative to Suspension (ATS) adoption, and promoting cessation resources for staff. While little outcome data exist about compliance with these policies, current YTS data show that fewer students report smoking on school property than in previous years. These results will need to be looked at for differences between schools with and without the policy.

### **Has there been an increase in the price of tobacco products?**

The North Carolina legislature passed an increase in the excise tax on cigarettes from \$.05 per pack to \$.35 per pack to be fully implemented by July 2006. HWTF grantees continue to have a goal of educating communities on the relationship between the price of tobacco products and youth initiation rates.

## Do youth have reduced susceptibility to tobacco industry marketing?

Data from multiple sources indicate that North Carolina youth remain susceptible to tobacco industry marketing and promotion.

- ✦ Results from the 2005 YTS show that 22.4% of high school youth received or purchased something with a tobacco company name or picture on it in the last year (compared to 24.4% in 2003).
- ✦ Results from the 2006 MTS indicate:
  - Over 90% of youth reported seeing advertisements for cigarette brands in nearby stores during the past 60 days, while almost 60% had seen cigarette company names or logos at street festivals or concerts during the past year
  - Over 60% of youth think that cigarette advertising shows that smoking is OK or cool
  - Two-thirds of youth believe that cigarette companies try to get young people to smoke

## Has there been a reduced susceptibility to experimentation with tobacco products?

According to the 2005 YTS survey, 59.7% of middle school and 38.0% of high school youth are never smokers who are not susceptible to tobacco use (compared to 58.0% of middle school and 31.9% of high school youth in 2003).

## Are fewer youth currently using tobacco now than before?

The YTS data show that the percentage of North Carolina middle school students who were current smokers decreased steadily from 18.4% in 1999 to 10.5% in 2005. Similarly, the percentage of North Carolina high school students who were current smokers decreased steadily from 38.3% in 1999 to 28.5% in 2005. The rate of change from 2003 to 2005 appears to be higher than the rate of change between 2001 and 2003.

2005 YTS data show that students attending high schools with established 100% TFS policies (defined as having the policy for at least four years) are 32% less likely to be tobacco users and 40% less likely to be smokers than students in schools without such policies. (See <http://www.tobaccofreeschoolsnc.org/>).

## Policy Change

“During the past 6 months, [we have] successfully worked to promote the adoption of 100% Tobacco Free School policies in four of [our] five member counties. The passage of these policies is the culmination of years of work with the support of the HWTF Phase II Teen Tobacco Initiative grant.”

—Community/  
School Grantee


**TOBACCO. REALITY. UNFILTERED.**

## How is the TRU media campaign designed to prevent youth tobacco use?

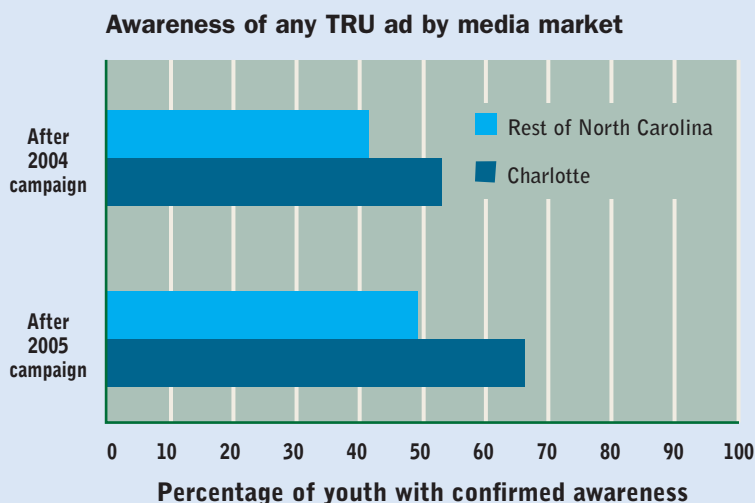
The Tobacco.Reality.Unfiltered. (TRU) media campaign targets youth aged 11 to 17 with television ads designed to prevent youth from starting to smoke. The ads are based, in part, on a model demonstrating serious health consequences of tobacco use affecting real people in NC. (See two of the ads at [www.realityunfiltered.com/tv\\_radio/tvradio.html](http://www.realityunfiltered.com/tv_radio/tvradio.html)) The TRU campaign aired television ads in spring and fall of 2004, fall of 2005, and spring of 2006.

## Is the TRU campaign reaching North Carolina families?

The 2006 MTS following the fall 2005 campaign indicates:

- ☒ Youth awareness of the TRU campaign increased from 45% of North Carolina youth in 2004 to 54% in 2006
- ☒ Greater exposure to the TRU campaign in Charlotte (where there was a higher “dose” of the campaign in Year 1) resulted in significantly higher awareness of the TRU campaign compared with the rest of the state (66% versus 49%)
- ☒ “TRU,” “Tobacco.Reality.Unfiltered.,” and “What’s it gonna take?” were all recognized by at least one third of North Carolina youth, though there has been little change from 2004 to 2006.

According to the 2005 CHAMP Survey, North Carolina parents also appeared to recognize and pay attention to the TRU campaign, with 58.5% of parents reporting that they had heard about or seen the campaign.



## Policy Change

“It has been most rewarding to play a major part in four school boards in Northeastern North Carolina adopting a 100% Tobacco Free School policy within a six month period. It is through the youth-led efforts, including presentations to the school boards, that the policies were adopted in these counties.”

—Community/School Grantee

## Is the TRU campaign resonating with North Carolina youth?

MTS data indicate:

- ▣ Over 90% of youth who saw the 2005 ads reported that they were convincing, attention-grabbing, and gave good reasons not to smoke.
- ▣ Over 25% of youth reported that they talked to their friends about the ads, indicating high “chat value”.



## What else can be done?

**Fill in the gaps.** About one-third of school districts in NC have not adopted 100% TFS policies. All partners should look for innovative ways to collaborate in working toward this policy goal.

**Alternative to Suspension programs.** While many schools expect grantees to conduct ATS classes, providing direct services is not a

primary role for TTUPC Initiative grants. State partners may want to jointly discuss ways to take a population-based approach.

**Youth empowerment and countermarketing.** Youth empowerment activities over the next three years should expand efforts leading to decreased youth exposure and susceptibility to tobacco

industry marketing.

**Media Funding.** Levels of funding for the media campaign do not appear sufficiently high enough to raise campaign awareness to 80%, the optimal level needed to show independent effects on smoking behavior. As a major component of the TTUPC Initiative, the TRU campaign should continue and expand.

# Reducing Secondhand Smoke Exposure Among North Carolina Youth

In 2005–06, HWTF teen grantees increased their focus on reducing youth exposure to SHS by promoting 100% smoke-free policy adoption in venues frequented by youth. This increase occurred, in part, in response to recommendations in 2004–05. The work is being reinforced by the 2006 *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, which states that smoke-free indoor environments prevent SHS exposure and harm, and that no safe level of exposure to SHS exists.

## What do North Carolina communities know about SHS, and how do they feel about policies that reduce youth exposure to SHS?

- ☒ Data show a substantial increase in the percentage of grantees reporting that their communities view exposure to SHS as a serious health issue, from 58% in 2005 to 77% in 2006.
- ☒ Data show that the percentage of middle- and high-school aged-youth who believe that smoking should not be allowed at all in restaurants appears to be increasing since the start of the TTUPC Initiative.
- ☒ CHAMP survey data show that 95% of parents support tobacco-free policies in indoor recreational areas and restaurants frequented by youth.

Smoke-free policy adoptions increased almost 1,000% in 2005–06 from the previous year.

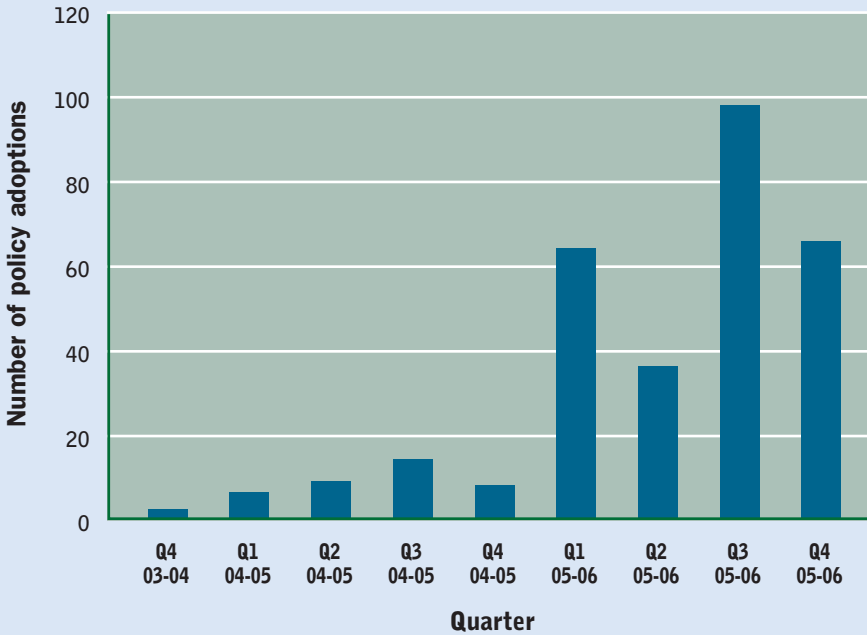
## How did grantees contribute to these outcomes?

- ☒ Created and disseminated 559 media messages to promote adoption of smoke-free policies
- ☒ Conducted 252 educational presentations in schools and communities to promote adoption of smoke-free policies
- ☒ Substantially increased the number of presentations, meetings, and surveys/petitions in 2005–06 compared to 2004–05
- ☒ Arranged and held 646 meetings with managers, owners, and other decision makers regarding smoke-free policies
- ☒ Conducted 40 petition and survey drives and disseminated results to business owners
- ☒ Encouraged 73 venues to adopt improved smoke-free policies as a stepping stone to 100% smoke-free policies

### Has the number of tobacco-free policy adoptions in areas frequented by youth increased?

Larger increases in the number of policy adoptions occurred in 2005-06 than in the previous year. Community/School and Priority Population grantees reported 257 smoke-free policies in restaurants, recreational facilities, health-care facilities, churches, and other venues that are frequented by youth.

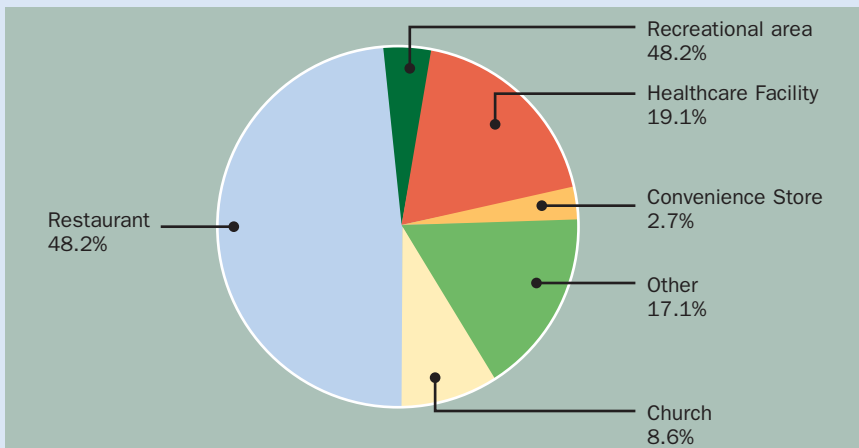
**Smoke-free policy adoptions in North Carolina, 2003–2006**



95% of parents report they support tobacco-free policies in areas frequented by youth.

- ☒ Nearly half of the smoke-free policies reported in 2005-06 were adopted in restaurants frequented by youth.
- ☒ 100% smoke-free policies in churches are steadily increasing.
- ☒ Many smoke-free policies affect more than one physical building (e.g. a policy in a healthcare facility may affect multiple clinics, offices, and centers).

**100% smoke-free policies adopted, by type of venue, 2005–2006 (n=257)**

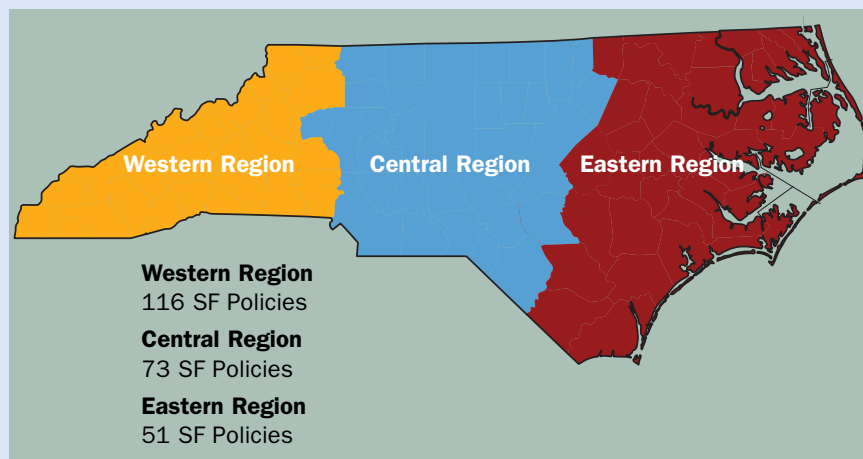


Smoke-free policy adoptions occurred across all regions of the state. Forty-eight percent of the policies reported by Community/School grantees were passed in the western region. The map does not include 17 smoke-free



policies reported by Priority Population grantees. Priority Population grantees were also involved in partnerships resulting in two of the policies passed in the eastern region.

### **HWTF Community/School grantee-reported smoke-free (SF) policy adoptions, by region, 2005–2006**



### **Has there been a reduction in youth exposure to SHS?**

Data in North Carolina show reductions in youth exposure to SHS. In addition to the smoke-free policies mentioned above, recent BRFSS data show a steady increase in the number of North Carolina homes where smoking is not allowed anywhere (from 62.1% in 2001 to 75.1% in 2005) and a steady reduction in the number of North Carolina homes that have no rules about smoking in the house (from 18.7% in 2001 to 11.2% in 2005). Data from the MTS regarding smoking rules in the home are consistent with these findings.

The YTS data show that the number of middle and high school students who have been in the same room as a smoker in the previous seven days appears to have decreased from 2003 to 2005. Conversely, the number of youth who had no exposure during the past seven days appears to have increased.

Data in NC show reductions in youth exposure to SHS.

### **What else can be done?**

**Get the word out.** Current accomplishments should predict future success. Some HWTF grantees have earned media attention for presenting smoke-free businesses with certificates or other tokens of appreciation. That media attention attracted other venues to contact the grantees for information on becoming smoke-free.

**Meet with more people.** This year, grantees reported 646 meetings with managers, owners, or leaders regarding smoke-free policy adoption in their venues. Nearly one-third of those meetings were youth led.

# Helping Youth Quit Using Tobacco

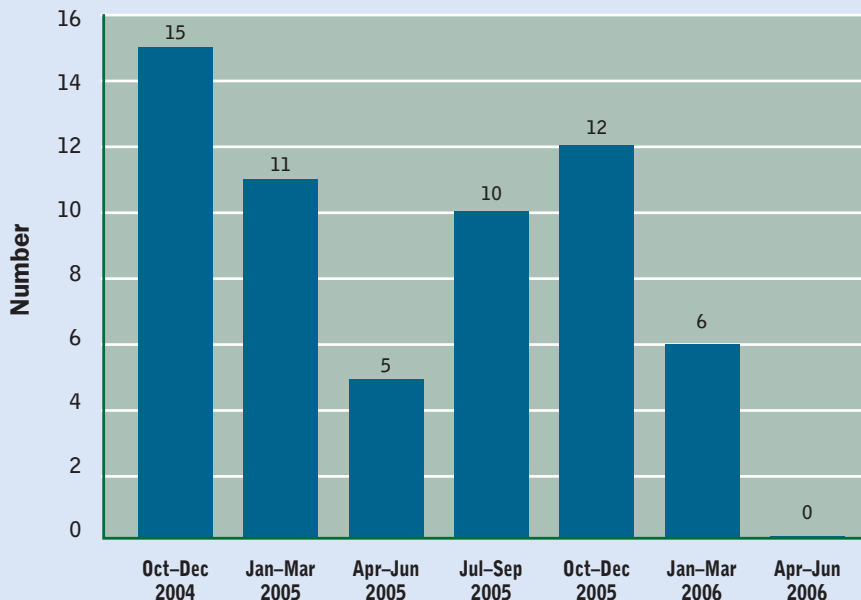
HWTF grantees help youth access proven methods for quitting tobacco use. These methods include the Not-on-Tobacco (N-O-T) Program, the NCSTEP program for quitting spit tobacco, and the new Quitline NC, which launched in November 2005. Grantees also work in their communities to train health professionals on 5A counseling and Clinical Practice Guidelines for youth cessation.

## Have HWTF grantees increased availability of cessation services for youth?

- ☒ Data from iPTS indicate that the number of schools adopting the N-O-T program decreased in 2005-06. Some schools that have the N-O-T program reported barriers of low student interest, poor attendance, and difficulty implementing the program as designed. These concerns represent a deterrent to program adoption.

## How did grantees contribute to these outcomes?

- ☒ Created and disseminated 435 media messages to promote cessation resources for youth
- ☒ Coordinated 48 trainings for over 700 health care professionals on 5A counseling for youth.
- ☒ Conducted 361 educational presentations in schools and communities to promote the NC Quitline, N-O-T program, and 5A counseling for youth.
- ☒ Increased the number of trainings coordinated for health care professionals by 200% from 2004-05 to 2005-06.

**Number of schools adopting the N-O-T program, 2004–2006**


### Has there been an increase in the number of successful quit attempts by youth?

- ☒ According to the 2005 YTS data, approximately 50% of high-school youth smokers wanted to quit smoking and attempted to quit.
- ☒ While full-year, statewide data on successful quit attempts among youth using Quitline NC does not become available until the end of 2006, preliminary analyses from the quitline's first seven months of operation have shown that:
  - 48 youth called to get help with quitting their tobacco use
  - 632 adults who have significant contact with children or youth (e.g., school and daycare employees, primary caregivers) called to try to kick their tobacco addiction.

### What else can be done?

#### **Increase Quitline promotion.**

Efforts to increase promotion of Quitline NC should increase access to cessation services, as well as successful quit attempts among youth.

#### **Reconsider N-O-T program.**

Statewide partners should consider how best to come together to explore modification of the N-O-T program, or its discontinuation and adoption of alternative programs.



NC youth and their caretakers can call **1-800-QUIT-NOW** or go to [www.quitlineinc.com](http://www.quitlineinc.com) to receive advice, support, and referrals to local cessation resources.

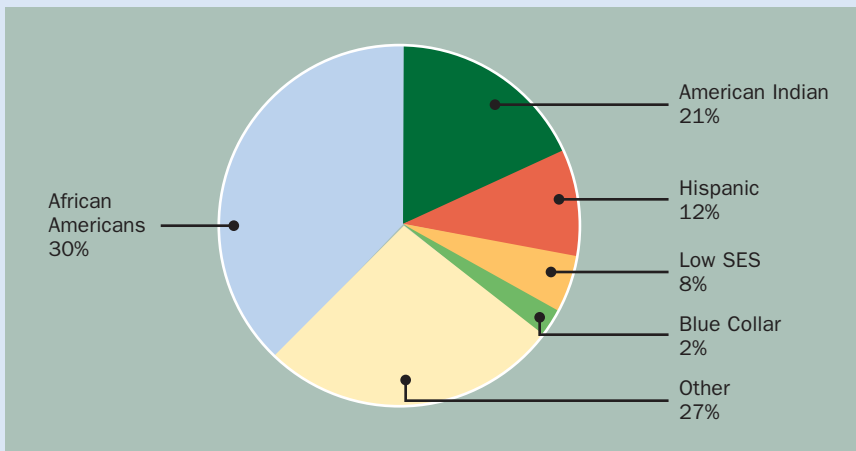
# Addressing Disparities

A goal that cuts across all TTUPC Initiative programs is the reduction and ultimate elimination of tobacco-related disparities that affect youth. In order to achieve this goal, all grantees receive encouragement and technical assistance to tailor program activities to address such disparities. In addition, four statewide agencies receive funding for targeted efforts to decrease the use of tobacco among young people who are African American, Hispanic, and American Indian. Some of these efforts involve collaboration with faith-based and medical communities.

## With which populations, among those with tobacco-related disparities, are grantees actively working?

Data from the 2005–06 iPTS indicate that 63% of all activities uniquely designed for an identified population targeted African American, Hispanic, and American Indian youth. Ten percent of uniquely designed activities targeted youth from low SES and blue collar populations.

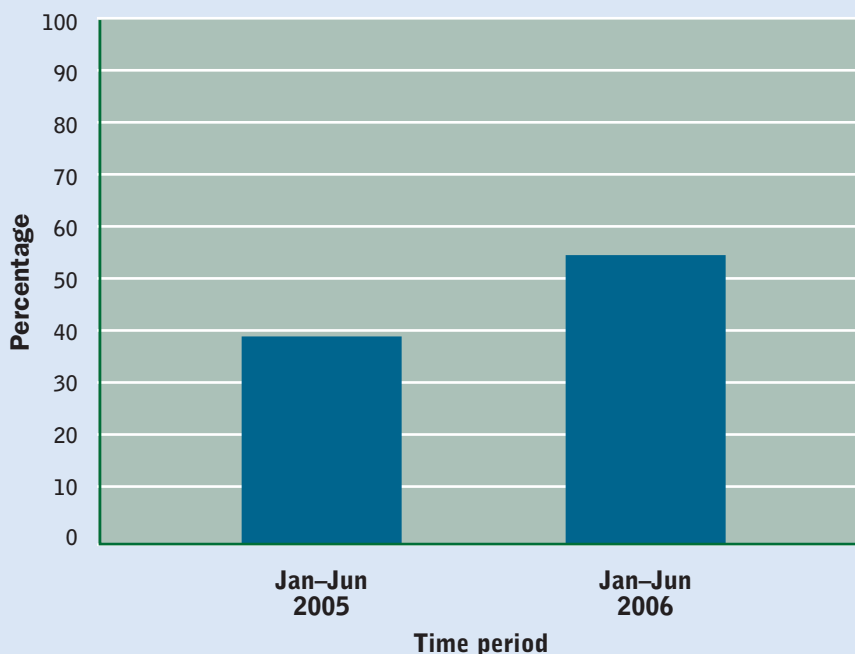
**HWTF TTUPC Initiative grantees' uniquely designed activities, by population addressed, 2005–2006**



## To what extent are grantees achieving their goals of addressing tobacco-related disparities?

While there are insufficient statewide data to fully answer this question, SA survey data show that grantees reported increases from 2005 to 2006 in achievement of their goals related to decreasing tobacco use among targeted populations.

**Grantee perception of extensively accomplishing goal of decreasing disparities, 2005–2006**



### **What are the current rates of youth tobacco use among selected priority populations?**

According to the 2005 YTS, the use of cigarettes by African American high school youth was 12.8% (compared to 20.1% in 2003).

The rate of current use of cigarettes among Hispanic high school youth in 2005 was 19.9% (the small sample size makes comparison to prior years difficult).

No YTS statewide data currently exist for rates of tobacco use among American Indian youth in NC.

### **What else can be done?**

#### **Reassess program strategies.**

Given changing rates of tobacco use among priority populations and changing definitions of disparate populations that include racial, ethnic, and socioeconomic groups, those involved in funding and implementing program objectives should consider how to modify program activities to reassess what new initiatives and resources may be needed to best address these changes.

**Fund additional research.** State partners should consider working collaboratively to fund additional research to track tobacco use among groups, such as American Indians, that are traditionally under-represented in statewide surveys.

# Future Directions

For the TTUPC Initiative to maintain progress as demonstrated in this report, grantees, stakeholders, and other policy-makers will need to carefully consider potential barriers and future challenges to the program. Future barriers to program success may have less to do with the barriers associated with carrying out program activities than with potential external threats, such as loss of program funding. Reports from many states across the U.S. that had severe cuts in programmatic funding demonstrate subsequent reversals in program outcomes. Grantees will need encouragement, support, and resources to continue contacting policy-makers about program successes.

An additional challenge will involve finding ways to selectively increase program funding to augment policy outcomes. For instance, significant increases in funding for the statewide media campaign (to increase campaign awareness to at least 80% among youth) have just begun. Funding of new grantees is also needed, as regional analysis demonstrates that the western region of the state has higher funding than the central and eastern regions. Increased funding to gap areas in the central and eastern regions would augment the TTUPC Initiative's ability to improve outcomes. Additional funding would move the state closer to the CDC's recommended minimum dollars for funding comprehensive tobacco control programs.

Finally, the initial successes of the TTUPC Initiative have come from following evidence-based strategies for policy change and from implementing comprehensive intervention approaches. Thus, a need exists to ensure that future decisions about the direction of the TTUPC Initiative follow these same approaches. Best practice strategies change over time; ineffective strategies need to be eliminated, and new evidence-based strategies must be incorporated for the program to continue to be successful. To ensure that the TTUPC Initiative can meet this challenge, it should consider instituting a process on a regular basis (e.g. every two years) that brings together those with expertise on tobacco control to discuss current strategies and emerging opportunities.

Future  
barriers  
to program  
success could  
involve possible  
loss of program  
funding.

Photo courtesy SAVE



**This report  
is dedicated  
to the memory of  
Rachel Buchanan Biddix  
(1940–2006),  
member of Survivors  
and Victims of Tobacco  
Empowerment  
(SAVE)**

September 21,  
2006

Dear Ms. Biddix,  
Thank you for being there for us yesterday.  
You really inspired me because lots of people in  
my family smoke and I am scared that I will  
breathe in the smoke and get cancer. I have had  
lots of roll-moldels that have come and go but  
I think you will never leave me. I think you are  
so brave because you are willing to go to  
different schools around the county and  
share what you have to say to kids so they  
will not smoke. My responsibility is to never  
have a cigarette or chew tobacco as long  
as I live even if my friends dare me to.  
Thank you again for being there to teach  
us right from wrong.

Sincerely,  
Hannah



For more information about the  
NC Teen Tobacco Use Prevention and Cessation Initiative,  
contact:

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7090 Mail Service Center  
Raleigh, NC 27699-7090

**T:** 919-981-5000

**F:** 919-855-6894

**Web:** [www.healthwellnc.org](http://www.healthwellnc.org)

**Email:** [hwftc@ncmail.net](mailto:hwftc@ncmail.net)

For more information about the Outcomes Evaluation for the  
NC Teen Tobacco Use Prevention and Cessation Initiative,  
contact:

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