

Health and Wellness Trust Fund

Teen Tobacco Prevention Initiative

Outcomes Evaluation

Year-end Report 2003-04

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**Tobacco Prevention and
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Supporting Community Change through Evaluation

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Preventing Youth Initiation of Tobacco Use

"In response to the Great American Smokeout ... I decided to visit each of the five high schools in the Catawba County Schools district to provide them with some anti-tobacco information and also to survey the students to get their opinions regarding the adoption of a 100% tobacco-free school policy. I went to a different school each day, and I set up a table containing brochures, the different chemicals found in cigarettes, and a jar of tar representing the amount that remains in the lungs if a pack of cigarettes is smoked daily for one year. A survey of students showed 86% felt that more needs to be done in their school to keep kids off tobacco; 94% believed that secondhand smoke was harmful to their health; 23% have a health condition that is made worse when they're around cigarette smoke; and 80% said they support the adoption of a 100% tobacco-free policy for their school. Our prevention efforts are working... upon hearing the results of this survey, the Catawba County Board of Education immediately began exploring the possibility of adopting a 100% tobacco free policy for their school district.."

TTPI Community/Schools grantee

Section 1: Executive Summary & Recommendations

1.A. Program Overview

The North Carolina Health and Wellness Trust Fund (HWTF) Commission 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, the Commission approved a Teen Tobacco Prevention Initiative (TTPI), and allocated \$6.2 million per year for three years to this statewide effort.

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. See this document at: <http://www.communityhealth.dhhs.state.nc.us/tobacco/TobaccoPrevention.pdf>

The goals of the TTPI are to:

- 1) Prevent youth initiation of tobacco use;
- 2) Eliminate youth exposure to secondhand smoke;
- 3) Provide treatment options for teens who want to quit;
- 4) Eliminate disparities in tobacco use among minority youth.

Three major categories of TTPI grants received initial funding through a competitive peer review process: grants totaling \$2.2 million per year were awarded to 26 new or existing local Community/School prevention programs (expanded to 30 programs by early 2004, and 53 programs by Summer 2004); grants totaling \$730,000 per year were awarded to 4 organizations that are capable of addressing, on a statewide basis, the disparities related to tobacco use among African Americans, American Indians, and Latino youth; and the Commission allocated \$200,000 per year for implementation of the Not-On-Tobacco (NOT) cessation program for teenagers who want to quit tobacco use, implemented by the N.C. American Lung Association, and \$100,000 per year for implementation of programs for cessation of tobacco among pregnant teenagers, implemented through the N.C. Women’s and Children’s Health Section, NCDHHS.

A statewide map of grantees and their funding levels is available at:

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

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

A total of \$1.2 million per year was initially awarded to Goddin Media in early 2003 for advertising to educate teens about the health effects of tobacco use and secondhand smoke. In late fall 2003, two RFPs were awarded to expand the Youth Tobacco Prevention Program – a new Media Vendor to augment the statewide media campaign

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to dissuade youth tobacco use in North Carolina through a \$1.5 million contract for continued coordination, creation, and execution of the *Tobacco. Reality. Unfiltered* campaign, and a \$175,000 contract for a Grassroots Program Support Vendor to support coordination of community-based events, product fulfillment, and local public education efforts in support of the Commission's *Tobacco. Reality. Unfiltered* campaign.

The Commission allocated \$500,000 per year to help fund enforcement efforts by the NC Department of Crime Control and Public Safety, Division of Alcohol Law Enforcement, to enforce North Carolina's law that prohibits sale and distribution of tobacco products to persons under age 18. The grant is administered through a memorandum of understanding with the Substance Abuse Services Section, NCDHHS.

Outcomes Analysis

The Commission's enabling statute requires that all funded programs be evaluated to determine the extent to which their stated goals have been achieved. A budget of \$265,000 per year was initially allocated for this purpose through an RFP that was awarded to the University of North Carolina (UNC) Tobacco Prevention and Evaluation Program (TPEP) in spring, 2003 (revised to reflect increased evaluation responsibilities based on overall increased funding of the TTPI). UNC-TPEP is responsible for evaluating all components of the HWTF TTPI except for the 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 is a comprehensive review of Year 1 TTPI outcomes as assessed by UNC TPEP, along with recommendations for improving the program in Years 2 and 3.

1.B. Summary of Year One Accomplishments

In Year 1 it is clear that the Health & Wellness Trust Fund's (HWTF) Teen Tobacco Prevention Initiative (TTPI) has:

- Successfully adopted and encouraged dissemination of evidence-based, scientific approaches to youth tobacco use prevention through its use of the N.C. Vision 2010 documents.
- Developed a strong statewide presence, identity, and leadership for tobacco use prevention activities for youth not only through funding, but also from comprehensive support for technical assistance, training, and evaluation activities.
- Developed a substantial statewide infrastructure within North Carolina comprising 34 coalitions (28 Community/School [C/S], 4 Priority Populations [PP], and 2

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special projects) that are conducting extensive teen tobacco use prevention and cessation activities.

- Established strong statewide collaborations between its grantees and among state tobacco control partners.
- Facilitated the rapid start-up and growth of Teen Tobacco Prevention activities across the state, with a substantial number (1405) of tobacco control events by Community/Schools grantees resulting in 50 documented policy changes (such as 100% Tobacco Free Schools policies). These accomplishments are particularly remarkable given that fewer than 10% of the grantee coordinators had previous tobacco prevention and control experience.
- Directly increased the number of school districts in North Carolina adopting 100% tobacco-free school policies (31% of all districts with TTPI grantee presence adopted a new policy in 2003-2004).
- A substantial number (978) of the tobacco control activities by TTPI grantees were directed to reduce health disparities among the state's African American, American Indian, and Latino populations.
- Successfully involved youth across the state in planning and implementing a wide variety of tobacco prevention and control activities.
- Successfully mobilized increased funding for a broadened North Carolina Teen Tobacco Prevention Initiative by increasing the amount available for the Initiative from \$6.2 to \$10.4 million/year, taking North Carolina in 2004 from 33rd to 30th in national rankings for allocation of dollars to state tobacco use prevention.
- Made excellent progress on all four of its major tobacco prevention goals. While the 2003 Youth Tobacco Survey serves as a baseline to measure future health outcomes of the Initiative, data from this Survey indicate that good progress is being made statewide along many dimensions important to the TTPI. For instance, from 1999-2003, the percentage of North Carolina middle school students who use cigarettes decreased significantly from 15.0% to 9.3% (a 38% decrease), significantly fewer students appeared susceptible to start smoking (25.3 vs. 19.6%), and exposure to secondhand smoke in enclosed places fell from 59.1% to 44.8% among middle school students, and from 72.3% to 56% among high school students. Youth have less positive attitudes about smoking looking cool (high school students report a decrease from 23.3% to 13.5% and middle school students report decrease from 31.4% to 12.9%). Disparities relating to rates of tobacco use among ethnic groups have also decreased.
- Encountered few substantive barriers relating to conduct of program activities.

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1.C. Recommendations for Year Two

General Program

- Continue to seek ways to increase funding of the Teen Tobacco Prevention Initiative consistent with the Center for Disease Control and Prevention's (CDC) estimated minimum dollars for tobacco use prevention in a state. Currently North Carolina spends a little over \$10 million annually on its tobacco prevention programs, far less than the CDC's minimum recommendations for the state of \$42.6 million annually. An additional \$5 million annually would take the state to 23rd in 2004 national rankings on allocations of dollars to state tobacco use prevention.
- Continue to expand community-based efforts in existing and new coalitions to maximize program impact. Focus new efforts in counties without established tobacco control initiatives to achieve more active presence of tobacco prevention activities in all of the state's counties.
- Encourage Community/School and Priority Population coalitions to educate their constituencies about the benefits of raising the state tobacco excise tax, currently the third lowest rate in the US. This recommendation is consistent with the CDC's evidence-based best practices, NC's Vision 2010 document, and the TTPI's youth tobacco prevention logic model, and offers the most efficient and effective strategy for achieving TTPI's long term health goals.
- Encourage all TTPI grantees to include one or more tobacco control events focused on second hand smoke policy change, especially youth and media advocacy activities, to achieve one or more policy goals in relation to second hand smoke reduction in public places, including schools, restaurants, etc.
- Discuss how tobacco industry counter-marketing program activities are integrated into the TTPI comprehensive tobacco control program in NC. Industry counter-marketing is one of nine CDC Best Practices, yet few activities are seen in grantee logic models or TTPI initiatives. Counter-marketing activities could occur in the TTPI's statewide media campaign and through TTPI grantee activities, and they can address all of the TTPI Priority Goals (e.g., preventing initiation, reducing youth secondhand smoke exposure, promoting cessation, and reducing disparities).
- The successful shift in focus, intensity, collaboration and resources of the 2004 media campaign compared to 2003 can be expected to significantly augment the future impact of media on the TTPI, and should continue to be supported in all its aspects (see below).

Grantees

In the area of TTPI coalition work, it is recommended that:

Community/School Grantees

- All grantees without a 100% Tobacco-Free Schools (TFS) policy continue to actively work towards such a policy in 2004-2005.
- Current grantees pair with new coalitions to provide mentoring and support, particularly for coalition specific policy advocacy.
- Coalitions emphasize grassroots community coalition-building with any needed support in training and technical assistance.
- Question Why, NC Statewide Games, and SAVE be evaluated separately from Community/School coalitions, and their Progress Tracking System (PTS) reporting forms be modified to take into account their unique programs.

Priority Populations

- Priority Population grantees be encouraged to focus more on tobacco control events, especially those that foster policy change.
- Role of Priority Populations grantees in supporting Community/School coalitions be clarified, and Priority Population grantees be encouraged to collaborate extensively in their programming with local Community/School efforts, particularly relating to policy efforts.
- Site visits with Priority Population grantees be conducted in order to improve synergy and collaboration for improved outcomes and maximum statewide impact.

Special Statewide Coalitions

- Try to incorporate results from N-O-T national data into local statewide reports. The American Lung Association of North Carolina use PTS to increase its ability to report evaluation outcomes (through a monthly summary of trainers trained, classes taught, number of students/schools, etc).
- The Smoking Cessation for Pregnant Teens Project use PTS to increase its ability to report evaluation outcomes.

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Media Campaign

To further improve the North Carolina tobacco prevention media campaign and its evaluation, it is recommended that:

- Funding for the Tobacco.Reality.Unfiltered (TRU) media campaign continue to increase to support ad quality and intensify ad dose consistent with CDC guidelines to produce the desired changes in tobacco use.
- All ads utilized in the Tobacco.Reality.Unfiltered (TRU) media campaign adhere to guidelines from best practices research developed in North Carolina (see section 5A) and from the CDC.
- The TRU campaign continue to utilize television as the primary media channel to reach more youth.
- Media team and grassroots support vendor perform usability testing of the TRU Website to ensure that it is interactive and user-friendly (e.g. see www.usability.gov).
- Media team and grassroots support vendor continue to work to coordinate the TRU campaign with local youth groups/coalitions. This includes sponsoring or attending local events to promote the TRU campaign, communicating with TTPI grantees about the campaign, and getting feedback/buy-in from stakeholders and youth for campaign plans and creative process.
- Continuation of annual statewide media surveys to gauge the impact of the TRU campaign, with ongoing coordination between the ad agency, the placement agency, and UNC-TPEP.
- Focus groups with North Carolina youth (particularly from priority population groups) be conducted to obtain feedback on the 2004 media television ads to inform creation/refinement of future ads.

Statewide Surveillance & Special Studies

In the area of statewide surveillance, it is recommended that:

- The NC Youth Tobacco Survey continue to be conducted on a regular basis, and consideration given to coordinating state YTS synchronous with national YTS to improve comparability of results.
- National trends and other possible contributing factors within North Carolina serve as a framework for attributing program impact. Review and consider

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increasing the number of questions specific to TTPI-funded efforts to improve the evaluation of program impact.

- Statewide Surveillance and Evaluation Advisory Group and TPCB's Tobacco-free schools consider whether design of an ongoing statewide surveillance system for school tobacco policy formation and compliance would improve evaluation of program impact.
- Media focus groups on existing television ads for media campaign (see above) be conducted.
- Longitudinal adolescent media tracking study continue.

Training/Technical Assistance

In the area of training and technical assistance, it is recommended that:

- All coalitions annually review/develop logic models and the detailed action and evaluation plans based on those models, with appropriate training and technical assistance from the TPCB, the OMHHD, and the UNC-TPEP team.
- The Progress Tracking System (PTS) be revised to improve ease of data entry, usability, and evaluation capacity-building features for both local program staff and state level evaluation.
- The state Technical Assistance and Training Committee (TATC) continue to coordinate trainings and communication between those providing technical assistance/training and grantees across the state, and examine development of a certification program for grantee coordinators to assure core competency attainment in state tobacco control programs.
- UNC-TPEP develop a new TTPI logic model for state infrastructure to ensure that adequate infrastructure supports all program goals.

Preventing Youth Initiation of Tobacco Use

"A throat cancer survivor is giving a tobacco awareness presentation to a group of elementary school children. The presentation is informal and the kids engage in open discussion. They talk about their parents and family acquaintances who smoke or chew and how they feel about it. One child talks about chew. "It looks like cat poop" she announces. All the children burst out in laughter. There is a series of "ooo's" and "yuks." "Who wants to chew on something that looks like cat poop?" another declares. "No way!" reply others from the group..."

TTPI Community/ Schools grantee

Preventing Youth Initiation of Tobacco Use

"SAVE survivors have given presentations to over 34,000 students and they have participated in promoting 100% tobacco free School Policies across the state."

TTPI Community/ Schools grantee

Section 2: UNC-TPEP Activities 2003-04

The University of North Carolina (UNC) Tobacco Prevention and Evaluation Program (TPEP) worked extensively in 2003-2004 to develop and implement a comprehensive evaluation system for the North Carolina Health and Wellness Trust Fund's (HWTF) Teen Tobacco Prevention Initiative (TTPI). This section describes the UNC-TPEP program activities during year one of the initiative, including logic model development, participation in the state Surveillance and Evaluation Advisory Team, refinement and implementation of an electronic data tracking system, evaluation training and technical assistance, conducting special studies, and dissemination of evaluation reports.

UNC-TPEP personnel involved with the TTPI evaluation program include:

Core Personnel:

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2.A. Logic Model Development and Progress Tracking System Training

The UNC Tobacco Prevention and Evaluation Program developed logic models to guide all evaluation activities of the Teen Tobacco Prevention Initiative. Logic models are moderately detailed road maps that describe how resources are utilized to accomplish specific objectives and how those objectives are linked to desired goals. UNC-TPEP developed two broad types of logic models: 1) the logic model that TPEP uses to guide its daily evaluation activities (see TPEP Outcomes Evaluation Logic Model, p. 21). This logic model succinctly illustrates how TPEP uses its resources to train and provide technical assistance to HWTF grantees in the areas of project monitoring and evaluation, and to accomplish its overall evaluation goals, and 2) the logic models that reflect the major goals of the HWTF's Teen Tobacco Prevention Initiative (see TTPI Logic Models, p. 22-4).

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UNC-TPEP developed three TTPI logic models based on the first three goals of the TTPI for grant recipients: *Prevention* of initiation of smoking among youth; *Second hand smoke* exposure reduction for youth in places where they live, study, work, and spend leisure time; and *Cessation* of smoking and tobacco use among youth, *Disparities*, the fourth goal, cut across all other project goals; thus, it was incorporated into the TTPI logic model for the first three goals.

Using the Center for Disease Control (CDC) and North Carolina Tobacco Prevention and Control Branch (TPCB) logic models as guides, the TTPI logic models reflect the specific teen focus of the HWTF initiative. These logic models were developed during year one with input from the North Carolina Surveillance and Evaluation Advisory Team, TTPI grant recipients and HWTF staff. The TTPI logic models were subsequently utilized in UNC-TPEP evaluation training activities.

UNC-TPEP also worked with the North Carolina TPCB and TTPI grantees to ensure that logic models were developed and utilized by individual coalitions over the course of the year. To initiate this process, TPEP read through all successful grantee proposals, highlighting the objectives, strategies, and evaluation measures by the four goal areas of Initiation, Second-hand smoke, Cessation, and Disparities. Abstracts were sent to each coalition and to the TPCB field coordinators for discussion, clarification, and modification. The abstracts provided a quick synopsis of each coalition's proposals, and served as the initial step in developing coalition specific logic models. Examples of the coalition abstract data collection forms and individual coalition logic models can be seen at www.fammed.unc.edu/tpep.

TPEP Outcomes Evaluation Logic Model

Resources	Activities	Outputs	Outcomes	Impacts
Interdisciplinary Team of evaluators	* assess implementation and outcomes of all HWTF grants and programs in conjunction with existing state efforts to curb tobacco use	* detailed evaluation plans for new projects * logic models of 4 CDC goals developed and disseminated * review of PTS data * review of YTS data * media tracking studies data * compare NC data to national and tobacco-producing states * evaluation reports used for program planning * 6 month reports * annual reports to improve program in years 2 and 3 * evaluation meets needs of HWTF and grantees * final year 3 report with steps toward expanding/maintaining comprehensive prevention program	Short Term * community groups will gain knowledge and skills in evaluation * community groups will use their own evaluation plan to better assess their own program outcomes * HWTF has improved knowledge of grantees' program activities	HWTF granting program effectively contributes to the reduction of youth tobacco initiation rates, reduction of youth exposure to ETS, increase in youth cessation, and elimination of tobacco related health disparities.
Research Triangle Institute	* conduct and coordinate evaluation planning * consult on evaluation via phone, email, site visits * provide technical assistance on evaluation * design new studies * conduct data analysis * review national trend data * disseminate evaluation information to stakeholders * prepare reports and manuscripts for publication * work collaboratively with HWTF, NC TPCB, and community groups		Intermediate * community groups will use evaluation to make effective decisions about new programs and resources * HWTF has improved ability to make decisions about allocation of funds based on grantees' outcomes	
Surveillance & Evaluation Advisory Group			Long Term * Evaluation enhances community groups' ability to meet their objectives. * HWTF has improved ability to distinguish relative impact of HWTF program from other state and national trends	
UNC School of Public Health				
Tobacco Prevention & Control Branch				
Research Assistants				
UNC facilities including office space, computers, fax, phones				
UNC Survey Research Unit				
CDC's Surveillance and Evaluation Program				
HWTF funding				
	Evaluation of Evaluation			
	* submit bi-annual and annual reports on evaluation activities * End-of-year interviews with grantees about program improvement * submit monthly financial reports * meet with HWTF staff			

TTPI Logic Model for Goal 1: Initiation					
Resources	Activities	Outputs	Short Term Outcomes (1-2 years)	Intermediate Outcomes (3-6 years)	Long Term Outcomes (7-10 years)
Funding from HWTF	Decrease youth access to tobacco products	# of compliance checks	Merchants formally pledge no sales to minors	Decrease proportion of youth who buy tobacco products	Increase the proportion of young people in middle school and high school that have never smoked
Coalition Teams (Health Depts. and School Systems)		# of educational presentations to merchants	Merchant(s) revise(s) tobacco product display(s)	Increase number of merchants who are in compliance regarding underage tobacco sales	
SAVE NC Amateur Sports	Promote youth advocacy and empowerment	# of youth-led merchant surveys	Youth are advocates for 100% TFS		Increase proportion of schools that are 100% Tobacco Free
TPCB Evaluation Team Field Assist Coordinators and Local ASSIST coalitions	Promote awareness for nonuse/decrease acceptability	Communities/Schools institutionalize youth prevention	Youth educate elementary and middle school children on dangers of tobacco use	Decrease acceptability of smoking and smokeless tobacco	
UNC TPEP Priority Populations Coalitions	Promote the awareness of the relationship between price and youth initiation	Schools formed youth-led team	Key policy maker(s) support tobacco excise tax	Major statewide legislation passed (tobacco tax)	
? Why		Community or faith based youth-led team formed	Tobacco tax brought to legislature again	Price increases discourage teen smokers	
NOT Capital Strategies/Ruiz Agency *****	Create media and/or counter marketing campaigns	Working groups for policy action established	Youth and community exposed to prevention messages		
*All of the above also targeted to disparate populations	Participate in statewide TRU campaign	Policy maker(s) recruited to push for improved policy	Youth and community exposed to 100% TFS campaign	Increase support for 100% TFS	
	Earn media for prevention activities and policy advocacy	Billboards, PSAs, School Newspaper ads, poster campaigns	School board member(s) support policy	LEA adopts 100% TFS	
	Promote tobacco-free schools	Exposure to TRU ads	Influential leader(s) publicly support school policy	Schools individually adopt gold standard policy.	
		Editorials, news items, youth quotes	Schools implement TFS component		
			School policies allow alternative to suspension or fines		
			Schools adopt stronger enforcement policy		

TTPI Logic Model for Goal 2: Second-Hand Smoke

Resources	Activities	Outputs	Short Term Outcomes (1-2 years)	Intermediate Outcomes (3-6 years)	Long Term Outcomes (7-10 years)
HWTF grant money Local coalitions of health departments and schools TPCB -100% TFS -Media EnTER Smokefreenc.org (links to national organizations here as well) ?Why Youth Centers Faith-based communities Priority Populations grantees Community coalitions (i.e. Healthy Carolinians, hospital health programs, etc.) Managers/owners of smoke-free businesses 100% TFS districts (superintendents, principals, board members, etc.) Capital Strategies Media/Ruiz Agency ***** *All of the above also targeted to disparate populations	Promote smoke-free public places frequented by youth Promote smoke-free homes and autos Promote public awareness on SHS hazards and smoke-free benefits Earn pro-health media coverage for youth programs that reduce SHS Promote tobacco-free schools Promote youth advocacy and empowerment	Action teams created for education and advocacy for smoke free policies at indoor and outdoor areas frequented by youth # of smoke-free nights at restaurants, ball parks, etc. # of rallies, sticker campaigns, sit-ins and other advocacy events # of educational sessions with parents on SHS in the home and of educational sessions with youth groups, school classes, PTAs, parents # of times paid and earned media present awareness of dangers of SHS, including pro-health editorials Communities/Schools institutionalize SHS Prevention See Goal 1 See Goal 1	Increased # of recreational facilities adopting stronger tobacco-free policy Increased # of restaurants or public places going smoke free for trial period Increased knowledge by parents about SHS home dangers Increased support by parents for SHS home restrictions. Increased public exposure to information about the dangers of SHS and the purpose of smoking bans	Indoor and outdoor facilities frequented by youth go smoke free Restaurants open or go smoke free Adults with children in the home eliminate household SHS exposure Increased support for Clean Air policies Major statewide SHS legislation passed Preemptive legislation overturned	Increase the proportion of school districts that are 100% tobacco free Increase smoke-free policies in both indoor and outdoor areas frequented by youth, such as restaurants, bowling alleys, malls, movie theaters, homes, parks, amusement areas, and ball fields. ↓↓ Significant reduction of youth exposure to second-hand smoke

TTPI Logic Model for Goal 3: Cessation

Resources	Activities	Outputs	Short Term Outcomes (1-2 years)	Intermediate Outcomes (3-6 years)	Long Term Outcomes (7-10 years)
HWTF grant money Local coalitions of health departments and schools Priority Populations Groups TPCB OMHHD Women and Children's Health Section, DHHS NOT Media Campaign	Advocate for Alternative to Suspension policy Promote effective youth cessation services/resources Promote awareness for nonuse, decrease social acceptability of tobacco use Link with statewide media campaign to promote awareness Earn pro-health media coverage and editorials promoting cessation Promote cessation services for pregnant teens Promote cessation counseling in dental and medical offices	# schools adopting policy # communities/schools institutionalizing cessation programs # leaders trained in cessation # youth smokers enrolled in cessation courses # media interviews, news stories, ads run, links made # health departments/facilities delivering prenatal cessation program # medical/dental offices provided training and TA in cessation options # teens reached by health departments, medical, dental offices Treatment options provided for youth who want to quit	School policy allows alternative to suspension or fines Students attend cessation classes consistently ↑ Students who smoke are aware of resources for quitting ↓ Increase in number of teens who use resources provided by medical caregivers	Students/teens increase confidence in ability to quit ↓ Students/teens decrease tobacco use ↓ Increase in quit attempts ↓ Increase in successful quit attempts	Decreased number of middle school and high school students who smoke cigarettes Decreased number of middle school and high school students who use smokeless tobacco (spit tobacco) or any other form of tobacco Decreased proportion of pregnant teens who smoke
***** *All of the above also targeted to disparate populations					

2.B. Progress Tracking System (PTS) Implementation

UNC-TPEP, in collaboration with the North Carolina Tobacco Prevention and Control Branch (TPCB), refined, adapted and implemented an electronic evaluation system to track progress of the TTPI and its grantees towards meeting the TTPI objectives. The North Carolina TPCB, its statewide coalitions, and the North Carolina Question Why Youth Empowerment groups had previously been using an Access-based Progress Tracking System (PTS) for several years. The PTS was developed specifically for the TPCB based on the logic model concept as well as CDC Evaluation Guidelines. The TPCB invited UNC-TPEP to collaborate in revising the PTS system and its training manual to meet specific needs of the HWTF TTPI. A revised PTS system was then introduced to the HWTF grantees through training workshops.

Monthly PTS reports are filled out by grantees and sent to UNC-TPEP. After cleaning and clarification of data, comprehensive reports of grantee activities are submitted to the HWTF staff and individual grantees on a quarterly basis. In addition to this quarterly reporting system that utilizes the standard PTS template, UNC-TPEP developed a Six Month Report instrument, made up of 19 questions assessing perceived needs, successes, barriers and opportunities for program improvement. A final narrative space allows grantees to highlight particular accomplishments. These reports are filled out at the end of September and March each year and returned with the October and April reports. The first Six Month Report was compiled and submitted to HWTF, all grantees, and the TPCB staff in November 2003.

Several challenges emerged in fully implementing the PTS system across the state. One concerned the e-mailing of reports to UNC-TPEP. In the fall of 2003, shortly after UNC-TPEP began using the PTS system, the UNC School of Medicine introduced a more restricted e-mail filter that did not permit executable files –like those contained in the monthly reports- to be received, requiring all coalitions to rename file extensions or send compressed, zipped files. This required extensive telephone support, as many new grantees were unfamiliar with changing extensions or had to reconfigure their computers to show extensions. After several months of receiving files, zipped files also became restricted, so coalitions zipping files needed updated instructions.

Despite a few hardware and software problems during the first few months of implementation, participation rates with the PTS system have remained high. Of the 26 Community/School coalitions, 22 reported every month; 3 coalitions missed only 2 months; and only 1 missed 3 months because of computer problems and staff issues. The four Priority Population coalitions began reporting in October of 2003, and have sent in reports each month since then. Beginning in March 2004, Question Why East and Question Why West began submitting reports as well. As of the end of March 2004, all coalitions are current with their reporting.

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2.C. PTS Training Workshops

The HWTF TTPI grantees were introduced to the electronic monitoring and surveillance system through a Progress Tracking System (PTS) workshop. Grantees attended one of three regional trainings in July and August of 2003, conducted in Greenville, Asheboro, and Hendersonville. All 30 coalitions sent representatives to the trainings. UNC-TPEP reviewed PTS reporting guidelines and schedules in these workshops, and each grantee received instructions on how to record the events and activities related to the TTPI in the PTS system, and how to send files by email to UNC-TPEP and the HWTF technical assistance liaison by the 5th of each month, beginning in September 2003. The first report covered all activities through August 31st, 2003.

After the introductory PTS trainings, UNC-TPEP met with TPCB representatives to plan a second round of training workshops. A half-day Evaluation/Logic Model/PTS workshop elaborated on the concept of logic models, gave instructions and a template to each coalition for developing their own models around the four state goals, and offered copies of CDC, NC State TPCB, and HWTF logic models to be used as guides. Additionally, the training showed how PTS was based on logic models, demonstrated what reports PTS could produce, and provided the context for more accurate and informative reports of events. Technical assistance was given for questions or problems that had been encountered, and suggestions from grantees were recorded. Six cluster group trainings occurred, with an additional outcome of greater program collaboration and networking, particularly between neighboring counties. Four subsequent trainings were held with individuals who were unable to attend the group meetings. Individual training sessions were also held with each of the four Priority Population coalitions to work on logic model development.

Evaluations of these training workshops indicated a high level of preparedness to use logic models for program planning and evaluation, a high understanding of how PTS could help track and assess program progress toward HWTF Goals and Objectives, and a greater sense of other coalitions' programs and strategies, as well as new ideas gained. A further indication of the effectiveness of these trainings is reflected in the Six Month Reports which show an increase in the "extent able to use PTS to document progress in achieving program goal" from a mean of 6.4 to a mean of 8 from October 2003 to April 2004.

The Evaluation Team also established a working group called Campaign for Clean PTS Data, which met periodically throughout the year. The group included the TPCB Epidemiologist and Evaluator, and the two collaborators who developed the initial PTS. The campaign team looked at suggestions given by users, and worked to create new reports within the system. A revised PTS is in the works, and will be ready to introduce to new HWTF TTPI grantees in late 2004.

2.D. Surveillance and Evaluation Advisory Team

In 2003 the North Carolina TPCB established a statewide Surveillance and Evaluation Advisory Team 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 evaluations areas to pursue. Since its inception, UNC-TPEP has played a vital role participating in the TPCB's Surveillance and Advisory Team, and it will continue to provide linkages between the HWTF's TTPI evaluation and other statewide tobacco control evaluation efforts.

Statewide Surveillance and Evaluation activities in which UNC-TPEP played a role in 2003-2004 include:

- Assisting the TPCB in design, analysis, and dissemination of the third NC Youth Tobacco Survey (NC YTS), conducted in the fall of 2003 in conjunction with the Department of Public Instruction (DPI).
- Advising the TPCB on a State tobacco control evaluation plan, in conjunction with guidelines from the CDC that require states to develop an evaluation plan involving key stakeholders.
- Sharing key HWTF TTPI evaluation tools, measures, needs, and outcomes to enhance statewide evaluation efforts.
- Participated in design and data collection for the 2004 Youth Institute evaluation.

2.E. Special Studies

As part of the general evaluation of the effects of the HWTF -TTPI grantees' work in North Carolina, the UNC-TPEP also conducts special studies to supplement the data it collects from other sources. During the first program year, two such studies were conducted, both focusing on the statewide media campaign.

Best Media Practices for Youth Tobacco Use Prevention

In the first study, UNC-TPEP compiled a comprehensive report on best practices for use in youth tobacco prevention media campaigns. Because of anticipated added funding for the media campaign, the HWTF asked UNC-TPEP to research best practices to increase the new campaign's chance of having a successful impact on youth tobacco use. During the fall of 2003, TPEP studied the results of other states' anti-tobacco media campaigns, performed an extensive literature review on the components of successful counter-marketing ads, and conducted interviews with state and national experts in the field of tobacco counter-marketing media campaigns, as well as with local experts and stakeholders. The results were compiled into a report for the HWTF and the new media vendor. An Executive Summary of the report can be found in Section 5 of this document, and the full report can be obtained at www.fammed.unc.edu/tpep.

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TRU Media Campaign Evaluation 2004

In the second study, UNC-TPEP began an evaluation of the 2004 expanded media campaign by collecting baseline data using a statewide telephone survey. Preparation work including researching the best methods of evaluating youth tobacco use prevention media campaigns, reading the results of other states' evaluations, and contracting with a survey research center to conduct the telephone interviews. UNC-TPEP also constructed a screener and questionnaire (see <http://www.fammed.unc.edu/tpep>), set up an incentive program for interviewees, worked with the survey research unit to determine the most effective sampling method, and met with the media vendor and placement agency to map out a media placement strategy allowing for a comparison and control group to be used in the evaluation.

The interviews were conducted in March and April of 2004, and TPEP will be working on the data analysis of the baseline survey during the summer and early fall of 2004. The post-test interviews will take place after the last flight of the media campaign at the end of 2004. More detailed information on this and the full media evaluation can be found in Section 5.

2.F. Website Development

The TPEP website (www.fammed.unc.edu/tpep) provides information about TPEP programs, personnel, partnerships, and the services that UNC-TPEP provides to stakeholders, including TTPI grantees. The site was created to make this information easily accessible to local and statewide partners and communities that are seeking UNC-TPEP's assistance in using evaluation as part of effective tobacco prevention and control programs.

The TTPI portion of the site includes a list of HWTF Communities and Schools and Priority Populations grantees, a map of grantees' locations, reports, tools, and logic models.

Significantly Reduce Youth Exposure to Secondhand Smoke

"Teens from Durham, Orange County, and Robeson County have learned the important roles they play as advocates in youth tobacco prevention. In a weekend retreat focused on creating smoke free environments, over 37 youth from these counties learned ways of reducing youth initiation, access, and exposure to tobacco in their communities. The teens later spoke with the manager of AMF Bowling Lanes in Durham, asking for more smoke free lanes. As a result, the manager created a new policy that increased the number of smoke free lanes from 10 to 16, making half the bowling alley smoke-free. When asked how she felt about the decision, April Watlington, the Youth Tobacco Prevention Coordinator of Durham County stated "This was a significant accomplishment for our youth. They really feel empowered and ready to continue their fight for smoke-free environments."

TTPI Community/ Schools grantee

Reduce Health Disparities among Minority Youth Attributable to Tobacco Use

"I attended our local festivities to honor Martin Luther King. It started out with the usual City Fathers giving their talks, then a march down Main St. to Town Square where there were more talks and local entertainment. A 7th grade African-American student got up in front of everyone and spoke. She told of going through the TNT program at her school and that through this program she learned that she does have a voice. In front of over 200 people she vowed never to use tobacco or any other drug. She then publicly thanked me for teaching all the 7th graders about the dangers of tobacco. Needless to say I was in tears."

TTPI Community/Schools grantee

Section 3: Grantee Reports

In this section the HWTF TTPI grantees' major activities are reviewed in terms of their collective progress and any barriers toward achieving the four HWTF goals. Data for this review are primarily from the monthly PTS Reports and the Six Month PTS Reports. For the NOT and Pregnant Teens programs, data are from their reports to the HWTF and personal interviews. Community/Schools grantees are presented first, followed by Priority Populations grantees, NOT, and Pregnant Teens.

3.A. Community/ Schools Grantees

Overview

The Health and Wellness Trust Fund (HWTF) Teen Tobacco Prevention Initiative (TTPI) was awarded to 30 local coalitions across the state during the first program year to address youth tobacco use in North Carolina. These coalitions included both Community /Schools groups (26) focused on reducing tobacco use among all NC youth, and Priority Populations groups (4) that were primarily focused on addressing disparities within the African American, Latino, and American Indian communities on a statewide basis.

The goals for all the coalitions are the same:

- To prevent youth initiation of tobacco use
- To eliminate youth exposure to secondhand smoke
- To provide treatment options for youth who want to quit
- To eliminate health disparities among minority youth attributable to tobacco use

All of the coalitions constructed program logic models to link their program activities to these four overarching goals. The coalitions report their activities/events on a monthly basis using the Progress Tracking System (PTS). PTS organizes grantee events into two categories: "infrastructure" (program capacity-building activities) or "tobacco control" (activities that relate to the four goal areas.) This report similarly divides grantee activities into infrastructure or tobacco control. It further divides infrastructure-building activities into the sub- categories listed in PTS, and tobacco control activities into the four HWTF goal areas.

During the project's first year, the 26 Community/Schools coalitions reported a total of 2235 events. Of these events, 830 related to program infrastructure and 1405 were classified as tobacco control.

Infrastructure events are subdivided into nine categories: Staffing, training, partnering, fundraising and resources (all four described further below), technical assistance,

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planning, recruitment, education related to legislation, and developing leadership capacity. Figure 3A.1 shows the trends in event type (infrastructure versus tobacco control) by quarter for year one, and Figure 3A.2 depicts the trends in infrastructure events by category. While one would expect infrastructure events to weigh heavily in the first year of a program, it can be seen that tobacco control events increased substantially over the course of the year, particularly in the last six months when they were approximately double the number of infrastructure events (see Figure 3A.1). Figure 3A.2 further illustrates the increasing levels of planning, partnering, and technical assistance activities during the last two quarters of the year.

Figure 3A.1: Trends in Event Type

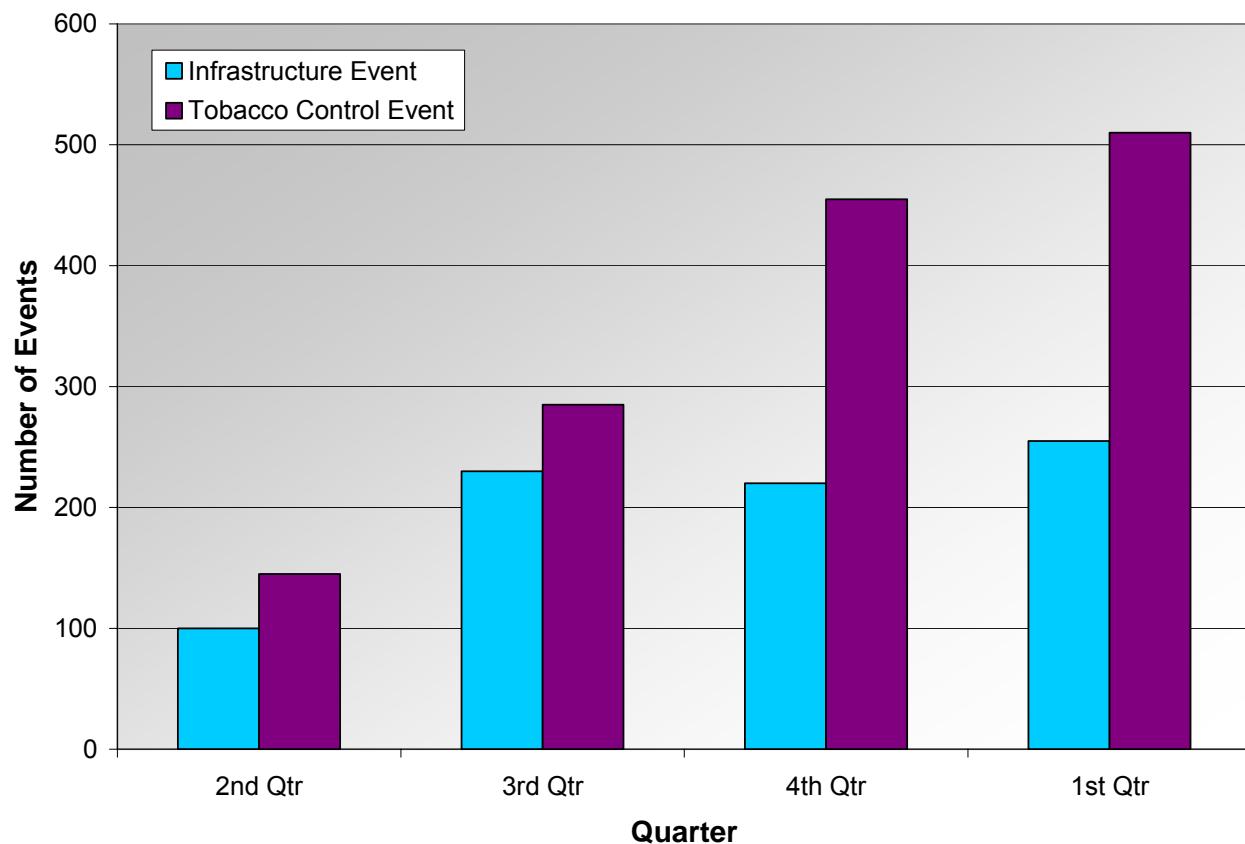
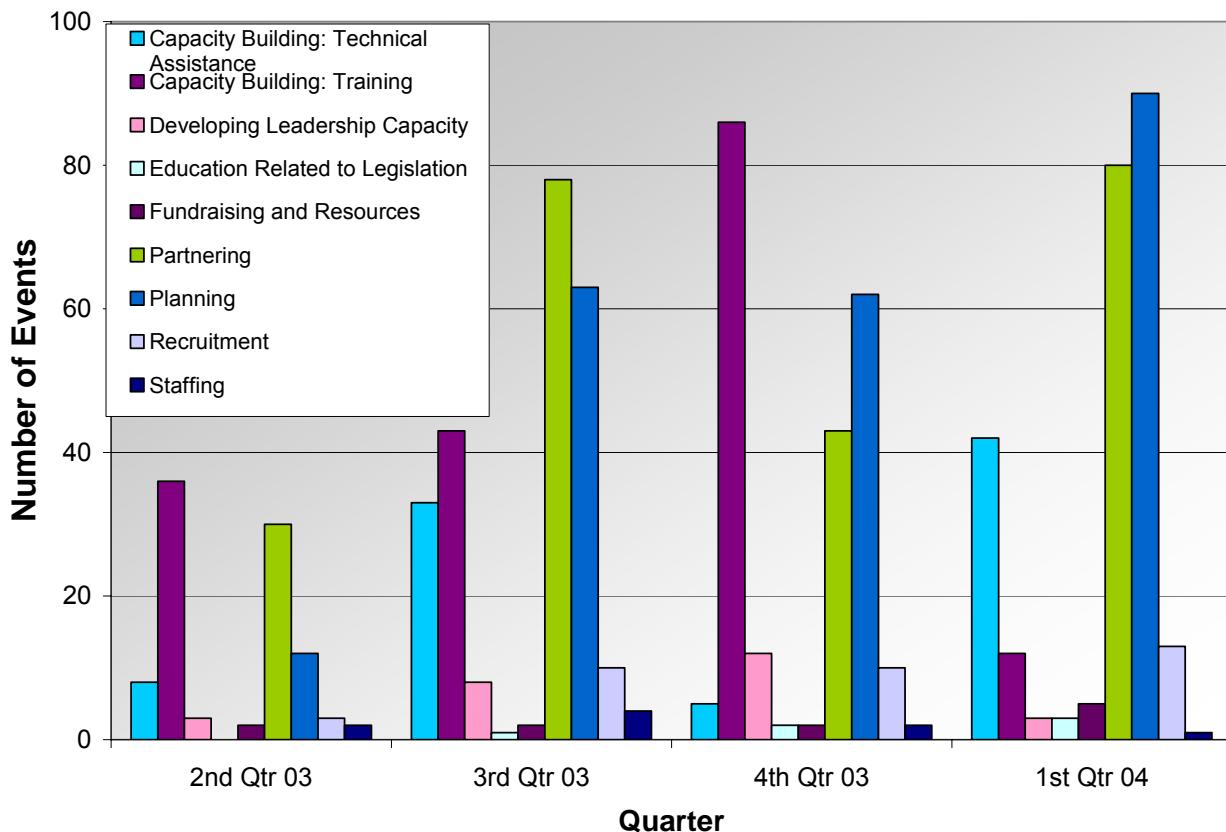


Figure 3A.2: Trends in Infrastructure Events

Infrastructure /Community/School Grantees)

Twenty-six Community/Schools and four Priority Populations groups received notification in December 2002 that they would receive grant money from the HWTF's Teen Tobacco Prevention Initiative. Contracts were signed in early 2004. Of the twenty-six Community/School groups, five grantees had coordinators with tobacco related experience (4 full time and 1 three-quarters time) who were already in place. Twenty coalitions hired new coordinators and/or health educators, for a total of 27 full time equivalent positions. Of these 27, only 3 had previous experience in tobacco use prevention and control. This meant that for the majority of coalitions, the first year required not only getting up and running with program activities, but also getting the appropriate training and technical assistance for staff to effectively coordinate a teen tobacco prevention program. Another factor to consider in evaluating the numbers of events and activities or the progress of particular coalitions is the length of time taken to hire a coordinator. Some programs had coordinators hired by the contract signing date, and the last coordinator was hired on September 15th, 2003. Another coalition's coordinator resigned after 9 months, and a new coordinator was hired after a 3-month search process. Two other coalitions will be hiring new coordinators in the summer of 2004.

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Grantees from all the coalitions have enthusiastically and consistently over the course of this first year taken advantage of training and technical assistance resources to improve and focus their programs. All grantees had representatives at the HWTF TTPI Kickoff and Vision 2010 in March 2003, as well as Progress Tracking System and Media Training, and Logic Model and PTSII training. In addition, the majority attended Question Why youth empowerment trainings, TATU and NOT trainings, and 100% Tobacco Free School trainings. Most also had representatives who attended the National Tobacco or Health Conference in Boston, December 2003. They have also participated in TTPI conference calls, attended regular meetings with TPCB field staff, and participated in individual on-site or telephone consultations around specific program needs.

Community/school groups actively sought ways to combine and or share resources with local and statewide partners for carrying out their objectives. Orange and Durham counties held a joint Youth Summit that promoted advocacy at a bowling alley, resulting in an increase of smoke-free lanes. Guilford and Alamance counties teamed up for a Girls' Summit. Alamance was able to get discounted rates for billboard advertisements for other HWTF grantees, and shared its smoke free restaurant campaign strategies with other counties. The NC Amateur Games is working diligently to help get brand recognition for the TRU campaign.

Another important component of partnering comes in working with other community groups. Each grantee is encouraged to form a coalition that will serve as a sounding board, and in many cases, take some of the responsibility for achieving the goals of the grant. In addition, groups partnered with local ASSIST groups, school counselors and teachers, businesses, and other health-related organizations. Finally, Community/School grantees partnered with statewide grantees, and these partnerships increased significantly over the course of the year. (See Figure 3D.10.)

Although less emphasized this first year, it is encouraging to see coalitions seek to extend their work by applying for other grants. Examples of this include the TATU, NOT, 100% TFS, and Question Why mini-grants. One coalition received a grant from the American Cancer Society to fund its countywide Smoke-Free Dining Day.

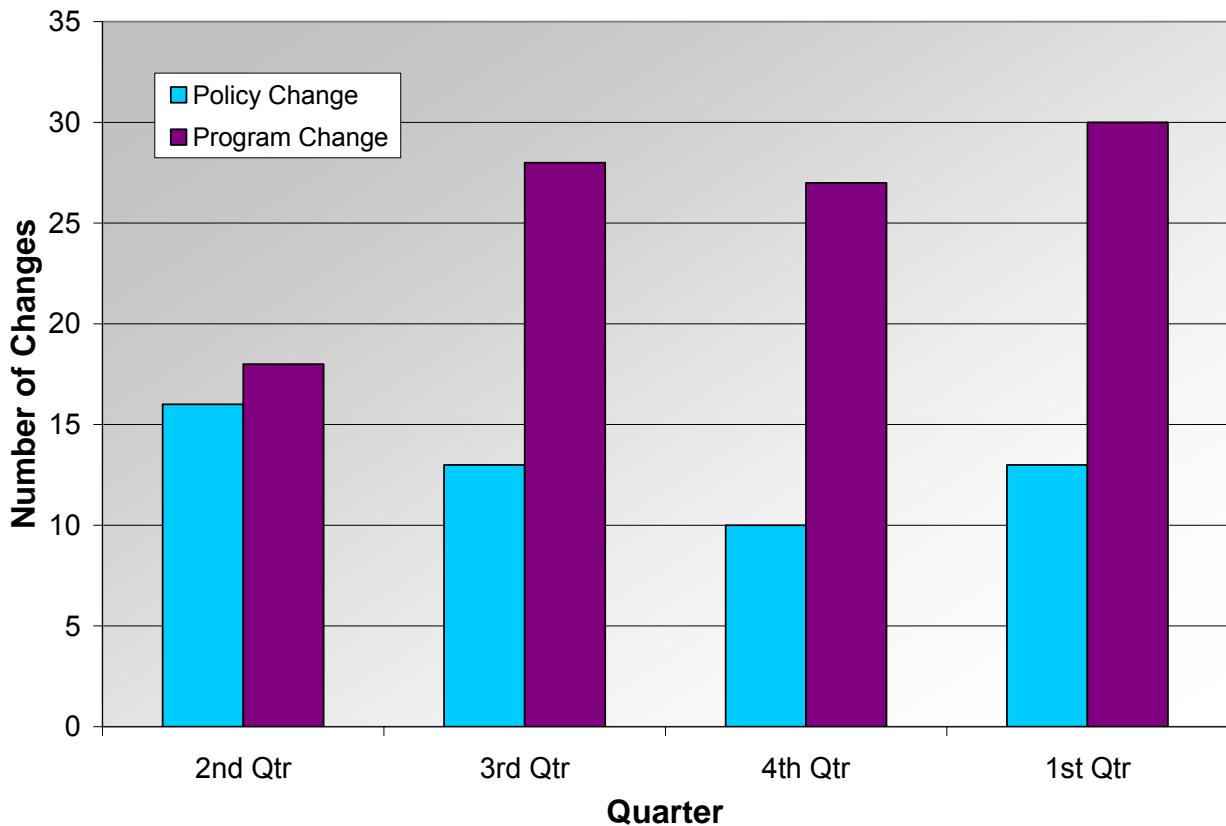
Tobacco Control /Community/School Grantees)

Of the 1405 tobacco control events, 322 resulted in media coverage; 102 in program change; and 50 in policy change. As shown in Figure 3A.3, events resulting in program changes increased throughout year one, while policy changes occurred at a lower level with little change from one quarter to the next. Continuous program and policy changes throughout the year are indication of significant achievements.

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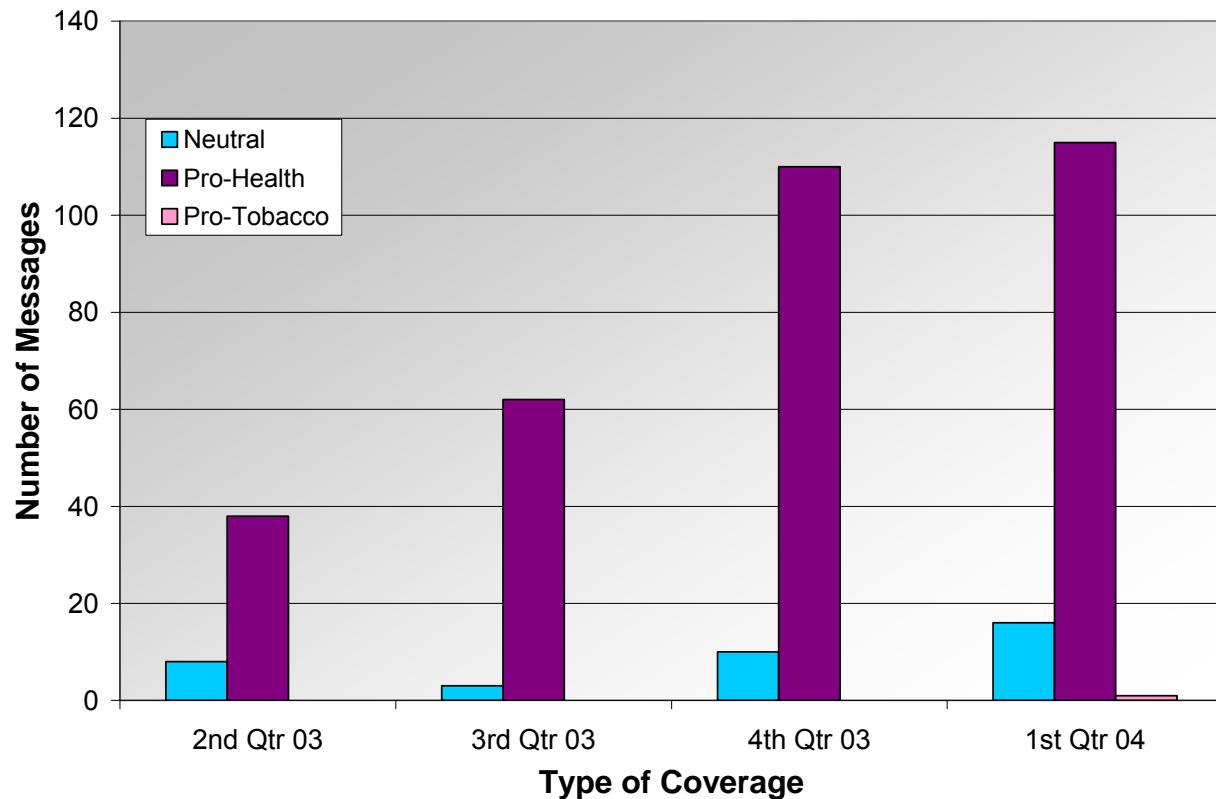
Figure 3A.4 depicts trends in media coverage. Pro-health messages increased sharply from the first quarter of the year to the last quarter. While there is no benchmark against which to measure this media coverage, the increase over the course of the year is certainly a desired achievement.

Figure 3A.3: Trends in Community Changes



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Figure 3A.4: Trends in Media Coverage



Progress of Community/Schools Towards Meeting TTPI Goals and Objectives

To appreciate the grantees' progress during their first year it is necessary to review their activities as related to each of the TTPI goals.

TTPI GOAL 1– Prevent Youth Initiation of Tobacco Use

Objective 1: Increase the proportion of young people in middle school and high school that have never smoked.

To accomplish this objective, Community/School groups used the strategies of prevention education and youth empowerment (including peer education, and awareness and advocacy activities). Fifteen coalitions had ongoing programs during the school day that reached students using curriculums such as Life Skills or Towards No Tobacco (TNT). Twenty- two coalitions have active youth groups, the majority of them following the Teens Against Tobacco Use (TATU) model. These youth groups plan events such as the Great American Smoke Out and Kick Butts Day, and other school wide tobacco prevention programs and media spots. They also go into

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elementary and middle schools to teach prevention, make presentations to school boards advocating 100% Tobacco Free Schools (TFS), and survey diners at local restaurants to persuade the owners of the public interest in smoke free dining.

Each of the 26 Community/School groups sent representatives to the State Youth Institute held on March 12-13, 2004. This event, sponsored by HWTF and TPCB, was planned and carried out in large part by youth. Over 500 youth and adults attended the statewide summit with a keynote address by the Lieutenant Governor of North Carolina and Chair of the HWTF, Beverly Perdue. The summit offered educational sessions to increase the young people's knowledge, advocacy skills, and media literacy. Each group chose an area in which to work for the coming year. Individual action plans were drafted, and follow-up by the TPCB field coordinators and Question Why regional staff should help to ensure that youth accomplish their objectives. The summit evaluation showed that 85-90% of adults and youth attending reported that they learned new skills, were inspired to action, and were ready to use their new skills. The effects of the summit on policy should become evident in year two of the TTPI.

Objective 2: Increase the proportion of school districts that are 100% tobacco-free for all students, staff and visitors on all school property at all times.

The TTPI grantees played a large role in increasing the proportion of school districts in North Carolina becoming 100% tobacco-free. The 26 Community/Schools grantees include two statewide groups: North Carolina Amateur Sports and SAVE (Survivors and Victims of Tobacco Empowerment), and one regional group, WHAT/Question Why East. The remaining 23 Community/School coalitions represent 36 of the State's 115 Local Educational Authorities (LEA). Of these, ten had passed 100% Tobacco Free School (TFS) policies before April 1, 2003 (when the TTPI grantees began their projects). Eight more passed the gold standard TFS policy during the first year of the grant (by March 31, 2004), bringing the total to 18 of the 36 LEAs within the grantee counties. This increase represents 31% of possible school districts residing in TTPI grantee areas becoming 100% TFS in 2003-2004.

Several groups had already been working toward TFS before receiving the HWTF grant. The Tri-County coalition used grant money to prepare its youth groups to be advocates for the policy. Effective presentations by youth at school board meetings contributed to the passing of 100% TFS policy in two of its three counties. Union County began its efforts with the TTPI grant, and provides an excellent example of a comprehensive approach that resulted in policy passage in March 2004. (See Figure 3A.5)

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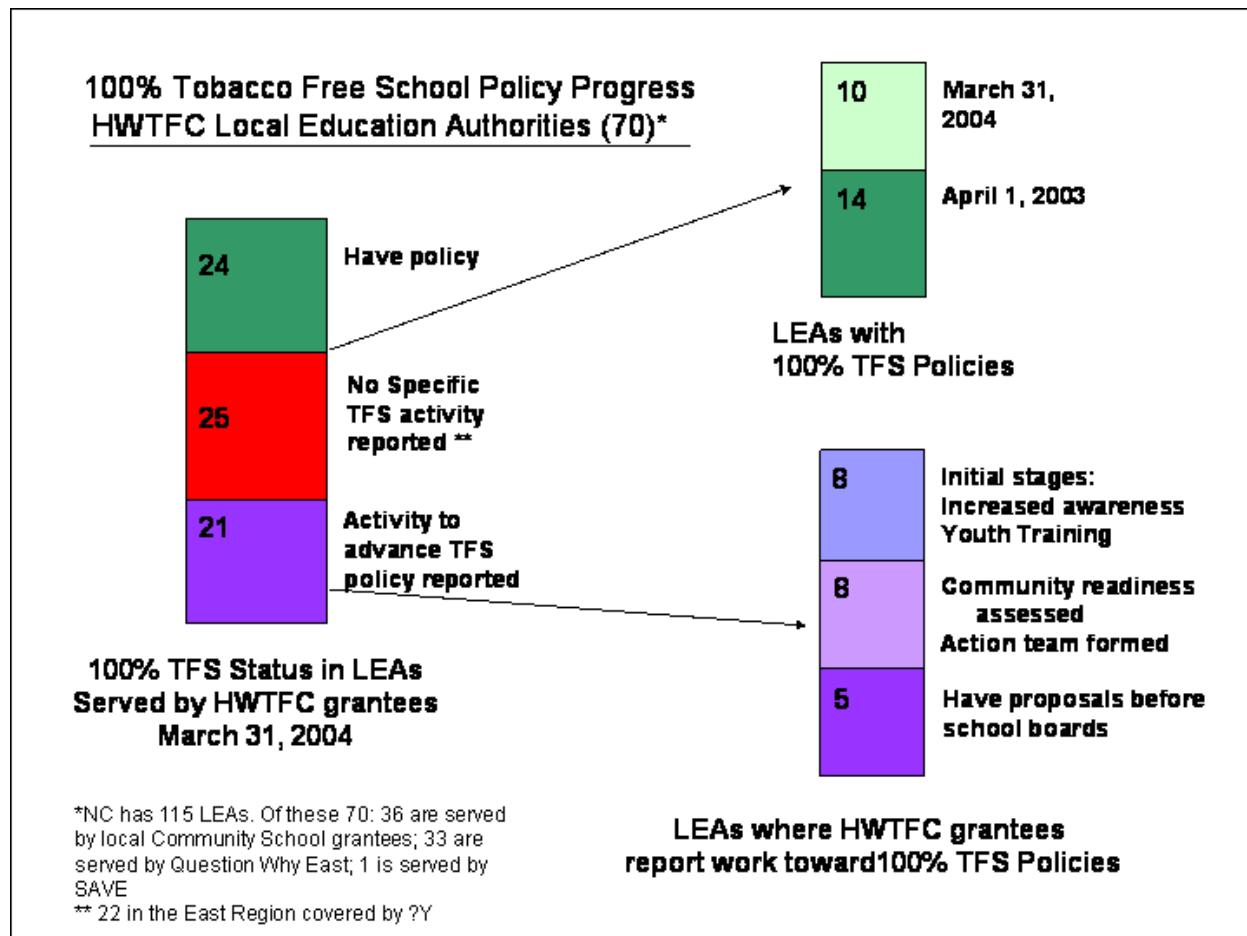
Figure 3A.5: Union County Tobacco Free School Policy

UNION COUNTY SCHOOL BOARD ADOPTS 100% TOBACCO FREE SCHOOL POLICY

- **Advocacy Group Meets Regularly**
- **Community Awareness Raised:**
 - Tobacco Prevention Kick Off Event September 2003**
 - Readiness Survey Developed and Implemented**
 - Media Coverage**
- **Youth Trained Teens Against Tobacco Use (TATU)**
 - Practice presentations**
- **Key Leader Support** **Meetings with Assistant Superintendent and Superintendent**
- **Persistent Presence at School Board Meetings**
 - December: Health Director Presents Resolution**
 - January: 4 youth and 2 adults speak on behalf of 100% TFS**
 - February: Continued advocacy by physicians, educators, parents, with over 200 in attendance; results of readiness survey given**
 - March: School Board Passed Gold Standard Policy 6-3!**

Of the 18 LEAs that have not yet passed a TFS policy, almost all (15) reported actively working toward such a policy. These efforts include school board presentations (4), meetings with school administrators or board members (11) in 5 LEAs, youth meetings/trainings/advocacy events (32) in 11 LEAs, and surveys in 2 LEAs to determine readiness for the policy. The policy readiness/development of these groups is displayed in Figure 3A.6.

Figure 3A.6: Tobacco Free School Progress



Some of the statewide and regional coalitions have also been involved in promoting 100% TFS policies. For example, SAVE is a state-wide program, but the coordinator lives in Stanley County and participated in a presentation asking the school board to consider 100% TFS. WHAT/Question Why East covers 29 counties and 33 LEAs (in addition to the HWTFC grantees in the region). Six of these LEAs had previously passed TFS policies, and two passed the policy in May 2003. A school board presentation has been made in one county; five meetings have been held with school administrators or school board members in three districts; and community awareness/youth training activities are also taking place in other counties.

In those LEAs that have adopted the 100% Tobacco Free Schools policy, coalition concerns have shifted to enforcement and cessation efforts. Nine Community/School coalitions have recorded 33 activities related to raising awareness and enforcing the new or existing policies. The majority of these activities (18) were reported by Chatham County, where newspaper and chat-line announcements welcomed students back to school with the new policy; cessation classes were offered to school staff and a pilot study offered payment of cessation services for staff; signs were posted at each county

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school; a handbook explaining the policy and penalties was given to every student, faculty and staff member; PSAs and flyers reminded people attending football games of the new policy; and the policy was further strengthened in November 2003 to discourage use of tobacco near the school administration building . The WHAT/Question Why East team has worked with two counties on enforcement activities.

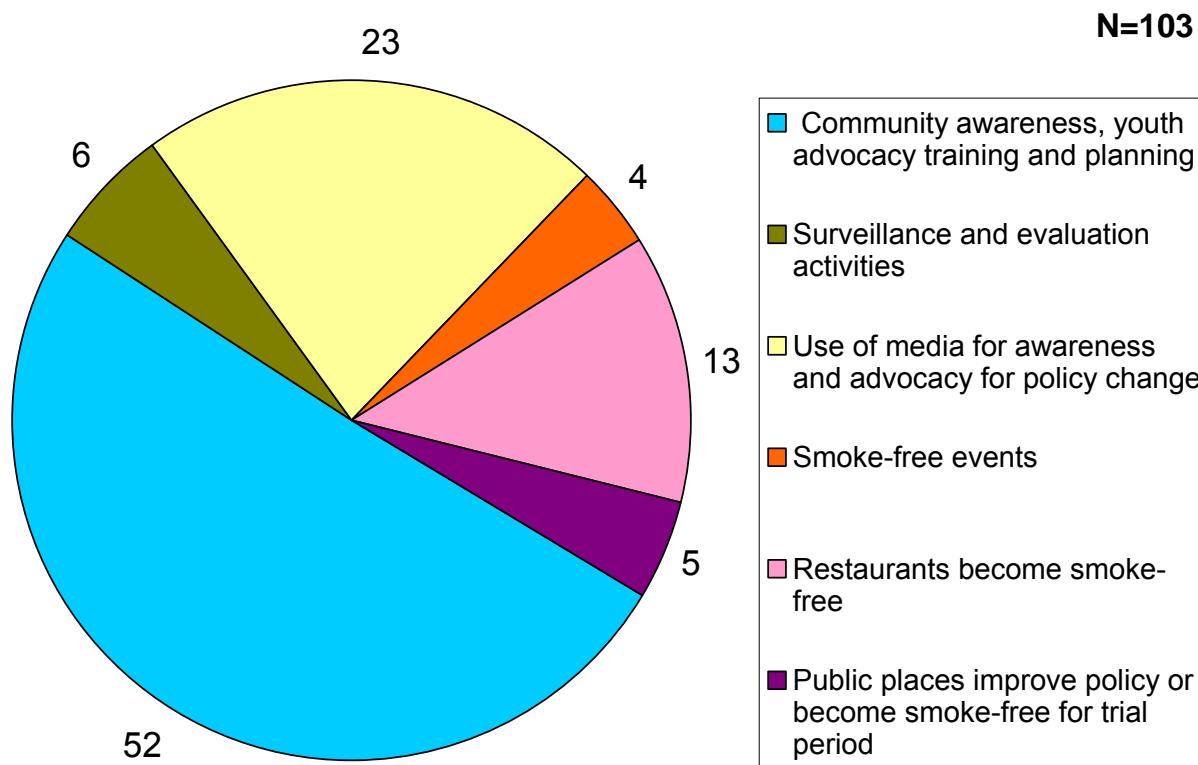
TTPI GOAL 2: Significantly Reduce Youth Exposure to Secondhand Smoke

Objective 1: Increase the proportion of school districts that are 100% tobacco-free for all students, staff and visitors on all school property at all times.

See Goal 1 above.

Objective 2: Increase smoke-free policies in both indoor and outdoor areas frequented by youth, such as: restaurants, bowling alleys, malls, homes, parks, amusement areas, and ball fields.

Twenty-one Community/School coalitions reported at least one event this year related to increasing smoke-free policies in public places frequented by youth. Of the 104 total events, 39 were aimed at increasing public awareness and education about the negative effects of second-hand smoke; 23 were media advocacy activities, such as letters to the editor and public service announcements, or advertisements for smoke-free events; and 14 involved training youth to be advocates for clean air policies and youth planning advocacy activities. Three coalitions teamed up with local sports teams to offer tobacco-free nights, and one coalition held a county-wide smoke free dining day in which 36 of the county's 62 restaurants participated. Six activities involved surveys, such as restaurant patron questionnaires that measured readiness for change. Advocacy efforts resulted in 13 restaurants adopting smoke-free policies, and 5 other venues improving an existing policy or changing the policy for a trial period. Thirty-four of these events were youth-led (see Figure 3A.7).

Figure 3A.7: TTPI 2003-04 Secondhand Smoke Initiatives

TTPI GOAL 3: Provide treatment options for youth who want to quit.

Objectives:

1. Decrease the number of middle school and high school students who smoke cigarettes.
2. Decrease the number of middle school and high school students who use smokeless tobacco (spit tobacco) or any other form of tobacco.
3. Decrease the proportion of pregnant teens who smoke.

Nineteen Community/School grantees recorded tobacco control activities under this goal. Nine grantees held 12 activities that promoted cessation classes to students who smoke. In addition, there were at least 9 Great American Smoke-Out activities, all led by youth groups from 7 Community/School groups.

Three school systems adopted Alternative to Suspension (ATS) policies, enabling students caught smoking to attend classes to learn about the dangers of tobacco and the opportunity to enroll in Not On Tobacco (NOT) classes for cessation. Among the 8 grantees that offered ATS classes, 34 sessions involving 75 youth were held. Twelve NOT classes (each one 10 weeks) were attended by 98 students. Eight other brief cessation sessions were held for 78 students.

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Three grantees worked with medical and dental clinics to provide training and resources to help teen patients quit. Three grantee groups used media, such as newsletters and resource guides, to increase awareness of cessation options.

The Alternative to Suspension policy has been adopted by some school systems as a way of preparing for the adoption of 100% Tobacco Free Schools. Others have included it as part of the 100% TFS policy, and at least one group amended its TFS policy to include ATS.

GOAL 4: Reduce Tobacco-related Health Disparities Among Minority Youth

Objectives

1. *Decrease the proportion of minority middle school and high school students who smoke cigarettes.*
2. *Decrease the proportion of minority middle school and high school students who use smokeless tobacco (spit tobacco) or any other form of tobacco.*
3. *Decrease the proportion of minority pregnant teens who smoke.*

Every Community/Schools grantee reported reaching priority populations in their tobacco prevention or cessation programs. Of all the tobacco events recorded on the PTS system, 37% (845/2300) explicitly indicated that they included priority populations. Of these about 25% (274) were uniquely planned for one or another specific priority population, as follows:

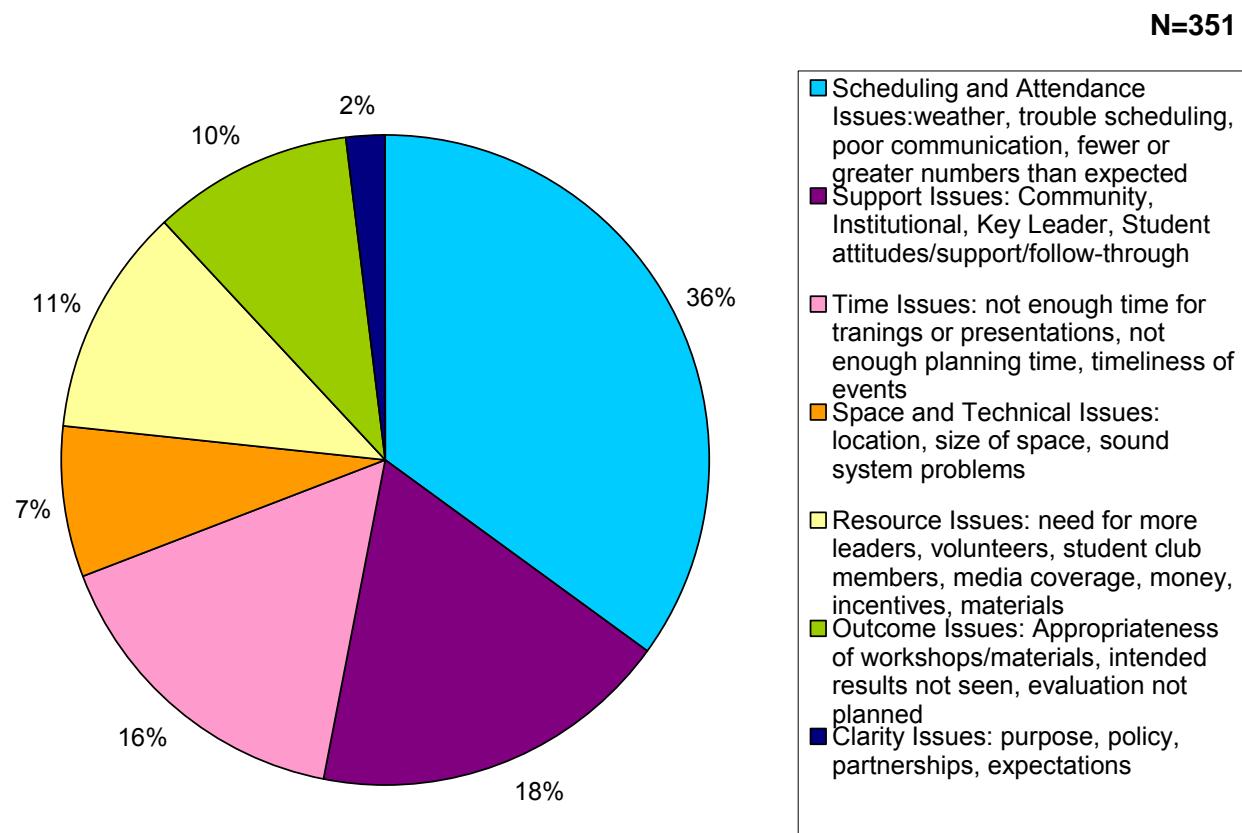
- African American – 95
- American Indian - 9
- Blue Collar - 4
- Hispanic - 16
- Low Literacy - 29
- Low SES -121

Barriers (Community/School Grantees)

Grantees have an opportunity in their monthly PTS reports to record barriers they faced in holding their events. The most remarkable aspect of the barrier data is that it shows far fewer reported barriers than one might expect given the organizational challenges and complexities in implementing and administrating the first year of such a large initiative.

Grantees reported 351 event barriers (See Figure 3A.8). Over half of all reported barriers related to organizational or infrastructure issues such as needed improvements in scheduling and attendance (36%), more time (16%) or better space/technical support (7%). Grantees reported fewer barriers relating to any perceived lack of support (18%), lack of resources (11%) or lack of program clarity (2%).

Figure 3A.8: Barriers to Community/Schools Grantees' Events



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3.B. Priority Populations

Overview

Four of the Health and Wellness Trust Fund (HWTF) Teen Tobacco Prevention Initiative (TTPI) grants were awarded specifically to address health disparities related to tobacco use within North Carolina. The Priority Populations Initiative was initially funded at \$700,000 per year to address disparities within the African American, Latino, and American Indian communities on a statewide basis. Grants were awarded in the spring of 2003 to El Pueblo, the General Baptist State Convention, the North Carolina Commission on Indian Affairs, and Old North State Medical Society.

The goals of the Priority Population coalitions are the same as that of their Community/Schools counterparts:

- To prevent youth initiation of tobacco use
- To eliminate youth exposure to secondhand smoke
- To provide treatment options for youth who want to quit
- To eliminate health disparities among minority youth attributable to tobacco use

All of the coalitions constructed program logic models to link their program activities to these four overarching goals (see Section 2B).

The coalitions report their activities on a monthly basis using the Progress Tracking System (PTS.) These events are categorized as “infrastructure” (program capacity-building activities) or “tobacco control” (activities that relate to the four goal areas.) The report organizes grantee activities into those related to infrastructure and those related to tobacco control. The tobacco control activities are further divided into the four HWTF goal areas.

During the project’s first year, the four Priority Populations coalitions reported a total of 358 events. Of these 358 events, 225 related to program infrastructure and 133 were classified as tobacco control. The higher number of infrastructure events reflects the level of capacity-building activity fundamental to program development during year one. Events are categorized by coalition in Table 3B.1.

Table 3B.1: Priority Population Program Activities by Type

	Infrastructure Events	Tobacco Control Events
El Pueblo	38	40
General Baptist State Convention	93	37
North Carolina Commission on Indian Affairs	42	23
Old North State Medical Society	52	33
TOTAL	225	133

Infrastructure (Priority Population Grantees)

Infrastructure events are subdivided into nine categories: Staffing, training (both described further below), technical assistance, fundraising and resources, partnering, planning, recruitment, education related to legislation, and developing leadership capacity. Figure 3B.1 shows the trends in event type (infrastructure versus tobacco control) by quarter for year one, and Figure 3B.2 depicts the trends in infrastructure events by category. Although the expected trend is for tobacco control events to rise and infrastructure events to decline throughout the program year, both types of events continued to rise throughout year one of the programs. Figure 3B.2 helps to explain this trend. The last two quarters show increasing levels of planning, partnering, and technical assistance activities. Three of the four coalitions are expanding their programs to new youth groups in year two, and the fourth is giving out additional mini-grants, all requiring increased capacity-building activities.

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Figure 3B.1: Trends in Event Type

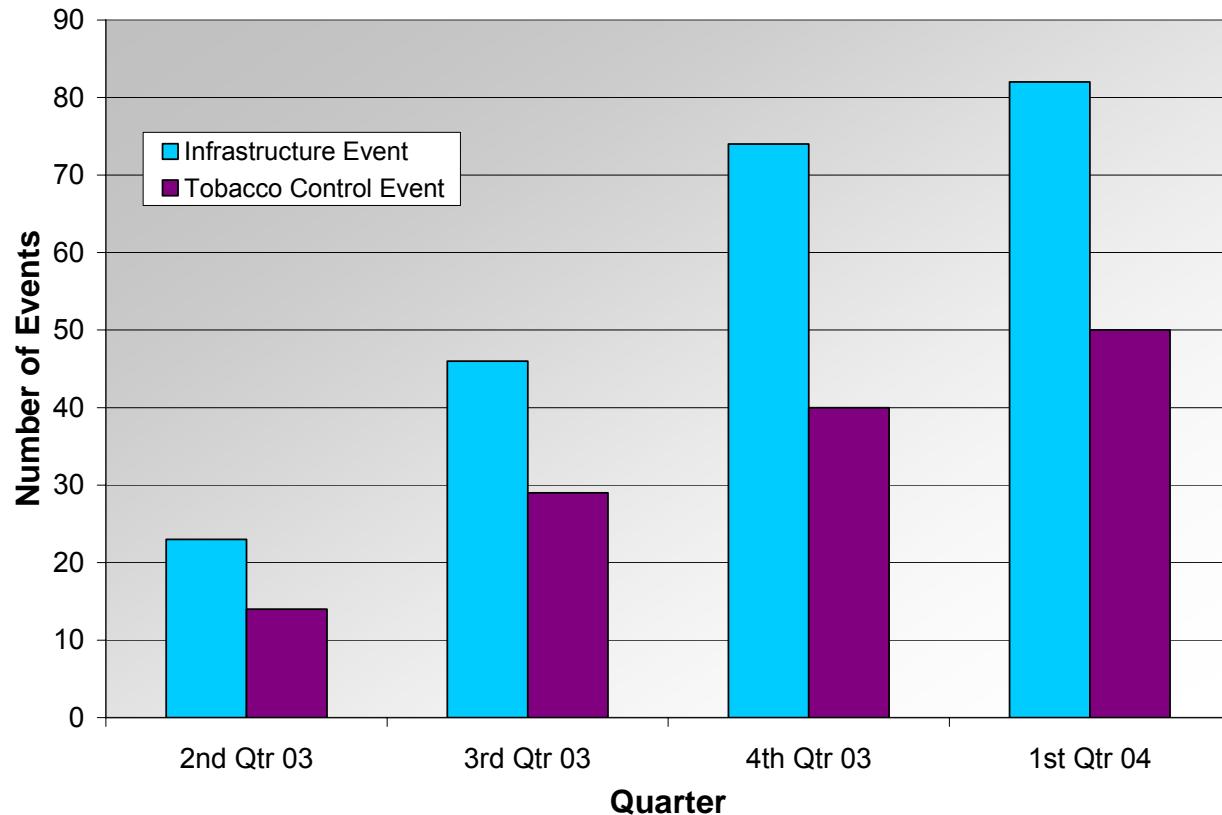
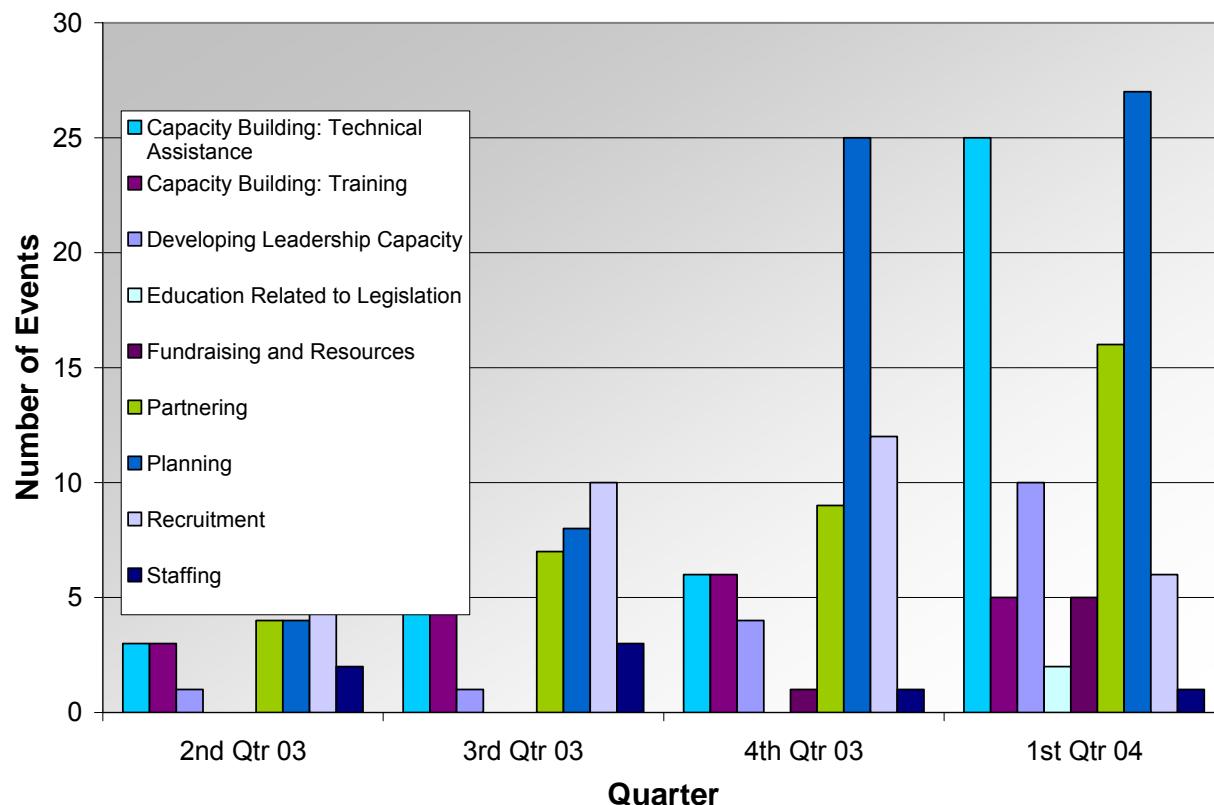


Figure 3B.2: Trends in Infrastructure Events

Staffing for the Priority Population projects began in the spring of 2003 once grants were awarded. El Pueblo hired two full-time employees (including one Americorps member) and contracted with two other people part-time to assist with the program curriculum development. General Baptist State Convention employs one full-time project coordinator and a part-time (20%) project director, and contracts with the University of North Carolina at Greensboro for assistance with evaluation. The North Carolina Commission on Indian Affairs has a full-time program manager and two part-time (50% and 10%) staff. Old North State Medical Society employs two full-time and two part-time (60% and 30%) people for its program and contracted during its first year with the Paragon Foundation for program consultation. Project coordinators were hired between May 1, 2003 and November 1, 2003, with a second coordinator for El Pueblo starting on January 5, 2004.

Grantees from all the Priority Populations coalitions have consistently taken advantage of training and technical assistance resources to improve and focus their programs. All grantees had representatives at the HWTF Kickoff and Vision 2010 in March 2003, as well as Progress Tracking System and Media Training, and Logic Model and PTSII training. Three of the four also attended the 100% Tobacco Free Schools training and the National Conference on Tobacco or Health (held in December 2003.) Two of the four coalitions attended TATU, NOT, and Question Why trainings. All of the coalitions

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participated in TTPI conference calls, attended regular meetings with OMH staff, and participated in individual on-site or telephone consultations around specific program evaluation needs.

Tobacco Control /Priority Population Grantees

Of the 133 Priority Population grantee tobacco control events, 26 resulted in media coverage; 14 in program change; and 2 in policy change. As shown in Figure 3B.3, events resulting in program change increased throughout year one, and both policy changes occurred during the last quarter. This is consistent with expected trends. Figure 3B.4 depicts trends in media coverage. Pro-health messages increased in the third quarter and declined in the last quarter.

Figure 3B.3: Trends in Community Changes

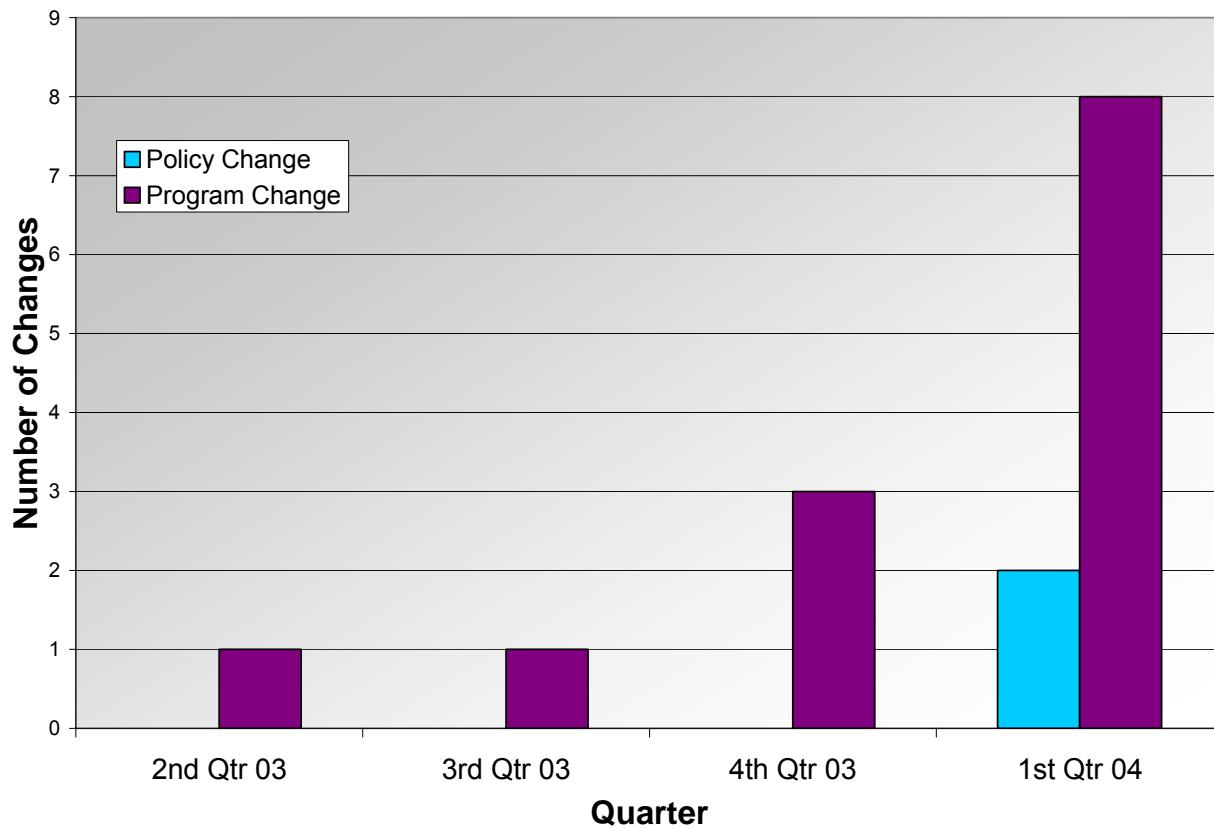
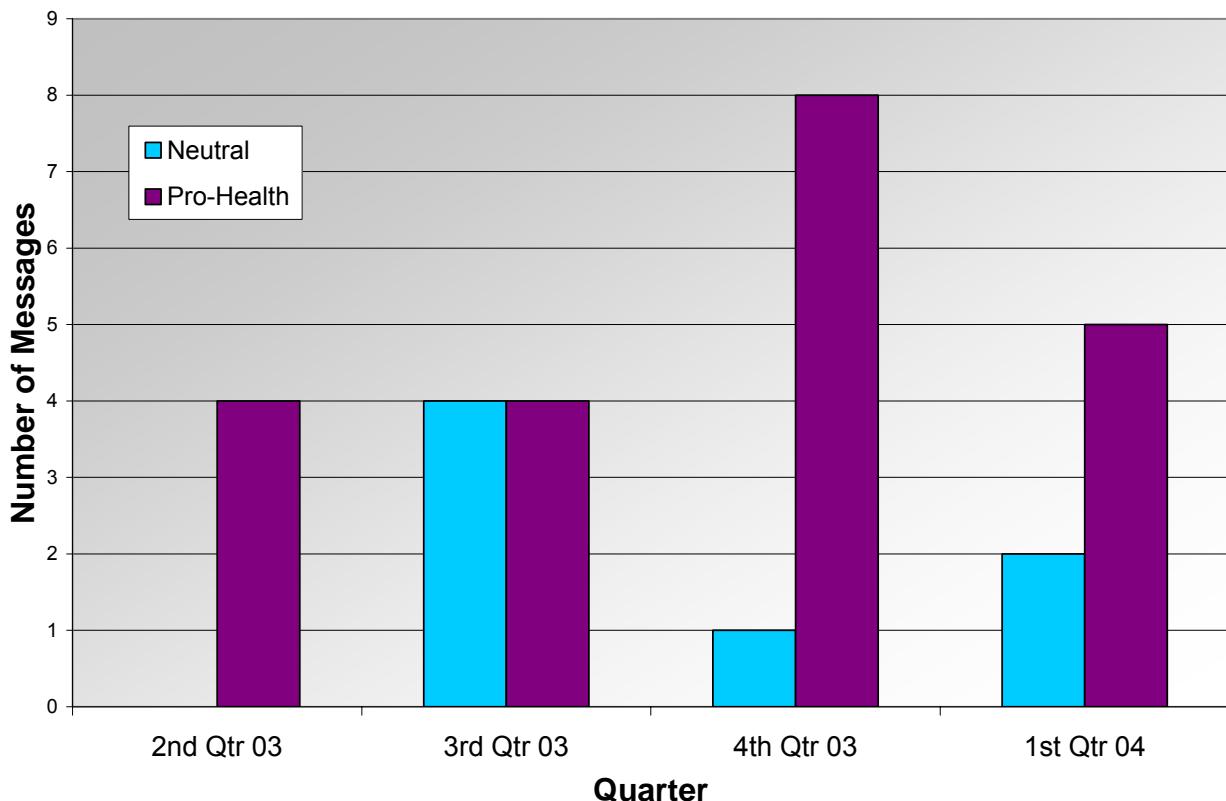


Figure 3B.4: Trends in Media Coverage



Progress of Priority Population Grantees Towards Meeting TTPI Goals

Following are case studies of tobacco control activities in each of the four goal areas to illustrate the range and descriptive detail of the programs.

Goal 1: Reduce Initiation

Case Study: El Pueblo's No Fumo

El Pueblo has been a leader in the Latino community in North Carolina since 1994. The organization expanded its tobacco prevention efforts with Latino youth through the No Fumo project, funded with resources from the Health and Wellness Trust Fund in spring of 2003. Through the No Fumo project, El Pueblo planned to:

- Develop a curriculum and set of materials in Spanish that address tobacco use prevention and cessation issues specific to North Carolina Latinos
- Build capacity of community-based youth groups and develop leadership among NC's Latino youth
- Reach community and service providers with the No Fumo message

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With the formation of youth groups and accompanying dissemination of information on the harms of tobacco use, El Pueblo is working toward the goal of reducing initiation of tobacco use among NC's Latino youth. During the project's first year, El Pueblo expanded the tobacco prevention work being done by its Youth Program. In July of 2003, the program held a three-day leadership retreat and trained youth from Partner Groups across the state on the No Fumo initiative, "Tobacco 101", Tobacco Cessation, Media Awareness, and Policy and Advocacy. The organization worked to develop a linguistically and culturally appropriate curriculum and set of materials addressing tobacco use prevention and piloted it with its four partner youth groups in Newton Grove, Kestrel Heights, Wilkes County, and Asheboro. The No Fumo curriculum includes capacity-building components such as identity formation, goal-setting, and leadership skills and uses activities including setting group norms, sharing autobiographies, learning tobacco facts, and planning for the future. El Pueblo staff implemented the first session of the curriculum with the youth groups, and then provided guidance for youth groups to implement the remaining five sessions independently.

No Fumo staff also spent time this year preparing for the program's expansion in year two. Staff members gave presentations on No Fumo and Tobacco 101 to 20 youth groups from around the state to increase the program's reach.

In addition to its work with youth groups, El Pueblo has raised awareness about the dangers of tobacco use within the Latino community through a number of media and community events. No Fumo staff have appeared on five radio shows (four in Spanish and one in English) this year to talk about the health effects of tobacco and how youth can get involved with the No Fumo project. They have also been guests on two television programs to talk about No Fumo, tobacco issues in the Latino community, and community events in which No Fumo youth groups were involved. Other media events have included newspaper articles about No Fumo and a press conference with Rep. David Price about the project.

El Pueblo has also used community events to promote the No Fumo project. Six such events took place during the program's first year: the Wilkes County Apple Festival, Durham's Latino Health Fair, Cary's Festival de las Americas, the Newton Grove Fiesta de Independencia, the Fiesta del Pueblo in Raleigh, and the Newton Grove Farmworker Festival.

Goal 2: Reduce exposure to secondhand smoke

Case Study: North Carolina Commission on Indian Affairs' Many Voices, One Message: Stop Tobacco Addiction

The North Carolina Commission on Indian Affairs (NCCIA) has been working with American Indians in North Carolina since 1971. With resources provided by the HWTF TTPI, it expanded its work in the spring of 2003 to include the Many Voices program.

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One component of this program is to reduce youth exposure to secondhand smoke by creating tobacco free policies for tribes and tribal associations and events. The focus on secondhand smoke follows from the widespread use of tobacco in the American Indian population. (American Indian adults have the highest adult smoking rate in the US, and approximately half of American Indian youth smoke by 7th grade.)¹ The organization is addressing this issue by awarding mini-grants to tribes or tribal organizations that are working on tobacco free policy initiatives.

Some of the activities that have been carried out under this objective include presentations about tobacco free policies at six local churches, collaboration with other coalitions resulting in “tobacco free family evenings” at a Pembroke restaurant, collaboration with the Robeson School System in its Tobacco Free Policy Initiative, and collection of 75 “tobacco free family” pledges at the United Methodist Church Youth Rally for Tobacco Free Families.

An example of one tribe’s work follows. This narrative is taken from the coalition’s monthly PTS report.

“The Sappony Tribe High Plains Indians used the support from a mini grant award to develop a smoke free initiative spearheaded by tribal youth. They developed their own power point presentations based on materials provided by the Tobacco Resource Toolbox that resulted in the adaptation of a smoke free policy. While this tribe does not have a formal Powwow, they do conduct an annual culture camp and tribal council meetings. This effort is somewhat historic, as it is the first youth led tobacco free initiative among NC American Indian tribes.”

Sappony High Plains Tobacco Free Initiative

Goal 3: Cessation

Case Study: General Baptist State Convention’s Picture Me Tobacco Free

The General Baptist State Convention is a statewide organization of African-American churches in North Carolina, comprising 2,000 congregations totaling 600,000 members. The organization has ten regional administrative units that work through a network of 62 associations. The Convention has worked on other health promotion projects in the past, and implemented the Picture Me Tobacco Free project with HWTF TTPI funding in the spring of 2003.

One of the project’s four long-term goals is to promote cessation of tobacco use among African American youth. The project utilizes Photovoice, a “participatory action research method that provides cameras to individuals who are typically viewed as having no voice, power, or status and encouraging them to document issues within their

¹ Taken from NCCIA proposal

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community.”² Through the Picture Me Tobacco Free project, youth action teams are formed within participating churches and given cameras to document the influence of tobacco in their communities. Participating youth then discuss their pictures and the causes of the problems they have documented, as well as potential solutions. This forum provides a place for youth to talk about cessation. The project’s exhibits also attempt to promote cessation by encouraging tobacco-using viewers to consider tobacco’s impact on their community and the possibility of quitting.

As of March of 2004, the project had formed and trained five Youth Action Teams and held nine Picture Me Tobacco Free photo exhibits.

Goal 4: Disparities

Case Study: Old North State Medical Society’s Physicians United for Teen Health

The Old North State Medical Society (ONSMS) has been working since 1886 to decrease health disparities by promoting unbiased health care in North Carolina. The organization represents 1,200 African American physicians across the state. In the spring of 2003, ONSMS expanded its work on health disparities to include tobacco use prevention and cessation for African American teens.

The organization’s work in this area is two-pronged. The first piece targets African American youth through their physicians, by providing trainings for physicians on cessation treatments for youth. The second approach focuses on youth directly by training youth groups on tobacco use prevention and cessation. African American youth groups in schools, churches, and communities are identified through member physicians and invited to participate in the program, or hear about the program and request trainings. Old North State facilitates these trainings by linking groups with experts such as NOT, TATU, and Question Why. Through its dual focus on physicians and youth, Old North State attempts to address the issues of initiation and cessation for African American youth and eliminate health disparities stemming from tobacco use.

Barriers (Priority Population Grantees)

Grantees have an opportunity in their monthly PTS reports to record barriers they faced in holding their events. Of the 358 total events reported by Priority Population grantees, coordinators reported 75 barriers. As with the barriers reported by Community/School grantee coordinators, the majority of barriers were specific to the reported event, such as time constraints or scheduling conflicts. Fewer reported barriers involved more substantive issues such as lack of resources, support, or cultural issues.

² Taken from GBSC proposal

3.C. April 2004 Six Month Reports

Overview

In the monthly Progress Tracking System (PTS) reports, Health and Wellness Trust Fund (HWTF) grantees document their activities and accomplishments in relation to their objectives. In their Six Month Reports grantees provide a self-assessment of their individual programs (i.e. 10 individual program assessment questions) and the linkage and support they are getting from other grantee agencies such as NOT and SAVE (i.e. 9 statewide TTPI program assessment questions). They also can write narratives describing any significant accomplishments and make suggestions for improving the Teen Tobacco Prevention Initiative. Copies of the questions can be found in the PTS document section on the UNC TPEP web site: www.fammed.unc.edu/tpep.

All of the Community/Schools grantees (26) and the Priority Population grantees (4) submitted second Six Month Reports in October 2003 and April 2004. Question Why Central and West submitted Six Month Reports after coming under the grant in November, and beginning to submit PTS reports to TPEP in March, and they are not included in this report in order to better compare progress with the grantees who reported in both October (in Section 3D) and April (below).

Program Progress: Six Month Report April '04

On the basis of the individual program assessment questions in the April '04 Six Month Report, grantees assess their own program progress (Table 3C.1 and Figures 3C.1-4). Community/Schools grantees' mean scores on the 10 program progress questions ranged from 5 to 8.5 on a 10 point scale, with a mean of 7 or more on 6 of the questions. Priority Population grantees' mean scores ranged from 4 to 9, with a mean of 6.5 or more on 9 of the questions. (The higher the number, the more positive the assessment except in the case of question #2, barriers, where a lower number is more positive). These measures reflect healthy reports of program progress for the first program year.

- 92% (24 of 26) of the Community/Schools grantees and all of the Priority Population grantees report that they have achieved most of their formative objectives during the first program year.
- All of the Community/Schools and Priority Population grantees report that they feel well prepared to achieve their program objectives for the next six month period.

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- Only 23% (6 of 26) of the Community/Schools grantees and 25% (1 of 4) of the Priority Population grantees report that they have encountered significant barriers to carrying out their program objectives.
- 81% of the Community/Schools grantees (21 of 26) and all of the Priority Population grantees report that youth are actively involved in their program planning.
- 92% (24 of 26) of the Community/Schools grantees and 75% (3 of 4) of the Priority Population grantees report that existing community partnerships have assisted them in meeting their program objectives to a large extent, and 81% (21 of 26) of the Community/Schools grantees and 50% (2 of 4) of the Priority Population grantees report that new community partnerships have assisted them.
- 62% (16 of 26) of the Community/Schools grantees and 75% (3 of 4) of the Priority Population grantees report belief that, to a large extent, their communities view tobacco use by youth as a serious health problem. For Community /Schools grantees, the number is lower for perception of tobacco as a serious health risk for adults (55% [9 of 26]), and for perception of second-hand smoke as a serious health problem [42% (11 of 26)]. For Priority Population grantees, the numbers are the same (75%) as for youth use of tobacco.
- 62% (16 of 26) of the Community/Schools grantees and 50% (2 of 4) of the Priority Population grantees report significant utilization of media advocacy to promote their program objectives.

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Table 3C.1: April 2004 – Program Progress

QUESTIONS	Community/Schools		Priority Populations	
	MEAN	RANGE (1-10)	MEAN	RANGE (1-10)
1. During the past 6 months, to what extent have you achieved your program objectives?	7.9	(6-10)	8.5	(7-10)
2. During the past 6 months, to what extent have you encountered significant barriers to your program objectives?	5.1	(2-8)	4.0	(2-7)
3. During the past 6 months, to what extent have you been able to use <i>existing</i> community partnerships to assist you in meeting your program objectives?	8.2	(6-10)	8.3	(6-10)
4. During the past 6 months, to what extent were you able to develop <i>new</i> community partnerships to assist you in meeting your program objectives?	7.7	(4-10)	6.8	(4-9)
5. During the past 6 months, to what extent did you utilize media advocacy techniques (e.g. letter writing, press release, interviews, PSA, etc.) to promote your program objectives?	6.9	(2-10)	6.5	(5-8)
6. During the past 6 months, to what extent do you believe your community views tobacco use by youth as a serious health problem?	7.1	(3-10)	7.3	(5-8)
7. During the past 6 months, to what extent do you believe your community views tobacco use by adults as a serious health problem?	6.2	(4-10)	7.5	(5-9)
8. During the past 6 months, to what extent do you believe your community views secondhand smoke as a serious health problem?	6.2	(3-10)	6.8	(4-8)
9. During the past 6 months, to what extent are at least 4 or more youth actively involved with planning or execution of your project activities?	8.0	(1-10)	8.8	(7-10)
10. For the <i>upcoming</i> 6 months, to what extent do you believe you are on target to achieve your program objectives?	8.5	(7-10)	9.0	(8-10)

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Figure 3C.1: April 2004 - Program Progress

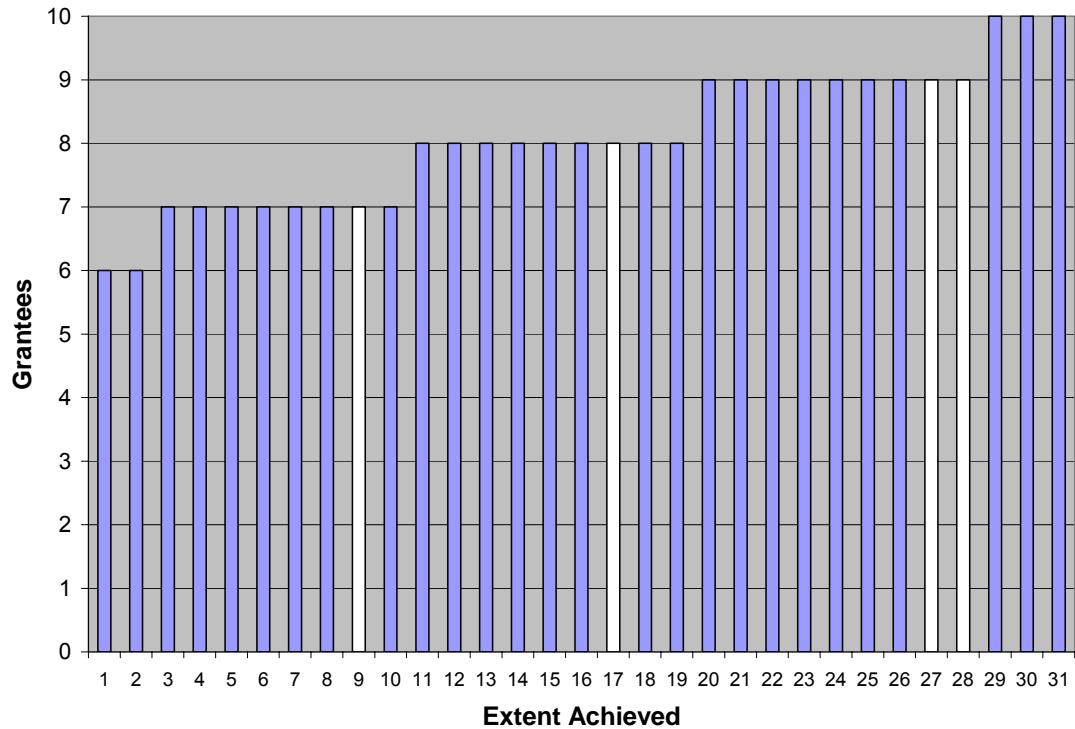
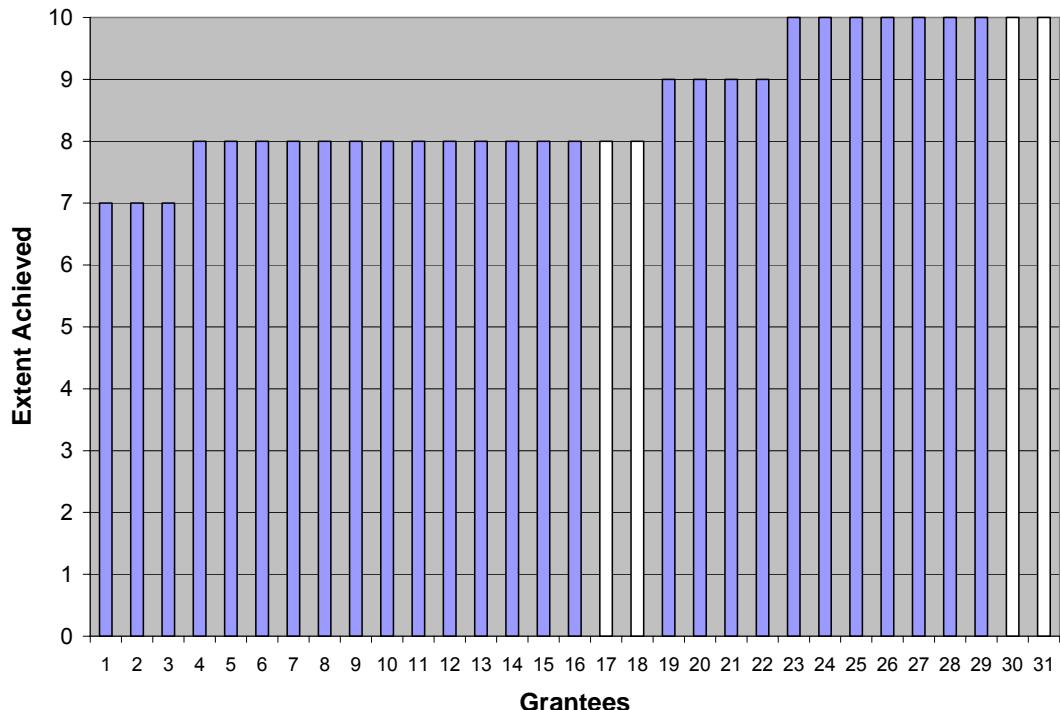
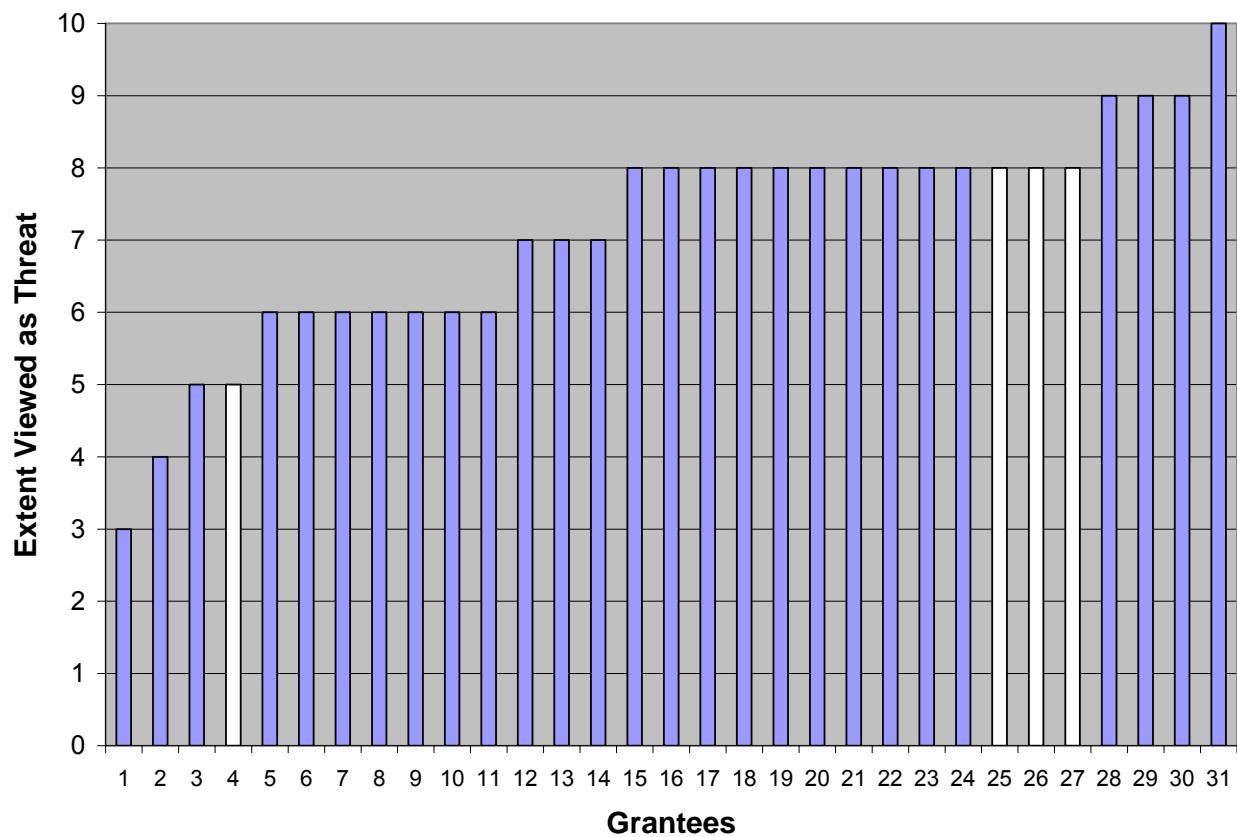


Figure 3C.2: April 2004 - On Target to Achieve Objectives



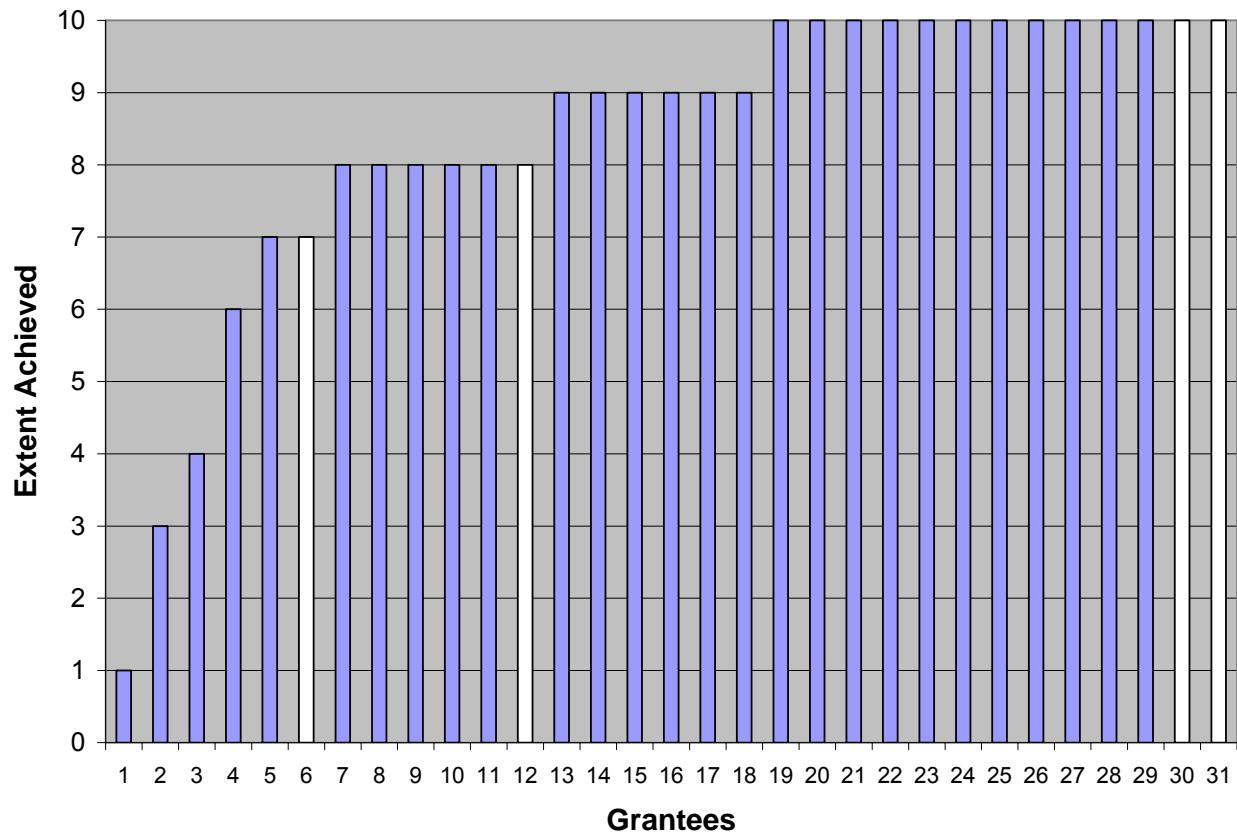
Note: Light bars = Priority Population grantees; dark bars = Community/School grantees

Figure 3C.3: April 2004 – Youth Tobacco Use viewed as Health Threat



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Figure 3C.4: April 2004 - Active Involvement of Youth in Project Activities



Note: Light bars = Priority Population grantees; dark bars = Community/School grantees

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The statewide TTPI program assessment six month April '04 responses showed mean scores on the 9 program linkage questions ranging from 3.9 to 8.7 for Community/School grantees, and from 2.8 to 8.8 for Priority Population grantees, a greater spread than that for the individual program progress questions. Table 3C.2 and Figures 3C.5-6 show the mean scores, response ranges and graphical representations of responses. Summaries of this data show:

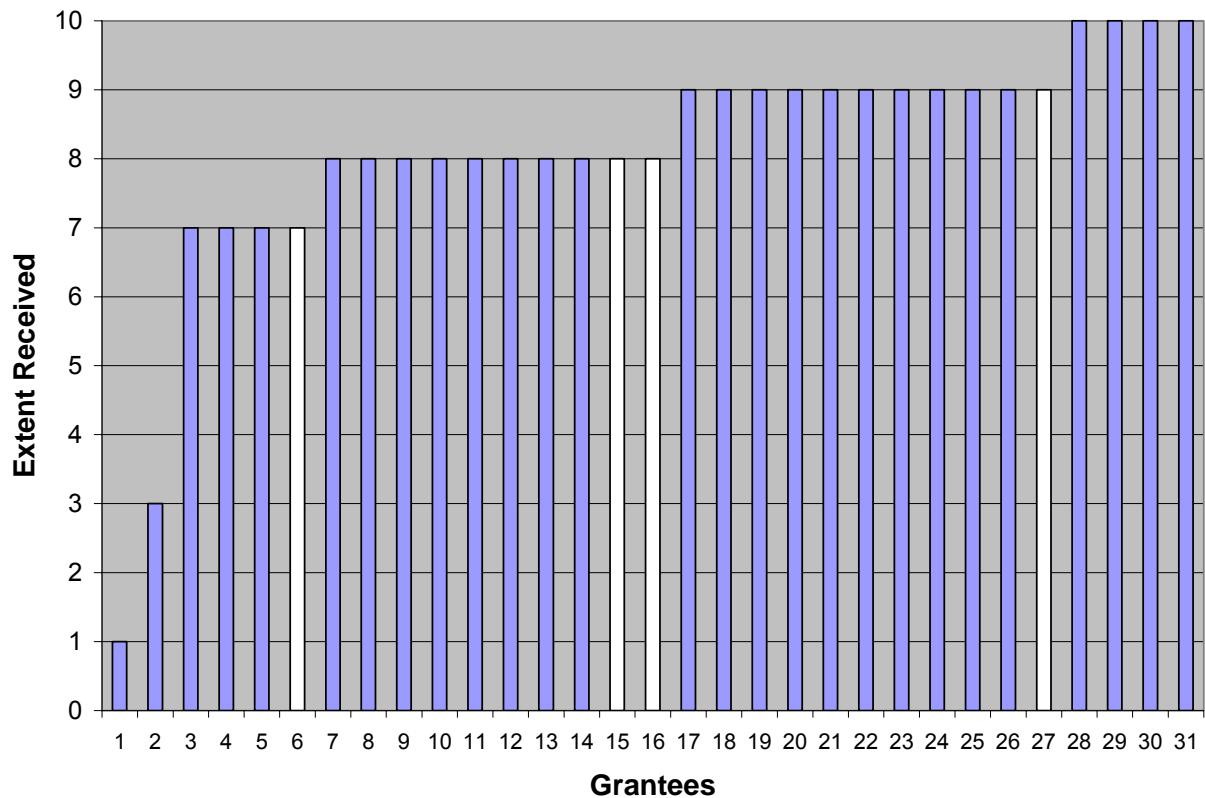
- All of the Community/Schools grantees report that they are getting very good training support, and 88% (23 of 26) of Community/Schools grantees report significant support in technical assistance. All Priority Population grantees report that they have received both the training and technical assistance they have needed.
- 81% (21 of 26) of the Community/Schools grantees and 75% (3 of 4) of the Priority Population grantees reported that they have found PTS useful in tracking their program activities.
- 58% (15 of 26) of the Community/Schools grantees and 75% (3 of 4) of the Priority Population grantees reported making good use of the Tobacco Reality Unfiltered (TRU) print media, and 38% (10 of 26) of Community/Schools grantees and 75% of Priority Populations grantees reported a belief that teens in their communities had significant exposure to the TRU campaign.
- Community/Schools grantees reported the highest level of partnering with the SAVE program (58%: 15 of 26); the next highest level with the NOT program (38%: 10 of 26); and the lowest level of significant partnering with the Priority Population grantees (23%: 6 of 26). Priority Population grantees reported their highest level of partnering with each other (100%: 4 of 4), the next highest level with the NOT program (75%: 3 of 4), and the lowest level (25%: 1 of 4) with the SAVE program.

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Table 3C.2: April 2004 - Linkages with Statewide TTPI Initiatives

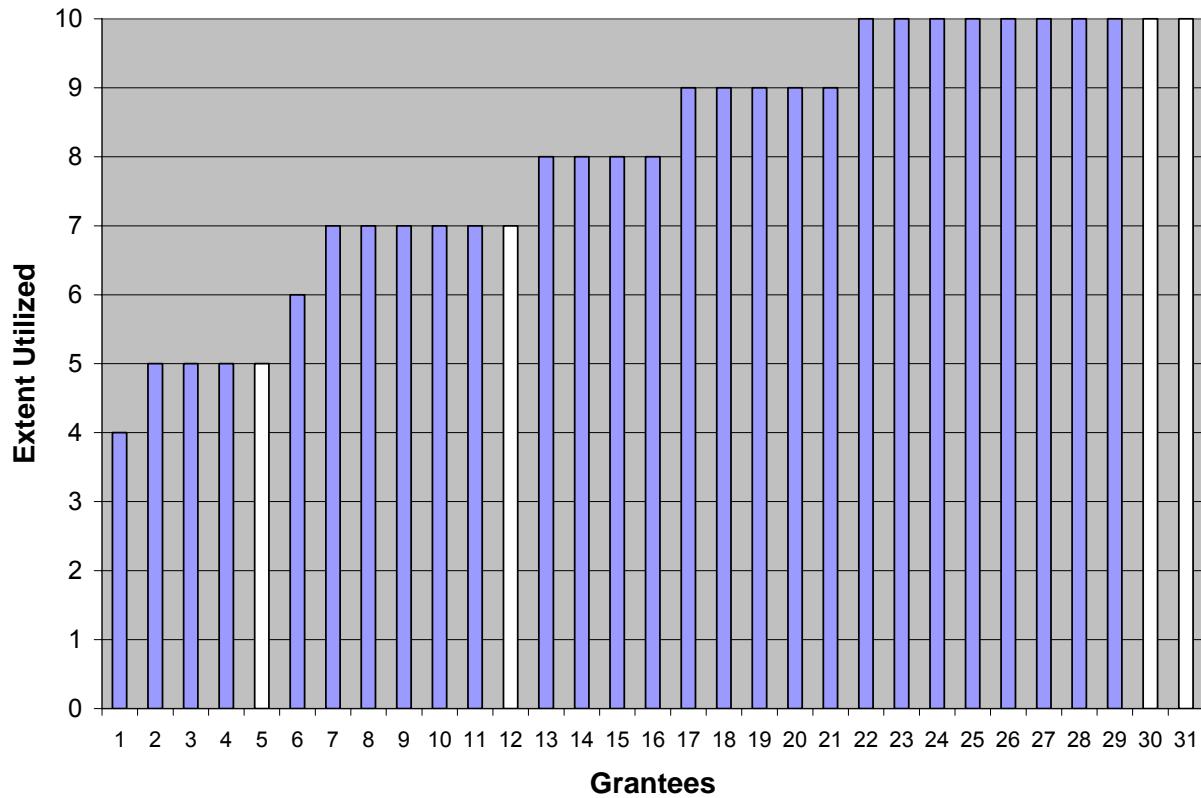
QUESTIONS	Community/Schools		Priority Populations	
	MEAN	RANGE (1-10)	MEAN	RANGE (1-10)
1. During the last 6 months, to what extent do you believe that teens in your community have been exposed to the Health and Wellness Trust Fund's media campaign "Tobacco Reality Unfiltered"?	5.5	(1-9)	7.0	(5-8)
2. During the last 6 months, to what extent has the Health and Wellness Trust Fund's media campaign "Tobacco Reality Unfiltered" linked with your program initiatives?	6.2	(1-10)	6.5	(4-10)
3. During the last 6 months, to what extent has your program utilized print materials developed by the Health and Wellness Trust Fund's media campaign "Tobacco Reality Unfiltered"?	6.4	(2-10)	8.0	(5-10)
4. During the last 6 months, to what extent has your program received any technical assistance it needed?	8.1	(3-10)	8.3	(8-9)
5. During the last 6 months, to what extent has your program received any training support it needed?	8.3	(1-10)	8.0	(7-9)
6. During the last 6 months, to what extent have any of your program initiatives partnered with the SAVE (Survivors and Victims of Tobacco Empowerment) program?	5.8	(1-10)	2.8	(1-8)
7. During the last 6 months, to what extent has any of your program initiatives partnered with the N-O-T (Not on Tobacco) program?	5.2	(1-10)	8.0	(5-10)
8. During the last 6 months, to what extent has any of your program initiatives partnered with any of the priority population grantees (American Indian, African American, Hispanic, General Baptist)?	3.9	(1-10)	8.8	(7-10)
9. During the past 6 months, to what extent have you been able to use PTS to assist you in documenting your progress in meeting program objectives?	8.0	(4-10)	8.0	(5-10)

Figure 3C.5: April 2004 - Training Support Received



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Figure 3C.6: April 2004 - Ability to Use PTS in Documenting Program Progress



Note: Light bars = Priority Population grantees; dark bars = Community/School grantees

3.D. Comparison of October 2003 and April 2004 Six Month Reports

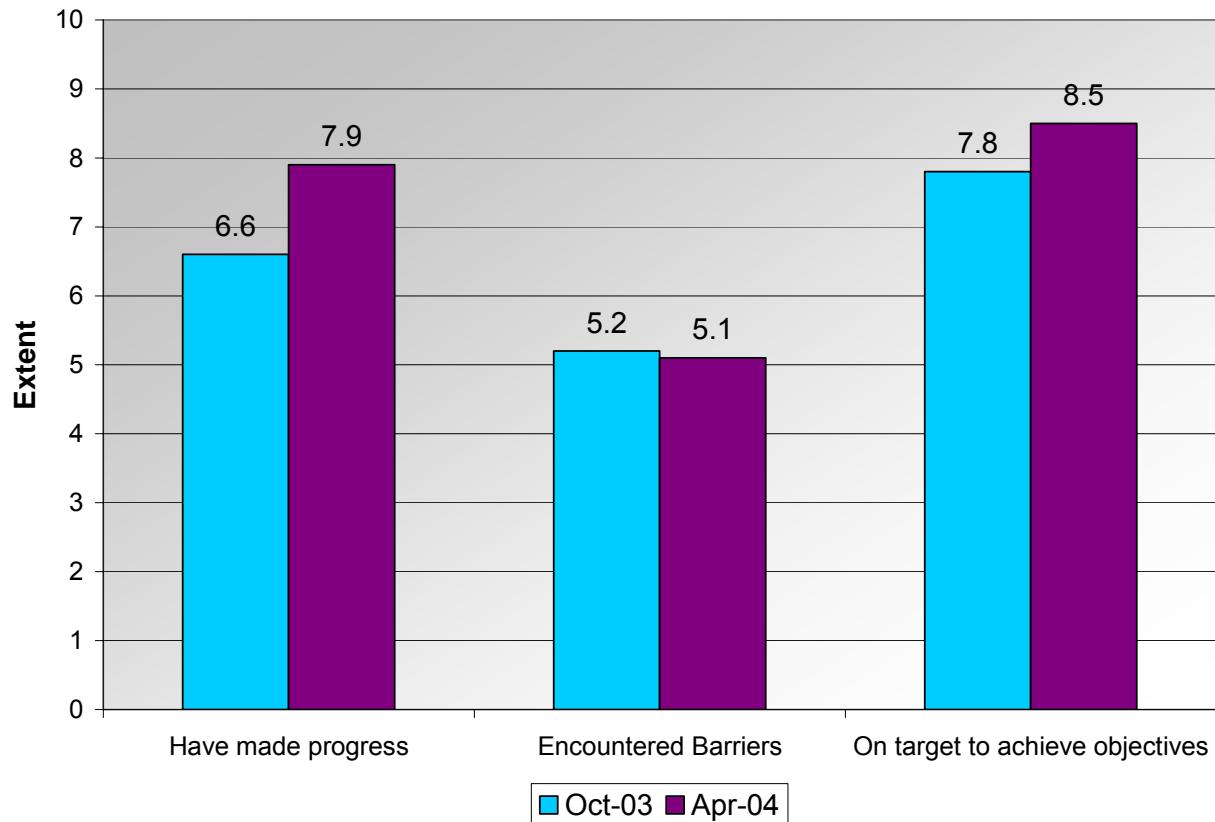
A comparison of grantees' mean scores on their Six Month Reports highlights any changes that occurred between October 2003 and April 2004. Data are reported separately for both Community/Schools and Priority Populations coalitions below.

Community/Schools Coalitions

Progress and Barriers

Grantees' reports of ratings on their progress to achieve their program objectives increased from 6.6 in October to 7.9 in April, and their readiness for the upcoming six months rose from 7.8 to 8.5. The number of reported significant barriers to achieving program objectives did not increase (Figure 3D.1).

Figure 3D.1: Six Month Report Comparison - Community/Schools, Progress and Barriers

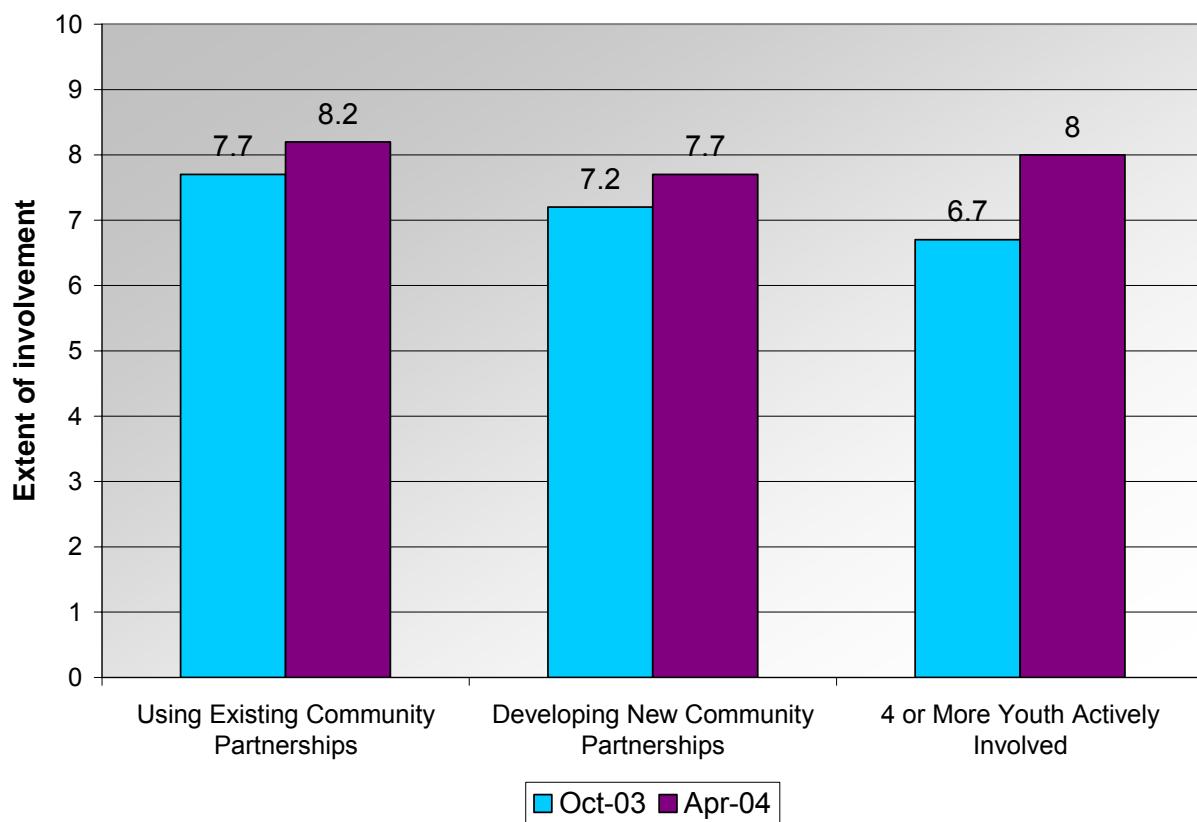


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Partnerships and Youth Empowerment

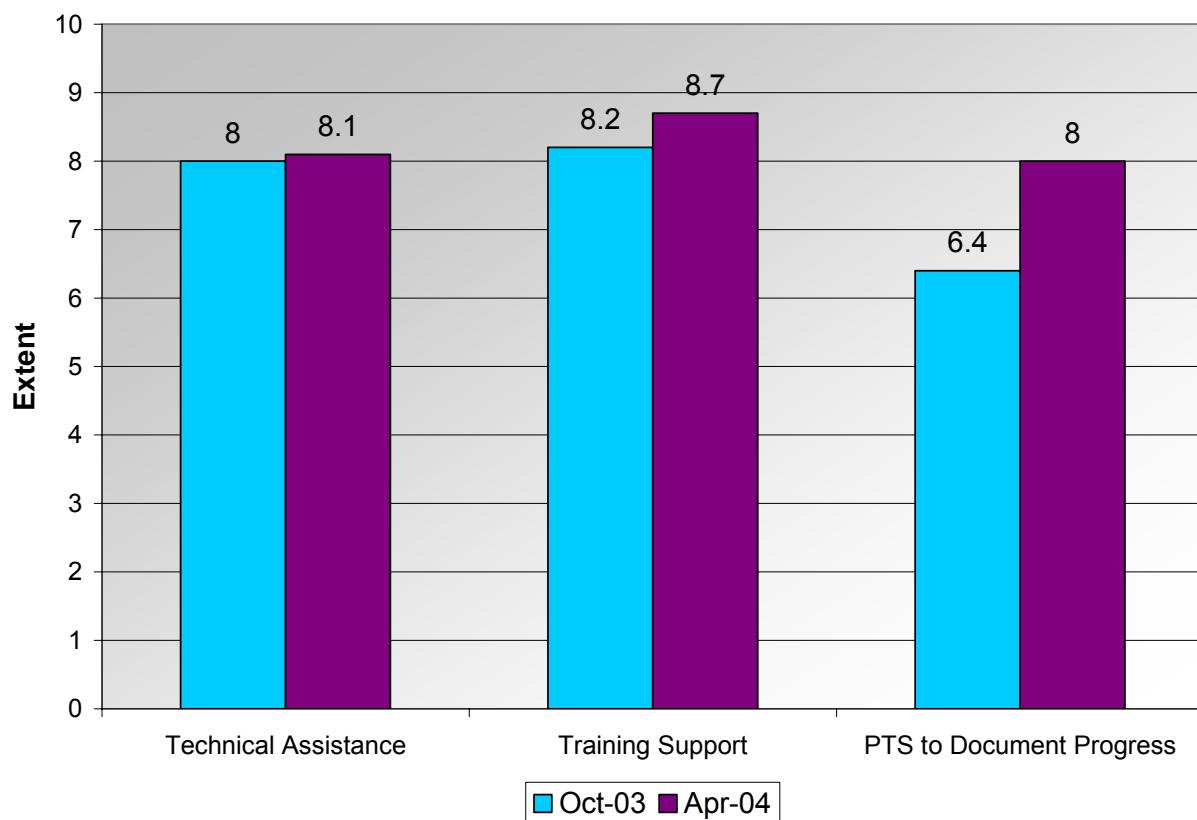
Coalitions reported increased use of both existing and new community partnerships to assist them in meeting program objectives. The numbers for youth involvement were higher, with grantees rating the extent to which four or more youth had been involved in planning or executing their project activities at 8, compared to 6.7 in the fall (Figure 3D.2).

Figure 3D.2: Six Month Report Comparison - Community/Schools, Partnerships and Youth Empowerment



Resources for Capacity Building

Grantees reported continued high ratings for support they received in technical assistance and training. Their ability to use PTS to document their programs' progress increased significantly by 1.6 to a score of 8. Ratings for training, technical assistance, and use of PTS were all 8 or above in April, indicating that grantees report receiving most of the resources they need for building their programs (Figure 3D.3).

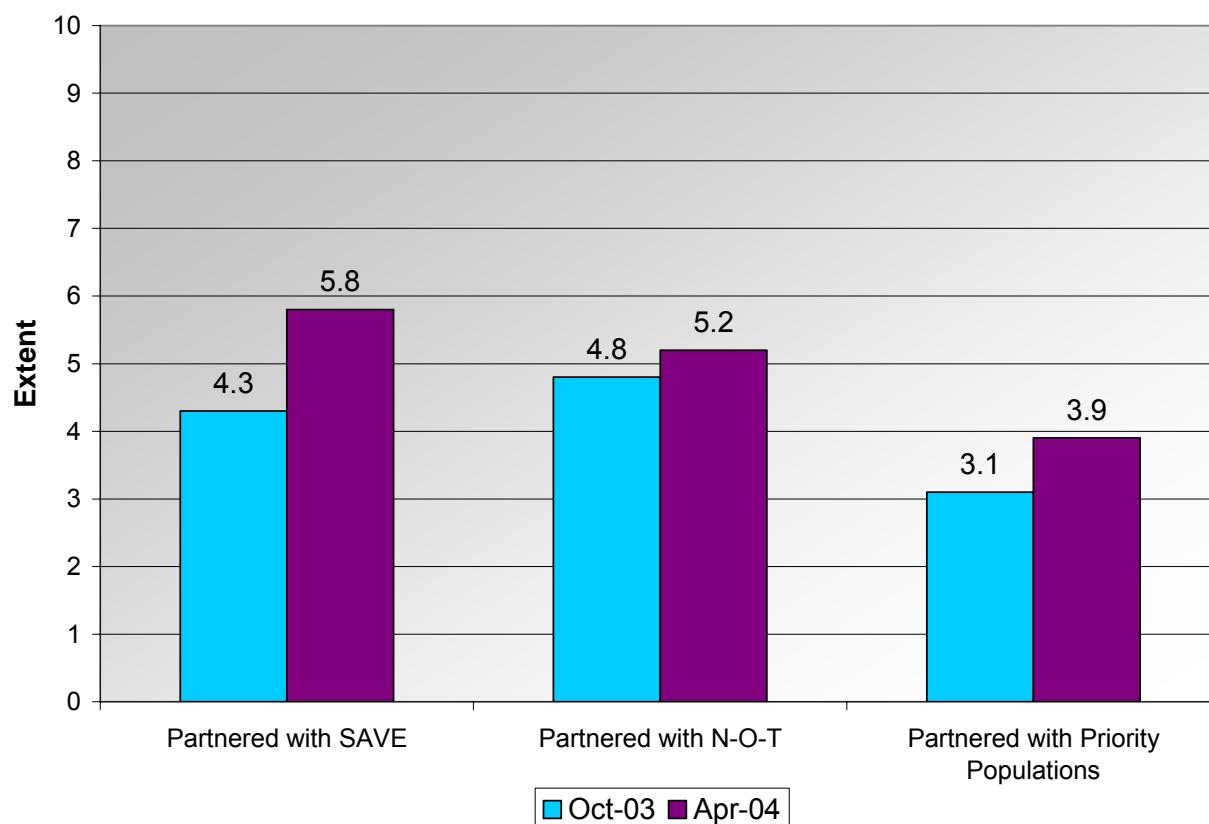
Figure 3D.3: Six Month Report Comparison - Community/Schools – Resources for Capacity Building

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Partnering with Statewide HWTF Coalitions

Community/School coalitions partnering with SAVE, NOT, and the Priority Populations coalitions increased from October to April. SAVE showed the biggest change, increasing by 1.5. The extent to which TTPI coalitions partnered with the three groups was rated below 6 for all groups, indicating opportunities for increased collaboration. SAVE was the highest at 5.8, and the Priority Population coalitions the lowest at 3.9 (Figure 3D.4).

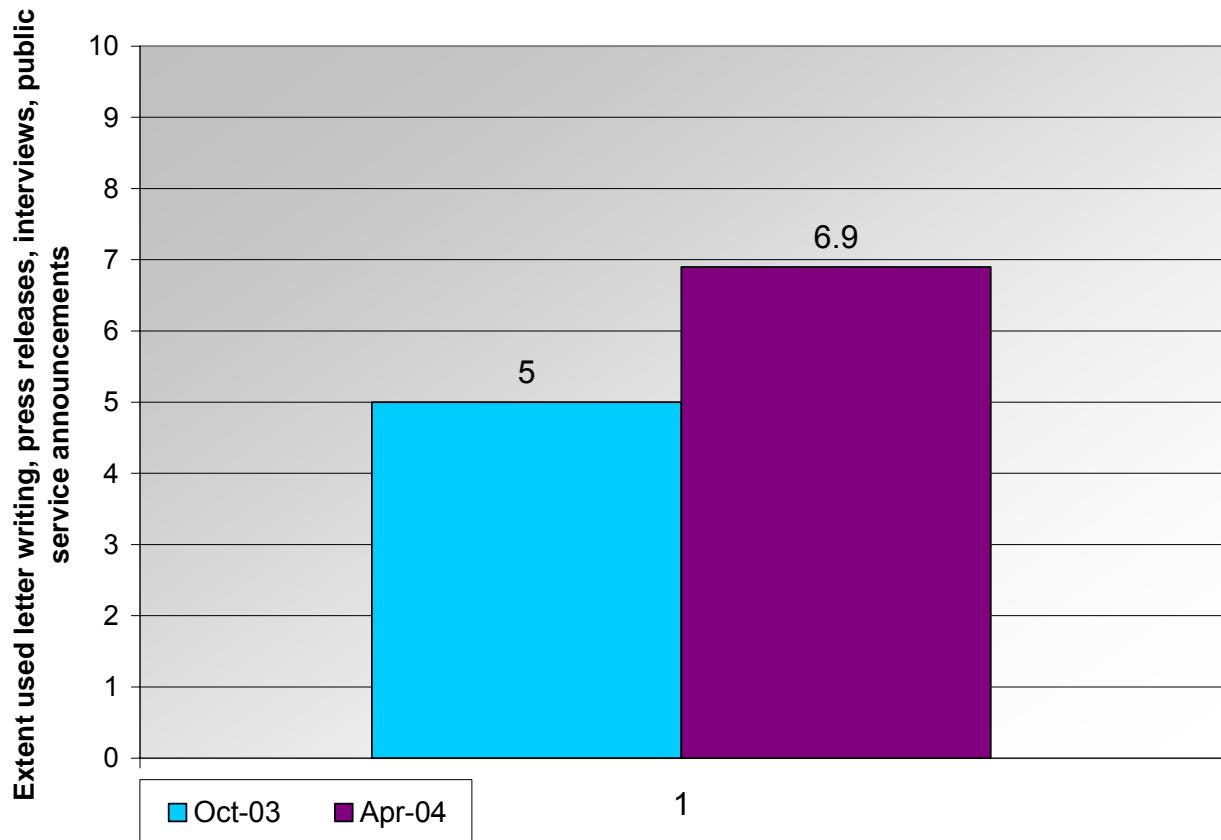
Figure 3D.4: Six Month Report Comparison -Community/Schools: Partnering with Statewide Coalitions



Use of Media Advocacy Techniques

Grantees reported increased use of media advocacy techniques in April. These techniques include letter writing, press releases, interviews, and public service announcements. Ratings improved from 5 to 6.9 (Figure 3D.5).

Figure 3D.5: Six Month Report Comparison- Community/Schools: Use of Media Advocacy

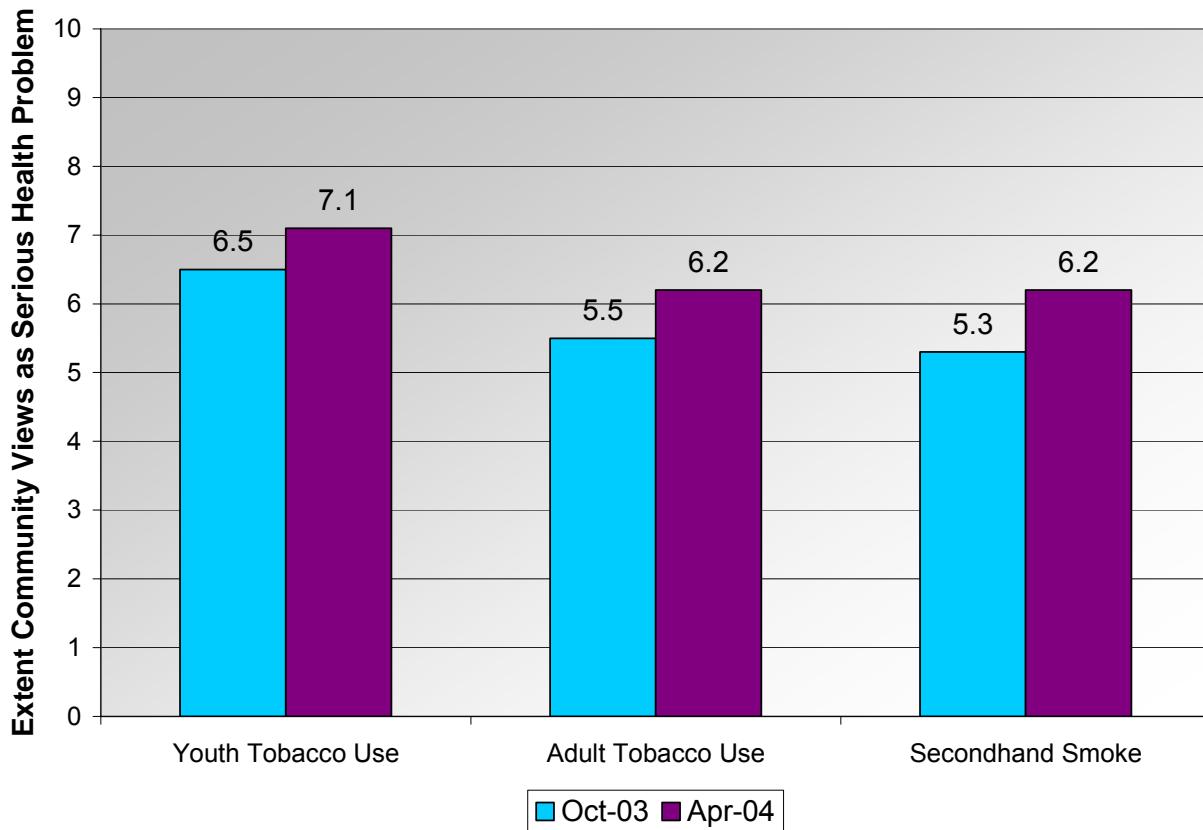


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Awareness of Tobacco as a Serious Health Problem

Coalitions reported increased community awareness of tobacco use by youth as well as secondhand smoke as a serious health problem. Ratings rose from 6.2 to 7.1, indicating a moderate level of awareness within grantees' communities (Figure 3D.6).

Figure 3D.6: Six Month Report Comparison - Community/Schools: Community Awareness of Tobacco as Health Problem

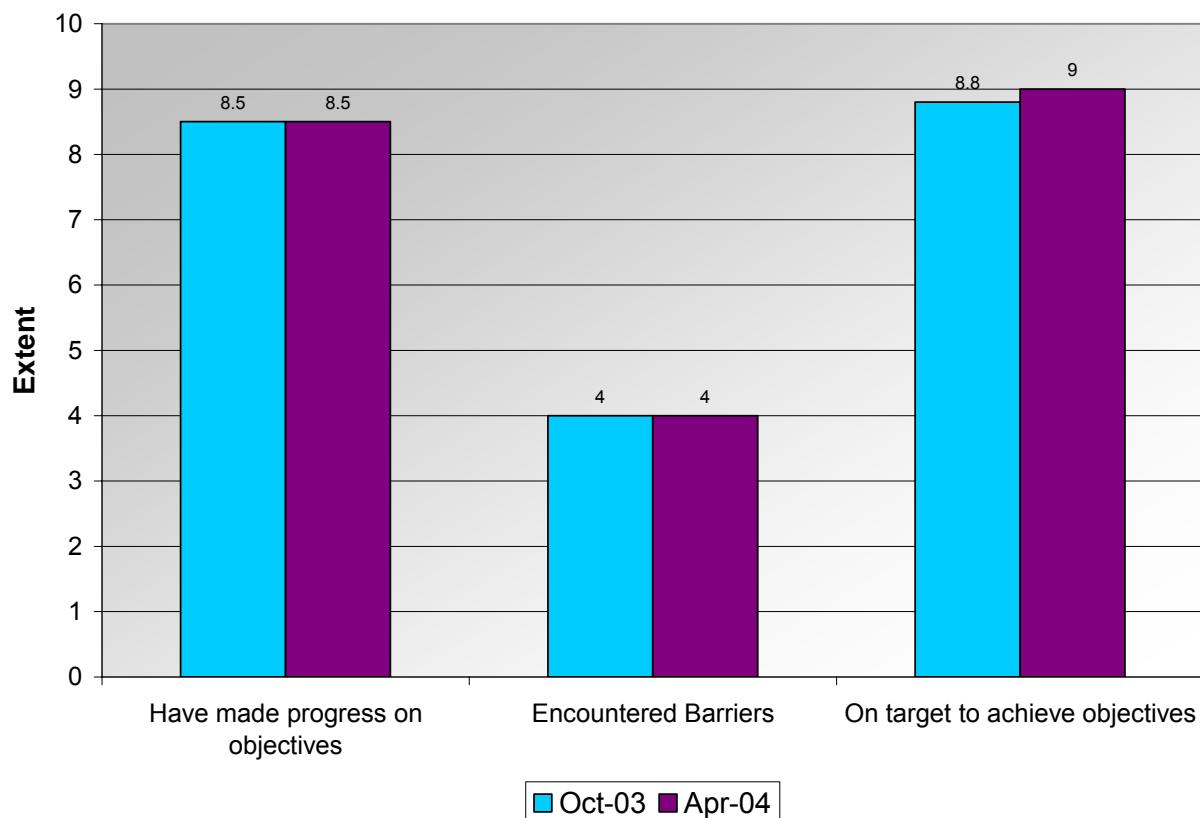


Priority Populations Coalitions

Progress and Barriers

Priority Population grantees' ratings on their progress to achieve their program objectives and their readiness for the upcoming six months remained high. Ratings for barriers encountered also stayed low (Figure 3D.7).

Figure 3D.7: Six Month Report Comparison- Priority Populations: Progress and Barriers

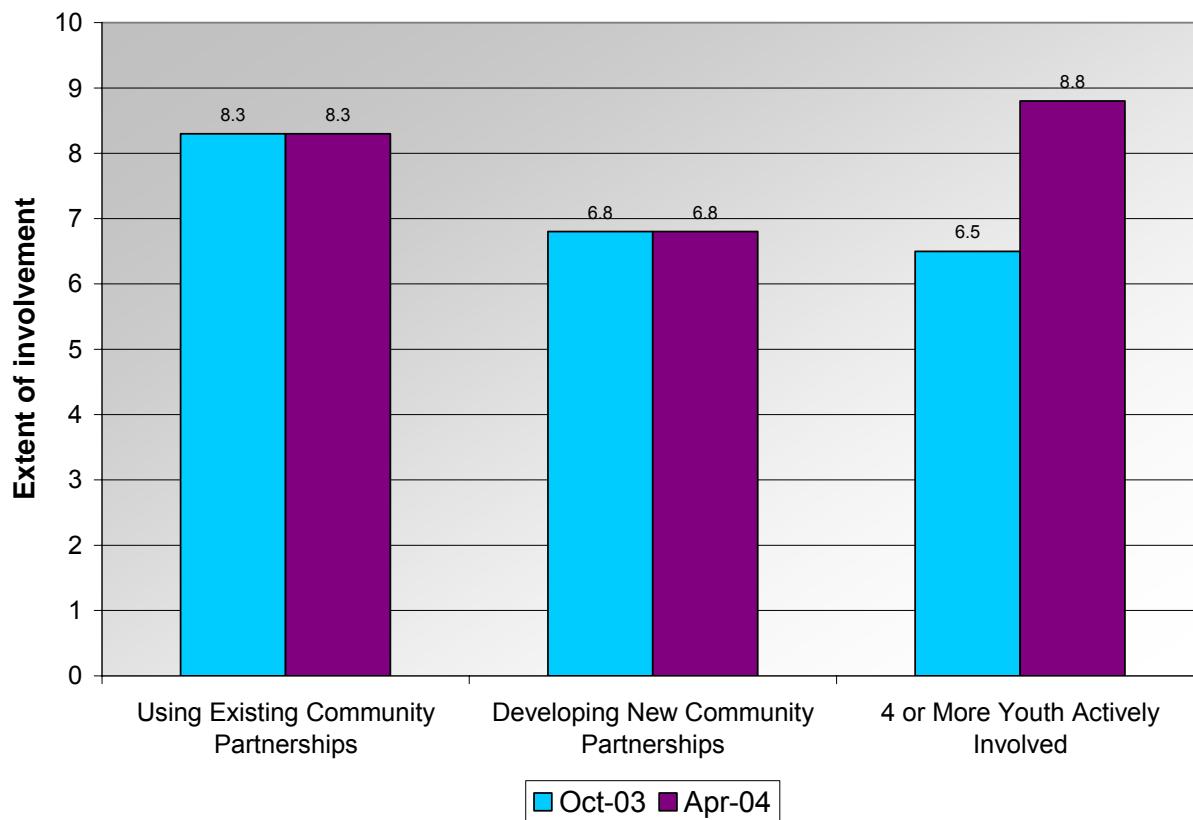


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Partnerships and Youth Empowerment

Priority Population coalitions' reported use of existing and new community partnerships to assist them in meeting program objectives stayed the same from October to April at 8.3 for existing partnerships and 6.8 for new ones. The numbers for youth involvement, however, increased from 6.5 in October to 8.8 in April, indicating that while coalitions may not have been able to increase use of new community partnerships, they have actively sought to include more youth. There may be an ability for Priority Population coalitions to develop more new community partnerships (See Figure 3D.8).

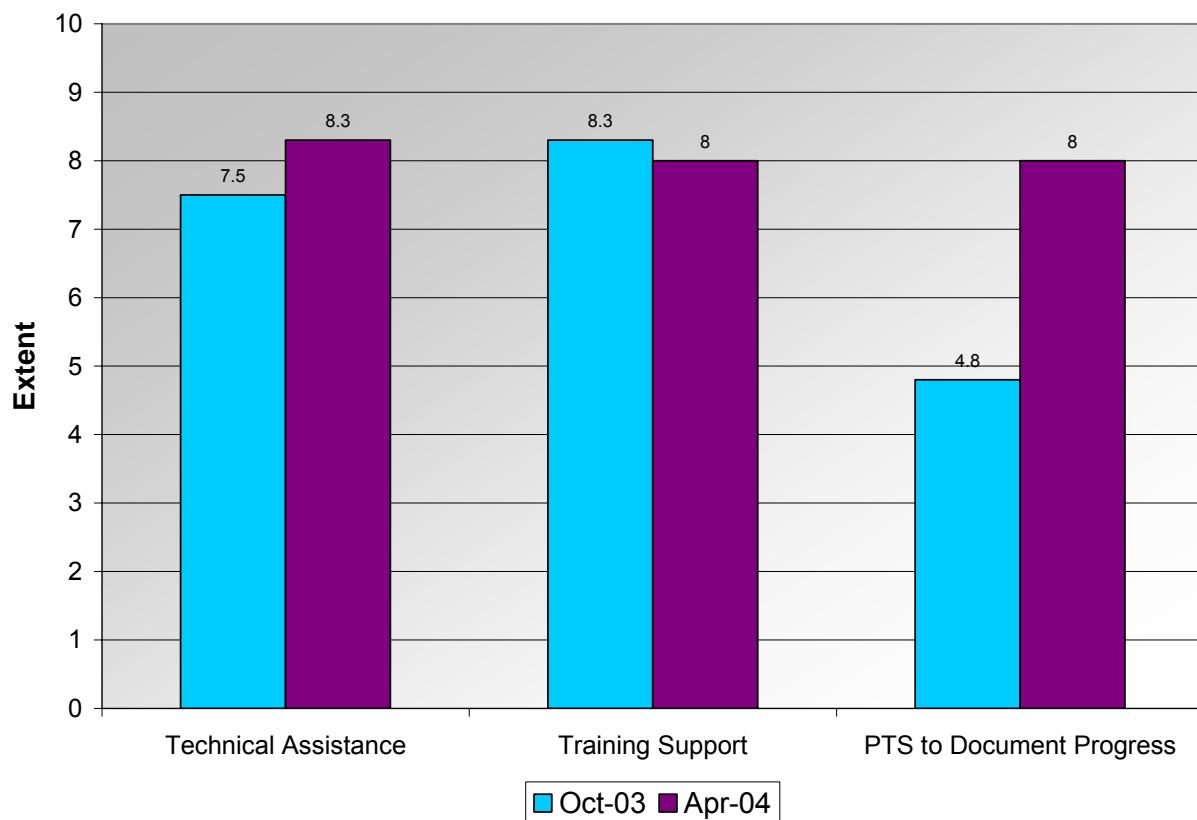
Figure 3D.8: Six Month Report Comparison- Priority Populations: Partnerships and Youth Empowerment



Resources for Capacity Building

Priority Populations grantees reported greater support for technical assistance and continued high training support. Numbers for both were at least 8, indicating fairly high levels of support. The largest change was seen in grantees' ratings of their ability to use PTS to document their programs' progress, increasing significantly from 4.8 to 8 and demonstrating increases in grantees' comfort level with PTS reporting (Figure 3D.9).

Figure 3D.9: Six Month Report Comparison - Priority Populations: Resources for Capacity Building

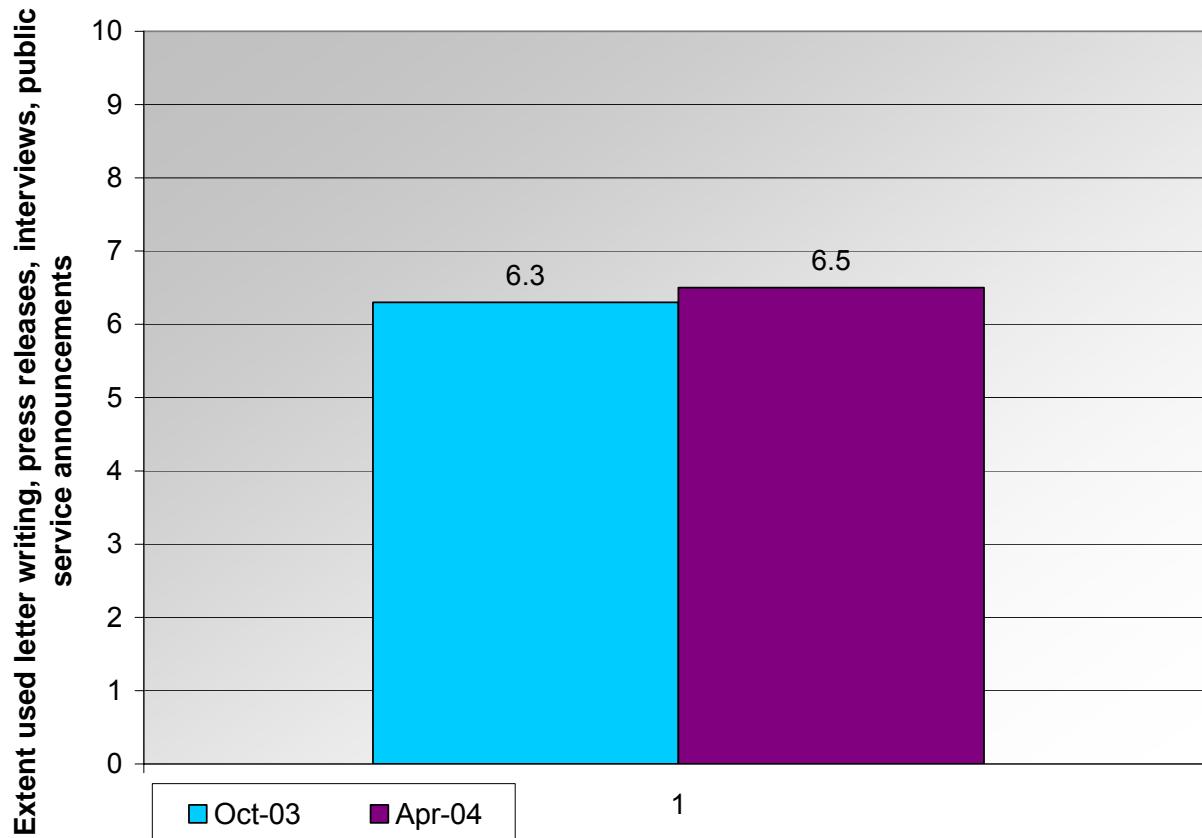


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Use of Media Advocacy Techniques

Grantees reported little change in use of media advocacy techniques in April. These techniques include letter writing, press releases, interviews, and public service announcements. There appears to be room to improve media advocacy techniques among these grantees (Figure 3D.10).

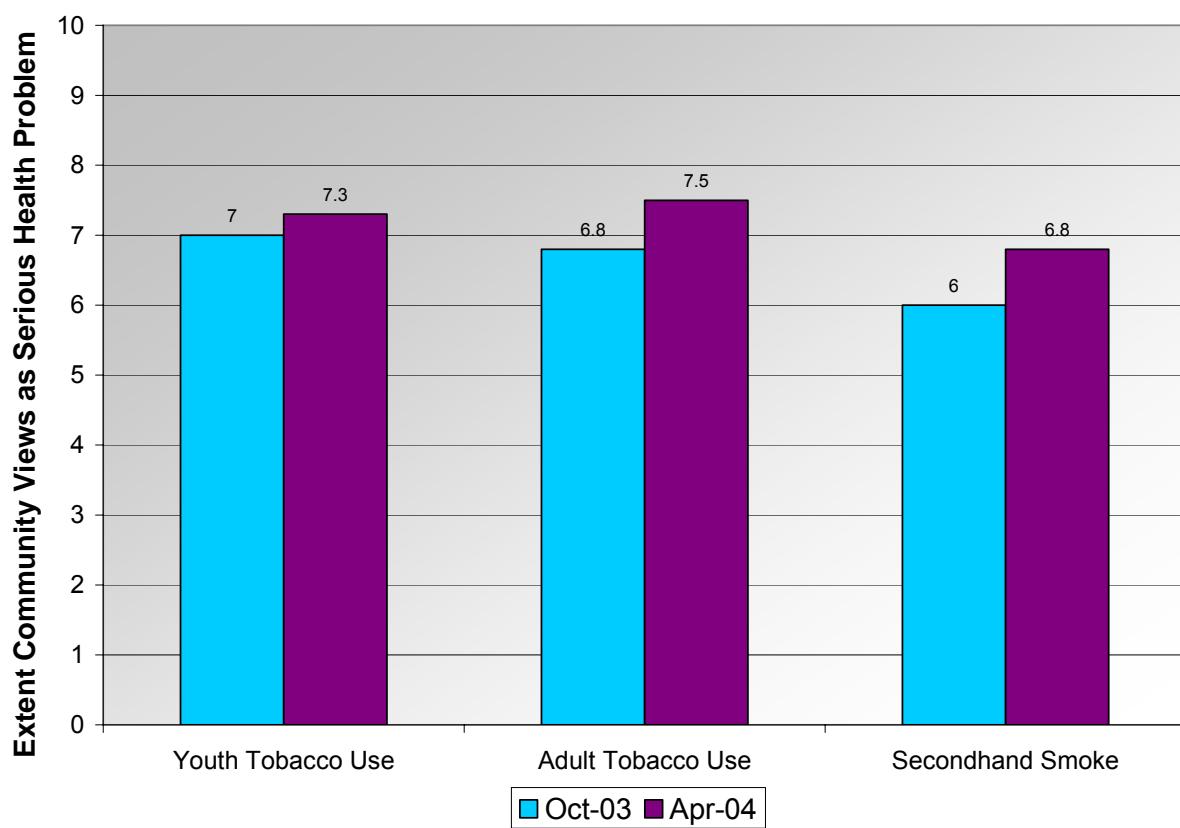
Figure 3D.10: Six Month Report Comparison - Priority Populations: Use of Media Advocacy



Awareness of Tobacco as a Serious Health Problem

Priority Populations coalitions reported increased community awareness of tobacco as a serious health problem. Reports of community awareness of the problems of youth tobacco use, adult use, and secondhand smoke all increased. Ratings for all three ranged from 6.8 to 7.5, indicating a moderately high level of awareness within grantees' communities (Figure 3D.11).

Figure 3D.11: Six Month Report Comparison - Priority Populations: Awareness of Tobacco as a Health Problem



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3.E. N.O.T. and T.A.T.U. Programs

Overview

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

The American Lung Association of North Carolina sends reports directly to the Health and Wellness Trust Fund (HWTF) on a quarterly basis. They are not required to use the Progress Tracking System utilized by Community/Schools and Priority Populations grantees. The current evaluation is based upon the following sources:

- American Lung Association of North Carolina grant proposal (August 5, 2002)
- Grantee Quarterly Progress Report to HWTF (August 8, 2003)
- Grantee logic model
- Grantee Year-End Outcomes Report to HWTF
- Telephone interview with Program Director, conducted by a UNC TPEP staff (May 24, 2004)
- Data available through the Progress Tracking System regarding partnerships between Community/Schools coalitions and the N.O.T. program.

Results

The grantee's logic model outlines outputs for evaluation of their progress toward the objectives outlined in the introduction above. Four of these outputs are reported on in the grantee's Year-End Outcomes Report to the Health and Wellness Trust Fund (Table 3E.1).

Data reported by the Community/Schools coalitions through the Progress Tracking System shows that, on average, the extent of partnerships between N.O.T. and the local coalitions is around the midpoint of a scale from 0 (not at all) to 10 (to a large extent). This number has remained relatively steady from the first six-month reporting period in October 2003 (at 4.8) to the second six-month reporting period in April 2004 (at 5.2) (Figure 3D.10). Figure 3E.1 shows the extent of each coalition's partnership with N.O.T.

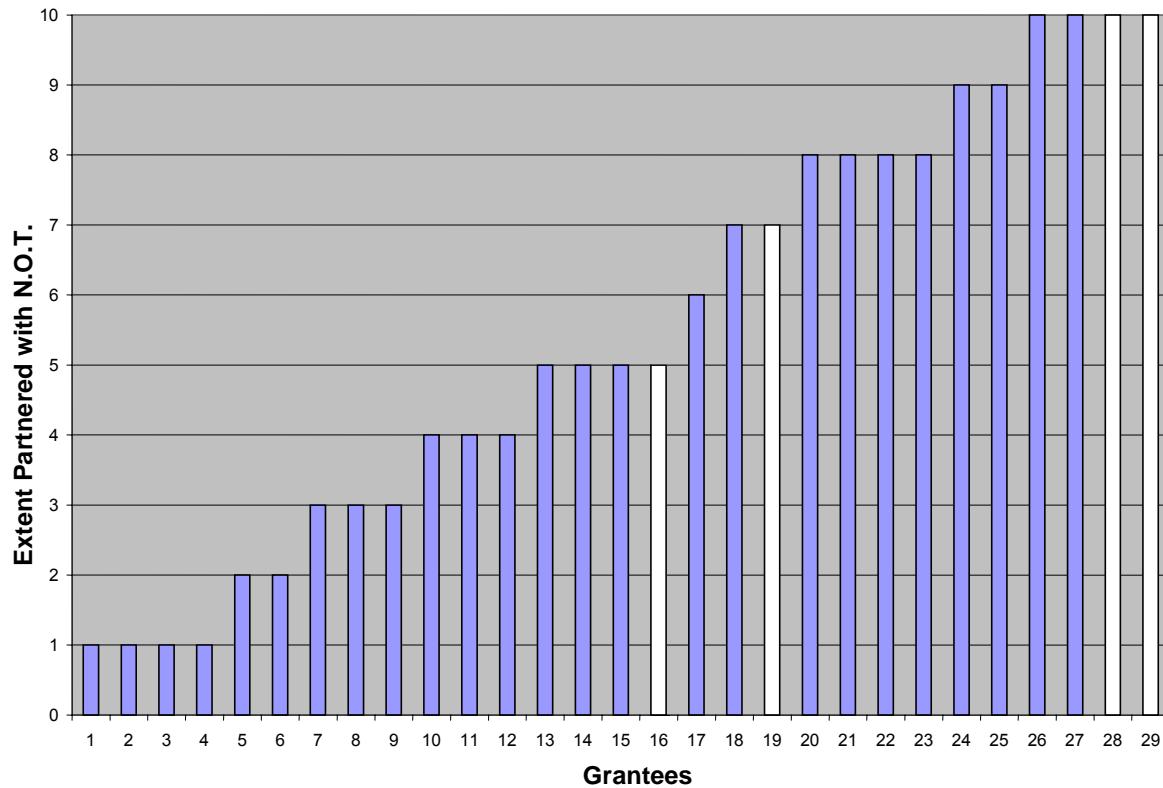
Table 3E.1: Outcomes for NOT and TATU Programs, 2003-04

Outcome	Output
Adult facilitators trained	<ul style="list-style-type: none">• 173 N.O.T. facilitators trained in nine training sessions• 128 T.A.T.U. facilitators trained in seven training sessions
Facilitators actively implementing programs, as measured by biannual telephone surveys with trained facilitators	<ul style="list-style-type: none">• 36 facilitators implementing N.O.T. (implementation rate per 100 trained facilitators = 21)• 95 facilitators implementing T.A.T.U. (implementation rate per 100 trained facilitators = 74)
Quit rate for programs	<ul style="list-style-type: none">• N.O.T. clinic quit rate: 27.2%• Three-month reported quit rate: 25.1%
Number of website hits	<ul style="list-style-type: none">• 1,453 hits on the N.O.T. website since its launch in December 2003

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Figure 3E.1: Extent of Grantees' Partnerships with NOT

Note: Light bars = Priority Population grantees; dark bars = Community/School grantees



Recommendations

The American Lung Association of North Carolina reported making great progress toward their Year One goals. In addition, UNC-TPEP review of the goals and reports reflects completion of all Year One goals, and progress toward outcome evaluation, which places them very well for Year Two plans.

The evaluation of the N.O.T program is limited by the fact that N.O.T. does not participate in the Progress Tracking System that other grantees utilize. Participation in PTS will ensure a more thorough and comparable evaluation of program implementation in the future.

3.F. Smoking Cessation for Pregnant Teens Project

Overview

The Smoking Cessation for Pregnant Teens Project of the NC Women's Health Branch is contracted to establish brief smoking cessation counseling sessions in existing healthcare settings in Durham, Gaston, and Robeson counties. Their grant proposal established the following five objectives for the program: (1) provide smoking cessation training for prenatal care providers; (2) provide patient education materials; (3) promote referrals to other smoking cessation resources; (4) expand partnerships with other organizations; (5) provide project monitoring and evaluation. Progress toward these goals is outlined below.

The Smoking Cessation for Pregnant Teens Project reports directly to the Health and Wellness Trust Fund Commission (HWTFC) on a quarterly basis. Quarterly reports are sent to the UNC Tobacco Prevention Evaluation Program (TPEP) as well. This grantee is not required to use the Progress Tracking System utilized by Community/Schools and Priority Populations grantees. The current report is, therefore, based upon the following sources:

- Smoking Cessation for Pregnant Teens Project grant proposal
- Grantee Quarterly Progress Reports to HWTFC (October 31, 2003; January 31, 2004; April 30, 2004)
- Grantee logic model
- Grantee Annual Programmatic Report to HWTFC (October 31, 2003)
- Telephone interviews with Project Director, conducted by a UNC TPEP staff member (May 24, 2004; June 7, 2004).

Results

This grantee reports progress toward meeting all five objectives outlined in their grant proposal. Objective-specific activities completed in Grant Year 1 are outlined in Table 3F.1.

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Table 3F.1: Year One (2003-04) Activities for Pregnant Teens Project

Objective	Activities and Outcomes
Objective 1: Provide training programs and materials for prenatal care providers on smoking cessation for pregnant teenage women at each project site	<ul style="list-style-type: none">Selected 3 project sites and identified 3 local part-time project coordinatorsFive on-site provider training programs conducted by regional perinatal outreach trainers with 72 total participantsEstablished office-based systems at all sites that incorporate smoking cessation interventions into health care practice
Objective 2: Provide patient education materials and outreach to pregnant teenage women utilizing health care services in each project site	<ul style="list-style-type: none">Since July 1, 2003, 559 pregnant women have been assessed for smoking behavior or exposure; of these, 250 were counseled for smoking and/or secondhand smoke exposureDeveloped and distributed "Reality Check ~ Smoking Matters" patient materials to each site
Objective 3: Identify and promote referrals to existing smoking cessation resources	<ul style="list-style-type: none">Identified smoking cessation resources, such as Quit Now NC and programs in local health departments, for patients and family members in each project area
Objective 4: Expand and strengthen partnerships with public and private organizations	<ul style="list-style-type: none">Project Director has established working relationships with the following organizations: NC OB/GYN Society, American College of Obstetricians and Gynecologists, March of Dimes, NC Healthy Start FoundationConducted a statewide maternal healthcare providers survey with some of above partners to assess clinical behaviors regarding smoking cessation, which informed programProgram Coordinator in Robeson County has attended three local Community/Schools Coalition meetingsHave had some contact with most TTPI grantees, and a more substantial partnership with about 12 of the 27 grantees
Objective 5: Provide on-going project monitoring and evaluation	<ul style="list-style-type: none">Project Director conducted random chart audits at each project site to verify accuracy of data collectionPatient satisfaction survey developed by Project Director with Program Coordinators; awaiting formatting and printing¹Provider feedback solicited by Project Coordinators with maternity clinic staff on on-going basis

¹See questions in Table 3F.2

Table 3F.2: Patient Satisfaction Survey for Pregnant Teens Cessation Project

**Smoking Cessation for Pregnant Teens Project
Patient Satisfaction Survey Questions**

The following five (5) statements are to be rated on a scale from excellent to poor.

1. Importance of smoking cessation counseling services.
2. Availability of smoking cessation counselor (or Maternal Care Coordinator).
3. Helpfulness of smoking cessation materials.
4. Helpfulness of support provided by smoking cessation staff.
5. Overall satisfaction with smoking cessation program.

The following two (2) questions are to be answered yes/no.

1. Did you have enough time during counseling sessions?
 2. Would you recommend the smoking cessation program to other women?
-

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Recommendations

The Smoking Cessation for Pregnant Teens Program reported a sense of successful progress toward Grant Year One objectives. They acknowledge the need for improved partnerships with Community/Schools Coalitions, particularly in Gaston and Durham counties. In addition, they reported barriers due to staffing changes and overlap with a new grant at one project site. Nonetheless, comparison between their reports and the grant proposal reveals progress on most activities outlined in the proposal.

Similar to the evaluation recommendation for the American Lung Association of North Carolina, it is recommended that the Smoking Cessation for Pregnant Teens Project use the Progress Tracking System to report directly to UNC TPEP. This is the best way to ensure a thorough and comparable evaluation of program implementation.

Provide Treatment Options for Youth Who Want to Quit

"In January, I hosted a speaker for middle and high school students. At one of the middle schools, after he was done with his presentation and everyone had left the auditorium, a student approached us and asked for help quitting tobacco. This almost made me cry because this was a 6th grader and he was reaching out for help. It made all the work I have done to this point worth it. The change starts with just one. I have met with this student one on one for a month now and am working the steps of the NOT program. I am so excited to see the change in him and he is excited, too, about himself and the progress he is making."

TTPI Community/Schools Grantee

Section 4: 2003 Media Campaign Evaluation

4.A. Introduction

During the first year of the TTPI the media vendor created an integrated media campaign around a theme entitled *Tobacco. Reality. Unfiltered*. The purpose of the media campaign was to raise youth awareness of the harms of tobacco, and to encourage them not to use, or to quit using, tobacco. The campaign included radio spots, a website, print materials, and giveaway promotional items.

The *Tobacco.Reliability.Unfiltered* (TRU) radio campaign ran statewide in North Carolina from April till October of 2003. The six radio ads (*Sounds*, *Tracheotomy*, *Second-hand realities*, *Spiritless*, *Living with it*, and *Doesn't Do*) focused on the serious health consequences of using tobacco products (hear these ads at www.realityunfiltered.com).

- *Sounds* featured teen voices demonstrating sounds such as a healthy voice and healthy lungs as compared to the sounds of people with mouth cancer, emphysema, and an electronic voice box.
- *Tracheotomy* told the story of a man who started smoking as a teen and now uses an electronic voice box.
- *Second-hand realities* featured an African American teen who has asthma because of the effects of second-hand smoke in her home.
- *Spiritless* targeted American Indian teens with its message of a boy learning about the difference between ritual and non-ritual tobacco use from his grandfather.
- In *Living with it*, a girl told the story of her mother who started smoking as a teen and then died.
- *Doesn't do* played the comments of teens who do not believe that tobacco is harmful, rebutted by adults who are suffering from tobacco-related diseases.

Print materials for the TRU campaign featured similar themes and stories in the form of posters, banners, and brochures picturing teens of different ethnicities. Brochures also included facts about the harms of tobacco use and information on cessation.

Radio ads and print materials directed listeners to the campaign's website (www.realityunfiltered.com), where users could listen to the radio ads or link to pages on secondhand smoke and quitting. A second site, www.TRUtoolkit.com, was set up for TTPI grant recipients to answer questions about the campaign, provide contact information for other grantees, link to helpful websites, learn about local events, and serve as a resource for accessing TRU print materials and promotional items. Promotional items included carabiners and light-up pens featuring the campaign name. Grantees visiting the toolkit webpage could also sign up for the TRU toolkit listserv in order to communicate with other TTPI-funded coalitions.

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The TRU campaign was promoted at events throughout the state in 2003. According to reports from the 2003 media vendor, peer advocacy groups were sent to a number of events to talk to teens about the harmful effects of tobacco use. These events featured TRU booths playing the radio spots and displaying banners, posters, brochures, and promotional items. Teens were encouraged to come to these booths to sign pledges vowing not to use tobacco products. Some of the events held during the summer of 2003 included the Bimbe Festival, the Occaneechi-Saponi Spring Cultural Festival and Pow Wow, the NC State Games, and the Fiesta del Pueblo. A number of other local events were held throughout the state as well, at which the TRU campaign was promoted and teens were asked to sign pledges vowing not to use tobacco products.

4.B. Methodology

Five different data sources describe the reach of the 2003 campaign: 1) The number of radio ads played in each media market over the course of the campaign. The media vendor provided information on the monthly number of radio ads by market from April through October; 2) The measure of hits on the TRU website; 3) The number of pledges signed by youth at events at which TRU was promoted. These measures were recorded and provided by the grassroots program support vendor; 4) The TTPI Community/Schools and Priority Population grantees' Progress Tracking System (PTS) Six Month Reports designed by UNC-TPEP. Grantees record their activities in PTS and send monthly reports to the UNC-TPEP, which are then compiled into reports for the HWTF. In addition to submitting these monthly reports grantees also complete Six Month Reports in October and April, in which they are asked to assess their programs' progress, as well as their linkages with statewide initiatives and resources. Three questions on this Six Month Report assess the grantees' exposure to, linkage with, and use of the TRU campaign and campaign materials; and 5) Questions added to the North Carolina Youth Tobacco Survey (YTS), conducted in the fall of 2003.

The 2003 N.C. YTS was conducted statewide with a random sample of 3852 middle and high school youth. UNC-TPEP was given the opportunity to add several questions to the survey to assess youth awareness of anti-tobacco media campaigns, as well as how frequently youth had seen or heard these campaigns during the past 30 days. The questions included three national campaigns, one statewide campaign, one campaign taking place in selected areas of the state, and one nonexistent or dummy campaign. Two of the national youth prevention campaigns were from the industry: Philip Morris's *Think.Don't Smoke* and Lorillard's *Tobacco is Whacko*, and the third was the American Legacy Foundation's (anti-industry) Truth campaign. In addition to the statewide TRU campaign, the other NC campaign was a local one created by teens involved in Question Why youth groups. (It was included because the campaign was supposed to run during the time YTS was conducted; however, it did not actually run until the following month. Some teens, however, may have recognized the Question Why brand from previous campaigns.) Finally, *You Smoke, You Choke* was a nonexistent media theme used as a placebo in order to serve as a control for acquiescent response bias (respondents' tendency to acquiesce to any question.)

4.C. Results

Radio ads

The number of radio ads running in each of the media markets during the course of the campaign was recorded by the media vendor and is shown in Table 4C.1.

Table 4C.1: Number of Radio Spots by Market and Month

market	April	May	June	July	Aug.	Sept.	Oct.	TOTAL
Asheville	68	142	142	122	122	122	122	840
Charlotte	102	204	257	222	204	204	204	1397
Fayetteville	233	277	277	277	277	277	277	1895
Greensboro	107	107	138	138	169	138	107	904
Greenville	166	268	291	246	290	264	193	1718
Raleigh	62	164	198	166	166	166	198	1120
Wilmington	138	169	138	138	169	138	138	1028
TOTAL	876	1331	1441	1309	1275	1309	1239	

Website hits

Figure 4C.1 shows website hits from March 2003 to March 2004. The pink bars indicate website hits during the 2003 radio campaign, and show an initial increase in hits followed by a decline. Figure 4C.2 plots the number of hits to the site during the radio campaign, and shows an initial increase when the ads began to air, followed by a decline over the course of the campaign, indicating that the ads and other activities did not generate ongoing web traffic beyond the initial periods.

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Figure 4C.1: Hits to TRU Website

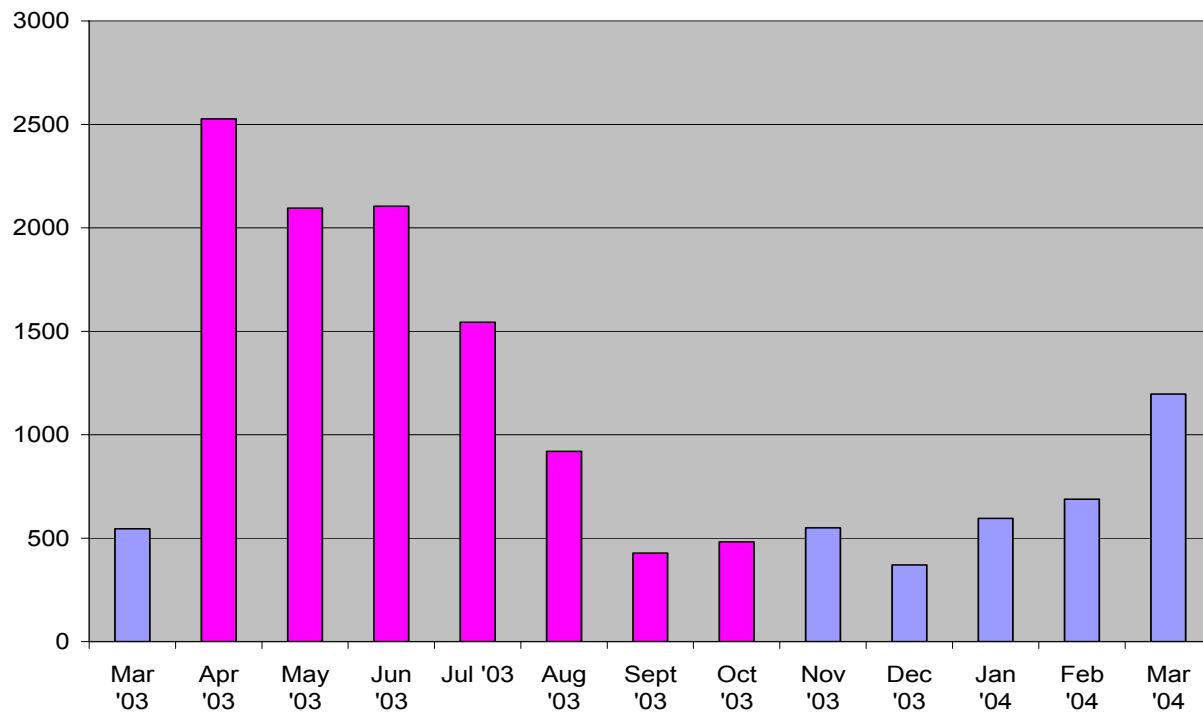
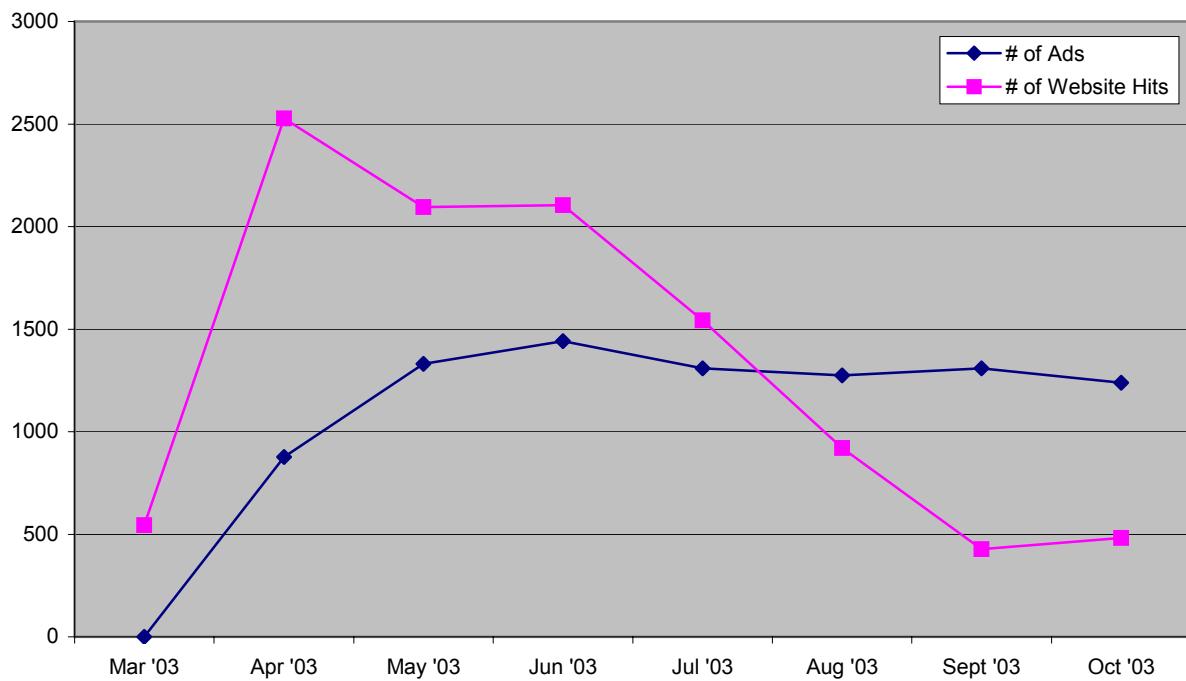


Figure 4C.2: Number of Radio Ads and Website hits by Month



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Number of pledges

The grassroots support vendor recorded the number of youth who signed pledges not to use tobacco obtained at four summer 2003 events where the TRU campaign was promoted. The results are shown in Table 4C.2. Additional pledges were signed at local events recorded by TTPI grantees.

Table 4C.2: Pledges Signed at Selected Summer 2003 Events

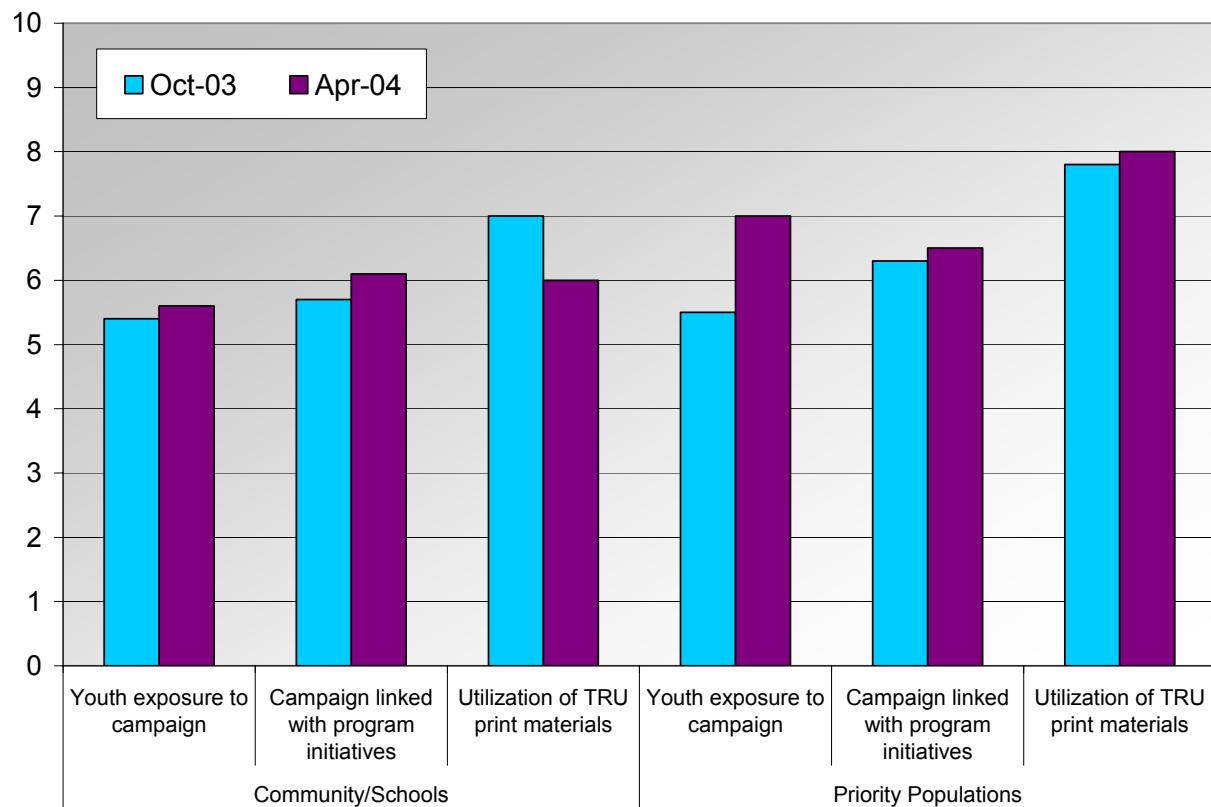
Specific Event	Number of pledges
Bimbe Festival, Durham	300
Occaneechi -Saponi PowWow, Hillsborough	200
NC State Games, Winston Salem	500
La Fiesta del Pueblo, Raleigh	800
TOTAL	1800

PTS measures

Grantees send in Monthly PTS reports as well as Six Month Reports in April and October of each year. The three questions assessing the TRU campaign on the Six Month Reports asked grantees to rate, during the last 6 months: to what extent they believed that teens in their community had been exposed to the TRU campaign, to what extent the TRU campaign had linked with their program initiatives, and to what extent their programs had utilized print materials developed by TRU. Results are shown separately for the Community/Schools coalitions and the four Priority Population coalitions for the October 2003 and April 2004 reports. For most measures in the two reports, both Community/Schools and Priority Populations coalitions rated the measures between 5 and 7. The only exception to this is the Priority Populations' usage of TRU print materials, which averaged between 7 and 8. (See Figure 4C.3)

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Figure 4C.3: Grantee Ratings of TRU from PTS Six Month Reports



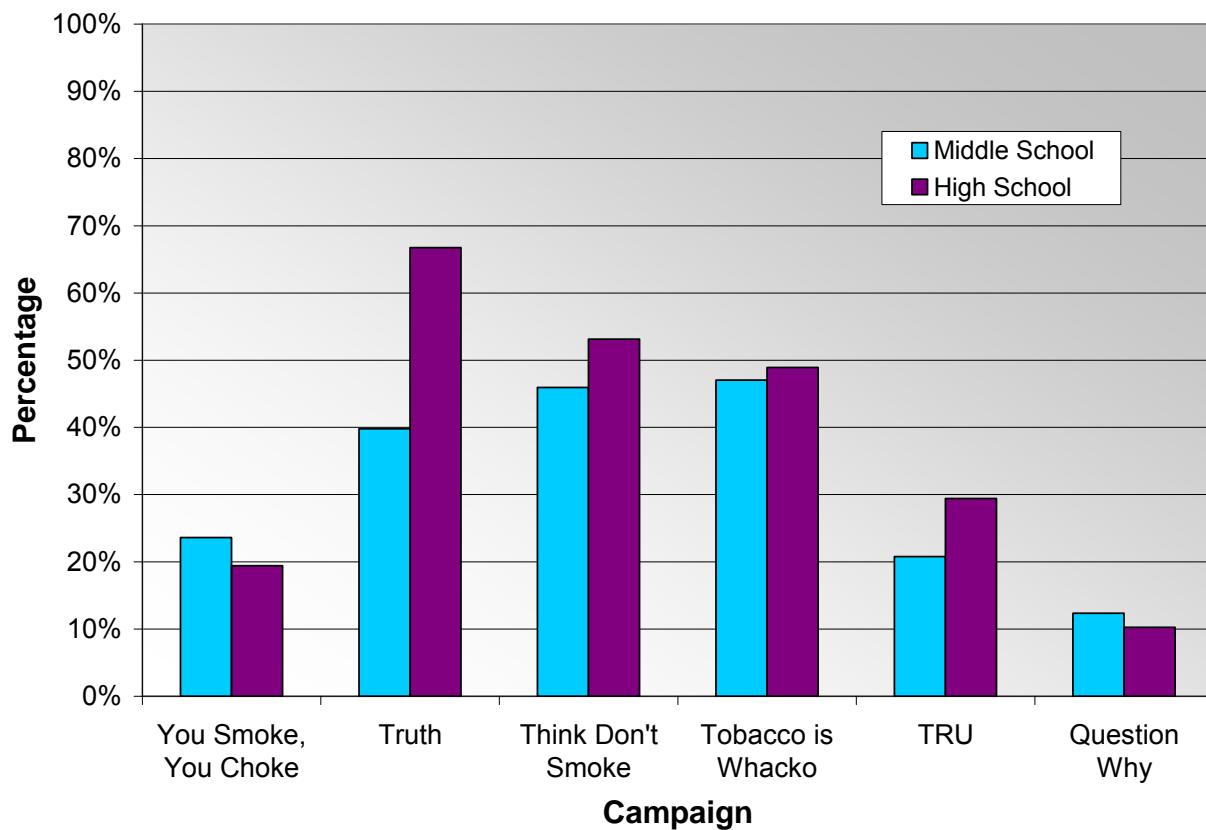
These ratings indicate that grantees did not believe that there had been significant exposure, or a significant increase in exposure, of youth in their communities to the TRU campaign, and they did not believe the TRU campaign had significantly linked with their program initiatives. This last point is noteworthy given that research into youth tobacco prevention indicates that the most effective programs are comprehensive ones that integrate media campaigns and local youth programs. It is also important to note that these media measures reflect the media campaign utilized in 2003, and that there have been substantial changes for the 2004 campaign including an increased budget, use of television ads, and more extensive use of grassroots activities with the grantees. These changes are likely to significantly increase the impact of the media in years two and three.

Youth Tobacco Survey- 2003

The NC Youth Tobacco Survey was administered in the fall of 2003 to a statewide sample of middle and high school students by the NC Tobacco Prevention and Control Branch. In addition to the usual questions about knowledge, attitudes and use of tobacco products, UNC-TPEP also included several questions about anti-smoking ads.

The results of those media questions showed that awareness of the 2003 TRU campaign was significantly lower, among both high school and middle school students, than other anti-smoking campaigns that had run in the state. Awareness levels for *Truth* (a nationwide campaign from the Legacy Foundation with a focus on anti-industry messages), *Think.Don't Smoke* (from Philip Morris), and *Tobacco is Whacko* (from Lorillard) were 20 to nearly 40 percent higher than for TRU (See Figure 4C.4).

Figure 4C.4: NC YTS 2003: Ever seen or heard the following campaign slogans?



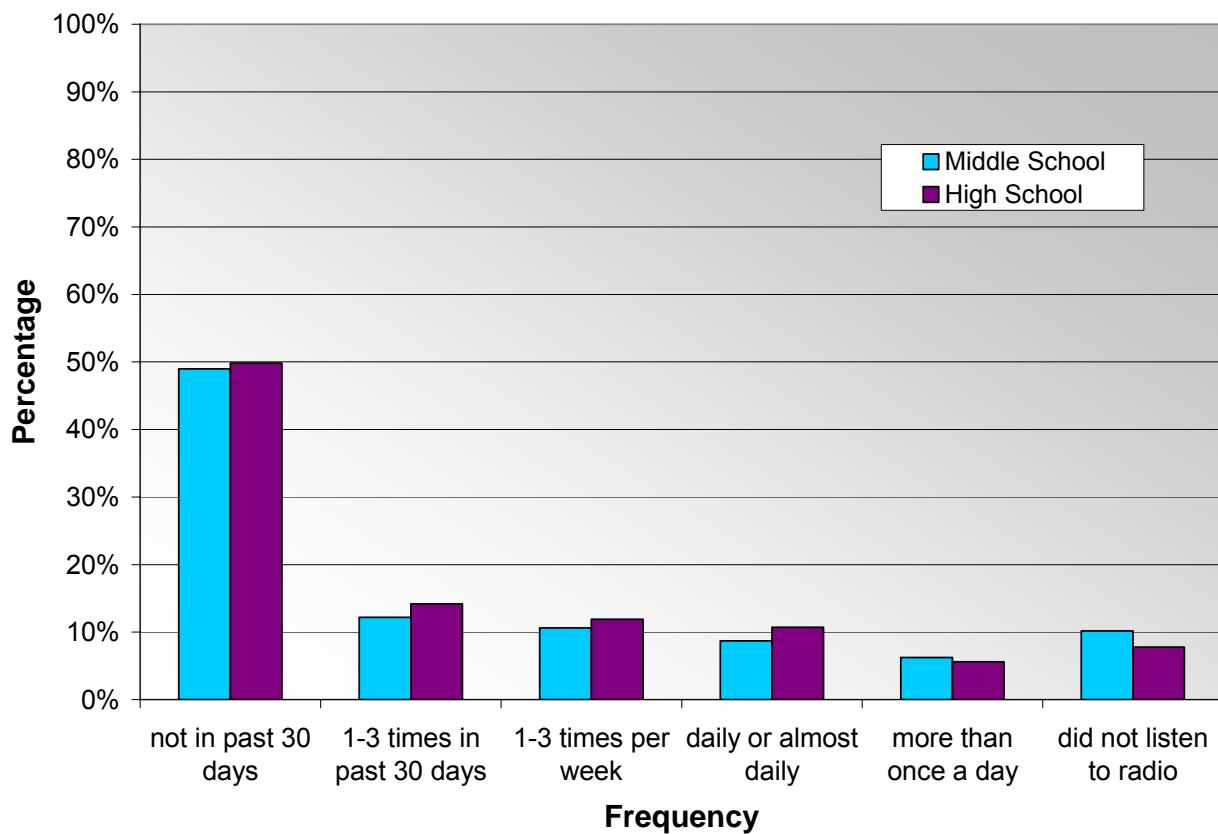
It is also noteworthy that virtually the same percentage of middle school students reported hearing the nonexistent *You Smoke; You Choke* ad (24%) as heard the TRU campaign (21%); however, more high school students reported hearing TRU (29%) than *You Smoke; You Choke* (19%). This comparison of awareness of a dummy campaign

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with that of the TRU campaign is a measure of acquiescent response bias, that is the respondents' tendency to acquiesce or respond positively to any question put to them. These results suggest that actual awareness of the TRU campaign slogan is even lower than reported awareness if one would subtract the inflationary effect of the acquiescent response bias.

Approximately half of respondents reported that they had not heard TRU messages on the radio in the past 30 days, while only 15% reported hearing them once a day or more than once a day (See Figure 4C.5)

Figure 4C.5: NC YTS 2003: How often did you hear “TRU” messages?



In comparison, 59% of middle school youth and 71% of high school youth reported that they had not heard *You Smoke; You Choke* (the placebo campaign) in the past 30 days, and the proportion claiming to have heard it once or more daily was less than 10 percent. (See Figure 4C.6) Forty-five percent of middle school youth and 37% of high school youth reported that they had not heard the Truth campaign, and approximately 20% claimed to have heard it at least once a day (See Figure 4C.7.)

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Figure 4C.6: NC YTS 2003: How often did you hear “You Smoke, You Choke” ads?

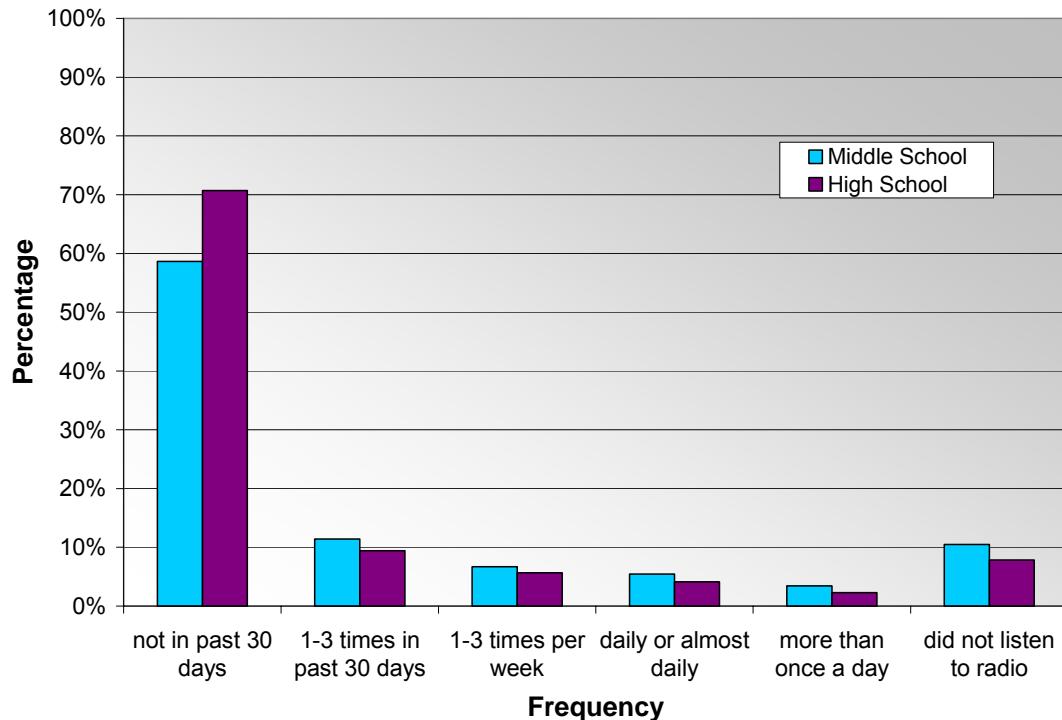
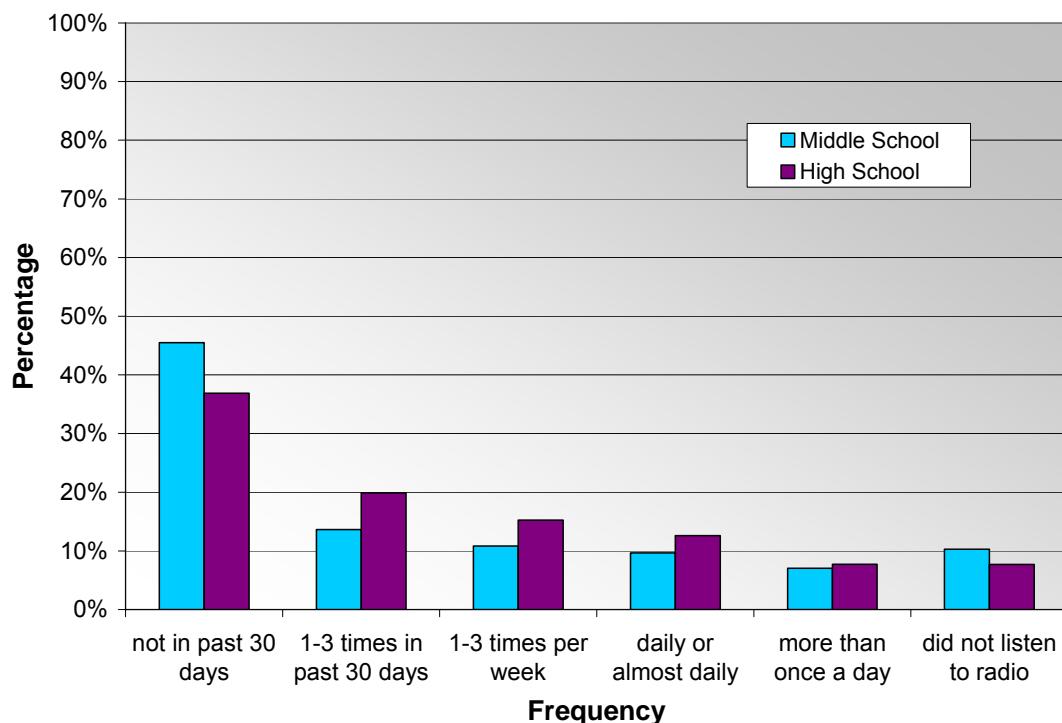


Figure 4C.7: NC YTS 2003: How often did you hear “truth” messages?



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4.D. Recommendations

It is not possible to draw definitive conclusions from the first three measures (number of radio ads, number of website hits, and number of pledges signed) because there is no baseline or standard for comparison. It might be observed, however, that the number of website hits and signed pledges at best represented a very small fraction of the 928,201 youth, 10 – 17 years old, in the state.

While the PTS ratings only indicate individual coalition leaders' beliefs about the reach of the campaign, the average rating across coalitions and reports was a 5.9 out of 10, indicating only a moderate level of reach within the TTPI coalitions' communities. This is noteworthy since research indicates that a successful youth tobacco control program must incorporate both media and grassroots efforts.

Of all these measures, the YTS results are the most sensitive and most valid indication of the reach of the TRU campaign as they include a statewide representative sample of the youth themselves. Those data show that the 2003 TRU radio campaign reached at most about 35% of the youth (not considering the acquiescent response bias), many of them infrequently (less than once weekly in the last month).

Several recommendations arise from these data, many of which are being addressed with the 2004 campaign:

- All media ads utilized in campaign should adhere to guidelines from best practices research developed in North Carolina (see Section 5A in this document) and from the CDC.
- Continue to utilize television as a prime mechanism to reach more youth.
- Continue to increase TRU media funding to improve ad quality and to increase ad dosage consistent with CDC guidelines.
- Ask media/grassroots support vendor to perform usability testing of TRU Website to ensure that it is interactive and user-friendly (e.g. see www.usability.gov)
- Ensure that media vendor continues to work to coordinate the TRU campaign with local youth groups/coalitions. This includes sponsoring or attending local events to promote TRU campaign, communicating with HWTF coalitions about the campaign, and getting feedback/buy-in from stakeholders and youth for campaign plans and creative process.
- Conduct ongoing annual media special surveys to gauge impact of the TRU campaign.
- Ensure coordination between the media vendor, ad placement agency, and evaluator in planning and evaluation of media campaigns.
- Conduct focus groups with North Carolina youth (particularly from priority population groups) to obtain feedback on the 2004 media television ads to inform creation of future ads.

Provide Treatment Options for Youth Who Want to Quit

“During a recent meeting of a congregational Laymen’s League Auxiliary featuring two Youth Action Team (YAT) Photovoice exhibits and a renowned expert on tobacco cessation, one of the adult YAT advisors shared her story. This young energetic lady began by acknowledging that she was a former smoker. Having successfully kicked the habit, she was now confronted with earning her livelihood in a non-smoke free environment. Having her advocacy skills reinforced during her work with the YAT she was feeling particularly motivated. She approached the manager about the smoking that was occurring in the restroom at work. While not confirmed, she believed that some physical symptoms that she was experiencing may be related to her work environment. The manager, a smoker himself, listened but did not appear as sympathetic or action motivated as she had hoped he would be. She left some of the educational materials used by the YAT with him for his review. The manager later had a follow-up meeting with the employee/YAT advisor and reported to her: (1) that he established a 100% smoke-free policy for the office environment, and (2) he decided to quit smoking himself!”

TTPI Priority Populations grantee

Section 5: Special Studies

5.A. Best Media Practices for Youth Tobacco Prevention

The following is the Executive Summary of the Media Analysis Report presented to the Health and Wellness Trust Fund in December of 2003. The full report can be obtained at www.fammed.unc.edu/tpep

Overview

This report presents results of a special study conducted on behalf of the Health and Wellness Trust Fund of North Carolina by the UNC Tobacco Prevention and Evaluation Program. The purpose of this study is to describe the best practice, scientific data for youth-focused tobacco counter-marketing advertisements* utilized in media campaigns. These data are based on assumptions that 1) television is the major medium of campaign delivery, and 2) the primary goal of the campaign is the prevention of tobacco use among North Carolina youth. The major intended use of this report is to assist the media vendor and other interested parties in North Carolina to create a successful 2004 statewide media campaign.

There is good evidence to promote the use of counter-marketing campaigns to reduce youth smoking rates. This report focuses primarily on three elements of counter-marketing ads that have received the most attention in the research and literature: ad content (or themes of ads), format, and emotional tone. There are a number of other areas that are not addressed, or are addressed only to a limited extent, in the literature and are therefore not included in this report; however, they should be kept in mind as additional important variables. One of these is the issue of exposure or dose: How much exposure to an ad or to a campaign is necessary in order to achieve the desired effect? Another is the production quality of an ad, which may also have a large effect on youth receptivity. An additional issue to take into account when interpreting study results is that studies in this field employ vastly different methodologies, use various outcome measures, and test a wide variety of ads. These factors have led to conflicting results in the data about which elements are most effective. Despite these contradictions, there are a number of areas in which consensus has been reached and these are described in the results section.

It is important to remember that designing an effective, educational public health message is different than designing an effective sales message. In the words of one long-time researcher on youth counter-marketing interviewed for this report: "What works

* Terms that are used interchangeably throughout the report are: countermarketing advertisements/ads, counter-advertisements/ads, tobacco prevention advertisements/ads. When the terms "advertisement" or "media campaign" are used without qualification, it can be assumed that the text is referring to a countermarketing ad or campaign.

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for selling shoes isn't the same as what works for getting kids not to do something that is bad for them. Teens don't necessarily need to *like* or feel good about ads as long as the ads get them thinking and reach them on a deeper level." A final point is that there is evidence to indicate that adult-targeted counter-marketing campaigns can be equally or more effective for youth than campaigns that are solely youth-focused.

Methodology

Information was gathered from three sources for this report:

- A literature review focusing on ad content (themes), format, and emotional tone.
- Interviews with state and national experts in the field of tobacco counter-marketing media campaigns to supplement findings from the literature review, and to gather further suggestions for the North Carolina campaign.
- Interviews with local experts/stakeholders to determine how best to reach North Carolina youth – especially those from priority populations, and how to achieve buy-in from stakeholders and youth.

Results

The literature review, expert and stakeholder interviews suggest the following:

- Final ads for a campaign should be pre-tested to ensure they are on target with primary campaign goals, resonate with youth, and are consistent with the measures outlined below. Along with this, the campaign as a whole should be evaluated by collecting data from a representative, population-based sample before and after the campaign.
- The campaign should ensure that youth and community stakeholders "buy in" and become invested in the media campaign by their inclusion throughout the process (e.g. given an opportunity to get involved and give feedback about campaign development). The media vendor should sponsor or attend local events to promote the campaign and communicate with stakeholders throughout the process.
- Use of existing ads, if chosen based on the criteria outlined below, should be considered in addition to any new ad development. (Some ads that have proven effective across populations are the Pam Laffin and Rick ads from Massachusetts and a number of the Florida Truth campaign ads.) If existing ads are utilized, consider the addition of tags with the North Carolina campaign logo, websites and and/or resources.

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- For the development of new ads, the media campaign for North Carolina youth tobacco prevention should strongly consider creative execution that combines the following ad themes, format, and tones:

Ad content/themes

- Serious health consequences:** There is good evidence to indicate the effectiveness of ads depicting serious health consequences of tobacco use (e.g. lung cancer, serious respiratory problems, death.) Ads should not depict “older” adults (older than 55) so that the serious consequences do not appear irrelevant to a young audience (i.e. differentiate between long-term health consequences and serious health consequences). This theme is effective when used in a way that arouses strong emotions among viewers.
- Secondhand smoke:** There is good evidence to indicate the effectiveness of ads depicting personal or family effects of secondhand smoke (e.g. the health effects it has on youth, or the effects youths’ own smoking may have on their loved ones). Again, for this theme to be effective, it should produce a strong emotional response.
- Industry manipulation:** There is moderate to good evidence that indicates the effectiveness of industry-themed ads with youth, particularly when this theme is used secondary to, or in conjunction with, another theme such as serious health consequences (e.g. the Janet Sackman ad, which features a former tobacco industry model who had throat and lung cancer; Truth’s original Body Bags ad, which highlighted the number of people who died each day because of tobacco use).
- Addiction:** There is limited evidence that addiction can be an effective theme, particularly in combination with other themes such as serious health consequences, secondhand smoke, and industry manipulation.
- Other themes:** The following themes have conflicting evidence to support their use and should therefore be avoided or used with great caution:
 - short-term (or “cosmetic”) consequences (e.g., stained teeth or bad breath),
 - refusal skills (youth demonstrate ways to say no to tobacco use),
 - negative social consequences (e.g. “other teens will reject you if you smoke”).

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Ad format (techniques used to convey the message)

- **Testimonials:** There is strong evidence to indicate the 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 (e.g. the Pam Laffin series, featuring a 31-year old mother of two who eventually died of emphysema). For new ads, some interviewees suggested the use of testimonials to youth from North Carolina tobacco farmers or former industry workers who are now suffering serious health consequences from tobacco use.
- **Graphic images:** There is limited evidence for the effectiveness of ad formats depicting graphic images of bodily destruction caused by tobacco use (e.g. a cancerous lung or throat, a heart dissected, etc).
- **Humor:** Themes utilizing humorous or “silly” messages in campaign ads have little evidence of effectiveness in studies or among interviewees and should be used sparingly, if at all.

Emotional tone of ads

- **Negative emotional tone:** There is strong evidence to indicate the effectiveness of ads utilizing negative emotional tone, meaning that the ad elicits feelings such as sadness, anger, fear, or shock.
- *Ads with a positive emotional tone (eliciting emotions such as humor, hope, or inspiration) have only limited or ineffective outcomes.*

Actors

- **Multicultural** ads that depict actors from diverse ethnic groups may be particularly effective within a single ad or in the context of several ads. The depiction of ethnicity should not be “forced”, however. For example, one interviewee noted that with American Indian youth, instead of using obvious stereotypes, the ad campaign could “feature small icons … easily identified by members of the target audience. For example, one kid in the ad could wear a [UNC] Pembroke cap so that American Indian youth would know that the kid is one of them but no kids would feel excluded.”
- **Edgy:** Youth featured in ads should appear to youth viewers as “edgy” in order to appeal to at-risk youth, though again, *this cannot be “forced.”* Ads featuring “clean-cut, wholesome” youth may resonate more with those who do not smoke and are not open to smoking, thus having little or no effect on youth smoking rates.
- **Real people:** When possible, ads should utilize real people rather than actors, particularly for ads using testimonials.

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5.B. 2004 Media Campaign Evaluation: Pretest

Overview

The Tobacco.Reality.Unfiltered (TRU) media campaign was launched in April of 2003. The original campaign used radio as the primary medium, supplemented by the Internet and print materials. Based on preliminary feedback about the limited reach of the campaign, the decision was made to expand the campaign in 2004 to include television. In the fall of 2003, the Health and Wellness Trust Fund (HWTF) increased the funding for the media and contracted with a new media vendor to re-vamp the TRU campaign.

HWTF also commissioned the UNC Tobacco Prevention and Evaluation Program (UNC-TPEP) to compile a report on best practices in tobacco prevention media campaigns directed toward youth (see Section 5A), as well as to evaluate the new 2004 campaign. UNC-TPEP studied the evaluation efforts of other state campaigns as well as the national Truth campaign, and determined the most effective and cost-efficient method to be statewide pre- and post-intervention telephone surveys.

The results from this pretest when compared with those from a posttest will 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
- Attribute changes in those key outcome variables among youth to the effects of the media campaign

Methodology

Once the evaluation design and method had been determined, UNC began work on development of a survey tool. The first step was to select desired outcome measures and corresponding variables for measurement, and to create a matrix with all domains and sub-domains to be included in the survey, as well as questions for each. This matrix was circulated to a number of experts on media evaluation for their comments and suggestions on the subject areas and questions.

The next step was to begin the actual construction of the survey. Several surveys that had been tested and used with representative samples of youth were used as models. These included the American Legacy Foundation's survey to evaluate the nationwide Truth campaign, the surveys for the Florida and Massachusetts campaigns, the Youth Risk Behavior Survey, and the North Carolina Youth Tobacco Survey.

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The following subject areas were included in the survey:

- demographics
- media use/exposure
- household smoking
- peer smoking
- individual smoking behavior and intentions
- exposure to/participation in school/community anti-tobacco classes/events
- tobacco industry affiliation
- 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
- appeal and perceived effectiveness of existing anti-tobacco ads

The two existing ads assessed were both Truth ads, as Truth was the only campaign running television anti-tobacco ads *directed to youth* at that time. Although there were other subject areas and questions of interest to the evaluation, the survey tool was shortened to include only those most pertinent because of budgetary constraints and concern over interviewee fatigue.

As the questionnaire was being developed, TPEP talked to survey research centers both within and outside of North Carolina about conducting the telephone survey. After deliberation, TPEP contracted with the UNC Survey Research Unit (SRU) to carry out the statewide survey of youth aged 11 to 17. The SRU worked with UNC to refine the survey tool and screener to be used with youth and their parents or guardians.

After receiving approval from the UNC School of Medicine Institutional Review Board (IRB) TPEP staff tested the tool with a convenience sample of youth of a variety of ages (within the sample range) and ethnicities. The SRU then conducted its own pre-test with youth from the sample list, and a finalized tool was completed based upon the input of the two pre-tests. The idea of offering an incentive for participation was tested in both pre-tests, and it was decided to offer both the parent and child a \$5 gift certificate, as well as to enter the child's name into a drawing for a \$50 gift certificate. Five \$50 gift certificates were sent.

The baseline survey took place over a six-week period in March and April 2004. A total of 637 youth were interviewed from a dual sample frame. Ten percent of the youth were found through random digit dialing, and the other ninety percent from a targeted list of

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North Carolina households with teens. The campaign will employ a differential dose of advertising in the Charlotte media market to better measure the dose effect of the campaign in the entire state.

The same cohort of youth will be surveyed again in the fall of 2004 after the last flight of the television campaign has taken place. The comparison of the pre- and post-tests will allow TPEP to measure the level 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. A copy of the questionnaire used for the baseline survey can be found at the UNC-TPEP website (<http://www.fammed.unc.edu/tpep>).

Results

The results of the baseline survey will be available in fall of 2004 and the results of the overall media campaign will be available after the post-test has been completed in the fall 2004 and the data analyzed in early 2005.

5.C. Recommendations

In order to fully evaluate the current campaign, annual surveys should be conducted every year in which there is a media campaign. To complement this year's evaluation, focus groups should be organized with North Carolina youth to obtain feedback on the television ads. Because the new TRU ads were not finalized before the pre-test began, the 2004 survey assesses brand awareness but does not ask youth about the actual TRU ads. Focus groups are a way to get more immediate opinions about the ads, which can assist the vendor in improving ads for later flights in 2004 and for the coming years.

Provide Treatment Options for Youth Who Want to Quit

“A group of about 8 youth worked together with the program coordinator to promote a tobacco free dance. This provided an excellent opportunity for the youth to develop and demonstrate leadership skills such as planning, implementation, and evaluation - to address the success and challenges of the event. The youth demonstrated exceptional advertising of the event: 200 minority youth attended the event where they had fun, stayed out of trouble, saw Tobacco Reality Unfiltered posters, a display, and other prevention and cessation materials. This was the first time these youth had worked together to create a large scale, tobacco free event. They were empowered by the successful experience, ready to move on to the next event.”

TTPI Community/ Schools grantee

Section 6: 2003 NC Youth Tobacco Survey Data

6.A. Overview

The Youth Tobacco Survey (YTS), used to estimate youth tobacco use prevalence, has been conducted bi-annually in North Carolina since 1999. Relevant results from all three survey years are included in Tables 6A.1 and 6A.2. The Youth Tobacco Survey is routinely conducted by many other states, and nationally by the Centers for Disease Control and Prevention (CDC). For results from the National YTS, see Tables 6A.3-5. Comparisons between North Carolina and the U.S. are seen in Figures 6A.1-6A.4.

This report provides a brief synopsis of the N.C YTS results, with comparisons to national data and that from other tobacco producing states. The full 2003 N.C. Youth Tobacco Survey results are at <http://www.dhhs.state.nc.us/pressrel/5-27-04factsheet.pdf>

6.B. Results

- The percentage of North Carolina middle school students who use cigarettes decreased significantly from 1999-2003 (from 15.0% to 9.3% - a 38% decrease), and significantly fewer students appeared susceptible to start smoking (25.3 vs. 19.6%).
- While the percentage of North Carolina high school students who use any tobacco product or cigarettes declined insignificantly among high school students from 1999-2003, cigar use among high school students decreased significantly from 19.7% to 13.4% overall.
- Males used tobacco products more than females in 2003 for all tobacco products except for cigarettes, for which the rates are quite similar.
- Rates of tobacco use among white high school students are significantly higher than among other ethnic groups, particularly use of smokeless tobacco.
- From 1999-2003, exposure to secondhand smoke in enclosed places fell from 59.1% to 44.8% among middle school students, and 72.3% to 56% among high school students.
- Youth have less positive attitudes about smoking looking cool (High school students report a decrease from 23.3% to 13.5% and middle school students report a decrease from 31.4% to 12.9%).
- North Carolina's youth overall tobacco use percentages are consistently higher than the U.S. average, with a similar decline between the NC and US, suggesting that the NC decline may be due to national trends. In addition, the US average rates may be

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lower than NC rates due to higher prices in other states and similar factors that vary across states.

- North Carolina's youth tobacco use percentages are lower than those of Kentucky. While North Carolina's youth tobacco use rates were similar to Virginia in 2001, Virginia's youth tobacco use rates may be lower in 2003 because of the 1-2 year earlier start to their statewide youth tobacco use prevention campaign.

Recommendations

- YTS should continue to be conducted on a regular basis, and consideration given to coordinating state YTS synchronous with national YTS to improve comparability of results.
- Obtain comparable YTS data from other tobacco producing states and nationally to compare with NC data on ongoing basis.
- National trends and other possible contributing factors within North Carolina should serve as framework for attributing the TTPI program impact. Increasing the number of questions specific to TTPI-funded efforts on the N.C. YTS may improve the evaluation of the TTPI program impact.

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Table 6A.1: NC YTS – Current tobacco users, middle school

North Carolina Youth Tobacco Survey

Middle school 2003, 2001 and 1999¹

Current users* of tobacco products (by type, sex, & race/ethnicity)

Characteristic	Any tobacco		Cigarettes		Cigars		Smokeless tobacco		Pipes		Bidis	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
2003												
Sex												
Male	17.4	(±3.1)	9.8	(±1.8)	7.9	(±1.8)	7.2	(±1.7)	3.6	(±1.3)	4.4	(±1.6)
Female	11.0	(±2.2)	8.9	(±2.1)	2.8	(±1.1)	1.5	(±0.7)	0.8	(±0.5)	1.6	(±0.9)
Race/Ethnicity												
White	14.1	(±2.7)	9.1	(±2.2)	5.2	(±1.3)	5.9	(±1.3)	2.2	(±0.7)	2.2	(±1.1)
Black	13.7	(±3.7)	8.8	(±2.4)	5.5	(±2.5)	1.7	(±1.2)	2.1	(±1.2)	3.7	(±2.1)
Hispanic	17.7	(±9.9)	13.5	(±9.7)	6.7	(±6.3)	5.7	(±5.9)	2.9	(±4.0)	5.0	(±5.3)
Total	14.3	(±2.4)	9.3	(±1.6)	5.4	(±1.2)	4.5	(±1.0)	2.2	(±0.7)	3.0	(±1.1)
2001												
Sex												
Male	18.3	(±2.7)	10.5	(±1.8)	8.3	(±1.7)	5.7	(±1.4)	4.6	(±1.8)	5.1	(±1.2)
Female	15.9	(±2.7)	11.8	(±2.4)	5.4	(±1.5)	2.3	(±0.9)	2.4	(±0.9)	3.3	(±1.0)
Race/Ethnicity												
White	15.6	(±3.3)	10.4	(±2.5)	5.7	(±1.9)	4.3	(±1.2)	3.1	(±1.0)	2.9	(±1.0)
Black	18.0	(±2.7)	10.7	(±2.2)	8.0	(±2.1)	3.5	(±1.2)	3.2	(±1.4)	5.4	(±5.4)
Hispanic	15.6	(±5.8)	9.5	(±5.5)	7.3	(±4.6)	3.7	(±2.0)	5.3	(±3.6)	5.0	(±3.7)
Total	17.4	(±2.6)	11.3	(±1.9)	7.1	(±1.5)	4.1	(±1.0)	3.7	(±1.1)	4.5	(±0.9)
1999												
Sex												
Male	21.0	(±3.1)	16.0	(±2.8)	10.6	(±1.9)	6.3	(±1.6)	5.2	(±1.3)	NA	NA
Female	15.7	(±2.1)	14.0	(±2.1)	5.1	(±1.1)	1.4	(±0.5)	1.5	(±0.5)	NA	NA
Race/Ethnicity												
White	16.8	(±2.4)	14.1	(±2.2)	6.3	(±1.2)	4.0	(±1.1)	2.4	(±0.7)	NA	NA
Black	19.8	(±3.5)	15.7	(±3.5)	9.7	(±1.8)	2.6	(±1.1)	3.9	(±1.3)	NA	NA
Hispanic	20.5	(±4.6)	16.0	(±4.7)	9.1	(±3.3)	4.7	(±2.7)	6.1	(±2.7)	NA	NA
Total	18.4	(±2.3)	15.0	(±2.2)	7.9	(±1.3)	3.9	(±0.9)	3.4	(±0.7)	NA	NA

¹Adapted from NC Youth Tobacco Survey Results (NC Tobacco Prevention and Control Branch, 2003)

*Used tobacco on at least one occasion during the 30 days preceding the survey.

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Table 6A.2: NC YTS – Current tobacco users, high school

North Carolina Youth Tobacco Survey

High school 2003, 2001 and 1999¹

Current users* of tobacco products by type, sex, and race/ethnicity

Characteristic	Any tobacco		Cigarettes		Cigars		Smokeless tobacco		Pipes		Bidis	
	%	(95%CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)

2003

Sex

Male	39.2	(±4.0)	28.7	(±3.8)	18.5	(±2.9)	17.3	(±4.2)	6.6	(±1.6)	4.8	(±1.2)
Female	27.9	(±3.9)	25.7	(±3.9)	8.2	(±1.9)	1.8	(±0.7)	1.5	(±0.9)	2.4	(±1.1)

Race/Ethnicity

White	37.9	(±4.5)	30.8	(±4.3)	14.5	(±2.8)	13.1	(±2.9)	4.4	(±1.4)	3.9	(±1.1)
Black	25.5	(±5.1)	20.1	(±3.6)	10.3	(±3.4)	3.0	(±2.2)	2.9	(±1.5)	2.7	(±1.4)
Hispanic	22.6	(±7.5)	18.0	(±6.6)	12.9	(±5.2)	3.9	(±3.2)	6.1	(±4.8)	3.0	(±2.9)
Total	33.7	(±3.6)	27.3	(±3.3)	13.4	(±2.1)	9.5	(±2.3)	4.1	(±1.1)	3.6	(±0.8)

2001

Sex

Male	42.3	(±4.7)	29.8	(±4.6)	22.5	(±3.8)	15.2	(±2.6)	8.2	(±2.0)	9.9	(±2.3)
Female	29.0	(±2.3)	25.7	(±2.6)	10.1	(±1.3)	2.5	(±0.5)	3.5	(±1.4)	4.6	(±1.5)

Race/Ethnicity

White	37.4	(±4.1)	30.5	(±3.8)	15.3	(±2.7)	10.7	(±1.9)	4.3	(±0.9)	5.0	(±1.4)
Black	28.2	(±4.3)	18.1	(±4.2)	14.8	(±2.5)	3.6	(±1.7)	5.8	(±2.5)	9.7	(±4.1)
Hispanic	38.3	(±5.9)	30.2	(±5.1)	19.3	(±6.1)	11.5	(±3.4)	10.6	(±4.2)	13.0	(±4.9)
Total	35.8	(±3.3)	27.8	(±3.5)	16.4	(±2.1)	8.9	(±1.4)	5.9	(±1.3)	7.4	(±1.8)

1999

Sex

Male	44.0	(±2.6)	33.4	(±2.6)	26.8	(±2.0)	14.0	(±2.6)	8.7	(±1.8)	NA
Female	32.4	(±2.6)	29.7	(±2.6)	12.5	(±1.6)	1.8	(±0.5)	1.7	(±0.7)	NA

Race/Ethnicity

White	42.5	(±2.7)	36.5	(±2.8)	19.8	(±2.2)	9.7	(±1.7)	4.6	(±1.1)	NA
Black	28.7	(±3.5)	20.2	(±3.1)	17.9	(±2.5)	2.6	(±1.1)	3.7	(±1.3)	NA
Hispanic	33.9	(±6.6)	26.3	(±6.0)	18.2	(±4.8)	8.7	(±4.2)	11.1	(±4.6)	NA
Total	38.3	(±2.2)	31.6	(±2.2)	19.7	(±1.5)	7.9	(±1.5)	5.3	(±1.1)	NA

¹adapted from NC Youth Tobacco Survey Results (NC Tobacco Prevention and Control Branch, 2003)

*Used tobacco on at least one occasion during the 30 days preceding the survey.

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Table 6A.3 National YTS – Current tobacco users, middle school

National Youth Tobacco Survey

Middle school 2003, 2001 and 1999¹

Current users* of tobacco products by type, sex, and race/ethnicity

Characteristic	Any tobacco		Cigarettes		Cigars		Smokeless tobacco		Pipes		Bidis	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
2002¹												
Sex												
Male	14.8	(±1.6)	10.2	(±1.3)	7.9	(±1.1)	5.6	(±1.3)	5.1	(±0.8)	3.1	(±0.6)
Female	11.8	(±1.4)	10.0	(±1.4)	4.1	(±0.7)	1.8	(±0.4)	1.9	(±0.4)	1.7	(±0.4)
Race/Ethnicity												
White	13.3	(±1.9)	10.4	(±1.6)	5.5	(±1.0)	4.0	(±1.1)	2.8	(±0.6)	1.8	(±0.4)
Black	13.6	(±2.4)	9.4	(±2.4)	7.3	(±1.7)	2.9	(±1.1)	3.9	(±1.4)	3.1	(±1.0)
Hispanic	12.5	(±1.9)	9.1	(±1.6)	6.3	(±1.1)	2.9	(±0.7)	4.4	(±0.9)	2.9	(±0.7)
Total	13.3	(±1.4)	10.1	(±1.2)	6.0	(±0.7)	3.7	(±0.8)	3.5	(±0.5)	2.4	(±0.3)
2000²												
Sex												
Male	17.6	(±2.2)	11.7	(±1.7)	9.7	(±1.5)	5.7	(±1.8)	4.3	(±0.7)	3.4	(±0.6)
Female	12.7	(±1.5)	10.2	(±1.3)	4.6	(±0.8)	1.5	(±0.3)	1.8	(±0.4)	1.4	(±0.3)
Race/Ethnicity												
White	14.3	(±1.9)	10.8	(±1.6)	6.1	(±1.1)	3.9	(±1.3)	2.7	(±0.5)	1.9	(±0.4)
Black	17.5	(±3.0)	11.2	(±2.0)	9.8	(±2.5)	2.4	(±0.7)	2.2	(±0.7)	2.9	(±0.8)
Hispanic	16.0	(±2.0)	11.4	(±1.7)	8.8	(±1.4)	2.9	(±0.7)	5.3	(±1.1)	3.6	(±0.9)
Total	15.1	(±1.5)	11.0	(±1.2)	7.1	(±1.0)	3.6	(±0.9)	3.0	(±0.4)	2.4	(±0.4)
1999³												
Sex												
Male	14.2	(±2.2)	9.6	(±1.7)	7.8	(±1.3)	4.2	(±1.3)	3.5	(±0.8)	3.1	(±0.8)
Female	11.3	(±2.2)	8.9	(±1.7)	4.4	(±1.3)	1.3	(±0.5)	1.4	(±0.6)	1.8	(±0.6)
Race/Ethnicity												
White	11.6	(±2.3)	8.8	(±2.0)	4.9	(±1.0)	3.0	(±1.1)	2.0	(±0.6)	1.8	(±0.5)
Black	14.4	(±2.7)	9.0	(±1.8)	8.9	(±2.3)	1.9	(±0.9)	2.0	(±0.9)	2.8	(±1.3)
Hispanic	15.2	(±5.2)	11.0	(±4.1)	7.6	(±2.9)	2.2	(±0.9)	3.8	(±1.7)	3.5	(±1.6)
Total	12.8	(±2.0)	9.2	(±1.6)	6.1	(±1.1)	2.7	(±0.7)	2.4	(±0.5)	2.5	(±0.6)

¹From *Morbidity and Mortality Weekly Report*, 52 (45) (CDC, 2003)

²From *Morbidity and Mortality Weekly Report*, 50 (SS-4) (CDC, 2001)

³From *Morbidity and Mortality Weekly Report*, 49 (SS-10) (CDC, 2000)

*Used tobacco on at least one occasion during the 30 days preceding the survey.

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Table 6A.4: National YTS – Current tobacco users, high school

National Youth Tobacco Survey
High school 2003, 2001 and 1999¹

Current users* of tobacco products by type, sex, and race/ethnicity

Characteristic	Any tobacco		Cigarettes		Cigars		Smokeless tobacco		Pipes		Bidis	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)

2002¹

Sex

Male	32.9	(±2.3)	24.6	(±2.1)	16.9	(±1.4)	10.8	(±2.0)	5.0	(±0.9)	3.7	(±0.8)
Female	23.9	(±1.8)	21.2	(±1.8)	6.2	(±0.9)	1.4	(±0.4)	1.4	(±0.4)	1.5	(±0.4)

Race/Ethnicity

White	31.1	(±2.1)	25.5	(±1.8)	11.8	(±1.0)	7.4	(±1.4)	2.8	(±0.6)	2.2	(±0.5)
Black	21.8	(±2.9)	14.3	(±2.8)	12.0	(±1.9)	2.3	(±0.8)	3.8	(±1.2)	3.4	(±1.1)
Hispanic	24.5	(±2.7)	20.5	(±2.5)	10.8	(±1.5)	3.8	(±1.3)	4.6	(±1.1)	3.5	(±0.9)

Total	28.4	(±1.7)	22.9	(±1.6)	11.6	(±0.9)	6.1	(±1.1)	3.2	(±0.6)	2.6	(±0.5)
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2000²

Sex

Male	39.1	(±2.2)	28.8	(±1.9)	22.0	(±1.5)	11.8	(±1.7)	5.2	(±0.7)	5.4	(±0.6)
Female	29.8	(±1.9)	27.3	(±2.0)	7.3	(±0.9)	1.4	(±0.4)	1.4	(±0.3)	2.8	(±0.4)

Race/Ethnicity

White	38.0	(±2.3)	31.8	(±2.1)	15.1	(±1.2)	8.2	(±1.2)	3.3	(±0.5)	3.6	(±0.5)
Black	26.5	(±3.6)	16.8	(±3.0)	15.3	(±2.9)	2.6	(±0.9)	2.2	(±0.8)	4.9	(±1.0)
Hispanic	28.4	(±2.5)	22.6	(±2.4)	13.6	(±1.6)	4.0	(±1.2)	4.2	(±0.9)	5.7	(±1.1)

Total	34.5	(±1.9)	28.0	(±1.7)	14.8	(±1.1)	6.6	(±0.9)	3.3	(±0.4)	4.1	(±0.4)
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1999³

Sex

Male	38.1	(±3.2)	28.7	(±2.8)	20.3	(±1.9)	11.7	(±2.8)	4.2	(±0.9)	6.1	(±1.0)
Female	31.4	(±3.1)	28.2	(±3.3)	10.2	(±1.6)	1.5	(±0.6)	1.4	(±0.5)	3.8	(±1.0)

Race/Ethnicity

White	39.4	(±3.2)	32.9	(±3.1)	16.0	(±1.6)	8.7	(±2.1)	2.6	(±0.6)	4.4	(±0.9)
Black	24.0	(±4.2)	15.9	(±3.8)	14.8	(±3.5)	2.4	(±1.3)	1.9	(±0.9)	5.8	(±2.1)
Hispanic	30.7	(±4.4)	25.8	(±4.7)	13.4	(±2.9)	3.7	(±1.6)	3.8	(±1.4)	5.6	(±2.1)

Total	34.8	(±2.6)	28.5	(±2.6)	15.3	(±1.4)	6.6	(±1.6)	2.8	(±0.5)	5.0	(±0.8)
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*Used tobacco on at least one occasion during the 30 days preceding the survey.

¹From *Morbidity and Mortality Weekly Report*, 52 (45) (CDC, 2003)

²From *Morbidity and Mortality Weekly Report*, 50 (SS-4) (CDC, 2001)

³From *Morbidity and Mortality Weekly Report*, 49 (SS-10) (CDC, 2000)

Table 6A.5: NC YTS – Attitudes towards smoking and secondhand smoke exposure, middle school

North Carolina Youth Tobacco Survey

Middle school 2003 and 1999¹

Attitudes towards smoking and secondhand smoke exposure

Characteristic	Young people who smoke have more friends		Smoking makes young people look cool or fit in		Never smokers susceptible to start smoking		In same room as a smoker during past 7 days		Rode in same car as smoker during past 7 days		Smoking on school property in last 30 days	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)

2003

Sex

Male	20.9 (±3.0)	14.4 (±2.5)	21.5 (±3.6)	40.3 (±5.2)	30.6 (±5.9)	3.2 (±1.6)
Female	21.4 (±4.0)	11.4 (±2.4)	17.7 (±3.2)	49.2 (±5.6)	37.3 (±6.0)	2.2 (±0.9)

Race/Ethnicity

White	16.9 (±2.2)	10.7 (±1.6)	15.7 (±2.6)	49.3 (±6.1)	37.2 (±5.8)	3.1 (±1.2)
Black	28.5 (±4.9)	16.3 (±3.3)	27.9 (±6.4)	39.8 (±8.5)	30.3 (±8.0)	2.0 (±1.2)
Hispanic	17.9 (±6.9)	15.2 (±9.5)	25.6 (±10.5)	29.5 (±11.6)	19.8 (±8.6)	2.2 (±1.8)
Total	21.2 (±2.8)	12.9 (±1.7)	19.6 (±2.8)	44.8 (±4.7)	34.0 (±5.1)	2.7 (±0.9)

1999

Sex

Male	57.6 (±6.1)	35.8 (±2.8)	24.8 (±2.4)	57.1 (±2.7)	46.1 (±3.0)	3.6 (±1.0)
Female	41.8 (±6.2)	26.4 (±2.1)	25.8 (±2.6)	61.2 (±2.0)	52.1 (±2.7)	1.6 (±0.5)

Race/Ethnicity

White	44.0 (±7.2)	30.8 (±6.1)	24.0 (±2.2)	62.2 (±2.2)	50.7 (±3.0)	2.0 (±0.6)
Black	60.3 (±8.5)	29.9 (±9.4)	26.9 (±4.4)	53.2 (±3.2)	45.6 (±3.2)	3.2 (±1.4)
Hispanic	50.9 (±13.1)	28.9 (±14.0)	30.0 (±6.7)	51.8 (±5.7)	44.8 (±7.2)	3.6 (±1.7)
Total	50.2 (±4.7)	31.4 (±4.8)	25.3 (±1.8)	59.1 (±1.8)	49.0 (±2.4)	2.6 (±0.6)

¹Adapted from NC Youth Tobacco Survey Results (NC Tobacco Prevention and Control Branch, 2003)

Section 6

Figure 6A.1: Middle School Tobacco Use Trends, 1999-2003

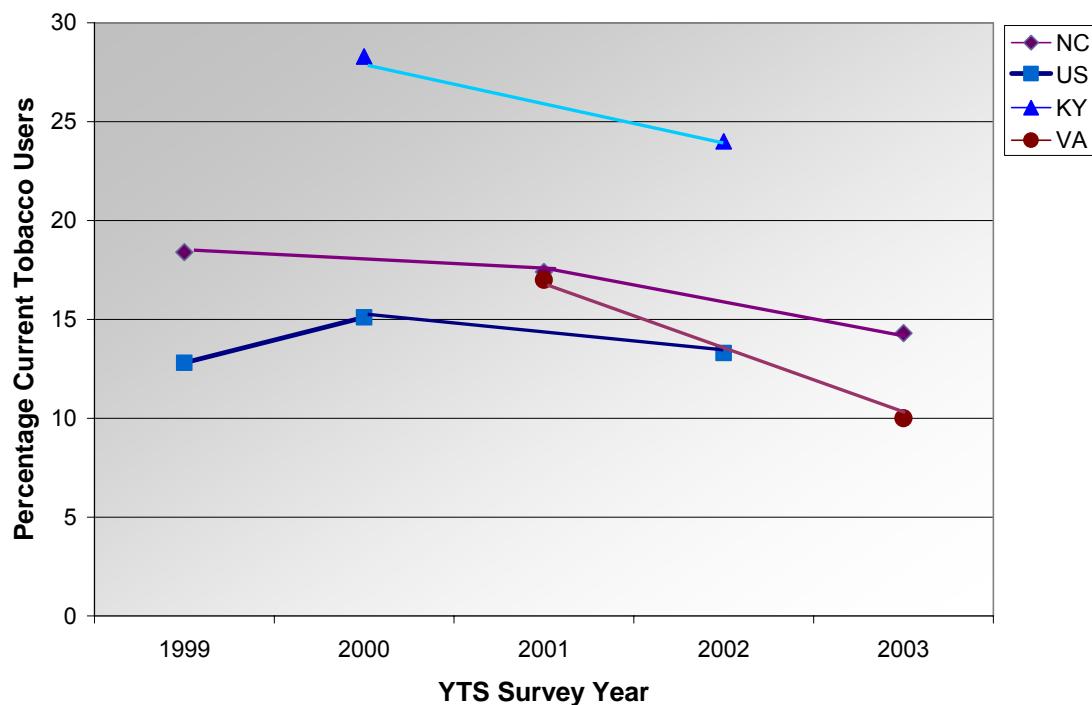


Figure 6A.2: High School Tobacco Use Trends, 1999-2003

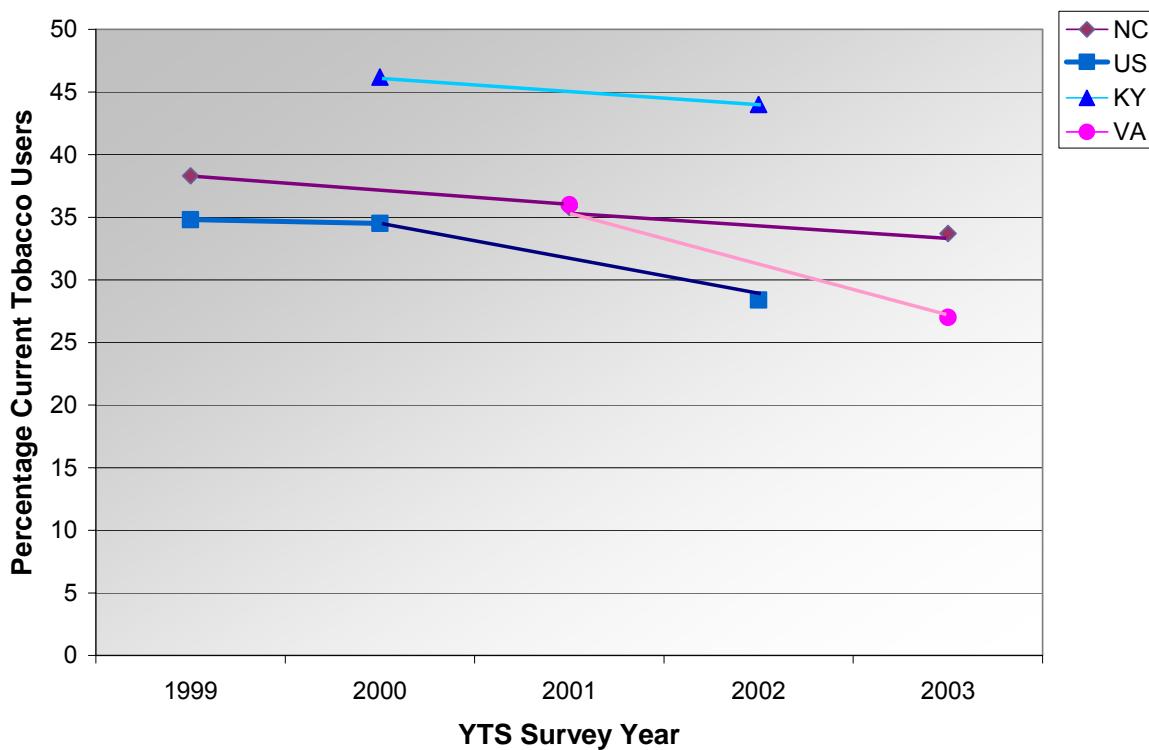
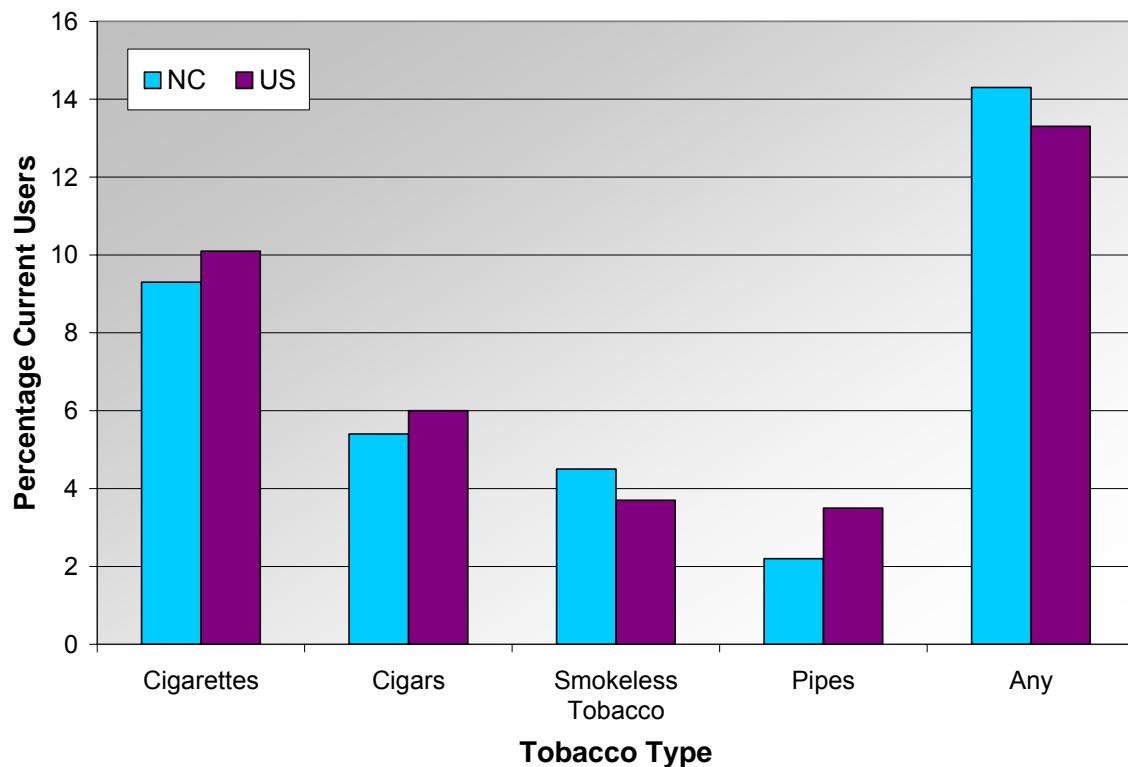


Figure 6A.3: Middle School Tobacco Use by Type 2002-2003**Figure 6A.4: High School Tobacco Use by Type 2002-2003**