
# Annual Report to the Joint Legislative Commission on Governmental Affairs and the Joint Legislative Health Care Oversight Committee

# 2004

NORTH CAROLINA Health Wellness TRUST FUND

**Annual Report to the Joint Legislative Commission on Governmental Operations and the Joint Legislative Health Care Oversight Committee**

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# State of North Carolina
## Health & Wellness Trust Fund Commission



November 1, 2004

To: Joint Legislative Commission on Governmental Operations
Senator Marc Basnight, Co-Chair
Speaker Jim Black, Co-Chair
Speaker Richard Morgan, Co-Chair

Joint Legislative Health Care Oversight Committee
Senator Anthony Eden Rand, Co-Chair
Representative Jeffrey L. Barnhart, Co-Chair
Representative Thomas E. Wright, Co-Chair

From: Lt. Governor Beverly E. Perdue
NC Health and Wellness Trust Fund Commission, Chair

Subject: 2004 Annual Report

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## SECTION I. IMPLEMENTATION OF THE ENABLING STATUTE

The Commission funds four initiatives that address the vision expressed by the General Assembly in creating a Commission to improve the health and wellness of North Carolinians. The *Senior Care* prescription drug program was launched on November 1, 2002. Since that time, additional prevention initiatives have been implemented statewide at the grassroots level to promote:

- Safe and effective use of medications among seniors
- Access to free medications by low-income individuals of all ages
- Tobacco use prevention and cessation among youth
- Overweight and obesity reduction and prevention among youth

With technical assistance from expert agencies and organizations, 145 local and statewide grantees are implementing programs and building community support for these specific public health policy goals.

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**STATUTORY REQUIREMENT: Address the health needs of the vulnerable and underserved populations of NC.**

**HWTFC INITIATIVE: Senior Care provides prescription drug access for the state's most vulnerable and underserved seniors.**

Program Design

- $76.3 million allocated over three years from HWTF
- Redesigned on September 1, 2004 to "wrap-around" the federal discount card program, thus expanding coverage and enhancing benefits as follows:
  - Coverage for all seniors including those with Medigap and VA coverage, but with no private coverage
    - Age 65 and older
    - Up to 250% of FPL
  - $1,200 for each of the following two benefit periods:
    - September 2004 thru December 2004
    - January thru December 2005

    *Note: Includes federal benefit of $600 for those eligible and enrolled in federal program; Senior Care covers entire $1,200 for those ineligible or not enrolled in federal program.*
  - Unexpended benefit from 2004 can be carried forward to 2005
  - Covers prescriptions for all diagnostic states
  - Co-pay for seniors is reduced to:
    - 5% for those below 100% of FPL
    - 10% for those above 100% of FPL

    *Note: Senior Care pays fee for dispensing and claims administration*
  - HWTF-funded benefit will continue until the full federal program begins in January 2006
  - Total administrative costs are projected at $4.5 million
  - Program administered by the Office of Rural Health (ORHRHD), NC DHHS and

Enrollment

- Current enrollment exceeds 53,000 (anticipated enrollment, according to ORHRHD, in December 2005 is 83,000)
- Web site: www.ncseniorcare.com and toll free line (866) 226-1388

**STATUTORY REQUIREMENT: Fund research, education and prevention programs that increase community capacity.**

**HWTFC INITIATIVE: Medication Assistance Programs**

Program Design

- $15.4 million over three years from HWTF
- 23 local grants were awarded in Phase I (October 2002)
- Three emergency grants were awarded in October 2003 to counties in central North Carolina affected by layoffs in the textile industry
- 49 local grants were awarded in Phase II (April 2004)
- 95 counties are being served locally

Medication Management for Seniors

- Educate seniors on the safe and effective use of medications, thus preventing adverse reactions from drug interactions and duplicative therapy
- Specialized training for pharmacists provided by the Area Health Education Centers (AHEC)

Prescription Assistance for Low-Income Individuals of All Ages

- Provide access to free and low cost medications to low-income individuals of all ages
- Grantees use a software-driven search engine to identify the best source for needed drugs and complete application forms for clients
- Eligibility requirements are defined by pharmaceutical companies that sponsor such programs

Outcomes Analysis

Research is being conducted by the UNC School of Public Health on the health outcomes of providing these services, such as reduction in emergency room visits and hospitalizations. Access to the data was delayed as a result of measures necessary for compliance with federal HIPAA regulations, but analysis currently is underway.

**STATUTORY REQUIREMENT: Develop a community-based plan to prevent, reduce, and remedy the health effects of tobacco use among North Carolina's youth**

**HWTFC INITIATIVE: Teen Tobacco Use Prevention and Cessation program includes 70 grants to local school and community organizations, statewide organizations capable of addressing the needs of priority populations, paid media and enforcement of the state law restricting the sale of tobacco to minors. All of these programs are part of a community-based plan aimed at reducing and remedying to health effects of tobacco use among North Carolina's youth.**

Program Design

- Annual budget allocations follow:
  - $6.2 million in 2002
  - $10.9 million in 2003
  - $10.9 million in 2004
  - $15 million annually from 2005 through 2008
- 70 grants were awarded to provide services in all 100 counties:
  - 47 community-based organizations
  - 3 statewide grants
  - 4 additional statewide grants to focus on communications with minority teens
    - El Pueblo
    - NC Commission of Indian Affairs
    - Old North State Medical Society
    - General Baptist State Convention
  - 16 mini-grants to school districts and community organizations working towards adoption and enforcement of a 100% Tobacco Free School policy

Program Elements

- Other elements of the Commission's initiative that support the local and statewide grantees are as follows:
  - A paid media campaign entitled, TRU (Tobacco.Reality.Unfiltered.) was budgeted at $2.45 million in 2004
  - A non-punitive cessation program for teens, called N-O-T (Not On Tobacco), sponsored by the American Lung Association, and budgeted at $200,000 per year
  - Enforcement of the ban on tobacco sales to minors by the Division of Alcohol Law Enforcement, budgeted at $500,000 per year
  - Counseling for pregnant teen on the dangers of tobacco use, provided by the Women's and Children's Health Section of DHHS, budgeted at $100,000 per year
  - An ongoing statewide effort to promote local adoption of tobacco use restrictions on school property and at school functions, provided by the Tobacco Prevention and Control Branch (TPCB) of DHHS, budgeted at $405,000
  - A statewide leadership forum for youth, organized by the TPCB was conducted at a cost of $100,000
  - Sponsorship of three regional youth empowerment programs, called "Question Y", budgeted at $1,805,155 through June 2006

**STATUTORY REQUIREMENT: Fund initiatives that treat health problems in North Carolina and increase community capacity**

**HWTFC INITIATIVE: Youth Overweight and Obesity Prevention / Reduction Initiative includes 20 grants awarded in 2003 and 2004 to create and increase community capacity to address the epidemic of childhood overweight and obesity. Grantees are providing intervention programs for overweight children including after school exercise programs and nutritional counseling. Grantees also focus efforts on public education and adoption of local policies that address the underlying issues.**

Program Design

- $3 million annually for three years from HWTF
- Initiative design was based on recommendations developed by DHHS under the *North Carolina Healthy Weight Initiative*
- Sixteen grants were awarded to local organizations that serve schools and communities in 42 counties
- Four grants were awarded to statewide/regional organizations that provide service on a much broader basis
- Department of Community and Family Medicine at Duke provides technical assistance to grantees
- Grant implementation began in January 2004
- Department of Family Medicine at East Carolina University is conducting an outcomes analysis of the entire initiative
- A study committee chaired by Senator Bill Purcell, Representative Verla Insko and Olson Huff, M.D. is addressing North Carolina's obesity epidemic among children and youth. The committee, comprised of 20 North Carolinians with diverse backgrounds from across the state, is seeking to develop consensus on policy recommendations in the areas of physical activity, nutrition, community development and healthcare.
- A partnership with Blue Cross and Blue Shield of North Carolina (BCBSNC), called Fit Together was announced in April 2004.
    - BCBSNC has committed $3 million to conduct a statewide campaign designed to raise awareness around the dangers of unhealthy weight
    - A Web site will be launched in mid-November to equip individuals, families and communities with the tools they need to promote healthy lifestyles

**STATUTORY REQUIREMENT: Measure outcomes of funded programs**

**HWTFC INITIATIVE: Formal program evaluations are being conducted for each initiative listed above by the following organizations to measure overall program outcomes and individual grantee performance:**

- Senior Care – UNC School of Public Health/School of Pharmacy and NC A&T School of Nursing
- Medication Management – UNC School of Public Health/School of Pharmacy
- Teen Tobacco Use Prevention and Cessation – UNC School of Family Medicine
- Youth Overweight and Obesity Prevention/Reduction – East Carolina University, Department of Family Medicine

**Section II. Analysis of progress toward the goals and objectives of a comprehensive, community-based plan pursuant to G.S. 147-86.30(e)(3)**

The Commissioners spent 18 months setting priorities and designing specific initiatives to address the most pressing health needs in North Carolina. Seniors and youth were determined to be the most vulnerable population groups, and the Commission decided to focus its initial efforts on their behalf.

In the absence of a Medicare prescription drug benefit for seniors, the Commission established a discount card program to help the neediest seniors suffering from chronic disease conditions such as diabetes, cardiovascular and pulmonary diseases. Recognizing that drug interactions and duplicative therapies are a significant but preventable cause of emergency room use and long term hospitalization, the Commission added value to the *Senior Care Program* by funding community-based organizations to provide medication counseling through licensed pharmacists. To supplement the limited benefit provided by *Senior Care*, the Commission enabled these same community-based organizations to help people of all ages gain access to pharmaceutical company assistance programs by funding customized "search engine" software and salaries for trained operators.

> *The UNC School of Public Health has been conducting an outcomes analysis of the Senior Care Program and has been tracking approximately 300+ seniors since they enrolled in the program in 2002-2003. At the end of the third telephone survey conducted in the summer of 2004, preliminary results showed hospitalizations decreased from 22% to 7%, and emergency room visits decreased from 18% to 6%. There was also a significant improvement on all medication compliance issues: 19% reported taking their medications less often than prescribed as opposed to 27% at baseline; 14% reported not refilling their prescriptions on time as opposed to 23% at baseline; and 5% reported not taking their medications on a regular basis contrasted with 12% at baseline.*
>
> *In the past year, grantees provided prescription assistance to 20,000 individuals and of these nearly half also received medication management. In this same time period, nearly $15 million in free drugs was procured and distributed by grantees, through $5 million in grant funding.*
>
> *Analysis of the Medication Management grantee program data to assess the health outcomes has been delayed as a result of HIPAA compliance issues. UNC School of Public Health has finally received HIPPA approval for access to all relevant data and analysis is now underway.*

Youth are particularly susceptible to tobacco use, overweight and obesity. Therefore, the Commission designed two community-based initiatives to address these pressing issues.

According to the Centers for Disease Control (CDC), over 90 percent of first-time tobacco use occurs prior to age 20, with the average age of initiation being 13. The health effects of prolonged tobacco use among the general population are well documented, and studies by the CDC show that African-Americans suffer disproportionately high rates of heart disease, stroke and lung cancer. The Commission has followed CDC's guidelines in structuring its overall plan,

which includes the effective use of media as well as cessation services and programs designed to help teens who want to quit using tobacco be successful. The Commission awarded $12.3 million in grants to 52 local coalitions that are principally comprised of school districts, county health departments and community-based organizations. The funds will be used for organizational development, promotional activities and local cessation programs. Another $2.2 million in grants was awarded to 4 organizations that focus their efforts on reaching out to African-American, Hispanic and American-Indian teens statewide, through culturally appropriate messages.

*The Department of Family Medicine at UNC which is conducting an outcomes analysis of the entire teen tobacco initiative has listed these as the key achievements of the first year of the HWTFC-funded programs:*

- *Successfully adopted and disseminated evidence-based, scientific approaches to youth tobacco use prevention (Vision 2010- http://www.communityhealth.dhhs.state.nc.us/tobacco/Tobacco%20Prevention.pdf)*
- *Developed statewide presence, identity, and leadership*
- *Developed substantial statewide infrastructure (from 34 initially to more than 50 coalitions)*
- *Established strong collaborative framework*
- *Successfully mobilized increased funding (from $6.2 million to $10.9 million annually – taking North Carolina's ranking from 33rd to 30th nationally for investments in tobacco use prevention)*
- *Made excellent progress on all 4 tobacco prevention goals: to prevent youth initiation of tobacco use, eliminate disparities in tobacco use among minority youth, eliminate youth exposure to secondhand smoke, and provide treatment options for teens who want to quit*
- *Facilitated more than 1,400 tobacco control events by Community & School grantees resulting in 50 policy changes*
- *Increased the number of districts adopting a 100% Tobacco Free School policy*
- *Conducted hundreds of events directed to reducing health disparities*
- *Successfully involved youth*
- *Conducted a scientific study to measure the changes in tobacco attitudes and behavior of North Carolina's youth both before and after the new media campaign, which was launched in April 2004. Results from the pre and post tests were used to increase effectiveness of the media campaign.*
- *Encountered few substantive barriers*

*Furthermore, the Youth Tobacco Survey reveals the following results from 1999 to 2003:*

- *Middle school students using cigarettes decreased significantly (15.0% to 9.3% - a 38% decrease)*
- *Significantly fewer students appeared susceptible to start smoking (25.3 vs. 19.6%)*

- *Cigar use among high school students decreased significantly (19.7% to 13.4%)*
- *High school students using cigarettes did not decline significantly*

Overweight and obesity is the first chronic disease that is spreading at epidemic rates. At its current rate, it will soon become the costliest disease, surpassing cardiovascular diseases. The percentage of children who are overweight in the United States doubled during the past two decades and the percentage of overweight adolescents tripled. The economic and social consequence of obesity manifests itself in premature death and disability, in health care costs, in lost productivity, and in social stigmatization. The Commission funded 20 grants statewide to address this problem. Grant funds are being used to provide intervention programs for overweight children including after school exercise programs and nutritional counseling. Grantees are also focusing efforts on public education and adoption of local policies that address the underlying issues. A social marketing campaign is being developed to communicate effectively with minority communities, where the problem is especially acute. UNC-TV will be creating and airing messages on its statewide network to reach both at-risk youth and their caregivers.

*The grants for Youth Overweight and Obesity Prevention / Reduction were awarded in 2003 and 2004, and it is too early to have any measurable outcomes.*

Increased physical activity and healthier food choices are considered essential elements in preventing obesity and maintaining good health. To promote these cornerstone principles, the NC Health and Wellness Trust Fund (HWTF) has joined with Blue Cross and Blue Shield of North Carolina (BCBSNC) to launch Fit Together – a statewide campaign designed to raise awareness around the dangers of unhealthy weight and more importantly equip individuals, families and communities with the tools they need to address this very serious health concern.

Through a content-rich Web site (www.fittogethernc.org) and a television campaign, Fit Together will help individuals and communities assess their health risk and equip them with the tools needed to get healthier. Tools such as a web-based health risk assessment will direct individuals to local resources in their community. The Web site will include information about the status of physical education and nutrition policies in local schools as well as real examples of North Carolina communities that have made significant changes in their schools, worksites or built environments that led to things such as daily PE for kids, lower insurance premiums for employers, or more sidewalks and greenways in neighborhoods.

The Commission has embarked on an effort to examine childhood obesity related policy options by creating a study committee, called Fit Families NC, comprised of experts from the fields of medicine, public health, education, business and child advocacy. The purpose of the study committee is to evaluate the status of obesity among the State's children and recommend policy initiatives to the Commission, which may include suggested recommendations for the NC Department of Health and Human Services, the Department of Public Instruction and other interested bodies. The study committee may also develop legislative proposals that could be presented to the General Assembly. Fit Families NC is co-chaired by Senator Bill Purcell, Representative Verla Insko, and Olson Huff, M.D. The Commission has allocated a budget of $300,000 for staff support and other operational expenses.

**HEALTH AND WELLNESS TRUST FUND COMMISSION**
**ANNUAL REPORT TO THE**
**JOINT LEGISLATIVE COMMISSION ON GOVERNMENTAL OPERATIONS**
**FY 03-04 FINANCIAL OBLIGATIONS AND DISBURSEMENTS**

| Purpose of Disbursement | Organization's Name | Category of Recipient | 3 Year Commitment | FY 03-04 Disbursements | Total Disbursements |
|---|---|---|---|---|---|
| **SENIOR CARE PROGRAM** | | | | | |
| Drug Benefit and Program Administration | DHHS Office of Rural Health | State Agency | 73,954,373 | 4,508,290 | 15,372,204 |
| PDAP Transition Drug Benefit | DHHS Office of Rural Health | State Agency | 1,832,265 | 150,201 | 1,182,265 |
| Senior Care Program Evaluation | UNC School Public Health | State University | 396,000 | 88,319 | 132,586 |
| Senior Care Program Evaluation | NC A&T University | State University | 165,418 | 40,852 | 40,852 |
| | **Program Total** | | **76,348,056** | **4,787,662** | **17,403,513** |
| | | | | | |
| **MEDICATION ASSISTANCE PROGRAM** | | | | | |
| Local Program Implementation | Alamance Regional Medical Center | Grantee | 322,500 | 94,724 | 149,646 |
| Local Program Implementation | Bladen HealthWatch | Grantee | 280,768 | 85,847 | 143,928 |
| Local Program Implementation | Caldwell Senior Center | Grantee | 176,500 | 53,855 | 89,921 |
| Local Program Implementation | Cape Fear Council of Gov. Area Agency on Aging | Grantee | 398,000 | 118,596 | 187,944 |
| Local Program Implementation | Carolina Family Health Centers (Wilson Community) | Grantee | 389,000 | 115,914 | 183,694 |
| Local Program Implementation | Cherokee Cnty Health Dept | Grantee | 442,696 | 102,382 | 167,400 |
| Local Program Implementation | Community Care Clinic of Rowan County | Grantee | 140,000 | 54,091 | 54,091 |
| Local Program Implementation | The Community Free Clinic of Cabarrus County | Grantee | 130,000 | 32,500 | 32,500 |
| Local Program Implementation | Cumberland Cnty Hospital System | Grantee | 450,000 | 134,091 | 212,500 |
| Local Program Implementation | Eastern Carolina Council Area Agency on Aging | Grantee | 802,110 | 143,324 | 288,250 |
| Local Program Implementation | Gaston Family Health Services | Grantee | 232,750 | 57,362 | 103,538 |
| Local Program Implementation | Guilford Cnty Dept of Public Health | Grantee | 449,968 | 133,780 | 212,007 |
| Local Program Implementation | Isothermal Planning Commission Area Agency on Aging | Grantee | 514,521 | 161,739 | 269,246 |
| Local Program Implementation | Lumber River Council of Governments/AAA | Grantee | 416,000 | 124,379 | 198,083 |
| Local Program Implementation | Martin-Tyrrell-Washington District Health Dept. | Grantee | 408,999 | 123,939 | 204,499 |
| Local Program Implementation | MedAssist of Mecklenburg | Grantee | 303,000 | 76,291 | 126,657 |
| Local Program Implementation | Mid-East Commission Area Agency on Aging | Grantee | 456,960 | 64,064 | 156,600 |
| Local Program Implementation | Mission St. Joseph's Healthcare Foundation | Grantee | 392,986 | 118,984 | 188,988 |
| Local Program Implementation | Piedmont Triad Council of Government AAA | Grantee | 145,000 | 18,439 | 45,000 |
| Local Program Implementation | Resources for Seniors | Grantee | 465,199 | 141,012 | 232,799 |
| Local Program Implementation | Rockingham County Health Department | Grantee | 130,000 | 17,127 | 17,127 |
| Local Program Implementation | Rural Health Group | Grantee | 412,200 | 111,294 | 183,953 |
| Local Program Implementation | Senior PHARMAssist | Grantee | 207,999 | 61,980 | 98,222 |
| Local Program Implementation | The Hunger Coalition | Grantee | 336,000 | 106,888 | 177,994 |
| Local Program Implementation | UNC School of Pharmacy | Grantee | 256,846 | 66,957 | 105,136 |
| Local Program Implementation | Winston-Salem Urban league | Grantee | 262,000 | 38,258 | 80,159 |
| Technical Assistance Provider | DHHS Office of Rural Health | State Agency | 645,000 | 138,005 | 138,005 |
| Pharmacist Training | Area Health Education Centers | State University | 62,344 | 144 | 62,344 |
| Program Evaluators | ATSU and Contractor | University/Contract | - | 63,820 | 63,820 |
| | **Program Total** | | **9,629,346** | **2,559,785** | **4,174,052** |
| | | | | | |

**HEALTH AND WELLNESS TRUST FUND COMMISSION**
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**FY 03-04 FINANCIAL OBLIGATIONS AND DISBURSEMENTS**

| Purpose of Disbursement | Organization's Name | Category of Recipient | 3 Year Commitment | FY 03-04 Disbursements | Total Disbursements |
|---|---|---|---|---|---|
| **TEEN SMOKING PREVENTION AND CESSATION PROGRAM** | | | | | |
| Local Program Implementation | Alamance-Caswell Area MH/DD/SA Authority | Grantee | 200,000.00 | 52,002 | 83,545 |
| Local Program Implementation | Ashe Cnty Schools | Grantee | 199,640.98 | 58,766 | 90,441 |
| Local Program Implementation | Buncombe Cnty Schools/Safe and Drug Free Schools | Grantee | 299,727.00 | 94,563 | 139,910 |
| Local Program Implementation | Buncombe County Health Center | Grantee | 200,000.00 | 28,260 | 28,260 |
| Local Program Implementation | Cancer Services of Gaston Cnty | Grantee | 170,000.00 | 35,284 | 57,500 |
| Local Program Implementation | Catawba Cnty Public Health Dept | Grantee | 300,000.00 | 40,909 | 93,182 |
| Local Program Implementation | Chatham Cnty Health Dept | Grantee | 264,596.00 | 41,789 | 81,588 |
| Local Program Implementation | Chowan Regional Health Care Foundation | Grantee | 300,000.00 | 79,545 | 125,000 |
| Local Program Implementation | Durham AreaCorp, Inc. | Grantee | 200,000.00 | 50,127 | |
| Local Program Implementation | Durham Cnty Health Dept | Grantee | 287,156.00 | 79,133 | 132,882 |
| Local Program Implementation | El Pueblo | Grantee | 465,000 | 97,151 | 169,563 |
| Local Program Implementation | FirstHealth of the Carolinas | Grantee | 280,613.00 | 74,198 | 114,086 |
| Local Program Implementation | Center for Health & Healing, GBSC | Grantee | 475,000 | 133,285 | 191,407 |
| Local Program Implementation | Guilford Cnty Project ASSIST | Grantee | 210,000.00 | 33,409 | 70,000 |
| Local Program Implementation | Halifax County Schools | Grantee | 292,080.00 | 85,324 | 135,485 |
| Local Program Implementation | Hertford-Gates District Health Dept | Grantee | 198,307.00 | 43,179 | 63,329 |
| Local Program Implementation | Macon Cnty Public Health Center | Grantee | 135,366.00 | 40,972 | 66,017 |
| Local Program Implementation | McDowell Cnty Schools | Grantee | 285,000.00 | 84,924 | 134,583 |
| Local Program Implementation | Mecklenburg Cnty Health Dept | Grantee | 300,000.00 | 59,209 | 98,300 |
| Local Program Implementation | Mitchell Cnty Schools | Grantee | 278,750.00 | 85,607 | 136,965 |
| Local Program Implementation | N.C. Amateur Sports/State Games of North Carolina | Grantee | 285,000.00 | 72,977 | 116,125 |
| Local Program Implementation | NC Commission of Indian Affairs | Grantee | 475,000 | 134,630 | 134,630 |
| Local Program Implementation | Old North State Medical Society | Grantee | 787,500 | 161,080 | 262,500 |
| Local Program Implementation | Orange Cnty Health Dept | Grantee | 232,848.00 | 69,542 | 106,520 |
| Local Program Implementation | Public Schools of Robeson Cnty | Grantee | 283,500.00 | 44,625 | 93,500 |
| Local Program Implementation | Rowan Cnty Health Dept | Grantee | 228,000.00 | 66,498 | 108,365 |
| Local Program Implementation | SAVE of NC GASP | Grantee | 210,000.00 | 57,803 | 94,394 |
| Local Program Implementation | Surry Cnty Health and Nutrition Center | Grantee | 272,346 | 72,512 | 117,339 |
| Local Program Implementation | Tri-Cnty 2000 Community Health Project. | Grantee | 150,000 | 43,939 | 66,667 |
| Local Program Implementation | Union Cnty Public Schools | Grantee | 283,968 | 84,122 | 133,931 |
| Local Program Implementation | Watauga Cnty Schools | Grantee | 300,000 | 89,394 | 141,667 |
| Local Program Implementation | Wilmington Health Access for Teens (WHAT) | Grantee | 518,154 | 117,733 | 159,595 |
| Not On Tobacco Program Implementation | American Lung Association | Grantee | 600,000 | 105,550 | 105,550 |
| Technical Assistance Provider | DHHS Tobacco Prevent/Control | State Agency | 965,000 | 229,893 | 247,240 |
| Technical Assistance Provider | DHHS Minority Health | State Agency | 445,000 | 117,507 | 117,507 |
| Tobacco Sales Law Enforcement | DHHS Substance Abuse Section | State Agency | 1,500,000 | 459,066 | 520,893 |
| Pregnant Teen Cessation | DHHS Women/Children Health | State Agency | 300,000 | 92,105 | 205,346 |
| Program Evaluation | UNC School of Family Medicine | State University | 850,000 | 293,688 | 293,688 |
| Media Campaign | Goddin Media/CapStrat/Ruiz | Contractors | 7,072,450 | 1,363,990 | 2,512,112 |
| Misc Program Expenses | Signage and Printing | Contracts | 30,615 | 30,615 | 30,615 |
| | **Program Total** | | **21,152,002** | **5,004,906** | **7,630,350** |

**HEALTH AND WELLNESS TRUST FUND COMMISSION**
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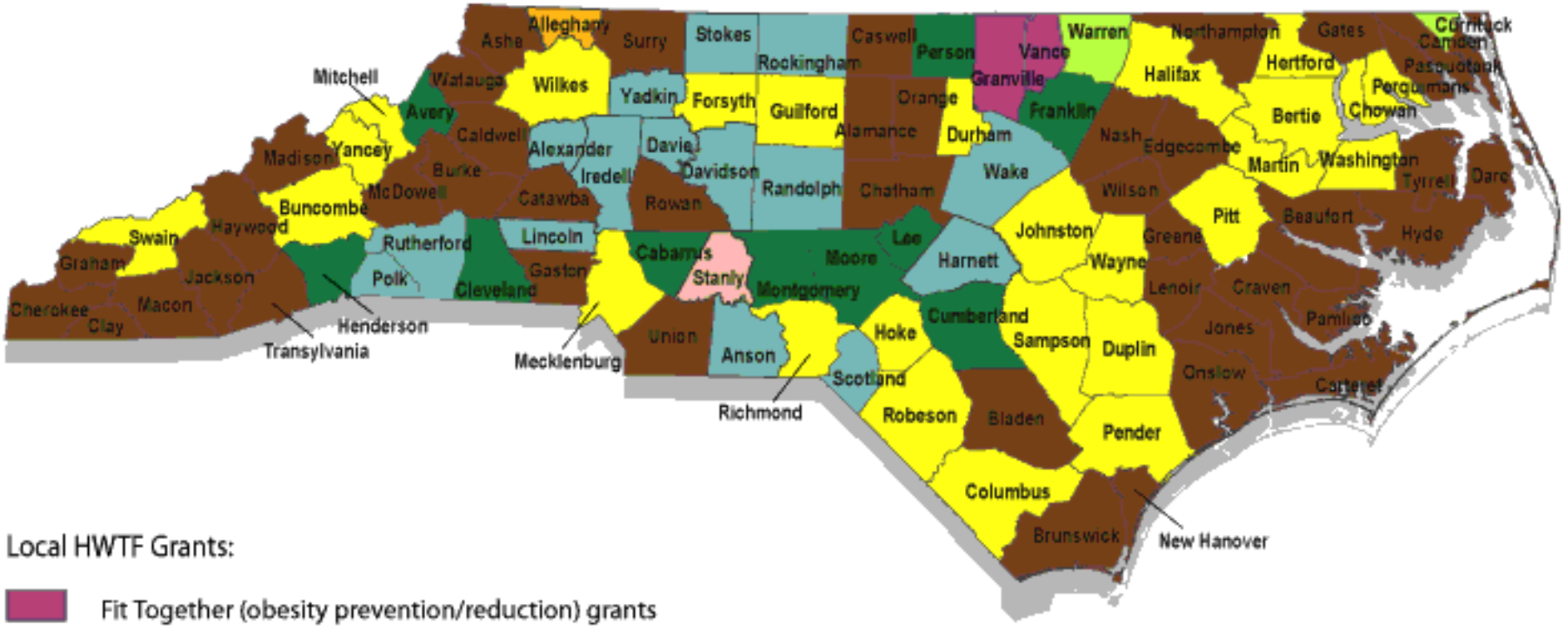
**FY 03-04 FINANCIAL OBLIGATIONS AND DISBURSEMENTS**

| Purpose of Disbursement | Organization's Name | Category of Recipient | 3 Year Commitment | FY 03-04 Disbursements | Total Disbursements |
|---|---|---|---|---|---|
| ***FitTogether* (Child/Community Obesity Prevention)** | | | | | |
| Local Program Implementation | Be Active North Carolina, Inc. | Grantee | $ 330,796 | 139,729 | 139,729 |
| Local Program Implementation | Children First of Buncombe County | Grantee | $ 434,283 | 81,421 | 81,421 |
| Local Program Implementation | Cumberland County Schools | Grantee | $ 445,096 | 87,069 | 87,069 |
| Local Program Implementation | Durham Public Schools | Grantee | $ 441,945 | 86,070 | 86,070 |
| Local Program Implementation | Halifax County Health Dept | Grantee | $ 236,362 | 41,818 | 41,818 |
| Local Program Implementation | Mecklenburg County Health Department | Grantee | $ 450,000 | 83,151 | 83,151 |
| Local Program Implementation | Mitchell County Schools | Grantee | $ 450,000 | 78,409 | 78,409 |
| Local Program Implementation | NC Academy of Family Physicians Foundation | Grantee | $ 417,678 | 71,181 | 71,181 |
| Local Program Implementation | New Life Women's Leadership Project | Grantee | $ 337,082 | 58,734 | 58,734 |
| Local Program Implementation | NC Division of Public Health | Grantee | $ 371,032 | 10,169 | 10,169 |
| Local Program Implementation | Directed grants to minority organizations | Grantee | $ 147,800 | - | - |
| Local Program Implementation | Partnership for Health, Inc. | Grantee | $ 442,245 | 83,270 | 83,270 |
| Local Program Implementation | Person County Schools | Grantee | $ 450,000 | 88,636 | 88,636 |
| Local Program Implementation | Pitt County Schools | Grantee | $ 449,028 | 78,730 | 78,730 |
| Local Program Implementation | Southeastern Regional Medical Center | Grantee | $ 450,000 | 88,636 | 88,636 |
| Local Program Implementation | UNC-TV | Grantee | $ 449,970 | - | - |
| Local Program Implementation | Wake Forest University School of Medicine | Grantee | $ 450,000 | 88,636 | 88,636 |
| Technical Assistance Provider | Duke University Div of Community Health | Contractor | $ 770,000 | 65,545 | 65,545 |
| Program Evaluation | ECU Brody School of Medicine | State University | $ 414,500 | - | - |
| Interactive Diagnostic Database Development | Profile Health | Contractor | $ 81,000 | 6,029 | 6,029 |
| Obesitee Study Committee | Committee of NC Obesity Experts | Committee | $ 300,000 | 6,232 | 6,232 |
| | | | **$ 8,318,817** | **1,243,466** | **1,243,466** |
| | | | | | |
| **ADMINISTRATIVE COSTS** | | | | | - |
| Commission operating costs | | | | **626,322** | **1,410,184** |
| | | | | | - |
| | **TOTAL DISBURSEMENTS FY 03-04** | | | **14,222,141** | **31,861,564** |
| | | | | | |

# NC Health and Wellness Trust Fund
## Grants Awarded as of April 2004




Local HWTF Grants:

- Fit Together (obesity prevention/reduction) grants
- Medication Assistance Program grants (MAP)
- Teen Tobacco Use Prevention & Cessation grants (Teen Tobacco Use P&C)
- Fit Together (obesity prevention/reduction) grants; MAP grants
- Fit Together grants; Teen Tobacco Use P&C grants
- MAP grants; Teen Tobacco Use P&C grants
- Fit Together grants; MAP grants; Teen Tobacco Use P&C grants
- Teen Tobacco Use P & C programs (statewide); Access to Medication Management Hotline

NORTH CAROLINA Health Wellness TRUST FUND

Updated: 10-27-04

# NC Health and Wellness Trust Fund
# Paid and Earned Media Summary (2004)

HWTF and its grantees have received coverage in almost every news outlet in North Carolina.

Collateral

- TRU t-shirts and TRU paraphernalia
- Print ads from Spring TRU television campaign
- HWTF brochures targeting African American community for HWTF grantee General Baptist State Convention
- TRU brochures
- TRU brochures in Spanish

Paid Media

- **Spring, 2004** - TRU television ads in English for teen-oriented stations around the state and in Spanish for Univision
- **September, 2004 -** Congratulatory Ad for Old North State Medical Society print ads in 13 African American newspapers
- **October, 2004** – New TRU teen tobacco use prevention ads to air on teen-oriented stations around the state
- **October, 2004** - Senior Care Ads print ads in 13 African American newspapers
- **November, 2004** – FitTogether television/print ads to appear across the state

Earned Media Coverage

- **February, 2004** – Lt. Governor announces an increase in funding for HWTF teen tobacco use prevention initiative
- **April, 2004** – First round of three teen tobacco use prevention spots aired on teen-oriented stations around the state
- **March, 2004** – News conference sponsored by HWTF and ALE for "Youth Tobacco Enforcement Awards" given to sales clerks who refused to sell tobacco products to minors
- **March, 2004** - Youth Tobacco Prevention Leadership Institute where Lt. Governor unveiled TRU website, logo and commercials in Raleigh
- **April, 2004** – Launched teen tobacco use prevention spots in Spanish for Univision
- **April 2004** – FitTogether launch and press conference in Raleigh
- **May 2004** – Lt. Governor announces African American teen quitline at Old North State Medical Society annual meeting
- **June – August, 2004** – TRU Road Show traveled to six cities in North Carolina
- **August, 2004** – UNC School of Family Medicine releases report giving HWTF teen tobacco prevention initiative high marks
- **October, 2004** – Teen Tobacco Prevention Grantee conference (coverage of Lt. Governor's keynote address and interview with grantees) in Durham
- **November, 2004** – News conference announcing launching of FitTogether website

HWTF Grantees' Coverage

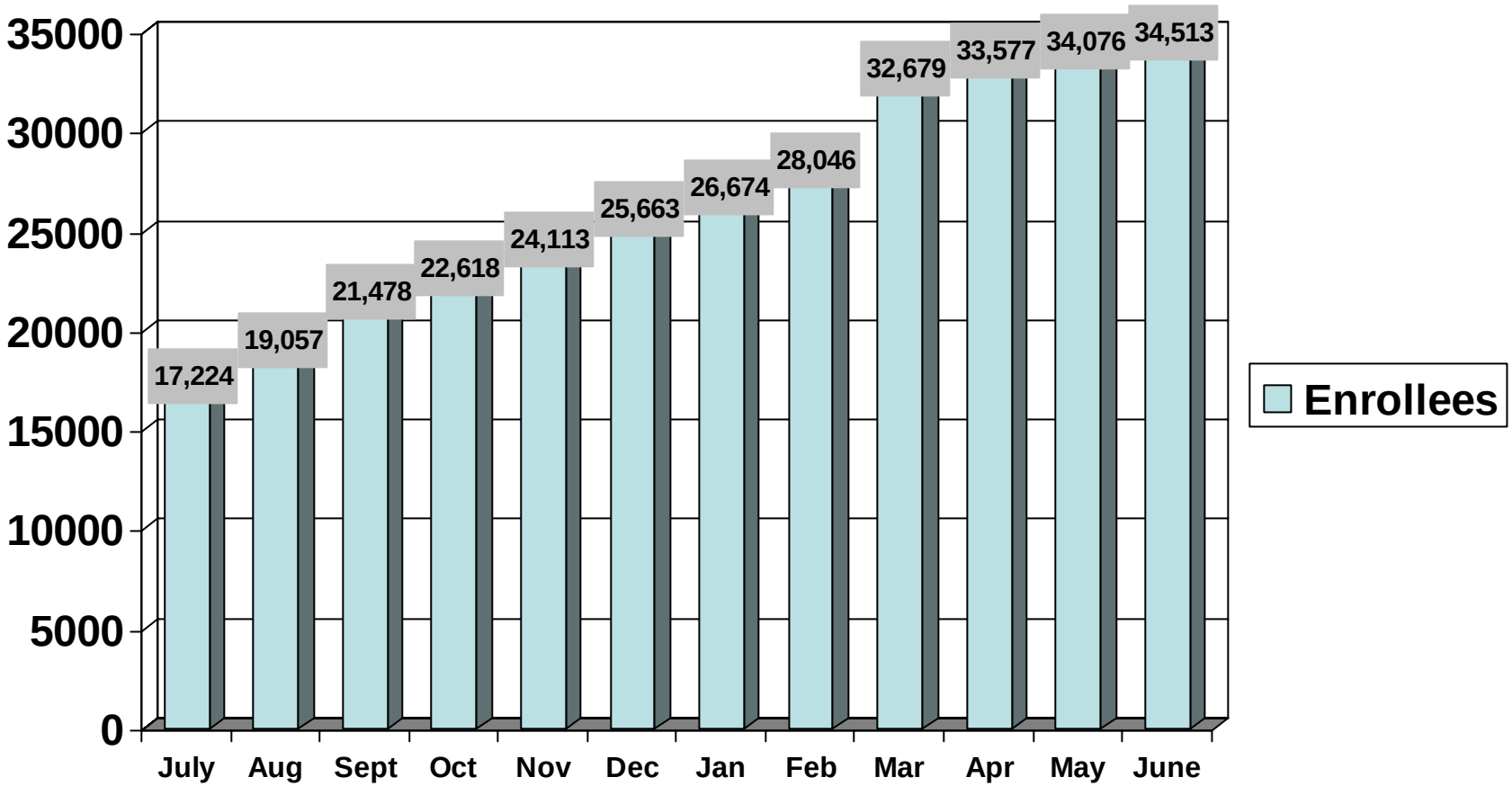
Over the past year, there have been hundreds of stories around the state in local newspapers highlighting grantee activities for **all** of the HWTF initiatives.

Sample Major News Outlets where stories about HWTF appeared

*Associated Press*
*Asheville Citizen Times*
*Chapel Hill Herald*
*Charlotte Observer*
*Herald Sun*
*North Carolina News Network (picked up by 88 radio stations statewide)*
*News & Observer*
*News 14 Carolina (Raleigh and Charlotte stations)*
*WPTF radio (Raleigh)*
*WRAL-TV (Raleigh)*
*WTVD (Durham)*
*Wilmington Star News*
*Winston-Salem Journal*
*WSOC (Charlotte)*


# Senior Care

# Senior Care Enrollment
# July 2003 – June 2004



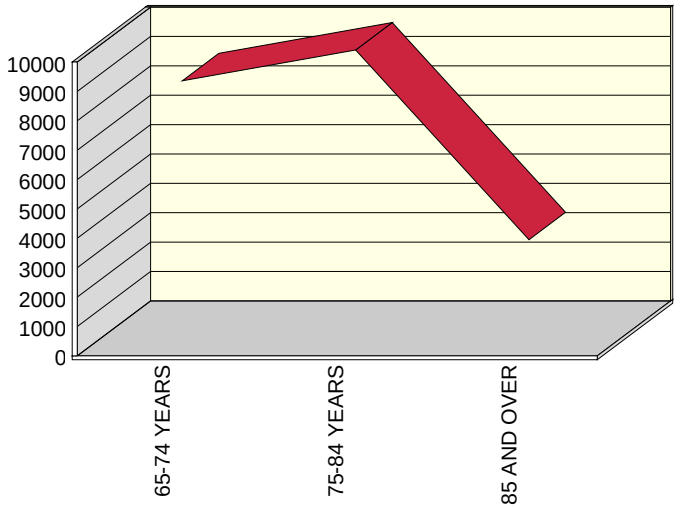
## Number of Utilizers by Age Group

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Age Group | Unique Utilizers |
|---|---|
| 65-74 YEARS | 8897 |
| 75-84 YEARS | 9942 |
| 85 AND OVER | 3485 |



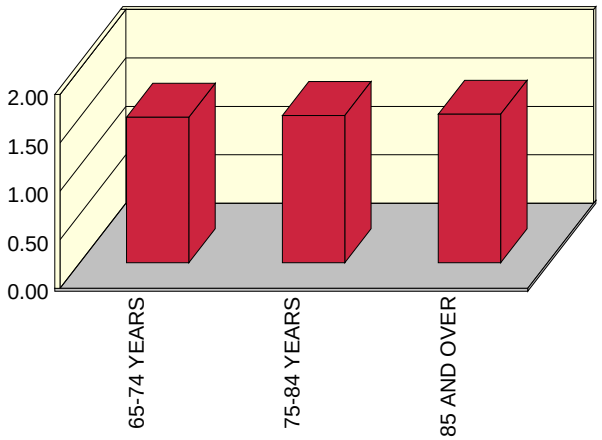
## Rate of Utilization by Age

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Age Group | RX Count per Utilizing Member |
|---|---|
| 65-74 YEARS | 1.50 |
| 75-84 YEARS | 1.52 |
| 85 AND OVER | 1.53 |



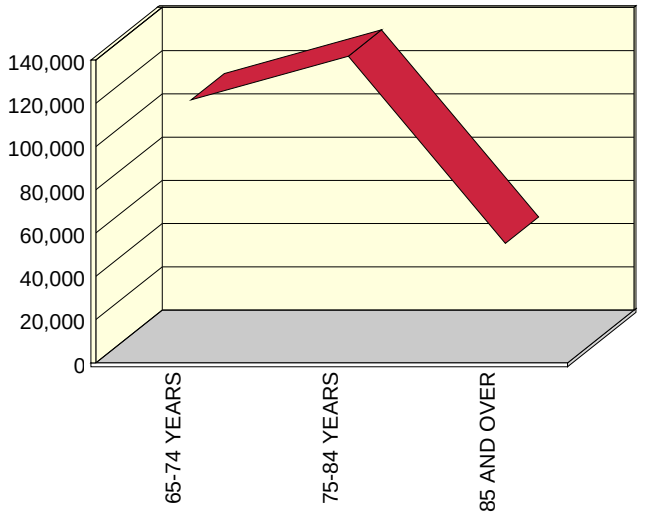
## Number of Prescriptions by Age Group

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Age Group | Rx Count |
|---|---|
| 65-74 YEARS | 115,526 |
| 75-84 YEARS | 135,700 |
| 85 AND OVER | 49,163 |



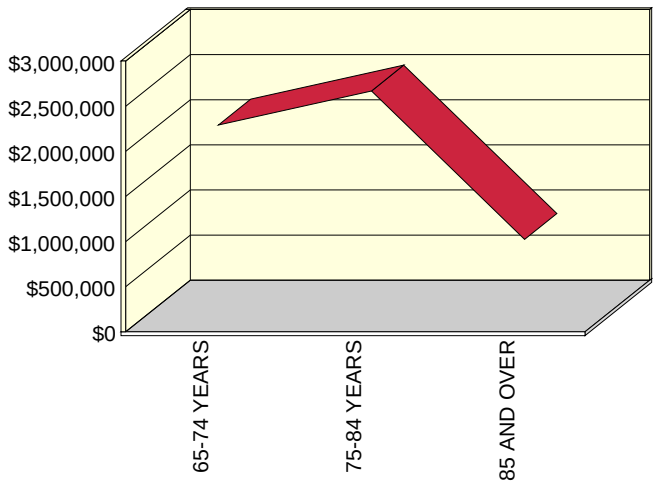
## Total Cost by Age Group

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Age Group | Amount Paid |
|---|---|
| 65-74 YEARS | $2,149,157 |
| 75-84 YEARS | $2,525,055 |
| 85 AND OVER | $880,322 |



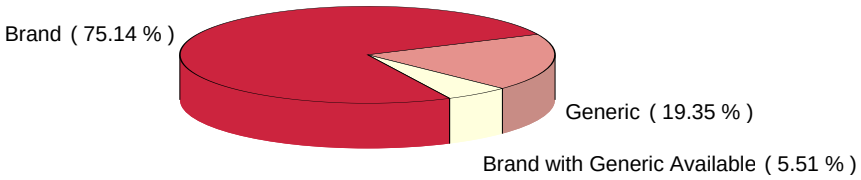
## Generic Utilization Summary by Amount Paid

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Generic Utilization | Amount Paid | Percentage |
|---|---|---|
| Brand | $4,173,991.68 | 75.14 % |
| Brand with Generic Available | $306,090.34 | 5.51 % |
| Generic | $1,075,053.47 | 19.35 % |



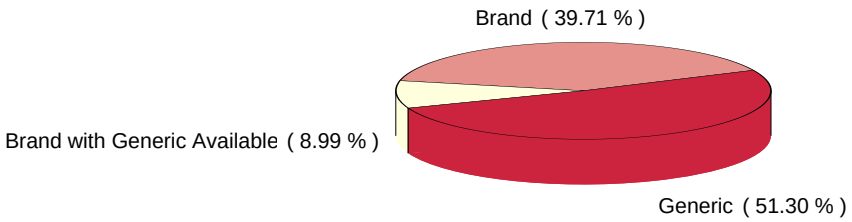
# Generic Utilization Summary by Number of Prescriptions

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Generic Utilization | Rx Count | Percentage |
|---|---|---|
| Brand | 119,285 | 39.71 % |
| Brand with Generic Available | 27,010 | 8.99 % |
| Generic | 154,109 | 51.30 % |



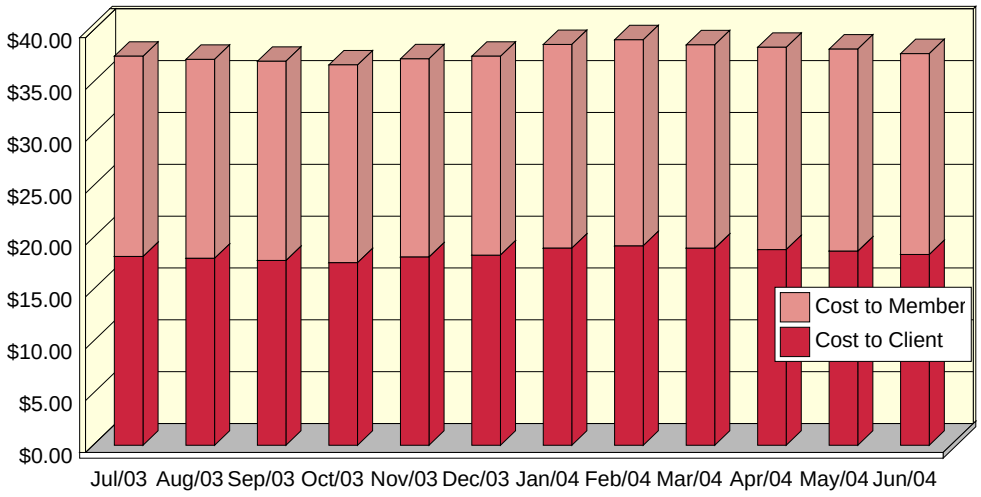
## Total Prescription Costs

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Service Month | Cost to Client | Cost to Member |
|---|---|---|
| Jul/03 | $18.20 | $19.32 |
| Aug/03 | $18.01 | $19.20 |
| Sep/03 | $17.82 | $19.20 |
| Oct/03 | $17.60 | $19.08 |
| Nov/03 | $18.15 | $19.11 |
| Dec/03 | $18.34 | $19.18 |
| Jan/04 | $19.00 | $19.64 |
| Feb/04 | $19.23 | $19.87 |
| Mar/04 | $19.01 | $19.61 |
| Apr/04 | $18.85 | $19.53 |
| May/04 | $18.72 | $19.48 |
| Jun/04 | $18.40 | $19.37 |



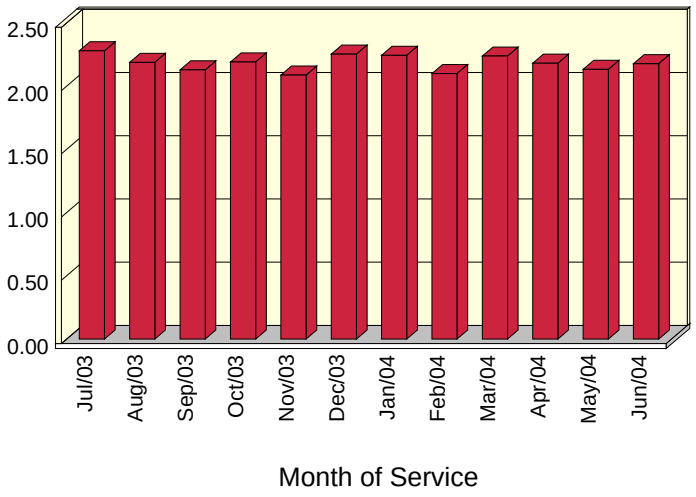
# Average Number of Prescriptions per Utilizing Member

Run Date: 10/19/2004

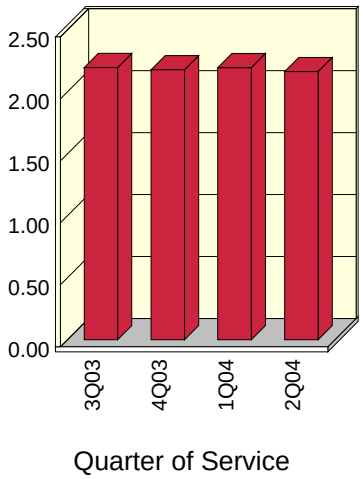
From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Service Month | Avg Number of RXs per Utilizer |
|---|---|
| Jul/03 | 2.28 |
| Aug/03 | 2.19 |
| Sep/03 | 2.13 |
| Oct/03 | 2.19 |
| Nov/03 | 2.09 |
| Dec/03 | 2.25 |
| Jan/04 | 2.24 |
| Feb/04 | 2.10 |
| Mar/04 | 2.24 |
| Apr/04 | 2.18 |
| May/04 | 2.13 |
| Jun/04 | 2.18 |




| Service Quarter | Avg Number of RXs per Utilizer |
|---|---|
| 3Q03 | 2.20 |
| 4Q03 | 2.18 |
| 1Q04 | 2.20 |
| 2Q04 | 2.16 |



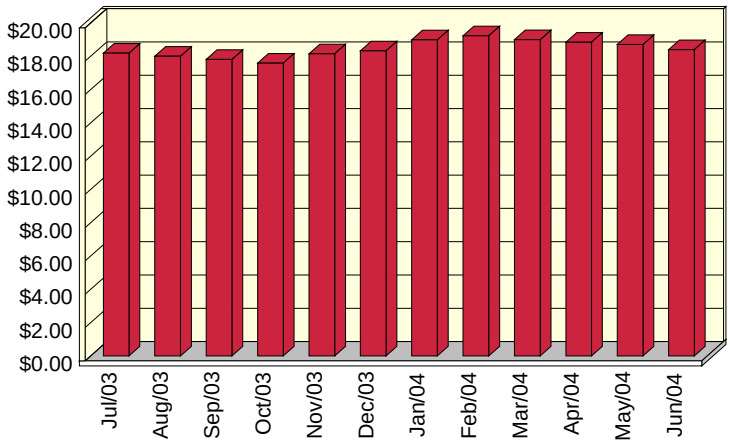
# Average Cost per Paid Claim

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Service Month | Avg Cost per Claim |
|---|---|
| Jul/03 | $18.20 |
| Aug/03 | $18.01 |
| Sep/03 | $17.82 |
| Oct/03 | $17.60 |
| Nov/03 | $18.15 |
| Dec/03 | $18.34 |
| Jan/04 | $19.00 |
| Feb/04 | $19.23 |
| Mar/04 | $19.01 |
| Apr/04 | $18.85 |
| May/04 | $18.72 |
| Jun/04 | $18.40 |




| Service Quarter | Avg Cost per Clain |
|---|---|
| 3Q03 | $18.01 |
| 4Q03 | $18.04 |
| 1Q04 | $19.07 |
| 2Q04 | $18.65 |

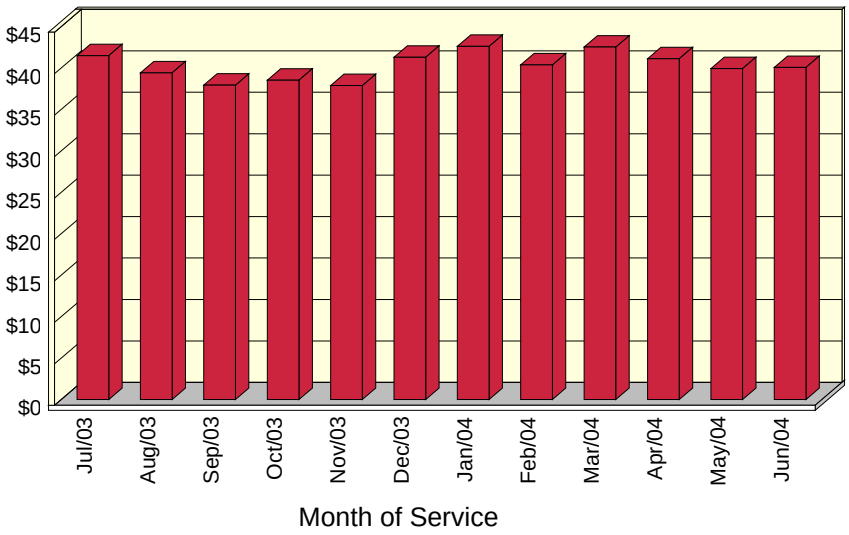
## Average Expenditures per Utilizing Member

Run Date: 10/19/2004

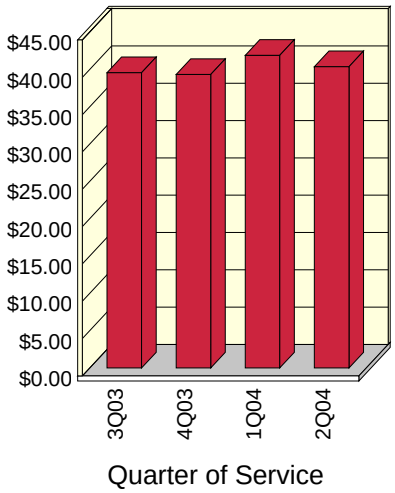
From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Service Month | Avg Expenditures per Utilizer |
|---|---|
| Jul/03 | $41.48 |
| Aug/03 | $39.41 |
| Sep/03 | $37.93 |
| Oct/03 | $38.53 |
| Nov/03 | $37.89 |
| Dec/03 | $41.29 |
| Jan/04 | $42.60 |
| Feb/04 | $40.37 |
| Mar/04 | $42.53 |
| Apr/04 | $41.12 |
| May/04 | $39.93 |
| Jun/04 | $40.06 |




| Service Quarter | Avg Expenditures per Utilizer |
|---|---|
| 3Q03 | $39.56 |
| 4Q03 | $39.31 |
| 1Q04 | $41.88 |
| 2Q04 | $40.37 |



A C S

## Top 25 Therapeutic Classes by Prescription Count

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Rank | Therapeutic Class | Therapeutic Class Code | RX Count | % of Total RX Count | Amount Paid |
|---|---|---|---|---|---|
| 1 | HYPOTENSIVES, ACE INHIBITORS | A4D | 37,682 | 12.54 % | $492,631.75 |
| 2 | BETA-ADRENERGIC BLOCKING AGENTS | J7C | 32,946 | 10.97 % | $230,001.93 |
| 3 | CALCIUM CHANNEL BLOCKING AGENTS | A9A | 32,796 | 10.92 % | $754,109.14 |
| 4 | LIPOTROPICS | M4E | 25,224 | 8.40 % | $1,064,478.70 |
| 5 | LOOP DIURETICS | R1M | 19,401 | 6.46 % | $37,936.74 |
| 6 | HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE | C4K | 19,174 | 6.38 % | $273,128.16 |
| 7 | HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST | A4F | 13,842 | 4.61 % | $405,611.43 |
| 8 | VASODILATORS,CORONARY | A7B | 13,033 | 4.34 % | $145,577.56 |
| 9 | INSULINS | C4G | 10,032 | 3.34 % | $261,234.07 |
| 10 | ORAL ANTICOAGULANTS,COUMARIN TYPE | M9L | 9,799 | 3.26 % | $119,558.50 |
| 11 | PLATELET AGGREGATION INHIBITORS | M9P | 9,493 | 3.16 % | $552,281.65 |
| 12 | HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS) | C4L | 9,165 | 3.05 % | $105,868.57 |
| 13 | THIAZIDE AND RELATED DIURETICS | R1F | 8,652 | 2.88 % | $25,389.52 |
| 14 | DIGITALIS GLYCOSIDES | A1A | 8,606 | 2.86 % | $17,028.44 |
| 15 | POTASSIUM SPARING DIURETICS IN COMBINATION | R1L | 7,060 | 2.35 % | $19,384.90 |
| 16 | BETA-ADRENERGIC AGENTS | J5D | 6,038 | 2.01 % | $131,343.77 |
| 17 | HYPOTENSIVES,SYMPATHOLYTIC | A4B | 4,334 | 1.44 % | $36,180.27 |
| 18 | GLUCOCORTICOIDS | P5A | 4,058 | 1.35 % | $51,593.35 |
| 19 | ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION | A4K | 3,823 | 1.27 % | $147,757.44 |
| 20 | ALPHA-ADRENERGIC BLOCKING AGENTS | J7B | 3,611 | 1.20 % | $19,491.02 |
| 21 | HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S) | C4N | 3,440 | 1.15 % | $222,303.22 |
| 22 | HYPOTENSIVES,MISCELLANEOUS | A4Y | 3,200 | 1.07 % | $15,021.73 |
| 23 | ANTIARRHYTHMICS | A2A | 3,165 | 1.05 % | $74,661.94 |
| 24 | ALPHA/BETA-ADRENERGIC BLOCKING AGENTS | J7A | 2,922 | 0.97 % | $103,190.02 |
| 25 | POTASSIUM SPARING DIURETICS | R1H | 2,495 | 0.83 % | $17,624.99 |

A C S

## Top 25 Therapeutic Classes by Amount Paid

From Month Ending 07/31/2003 To 06/30/2004

Run Date: 10/19/2004

Client ID: NCSENR

| Rank | Spec Thera Class Description | Therapeutic Class Code | Amount Paid | % of Total Amount Paid | RX Count |
|---|---|---|---|---|---|
| 1 | LIPOTROPICS | M4E | $1,064,478.70 | 19.16 % | 25,224 |
| 2 | CALCIUM CHANNEL BLOCKING AGENTS | A9A | $754,109.14 | 13.57 % | 32,796 |
| 3 | PLATELET AGGREGATION INHIBITORS | M9P | $552,281.65 | 9.94 % | 9,493 |
| 4 | HYPOTENSIVES, ACE INHIBITORS | A4D | $492,631.75 | 8.87 % | 37,682 |
| 5 | HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST | A4F | $405,611.43 | 7.30 % | 13,842 |
| 6 | HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE | C4K | $273,128.16 | 4.92 % | 19,174 |
| 7 | INSULINS | C4G | $261,234.07 | 4.70 % | 10,032 |
| 8 | BETA-ADRENERGIC BLOCKING AGENTS | J7C | $230,001.93 | 4.14 % | 32,946 |
| 9 | HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S) | C4N | $222,303.22 | 4.00 % | 3,440 |
| 10 | ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION | A4K | $147,757.44 | 2.66 % | 3,823 |
| 11 | VASODILATORS,CORONARY | A7B | $145,577.56 | 2.62 % | 13,033 |
| 12 | BETA-ADRENERGIC AGENTS | J5D | $131,343.77 | 2.36 % | 6,038 |
| 13 | ORAL ANTICOAGULANTS,COUMARIN TYPE | M9L | $119,558.50 | 2.15 % | 9,799 |
| 14 | BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION | J5G | $106,366.93 | 1.91 % | 1,344 |
| 15 | HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS) | C4L | $105,868.57 | 1.91 % | 9,165 |
| 16 | ALPHA/BETA-ADRENERGIC BLOCKING AGENTS | J7A | $103,190.02 | 1.86 % | 2,922 |
| 17 | ANTIARRHYTHMICS | A2A | $74,661.94 | 1.34 % | 3,165 |
| 18 | LEUKOTRIENE RECEPTOR ANTAGONISTS | Z4B | $64,230.27 | 1.16 % | 1,374 |
| 19 | GLUCOCORTICOIDS | P5A | $51,593.35 | 0.93 % | 4,058 |
| 20 | LOOP DIURETICS | R1M | $37,936.74 | 0.68 % | 19,401 |
| 21 | HYPOTENSIVES,SYMPATHOLYTIC | A4B | $36,180.27 | 0.65 % | 4,334 |
| 22 | THIAZIDE AND RELATED DIURETICS | R1F | $25,389.52 | 0.46 % | 8,652 |
| 23 | ALPHA-ADRENERGIC BLOCKING AGENTS | J7B | $19,491.02 | 0.35 % | 3,611 |
| 24 | POTASSIUM SPARING DIURETICS IN COMBINATION | R1L | $19,384.90 | 0.35 % | 7,060 |
| 25 | GENERAL BRONCHODILATOR AGENTS | A1D | $18,451.49 | 0.33 % | 527 |

## Top 25 Drugs by RX Count

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Rank | Drug Name | Number of Prescriptions | % of Total RX Count |
|---|---|---|---|
| 1 | FUROSEMIDE 40MG TABLET | 10,453 | 3.48 % |
| 2 | PLAVIX 75MG TABLET | 7,487 | 2.49 % |
| 3 | NORVASC 5MG TABLET | 6,450 | 2.15 % |
| 4 | ATENOLOL 50MG TABLET | 5,749 | 1.91 % |
| 5 | METOPROLOL 50MG TABLET | 5,418 | 1.80 % |
| 6 | LIPITOR 10MG TABLET | 4,935 | 1.64 % |
| 7 | HYDROCHLOROTHIAZIDE 25MG TB | 4,826 | 1.61 % |
| 8 | FUROSEMIDE 20MG TABLET | 4,806 | 1.60 % |
| 9 | NORVASC 10MG TABLET | 4,801 | 1.60 % |
| 10 | TOPROL XL 50MG TABLET SA | 4,634 | 1.54 % |
| 11 | METFORMIN HCL 500MG TABLET | 4,497 | 1.50 % |
| 12 | ATENOLOL 25MG TABLET | 3,893 | 1.30 % |
| 13 | ISOSORBIDE MN 30MG TAB SA | 3,328 | 1.11 % |
| 14 | TOPROL XL 100MG TABLET SA | 3,191 | 1.06 % |
| 15 | LISINOPRIL 20MG TABLET | 3,054 | 1.02 % |
| 16 | ISOSORBIDE MN 60MG TAB SA | 2,943 | 0.98 % |
| 17 | LISINOPRIL 10MG TABLET | 2,895 | 0.96 % |
| 18 | ALBUTEROL 90MCG INHALER | 2,806 | 0.93 % |
| 19 | LIPITOR 20MG TABLET | 2,711 | 0.90 % |
| 20 | LANOXIN 125MCG TABLET | 2,685 | 0.89 % |
| 21 | GLYBURIDE 5MG TABLET | 2,603 | 0.87 % |
| 22 | VERAPAMIL 240MG TABLET SA | 2,585 | 0.86 % |
| 23 | HUMULIN 70/30 VIAL | 2,576 | 0.86 % |
| 24 | TRIAMTERENE/HCTZ 37.5/25 TB | 2,569 | 0.86 % |
| 25 | AMARYL 4MG TABLET | 2,535 | 0.84 % |

# Top 25 Drugs by Amount Paid

Run Date: 10/19/2004

From Month Ending 07/31/2003 To 06/30/2004

Client ID: NCSENR

| Rank | Drug Name | Amount Paid | % of Total Amount Paid | Avg Payment per RX | Avg Qty Dispensed per RX |
|---|---|---|---|---|---|
| 1 | PLAVIX 75MG TABLET | $485,384.41 | 8.74 % | $64.83 | 28.69 |
| 2 | LIPITOR 10MG TABLET | $183,899.57 | 3.31 % | $37.26 | 28.78 |
| 3 | NORVASC 5MG TABLET | $162,370.72 | 2.92 % | $25.17 | 30.78 |
| 4 | NORVASC 10MG TABLET | $158,691.78 | 2.86 % | $33.05 | 28.77 |
| 5 | LIPITOR 20MG TABLET | $137,655.74 | 2.48 % | $50.78 | 26.60 |
| 6 | ZOCOR 20MG TABLET | $100,701.10 | 1.81 % | $65.95 | 27.25 |
| 7 | ZOCOR 40MG TABLET | $97,475.50 | 1.75 % | $59.26 | 24.44 |
| 8 | COMBIVENT INHALER | $77,756.06 | 1.40 % | $34.64 | 15.71 |
| 9 | ALTACE 10MG CAPSULE | $76,322.33 | 1.37 % | $31.81 | 33.44 |
| 10 | PRAVACHOL 40MG TABLET | $67,596.50 | 1.22 % | $67.13 | 28.06 |
| 11 | LOTREL 5/20MG CAPSULE | $66,450.50 | 1.20 % | $40.42 | 32.60 |
| 12 | ADVAIR 250/50 DISKUS | $64,228.24 | 1.16 % | $81.51 | 60.00 |
| 13 | HUMULIN 70/30 VIAL | $60,993.53 | 1.10 % | $23.68 | 16.33 |
| 14 | TOPROL XL 100MG TABLET SA | $59,072.92 | 1.06 % | $18.51 | 30.85 |
| 15 | SINGULAIR 10MG TABLET | $58,956.81 | 1.06 % | $47.82 | 29.64 |
| 16 | AMARYL 4MG TABLET | $58,600.60 | 1.05 % | $23.12 | 39.14 |
| 17 | ZETIA 10MG TABLET | $57,090.30 | 1.03 % | $39.98 | 29.44 |
| 18 | TOPROL XL 50MG TABLET SA | $56,387.76 | 1.02 % | $12.17 | 31.48 |
| 19 | LIPITOR 40MG TABLET | $54,229.57 | 0.98 % | $47.40 | 24.90 |
| 20 | LANTUS 100U/ML VIAL | $53,961.01 | 0.97 % | $33.81 | 11.45 |
| 21 | AVANDIA 8MG TABLET | $51,957.81 | 0.94 % | $77.20 | 27.14 |
| 22 | ACTOS 30MG TABLET | $48,070.65 | 0.87 % | $80.66 | 27.52 |
| 23 | AVANDIA 4MG TABLET | $46,658.31 | 0.84 % | $46.57 | 30.48 |
| 24 | TRICOR 160MG TABLET | $46,091.59 | 0.83 % | $49.77 | 29.17 |
| 25 | ALTACE 5MG CAPSULE | $45,450.26 | 0.82 % | $25.03 | 32.48 |

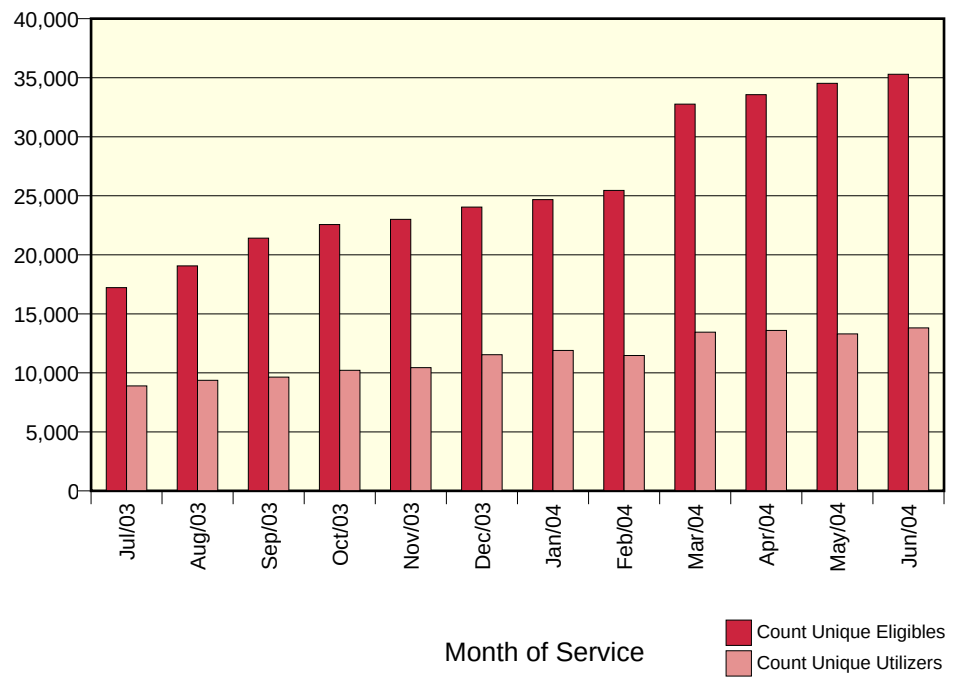
## Participation

Run Date: 10/19/2004

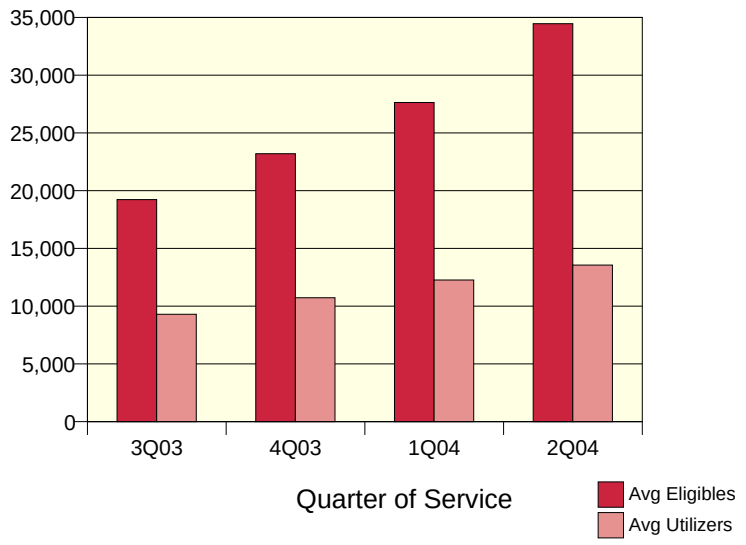
Client ID: NCSENR

From Month Ending 07/31/2003 To 06/30/2004

| Service Month | Utilizers | Eligibles |
|---|---|---|
| Jul/03 | 8,901 | 17,224 |
| Aug/03 | 9,366 | 19,057 |
| Sep/03 | 9,645 | 21,409 |
| Oct/03 | 10,221 | 22,562 |
| Nov/03 | 10,447 | 23,005 |
| Dec/03 | 11,538 | 24,041 |
| Jan/04 | 11,901 | 24,681 |
| Feb/04 | 11,469 | 25,457 |
| Mar/04 | 13,450 | 32,769 |
| Apr/04 | 13,590 | 33,565 |
| May/04 | 13,296 | 34,529 |
| Jun/04 | 13,811 | 35,294 |




| Service Quarter | Avg Eligibles | Avg Utilizers |
|---|---|---|
| 3Q03 | 19,230 | 9,304 |
| 4Q03 | 23,203 | 10,735 |
| 1Q04 | 27,636 | 12,273 |
| 2Q04 | 34,463 | 13,566 |



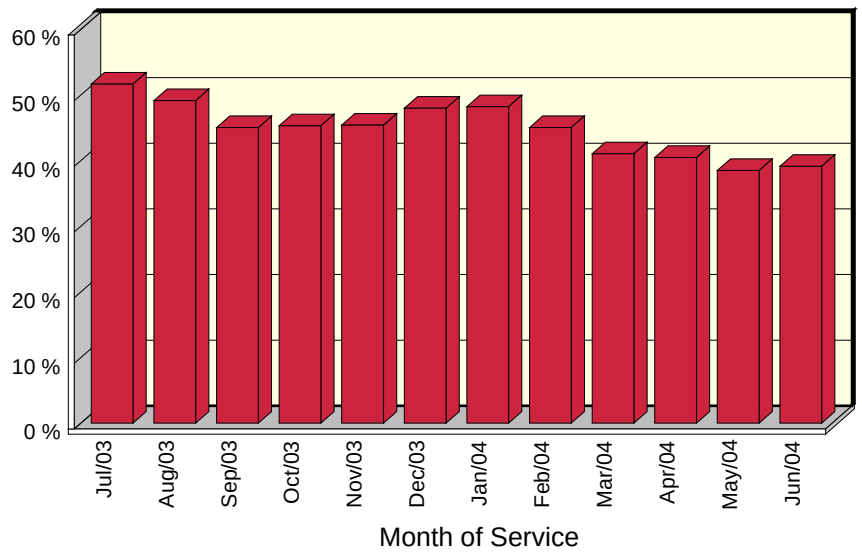
# Percent Utilization

Run Date: 10/19/2004

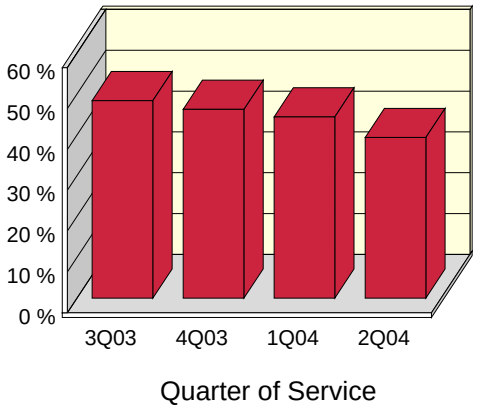
Client ID: NCSENR

From Month Ending 07/31/2003 To 06/30/2004

| Service Month | Percent Utilization |
|---|---|
| Jul/03 | 51.68 % |
| Aug/03 | 49.15 % |
| Sep/03 | 45.05 % |
| Oct/03 | 45.30 % |
| Nov/03 | 45.41 % |
| Dec/03 | 47.99 % |
| Jan/04 | 48.22 % |
| Feb/04 | 45.05 % |
| Mar/04 | 41.04 % |
| Apr/04 | 40.49 % |
| May/04 | 38.51 % |
| Jun/04 | 39.13 % |




| Service Quarter | Avg Percent Utilization |
|---|---|
| 3Q03 | 48.38 % |
| 4Q03 | 46.27 % |
| 1Q04 | 44.41 % |
| 2Q04 | 39.36 % |



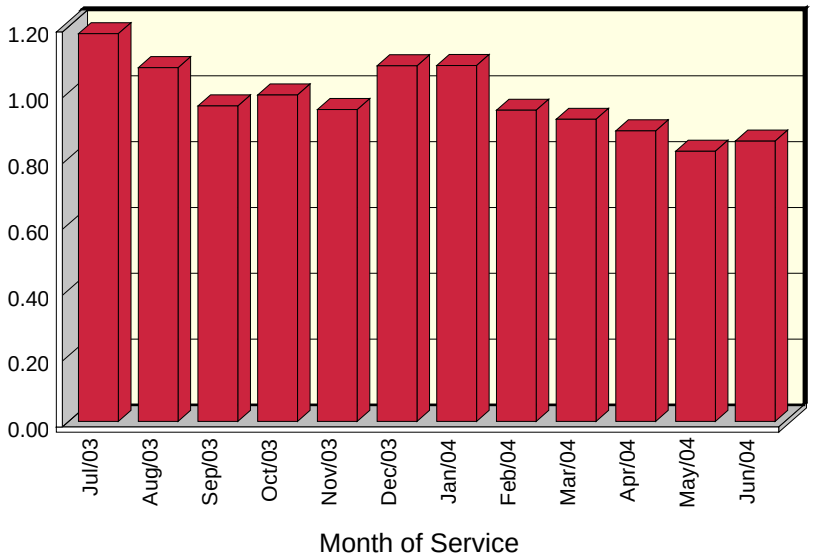
# Rate of Utilization per Eligible Member

Run Date: 10/19/2004

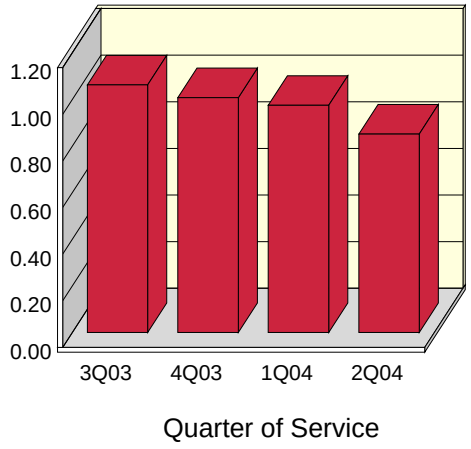
Client ID: NCSENR

From Month Ending 07/31/2003 To 06/30/2004

| Service Month | RX Count per Eligible Member |
|---|---|
| Jul/03 | 1.18 |
| Aug/03 | 1.08 |
| Sep/03 | 0.96 |
| Oct/03 | 0.99 |
| Nov/03 | 0.95 |
| Dec/03 | 1.08 |
| Jan/04 | 1.08 |
| Feb/04 | 0.95 |
| Mar/04 | 0.92 |
| Apr/04 | 0.88 |
| May/04 | 0.82 |
| Jun/04 | 0.85 |




| Service Quarter | RX Count per Eligible Member |
|---|---|
| 3Q03 | 1.06 |
| 4Q03 | 1.01 |
| 1Q04 | 0.98 |
| 2Q04 | 0.85 |



# Prescription Expenditures (PMPM)

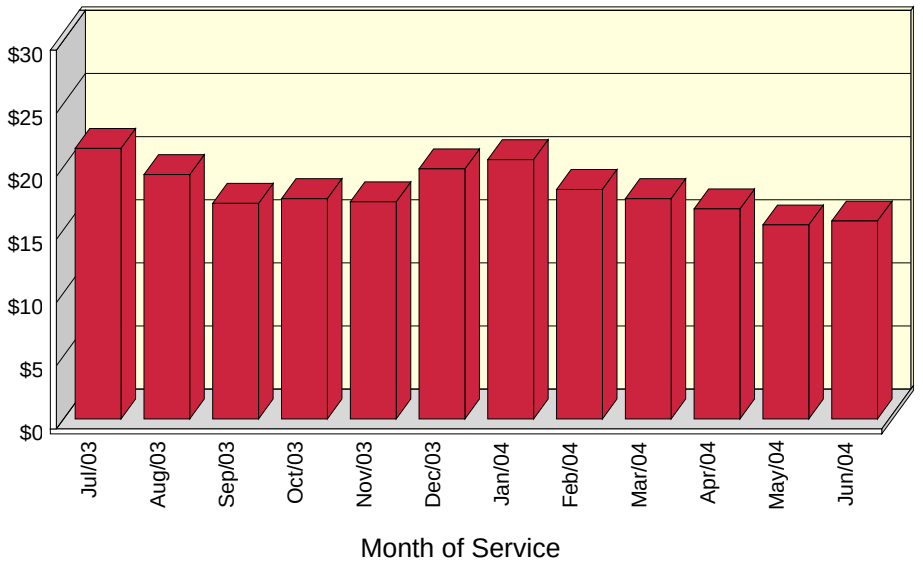
(Per Eligible Member Per Month)

Run Date: 10/19/2004

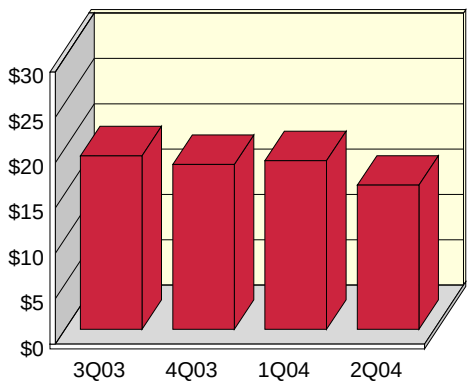
Client ID: NCSENR

From Month Ending 07/31/2003 To 06/30/2004

| Service Month | Amount Paid PMPM |
|---|---|
| Jul/03 | $21.44 |
| Aug/03 | $19.37 |
| Sep/03 | $17.09 |
| Oct/03 | $17.46 |
| Nov/03 | $17.21 |
| Dec/03 | $19.82 |
| Jan/04 | $20.54 |
| Feb/04 | $18.19 |
| Mar/04 | $17.46 |
| Apr/04 | $16.65 |
| May/04 | $15.37 |
| Jun/04 | $15.67 |




| Service Quarter | Avg Amount Paid PMPM |
|---|---|
| 3Q03 | $19.14 |
| 4Q03 | $18.19 |
| 1Q04 | $18.60 |
| 2Q04 | $15.89 |



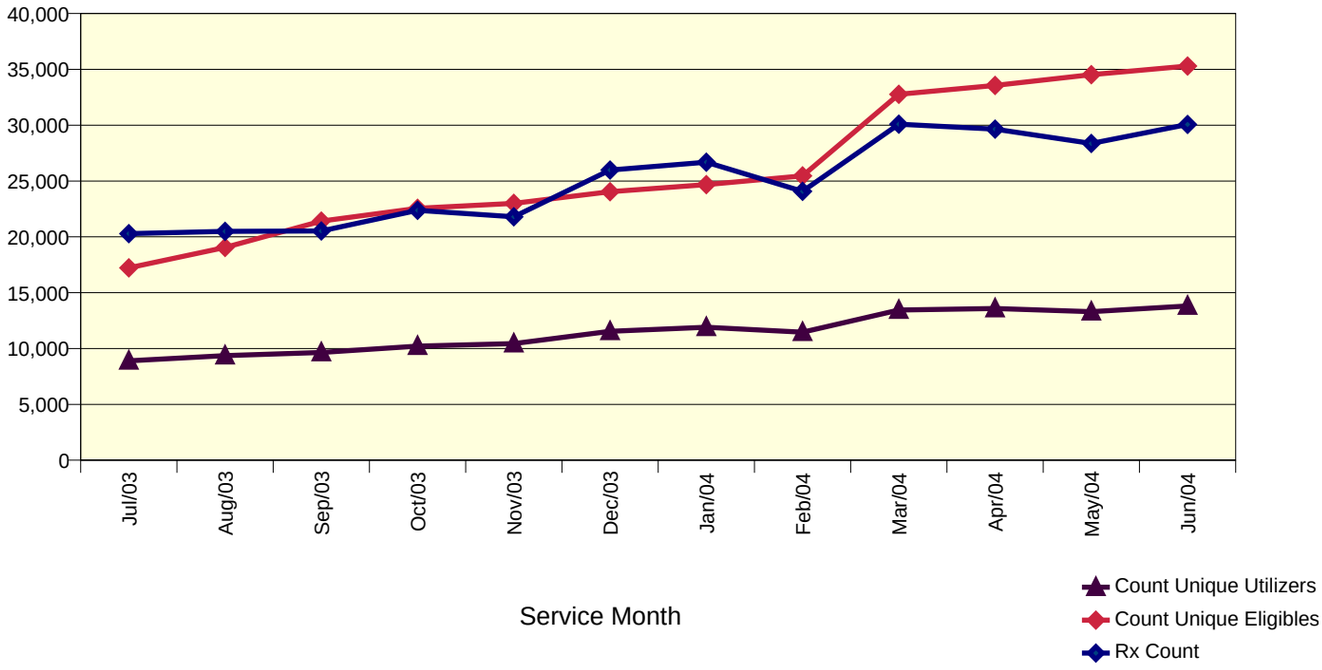
## Monthly Participation Utilization Summary

Run Date: 10/19/2004

Client ID: NCSENR

From Month Ending 07/31/2003 To 06/30/2004

| Service Month | Utilizers | Eligibles | Rx Count |
|---|---|---|---|
| Jul/03 | 8,901 | 17,224 | 20,290 |
| Aug/03 | 9,366 | 19,057 | 20,490 |
| Sep/03 | 9,645 | 21,409 | 20,528 |
| Oct/03 | 10,221 | 22,562 | 22,382 |
| Nov/03 | 10,447 | 23,005 | 21,803 |
| Dec/03 | 11,538 | 24,041 | 25,984 |
| Jan/04 | 11,901 | 24,681 | 26,689 |
| Feb/04 | 11,469 | 25,457 | 24,075 |
| Mar/04 | 13,450 | 32,769 | 30,092 |
| Apr/04 | 13,590 | 33,565 | 29,643 |
| May/04 | 13,296 | 34,529 | 28,361 |
| Jun/04 | 13,811 | 35,294 | 30,067 |



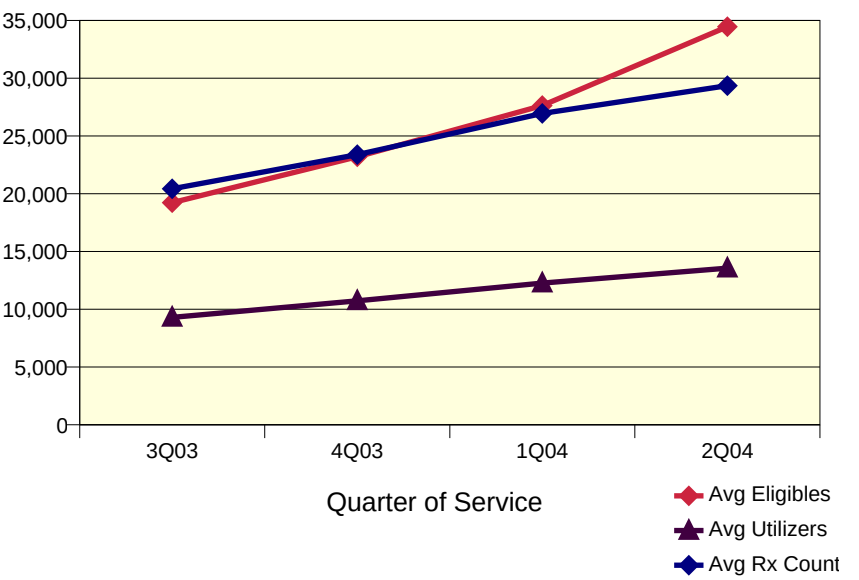
# Quarterly Participation Utilization Summary

From Month Ending 07/31/2003 To 06/30/2004

Run Date: 10/19/2004

Client ID: NCSENR

| Service Quarter | Avg Eligibles | Avg Utilizers | Avg Rx Count |
|---|---|---|---|
| 3Q03 | 19,230 | 9,304 | 20,436 |
| 4Q03 | 23,203 | 10,735 | 23,390 |
| 1Q04 | 27,636 | 12,273 | 26,952 |
| 2Q04 | 34,463 | 13,566 | 29,357 |



**Senior Care Program**
**North Carolina Seniors Utilization By County (November 2002 thru July 2004)**

| County Name | Rx Count | State Paid | Member Paid | Total Paid | Sum of Utilizers | Sum of Eligibles | Member Months | PMPM (State) | PMPM (Member) | RX per 1000 |
|---|---|---|---|---|---|---|---|---|---|---|
| Alamance | 6,944 | $133,820.59 | $137,878.57 | $271,699.16 | 347 | 562 | 6,865 | $ 19.49 | $ 20.08 | 1.01 |
| Alexander | 2,971 | $59,139.69 | $61,226.95 | $120,366.64 | 156 | 230 | 2,645 | $ 22.36 | $ 23.15 | 1.12 |
| Alleghany | 1,030 | $19,691.43 | $20,360.16 | $40,051.59 | 64 | 110 | 1,317 | $ 14.95 | $ 15.46 | 0.78 |
| Anson | 1,857 | $36,510.24 | $37,302.58 | $73,812.82 | 119 | 213 | 2,293 | $ 15.92 | $ 16.27 | 0.81 |
| Ashe | 2,844 | $60,105.57 | $60,023.99 | $120,129.56 | 207 | 323 | 3,570 | $ 16.84 | $ 16.81 | 0.80 |
| Avery | 777 | $16,534.31 | $16,411.67 | $32,945.98 | 68 | 108 | 1,287 | $ 12.85 | $ 12.75 | 0.60 |
| Beaufort | 3,086 | $49,306.30 | $54,065.95 | $103,372.25 | 179 | 287 | 3,252 | $ 15.16 | $ 16.63 | 0.95 |
| Bertie | 1,332 | $25,387.15 | $26,085.92 | $51,473.07 | 93 | 178 | 1,713 | $ 14.82 | $ 15.23 | 0.78 |
| Bladen | 4,203 | $75,932.32 | $79,429.96 | $155,362.28 | 193 | 315 | 3,652 | $ 20.79 | $ 21.75 | 1.15 |
| Brunswick | 4,831 | $86,262.25 | $91,466.71 | $177,728.96 | 248 | 409 | 5,061 | $ 17.04 | $ 18.07 | 0.95 |
| Buncombe | 7,044 | $129,216.08 | $135,607.02 | $264,823.10 | 405 | 787 | 8,298 | $ 15.57 | $ 16.34 | 0.85 |
| Burke | 6,934 | $145,979.15 | $146,551.11 | $292,530.26 | 384 | 603 | 7,134 | $ 20.46 | $ 20.54 | 0.97 |
| Cabarrus | 10,303 | $180,617.82 | $192,320.71 | $372,938.53 | 464 | 675 | 8,394 | $ 21.52 | $ 22.91 | 1.23 |
| Caldwell | 6,198 | $121,632.21 | $124,786.22 | $246,418.43 | 417 | 696 | 7,468 | $ 16.29 | $ 16.71 | 0.83 |
| Camden | 345 | $4,874.27 | $5,593.76 | $10,468.03 | 13 | 18 | 243 | $ 20.06 | $ 23.02 | 1.42 |
| Carteret | 1,459 | $28,515.11 | $29,232.48 | $57,747.59 | 102 | 178 | 1,840 | $ 15.50 | $ 15.89 | 0.79 |
| Caswell | 1,544 | $24,136.32 | $26,696.06 | $50,832.38 | 69 | 122 | 1,323 | $ 18.24 | $ 20.18 | 1.17 |
| Catawba | 11,410 | $208,296.48 | $218,452.70 | $426,749.18 | 600 | 872 | 10,522 | $ 19.80 | $ 20.76 | 1.08 |
| Chatham | 3,142 | $64,649.11 | $64,876.74 | $129,525.85 | 191 | 295 | 3,528 | $ 18.32 | $ 18.39 | 0.89 |
| Cherokee | 2,021 | $38,224.70 | $39,420.52 | $77,645.22 | 132 | 242 | 2,409 | $ 15.87 | $ 16.36 | 0.84 |
| Chowan | 1,439 | $24,573.23 | $26,181.05 | $50,754.28 | 74 | 110 | 1,355 | $ 18.14 | $ 19.32 | 1.06 |
| Clay | 1,282 | $23,096.44 | $24,275.71 | $47,372.15 | 69 | 98 | 1,385 | $ 16.68 | $ 17.53 | 0.93 |
| Cleveland | 6,174 | $119,388.11 | $122,498.37 | $241,886.48 | 392 | 695 | 7,571 | $ 15.77 | $ 16.18 | 0.82 |
| Columbus | 4,934 | $105,957.81 | $105,513.15 | $211,470.96 | 289 | 448 | 5,671 | $ 18.68 | $ 18.61 | 0.87 |
| Craven | 5,016 | $96,051.77 | $99,007.60 | $195,059.37 | 261 | 366 | 4,341 | $ 22.13 | $ 22.81 | 1.16 |
| Cumberland | 6,763 | $117,563.20 | $125,030.66 | $242,593.86 | 422 | 703 | 7,569 | $ 15.53 | $ 16.52 | 0.89 |
| Currituck | 1,178 | $18,666.53 | $20,374.92 | $39,041.45 | 44 | 66 | 868 | $ 21.51 | $ 23.47 | 1.36 |
| Dare | 465 | $6,407.78 | $7,464.11 | $13,871.89 | 26 | 45 | 508 | $ 12.61 | $ 14.69 | 0.92 |
| Davidson | 11,304 | $209,558.62 | $218,711.11 | $428,269.73 | 616 | 930 | 11,440 | $ 18.32 | $ 19.12 | 0.99 |
| Davie | 1,405 | $28,095.62 | $28,725.57 | $56,821.19 | 72 | 117 | 1,445 | $ 19.44 | $ 19.88 | 0.97 |
| Duplin | 6,158 | $109,599.33 | $115,549.59 | $225,148.92 | 299 | 414 | 5,405 | $ 20.28 | $ 21.38 | 1.14 |
| Durham | 3,577 | $70,290.25 | $71,892.11 | $142,182.36 | 210 | 442 | 4,292 | $ 16.38 | $ 16.75 | 0.83 |
| Edgecombe | 5,226 | $96,305.83 | $101,781.46 | $198,087.29 | 263 | 410 | 4,609 | $ 20.90 | $ 22.08 | 1.13 |
| Forsyth | 8,648 | $169,099.03 | $173,666.49 | $342,765.52 | 428 | 682 | 8,387 | $ 20.16 | $ 20.71 | 1.03 |
| Franklin | 3,054 | $55,733.71 | $58,371.58 | $114,105.29 | 163 | 248 | 2,903 | $ 19.20 | $ 20.11 | 1.05 |
| Gaston | 15,065 | $307,100.40 | $309,966.81 | $617,067.21 | 844 | 1,246 | 15,098 | $ 20.34 | $ 20.53 | 1.00 |
| Gates | 472 | $7,883.45 | $8,472.62 | $16,356.07 | 26 | 38 | 494 | $ 15.96 | $ 17.15 | 0.96 |
| Graham | 600 | $10,700.62 | $11,485.68 | $22,186.30 | 30 | 59 | 641 | $ 16.69 | $ 17.92 | 0.94 |
| Granville | 3,571 | $57,942.78 | $63,079.21 | $121,021.99 | 170 | 225 | 2,989 | $ 19.39 | $ 21.10 | 1.19 |
| Greene | 1,449 | $19,669.76 | $22,853.26 | $42,523.02 | 79 | 116 | 1,265 | $ 15.55 | $ 18.07 | 1.15 |
| Guilford | 14,706 | $278,237.36 | $288,176.20 | $566,413.56 | 840 | 1,437 | 16,774 | $ 16.59 | $ 17.18 | 0.88 |

**Senior Care Program**
**North Carolina Seniors Utilization By County (November 2002 thru July 2004)**

| County Name | Rx Count | State Paid | Member Paid | Total Paid | Sum of Utilizers | Sum of Eligibles | Member Months | PMPM (State) | PMPM (Member) | RX per 1000 |
|---|---|---|---|---|---|---|---|---|---|---|
| Halifax | 5,095 | $92,094.37 | $96,814.94 | $188,909.31 | 263 | 398 | 4,737 | $ 19.44 | $ 20.44 | 1.08 |
| Harnett | 6,287 | $121,312.75 | $125,264.42 | $246,577.17 | 303 | 461 | 5,527 | $ 21.95 | $ 22.66 | 1.14 |
| Haywood | 2,246 | $37,825.02 | $40,787.71 | $78,612.73 | 118 | 228 | 2,442 | $ 15.49 | $ 16.70 | 0.92 |
| Henderson | 2,285 | $38,210.89 | $41,255.15 | $79,466.04 | 111 | 242 | 2,558 | $ 14.94 | $ 16.13 | 0.89 |
| Hertford | 1,123 | $18,753.81 | $20,270.45 | $39,024.26 | 64 | 126 | 1,294 | $ 14.49 | $ 15.66 | 0.87 |
| Hoke | 2,440 | $45,824.31 | $47,842.24 | $93,666.55 | 128 | 194 | 2,497 | $ 18.35 | $ 19.16 | 0.98 |
| Hyde | 589 | $10,411.57 | $10,889.07 | $21,300.64 | 32 | 49 | 624 | $ 16.69 | $ 17.45 | 0.94 |
| Iredell | 5,958 | $113,674.46 | $116,943.97 | $230,618.43 | 345 | 571 | 6,423 | $ 17.70 | $ 18.21 | 0.93 |
| Jackson | 624 | $9,567.50 | $10,615.84 | $20,183.34 | 46 | 93 | 904 | $ 10.58 | $ 11.74 | 0.69 |
| Johnston | 8,557 | $163,547.15 | $168,726.42 | $332,273.57 | 450 | 685 | 7,996 | $ 20.45 | $ 21.10 | 1.07 |
| Jones | 1,253 | $16,505.67 | $19,627.67 | $36,133.34 | 50 | 71 | 901 | $ 18.32 | $ 21.78 | 1.39 |
| Lee | 2,760 | $51,975.89 | $53,729.11 | $105,705.00 | 125 | 208 | 2,495 | $ 20.83 | $ 21.53 | 1.11 |
| Lenoir | 5,867 | $93,692.92 | $103,102.78 | $196,795.70 | 252 | 375 | 4,660 | $ 20.11 | $ 22.13 | 1.26 |
| Lincoln | 6,146 | $113,405.97 | $118,409.72 | $231,815.69 | 326 | 444 | 5,300 | $ 21.40 | $ 22.34 | 1.16 |
| Macon | 1,662 | $32,629.72 | $33,413.99 | $66,043.71 | 93 | 158 | 1,762 | $ 18.52 | $ 18.96 | 0.94 |
| Madison | 606 | $13,288.69 | $12,971.68 | $26,260.37 | 40 | 72 | 681 | $ 19.51 | $ 19.05 | 0.89 |
| Martin | 2,344 | $39,705.16 | $42,763.28 | $82,468.44 | 139 | 238 | 2,573 | $ 15.43 | $ 16.62 | 0.91 |
| McDowell | 2,738 | $52,548.83 | $53,987.66 | $106,536.49 | 161 | 270 | 2,982 | $ 17.62 | $ 18.10 | 0.92 |
| Mecklenburg | 10,949 | $211,862.80 | $218,064.47 | $429,927.27 | 594 | 1,206 | 13,588 | $ 15.59 | $ 16.05 | 0.81 |
| Mitchell | 1,625 | $25,222.57 | $27,931.07 | $53,153.64 | 89 | 136 | 1,870 | $ 13.49 | $ 14.94 | 0.87 |
| Montgomery | 2,392 | $41,693.66 | $44,494.36 | $86,188.02 | 131 | 199 | 2,256 | $ 18.48 | $ 19.72 | 1.06 |
| Moore | 5,866 | $126,360.49 | $125,734.60 | $252,095.09 | 309 | 434 | 5,369 | $ 23.54 | $ 23.42 | 1.09 |
| Nash | 6,968 | $131,553.53 | $136,079.60 | $267,633.13 | 379 | 546 | 6,534 | $ 20.13 | $ 20.83 | 1.07 |
| New Hanover | 8,127 | $160,004.82 | $163,745.14 | $323,749.96 | 443 | 691 | 8,322 | $ 19.23 | $ 19.68 | 0.98 |
| Northampton | 1,934 | $33,183.71 | $35,709.97 | $68,893.68 | 114 | 183 | 2,048 | $ 16.20 | $ 17.44 | 0.94 |
| Onslow | 4,004 | $72,913.50 | $76,762.13 | $149,675.63 | 207 | 332 | 3,707 | $ 19.67 | $ 20.71 | 1.08 |
| Orange | 1,622 | $32,147.20 | $32,744.39 | $64,891.59 | 90 | 163 | 1,744 | $ 18.43 | $ 18.78 | 0.93 |
| Pamlico | 1,616 | $22,462.40 | $25,942.91 | $48,405.31 | 79 | 112 | 1,289 | $ 17.43 | $ 20.13 | 1.25 |
| Pasquotank | 1,200 | $18,255.92 | $20,451.91 | $38,707.83 | 81 | 120 | 1,235 | $ 14.78 | $ 16.56 | 0.97 |
| Pender | 3,785 | $70,043.67 | $72,772.06 | $142,815.73 | 196 | 288 | 3,455 | $ 20.27 | $ 21.06 | 1.10 |
| Perquimans | 596 | $11,090.07 | $11,550.59 | $22,640.66 | 37 | 61 | 690 | $ 16.07 | $ 16.74 | 0.86 |
| Person | 2,835 | $49,728.32 | $52,618.04 | $102,346.36 | 161 | 261 | 2,966 | $ 16.77 | $ 17.74 | 0.96 |
| Pitt | 5,411 | $83,417.65 | $93,110.33 | $176,527.98 | 276 | 448 | 5,076 | $ 16.43 | $ 18.34 | 1.07 |
| Polk | 780 | $13,244.70 | $14,175.72 | $27,420.42 | 51 | 87 | 970 | $ 13.65 | $ 14.61 | 0.80 |
| Randolph | 13,479 | $255,051.41 | $264,617.63 | $519,669.04 | 635 | 883 | 10,950 | $ 23.29 | $ 24.17 | 1.23 |
| Richmond | 1,374 | $24,601.02 | $25,932.29 | $50,533.31 | 105 | 267 | 2,287 | $ 10.76 | $ 11.34 | 0.60 |
| Robeson | 8,222 | $142,430.79 | $151,351.72 | $293,782.51 | 486 | 794 | 8,373 | $ 17.01 | $ 18.08 | 0.98 |
| Rockingham | 9,003 | $161,022.59 | $170,414.75 | $331,437.34 | 479 | 724 | 8,876 | $ 18.14 | $ 19.20 | 1.01 |
| Rowan | 11,009 | $203,814.02 | $212,226.81 | $416,040.83 | 534 | 798 | 10,267 | $ 19.85 | $ 20.67 | 1.07 |
| Rutherford | 3,632 | $67,532.17 | $69,981.39 | $137,513.56 | 203 | 339 | 3,770 | $ 17.91 | $ 18.56 | 0.96 |
| Sampson | 8,240 | $145,907.68 | $154,476.80 | $300,384.48 | 420 | 598 | 7,541 | $ 19.35 | $ 20.48 | 1.09 |

**Senior Care Program**
**North Carolina Seniors Utilization By County (November 2002 thru July 2004)**

| County Name | Rx Count | State Paid | Member Paid | Total Paid | Sum of Utilizers | Sum of Eligibles | Member Months | PMPM (State) | PMPM (Member) | RX per 1000 |
|---|---|---|---|---|---|---|---|---|---|---|
| Scotland | 3,250 | $51,394.93 | $56,650.77 | $108,045.70 | 153 | 238 | 2,579 | $ 19.93 | $ 21.97 | 1.26 |
| Stanly | 5,285 | $91,292.08 | $98,047.63 | $189,339.71 | 257 | 400 | 5,004 | $ 18.24 | $ 19.59 | 1.06 |
| Stokes | 3,049 | $60,551.94 | $61,839.09 | $122,391.03 | 170 | 255 | 3,119 | $ 19.41 | $ 19.83 | 0.98 |
| Surry | 9,149 | $174,258.79 | $180,649.00 | $354,907.79 | 449 | 622 | 7,931 | $ 21.97 | $ 22.78 | 1.15 |
| Swain | 472 | $7,888.83 | $8,798.19 | $16,687.02 | 34 | 68 | 713 | $ 11.06 | $ 12.34 | 0.66 |
| Transylvania | 1,147 | $17,515.18 | $19,733.05 | $37,248.23 | 57 | 98 | 1,079 | $ 16.23 | $ 18.29 | 1.06 |
| Tyrrell | 261 | $6,300.80 | $6,034.81 | $12,335.61 | 21 | 43 | 478 | $ 13.18 | $ 12.63 | 0.55 |
| Union | 5,310 | $103,322.12 | $106,257.44 | $209,579.56 | 276 | 412 | 5,118 | $ 20.19 | $ 20.76 | 1.04 |
| Vance | 2,855 | $50,549.12 | $53,494.24 | $104,043.36 | 171 | 273 | 2,978 | $ 16.97 | $ 17.96 | 0.96 |
| Wake | 14,257 | $279,233.70 | $286,283.31 | $565,517.01 | 724 | 1,077 | 13,648 | $ 20.46 | $ 20.98 | 1.04 |
| Warren | 1,935 | $38,715.25 | $39,430.52 | $78,145.77 | 110 | 156 | 1,815 | $ 21.33 | $ 21.72 | 1.07 |
| Washington | 844 | $16,426.76 | $16,937.12 | $33,363.88 | 47 | 82 | 914 | $ 17.97 | $ 18.53 | 0.92 |
| Watauga | 1,474 | $25,139.65 | $26,762.02 | $51,901.67 | 85 | 157 | 1,761 | $ 14.28 | $ 15.20 | 0.84 |
| Wayne | 7,341 | $134,423.22 | $141,170.09 | $275,593.31 | 396 | 580 | 6,992 | $ 19.23 | $ 20.19 | 1.05 |
| Wilkes | 6,465 | $120,853.15 | $125,677.26 | $246,530.41 | 347 | 534 | 6,186 | $ 19.54 | $ 20.32 | 1.05 |
| Wilson | 4,846 | $84,359.17 | $89,989.17 | $174,348.34 | 270 | 415 | 4,467 | $ 18.88 | $ 20.15 | 1.08 |
| Yadkin | 3,688 | $74,048.98 | $75,369.16 | $149,418.14 | 203 | 291 | 3,628 | $ 20.41 | $ 20.77 | 1.02 |
| Yancey | 1,087 | $17,122.96 | $18,724.37 | $35,847.33 | 54 | 87 | 1,028 | $ 16.66 | $ 18.21 | 1.06 |
| **TOTALS** | **428,725** | **$7,962,668.73** | **$8,301,019.06** | **$16,263,687.79** | **23,037** | **36,459** | **426,801** | **$ 18.66** | **$ 19.45** | **1.00** |

**Evaluation of the Senior Prescription Drug Assistance Program ("Senior Care")**
**Annual Report through October, 2004**
**Principal Investigator: Morris Weinberger, PhD, University of North Carolina**

Given their increased risk of chronic disease, elders are prescribed multiple medications. Impediments to receiving prescription medications can negatively affect the health of these elders. The Health and Wellness Trust Fund Commission has contracted with the North Carolina Department of Health and Human Services (DHHS) to administer Senior Care; ACS will administer the Program for the Health and Wellness Trust. Senior Care offers eligible North Carolina elders increased *access to prescription medications* and insulin and, for those at high risk for medication problems, referral to a *medication management program* (for patients with a program funded by the Commission in their community).

Our evaluation plan proposes to assess the effect of Senior Care on patients' access to medications and health outcomes. Specifically, we propose to evaluate the effect of Senior Care and the Medication Assistance Program on: (1) *Patients' access to medications and related services:* penetration of the program (i.e., the proportion of eligible patients enrolled), barriers to prescription drug use, prescription drugs received, medication management referral, and changes in prescription drug coverage; (2) *Medication compliance;* (3) *Satisfaction with Senior Care;* (4) *Self-reported health status;* and (5) *Health services utilization.* There are two major components of the evaluation:

1. The first component involves *primary data collection*. Specifically, UNC personnel will conduct telephone surveys with a random sample of enrollees. Follow-up telephone surveys will be conducted every 4 months for one year.
2. The second component requires administrative data provided to UNC by the Health and Wellness Trust. Specifically, for this component of the evaluation, the Health and Wellness Trust have agreed to provide us with:

    - *Critical data on **all** patients enrolled in Senior Care:* This includes data obtained at enrollment, annual re-enrollment, and administrative data collected during the first year after enrollment.
    - *Data from the Medication Assistance Program:* These Centers will complete a standardized form for each contact with patients referred for medication management. These data will allow us to describe some effects of the program on all enrollees. These data will be provided to the UNC evaluation team.

**Progress to date:**

- All baseline telephone interviews have been completed (N=436).
- Time 2 (4-month) follow-up telephone interviews have been completed (N=315)
- Time 3 (8-month) follow-up telephone have been completed (N=280).
- Time 4 (12-month) follow-up telephone interviews are ongoing; 110 had been completed as of October 1, 2004. We anticipate completing all follow-up telephone interviews by December, 2004.

- Based on advice from the Health and Wellness Trust Fund Commission and the North Carolina Office of Rural Health (ORH), the proposal assumed that ORH, the technical assistance team on this project for the Commission, would not be a covered entity under HIPAA. As such, ORH would be able to provide us data with data use agreements, rather than requiring that each enrollee sign a HIPAA authorization governing the data release. In its most recent re-analysis (Spring 2004), the Attorney General's Office now suggests that ORH would be acting as a HIPAA-covered entity. This represents a major change that required the UNC Institutional Review Board to approve a waiver of HIPAA authorization before we could analyze administrative data sets. This process took time, but this authorization was provided on October 7, 2004. We are now working with ORH and Health and Wellness Trust to insure that all agreements are in place.
- Given this delay, we received a no-cost extension until June 30, 2005 to complete our analyses.
- On October 12, 2004, we presented the status of our analysis to a Task Force of the Commission. A copy of those slides is included with this annual report.

**DATA SOURCES**

- Enrollee survey
  - Baseline and every 4 months for one year
- Administrative data
  - ACS (Baseline and one year)
  - Prescription Assistance Centers: For enrollees referred to medication management only

**OUTCOMES OF THE EVALUATION**

- Access
  - Penetration (Survey, Administrative)
  - Barriers to prescription drug use (Survey)
  - Prescription drugs received (Administrative)
  - Change in prescription drug coverage (Survey, Administrative)
  - Medication management referral (Administrative)
- Medication compliance (Survey)
- Satisfaction with Senior Care (Survey)
- Frequency of medication management (Administrative)
- Health status (Survey)
- Health services utilization (Survey)

**ENROLLEE SURVEY: PROGRESS TO DATE**

- Baseline data collection complete (N=436)
- Time 2 data collection complete (N=315)
- Time 3 data collection complete (N=280)
- Time 4 data collection ongoing (N=110 to date): Expected completion December, 2004

**ENROLLEE SURVEY: BASELINE DATA**

- Age: Mean = 76 years
- Race:
  - 68% Caucasian
  - 17% African American
  - 3% Native American
  - 12% Unknown
- Marital Status
  - 47% Married
  - 42% Single
  - 11% Widowed
- Number of medications: 4
- Self-reported Chronic Diseases
  - Hypertension 77%
  - Arthritis 62%
  - Hyperlipidemia 48%
  - Diabetes 32%
  - Heart failure 23%
  - Asthma 13%
- Health Status, past 4 weeks
  - Physical Health (SF-12), mean: 33.3

  - Mental Health (SF-12), mean: 48.4
- 22% reported hospital admission past 4 months
- 18% reported emergency room visit past 4 month
- Medication Compliance, past 4 weeks
  - 27% took medication less often then prescribed
  - 23% did not fill medication on time
  - 12% did not take medication regularly

| | Baseline (N=436) | Time 2 (N=315) | Time 3 (N=280) |
|---|---|---|---|
| PCS (SF-12), mean | 33 | 32 | 33 |
| MCS (SF-12), mean | 48 | 51 | 50 |
| Hospitalization | 22% | 18% | 7% |
| ER visit | 18% | 19% | 6% |
| Compliance<br>• Less often then prescribed<br>• Did not refill on time<br>• Did not take regularly | <br>27%<br>23%<br>12% | <br>18%<br>15%<br>8% | <br>19%<br>14%<br>5% |

**ADMINISTRATIVE DATA:**

Progress to Date

- Established secure data transfer with ACS
- Change in HIPAA status: Office of Rural Health judged to be HIPAA-covered entity
- Require waiver of HIPAA authorization before accessing follow-up data from ACS data or any data from Prescription Assistance Centers
- Received notification that UNC IRB approved waiver of HIPAA authorization on 10/7/04
- Will now begin to clean these data sets

Baseline (11/1/02-11/30/03)

- 14% penetration rate:
  - 21,593 enrolled/153,000 eligible
- Age: Mean = 76 years
- Race:
  - 67% Caucasian
  - 16% African American

  - 3% Native American
  - 14% Unknown
- Marital Status
  - 45% Married
  - 44% Single
  - 11% Widowed

Baseline

- Number of medications: 4
- Self-reported Chronic Diseases
  - Hypertension 78%
  - Arthritis 61%
  - Hyperlipidemia 47%
  - Diabetes 33%
  - Heart failure 21%
  - Asthma 14%

**NEXT STEPS**

- Complete patient surveys
- Clean administrative data sets for which we were recently given IRB approval
- Complete analyses

**North Carolina A & T State University**

**Evaluation of the Senior Prescription Drug Assistance Program**
**In Minority Communities**
**First Year Report**

## General Information

| | |
|---|---|
| Date of Submission: | October 15, 2004 |
| Principal Investigator: | Dr. Lorna Harris |
| Phone and Fax Numbers: | 336-334-4541/336-334-4503 |
| Name of Institution: | North Carolina A & T State University |
| Name of Project: | Evaluation of the Senior Prescription Drug Assistance Program in Minority Communities |
| Project Start Date: | November 1, 2002 |
| For the Period Beginning and Ending: | 07-01-03 to 06-30-04 |

## Key Accomplishments for the Overall Project

During this first year we have been able to accomplish the following:

- Hired and trained data coordinator ( March-May 2003)
- Obtained NC A&T State University IRB approval (04/01/03)
- Developed and established data entry program to be used by the evaluation team (May-July 2003)
- Trained a student at North Carolina A & T State University (October –November, 2003) to assist with telephone interviews.
- Recruited Dr. Peggy Fersner (Dept. of Electrical Engineering) to conduct GIS Mapping (November 2003). Dr. Fersner to use project as part of spring 2004 class activities with results available at end of semester.
- Recruited participants and baseline survey of African American sample population [N=325] (August 2003- May 2004).
- Began second round of interviews (June 2004-present).
- Initial GIS mapping results given in June 2004. Revisions in mapping results requested by Mrs. Shah. Dr. Fersner unavailable until August, 2004. Revisions given to Mrs. Shah in September 2004 (see attached).
- Conducted preliminary analysis on baseline data June 2004 (see attached)
- Submitted request to University IRB for approval to access MARP data (June 2004).
- Approval to access MARP data given by IRB and University legal counsel given September 2004.

## Current Issues

- Continuing second round of phone calls. Encountering some difficulties with second round of phone calls including participants' no longer wanted to be in the study and participant death and institutionalization – 190 surveys completed, 15 refused to participate in round two, 3 deaths, 2 institutionalizations and 18 telephone disconnected.
- As of August 2004, data collector is no longer available to participate in the study. She was required by the Dean of the School of Nursing to return to full-time faculty status. Two part-time individuals have been hired and trained to continue the interviews September 2004.
- The student who was trained to conduct interviews was not available in the months of August and September due to illness.

- Time 3 telephone interviews were begun in October 2004. It is expected that Time 3 telephone calls will be completed by January 2005. Time 4 telephone interviews will be begin in January 2005 and completed by March 2005.

**Baseline data from African American Interviews (Senior Care Phone Survey)**

**Table 1. African American Sample Characteristics**

| Characteristic | Percentage | Number |
|---|---|---|
| Age (mean) | 75.5 | 325 |
| Gender | | |
| Male<br>Female | 28.92<br>71.08 | 94<br>231 |

A total of 325 African American elders were interviewed. The majority of participants were female (71%). The mean age was 75.5 years of age.

Access

**Table 2. Barriers to Prescription Drug Use**

| In the past four months: | N | Yes | No |
|---|---|---|---|
| Did you not have a prescription filled?* | 323 | 77 (23.84%) | 246 (76.16%) |
| Have you taken medicines less often than prescribed? | 322 | 72 (22.36%) | 250 (77.64%) |
| Does it worry you to do this? | 71 | 61 (85.92%) | 10 (14.08%) |

*76 subjects gave a reason why prescription was not filled - 67 (88.16%) indicated cost, 1 (1.23%) indicated transportation, 3 (3.95%) indicated forgot, 3 (3.95%) indicated "other", and 2 (2.63%) indicated "No response".

When asked about barriers to their use of prescription drugs, nearly 24% of the participants indicated that they at some time in the past four months did not have a prescription filled or refilled primarily because of cost. Over 22% of the participants admitted to taking medicines less often than prescribed and the majority of those who engaged in that practice (85.92%) indicated that it worried them to take medicine less often than prescribed.

**Table 3. How much have you spent on prescription drugs using your own money?**

| N | Mean | Std Dev | Min | Max |
|---|---|---|---|---|
| 324 | $138.21 | $105.37 | $0.00 | $600.00 |

There appears to be considerable out of pocket spending on prescription drugs within the past four months before the interview. The mean out of pocket cost was $138.21.

**Table 4. Changes in prescription drug coverage**

| During the past four months | N | Yes | No |
|---|---|---|---|
| Have you used a prescription drug manufacturer's discount card? | 322 | 45 (13.93%) | 277 (86.02%) |

| | | | |
|---|---|---|---|
| Have you participated in any other program that provided a prescription drug benefit? | 322 | 21 (6.52%) | 301 (93.48%) |
| Have you received any prescription drugs from a source other than a pharmacy? | 325 | 162 (49.85%) | 163 (50.15%) |
| Has there been a change in who pays for you prescription drugs? | 325 | 16 (4.92%) | 309 (95.08%) |
| Do you have a doctor who you see for your medical problems? | 325 | 321 (98.77%) | 4 (1.23%) |

When asked about changes in prescription drug coverage during the past four months, only 13.93% of the respondents indicated they used a prescription drug manufacturer's discount card. Very few respondents (6.52%) participated in any other program that provided a prescription drug benefit but half of the respondents (49.85%) had received prescription drugs from a source other than a pharmacy. The majority of respondents 95.08% had no change in who paid for their prescription drugs. The population (98.77%) identified that they were under a physician's care for their medical problems.

**Table 5. Medication Management Referral**

| Since you have enrolled | N | Yes | No |
|---|---|---|---|
| Did someone refer you to a pharmacist who reviewed you medicines? | 324 | 35 (10.80%) | 289 (89.20%) |
| Did you meet with this pharmacist? | 32 | 25 (78.13%) | 7 (21.88%) |
| Did the pharmacist give you any advice about your medicine? | 27 | 25 (92.59%) | 2 (7.41%) |
| Did you change anything about how you take your medications as a result of meeting with the pharmacist? | 28 | 15 (53.57%) | 13 (46.43%) |

Questions about medication management referrals address the respondent's perception of this part of the program. Respondents would need to recall that they had been referred to a pharmacist for medication review and recall whether they completed the referral. Table 5 indicates that only 10.80% recalled being referred to a pharmacist, however, of those 35 individuals who recalled the referral 25 met with the pharmacist. A total of 25 respondents answered in the affirmative to the question of whether the pharmacist gave them advice about their medicine. Only 15 individuals indicated that they made changes in how they take their medications as a result of meeting with the pharmacist. The majority of the individuals that were referred for medication review (78.13%) actually followed with the medical referral. A little more than 50% of the individuals who received medication review (53.57%) changed how they took their medication as a result of meeting with the pharmacist.

**Table 6. Medication Compliance**

| In the past four weeks: | N | Yes | No |
|---|---|---|---|
| Do you think you have taken your medicines as you should? | 325 | 295 (90.77%) | 30 (9.23%) |
| Did you ever forget to take you medicine? | 325 | 94 (28.92%) | 231 (71.08%) |
| Were you careless at times about your medicines? | 325 | 17 (5.23%) | 308 (94.77%) |
| When you felt better, did you sometimes stop taking your medicines? | 325 | 21 (6.46%) | 304 (93.54%) |
| If sometimes you felt worse when you took the medicine, did you stop taking it? | 325 | 29 (8.92%) | 296 (91.08%) |

This population of African Americans generally took their medicines as prescribed (90.77%), tended to remember to take their medicines (71.08%), were careful about how they take their medicines (94.77%), continued to take their medicines when they felt better ((93.54%) and continued to take their medicine even when it made them feel worse ((91.08%). This is a very different picture of medication compliance than expressed in the health care literature which states that noncompliance is a major problem.

Patient Satisfaction with Senior Care

**Table 7. How did you first hear about the Senior Care program?**

| N | Physician | Media | Friend/Family | Other |
|---|---|---|---|---|
| 325 | 33 (10.15%) | 194 (59.69%) | 38 (11.69%) | 60 (18.46%) |

Nearly 60% of the respondents heard about the Senior Care Program though the media. Despite the fact that 98.77% of the individuals see physicians for their medical problems (see Table 4) only 10.15% heard about the medication assistance program from their physician. Use of the media appears to be more effective in reaching this population about the senior care program.

**Table 8. Did you have any difficulty reading or understanding the Senior Care application form?**

| N | Yes | No |
|---|---|---|
| 325 | 51 (15.69%) | 274 (84.31%) |

The majority of the respondents had no difficulty reading or understanding the Senior Care application form.

Health Status

**Table 9. In general would you say your health is:** (N=325)

| Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|
| 9 (2.77%) | 30 (9.23%) | 115 (35.38%) | 135 (41.54%) | 36 (11.08%) |

Less than half of the participants (47.38%) perceived that their health status was excellent to good. A total of 52.62% perceived their health status to be fair or poor.

**Penetration Analysis**

Penetration is expressed as the proportion of eligible ethnic minority clients who enroll in Senior Care. We calculated the penetration rate using participants who had enrolled in Senior Care in the first twelve months of the program. We plotted the penetration of the program in ethnic minority populations by county to determine the success of Senior Care in providing access to these populations.

ACS data on all Senior Care applicants was obtained and sorted by race, zip code and county. A total of 26,309 records of applied and denied recipients were included in the analysis. The total number of recipients approved for enrollment in the program 21,922 and the total number of recipients denied enrollment was 4,387. The total denial rate for all senior care applicants was 20.01%. The resulting database was sorted by race and by acceptance into the program (See Table 10).

**Table10. Senior Care applicants by race and by acceptance in the program**

| Race | Total applicants surveyed | Approved | Denied |
|---|---|---|---|
| African American | 4241 | 3379 (79.7%) | 862 (20.3%) |
| Native American | 697 | 557 (80%) | 140 (20%) |
| Hispanic | 76 | 62 (81.6%) | 14 (18.4%) |
| Asian | 53 | 37 (69.9%) | 16 (30.1%) |
| White | 17,485 | 14,882 (85.2%) | 2603 (14.8%) |
| Other | 69 | 58 (84.1%) | 11 (15.9%) |
| Left blank | 3688 | 2947 (80%) | 741 (20%) |
| Totals | 26,309 | 21,922 (83.4%) | 4387 (16.6%) |

This set of data gives us the opportunity to have a natural occurring control group for this population in the category of “left blank”. In the “left blank” group 20% of those who applied for the program were denied. Which is the same as the denial rate for senior care applicants (20.01%). African American and Native American applications had a similar rate of denial at 20.3% and 20% respectively. The denial rate for White applicants was lower at 14.8%. The denial rate for white applicants was lower than for any of the ethnic minority populations.

**Table 11. Penetration of Senior Care by Ethnicity and County** (see separate file for Table 11)

We examined penetration of Senior Care in African Americans, Native Americans and Asians. The analysis of program penetration in the Hispanic population is being reanalyzed and unavailable for this report. Census data was used to determine the number of individuals age 65 or older with incomes between $10,000 and $19,999. The census data was not categorized to match exactly the income 100% to 200% above the poverty level which was used to determine eligibility for the program. In examining the African American population we have a better opportunity to evaluate the access to Senior Care because of the large number in this population group. According to the North Carolina Census Data report, African Americans comprise of 21.5% of the state's population, American Indians comprise 1.25%, Asians comprise 1.38%, and Hispanics comprise 4.7% of the state's population. The penetration rate actually reflects individuals who were approved for the program but not captured in the income categories examined. For example, in Beaufort County no Asians were identified as income eligible but one Asian was approved for services. The Asian and Native American populations have very few individuals eligible to apply for the program. Native Americans in Roberson County give us the best opportunity to get a true picture of the level of penetration for that population group. Of the 634 individuals eligible to apply, 115 or 18.1% were approved to participant in Senior Care. We find that only 40 of the counties have a penetration rate of 10% or above within the African American population. This means that 60 of the state's 100 counties have not reached 10% of the African Americans eligible to participate in the Senior Care program. The total eligible African American participants (41,825) and the number approved for the program from that population (3,379) gives a penetration rate of 8.07%. However, when you examine the total eligible white participants (281,704) and the number approved for the program from that population (14,882) we have a penetration rate of 5.28%. For 21 counties the penetration rate for African Americans is less than 5%. In 79% of the counties the penetration rate for African American is higher than the overall penetration rate for white applicants. Overall, the Senior Care program is not attracting a high percentage of eligible individuals from any ethnic group but African Americans appear to be accessing the program at a slightly higher rate than white participants.

**Report to the North Carolina Health & Wellness Trust Fund Commission**
**From the Office of Research, Demonstrations and Rural Health Development**
**On administration of North Carolina Senior Care**
**During SFY 2004**

## I. Introduction

The Office of Research, Demonstrations and Rural Health Development (ORDRHD) has administered Senior Care under a Memorandum of Understanding (MOU) with the Health & Wellness Trust Fund (HWTF) since the program's inception on November 1, 2002. Under the terms of that MOU, the Department of Health and Human Services through the ORDRHD is responsible for enrollment, claims payment, overall management of the program. These functions generally include selection and oversight of an outside enrollment and claims administrator, program promotion, design of the enrollment forms and processes, pharmacy network development, design of the claims payment reimbursement and payment process, and tracking and reporting.

SFY 2004 was a year of significant transition for Senior Care. The July 2003 thru June 2004 period straddles the program's start-up year and the advent of the Medicare Modernization Act which introduced the Medicare Drug Discount Card in early 2004. This period saw the program go from its infancy to a major overhaul of its eligibility and benefit design made possible by savings generated by the Medicare Discount Card program's low income prescription drug assistance. It also witnessed significant enrollment growth and outreach to senior citizens across the state in need of prescription drug assistance.

Senior Care was poised as of the end of SFY 2004 to enter a new phase of growth and development that we are now experiencing. The work done in early 2004 to take advantage of the opportunities afforded by Medicare expansion are now bearing fruit in terms of new enrollment and additional prescription drug coverage for our seniors.

## II. Background

Senior Care began enrolling seniors in November 2002 who met the following qualifications:

- 65 years of age or older
- residents of North Carolina
- Annual Household Income of $17,180 or less if single or widowed or $23,220 or less if married
- No other prescription drug insurance including Medicaid (but not including manufacturers' free or discount drug programs
- Need for prescription drugs for the treatment of the following illnesses:
    - Angina
    - Arrhythmia
    - Asthma
    - Bronchitis
    - Diabetes Mellitus
    - Emphysema
    - Heart Failure
    - Hyperlipidemia

- Hypertension

Senior Care had the following benefits coverage:

- $600 per benefit year of coverage for prescription drugs for the treatment of the specified diagnoses
- Including 60% of the first $1000
- Members paid the remaining 40% and a $6 service fee per prescription

Interested seniors could apply for Senior Care by completing a one page application and submitting it in a postage paid, self addressed envelope to Senior Care. Questions could be directed either to the toll free Senior Care Call Center number of 866-226-1388 which was housed in Henderson, NC. Seniors could also find out more by accessing the program website at www.ncseniorcare.com.

Upon approval, Senior Care enrollees received a prescription drug card that they could use at any of over 1500 participating pharmacies across North Carolina.

## III. Enrollment

As of July 1, 2003, Senior Care enrollment stood at 17,224 after the first eight months of the program which started on November 1, 2002. There were an estimated 153,000 persons aged 65 or over in the state who are thought to be eligible for the program. So while there were many eligibles yet to enroll as of July 1, 2003, this rate of growth actually compared favorably to state prescription assistance programs in other parts of the country during their initial phase of operation.

During SFY 2004, enrollment grew to 35,229. A graph of this enrollment on a monthly basis is attached. Growth was strongest thru March 2004 including the enrollment of 6,299 dual Medicare/Medicaid eligibles on March 1, 2004. These were seniors whose prescription drugs were not covered by Medicaid, and who met the Senior Care eligibility requirements regarding diagnosis and other insurance coverage.

Senior Care received 45,375 enrollment applications thru June 2004. 78% were approved and active and another 3% had been previously approved and were either disenrolled usually due to death, or terminated due to becoming eligible for other pharmacy coverage such as Medicaid. 13% were denied most often due to income or other prescription drug insurance coverage.

In terms of the demographic distribution, race, which is an optional field on the Senior Care enrollment form, was completed by 73% of all enrollees. The results were as follows:

| Race | Total | Percentage |
|---|---|---|
| African-American | 4,616 | 17.8% |
| Asian | 54 | 0.2% |
| Hispanic | 81 | 0.3% |
| Native American | 743 | 2.9% |
| Other | 114 | 0.4% |
| White | 20,267 | 78.3% |

Senior Care was promoted at statewide and local events throughout the year. In venues ranging from Senior Day at the State Fair, to the statewide Social Services Institute, NC Primary Health Care Conference, and Free Clinic Association gatherings to local senior prescription information fairs, Senior Care was presented. The program was also promoted through Department of Motor Vehicles registration renewal inserts, and public service announcements in 2003.

## IV. Cost and Utilization

From its beginning thru June 2004, Senior Care expended $7,444,450 on the cost of prescription drug claims for its enrollees. These costs covered 400,354 prescriptions purchased during the period. This averaged out to just over 1 prescription per enrollee per month or 12 per year. A detailed summary of cost and utilization by county is attached.

Member costs for the same period totaled $7,752,601, for a total of $15,197,051. These totals include a $6 service fee that was paid by the member for each prescription in addition to their 40% share of the coinsurance cost. As a result, enrollees paid 51% of these total costs and Senior Care paid 49%. The average cost per prescription including the service fee was $37.96. These figures also reflect the fact that about 63% of all members actually used the benefit during this time period. These data are based on invoices for drug claims and enrollment processing which are received, reviewed, processed and paid through ORDRHD on a monthly basis.

## V. Senior Care and the Medicare Drug Discount Card

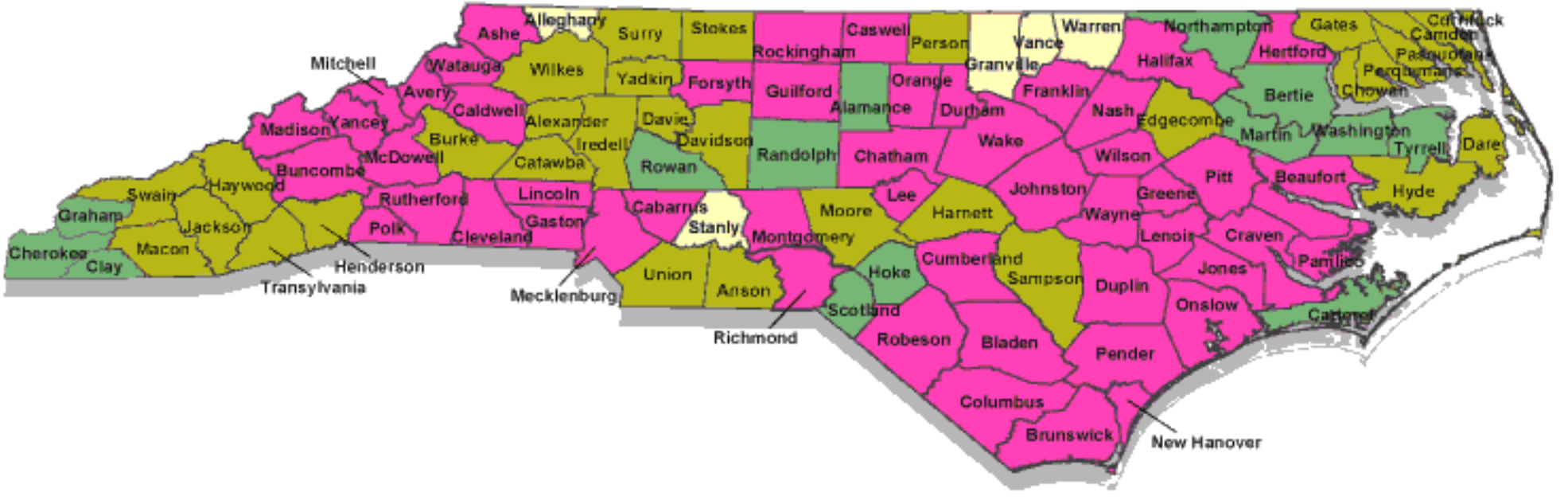
These data combined with the advent of the Medicare discount card and the federal assistance for lower income members pointed to an opportunity to better serve the prescription assistance needs of North Carolina Seniors. Starting in the fall of 2003, ORDRHD began monitoring the proposed Medicare Drug Bill in congress to fetermine its ramifications for Senior Care. Its passage in November 2003 created an opportunity for Senior Care to create significant savings by pulling down as much of the federal transitional assistance of $600 per benefit period for each senior below 135% of poverty. CMS allowed Senior Care to autoenroll seniors below this income threshold into an approved Medicare Discount Card of our choice as long as they were given a choice to opt out. In June, ORDRHD conducted an open bidding process among the 40 cards approved by Medicare to operate in North Carolina. Community Care Rx was selected as the easiest to use and most cost effective option for the state and its seniors. In addition to having over 95% of the state's pharmacies under contract, Community Care Rx has proven to be an effective partner in providing one easy to use card that covers both the Medicare and Senior Care benefit.

ORDRHD provided the financial analysis of this opportunity that clearly indicated that it would allow not only benefit these lower income enrollees but all Senior Care members through expanded benefits and eligibility. It became clear that Senior Care could now afford to end the restrictions on eligibility and covered drugs based on diagnosis that helped limit the use of the benefit to just 63% of all members under the old design. In addition, the program would now be able to decrease the cost sharing burden borne by seniors that resulted in the senior actually covering over half the cost of their covered prescriptions. Finally, these changes could benefit all of those currently eligible by increasing the total annual benefit, while broadening eligibility to cover seniors up to 250% of poverty. Through these changes another 150,000 seniors became eligible for Senior Care.


# Medication Assistance Program

# NC Health and Wellness Trust Fund
# Medication Assistance Program (MAP)

## Counties Served by Grantees




Counties covered by Phase I grants (awarded October 23, 2002 and October 24, 2003)

Counties covered by Phase II grants (awarded April 26, 2004)

Counties covered by Phase I and Phase II grants

Gap counties covered by the UNC School of Pharmacy Hotline

NORTH CAROLINA Health Wellness TRUST FUND

Updated: 10-27-04

**HWTF MEDICATION ASSISTANCE PROGRAM**
**GRANT AWARDS**

The Medication Assistance Program (MAP) includes 69 grants (68 community-based grants and 1 statewide grant) funded by the NC Health and Wellness Trust Fund at $14.4 million to assist low-income citizens in obtaining prescription drugs and to counsel seniors about safe and effective use of their medicines.

| Medication Assistance Program -- Program Components | | |
|---|---|---|
| Local and Statewide Grants | $ 14,353,501 | Details provided below |
| Technical Support for Grantees | $ 645,000 | |
| AHEC Professional Training for Pharmacists | $ 62,344 | |
| Balance for Grant Expansion | $ 68,197 | |
| Program Support Funds (i.e., legal fees, PSCs, etc) | $ 243,158 | |
| Total Investment in Medication Assistance Program | $ 15,372,200 | |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 1 | Alamance Regional Medical Center (AlaMAP) | Alamance, Caswell | $ 322,500 | $ 52,500 | $ 375,000 | Grantee has extensive experience with both medication management and prescription assistance and will continue to provide services as a peer mentor to other medication assistance programs statewide. |
| 2 | Albemarle Hospital Foundation | Camden, Chowan, Currituck, Dare, Gates, Pasquotank, Perquimans | $ - | $ 127,310 | $ 127,310 | The Clinic will expand pharmacy services from 300 patients to approximately 500 low-income patients by funding 3 prescription assistance coordinators (PAC) and a part-time pharmacist. |
| 3 | Angel Medical Center | Macon | $ - | $ 50,000 | $ 50,000 | The volume of low-income patients and need for enhanced program management demand a full-time position. Trained volunteers will continue to provide many support services for the senior and indigent patients. |
| 4 | Betsy Johnson Regional Hospital | Harnett | $ - | $ 50,000 | $ 50,000 | Expansion of staffing will provide services to additional patients within 200% of the federa poverty level (FPL) guidelines and provide the longer term medication management services many seniors need. |
| 5 | Black River Health Services, Inc. | Pender | $ - | $ 50,000 | $ 50,000 | This grant will provide funds for a full-time PAC who will oversee services at 3 sites. The addition of this position will reduce the workload on the nurses currently providing the service, allowing them to focus on nursing duties, reduce the wait time for prescription assistance services, and increase the number of low-income patients that receiving services. |
| 6 | Bladen HealthWatch | Bladen | $ 280,768 | $ - | $ 280,768 | Grantee is an award winning Healthy North Carolinians project with a good track record using the current DHHS software to help indigent patients access Prescription Assistance Programs (“PAP”). Grantee collaborates with the local hospital and Bladen Medical Associates. |
| 7 | Cabarrus Health Alliance | Cabarrus | | $ 50,000 | $ 50,000 | Due to an overwhelming demand for services, the grantee will expand their medication assistance program to offer services to a broader range of patients. This program will assist residents who are between 125% and 200% of the FPL. |
| 8 | Caldwell Senior Center | Caldwell | $ 176,500 | | $ 176,500 | Grantee is a senior center working in collaboration with local hospital, Kerr Drugs, free clinics and physicians to cover Caldwell County. Grantee has a full service plan where Kerr Drug provides medication management services with a half time Prescription Assistance Coordinator (PAC). |
| 9 | Cape Fear Council of Government AAA | New Hanover, Brunswick, Columbus, Pender | $ 398,000 | | $ 398,000 | Grantee is regional Area Agency on Aging that covers New Hanover, Brunswick, Columbus and Pender Counties. Grantee provides medication management and prescription access services in collaboration with local aging agencies and Department of Social Services in Brunswick County. |
| 10 | Care Connection Pharmacy of Wilkes Regional Medical Center | Wilkes | | $ 250,000 | $ 250,000 | Additional funding will expand hours for a part-time pharmacist, PAC and pharmacy technician, increasing the number of patients served. Four community partner agencies will conduct "brown bag" evaluations of patients' prescription drug needs. |



Updated: 10/29/2004

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 11 | Carolina Family Health Centers, Inc. | Edgecombe, Nash, Wilson | $ 389,000 | $ 250,000 | $ 639,000 | The grantee will extend services from 2 clinics in Wilson and rural Nash Counties to Edgecombe County, which is a gap county. |
| 12 | Carolinas Poison Center | Statewide | | $ 50,000 | $ 50,000 | The grantee will create printed and on-line information regarding the safe use of medications by seniors, proper methods of taking medications and common adverse drug events and interactions. Outreach educational efforts will target seniors statewide through contacts with state-level groups whose focus is on the aging population. |
| 13 | Cherokee County Health Department | Cherokee, Clay, Graham | $ 444,696 | | $ 444,696 | Grantee is a collaboration between the county health departments of Cherokee, Clay and Graham Counties. Grantee uses a Registered Nurse to screen 97% of all clients requesting services after which a pharmacist will review all of this data and follow up where appropriate. |
| 14 | Community Care Center/Doctors Care Inc. | Stokes, Davie | | $ 50,000 | $ 50,000 | The program will expand from primarily volunteer-based staff to include a part-time pharmacist. This change will allow the physicians to focus on patient medical services, increasing the number of patients served and decreasing wait time for services. |
| 15 | Community Care Clinic of Rowan County | Rowan | $ 140,000 | $ 210,000 | $ 350,000 | In addition to the standard medication assistance program, the grantee will provide bilingual services and documentation through use of a part-time Spanish interpreter during the grant period. Grant funds will continue services in this high need county, currently funded through HWTFC. |
| 16 | Community Free Clinic | Cabarrus | $ 130,000 | $ 195,000 | $ 325,000 | The grantee is working to increase capacity to meet the immediate, high volume needs of this county caused by large-scale layoffs. Grant funds will continue services in this high need county, currently funded through HWTFC. |
| 17 | Crisis Control Ministry | Forsyth | | $ 250,000 | $ 250,000 | Grant funding for the pharmacist, PAC and 2 pharmacy staff will strengthen the existing program and expand services to additional low-income patients. Local healthcare professionals provide additional support to the clinic. |
| 18 | Cumberland County Hospital System, Inc. | Cumberland | $ 450,000 | $ 250,000 | $ 700,000 | CCMAP will hire 2 additional PACs and a part-time pharmacist to allow more low-income patients to receive medication management services and prescription assistance. Other expanded services will include disease management education, one-on-one counseling, enhanced brown bag reviews and information on specific disease management. |
| 19 | Davidson Medical Ministries | Davidson | | $ 250,000 | $ 250,000 | Hours for the current part-time pharmacist and PAC will be expanded to provide a more comprehensive program. |
| 20 | Diakonos, Inc. | Alexander, Catawba, Davie, Iredell, Wilkes, Yadkin | | $ 128,896 | $ 128,896 | The pharmacist's hours will be increased from 8 hours per week to 15 hours per week, increasing the number of patients served. In addition, the pharmacist will provide "brown bag" medication reviews at least annually, or as necessary. |
| 21 | Duplin County Services for the Aged | Duplin | | $ 65,083 | $ 65,083 | Grantee provides medication management and prescription access services in Duplin County. |
| 22 | Duplin Medical Association | Duplin, Sampson | | $ 30,160 | $ 30,160 | The grantee will serve a larger low-income population base to include all age groups and increase the efficiency of the program through increased PAC staff time. In addition, the clinic will establish an outreach campaign, to increase awareness of the availability of services in the area. |
| 23 | Eastern Carolina Council AAA | Craven | $ 448,764 | | $ 448,764 | Grantee is a regional Area Agency on Aging that covers Craven County. Grantee provides medication management and prescription access services through two pharmacists and one PAC. |
| 24 | FirstHealth of the Carolinas | Moore, Montgomery, Richmond | | $ 249,766 | $ 249,766 | A part-time pharmacist and 2 PACs will provide medication assistance to low-income and older adult populations in Moore and Montgomery Counties, expanding into Richmond as needed. |
| 25 | Gaston Family Health Services, Inc. | Gaston | $ 232,750 | $ 50,000 | $ 282,750 | Additional funding will expand medication assistance services in Lincoln County, similar to services in Gaston County. |
| 26 | Good Samaritan Clinic, Inc. | Burke | | $ 50,000 | $ 50,000 | Grant funding will increase paid staff time from two part-time registered pharmacy technicians and 21 part-time volunteer pharmacists to include part-time paid pharmacists and PACs. |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 27 | Greene Council on Aging | Greene | | $ 22,406 | $ 22,406 | One pharmacist and one PAC provide medication management and prescription access services in Greene County. |
| 28 | Guilford County Department of Public Health | Guilford, Lincoln | $ 448,957 | $ 250,000 | $ 698,957 | Two other prescription assistance programs in the county will lose their funding in the spring, therefore the grantee will expand services to the patients on the wait list and the patients expected to be referred from the closing programs. The funds will provide for additional pharmacist and PAC staff time. |
| 29 | HealthQuest of Union County | Anson, Union | | $ 50,000 | $ 50,000 | The program will increase the number of patients served. Outreach targeted to inform low income, minority populations of the services available will include print, radio and other media and outreach efforts. |
| 30 | Hertford County Public Health Authority | Hertford | | $ 125,000 | $ 125,000 | The grantee will increase the part-time pharmacist to full-time and add a pharmacy technician to provide medication management services. |
| 31 | Hyde County Health Department | Hyde | | $ 47,831 | $ 47,831 | By adding a contracted pharmacist funded through the grant, medication assistance services will be made available to additional low-income or senior patients. |
| 32 | Isothermal Planning AAA | Rutherford, Cleveland, Polk, McDowell | $ 514,521 | $ 90,000 | $ 604,521 | The program will be expanded to serve more senior residents of McDowell County. These services will be provided by hiring an additional PAC and increasing the pharmacist's hours. |
| 33 | Jones County Health Department | Jones | | $ 14,801 | $ 14,801 | Grantee provides medication management and prescription access services in Jones County. |
| 34 | Kinston Community Health Center, Inc. | Craven, Duplin, Greene, Jones, Lenoir, Pitt, Wayne | | $ 50,000 | $ 50,000 | Grant funding to add a second PAC will increase the number of indigent patients receiving medication assistance services. The program also utilizes interpreters to assist with services for the high number of Spanish-speaking patients in the Kinston community. |
| 35 | Lenoir Memorial Hospital | Lenoir | | $ 64,638 | $ 64,638 | Hospital pharmacist and one PAC provide medication management and prescription access services in Lenoir County. |
| 36 | Leon Mann Jr. Enrichment Center | Carteret | | $ 64,864 | $ 64,864 | Grantee provides medication management and prescription access services in Cartaret County. |
| 37 | Lumber River Council of Governments | Robeson, Bladen, Hoke, Richmond and Scotland | $ 416,000 | $ 50,000 | $ 466,000 | Due to its size, Robeson County needs increased funding to provide adequate services to additional seniors. Because of its geographical location, the grantee provides services to large numbers of Native American, Latino and African American individuals. |
| 38 | Martin-Tyrrell-Washington District Health Department | Washington, Martin, Tyrrell | $ 409,000 | | $ 409,000 | Grantee is a three-county health department that provides medication management and prescription access services in all three counties through use of two registered nurses and contracts with local pharmacists. This area has a high density of indigent seniors who are in need of these services. The registered nurses also make home visits. |
| 39 | MedAssist of Mecklenburg | Mecklenburg | $ 303,000 | $ 302,500 | $ 605,500 | The grantee will expand its licensed pharmacy program to serve more patients than current funding allows through medication assistance and education services. The grantee has extensive experience with both medication management and prescription assistance and will continue to provide services as a peer mentor to other medication assistance programs statewide. |
| 40 | Metropolitan Community Health Services | Beaufort, Pamlico | | $ 50,000 | $ 50,000 | The medication assistance program will provide a network of services to seniors and low-income residents, through establishment of a multidisciplinary drug utilization committee, contracting with a pharmacist to expand medication assistance services, and dedicating staff to provide PAC services. |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 41 | Mid-East Commission AAA | Beaufort, Bertie, Hertford and Pitt | $ 456,960 | | $ 456,960 | Grantee is a regional Area Agency on Aging that collaborates with ECU-BSOM-Geriatrics Eastern AHEC, Hertford Health Department, among others. Grantee covers Beaufort, Bertie, Martin, Pitt and Hertford Counties by establishing new sites in Beaufort, Bertie and Martin and expanding its current programs in Pitt and Hertford using a pharmacist and Pharmacy Technician as well as a PAC in each county. |
| 42 | Mission Healthcare Foundation, Inc. | Buncombe, Madison, Mitchell, Yancey | $ 396,000 | $ 185,100 | $ 581,100 | Grant funding will expand PAC staff time for services to additional low-income and senior patients. |
| 43 | Mt. Olive Family Medicine Center, Inc. | Duplin, Sampson, Wayne | | $ 50,000 | $ 50,000 | The addition of a drug program administrator will expand the number of low-income patients served in this Health Professional Shortage Area. |
| 44 | NCHICA | Rockingham | | $ 50,000 | $ 50,000 | The grantee recently initiated the Community Medication Management Project, a program to deliver a merged medication list to health care providers electronically to avoid errors and reduce inefficiencies associated with lack of access to complete drug information. Grant funding will extend the service to the Rockingham County Health Department. |
| 45 | New Hanover Regional Medical Center | Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender | | $ 44,681 | $ 44,681 | By adding an additional part-time PAC, the center will increase medication assistance services within the hospital and at the Coastal Family Medicine Clinic and Tileston Outreach Health Clinic, a free clinic providing services to the uninsured population in the area. |
| 46 | Onslow County Senior Center | Onslow | | $ 97,000 | $ 97,000 | One pharmacist and one PAC provide medication management and prescription access services in Onslow County. |
| 47 | Pamlico County Senior Service | Pamlico | | $ 24,444 | $ 24,444 | One pharmacist and one PAC provide medication management and prescription access services in Pamlico County. |
| 48 | Piedmont Health Services | Caswell, Chatham, Durham, Lee, Orange, Person | | $ 236,688 | $ 236,688 | The grantee will expand the number of patients served through 6 federally-qualified community health centers, including expansion of the medication management service. |
| 49 | Piedmont Triad Council of Government AAA | Montgomery | $ 45,000 | | $ 45,000 | Grantee is an Area Agency on Aging collaborating with Caswell and the Piedmont Pharmacy Care Network. They provided full service medication management and prescription assistance programs for Montgomery and Randolph Counties delivered by one PAC and a half time pharmacist. Program ended June 30, 2004. Remaining funding was transferrred to Randolph Senior Adult Services to cover Randolph County. |
| 50 | Randolph Senior Adult Services | Randolph | | $ 100,000 | $ 100,000 | Grantee provides full service medication management and prescription assistance programs for Randolph County delivered by one PAC and a half time pharmacist. |
| 51 | Region L Council of Governments | Edgecombe, Nash | | $ 50,000 | $ 50,000 | The addition of another part-time case manager to help with the delivery of the medication assistance services will increase the population served; 80% reside in the rural areas of Halifax, Northampton and Edgecombe Counties. |
| 52 | Resources for Seniors, Inc. (MEDS Program) | Wake, Franklin, Johnston, Lee | $ 466,000 | $ 250,000 | $ 716,000 | The grantee will expand the number of patients served, including expansion of the medication management service. |
| 53 | Rockingham County Council on Aging-RxAP | Rockingham | | $ 50,000 | $ 50,000 | Grant funding will enable the program to provide a pharmacist to assist with expanded medication assistance home visits and provide additional office support. |
| 54 | Rockingham County Department of Public Health | Rockingham | $ 130,000 | $ 195,000 | $ 325,000 | The grantee will add additional staff (pharmacist and assistant) and “mobilize” to meet the needs of under-served areas of the county. Grant funds will continue services in this high need county, currently funded through HWTFC. |
| 55 | Rural Health Group, Inc. | Halifax, Northampton | $ 412,200 | | $ 412,200 | Grantee is a rural health center that collaborates with the health department and the local hospital to cover Northampton and Halifax Counties. |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 56 | Saluda Medical Center, Inc. | Henderson, McDowell, Polk, Rutherford, Transylvania | | $ 17,400 | $ 17,400 | Increasing the PAC's hours and improvement of the efficiency of the program through grant funding will enable the prescription assistance program to increase the number of patients served. Outreach to the rural communities will also be increased. |
| 57 | Scotland Neck Family Medical Center | Halifax | | $ 50,000 | $ 50,000 | The addition of staffing will address the 2-year wait list and enroll new patients from southeastern Halifax County which has a large population of seniors and low-income, unemployed residents and has been underserved by existing prescription assistance programs in the county. |
| 58 | Senior PHARMAssist, Inc. | Durham | $ 208,000 | | $ 208,000 | Grantee is an independent non-profit with proven track record providing all of the services requested under the RFP. Grantee provides prescription drug coverage for seniors below 200% of FPL in Durham County through its own card. |
| 59 | Surry County Senior Services | Surry | | $ 50,000 | $ 50,000 | Grant funding will allow the center to establish a much-needed medication assistance program to assist seniors and low-income individuals with prescription assistance services. |
| 60 | The Greater Hickory Cooperative Christian Ministry | Catawba | | $ 50,000 | $ 50,000 | Grant funds will expand the medication assistance program serving low-income and senior citizens in Jackson County into Swain and Haywood Counties. Expansion of services will be achieved by adding a pharmacist, coordinators and support staff. |
| 61 | The Hunger Coalition | Ashe, Avery, Watauga | $ 336,000 | | $ 336,000 | Grantee is a local nonprofit that covers Ashe, Avery and Watauga Counties through its store-front location and Country Roads Mobile Pharmacy. Grantee provides medication and disease management and has a good track record working with PAP software. |
| 62 | Thomasville Medical Center | Davidson | | $ 50,000 | $ 50,000 | Additional funds will enable a contract pharmacist to be hired, ensuring more regular clinic hours and services at the free healthcare clinic and pharmacy. |
| 63 | UNC School of Pharmacy (includes hotline) | Orange, Chatham | $ 256,846 | | $ 256,846 | Grantee is a collaboration between the hospital, the aging agency and Kerr Drugs. Grantee provides comprehensive services including home visits and a hotline that covers gap counties. |
| 64 | Urban Ministries of Wake County, Inc. | Wake | | $ 50,000 | $ 50,000 | Grant funds will provide for a PAC and 4 brown bag evaluations per year in the Thomasville area of Davidson County. |
| 65 | Watauga Medical Center/Appalachian Healthcare Project | Avery, Watauga | | $ 50,000 | $ 50,000 | To better serve the rising number of uninsured individuals, the grantee will increase the number of patients served by extending the clinic's existing medication assistance program to include acute patients with chronic illnesses and by enhancing outreach efforts. |
| 66 | Wayne Action Group for Economic Solvency, Inc. (WAGES) | Wayne | | $ 50,000 | $ 50,000 | The grantee is the lead agency in the Appalachian Healthcare Project, a collaborative effort to provide healthcare for the low-income, uninsured residents of Watauga and Avery Counties. Grant funding will enable the program to maintain current staff and increase staff time to a full-time position. |
| 67 | West Caldwell Health Council, Inc. | Alexander, Ashe, Avery, Burke, Caldwell, Catawba, Watauga, Wilkes | | $ 50,000 | $ 50,000 | The grantee will provide medication assistance services to low-income seniors, including brown bag reviews of medications. |
| 68 | WestCare, Inc. | Haywood, Jackson, Swain | | $ 238,971 | $ 238,971 | Grant funding will be used to expand staffing by adding a full-time PAC, resulting in increased patients serviced at 2 rural health centers. |
| 69 | Winston-Salem Urban League | Forsyth | $ 262,000 | | $ 262,000 | Grantee has a strong outreach and health promotion-focused program targeted at the African-American community of Winston-Salem. It collaborates with the area AAA, Wake Forest Medical School and Winston Salem State University Nursing School. |
| | | **Total Grant Awards** | **$ 8,473,462** | **$ 5,880,039** | **$ 14,353,501** | |

# MEDICATION ASSISTANCE PROGRAM (MAP): STATUS AND FUTURE OPTIONS

## MAP BACKGROUND

- Currently, there are 61 organizations receiving MAP grants
    - Phase I : 23 grants totaling $8.7 million made in October 2002 (over 3 years)
    - 3 additional grants totaling $400,000 in high-need areas in October 2003 following layoffs (over I year, renewable)
    - Phase II : 44 grants totaling $4.7 million made in April 2004, of these 28 were limited grants only receiving $25,000 per year (over 2 years); additional 18-month extensions of 3 high-need grants totaling $600,000
    - 2 mentoring grants totaling $175,000
- Grantees serve both seniors and other low-income patients
- Grantees provide prescription assistance and medication management through trained pharmacist
- Grantees are partially or wholly funded by the HWTF
- Technical assistance to grantees using MARP software provided by Office of Rural Health; 15 grantees not using MARP get technical assistance directly from Commission staff

## WHAT DO THE NUMBERS SHOW?

- 20,000 patients currently receiving services from the Phase I and high-need grantees
- Approximately 50% of patients receive Medication Management services in addition to prescription assistance
- $15 million in free medication delivered to patients during the 12 months ended August 31, 2004, through approximately $5 million in grant funding
    - Each $1 granted resulted in $3 in free medication
- Planned capacity to serve up to 35,000 patients once Phase II grants are fully implemented

## IS MAP COST EFFECTIVE?

- With Larger, Established Programs
    - Grants used to hire additional Pharmacists and PACs
    - Pharmacist / PAC team handling 300+ patients annually
    - Funding per patient ranges around $200 or less
    - Delivered medication per patient can exceed $ 2000 per year
- With Smaller, Newer Programs
    - Grants used to initially hire Pharmacists and PACs
    - Pharmacist / PAC team handling 200 (or fewer) patients
    - Funding per patient ranges often exceeds $250
    - Delivered medication per patient can exceed $1000 per year
- ***All grantees required to complete Action Plans with specific service goals by October 15***

## MEDICATION MANAGEMENT

**What are the outcomes?**

- Value intuitively obvious, but difficult to measure
- Many factors other than drug regimen often affect clinical outcomes

Evaluation

- UNC Outcomes Study – HIPPA approval has just come through to access MARP data
- AlaMAP Patient Evaluation System Pilot developed by HWTF
    - Tied to prior studies by American Society of Consultant Pharmacists (ASCP)
    - Supported by detailed data capture during MM visits

**Future Options**

- Federal legislation creating the Medicare drug benefit requires all private plan providers to provide Medication Therapy Management Services ("MTMS")
    - Only Medicare recipients with multiple chronic diseases and drugs need to be offered MTMS ("high-risk")
- MTMS was not clearly defined in the legislation although it did clarify that it was not just Drug Utilization Review or basic patient counseling
- Pharmacists were not listed as the only providers of MTMS
- Final Rule on MTMS scope and definition expected in January 2005
- Pharmacy Working group has come up with definition of MTMS which they have submitted to CMS
- Training Role: work directly with plan providers to provide training to pharmacists and other licensed professionals to be "accredited" to provide MTMS
- Assist our grantees to set up subcontracts with plan providers to provide MTMS
- Evaluation Role for MTMS based on our experience

## PRESCRIPTION ASSISTANCE

**Future Options**

- MAP grants currently provide services in 95 counties through Full and Limited grants
- Limited grants awarded in April this year have proved to be an effective model to enhance and optimize current resources in the community
- In July 2006, we can continue to fund prescription assistance through 40-50 limited grants for $25,000/year to cover personnel and technology costs (assuming drug companies continue their assistance programs)
- Grantees would serve only low income folks below 65 since seniors would be covered by the federal drug benefit

**Report to the NC Health & Wellness Trust Fund Commission**
**From the Office of Research, Demonstrations and Rural Health Development**
**On Technical Assistance Provided to Medication Assistance Programs**
**During SFY 2004**

## I. Introduction

During SFY 2004, the Office of Research, Demonstrations, and Rural Health Development (ORDRHD) provided technical assistance services to grantees of the HWTF's Medication Assistance Program or MAP initiative. They were provided under a Memorandum of Understanding (MOU) with the Health and Wellness Trust Fund Commission (HWTF) that began in fall 2002. For most of SFY 2004, services were provided to the original group of 23 grantees with sites in 60 counties around the state. After the naming of additional grantees covering another 35 counties in April 2004, ORDRHD began providing TA to most of this additional group as well.

## II. Background

With the launching of the MAP initiative in 2002, the HWTF contracted with the ORDRHD to provide certain technical assistance services to its prospective grantees. The responsibilities of ORDRHD included the following:

- Assist in the development of a Request for Proposal to interested community organizations
- Assist in the review and screening of RFP responses
- Provide TA on organizational development and operational processes
- Participate in development of pharmacy training
- Provide feedback to the commission on grantee performance
- Provide ORDRHD's Medication Access and Review Program (MARP) software to all grantee sites free of charge including training and ongoing technical support
- Provide ongoing TA support via telephone and site visit contact

ORDRHD fulfills these responsibilities largely through the efforts of three Community Consultants and one Data Base Manager funded by the HWTF and two additional Software development and support staff funded by the ORDRHD.

## III. Phase I Implementation

The first six months of SFY 2004 were a continuation of the MAP Phase I Implementation Phase begun in early 2004 with the signing and release of funding to the first wave of grantees. The original 23 grantees included the following distribution of organizations by type:

| Organizational Type | Number |
|---|---|
| Hospitals | 4 |
| Area Aging Agencies | 6 |
| Health Departments | 3 |
| Community Health Centers | 3 |
| Independent Medication Assistance | 4 |
| Other Community Service Agencies | 3 |

This original set of grantees came from a range of organizational types and backgrounds. While all had experience serving seniors and their needs, just over half or 13 of the 23 had prior organizational experience with either medication management, prescription assistance or both. Depending on the organization, their access to pharmacy expertise and resources varied as did their particular local approach to addressing the needs of their citizens who needed help with their prescription drugs.

The number of sites and counties covered by each grantee ranged from one to as many as nine covered by the Eastern Carolina Council AAA for example. ORDRHD assisted grantees in identifying staff resources, including contracting with local pharmacists, developing job descriptions, and providing operational processes, forms, and standard protocols and procedures. Pharmacist arrangements for example, ranged from paid staff, to contracting with individual community pharmacists for a defined number of hours, to contracting with Kerr Drug to supply a pharmacist to provide medication management services.

As a result, the process of technical assistance had to be tailored wherever possible to the needs of each particular organization. The intensity of services, and numbers of site visits and support calls were generally greater for those new to pharmacy assistance than to the experienced sites. Following this individualized approach, virtually all sites were implemented by September 2003 and seeing patients.

## IV. Medication Access and Review Program (MARP)

Automation of local processes proved to be a particularly intensive part of the technical assistance services provided by ORDRHD. The Medication Assistance and Review Program or MARP software funded by the North Carolina Foundation for Advanced Health Programs was made available to all sites free of charge. ORDRHD trained over 100 users from local sites on MARP including both pharmacists and administrators and supported the installation of the software at all grantees during SFY 2004.

In an effort to keep up with and respond to the concerns and needs of HWTF grantees, ORDRHD developed and introduced five versions of MARP during SFY 2004. The most recent version which has been well received was implemented in April 2004. MARP was designed to support both the medication management and prescription assistance processes. As such it provides the following:

- Entry and tracking of patient demographics, medical and medication histories and details of current medication regimens
- Pharmacist review and approval of pertinent medication details including automatic screening for adverse drug interactions
- Automatic completion of the free medication applications for many drug manufacturers' programs including comparison of individual patient data to eligibility criteria and the drugs covered by each program
- Tracks the delivery and dispensing of medications including labeling for interested sites

Each version of MARP included improvements to each of these functions as well as to the reporting capabilities of the software for tracking purposes.

## V. Reporting and Results

Grantees reported monthly on their results under the program. A summary of these results from the beginning of MAP thru June 2004 showed over $ in free drugs ordered by MAPs. (I will augment this once the report is ready ASAP).

## VI. MAP Phase II

Plans for MAP Phase II expansion were implemented in the spring of 2004 with the development of an RFP in March. ORDRHD contributed to the development of this RFP and did extensive analysis and groundwork around identifying potential grantees to fill in the 40 gap counties that existed at the end of MAP Phase I. These included the counties that did not have at least one funded MAP site in them after the first round of MAP grants.

Groundwork included identifying and researching the viability of a range of organizations in these 40 counties that might meet the MAP funding and operational requirements. ORDRHD helped circulate the HWTF RFP notice to organizations around the state and answered questions as they arose about the RFP and its requirements. We participated in the review and screening of RFP responses.

With the awarding of MAP Phase II grants in late April, ORDRHD contacted each new grantee about MARP and the other TA services provided under the MOU with HWTF. Hardware and software requirements for MARP and initial technical support calls and site visits occurred before the end of SFY 2004 on June 30th.

## VII. Ongoing Support

Community Consultant staff provided ongoing support to MAP Phase I and II sites throughout SFY 2004. ORDRHD staffs a TA Support Call Line that fields and responds

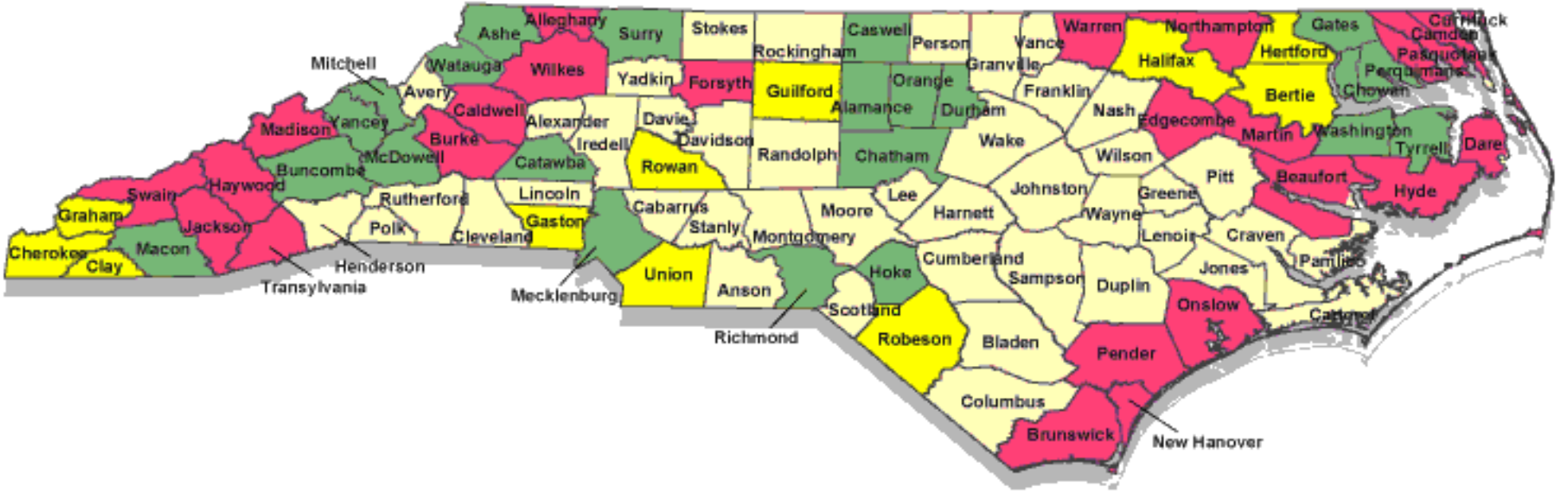
to phone requests for TA from all MARP users. The office also provides direct web session support to sites throughout the site during which we are able to directly analyze and fix set-up issues with sites on-line over the internet with each site. This has proven to be an invaluable capability. ORDRHD has also used this capability to directly install updates to MARP rather than leaving it to the site to meet this responsibility.

In addition, Community Consultants went on site to provide over 100 site visits to grantees across the state. ORDRHD also held monthly TA conference calls for all MAP sites to discuss ongoing issues and concerns, respond to questions from MAP staff, and ensure that sites are working well with the HWTF, ORDRHD, and their senior and low income clients. ORDRHD also reviews the monthly financials reports submitted by each site to check the reported cost information against operational realities. Finally, ORDRHD held a regional meeting in April for members of the Eastern Region to go over issues of concern and allow sites to discuss issues with one another and ORDRHD staff.


# Teen Tobacco Use Prevention and Cessation Initiative

# NC Health and Wellness Trust Fund
# Teen Tobacco Use Prevention & Cessation Initiative

## Counties Covered by Grantees




Counties covered by Phase I grants (awarded December 18, 2002)

Counties covered by Phase II grants (awarded April 26, 2004)

Counties covered by Phase I and Phase II grants

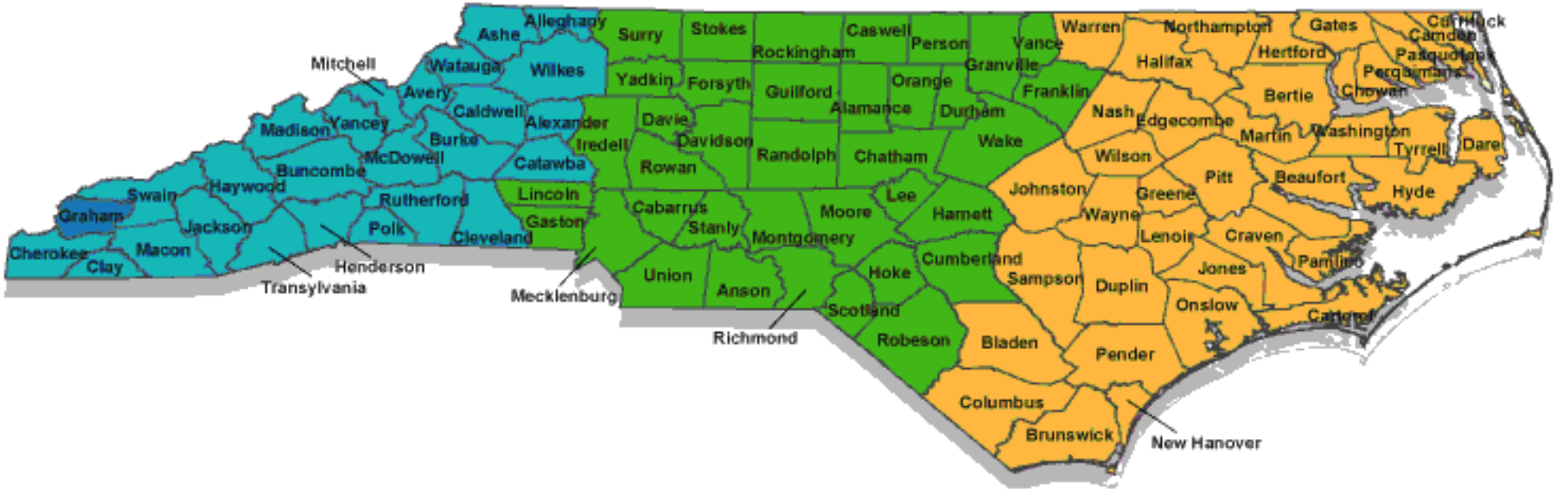
Gap counties covered by Question Why Youth Empowerment Centers

NORTH CAROLINA Health Wellness TRUST FUND

Updated: 10-27-04

# NC Health and Wellness Trust Fund
# Teen Tobacco Use Prevention & Cessation Initiative

## Counties Covered by Question Why Youth Empowerment Centers




Counties covered by Question Why Western Region

Counties covered by Question Why Central Region

Counties covered by Question Why Eastern Region

NORTH CAROLINA Health Wellness TRUST FUND

Updated: 10-27-04

# 100% Tobacco-Free Schools: Working to Make a Difference
# NC Tobacco Prevention and Control Branch, July 2004

**HWTF TEEN TOBACCO USE PREVENTION & CESSATION INITIATIVE**
**GRANT AWARDS**

The Teen Tobacco Use Prevention and Cessation Initiative includes 70 grants (47 community-based grants, 7 statewide grants and 16 tobacco free school mini-grants) to a total of 55 organizations funded by the NC Health and Wellness Trust Fund at $14.5 million, as well as the *TRU Tobacco.Reality.Unfiltered.* television campaign which is designed to: educate young people about the dangers of tobacco, prevent tobacco use, and help teen users quit.

| Teen Tobacco Use Prevention & Cessation Initiative -- Program Components | | |
|---|---|---|
| Local and Statewide Grants | $ 14,481,259 | Details provided below |
| Technical Support for Grantees | $ 1,401,600 | |
| Outcomes Analysis | $ 1,450,000 | |
| Paid Media | $ 7,422,450 | |
| 100% Tobacco Free Schools | $ 329,581 | $75,419 for TFS mini-grants is included in the Total Grant Awards (listed above) |
| Statewide Youth Leadership Forum (Feb 2004) | $ 240,000 | |
| Statewide Youth Tobacco Survey | $ 45,400 | |
| Enforcement of Tobacco Sales Law | $ 1,500,000 | |
| Pregnant Teens Cessation Program | $ 300,000 | |
| N-O-T Cessation Program | $ 600,000 | |
| Minority Outreach Program Support | $ 220,000 | |
| Central Media Fund | $ 4,000 | |
| Program Support Funds (i.e., legal fees, PSCs, etc) | $ 5,710 | |
| Total Investment in Teen Tobacco Use P & C Initiative | $ 28,000,000 | |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 1 | Alcohol and Drug Services of Guilford, Inc. | Guilford | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 2 | Alamance-Caswell Area MH/DD/SA Authority | Alamance, Caswell | $ 200,000 | $ - | $ 200,000 | Grantee will focus services on the local adoption of tobacco free schools policy, smoke free restaurants and social norms marketing. |
| 3 | Alleghany County Schools | Alleghany | $ - | $ 155,243 | $ 155,243 | Grantee is a rural school system that has 4 schools and approximately 1,500 students, but lacks tobacco education programs. This county ranks among the most economically depressed in North Carolina with an average median family income 30% below the state average, and higher than average tobacco use rates and number of Latino students. Grantee will hire a tobacco education coordinator to initiate tobacco education and prevention strategies as well as youth programs. |
| 4 | American Cancer Society | Edgecombe, Halifax, Warren, Hertford, Northampton, Bertie | $ - | $ 271,026 | $ 271,026 | Grantee is a nationwide, community-based, voluntary, health organization dedicated to eliminating cancer. Grantee will offer a pilot project that demonstrates the effectiveness o a youth quit line targeting African-American youth in 6 underserved, high-need counties in northeastern North Carolina. A prominent African-American owned and operated public relations firm will design and implement outreach efforts that are vital to the success of this project. |
| 5 | Ashe County Schools/Ashe County Health Council | Ashe | $ 199,641 | $ - | $ 199,641 | Grantee is a school district that provides early intervention strategies in middle and high schools, and the church community to increase youth involvement. Grantee has implemented the Teens Against Tobacco Use (TATU) program, which enhances those activities. |
| 6 | Blue Ridge HealthCare Systems | Burke | $ - | $ 97,400 | $ 97,400 | Grantee will extend and expand its existing strong tobacco education program that was recently started by grant funds from Duke Foundation Tobacco Education. |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 7 | Buncombe County Safe and Drug Free Schools | Buncombe | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| | | | $ 299,727 | $ - | $ 299,727 | Grantee is a school district that builds capacity and provides cessation programs in the schools among other strategies. This school system has a strong track record of tobacco prevention efforts and works collaboratively with the local ASSIST project. |
| 8 | Butler High School DREAM TEAM | Charlotte-Mecklenburg | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 9 | Cancer Services of Gaston County, Inc. | Gaston | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| | | | $ 170,000 | $ 100,000 | $ 270,000 | Grantee serves Gaston County through the implementation of SWAT (Students Working Against Tobacco), NOT and TATU in the 9th standard. It also advocates for a 100% tobacco free school policy and has partnered with Gaston County schools, the health department, local hospital and various health care organizations, and 3 area Boys and Girls Clubs to implement after-school tobacco prevention programs that reach minority community. Additional funding has allowed the grantee to expand services to all high schools. |
| 10 | Carteret County Health Foundation/Beacon Health Partners | Carteret | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 11 | Catawba County Public Health Department | Catawba | $ 294,000 | $ - | $ 294,000 | Grantee is a health department that serves Catawba County, an area with a higher than average Latino student population. It has strong partnerships and media connections and a "Totally Teen Health Center". |
| 12 | Catawba County Schools | Catawba | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 13 | Chatham County Health Department | Chatham | $ 264,596 | $ - | $ 264,596 | Grantee is a health department with strong strategies to address the goals of this initiative. Because of the high Latino population in this county, grantee will target Latino youth. |
| 14 | Cherokee County Schools | Cherokee | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 15 | Chowan Regional Health Care Foundation | Bertie, Chowan, Perquimans, Tyrrell, Washington | $ 300,000 | $ - | $ 300,000 | Grantee is a health care foundation that serves Chowan, Perquimans, Bertie, Washington and Tyrell Counties. These areas have high minority populations and significant need. Grantee offers significant youth involvement as well as adult role models to influence youth. |
| 16 | Clay County School System | Clay | $ - | $ 4,000 | $ 4,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 17 | Coastal Horizons Center, Inc. | New Hanover, Pender, Brunswick | $ - | $ 199,076 | $ 199,076 | Grantee is committed to promoting choices for healthier lives through prevention, outreach and education services, and has partnered with organizations to provide services to the Latino community in New Hanover, Brunswick and Pender Counties. The grantee will integrate the collaborative efforts of the healthcare and Latino communities and existing tobacco education services in the region to bring appropriate interventions to the Latino teen population. Grant funding allows a bilingual prevention specialist to be hired and education and outreach services to be provided. |
| 18 | Durham County Health Department | Durham | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| | | | $ 287,156 | $ - | $ 287,156 | Grantee is a health department that has evidence-based strategies that addresses all four goal areas. Grantee serves Durham County which has a large high-risk, African-American teen population. One of the key strengths is the integration of youth in the project. |
| 19 | El Pueblo, Inc. | Statewide | $ 465,000 | $ 248,100 | $ 713,100 | Grantee provides tobacco education services to Latino youth and technical assistance to tobacco education programs statewide. Due to the increase in the number of local programs requesting support from El Pueblo to deliver strategies targeting Latino teens and the increase in awareness of tobacco education programs, additional funding expands services and develops bilingual training materials. |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 20 | FirstHealth of the Carolinas | Richmond, Hoke | $ 280,613 | $ - | $ 280,613 | Grantee is the premier hospital system in Richmond and Hoke Counties both of which have a large high-risk, Native American population. Grantee has a strong infrastructure, partnerships and in-kind contributions. There is a strong TATU leadership element. |
| 21 | Forsyth County Department of Public Health | Forsyth | $ - | $ 142,839 | $ 142,839 | Grantee is the lead organization in the Forsyth County 100% Tobacco Free Schools Task Force, a consortium of county and community agencies working to develop a comprehensive tobacco prevention program. Currently, tobacco education programs are nonexistent in the county, which has a high percentage of Latino and African American students. Through grant funding, the grantee will add program activities and coordinated services that address teen tobacco use concerns. |
| 22 | General Baptist State Convention | Statewide | $ 475,000 | $ - | $ 475,000 | Grantee is an African-American controlled non-profit organization with an extensive history in providing health and human services to African-Americans throughout North Carolina. It is a pioneer in church-based approaches to health promotion and disease prevention. Grantee uses the PhotoVoice methodology as a tool in tobacco use prevention. |
| 23 | Guilford County Project ASSIST | Guilford | $ 210,000 | $ - | $ 210,000 | Grantee is an ASSIST project funded by the state Tobacco Prevention and Control Branch that expanded its current program through an innovative approach focusing on building institutional capacity in Guilford County. |
| 24 | Halifax County Schools | Halifax | $ 292,080 | $ - | $ 292,080 | Grantee serves Halifax County, which has an extremely high risk population with higher than average percentage of African-American and Native American students. Grantee employs 2 full-time health educators that reach parents and the larger community through strong local partnerships. |
| 25 | Haywood County Health Department--Hi-Top ASSIST | Haywood, Jackson, Madison, Swain, Transylvania | $ - | $ 200,000 | $ 200,000 | Grantee is the administrative agency for the Hi-Top ASSIST Consortium, a program which supports the promotion of tobacco use education and prevention services. In the 9-county area served by the consortium, 5 counties do not currently receive local HWTF grant funds: Haywood, Jackson, Madison, Swain and Transylvania. Through grant funding, this program will provide comprehensive tobacco education services in these counties. This area has a significant Native American student population, with Swain County having the second-highest percentage in the state. |
| 26 | Haywood County Health Department--NC Spit Tobacco Education Program | Statewide | $ - | $ 304,500 | $ 304,500 | Grantee will provide expertise, leadership, information and training to other community health and tobacco education programs regarding spit tobacco. |
| 27 | Healthy Caldwellians | Caldwell | $ - | $ 183,568 | $ 183,568 | Grantee will build on existing, individual tobacco prevention and control efforts by expanding youth services to middle schools; providing training; and fortifying and coordinating current programs. |
| 28 | Hertford County Public Health Authority | Hertford, Gates | $ 198,307 | $ - | $ 198,307 | Grantee is a health agency that serves the high-risk populations in Hertford and Gates County. Grantee has established an African-American youth program and involves African-American churches using the “Healthy Heart and Soul” program. |
| 29 | Jones County Health Department | Jones | $ - | $ 3,492 | $ 3,492 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 30 | Lumbee Tribal Nation Programs, Inc. | Robeson | $ - | $ 200,000 | $ 200,000 | Grantee is representing the Lumbee Tribe of Native Americans in Robeson, Hoke and Scotland Counties. The project will increase the awareness of Lumbee youth on the dangers of smoking and exposure to smoke, through establishment of a tobacco education program. Through grant funding, the grantee will hire a cessation and prevention coordinator to work with youth to develop materials, provide peer training and presentations, and assist with advocacy efforts. |
| 31 | Macon County Public Health Center | Macon | $ 135,366 | $ - | $ 135,366 | Grantee is a public health center that serves Macon County, which has very limited tobacco prevention resources. Grantee has implemented TATU and NOT (Not-on-Tobacco) programs in the schools and continue the TAR Wars education programs in 3 county schools. |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 32 | McDowell County Schools | McDowell | $ 285,000 | $ - | $ 285,000 | Grantee is a local school district serving McDowell County, which has a large high-risk population. Grantee has implemented the NOT program and a comprehensive tobacco prevention education program in middle schools. |
| 33 | Mecklenburg County Health Department | Mecklenburg | $ 300,000 | $ - | $ 300,000 | Grantee is a county health department serving Mecklenburg County. It has strong partners including the local ASSIST coalitions, schools with higher than average African-American and Latino student populations and the Charlotte Reach coalition. Grantee uses TATU, media advocacy and focus on the 100% tobacco free schools policy. |
| 34 | Mitchell County Schools | Mitchell | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| | | | $ 278,750 | $ - | $ 278,750 | Grantee is a school district that provides innovative approaches and has good media relationships. Grantee serves Mitchell County, which has a large high-risk population. |
| 35 | Moses Cone Wesley Long Community Health Foundation | Guilford | $ - | $ 200,000 | $ 200,000 | Grantee has established a partnership with the Guilford County Department of Public Health (Project ASSIST), a current HWTF grantee. With additional grant funding, this collaborative effort conducts a pilot program targeting tobacco intervention efforts in 12 alternative high schools and college campuses, including Historically Black Colleges and Universities (HBCUs) in Guilford County, not served by current school-based tobacco education programs. This initiative will reach a population of 41,000 diverse students. |
| 36 | N.C. Amateur Sports/State Games of North Carolina | Statewide | $ 285,000 | $ - | $ 285,000 | Grantee organizes the State Games of NC and provides a statewide prevention program with a valid approach for integrating tobacco use prevention message, i.e. incorporating tobacco use prevention into a broader "healthy lifestyle" approach. |
| 37 | NC Commission of Indian Affairs | Statewide | $ 475,000 | $ - | $ 475,000 | Grantee is a state agency with a mission to serve the state's American Indian population. Grantee has a history of providing substance abuse prevention services and will expand its commitment to substance abuse prevention by addressing tobacco use prevention through this initiative. Grantee works with all the state-recognized American Indian tribes and urban American Indian organization as well as with other tobacco use prevention efforts in the state to implement the proposed interventions. |
| 38 | Old North State Medical Society | Statewide | $ 785,000 | $ - | $ 785,000 | The grantee is an eminent professional society representing the interest of about 800 African-American physicians in North Carolina. The project represents the commitment of African-American health care professionals to take responsibility to address a key health concern facing African-American youth. The ONSMS collaborates with the Paragon Foundation, whose principals include Dr. Sandra Headen, a nationally recognized expert of tobacco use prevention and control in the African-American community. |
| 39 | Onslow County Health Department | Onslow | $ - | $ 134,807 | $ 134,807 | Grantee is the local health agency offering teen tobacco use prevention activities in Onslow County, a community with a higher-than-average percentage of youth (aged 12 and under) using tobacco and a significant Native American student population. |
| 40 | Orange County Health Department | Orange | $ - | $ 4,953 | $ 4,953 | Grantee received a 100% Tobacco Free Schools mini-grant |
| | | | $ 232,848 | $ - | $ 232,848 | Grantee is a health department, which has a strong partnership with the city/county schoo system. Grantee addresses three of the four goal areas of teen tobacco prevention. |
| 41 | Public Schools of Robeson County | Robeson | $ 283,500 | $ - | $ 283,500 | Grantee is a school district, serving Robeson County, which is a very high-need community with a significant Native American population. The project is culturally appropriate for a diverse population. It involves youth significantly in its efforts through th use of incentives and stipends. |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 42 | Question Why Central Region (Durham AreaCorp) | Central NC counties | $ 197,778 | $ 327,870 | $ 525,648 | Grantee will expand services in the region through the establishment of a satellite office, more centrally located to serve counties in the western part of the central region. A strength of the program is its ability to develop capacity in areas currently devoid of tobacco prevention resources or basic organization. |
| 43 | Question Why Eastern Region (Wilmington Health Access for Teens, Inc. - WHAT) | Eastern NC counties | $ 518,000 | $ 370,372 | $ 888,372 | Grantee will increase services in underserved counties in the eastern region, many of which have high poverty and tobacco use rates, low educational attainment and high minority populations. A strength of the program is its ability to develop capacity in areas currently devoid of tobacco prevention resources or basic organization. |
| 44 | Question Why Western Region (Buncombe County Health Department) | Western NC counties | $ 199,164 | $ 188,759 | $ 387,923 | Grantee will expand services in 7 underserved, high-need counties: Alexander, Avery, Burke, Cleveland, Henderson, Polk and Rutherford. A strength of the program is its ability to develop capacity in areas currently devoid of tobacco prevention resources or basic organization. |
| 45 | Robeson County Health Department/Health Education Division | Robeson | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 46 | Rowan County Health Department | Rowan | $ 228,000 | $ 195,198 | $ 423,198 | Grantee will expand services from middle schools to include high schools. |
| 47 | SAVE of NC GASP | Statewide | $ 210,000 | $ 150,000 | $ 360,000 | Grantee will expand services as a vital resource for other tobacco education programs to meet the increased need and improve the ability of the organization to provide appropriate trainings. |
| 48 | Surry County Health and Nutrition Center | Surry | $ 272,346 | $ - | $ 272,346 | Grantee is a health center serving Surry County through intervention based on "Communities of Excellence" document. Grantee has experience conducting tobacco prevention activities in schools and has involved multiple community partners in the program including the tobacco growers. |
| 49 | Strike2 (Onslow County Schools) | Onslow | $ - | $ 4,074 | $ 4,074 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 50 | Tri County Community Health Partnership | Graham, Cherokee, Clay | $ 150,000 | $ 184,000 | $ 334,000 | Grantee is a health organization, which serving Clay, Graham and Cherokee counties in the Southwestern part of the state. There is a large Native American population in this part of the state as well as high poverty rates. |
| 51 | Tyrrell County Schools | Tyrrell | $ - | $ 5,000 | $ 5,000 | Grantee received a 100% Tobacco Free Schools mini-grant |
| 52 | UNC--NC Institute for Public Health (on behalf of NENCPPH) | Northeastern NC counties | $ - | $ 845,904 | $ 845,904 | Grantee is the administrative agency for the Northeastern North Carolina Institute for Public Health, the lead grantee on behalf of the NC Partnership for Public Health. With grant funding, the grantee will develop a regionally-based public health initiative that addresses the problem of teen smoking in northeastern North Carolina, an area with a high population of African American students. Health education staff provides services through local health agencies. |
| 53 | Union County Public Schools | Union | $ -<br>$ 283,968 | $ 3,900<br>$ 184,234 | $ 3,900<br>$ 468,202 | Grantee received a 100% Tobacco Free Schools mini-grant<br>Grantee is a current HWTF grantee, and the fastest growing school system in North Carolina with a large Latino student population. The grantee will build on the current, strong program by expanding the staff hours to provide a broader spectrum of services to more students in the community. |
| 54 | Watauga County Schools | Watauga | $ 300,000 | $ - | $ 300,000 | Grantee is a school district in Watauga County that addresses diversity in its target audience and focuses on cessation through a balanced youth-adult involvement. |
| 55 | Wilkes County Schools | Wilkes | $ - | $ 167,104 | $ 167,104 | The county currently does not have a comprehensive local tobacco education program. The grantee will initiate tobacco education services through an intensive program, staffed by a tobacco education coordinator. |
| | | **Total Grant Awards** | **$ 9,355,840** | **$ 5,120,419** | **$ 14,481,259** | |

# NC Health and Wellness Trust Fund
# Teen Tobacco Use Prevention & Cessation Initiative

## *Outcomes Evaluation 2003-2004*


## Tobacco Prevention and Evaluation Program (TPEP)
## University of North Carolina at Chapel Hill
## Department of Family Medicine
## www.fammed.unc.edu/tpep


**Goals of the Teen Tobacco Use Prevention and Cessation Initiative**
(funded by the NC Health and Wellness Trust Fund in 2002)

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

**Grants have been awarded to:**

- ❑ Community/School prevention programs
- ❑ Priority populations (African American, American Indian, and Latino)
- ❑ Media and Grassroots campaigns
- ❑ Cessation programs
  - ➢ Pregnant teenagers.
  - ➢ Not-on-Tobacco
- ❑ *Enforcement of Youth Access Laws*
- ❑ Outcomes Evaluation (UNC- TPEP)

**Youth Tobacco Survey (1999-2003)**

- ❑ Middle school students using cigarettes decreased significantly (15.0% to 9.3% - a 38% decrease)
- ❑ Significantly fewer students appeared susceptible to start smoking (25.3 vs. 19.6%)
- ❑ Cigar use among high school students decreased significantly from (19.7% to 13.4%)
- ❑ High school students using cigarettes did not decline significantly

**UNC-TPEP Activities**

- ❑ Established comprehensive evaluation plan
- ❑ Logic model development and dissemination
- ❑ Evaluation training and TA
- ❑ Electronic evaluation - PTS *P*rocess *T*racking *S*ystem
- ❑ Monthly reports with overall program summaries
- ❑ Special media study to determine best practices
- ❑ Special media study to determine best practices
- ❑ Secondary data analysis

**One-Year Accomplishments** (also see Year End Report 2003-2004)

- ❑ Successfully adopted and disseminated evidence-based, scientific approaches to youth tobacco use prevention (Vision 2010)

- Developed statewide presence, identity, and leadership
- Developed substantial statewide infrastructure (from 34 initial to > 50 coalitions)
- Established strong collaborative framework
- Successfully mobilized increased funding (from $6.2 to $10.4 million/year-taking NC from 33rd to 30th nationally in $ to state tobacco use prevention)
- Made excellent progress on all 4 tobacco prevention goals
- Facilitated >1400 tobacco control events by Community & School grantees resulting in 50 policy changes
- Increased the # of districts adopting 100% tobacco-free schools policies
- Hundreds of events directed to reducing health disparities
- Successfully involved youth
- Rapidly shifted its media focus to make it more effective
- Encountered few substantive barriers

**Prevention of Youth Initiation of Tobacco Use**

**Success Stories**

*"I visited each of the five high schools in Catawba County Schools to provide them with some anti-tobacco information and to get their opinions regarding a 100% tobacco-free school policy. The survey 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% supported adoption of a 100% tobacco-free policy for their school…Upon hearing the results, the County Board of Education immediately began exploring the possibility of adopting a 100% tobacco free policy for their school district.."*

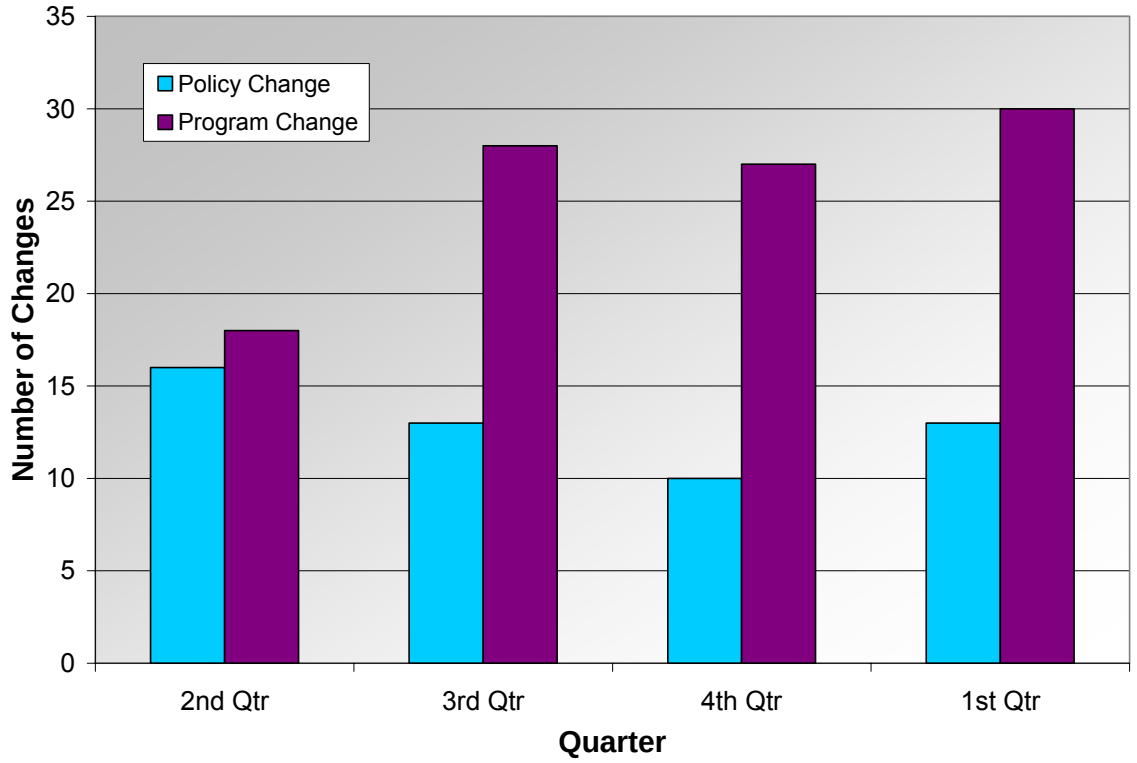
TTPI Community/ Schools grantee

*"Throat cancer survivors have given presentations to over 34,000 students and have participated in promoting 100% tobacco free School Policies across the state… One 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…"*

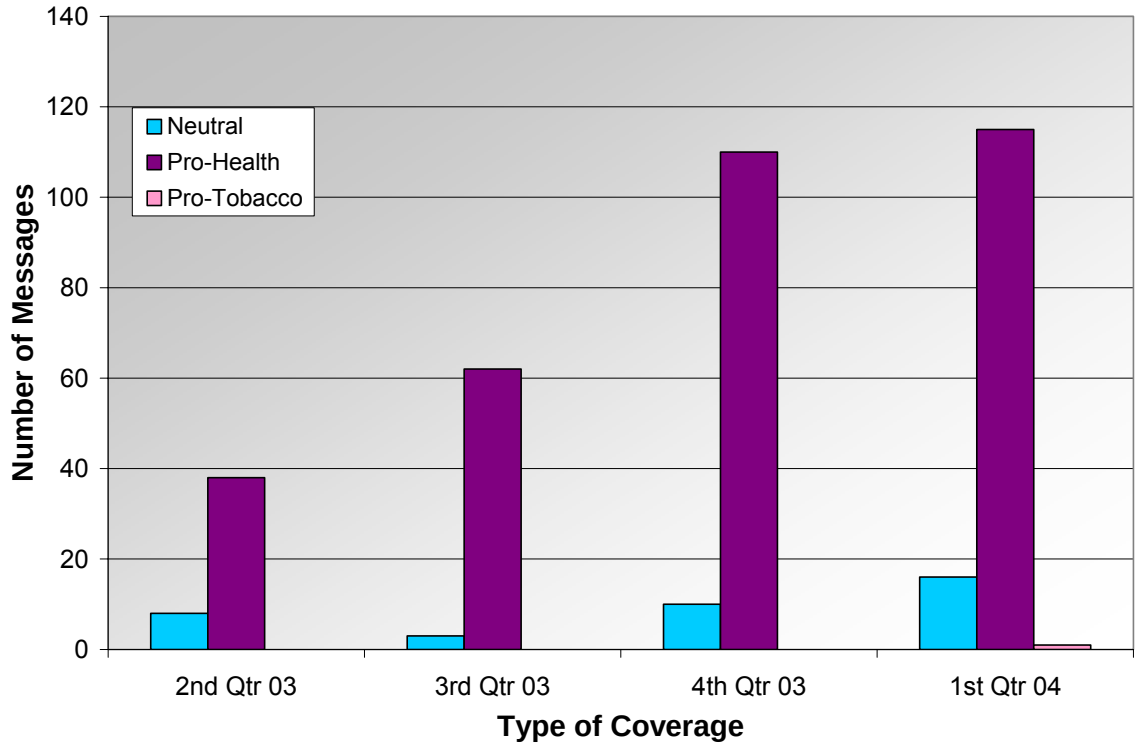
TTPI Community/ Schools grantee

- 15 coalitions with active school curriculum
- 22 coalitions with active youth groups
- > 500 youth & adults attended State Youth Summit March, 2004

## Trends in Community Changes




## Trends in Media Coverage



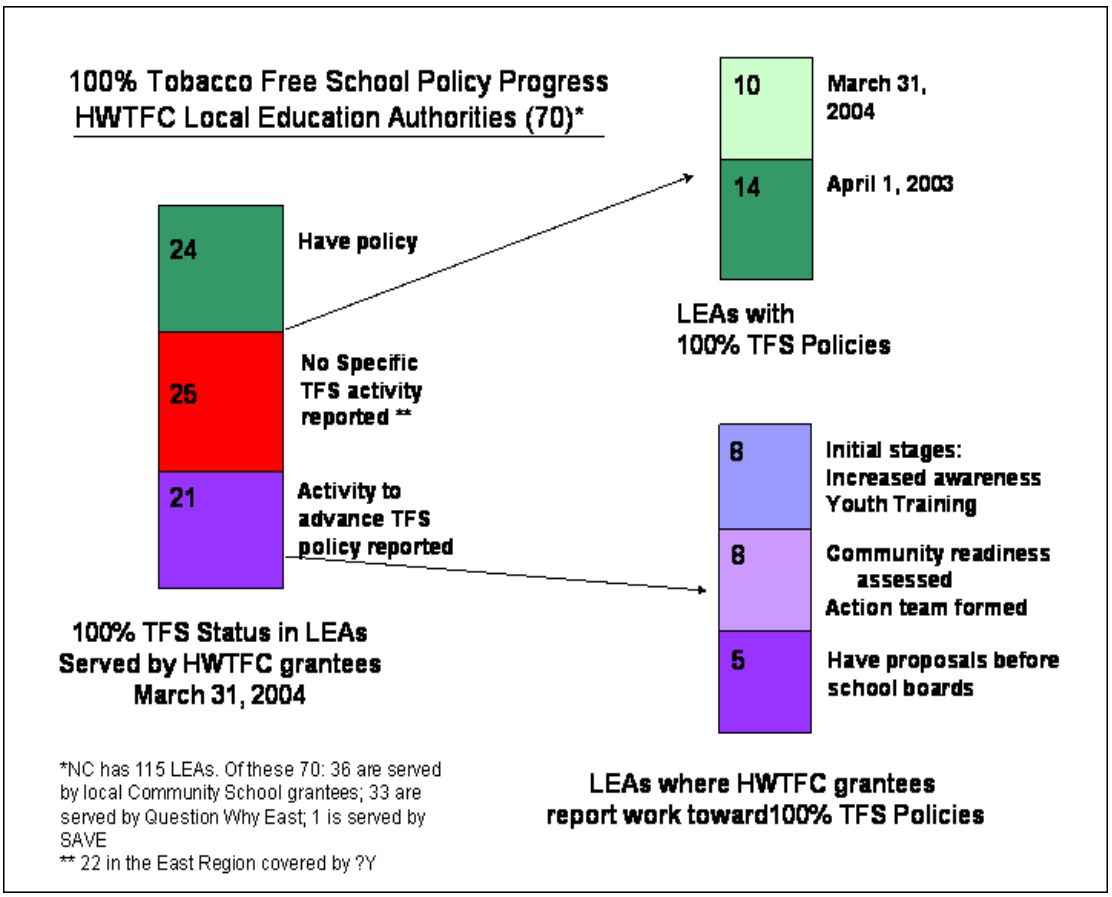
**Reducing Youth Exposure to Secondhand Smoke**

*"Teens from Durham, Orange and Robeson County learned important roles as advocates in youth tobacco prevention. In a weekend retreat, over 37 youth 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 for more smoke free lanes. As a result, the manager created a new policy that made half the bowling alley smoke-free… "This was a significant accomplishment for our youth. They really feel empowered and ready to continue their fight for smoke-free environments."*

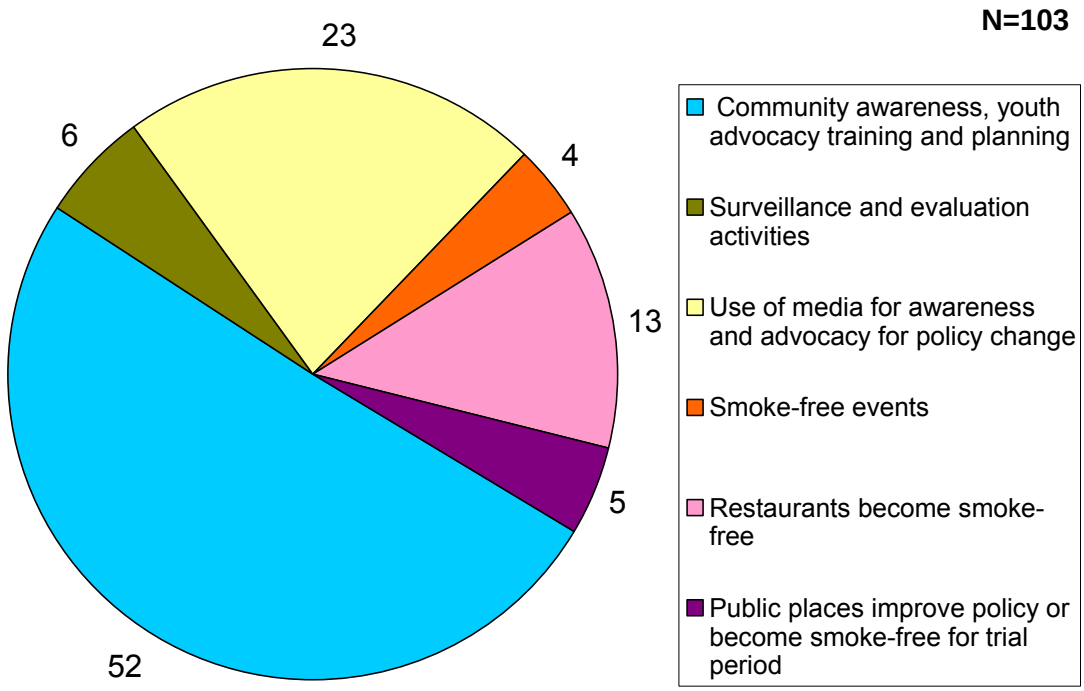
TTPI Community/ Schools grantee

**100% Tobacco Free School Policy Progress**

- 8 of 26 (31%) of all Coalitions in Districts without 100% TFS policy at start of grant adopted 100% TFS policy in year one



**Secondhand Smoke Initiatives**




**Reducing Health Disparities Among Minority Youth**

*"I attended our local festivities to honor Martin Luther King…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

- ❑ 274 (25%) of community/school grantee activities
- ❑ 133 (37%) priority population activities

El Pueblo: Spanish curriculum on tobacco; leadership development among Latino youth, media and community events
NC Commission on Indian Affairs: Tobacco-free tribal policies, churches, family evenings
General Baptist State Convention: Picture Me Tobacco Free Photovoice project and exhibits, Youth action teams
Old North State Medical Society: Physician training for cessation, New youth group formation

**Provide Treatment Options for Youth Wanting to Quit**

*"In January, I hosted a speaker. At a middle school, after he was done, 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…The change starts with just one.*

*"A group of 8 youth worked together to promote a tobacco free dance. The youth demonstrated leadership skills - 200 minority youth attended the event where they had fun, stayed out of trouble, saw Tobacco Reality Unfiltered posters, and other prevention and cessation materials. They were empowered by the experience, and ready to move on to the next event."*

TTPI Community/ Schools grantees

- 9 Great American Smoke-out activities
- 9 coalitions held activities to promote cessation
- 3 school systems adopted Alternative to Suspension (ATS) programs
- 34 ATS sessions with 75 youth
- 12 Not On Tobacco classes for 98 students
- 8 brief cessation classes for 78 students
- 3 g**rantees working with clinics on teen cessation**

**Coalition Summary**

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

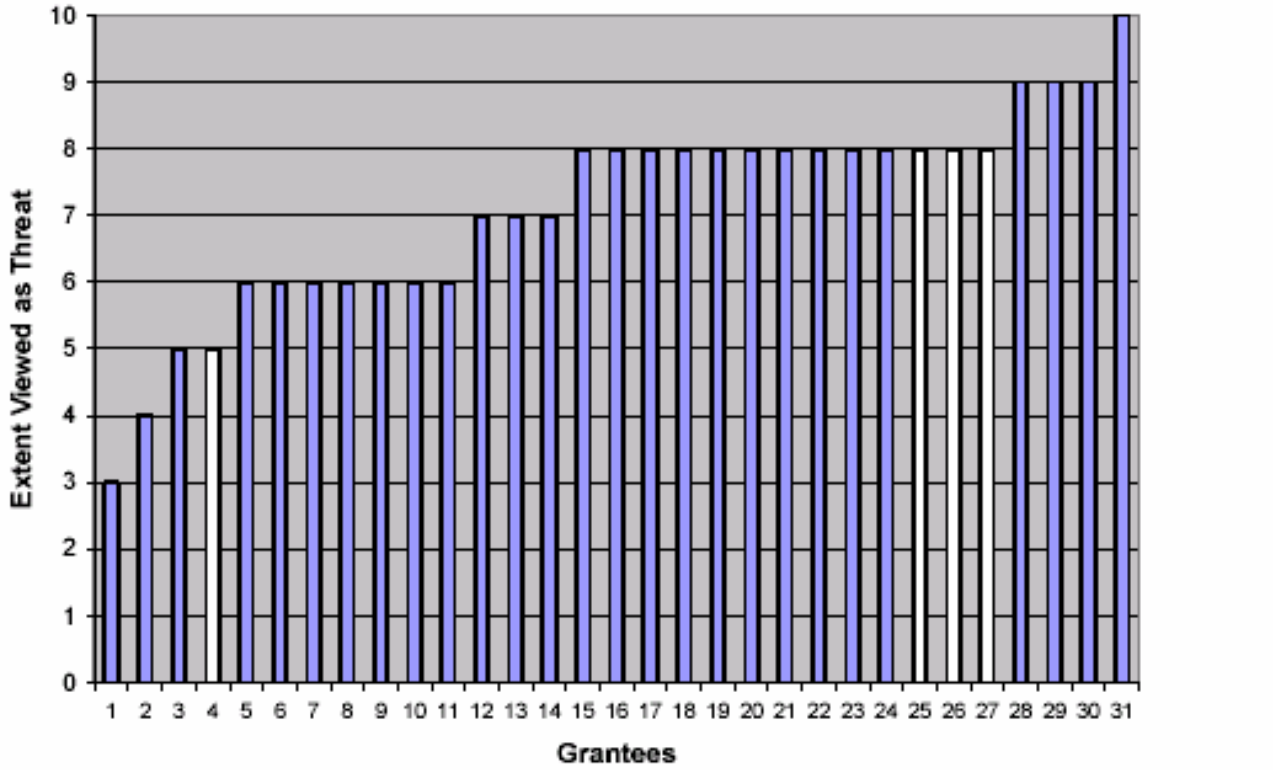
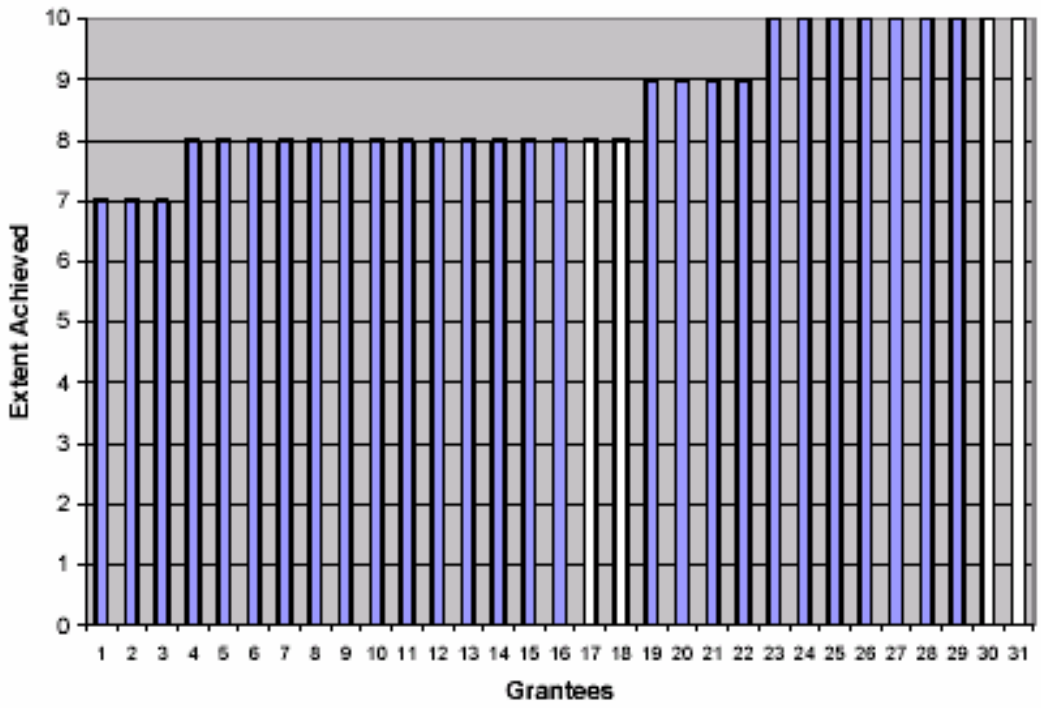
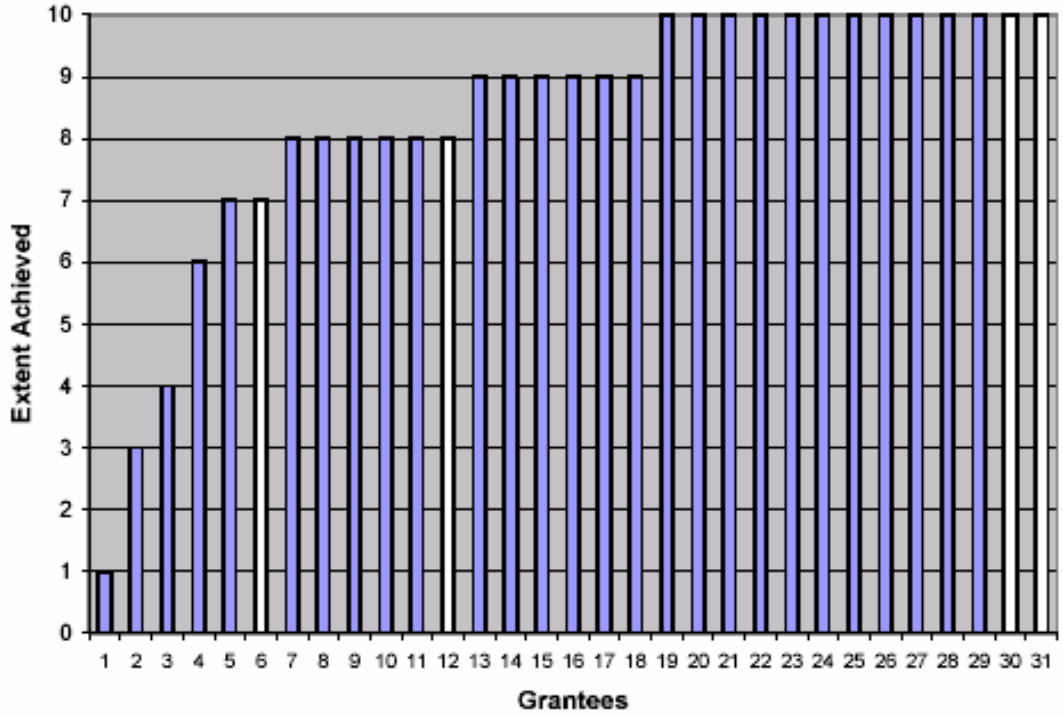


**Figure 3C.2: April 2004 - On Target to Achieve Objectives**



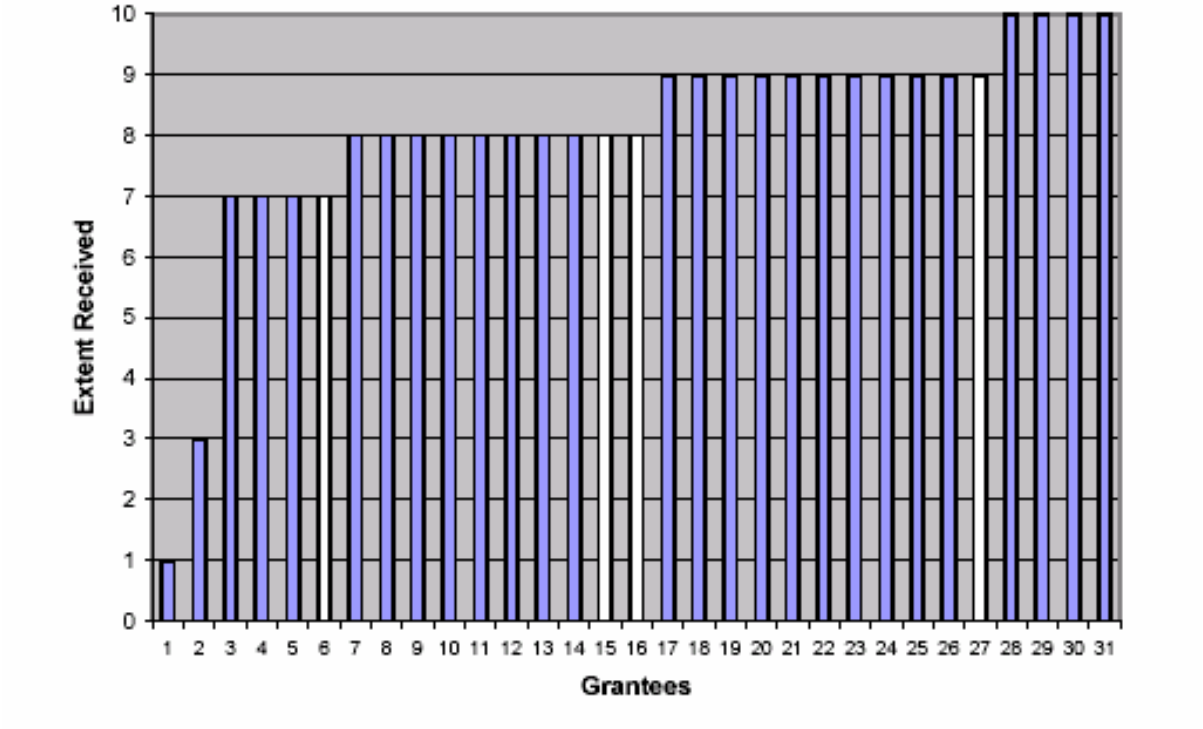

**Note: Light bars = Priority Population grantees; dark bars = Community/School grantees**

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




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

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




**Media Campaign Evaluation**

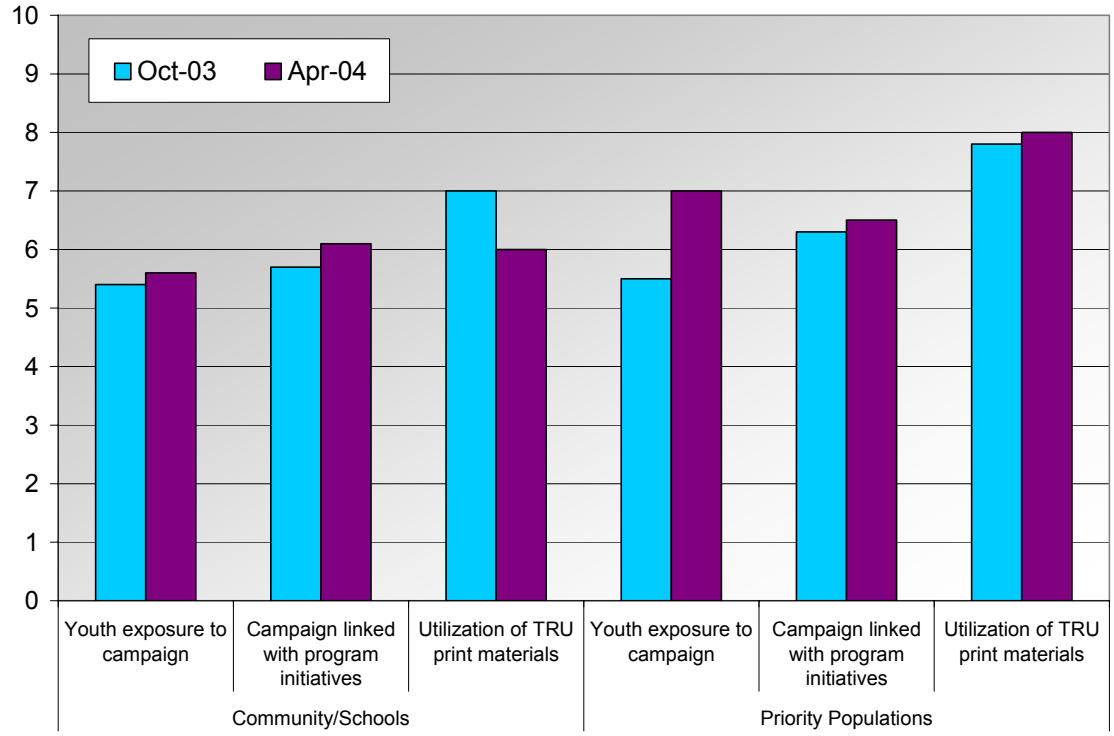
- The initial Tobacco.Reality.Unfiltered (TRU) media campaign was designed to raise youth awareness of the harms of and encourage not to use or quit using tobacco.
- Products included radio ads, print materials, posters, banners, brochure, website and promotional items.
- The 2003 TRU radio campaign did not effectively reach NC youth
- **The shift in focus, intensity, collaboration and resources of the 2004 media campaign compared with 2003 should augment the impact of media, have a much greater chance of finding impact and should be fully supported.**

**TPEP Special Study: Best Media Practices for Prevention**

Effective ads in North Carolina should consider including:

- Serious health consequences
- Personal and family effects of secondhand smoke
- Industry
- Testimonials
- Negative emotional tone
- Multicultural ads
- Edgy
- Real people

**Grantee Ratings of TRU from PTS Six Month Reports**




**Recommendations for Year Two**

- ❑ Increase funding - consistent with CDC's estimated minimum of $42 million for effective tobacco use prevention.
- ❑ $5 million more/year would move state to 23rd in nationally
- ❑ Expand community-based efforts and media campaign.
- ❑ Encourage grantees to focus on policy change, especially reduction of secondhand smoke where youth congregate in public places.
- ❑ Ensure that grantees are aware of and follow CDC's Best Practices- an evidence-based guide for Tobacco Control policy activities.
- ❑ Establish 100% TFS policies in all counties
- ❑ Focus Media campaign on TV with rigorous media evaluations

For questions or more information, Contact:
Tobacco Prevention and Evaluation Programs
Adam Goldstein, MD, MPH
Program Director
919-966-4090

# Year-End Outcomes Report

*Health and Wellness Trust Fund Commission N-O-T® Project*

**Submitted By**:
Sarah E. Cox, MPH
Director of Programs and Advocacy
ALA of North Carolina

# TRAINING OUTCOMES

| Training | Date | Location | Participants |
|---|---|---|---|
| N-O-T | 1/25/03 | Greensboro, NC | 10 |
| N-O-T | 2/26/03 | Murphy, NC | 16 |
| T.A.T.U. | 2/27/03 | Murphy, NC | 11 |
| N-O-T | 5/13/03 | Fayetteville, NC | 20 |
| T.A.T.U. | 5/14/03 | Fayetteville, NC | 21 |
| N-O-T | 7/28/03 | Burlington, NC | 27 |
| T.A.T.U. | 7/29/03 | Burlington, NC | 22 |
| N-O-T | 8/1/03 | Monroe, NC | 12 |
| N-O-T | 9/11/03 | Asheville, NC | 21 |
| T.A.T.U. | 9/12/03 | Asheville, NC | 21 |
| N-O-T | 10/21/03 | Durham, NC | 22 |
| T.A.T.U. | 10/22/03 | Durham, NC | 12 |
| N-O-T | 11/13/03 | Asheville, NC | 15 |
| T.A.T.U. | 11/14/03 | Asheville, NC | 16 |
| N-O-T | 12/2/03 | Wilmington, NC | 30 |
| T.A.T.U. | 12/3/03 | Wilmington, NC | 25 |

**TRAINING EFFICACY EVALUATIONS:**

Participants in N-O-T and T.A.T.U. are asked to complete an evaluation on the effectiveness of the trainer in preparing them to implement the program. The ALA of NC uses Miriam McLaughlin, an American Lung Association certified Master Trainer, and Bob Barden, an ALA of NC Trainer for adult facilitator trainings. Both trainers have implemented the programs in North Carolina. Below are average scores for each trainer based on the evaluation questions where a score of "1" indicates "Not at all Effective," and a score of "5" indicates "Very Effective."

| How effective was the training in helping you understand… | Miriam McLaughlin | Bob Barden |
|---|---|---|
| …the features and basis of the N-O-T/TATU program? | 4.8 | 4.4 |
| …The structure and the format of the N-O-T/TATU program? | 4.76 | 4.7 |
| …Your responsibilities as a N-O-T/TATU facilitator? | 4.5 | 4.6 |
| …How to setup and conduct N-O-T/TATU? | 4.8 | 4.74 |
| …How to provide feedback data to the ALA? | 4.4 | 4.4 |

# FACILITATOR SUPPORT OUTCOMES

A primary component of the N-O-T® project is providing funding resources, technical assistance and complimentary programming for facilitators who implement the N-O-T® or T.A.T.U® programs. ALA of NC conducts phone interviews with facilitators every six months to determine usefulness of these resources. Below are the responses to the questions:

428 Facilitators; N= 211

1. Which of the following resources is most important to you in implementing the N-O-T and/or T.A.T.U. program?
    a. Mini-grant funding (27%)
    b. Interaction with program coordinator (34%)
    c. Work experience or complimentary trainings (19%)
    d. Working with a partner facilitator (18%)
    e. Other/I don't know (2%)
2. Which of the following would be most helpful to you in improving or increasing your implementation?
    a. A listserv of facilitators. (11%)
    b. An "experts bureau" of experienced facilitators who can offer advice and solutions. (21%)
    c. Mini-grant funding. (33%)
    d. A pre-packaged box of supplies, handouts, and incentives (32%)
    e. Further training. (2%)

Suggestions for other supports included annual meetings or conferences, curriculum companion pieces targeted for tobacco-growing states, and a higher-level advocacy training for TATU teens.

**N-O-T® in a Box**:
ALA of NC distributed fifty-seven (57) N-O-T® in a Box kits to facilitators across the state. These kits are distributed when a facilitator schedules a N-O-T clinic. They include incentive items, pre-completed photocopies, and other special resources for helping teens quit.

**Mini-Grants:**
ALA of NC awarded thirty-six (36) mini-grants for the local implementation of N-O-T® and T.A.T.U.® totaling over $44,000. The mini-grants are awarded to both HWTFC grantees and to non-grantees, and include the option to fund a facilitator stipend.

**NCNOT.COM Website:**
No. of "hits" since web site went live in December, 2003: **1,453** (hit counter on website is incorrect – this number is from urchin report.

**Materials Distributed:**
This includes all literature, support materials, etc. that are not included in the N-O-T in a Box count: **Approx. 19,000 pieces.**

# PROGRAM IMPLEMENTATION OUTCOMES

**From Facilitator Reports:**

No. of teens who signed up to attend a N-O-T® session: **391**
No. of teens who attended at least six sessions of a N-O-T® clinic: **195**
No. of teens who were not smoking at the end of the N-O-T® clinic: **53**
QUIT RATE (0 Months) = **27.2%**
No. of teens who were not smoking three months following the clinic: **49**
QUIT RATE (3 Months) = **25.1%**
No. of teens who were not smoking six months following the clinic: **Data not available**
No. of teens who cut back after the N-O-T® clinic: **34**
Locations of N-O-T® clinics who implement annually (reported):
**Granville, Duplin, Cherokee, Wake(2), Robeson(3), Chowan, Greene, Washington, Tyrrell, Perquimans, Mitchell, Onslow, Chatham**
No. of teens who attended a T.A.T.U.® teen facilitator training: **2440**
Locations of T.A.T.U.® programs that implement annually(reported):
**Chowan, Tyrrell, Perquimans, Washington, Hoke, Mecklenburg, Guilford, Macon, Pitt, Cherokee, Alexander, Brunswick, Robeson, New Hanover, Cumberland, Lee, Montgomery, Moore, Catawba, Gaston, Union, Mitchell, Buncombe, Jackson, Swain, Halifax, Durham, Orange, Onslow, Chatham**

Average cost to train N-O-T® facilitator: **$196.00 each**
Average cost to implement the N-O-T® program: **$1,008.00 per 10 youth**
Average cost to train T.A.T.U.® facilitator: **$184.00 each**
Average cost to implement the T.A.T.U.® program: **$845.00 per 25 youth**

Implementation Rate[1] (N-O-T) – **21**
Implementation Rate (T.A.T.U.) - **74**

[1] Number of facilitators per 100 trained who implement the program within one year of training date.

# North Carolina Health and Wellness Trust Fund Commission

## Teen Smoking Prevention and Cessation Initiative

# *An Education and Enforcement Program To Reduce Youth Access To Tobacco Products*

**Year 3 Proposal**
**October 1, 2004 -September 30, 2005**
**Submitted September 8, 2004**


**Proposal Submitted By:** **Margaret F. Brake, Director of Youth Tobacco Initiatives**
**Community Policy Management Section**
**Division of MH/DD/SAS**
**NC Department of Health and Human Services**

**In Partnership With:** **John J. Simmons, Director for Operations**
**Division of Alcohol Law Enforcement**
**NC Department of Crime Control and Public Safety**

# An Education and Enforcement Program to Reduce Youth Access To Tobacco Products

# Year 3 Proposal

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**Division of Mental Health, Developmental Disabilities and Substance Abuse Services**
**Community Policy Management Section**

# An Education and Enforcement Program to Reduce Youth Access To Tobacco Products

## I. Purpose:

Funds will be used to support a statewide education and enforcement program to reduce youth access to tobacco products. Active enforcement combined with education is the only strategy proven to reduce youth access to tobacco products. Research from the Institute of Medicine shows that reducing tobacco sales to minors is part of a comprehensive approach to prevent tobacco use among children and youth. This strategy is also outlined in *"Vision 2010: North Carolina's Comprehensive Plan to Prevent and Reduce the Health Effects of Tobacco Use"* as one of nine elements of a comprehensive tobacco control program.

This Program will be coordinated by the Community Policy Management Section (formerly Substance Abuse Services) in the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, DHHS and the Division of Alcohol Law Enforcement (ALE) in the Department of Crime Control and Public Safety. It will provide education and enforcement of the State's Youth Access to Tobacco Products Law (G.S. 14-313), with emphasis on areas where there is high noncompliance among retailers and will ensure compliance with the federal Synar Amendment. The program will work in partnership with retailers, law enforcement, community agencies/groups and Health and Wellness Trust Fund Commission grantees. In addition to enforcement operations, the program will focus on implementing a targeted campaign based on analyses of ALE's compliance checks data, retailer training, community mobilization and recognition events, earned media, and strategies aimed at district court judges and district attorneys. The Director of Youth Tobacco Initiatives within the Community Policy Management (CPM) Section will ensure that this initiative is included in the planning and implementation of other components of the Teen Tobacco Use Prevention and Cessation Program funded by the Health and Wellness Trust Fund Commission. These efforts will assure a comprehensive and integrated approach to the prevention and reduction of teen tobacco use in North Carolina.

## II. Funding Cycle:

The Community Policy Management Section is requesting that this program begin no later than the end of the first quarter of the current fiscal year, from October 1, 2004 through September 30, 2005.

## III. Background:

**Synar Amendment**

The United States Congress passed Section 1926 of the Public Health Service Act commonly referred to as the Synar Amendment in 1992. This amendment was named for its author, the late Mike Synar, former congressman from Oklahoma, who was deeply concerned about the increase in youth smoking rates and the ease of access at which youth all across our nation have to tobacco products.

The Synar Amendment is administered through the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The North Carolina Department of Health and Human Services, Community Policy Management Section, is the Single State Agency charged with the oversight and administration of the SAPT Block Grant. The Synar Amendment mandates all states to conduct specific activities to reduce youth access to tobacco products. States also are required to reach negotiated performance targets each year or face the possibility of a 40% penalty in the

SAPT Block Grant. A 40% penalty for failure to comply with the Synar requirements would amount to more than $15,000,000 reduction in SAPT Block Grant funds for state fiscal year ending 2005. Such a significant loss of funding would severely impact the availability of local substance abuse prevention and treatment services.

The Synar Amendment requires States to:

1. Have in effect a law prohibiting any manufacturer, retailer or distributor of tobacco products from selling or distributing such products to any individual under the age of 18.
2. Enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18.
3. Conduct annual random, unannounced inspections to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.
4. Develop a strategy and time frame for reducing the rate at which youth can purchase tobacco products in retail outlets to 20% or less.
5. Submit an annual report detailing the State's activities and the overall success the State has achieved during the previous fiscal year in reducing tobacco availability to youth.

The Secretary of the US Department of Health and Human Services is required by statute to withhold SAPT Block Grant funds from States that fail to comply with Synar requirements. The State has to conduct annual, random, unannounced inspections to test compliance with the State Youth Access to Tobacco Law. North Carolina has done very well in reducing youth access to tobacco products from 44.9% in 1997 to 14.8% in 2003. Currently, all states must keep their youth access rates down to 20% or lower unless the US Department of Health and Human Services institutes new performance targets.

**Youth Access Enforcement**

In 1997, the North Carolina Legislature strengthened the law governing the distribution and sales of tobacco products to minors. In December of that year, the N.C. Division of Alcohol Law Enforcement (ALE) was designated by former Governor Hunt in Executive Order No. 123 as the lead agency for enforcement of this law. ALE has taken this role very seriously, working diligently with retail merchants, trade associations and local law enforcement agencies to reduce youth access to tobacco products in our State. This Executive Order also fulfilled a requirement of the federal Synar Amendment to have a designated agency for enforcement of the Youth Access Law. The CPM Section is working closely with the NC Division of Alcohol Law Enforcement to reduce illegal sales to minors. While CPM oversees the implementation of the Annual Synar Survey and works with local programs to address youth access, ALE has taken the lead in enforcement.

On February 28, 1997, the federal Food and Drug Administration's (FDA) rule making the sale of cigarettes and smokeless tobacco to anyone younger than 18 years of age went into effect. In addition, the rule required retailers to check photographic identification of purchasers 26 and younger for proof of age. In February 1998, ALE entered into a contract with FDA to conduct 500 federal tobacco compliance checks per month at retail stores throughout North Carolina. Administrative penalties for violation of the federal rule were imposed on the store owners/managers not the individual clerk that sold the product.

In an effort to increase the impact and effectiveness of the Food and Drug Administration compliance checks, ALE requested and received approval effective June 1, 1999 from FDA to: (1) notify merchants of any violation on the day that it occurred and (2) to issue state citations to

store clerks who sold tobacco products during the FDA compliance checks. These changes provided a vehicle for ALE to significantly increase the level of enforcement of the State's Youth Access to Tobacco Products Law.

Then on March 21, 2000 the U.S. Supreme Court ruled that FDA did not have the authority to regulate tobacco. The ruling meant that there was no longer a Federal regulation against selling tobacco products to minors, which in turn meant that ALE would no longer receive funds from FDA to enforce their federal youth access to tobacco products rule. Loss of the FDA funds had far reaching consequences on North Carolina's enforcement efforts because it had been the main vehicle for enforcement of the State's Youth Access Law. Since FDA compliance checks were the vehicle by which State enforcement activities were conducted, another source of funding had to be identified immediately, in order to maintain the level of enforcement deemed necessary to reduce youth access and to ensure compliance with the Synar Amendment. The SAPT Block Grant prohibits any of these federal funds to be used for enforcement efforts. Thus the Division of Mental Health, Developmental Disabilities and Substance Abuse Services had to identify state dollars to sustain enforcement efforts. Substance Abuse Services, ALE and the Governor's Office staff met to discuss this critical funding issue. The meetings resulted in State funds being identified to cover the cost of conducting approximately 400 compliance checks per month beginning April 1, 2000 as a short-term solution. The long-term solution for funding of a statewide comprehensive education and enforcement program had to be identified. The Master Tobacco Settlement was viewed as a possible answer.

In April 2000, ALE conducted a statewide mailing to retail merchants and merchant associations in North Carolina to clarify the impact of the March 21, 2000 Supreme Court ruling on FDA's authority to regulate tobacco. This action was taken to ensure that retail merchants understood clearly that although the FDA rules no longer applied, ALE would continue to enforce the State's Youth Access Law. ALE also issued a statewide press release that generated news stories on radio, TV and in newspapers. ALE continues to do an outstanding job with both education and enforcement efforts.

## IV. Year 2 - Program Activities and Successes (SFY 2003-2004)

Merchant education and active enforcement of the State's Youth Access Law are critical components of the State's overall statewide strategy to reduce youth access to tobacco products. While the CPM Section oversees the implementation of the Synar Survey and educational efforts at the local level with Area Mental Health Programs, ALE has taken a lead in the area of enforcement and retailer training. Both CPM and ALE have been able to bolster their level of youth access related work through a grant from the NC Health and Wellness Trust Fund Commission. With this grant, the Division of Alcohol Law Enforcement was able to establish a full time position and hire a Tobacco Coordinator to manage the program in April 2003. Year 2 grant activities and outcomes are described below:

- **Identify and implement a model, which will include past compliance checks data, to select locations to participate in targeted enforcement activities**. ALE is implementing protocols and procedures called "prescriptions" in its nine districts each month to conduct tobacco compliance checks that would allow ALE agents to 1) concentrate efforts in counties not previously checked as well as counties with high buy rates; 2) increase the number of checks in high density, such as large urban or rural areas, counties where there are bounce backs or swings in buy rates; 3) suspend or decrease checks in counties that have been highly saturated and have buy rates less than 20% and 4) target specific outlets for either high or repeated non-compliance.

- **Conduct at least 600 tobacco compliance checks per month, for a total of 7,200 checks during state fiscal year 2003-2004.** ALE has conducted 9,362 tobacco compliance checks from October 1, 2003 to August 31, 2004.
- **Conduct seven regional forums across the state to engage Alcohol Law Enforcement supervisors, agents, Substance Abuse Services staff, retailers and key community agencies in discussions of local efforts everyone can partner on to reduce youth access to tobacco products.**

  Regional Forums on "Reducing Tobacco Sales to Minors" were held across the state between May 11 and June 29, 2004. Participants included ALE District Supervisors and Agents, local law enforcement, retailers, public health/substance abuse prevention staff representing Mental Health Centers, Health Departments, community based organizations and youth programs, local school staff, Tobacco Prevention and Control Branch field staff and local ASSIST Coordinators, Question Why Youth Empowerment Center Coordinators, and NC Health and Wellness Trust Fund Commission school/community grantees. A total of 164 attendees participated in the forums.

  The forums entitled "Zero Tobacco Sales to Minors" were held in Elizabeth City, Wilmington, Raleigh, Winston-Salem, Charlotte, Asheville and Greenville. The agenda for the forums was based on survey feedback from participants of the 2003 forums. A major issue identified in the surveys was that participants wanted to learn strategies and skills for building collaborative relationships and partnerships with retailers and law enforcement. Thus the forums focused on fostering understanding and relationship building amongst community agencies, retailers and law enforcement and included role-plays as well as skill building exercises. During forum planning, members of NC RASS (Responsible Alcohol Sales & Service) Retailer Coalition provided valuable input into the content of the forums from the retail perspective. There was a substantial increase in the number of retail store participants this year. Participants also received information packets and incentive items – portfolio pads, pens, caps/hats, and stress balls with the imprinted message "ALE-HWTFC-DHHS Partnering to Reduce Youth Access to Tobacco Products".

- **Conduct community education and recognition activities to raise awareness of youth access issues among merchants, clerks, and the community at large; and provide positive recognition for stores that do not sell tobacco products to minors during enforcement operations.**

  The No Ifs Ands or Butts Campaign kicked off in March 2004. This campaign is a partnership among ALE, DHHS and the Health and Wellness Trust Fund Commission. CapStrat, the Commission's media vendor worked with these agencies to conduct a kick-off event hosted by Lt. Governor Beverly Purdue to recognize retail associates that refuse to sell tobacco products to underage persons during ALE's recent enforcement operations. A press conference was held on March 3, 2004, at Lowes Foods on Strickland Road in Raleigh where the first TEE (Tobacco Enforcement Excellence) Certificates were awarded on behalf of the Commission. Six randomly selected store clerks from Wake County were honored during the press conference for their refusal to sell tobacco products to minors. The press event generated expansive media coverage (see section on earned media activities). In addition, ALE has distributed 4,372 certificates to store clerks across the state. Response from retailers has been extremely positive and very appreciative of their employees receiving these awards from the state.

ALE Agent Chris Watkins and Carol Morris, Tobacco Coordinator, attended the North Carolina 100% Tobacco Free Schools Leadership Forum: Lessons Learned from NC School Districts held in Pinehurst on April 23, 2004. While there, ALE was able to distribute registration information concerning the upcoming Regional Forums on Reducing Tobacco Sales to Minors. (Chris Watkins is the ALE agent that covers the Moore County area.) John Simmons, Deputy Director, ALE attended the April 22nd Leadership Forum in Weldon.

ALE Agent Web Corthell assisted in a Tobacco Education Event sponsored by the Question Why (?Y) Youth Empowerment Center West Region on Saturday, April 24, 2004. The youth advocacy training event, held in Henderson County, was attended by youth age 16-18 years. During the training Agent Corthell discussed ALE's role in helping to prevent youth access to tobacco products**.**

- **Conduct a campaign (mailings, community forums, participation in conferences) to raise awareness among judges, district attorneys and assistant district attorneys on the youth access law, impact of enforcement efforts on the federal Synar law and to garner their support when these cases come to court.**

  John Simmons (ALE) and Margaret Brake (CPM) presented on "Reducing Youth Access to Tobacco Products" to approximately 250 NC District Court judges at their annual conference held June 15, 2004 at Atlantic Beach. The purpose of the session was to raise awareness among judges regarding youth access to tobacco issues (state youth access law, enforcement, partnerships with retailers, local law enforcement, community agencies, parents, youth and potential loss of federal funding - $15 million for failing to comply with federal Synar Law). In addition, the session sought to highlight the role of judges in reducing youth access to tobacco products and increase support from the judges when these cases come to court. Feedback from the judges was very positive and supportive of the state's effort to reduce youth access to tobacco products. Many of them were unaware of the potential impact of this issue on the availability of prevention and treatment services. Since the conference, ALE agents have reported anecdotally that they are seeing positive differences in how tobacco related cases are being handled in some counties.

- **Get earned or free media attention for community education and recognition efforts. This will be achieved through press releases and news articles regarding enforcement operations and public recognition of stores that do not sell tobacco products to minors.**

  There has been a substantial increase in the number of press releases from ALE 's Public Information Office and media coverage across the state (radio, television and newspapers) on the youth access issue. These include articles on tobacco compliance checks and enforcement operations as well as coverage of the regional forums. CapStrat assisted in generating media on the TEE Awards Press Conference with the Lt. Governor and the Regional Forums on Reducing Tobacco Sales to Minors. Some examples of the kinds of earned media stories produced from December 2003 through June 2004 are listed below:
  - December 11, 2003 The Durham Herald Sun newspaper and WTVD News carried news story concerning Tobacco Enforcement Activities in the Raleigh/Durham (& surrounding counties) coverage area.
  - December 12, 2003 Wilmington Star News Article on Tobacco Enforcement Activities in southeastern NC.

- December 17, 2003 Garner News also carried an article concerning these activities, including a summary of the state's law and penalties for sales of tobacco products to underage persons.
- December 22, 2003 The Watauga County newspaper carried an article concerning Tobacco Enforcement Activities in the western part of the state which includes Watauga, Buncombe, Haywood, Jackson, Graham, and McDowell counties.
- December 29, 2003 The News and Observer newspaper carried an article concerning Tobacco Enforcement Activities in the Triangle area, specifically focusing on Durham and Wake counties.
- January 15, 2004 The Courier-Tribune Newspaper, Asheboro, Tobacco Compliance Checks in Randolph County
- February 19, 2004 Roanoke Herald Newspaper, Tobacco Compliance Checks, Enfield, NC.
- February 23, 2004 WECT TV 6, Wilmington, Tobacco Compliance Checks in Bladen, Brunswick, Columbus, Duplin, New Hanover and Onslow counties
- Feb. 24, 2004 Fayetteville Observer Newspaper, Tobacco Compliance Checks in Cumberland, Harnett and Robeson Counties
- Feb. 24, 2004 Dunn Daily Record, Tobacco Compliance Checks in Harnett County.
- Feb. 27, 2004 Jacksonville Daily News, Tobacco Compliance Checks in Carteret County.
- March 3, 2004 WRAL TV "State Agencies Honor Clerks for Refusing to Sell Tobacco to Minors".
- March 3, 2004 WTVD TV covered the Lt. Governor's press conference to honor store clerks that did not sell to minors.
- March 3, 2004 WLFL (WB) TV covered the Lt. Governor's press conference to honor store clerks that did not sell to minors.
- March 3, 2004 Carolina NEWS 14 TV covered the Lt. Governor's press conference to honor store clerks that did not sell to minors.
- March 3, 2004 WPTF Radio (680 AM) covered the Lt. Governor's press conference to honor store clerks that did not sell to minors.
- March 6, 2004 The Herald-Sun Newspaper, Tobacco Compliance Checks in Durham, Granville and Wake Counties.
- March 8, 2004 News 14 Carolina TV, Tobacco Compliance Checks in Mecklenburg and Rowan Counties.
- March 8, 2004 WSOC TV, Tobacco Compliance Checks in Mecklenburg and Rowan Counties.
- March 11, 2004 Eastern Wake News, "Young Duo TEE'd Off About Smoking", article concerning Lt. Governor's awards to clerks refusing to sell tobacco products to minors.
- April 1, 2004 Roanoke Rapids Daily Herald Newspaper, Tobacco Compliance Checks, Roanoke Rapids, NC
- April 6, 2004 WSOC TV, Charlotte, Tobacco Compliance Checks in Mecklenburg County.
- April 8, 2004 Greensboro News and Record, Tobacco Compliance Checks in Alamance, Caswell and Rockingham Counties.
- May 5, 2004 Greensboro News and Record, Tobacco Compliance Checks in Alamance, Anson, Montgomery and Rockingham Counties.

- June 2, 2004 WPTF 680 AM, Raleigh aired spots throughout the evening and the morning of the Tobacco Forum (June 3, 2004). Carol Morris, Tobacco Coordinator was interviewed by phone by Lisa Price.
- June 3, 2004 News 14 Carolina TV, televised a story "Leaders Join Teen Smoking Fight" highlighting the regional tobacco forum held in Raleigh on that date.
- June 5 and 7, 2004 North Carolina News Network Radio aired a story concerning the Raleigh Forum, Sondra Artis, Reporter, including interviews with ALE's Herbert Battle, Supervisor and Carol Morris, Tobacco Coordinator. Ms. Artis also indicated that the soundbites were provided to their more than 80 affiliates across the state to use in their local newscasts.
- June 9, 2004 Gates County Index (Newspaper) carried an article concerning the Winston-Salem Regional Forum on Reducing Tobacco Sales to Minors.
- June 9, 2004 Winston-Salem Journal featured an article "Groups Discuss Sales of Tobacco to Minors: ALE, Health Workers, Retailers Attend Forum", covering the Winston-Salem forum, Patrick Wilson, Reporter.
- June 9, 2004 WGHP Fox 8 TV televised a story concerning the Winston-Salem Regional Forum on Reducing Tobacco Sales to Minors.
- June 21, 2004 WWNC 570 AM, Asheville aired spots throughout the evening and the morning of the Regional Tobacco forum (June 22, 2004). Carol Morris, Tobacco Coordinator was interviewed by phone by Dave Abbey of WWNC.
- June 22, 2004 News 13 ABC TV televised a story concerning the Asheville Regional Forum on Reducing Tobacco Sales to Minors.
- June 29, 2004 WITN-7 NBC TV televised a story concerning the Greenville Regional Forum on Reducing Tobacco Sales to Minors.

- **Distribute (statewide) signs and brochures related to the State's Youth Access to Tobacco Products and the responsibilities of the retail merchant.**

  ALE and local agencies have distributed state signs regarding NC's Youth Access Law G.S. 14-313 as well as "Check that Photo ID" brochures to retailers as part on the state's on-going merchant education activities.

- **Inform all retailers who are issued a citation for violation of the State's Youth Access Law of the availability of the BARS Education Program.** ALE is reaching out to retail merchants providing them with basic information on the youth access law and providing training to the merchants through the BARS (Be A Responsible Seller) Program. This statewide training program is conducted on a monthly basis in each ALE district across the State and provides training in both NC Alcohol and Tobacco Laws. The training program includes specific information on North Carolina's law, responsibility of merchants, suggestions for detecting false IDs and refusing sales to minors. This training is offered to employees in all licensed alcohol beverage outlets in the State, which includes grocery stores, convenience stores, restaurants and gas stations. ALE conducted 624 BARS presentations reaching 1,219 outlets with 5,314 participants from October 1, 2003 through July 31, 2004.

- **Promote collaboration between the 38 Area Mental Health Programs, local organizations and District Alcohol Law Enforcement Agents to recruit and train youth ages 16-17 to participate in enforcement activities; distribute merchant education materials, develop local media stories and articles on youth access issues; and promote the availability of the BARS Education Program to local retail merchants.**

ALE continues to partner with local Area Programs, local law enforcement and community agencies on youth access activities. The regional forums have strengthened partnerships leading to co-sponsorship of retailer trainings and other events.

## V. Year 3 – Proposed Program Description (SFY 2004-2005)

The CPM Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services will develop a contract with ALE to describe how they will work together to reduce youth access to tobacco products. The standard model of education and enforcement as outlined in Executive Order No.123 shall include, but not be limited to: 1) promoting merchant education through on-site visits and employee training programs; 2) age testing of youth volunteers involved in enforcement operations; 3) providing public notice of upcoming enforcement operations; 4) conducting enforcement of over-the-counter outlets and vending machine locations; 5) issuing warning notices or citations as a result of enforcement operations; 6) promoting public recognition for businesses or clerks who do not sell tobacco products to minors during enforcement operations; and 7) advising communities of the enforcement operation.

CPM and ALE have made significant progress in reducing youth access to tobacco products. This progress is demonstrated by the decrease in sales to minors from almost 45% to 15% over the past six years. We will continue to enhance the current program and recruit new partners to work on this issue. With the grant from the NC Health and Wellness Trust Fund Commission, the CPM Section and ALE will implement Year 3 of the education and enforcement program that will focus specifically on the following objectives and build upon Year 2 strategies/activities:

1. Implement targeted enforcement in counties 1) where noncompliance is high, 2) that are high density, such as large urban or rural areas, and 3) suspend or decrease checks in counties that have been highly saturated and have buy rates less than 20%. A minimal baseline number of compliance checks will be conducted in all counties.
2. Maintain current database in order to expand analyses of data from compliance checks. Emphasis will be placed on investigations of patterns of non-compliance that may lead to enhanced enforcement strategies.
3. Increase activities to raise public awareness of the youth access law, its penalties and enforcement operations among judges, district attorneys, retailers, law enforcement agencies, community agencies and local groups.
4. Continue to build and enhance collaborative relationships with local law enforcement, merchants, Area Mental Health Programs, local coalitions, youth organizations and community groups to effectively address the youth access issue at the local level through training, community interventions and media activities.
5. Reduce youth access to tobacco products to 20% or lower to comply with the federal Synar Amendment.

### These objectives will be accomplished through the strategies and activities described below:

- Implement a model, which will include past compliance checks data, to select locations to participate in targeted enforcement activities.
- Conduct at least 550 tobacco compliance checks per month, for a total of 6,600 checks during state fiscal year 2004-2005.
- Conduct an analysis of ALE's compliance checks data by geocoding the location of outlets visited by ALE and analyzing patterns of violations using selected census track

demographics, including racial, income, education and housing variables. GIS (Geographic Information System) mapping and tables will be used to depict patterns of violations by region, major city and county. The analysis will be used to design a targeted campaign in selected communities around the state to increase compliance regarding tobacco sales to minors among retailers /clerks (proposed subcontract with Kurt Ribisl of the UNC-CH School of Public Health and Lisa Isgett of the University of Michigan).

- Design and conduct a campaign similar to West Virginia's "See Red?" to increase compliance with the youth access law among retailers and clerks in targeted areas and engage communities, including youth, in local events to educate and support retailers. The campaign will highlight the importance of checking IDs (NC's driver licenses have a red background/ border to denote license holders under the age of 18). It will include print and paid media, print materials, local events and direct mail to retailers (proposed subcontract with CapStrat).
- Conduct community education and recognition activities ( i.e. local events to present TEE awards to clerks) in partnership with local agencies to raise awareness of youth access issues among merchants, clerks, and the community at large. ALE agents will provide positive recognition as well as incentives for store clerks that do not sell tobacco products to minors during enforcement operations.
- Get earned or free media attention to enforcement activities including compliance checks and other community events in local newspapers, television or radio. This will be achieved primarily through press releases from ALE's Public Information Office.
- Partner with community agencies to host retailer education and training events. ALE will inform all retailers who are issued a citation for violation of the State's Youth Access Law of the availability of the BARS (Be A Responsible Seller) Education Program. BARS training brochures will also be distributed to retailers.
- Conduct a campaign (mailings, community forums, participation in conferences) to raise awareness among judges, district attorneys and assistant district attorneys on the Youth Access Law, impact of enforcement operations on compliance with the federal Synar law and garner their support when these cases come to court.
- Promote collaboration between the Area Mental Health Programs/Local Management Entities and their contract agencies, local organizations and District Alcohol Law Enforcement agents to recruit and train youth ages 16-17 to participate in enforcement activities; distribute merchant education materials; develop local media stories and articles on youth access issues; promote the availability of the BARS education program to local retail merchants; and coordinate local retailer trainings.

## VI. Responsibilities of the Community Policy Management Section - Division of Mental Health, Developmental Disabilities and Substance Abuse Services:

- Provide funds in the amount of $500,000 to the Division of Alcohol Law Enforcement to cover the cost of statewide enforcement of North Carolina's Youth Access to Tobacco Products Law, training expenses and community education and recognition activities for fiscal year 2004/2005.
- Assist the Area Mental Health Programs/Local Management Entities to work collaboratively with District Alcohol Law Enforcement agents to recruit and train youth under the age of 18 to participate in enforcement activities; distribute merchant education materials; develop local media on youth access issues; promote the availability of the BARS (Be A Responsible Seller) Education Program to local retail merchants; and coordinate local retailer trainings.

- Submit program and financial reports to the Health and Wellness Trust Fund Commission documenting progress of grant activities in achieving the objectives and expenditures.
- Accurately report education and enforcement activities in the Annual Synar Report.

## VII. Responsibilities of the Division of Alcohol Law Enforcement:

- Identify locations in high noncompliance areas to participate in targeted enforcement activities.
- Conduct at least 550 Tobacco Compliance Checks per month, for a total of 6,600 checks during fiscal year 2004/2005. The cost to conduct 6,600 compliance checks totals $400,642 and includes the following: Agent Salaries with benefits, Minor Salaries with Social Security, Coordinator Salary with benefits, Vehicle Operations/Travel, and Undercover Funds for Tobacco Purchases.
- Collect and maintain data on compliance checks and submit monthly and year to date reports to the Community Policy Management Section on the total number of compliance checks conducted, the number of retail outlets that sold, and the overall buy rate for the month by county. In addition, a year-end report showing totals for the fiscal year will be submitted by July 31, 2005 for inclusion in the Annual Synar Report.
- Conduct statewide distribution of signs and brochures related to the State's Youth Access to Tobacco Products Law and the responsibilities of retail merchant.
- Inform all retailers who are issued a citation for violation of the State Youth Access to Tobacco Products Law of the availability the BARS Education Program. Distribute BARS training brochures to retailers.
- Submit a monthly budget report to CPM to track expenditures and assure an adequate spending plan; a monthly report of compliance checks activity; and a quarterly report describing program activities and outcomes.

## VIII. Shared Responsibilities of Both Divisions:

- Representatives from the Divisions shall communicate on a regular basis and meet bi-monthly to assess progress in reaching the annual performance target of 20% or lower for fiscal year 2004/2005 and identify any barriers in reaching the target.
- Conduct community education and recognition activities to raise awareness of youth access issues among merchants, clerks, and the community at large; and provide positive recognition for stores that do not sell tobacco products to minors during enforcement operations.
- Conduct a campaign (mailings, forums/meetings, participation in conferences) to raise awareness among judges, district attorneys and assistant district attorneys on the youth access law, impact of enforcement operations on compliance with the federal Synar law and garner their support when these cases come to court.

## IX. Monitoring and Reporting Procedures:

Both Divisions will routinely communicate and meet bi-monthly to assess progress in meeting annual performance targets, identify barriers, possible solutions and determine next steps.

The Division of Alcohol Law Enforcement will collect and maintain data on compliance checks and submit monthly compliance checks and year to date reports to the Community Policy Management Section. These reports, at a minimum, will provide data on the total number of compliance checks conducted, the number of retail outlets that sold and the overall buy rate for the month by county. A year end report showing totals for the fiscal year including data on

number of sessions and participants in the BARS Education Program will be submitted by July 31, 2005 for inclusion in the Annual Synar Report.

Further, the Division of Alcohol Law Enforcement will submit quarterly Program and monthly Budget Reports to the Community Policy Management Section to monitor program activities/outcomes, to track expenditures, and to assure an adequate spending plan. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services requires all contractors to submit monthly Financial Status Reports and quarterly Progress Reports of their activities.

The Community Policy Management Section will accurately report statewide education and enforcement activities in the Annual Synar Report in addition to any reporting requirements of the Health and Wellness Trust Fund Commission and Teen Smoking Prevention and Cessation Task Force.

## X. Budget:

In addition to the expenses required to conduct compliance checks (Items 1-5 below), this budget will also cover expenses for analysis of ALE's Compliance Checks data (Item 6), a targeted campaign in select communities to increase retailer compliance (Item 7), supplies, materials, postage for mailings, and public awareness and recognition activities (i.e. certificates /posters and incentives). The Community Policy Management Section will not request additional funds from the Health and Wellness Trust Fund Commission during SFY 2004-2005 beyond what is allocated through this grant to support any other activities of this program.

| **Description** | **Amount** |
|---|---|
| **1)** Agent Salaries with Benefits | $273,654 |
| **2)** Minor Salaries with Social Security | $35,524 |
| **3)** Coordinator Salary with Benefits | $43,786 |
| **4)** Vehicle Operations - Travel | $40,478 |
| **5)** Undercover Funds for Tobacco Purchases | $7,200 |
| **6)** Compliance Checks Data Analysis GIS Mapping, Targeted Campaign Design And Evaluation | $10,000 |
| **7)** "Youth Access" Campaign | $85,000 |
| **8)** Office Supplies Materials | $658 |
| **9)** Educational/Print Materials | $500 |
| **10)** Communications (Postage) | $1,200 |
| **11)** Community Education, Public Awareness and Recognition Activities | $2,000 |
| **Total** | **$500,000** |

## Xl. In Kind Contributions:

**The Community Policy Management Section will provide the following in kind contributions to this program:**

1. Staff time devoted to this program includes the Director of Youth Tobacco Initiatives (80%), the Director of the Underage Drinking Initiative (5%) and Assistant Director of CPM (5%).
2. Youth access activities planned and implemented by the Area Programs/Local Management Entities and their contract agencies. In SFY 2003-2004 as documented in the Semi-Annual Substance Abuse Prevention and Treatment Compliance Report, Area Programs contributed

more than 4,000 hours of youth access related activities across the state. This included community mobilization, merchant education, media and law enforcement related activities.

**The Division of Alcohol Law Enforcement will provide the following in kind contributions to this program:**

1. Staff time devoted to this program, in addition to the Coordinator, includes the Deputy Director for Operations (5%) and Lead Field Staff in nine districts (5% each).
2. ALE Agents' time spent conducting the BARS (Be A Responsible Seller) program with merchants and attending meetings/events with state and local tobacco prevention groups and coalitions.
3. ALE Agents' time spent in the selection process to screen and recruit minors to participate in compliance checks, which also includes personal visits with parents.
4. Court time for ALE Agents regarding tobacco violations.
5. ALE Agents' time spent mentoring as a prevention strategy for youth participating in enforcement operations. Anecdotally, agents have also proven to be positive role models for youth in local communities.

## XlI. Summary:

Over the past two years, grant funding from the HWTF Commission has helped to raise awareness of youth tobacco access issues among judges, community agencies, law enforcement agencies and retailers. It has further created new partnerships across the state to work collaboratively, not only to reduce youth access to tobacco products, but to promote 100% Tobacco Free Schools and other critical components of the Teen Tobacco Prevention and Cessation Initiative. The program has also had an increased focus on media advocacy strategies, particularly at the local level. There has been a significant increase in the number of earned media stories on youth tobacco access since this grant began in 2002, and there has been a steady increase in media coverage during each year of this funding. This program has helped to build and enhance partnerships between Alcohol Law Enforcement and local health/ community based agencies. Lastly, the program has increased visibility of the work of Health and Wellness Trust Fund Commission, Alcohol Law Enforcement, and the Community Policy Management Section.

**Health and Wellness Trust Fund Commission**
**Smoking Cessation for Pregnant Teens Project**
**Quarterly Programmatic Report**
**Reporting Period: November 1, 2003 - January 31, 2004**

## I. Summary of executed activities during the reporting period:

During this reporting period, the Women's Health Branch (Branch) held the second quarterly Program Coordinator's meeting with the participating Smoking Cessation for Pregnant Teens Project sites. The project sites are: Durham County Health Department (located in Durham), Gaston County Health Department (located in Gastonia), and Robeson Health Care Corporation (which has three prenatal care sites located in Pembroke, Fairmont, and Maxton). All three project sites provide prenatal care services to patients enrolled in Medicaid (ACCESS sites).

The second quarterly Program Coordinator's meeting was held on November 3, 2003 at the Branch's office in Raleigh. All project sites were represented at this meeting as well as the Program Manager from the Branch. During this meeting, each Program Coordinator gave an update on the progress of their program and shared some lessons learned from their experiences. Information on patient educational materials and other available resources were discussed. The preliminary format of the program database was reviewed. The database was developed using Microsoft Access software. Feedback was obtained from the Program Coordinators to be incorporated into the final version of the database. The Program Manager will be installing the database and providing training on how to use it at each project site by February 2004.

The development and distribution plan for a patient satisfaction survey was discussed. A method to obtain feedback on the program from the maternity clinic staff at each project site was also discussed. Each Program Coordinator meets with the maternity clinic staff at their site on an on-going basis. During these meetings, each Program Coordinator will obtain feedback from the maternity clinic staff and include this information in their written quarterly programmatic reports submitted to the Program Manager. The Program Manager discussed the plan to conduct random chart audits at each project site in April/May 2004. The next quarterly Program Coordinator's meeting was scheduled for February 2, 2004.

The database was completed in January 2004. The Program Manager scheduled site visits to install the database at each project site and to provide training to the Program Coordinators on how to enter program participant information and use the database. Site visits were scheduled in January and February 2004.

The First Breath Program at the Durham County Health Department designed their program to provide smoking cessation counseling sessions with pregnant teens at scheduled times during the week. Under this method, they were experiencing many no shows for counseling appointments. During the Program Coordinator's meeting, they learned from the other project sites that the best way and time to provide counseling is before or after the patients' regularly scheduled maternity care visit. They conducted two planning meetings with members of the Family Connections Team to evaluate and revise the procedures of the First Breath Program. During this reporting period, the maternity clinic staff continued to provide program coverage and conduct assessments for tobacco use with maternity clinic patients. Interviews with five candidates for the Program Coordinator position were conducted in December 2003. Ms. Oby Owankwo was hired as the new First Breath Program Coordinator in January 2004 with a start date of February 2, 2004. She will be attending the next quarterly Program Coordinator's meeting on her first day of work. A site visit is scheduled for February 9, 2004 to install and provide database training.

Ms. Owankwo will receive smoking cessation training by the Perinatal Outreach Education Trainer in her region on February 5, 2004.

The Clean Air Tobacco Out (CATO) Program at the Gaston County Health Department conducted assessments for tobacco use with over 50 maternity clinic patients during this reporting period. Maternity patients received counseling for both smoking cessation and to eliminate their exposure to secondhand smoke. During this reporting period, the Program Coordinator spent time following up with pregnant patients who continue to smoke but declined program services during their initial prenatal care visit, or those who missed their scheduled counseling appointment. The CATO Program Coordinator participated in a project to make Gaston County restaurants smoke free by presenting information to two small businesses in the city of Gastonia. Other outreach activities included participating in two health fairs within the county. A site visit is scheduled for February 10, 2004 to install and provide database training.

The Smoke Free Start Program at the Robeson Health Care Corporation conducted assessments for tobacco use with over 100 maternity clinic patients during this reporting period. The Program Coordinator participates in monthly perinatal meetings with maternity clinic staff to provide an update on the Smoke Free Start Program and to respond to any questions. In this program, maternity clinic patients are assessed for tobacco use and receive smoking cessation and secondhand smoke counseling at each prenatal care visit by a Maternity Care Coordinator (MCC). The MCC completes the patient recording form for each maternity patient. The Program Coordinator travels to the RHCC's three maternity clinic sites to collect patient recording forms, update information, and obtain referrals for pregnant patients needing additional counseling and support. The Program Coordinator presented information on the effects of smoking and secondhand smoke at parenting classes at RHCC. The Program Coordinator continues her involvement with the Public School of Robeson County Teen Leadership Team. The Program Manager conducted a site visit on January 20, 2004 and installed the program database and provided database training to the Program Coordinator.

Each project site was given a copy of the Great Start Campaign's video entitled "Let's Not Smoke". This video will be shown to maternity clinic patients in patient waiting rooms, during counseling sessions, and during presentations.

The NC Healthy Start Foundation began developing the new age-appropriate secondhand smoke material for pregnant teenage women in January 2004. Focus groups with teenage women and pregnant teenage women will be conducted during the months of February, March, and April 2004 to help develop this brochure. The new smoking cessation brochure for pregnant teens entitled "Reality Check ~ Smoking Matters" was disseminated to each project site, all local health departments, infant mortality reduction program sites, and other community-based organizations throughout this reporting period.

II. **Barriers and challenges experienced, if any, during the implementation of proposed activities during the reporting period:** None to report.

III. **Copies of project materials (brochures, handouts, flyers, training materials) will be included when developed:** No project materials were developed during this reporting period.

**North Carolina Health and Wellness Trust Fund Commission**
**Smoking Cessation for Pregnant Teens Project**
**Quarterly Programmatic Report**
**Reporting Period: August 1, 2003 - October 31, 2003**

## I. Summary of executed activities during the reporting period:

During this reporting period, the Women's Health Branch (Branch) held the first quarterly Program Coordinator's meeting with the participating Smoking Cessation for Pregnant Teens Project sites. The project sites are: Durham County Health Department (located in Durham), Gaston County Health Department (located in Gastonia), and Robeson Health Care Corporation (which has three prenatal care sites located in Pembroke, Fairmont, and Maxton). All three project sites provide prenatal care services to patients enrolled in Medicaid (ACCESS sites).

The first quarterly Program Coordinator's meeting was held on August 11, 2003 at the Branch's office in Raleigh. All project sites were represented at this meeting as well as staff from the Branch. During this meeting, each Program Coordinator gave a summary of their program and shared copies of their program materials (recording form, referral form, and program procedures). The data elements to be collected on program participants was reviewed and finalized, and the database to be used for data entry was discussed. Some changes to the data elements were made based upon recommendations provided by Carol Ripley-Moffit, a member of the NC Health and Wellness Trust Fund Commission's Evaluation Team, during a meeting with the Program Manager on August 6, 2003. The database will be completed by January 2004 and installed at each project site in February 2004. Future project activities and the Program Coordinator's roles and responsibilities were also discussed during the Program Coordinator's meeting. The next quarterly Program Coordinator's meeting was scheduled for November 2, 2003.

The smoking cessation training program at the Robeson Health Care Corporation (RHCC) was held on September 5, 2003. The Program Coordinator and all Maternity Care Coordinators and Healthy Start staff members participated in the training program. The RHCC has entitled their smoking cessation for pregnant teens program - Smoke Free Start. The Smoke Free Start Program began assessing clients on September 8, 2003. During this reporting period, the Smoke Free Start Program conducted assessments for tobacco use with over 100 maternity care patients. Maternity patients received counseling for both smoking cessation and to eliminate their exposure to secondhand smoke. Monthly meetings are conducted with maternity clinic staff to discuss any program changes or updates and to obtain feedback and answer questions about the program. The Smoke Free Start Program Coordinator also participates in the Public School of Robeson County Teen Leadership Team meetings.

The Gaston County Health Department has entitled their smoking cessation for pregnant teens program - Clean Air Tobacco Out. The Clean Air Tobacco Out (CATO) Program began on September 9, 2003. During this reporting period, the CATO Program conducted assessments for tobacco use with over 50 maternity care patients. Maternity patients received counseling for both smoking cessation and to eliminate their exposure to secondhand smoke.

The Durham County Health Department has entitled their smoking cessation for pregnant teens program - First Breath. The First Breath Program began assessing patients in July 2003. During this reporting period, the First Breath Program conducted assessments for tobacco use with over 50 maternity care patients. The First Breath Program Coordinator resigned in September. Other maternity clinic staff were available to conduct assessments and provide counseling sessions

when needed. Maternity patients received educational materials on smoking cessation and secondhand smoke, but none were recruited to participate in the program. Interviews will be conducted in December 2003 for the First Breath Program Coordinator position. They plan to fill this position as quickly as possible.

During this reporting period, the North Carolina Healthy Start Foundation (Foundation) completed the draft of the age-appropriate smoking cessation educational material for pregnant teenage women, entitled *Reality Check ~ Smoking Matters*. The draft was submitted to the NC Department of Health and Human Services, Public Affairs Office and the NC Health and Wellness Trust Fund Commission in August for review. Recommendations were given and incorporated into the final material to be printed in November 2003.

**II. Barriers and challenges experienced, if any, during the implementation of proposed activities during the reporting period:**

Due to the resignation of the First Breath Program Coordinator at the Durham County Health Department, they experienced a lapse in coverage for the program.

**III. Copies of project materials (brochures, handouts, flyers, training materials) will be included when developed:**

Copies of project materials are attached to the Annual Programmatic Report.

**North Carolina Health and Wellness Trust Fund Commission**
**Smoking Cessation for Pregnant Teens Project**
**Annual Programmatic Report**
**Reporting Period: November 1, 2002 - October 31, 2003**

## I. Project Overview

a) Briefly state the goal(s), objectives, and associated activities for the project:

Goal - To help reduce tobacco use among pregnant teens in North Carolina.

1) Objective: Conduct outreach and provide training programs and materials for prenatal care providers on smoking cessation for pregnant teenage women at each of the three project sites.

   Activities:
   - Select three to four project sites, which will be determined by smoking rates for pregnant teens and young women, providers with higher volumes of patients who are teenage women, high infant morbidity and mortality rates, and provider/community interest. *(completed)*
   - Identify a Local Project Coordinator in each project region. *(completed)*
   - Schedule on-site provider training programs led by regional Perinatal Outreach Education Trainers. *(completed)*
   - Establish office-based systems that incorporate smoking cessation interventions into health care practice (this includes updating and disseminating materials). *(completed)*

2) Objective: Provide patient education materials and outreach to pregnant teenage women utilizing health care services in each project site and other community programs.

   Activities:
   - Develop and distribute patient education materials to each project site. *(on-going)*
   - Outreach to pregnant teenage women through school and community coalitions, teen pregnancy programs, health care services at project sites, youth programs, and other community programs. *(on-going)*

3) Objective: Identify and promote referrals to existing smoking cessation resources in each project area.

   Activities:
   - Identify smoking cessation resources for pregnant teens in each project area. *(on-going)*
   - Distribute smoking cessation resources to each project site, this includes referral information for the toll-free Quit Line (Great Start Help Line), community programs, and web-site information. *(completed)*

4) Objective: Expand and strengthen partnerships with public and private organizations and associations.

Activities:

- Continue to expand partnerships with professional provider associations (i.e. American College of Obstetricians and Gynecologists, American Academy of Family Practice). *(on-going)*
- Expand collaborations with agencies and programs, especially those focused on youth. *(on-going)*

5) Objective: Provide on-going project monitoring and evaluation to ensure that pregnant teenage women are assessed for tobacco use, advised to quit smoking, provided educational materials, and smoking cessation counseling.

Activities:

- Local Project Coordinators will monitor and evaluate each project site, determine project site needs, provide technical assistance and distribute materials to each project site. *(on-going)*
- Program Manager at the Women's Health Branch will provide on-going project management, support, monitoring and technical assistance through project site visits, on-going communication and meetings with Local Project Coordinators. *(on-going)*
- Program Manager will conduct random chart audits at each project site. *(on-going)*
- Utilize existing data sources to evaluate program's impact in each project area (i.e. birth certificate data from the State Center for Health Statistics). *(on-going)*
- Conduct consumer and provider assessments and /or focus groups to determine satisfaction with the program. *(on-going)*

b) Describe the composition of project staff:
   1) Durham County Health Department - Nicole Sims, First Breath Program Coordinator (resigned September 23, 2003)
   2) Gaston County Health Department - Renee Wright, Clean Air Tobacco Out Program Coordinator
   3) Robeson Health Care Corporation - Barbara Scott, Smoke Free Start Program Coordinator
   4) Women's Health Branch - Renee D. Jackson, Program Manager

c) Describe changes made to project activities or staffing, if any, and provide an explanation:
   The Program Coordinator for the First Breath Program resigned her position at the Durham County Health Department on September 23, 2003. Maternity clinic staff members are providing coverage for the First Breath Program until a new Program Coordinator is hired.

d) Describe the population(s) served, including the primary intended audience and other individuals:
   The primary population being served under this project is teenage pregnant women (19 years of age and younger) receiving prenatal care services at Durham County Health Department in Durham County, Gaston County Health Department in Gaston County, and Robeson Health Care Corporation in Robeson County. The secondary populations being served under this project are adult pregnant women (20 years of age and older), and family members of the pregnant women (teenage and adult) who smoke.

e) Describe collaborations that were made to fulfill project objectives:
All three project sites have collaborated with existing programs that provide services to teenage women within their site to provide them with information about the smoking cessation program and to obtain referrals. They have collaborated with existing smoking cessation programs at their site and/or within their community. The Program Coordinators have also begun to participate or make contact with the school and community tobacco prevention coalitions in their counties, which are funded by the NC Health and Wellness Trust Fund Commission.

**II. Project Materials -** include copies of program materials that were used for the project.
A copy of the 2003 revised *Guide for Counseling Women Who Smoke* is enclosed. This *Guide* is the training manual that was used by the Regional Perinatal Outreach Education Trainers to teach the Program Coordinators and other maternity clinic staff how to counsel women of reproductive age (primarily pregnant women) who smoke and are exposed to secondhand smoke. This *Guide* is used across the state to train health care and human service providers.

Each program developed a recording form to be used to document program participant information. Copies of these recording forms are enclosed:
a) Durham County Health Department's First Breath Patient Recording Form
b) Gaston County Health Department's Clean Air Tobacco Out Patient Recording Form
c) Robeson Health Care Corporation's Smoke Free Start Smoking Cessation Record

A copy of the Clean Air Tobacco Out (CATO) Program's Tobacco Usage Questionnaire is enclosed. This form is used by the CATO Program to conduct the initial assessment with maternity care patients during new patient orientation in the maternity clinic.

Also enclosed are ten copies of the new smoking cessation educational material for pregnant teenage women, entitled *Reality Check ~ Smoking Matters*, developed by the NC Healthy Start Foundation under this project.

**III. Outcomes/Evaluation**
a) Describe the evaluation process used and findings for the project:

Activities during the first year of the Smoking Cessation for Pregnant Teens Project were primarily focused on:
1. Outreach and recruitment of project sites;
2. Developing program policies and procedures at each of the three project sites;
3. Conducting training programs at each project site for the Program Coordinators and maternity clinic staff;
4. Developing program forms and materials; and
5. Developing a set of data elements to collect on all program participants.

During the first year, evaluation for the project was based upon accomplishing the activities needed to develop and implement a smoking cessation program at each of the three project sites.

b) Describe the monitoring process used and findings for the project:
During the initial months of the project, the Program Manager at the Women's Health Branch conducted a meeting at each of the three project sites to review: the overall goal and the objectives of the project; the roles and responsibilities for the Program Coordinators and the

Program Manager; and the steps involved to implement the project within each project site. Through conference calls and e-mail communication, the Program Manager conducted on-going monitoring of program activities at each project site. Each project site developed a custom smoking cessation program that would not only fit into their maternity clinic, but also work with the specific populations they serve. The first quarterly Program Coordinator's meeting was conducted on August 11, 2003 at the Women's Health Branch offices in Raleigh. At this meeting, the Program Manager reviewed the contract requirements under this project, the data elements to be collected on each program participant, the Program Coordinator's roles and responsibilities, and future activities to be conducted. This meeting also gave the Program Coordinators their first opportunity to meet together and share information and materials.

c) Describe lessons learned from implementing the project:

In order to implement a smoking cessation program into an existing service delivery system, all of the staff involved in that system must be a part of the planning and implementation process. If all staff members are unable to participate, then information must be communicated to all of the staff throughout the planning and implementation process. We were able to learn how to effectively implement a smoking cessation program within each project site through meetings with all maternity clinic staff as the program and procedures were being developed.

All members of the maternity clinic staff should participate in a smoking cessation training program whenever possible. In order to have a successful smoking cessation program all staff should learn about the harmful effects of smoking, the benefits of quitting, and the best practice approach for counseling women who smoke (the 5 A's method). The majority of the maternity clinic staff, at all three project sites, did participate in the smoking cessation training held at their site.

**IV. Challenges and Barriers -** describe any challenges or barriers to implementing the project and how they were addressed.

None to report.

**V. Other**

a) Describe other related smoking cessation activities being implemented or that are being planned.

The North Carolina Healthy Start Foundation, under this project, will be developing and printing a new age-appropriate secondhand smoke educational material for pregnant teenage women by June 2004.

**Health and Wellness Trust Fund Commission**
**Smoking Cessation for Pregnant Teens Project**
**Quarterly Programmatic Report**
**Reporting Period: February 1, 2004 - April 30, 2004**

I. Summary of executed activities during the reporting period:

During this reporting period, the Women's Health Branch (Branch) held the third quarterly Program Coordinator's meeting with the participating Smoking Cessation for Pregnant Teens Project sites. The project sites are: Durham County Health Department (located in Durham), Gaston County Health Department (located in Gastonia), and Robeson Health Care Corporation (which has three prenatal care sites located in Pembroke, Fairmont, and Maxton). All three project sites provide prenatal care services to patients enrolled in Medicaid (ACCESS sites).

The third quarterly Program Coordinator's meeting was held on February 2, 2004 at the Branch's office in Raleigh. All project sites were represented at this meeting as well as the Program Manager from the Branch. During this meeting, each Program Coordinator gave an update on the progress of their program and shared some of their experiences. The program database and data submission requirements were discussed. The installation and training for the database was completed at all project sites in February 2004. The first submission of data was due to the Program Manager on March 31, 2004. Random chart audits will be scheduled and conducted by the Program Manager after the data from all project sites are received. The development of a patient satisfaction survey and the logistics of obtaining provider feedback at each project site were discussed. Also discussed was the development of a self-assessment questionnaire to be completed by the Program Coordinators biannually. The next quarterly Program Coordinator's meeting was scheduled for May 3, 2004.

The Program Manager received the data from each Program Coordinator on March 31, 2004. Random chart audits were scheduled for April and May 2004. After reviewing the data and conducting two random chart audits, the Program Manager found that there was information that needed correction in some participant records. There were also several participant records that needed to be removed from the database due to the fact that they were not actually participants of the program, but patients that were assessed for tobacco use and secondhand smoke exposure and were not smoking or exposed. The next data submission, which will reflect the corrections made, was due to the Program Manager on April 30, 2004.

The new First Breath Program Coordinator at the Durham County Health Department, Ms. Oby Nwankwo, was introduced at the Program Coordinator's meeting on February 2, 2004. Ms. Nwankwo received smoking cessation counseling training on February 5, 2004. The Program Manager conducted a site visit on February 9, 2004 to install and provide database training. Ms. Nwankwo began conducting assessments for tobacco use and provided counseling to maternity clinic patients in February 2004. Assessments for tobacco use were conducted with over 90 maternity clinic patients, 30% of which were pregnant teenage women. Five pregnant teens were recruited into the program to receive continued smoking cessation and secondhand smoke counseling. The Program Manager conducted a random chart audit on April 20, 2004. Feedback was then provided to the Program Coordinator to help clarify what data needs to be collected on each program participant and entered into the database.

The Clean Air Tobacco Out (CATO) Program at the Gaston County Health Department conducted assessments for tobacco use with over 40 maternity clinic patients during this

reporting period. Maternity patients received counseling for both smoking cessation and to eliminate their exposure to secondhand smoke. There are currently 14 pregnant teens participating in the CATO Program. The Program Coordinator is receiving an increasing number of referrals from the area hospital and other maternity clinic staff. The Program Manager conducted a site visit on February 10, 2004 to install and provide database training. A random chart audit is scheduled for May 18, 2004.

The Smoke Free Start Program at the Robeson Health Care Corporation conducted assessments for tobacco use with over 80 maternity clinic patients during this reporting period. There are currently 48 pregnant teens participating in the Smoke Free Start Program. The Program Manager conducted a random chart audit on February 27, 2004. The Program Coordinator participates in monthly perinatal meetings with maternity clinic staff to provide an update on the Smoke Free Start Program and to respond to any questions. During these meetings, the Program Coordinator reviews the completeness of the patient recording forms with the Maternity Care Coordinators (MCCs) and continues to work to ensure that the data is accurately documented. Common errors will be reviewed with the MCCs during the next monthly perinatal meeting. During this reporting period, the Program Coordinator participated in a Healthy Start training program with patients and gave a presentation on the Smoke Free Start Program during the regional perinatal meeting at the Southeastern Regional Hospital. The Program Coordinator continues her involvement with the Public School of Robeson County Teen Leadership Team. The Program Coordinator expressed a need for cessation materials for chewing tobacco. There is a significant prevalence of chewing tobacco use among pregnant women in their program. The Program Manager will work on obtaining cessation materials for chewing tobacco that are geared for women.

In April 2004, the NC Healthy Start Foundation completed the new age-appropriate secondhand smoke material for pregnant teenage women entitled "Get Real ~ Secondhand Smoke Matters." This draft material was submitted to the NC Department of Health and Human Services and the NC Health and Wellness Trust Fund Commission for review and approval in April. Once recommendation are received and incorporated, the final material will be printed in May/June 2004. The new smoking cessation brochure for pregnant teens entitled "Reality Check ~ Smoking Matters" continues to be disseminated across the state.

II. Barriers and challenges experienced, if any, during the implementation of proposed activities during the reporting period:

None to report.

III. Copies of project materials (brochures, handouts, flyers, training materials) will be included when developed:

No project materials were developed during this reporting period.

**Health and Wellness Trust Fund Commission**
**Smoking Cessation for Pregnant Teens Project**
**Quarterly Programmatic Report**
**Reporting Period: May 1, 2004 - July 31, 2004**

## I. Summary of executed activities during the reporting period:

During this reporting period, the Women's Health Branch (Branch) held the fourth quarterly Program Coordinator's meeting with the participating Smoking Cessation for Pregnant Teens Project sites. The project sites are: Durham County Health Department (located in Durham), Gaston County Health Department (located in Gastonia), and Robeson Health Care Corporation (which has three prenatal care sites located in Pembroke, Fairmont, and Maxton). All three project sites provide prenatal care services to patients enrolled in Medicaid (ACCESS sites).

The fourth quarterly Program Coordinator's meeting was held on May 3, 2004 at the Branch's office in Raleigh. Two project sites were represented at this meeting as well as the Program Manager from the Branch. During this meeting, each Program Coordinator gave an update on the progress of their program and shared some of their experiences. The program database and data submission requirements were discussed. The definition of a program participant was reviewed in order to ensure accurate data entry. The second data submission of data was due to the Program Manager on July 31, 2004.

The questions for the patient satisfaction survey were finalized and the logistics of collecting the surveys anonymously at each project site were discussed during the Program Coordinator's meeting. The purpose of the self-assessment questionnaire for the Program Coordinators was reviewed and will be completed by the Program Coordinators biannually. The first self-assessment will be distributed and completed by the end of May 2004. Also discussed was the possible development of a pre and post-test to assess the program participant's change in knowledge level regarding the effects of smoking and secondhand smoke due to their participation in the smoking cessation program. Information on the effects of smoking marijuana during pregnancy was distributed to the Program Coordinators. The next quarterly Program Coordinator's meeting was scheduled for August 2, 2004.

Random chart audits were conducted in April and May 2004. The last random chart audit was conducted at the Gaston County Health Department on May 18, 2004. The Program Manager found that conducting these random chart audits was very beneficial in order to ensure that the program data is entered correctly and is as accurate as possible. The Program Manager received the quarterly submission of data from each Program Coordinator on July 31, 2004. The next data submission is due to the Program Manager on October 31, 2004.

Since the inception of the smoking cessation program in September 2003, a total of 232 pregnant women have participated in the program - six program participants at Durham County Health Department, 106 program participants at the Gaston County Health Department, and 120 program participants at the Robeson Health Care Corporation. Approximately, 32% of program participants are teenage pregnant women who smoke and/or are exposed to secondhand smoke. Approximately, 58% of program participants are between 20 and 29 years of age. Forty-two percent of the program participants are Caucasian, 32 percent are American Indian and 24 percent are African American. All program participants receive educational materials on smoking cessation and secondhand smoke exposure and receive on-going smoking cessation counseling from the Program Coordinator and/or maternity clinic staff. Approximately nine

percent of program participants reported quitting smoking or reducing their daily cigarette consumption.

The First Breath Program at the Durham County Health Department assessed over 100 pregnant women for tobacco use during this reporting period. Twenty-five of the assessments were completed on pregnant teenagers. Two pregnant teens were currently smoking and were provided with smoking cessation and secondhand smoke materials, but refused to participate in the program.

The Clean Air Tobacco Out! (CATO) Program at the Gaston County Health Department assessed over 120 pregnant women for tobacco use during this reporting period. Eighteen pregnant teens enrolled in the program. Maternity patients received counseling for both smoking cessation and to eliminate their exposure to secondhand smoke. The Program Manager conducted a random chart audit on May 18, 2004 and reviewed the findings with the Program Coordinator.

The Smoke Free Start Program at the Robeson Health Care Corporation enrolled over 30 pregnant women into their program during this reporting period, twelve of which were pregnant teenage women. The Program Coordinator participates in monthly perinatal meetings with maternity clinic staff to provide an update on the Smoke Free Start Program and to respond to any questions. During this reporting period, the Program Coordinator attended a meeting at the Robeson County Board of Education, presented at the Robeson Health Care Corporation retreat, and exhibited at their annual maternity fair on June 12th. The Program Coordinator was out on medical leave for most of the month of July, however program activities continue at each of the three maternity clinic sites through the work of the Maternity Care Coordinators.

In May 2004, the NC Healthy Start Foundation printed the new age-appropriate secondhand smoke material for pregnant teenage women entitled "Get Real ~ Secondhand Smoke Matters." This new material has been distributed to all project sites, all local health departments, community-based organizations, and other agencies and individuals across the state. The new smoking cessation brochure for pregnant teens entitled "Reality Check ~ Smoking Matters" continues to be disseminated across the state.

In May 2004, the Program Manager communicated with Lisa Wald, Intern at the UNC Department of Family Medicine, on several occasions. She collected information on the Smoking Cessation for Pregnant Teens project to include in the year-end report for the Health and Wellness Trust Fund. The Program Manager also shared a personal story about one of the Smoke Free Start program participants to include in the report to show an example of the value of the smoking cessation project and how it has helped influence positive change in pregnant women's life.

II. **Barriers and challenges experienced, if any, during the implementation of proposed activities during the reporting period:** None to report.

III. **Copies of project materials (brochures, handouts, flyers, training materials) will be included when developed:** Copies of the secondhand smoke material "Get Real ~ Secondhand Smoke Matters" will be sent with the hard copy of this report.

# Health and Wellness Trust Fund Commission
# Teen Tobacco Prevention Initiative

## UNC Outcomes Evaluation Project

## Annual Report
## July 1, 2003 – June 30, 2004

The Outcomes Evaluation Team has accomplished all of its objectives during this first year. Listed below are the Team's activities by category, as well as a description of factors that either facilitated or presented challenges to the group's work.

**Administrative Activities**

- Developed administrative infrastructure for the Evaluation Project including the hiring of two full-time research staff, building of a research team and an Advisory Board, creation of a new office space, and establishment of regular meetings both as a team and with collaborating partners such as the HWTF staff and Tobacco Prevention and Control Branch (TPCB) staff
- Initiated and developed collaborative working relationship with member and partner groups, including the HWTF, TPCB, the Office of Minority Health, the Community/Schools and Priority Population grantees and the NC TPCB Surveillance and Evaluation Workgroup.

**Technology**

- Assisted in the preparation of the Progress Tracking System (PTS) for use by the HWTF grantees. This included learning the system and adapting it to fit HWTF objectives. Developed a Six Month Report format in the PTS for grantees.
- Developed and launched a website, www.fammed.unc.edu/TPEP, hosted at UNC, to be used in communication with grantees and to disseminate information about evaluation findings
- Consulted with TPCB to develop a revised PTS with emphasis on measurement of progress measures.

**Teen Tobacco Prevention Program Grantees**

- Participated in the Evaluation Team for the Youth Conference in March, 2004
- Served on team to evaluate Phase II Teen Tobacco Prevention proposals
- Reviewed and prepared summaries of all Phase I grantees' proposals, highlighting their strategies and objectives, in preparation for utilization of the PTS system, logic model development, and creation of evaluation plans
- Incorporated individual grantee activities into work on development of logic models for four major HWTFC goals. These models were reviewed by stakeholders, revised, and finalized.
- Collaborated with TPCB in planning and conducting three regional PTS trainings across the state attended by all Community/School and Priority Population staff.
- Provided regular technical assistance to grantees for purposes of answering questions about PTS, developing logic models, and discussing evaluation plans. Technical assistance in form of phone calls or emails to all 26 Community/School grantees; more extensive assistance provided to 18 grantees, including two site visits and one individual PTS training.
- Collected and compiled grantees' PTS Monthly Report Summaries beginning September 2003. Since then, grantee reports have been received and edited on a monthly basis. Cleaned and edited report data; worked individually with grantees to refine and improve

use of the PTS system; compiled individual reports into a summary report for the HWTF, initially on a monthly basis and now on a quarterly basis.

- Compiled grantees' PTS Six Month Reports in October and April. Reports were received from all grantees and compiled for a report to HWTF.
- Outline for annual report completed, and data on grantee programs, including media, compiled.
- Conducted logic model training for all grantees.
- Conducted site visits with all Priority Population grantees for purposes of answering questions about PTS, developing logic models, and discussing evaluation plans. Provided ongoing technical assistance in form of phone calls or emails to answer follow-up questions.
- Offered technical assistance to Office of Minority Health in initial cleaning and editing of Priority Population grantee PTS Monthly Report Summaries.
- Provided technical assistance through site visit to Pregnant Teen Tobacco Use Cessation Program on development of evaluation plans.

**Media Evaluation**

- Completed a statewide telephone survey of 640 youth to obtain baseline data for an evaluation of the 2004 Tobacco Reality Unfiltered campaign on television.
- Consulted with the TPCB to modify the North Carolina Youth Tobacco Survey 2003 and the Six Month PTS Report to better assess exposure to NC statewide media campaign.
- Completed a "Best Media Practices for Youth Tobacco Use Prevention" study for the 2004 media vendor to assist in the development of an effective media campaign.
- Presented a proposal to HWTF for an annual evaluation of the 2004 statewide media campaign.

**Factors Influencing the Work of the Evaluation Team**

A number of factors have aided the Evaluation Team in its work. The productive working relationship with HWTF and TPCB staff, fostered by monthly meetings and open communication has facilitated evaluation planning and work with grantees. Both the Kick-Off Conference and PTS trainings have been informative, well-organized, and useful, based on the feedback received. In addition, grantees have shown enthusiasm about their projects and willingness to work with the Evaluation Team.

Some challenging factors have presented themselves as well. The Evaluation Team's contract was finalized after that of most of the grantees, making it more difficult to prepare for their evaluation. The wide range of grantee experience with logic models, evaluation, and PTS has required substantial technical assistance time during this first year. This time has been used to clarify grantees' strategies and anticipated outcomes in order to produce effective evaluation practices. Though the need for training has delayed final development of the logic models and evaluation plans, grantees will be better equipped to plan project activities to meet their objectives as they prepare for year two of their programs.

**NC Tobacco Prevention and Control Branch**
**Annual Progress Report Submitted to the Health and Wellness Trust Fund (October 2004)**

The NC Tobacco Prevention and Control Branch (TPCB) entered a Year 2 Agreement on October 1, 2003 with the Health and Wellness Trust Fund (HWTF) to continue delivering evidence-based training and technical assistance for the 26 Community/School Grantees (Phase I) funded as part of the Teen Tobacco Use Prevention and Cessation Initiative. In addition, in April 2004 the HWTF added 22 Community/School and Special Project Grantees in Phase II funding. In Phase II, thirteen Grantees are new Grantees and 9 Phase I Grantees received expansion funding. The TPCB agreed to incorporate all these grants into an expansion of its Training and Technical Plan.

The Tobacco Prevention and Control Branch has been the lead in the Division of Public Health for tobacco prevention and control since 1992 when NC was awarded an ASSIST grant from the National Cancer Institute. This seasoned staff has been working on tobacco prevention and control in NC since 1992, and is currently funded through the Centers for Disease Control and Prevention, offering value through expertise, experience in NC and its communities, and skills to the HWTF's Teen Tobacco Prevention and Cessation Program.

**The Branch's Training and Technical Assistance Scope of Work is based on the following key elements:**

1) Building the capacity of all Phase I and Phase II Community/School Grantees and Special Projects to implement youth focused evidenced-based policies and programs in schools and community settings;
2) Working in coordination with the Office of Minority Health and Health Disparities to build the capacity of the four Priority Population Grantees in youth focused evidenced-based policies and programs
3) Planning and implementing training and technical assistance to all 115 school districts for the 100 percent Tobacco-free Schools Campaign;
4) Serving in a lead role to activate a Technical Assistance and Training Committee (TATC), on behalf of the HWTF, to ensure that all training and technical assistance offered through various contracting agencies is well designed and coordinated.
5) Management of communication and coordination among all the TATC members and linking with the Grantees.
6) Developing performance management indicators in cooperation with the Evaluation Contractor
7) Adapting the TPCB's Progress Tracking System (PTS) to provide a systematic record of program activities from all community and school grantees

**Branch's Training and Technical Assistance Infrastructure, Priorities and Process**

**Training and Technical Assistance Infrastructure**. While it has been evident for some time that tobacco use is the leading preventable cause of death in our state and the nation, effective tobacco prevention and control in North Carolina faces considerable barriers. The TPCB recognizes that a skilled local infrastructure, supported through training and technical assistance by a seasoned and skilled state-level staff is key. While the TPCB's Project ASSIST was a success, funding was not statewide. Many local grantees have never worked in tobacco prevention and control policies and programs, as this is the first ever state funding dedicated to this public health issue. The TPCB established technical support infrastructure to include the following:

1) Assign an expert to serve as a Primary Contact person (Field Coordinator) for each grant and provide expert ongoing technical assistance and referral,
2) Access local ASSIST Coalition Coordinators to provide practical advice and serve as peer mentors in each region,
3) Work in collaboration with each of the Question Why Youth Centers to provide specific training centered around working to build diverse youth led /adult supported teams with each grantee ,

4) Provide specialized program staff to provide expertise and training in specific program areas (Tobacco Free Schools, Media, Surveillance and Evaluation),
5) Contract with the EnTER Program at UNC-Chapel Hill to provide training and technical assistance on secondhand smoke policies,
6) Ensure consistency and communication among all field coordinators working with the grants under the TPCB Training and Technical Assistance Guidelines,
7) Conduct a statewide Leadership Institute in Preventing Teen Tobacco Use and an Annual Statewide Training and Information Exchange to support training to all HWTF grantees as well as teens and adults from all regions of the state,
8) Coordinate with the Office of Minority Health and Health Disparities to assist the Priority Population Grantees, and
9) Coordinate with the Tobacco Prevention Evaluation Team (TPEP) at UNC-Chapel Hill Department of Family Medicine to develop Grantee Performance Guidelines and reporting protocol for objectives, indicators and activities that support the four goal areas of preventing and reducing teen tobacco use.
10) Provide ongoing technical support for the Progress Tracking System.
11) Coordinate a Technical Assistance and Training Committee (TATC) to meet regularly to discuss updates on programs, trainings, media campaign events and tools along with coordination and collaboration on upcoming activities,

The Phase I HWTF Community/School Grants are providing a powerful infusion of excitement, funding and human resources into the teen tobacco use prevention movement in North Carolina. This year the TPCB used its established infrastructure to ensure that each grant received tailored, high quality training, support and assistance as local grant staff develop community partnerships/coalitions and youth groups to implement interventions. The Branch was delayed in hiring a new HWTF-funded field staff position, however this position has been recently hired with an official start date of November 1, 2004. The TPCB will use lapsed salary to ensure that the Phase I and Phase II Grantees are fully supported by Field staff for the duration of the current funding.

In the Phase II allocation, HWTF funding is now supporting 3 critical TPCB positions that were previously funded by an expiring American Legacy Foundation Grant. These key positions include the Director of Tobacco-Free Schools, Director of Training and Development and an Office Assistant IV position. Phase II funding for 22 additional Grants also justified the demand to add one more full-time field staff so that each regional field person had a manageable number of Grantees to oversee. As of October 1, 2004 (the start date of the Year 3 Agreement) this Field Coordinator position has been classified by personnel, budgeted in the state system and the hiring process has begun. This additional field staff person should start by December 1, 2004.

The TPCB has recently divided the state into 5 regions where each respective field staff will maintain ongoing technical assistance for approximately 9-10 Grantees. See Attachment 1.

**Achieving Parity and Diversity.** The TPCB is in the process of filling the position of Director of Parity and Diversity with CDC funds. The position was vacated for a promotional opportunity. This TPCB position serves a key role partnering with the Office of Minority Health and Health Disparities (OMHHD) to build capacity of Priority Population grantees to carry out evidence based activities The TPCB staff's consultation focused on shifting the four Priority Population Grantees from the start up activities in their initial proposals to evidence based teen tobacco prevention and cessation. In Year 3, the Branch's Director of Parity and Diversity will provide tobacco prevention and control expertise in working directly with the Priority Population Grantees as well as the Phase II Special Project grants funded that focus on a specific population group. This position will be liaison and will coordinate with OMHHD by having regular communications, planning sessions along with joint meetings, site meetings and conference calls with the Priority Population Grantees. The TPCB will lead the planning and implementation of a 2-3 day statewide Summit in the late summer of 2005

tailored specifically for all of the Priority Population Grantees as well as others Community/School and Special Project grantees working with priority populations. We anticipate up to 200 youth and adults will attend the Summit. This event will be modeled after the nationally recognized UJIMA Summits initiated and carried out by the TPCB over the past five years. TPCB will collaborate with OMHHD on planning and carrying out the Summit. Further, specific training needs will be identified throughout the year and the TPCB will work to fill those needs through meetings, training sessions, workshops and information exchange forums. TPCB will work in coordination with other TATC organizations, such as Question Why, Ruiz Agency, CapStrat, and Webb Patterson to design and carry out specific training functions.

**Training and Technical Assistance Priorities.** TPCB training and technical assistance focused on further educating and training the Phase I Grantees to strengthen their community/school infrastructure to implement the objectives established by HWTF. Continued training on infrastructure focused on identifying and recruiting appropriate and diverse school and community partners and champions and grants were required to submit an Infrastructure Action Plan. TPCB also worked with the grantees on strategic planning to help them understand what they wanted to achieve, how to operate effectively in school and community settings and how to plan effective strategies with realistic deadlines and outcomes.

The TPCB is working to focus all Grantees on Best Practices for teen tobacco use prevention, especially policy interventions. Priorities include training and technical assistance focused on activities to support the adoption of tobacco-free schools policies and enforcement of existing policies. TPCB trained grantees in developing school survey tools, conducting needs assessments, forming and empowering youth groups such as Teens Against Tobacco Use (TATU) groups and students clubs, establishing Alternative to Suspension (ATS) programs, coordinating Not-On-Tobacco (N-O-T) youth cessation training, and developing strategies regarding approaching and working with local School Boards.

Since promoting tobacco-free policies in public places where youth spend leisure time or work is another priority, several Grantees are now focused on youth working with restaurants, sports venues (e.g. minor league baseball) and other public places to persuade them to go smoke-free or completely tobacco-free. Utilizing training information provided by EnTER, the working SmokeFree website at *www.WorkingSmokeFree.com* and special secondhand smoke educational materials, TPCB trained adults and youth regarding reducing youth exposure to secondhand smoke and effective advocacy techniques. Youth learned to develop and implement surveys with restaurant patrons and to deliver factual and persuasive messages regarding strengthening policy to restaurant owners and managers.

**Training and Technical Assistance Process.** For all Phase I Grantees, the TPCB worked with UNC Tobacco Prevention and Evaluation Program (TPEP) in early 2004 to develop a concise Annual Action Plan (AAP) Format that focused on all four goals, priority objectives and key activities. The TPCB worked with UNC TPEP and Question Why to plan and conduct regional AAP meetings with all Grantees. In these regional meetings TPCB staff assisted all HWTF Community/School and Priority Population Grantees in developing their respective AAP to focus on key policy priorities.

Upon the Grantees completion and submission of their AAPs the TPCB organized a statewide Review Meeting on June 14, 2004 for all Phase I Grantees. Review team members included TPCB Field staff, Question Why Youth Center Coordinators, and TPEP staff. Action plans were reviewed by region with Field Team members staffing regional tables. TPCB Program staff and TPEP staff visited each region to share comments. A lengthy discussion included Performance Objectives for the HWTF grants with each Review Team member offering questions and comments to improve the Performance Objectives and to move closer to a final version to be approved by HWTF staff. Other discussion focused on forming consultant teams for each grant to ensure that the individual grant had tailored technical assistance.

Currently based on the AAP process with Phase I Grantees, the TPCB and TPEP has worked together to develop a pilot document called "Progress Indicators". This is currently being used for the following purposes:

- Guide annual action planning,
- Ground Phase II grants on priority progress areas and
- Create a foundation for accountability in the newly revised Progress Tracking System (PTS).

The Program Indicators document served the HWTF Teen Tobacco Use Prevention and Cessation Program as important core document shared at the October 11-13, 2004 Statewide Training and Information Exchange Conference (described below). The document provided all Phase II Grantees with Guidelines for program priorities to develop their AAP and the document reinforced the need for Phase I Grantees to stay focused on "best practice" priority objectives and activities. See Attachment 2.

Now that Phase I Grantees are fully operational and have developed infrastructure, training is focused on skill building for grant staff and volunteers and information sharing among grants through regional meetings, statewide and regional conference calls. This year regional workshops focused on building stronger and more diverse coalitions; youth leadership skills; and effectively managing youth and adult groups to implement multiple priority activities. Grantees will also be trained to develop, write and implement more sophisticated, effective annual action plans that involve priority populations and successfully influence tobacco policies that impact youth on the local level. Providing training for School and Community grants has been a dynamic and fluid process and the future training opportunities must reflect that process.

For Phase II Grantees funded as of July 1, 2004, the TPCB wrote and delivered a Pre-Orientation Manual that provided new grantees with an overview of the HWTF Teen Tobacco Use Prevention and Cessation Initiative, sample job descriptions and example interview questions for hiring new local staff. Further program training and orientation would be held through a 3-day statewide training event (described below), regional meetings, a statewide conference call followed by ongoing one-on-one technical assistance and referral.

**The Branch's accomplishments on this year's training and technical assistance deliverables are as follows.**

**Statewide Leadership Institute on Preventing Teen Tobacco Use.** This event was the culmination of six months of planning with youth involvement from the beginning, including an all-day Saturday Nov. 1st planning retreat. The Youth Leadership Institute was an event with youth teams representing 450 participants from 67 counties across the state. The event was designed to provide in-depth, interactive leadership training and development courses for youth and adults to create youth-driven, adult-supported tobacco use prevention work plans designed to impact the objectives. Each team participant was able to choose two in-depth courses of approximately 4 hours of course time. Most courses were limited to 30 participants per course to provide a more open forum for facilitated "hands-on" activities. Youth leaders were identified to co-facilitate the in-depth courses. The 2004 Youth Leadership Institute kicked off with a teen-led Teen Town Meeting. Bill Corr, Executive Director of the Campaign for Tobacco Free Kids was the guest keynote speaker and the only adult on stage. Diverse teen leaders from across the state introduced key topics including helping peers quit, promoting tobacco-free schools, eliminating tobacco-related health disparities, eliminating secondhand smoke exposure and increasing price as an effective tobacco prevention tool. Lieutenant Governor Beverly E. Perdue addressed the youth at lunch on Saturday March 13, 2004 to motivate the youth advocates and to officially launch the television campaign for the TRU (Tobacco Reality Unfiltered) ads. These ads featured NC youth with testimonial ads designed to capture the attention of youth - in order to prevent their initiation and use of tobacco products.

Youth and adult leaders from the ?Y Youth Empowerment Centers and multiple other agencies

played important roles in the planning of key elements of the Institute. Statewide objectives were developed for this Institute and are linked to a follow-up evaluation for the Institute:

- By the end of 2004, mobilize youth and adult leaders of youth for a focused and highly visible campaign to eliminate secondhand smoke from at least 50 public places where youth frequent, and gain increased earned media at the local level at a rate of 3 media events per month.
- By the end of 2005, increase from 45 to 75 the number of school districts actively working to advance a 100% tobacco-free school policy.
- By the end of 2005, increase from 30 to 59 the number of school districts that adopt and enforce a 100% tobacco-free school policy.
- By mid-2004, increase to at least 20 new communities that are mobilized around the most effective NEW ways to reduce youth access and availability, including educating about the research on public health effectiveness of a price increase.
- By mid-2004, all adult participants and at least half of all youth participants sign up to be a part of the QuitNowNC! Network in order to promote quitting among youth and adults.
- By the end of 2004, at least 10 communities or schools will plan and implement at least one evidence-based cessation policy/program intervention within a school system, healthcare setting, or worksite.

A comprehensive evaluation plan was developed for the Youth Leadership Institute. Each individual course was rated by attendees and feedback provided to both the HWTF and to course facilitators. Most courses were given high ratings and participants stated that their learning objectives were met. In addition, a palm pilot survey was developed and administered when the majority of participants convened for dinner one night. Immediate results gave high marks for the overall training, general sessions, whether youth and adults had learned new skills, and whether those new skills would be put into use in their home communities. Between 80-90% of all youth and adults stated that they had learned a new skill that they intended to use it back home and that overall the training met their needs. See Appendix 3.

Because less is known about how these skills actually translate back into their community's two specific follow-up surveys were planned. A 3-4 month follow-up survey with all youth and adults using the Internet, mail and telephone was conducted to see how these skills were being utilized. Nearly half of the 450 participants were contacted and completed a simple 20 question follow-up survey. Also, because a specific task at the Institute was to develop an action plan, a 6 month follow-up is being conducted to assess to what extent these plans were developed and implemented by the various local youth teams. The six-month follow-up is currently taking place to contact youth and adult team leaders and the results will not be generated until November/December 2004. Because of the methods of this evaluation plan, an abstract for a presentation is being submitted to the National Tobacco Control Conference in Chicago, May 2005 that utilizes this evaluation as a case study for other tobacco control programs to learn and replicate.

**Tobacco-Free School Campaign.** The number of school districts that are 100% tobacco free increased from 27 to 43 since this Project was funded. The HWTF Teen Tobacco Prevention and Cessation program provided momentum and ground troops to the Branch's existing campaign to have all schools in NC 100% tobacco free. The 2004 Tobacco Free schools law also provided momentum G.S. 115C-407 clarifying that the local School Board is the appropriate decision-making body for this decision. Regional Tobacco Free Schools Workshops, Leadership Forums, Tobacco-Free School Signage Project and the Tobacco Free Schools website are the engine behind the success. They provide the focus, skills, and positive peer pressure to get the job done.

**Regional Tobacco-Free School Workshops.** The TPCB planned and implemented three 2-day 100% Tobacco Free Schools workshops entitled ***Teaming Up for Tobacco Free Schools*** during

2003-2004 in Wilmington, Durham and Asheville. Together, these three workshops provided training, technical assistance and resources to 194 participants in 52 school districts.

The objectives of the workshop were to:

- Discuss 100% TFS policy and describe components of a comprehensive plan
- Identify a model and methods of becoming 100% TFS district
- Learn techniques and resources for media advocacy to advance/defend 100% TFS
- Gain techniques for addressing obstacles and potential concerns of school staff and community members
- Identify resources and strategies to support enforcement of 100% TFS policy
- Develop a list of next steps to advance a 100% TFS policy

The onsite evaluations showed that a super majority of participants reported that the workshop objectives were met. During the second day, participants worked in breakout sessions. These sessions were designed to encourage small group interaction among the participants and trainers. Each session focused on a distinct component of a 100% TFS policy such as ATS, TATU, School-based tobacco use prevention curriculum along with adult and youth cessation.

In the months directly following the workshops a number of these school districts, adopted a 100% tobacco-free policy. They include: Ashe, Buncombe, Catawba, Cherokee, Clay, Stanly, and Union.

Other, county schools attending the workshops are actively working on the issue and continue to make progress towards this goal. They include: Bladen, Halifax, Hoke, Richmond, and McDowell.

Finally, a number of school districts that had already adopted the policy attended in order to identify strategies to improve policy compliance. These included representatives from Charlotte-Mecklenberg, Chatham, Gaston, Durham, Guilford, Onslow and New Hanover County schools.

Participants were key school and community leaders, including superintendents, assistant superintendents, safe and drug free school coordinators, school board members, health directors, and Healthy Carolinian directors.

**Leadership Forums.** Six Tobacco-Free Schools Leadership Forums were held in 2003 – 2004. These 2-hour forum sessions and panel discussion provided an opportunity for top-level school administrators, school board members, health directors and boards of health members to learn the benefits of a 100% tobacco-free school district directly from a panel of peers, namely school superintendents, principals and others key school personnel. The forums also provided an opportunity for key school officials to network with others who are working to advance the policy or have the policy in place. Three Forums were held in conjunction with the 2-day policy workshops noted above. Three additional Forums were held in the spring of 2003 in Weldon, Pinehurst and Elkin City. The Forum in Pinehurst had 51 participants representing 13 school districts. Representatives from a number of local, regional and state agencies involved in preventing teen tobacco use also attended. The Forum in Weldon had 54 participants representing 12 school districts. Most were from traditionally “hard to reach” school districts located in eastern NC counties that are economically dependent on tobacco. These include school districts of: Sampson, Northampton, Warren, Duplin, Edgecombe, Bladen, Nash, Johnston, and Wayne

The Forum in Elkin had 47 participants representing 9 school districts. These Leadership Forums have already help lead to 100% tobacco-free school policies being adopted in: Cleveland County Schools, Moore County Schools, Newton Conover City Schools located in Catawba County.

Further the following school districts are making better progress due to having school administrators attend the forums: Halifax County Schools, Currituck County Schools, Elkin City Schools, and Northhampton County Schools.

Tobacco-Free School Signage Project. The TPCB organized and managed the statewide signage project to provide all school districts that adopt a 100% tobacco-free school policy with a range of signs that let students, staff and visitors know the new policy. The TPCB organized requests and shipped signs to 30 school districts, including all newly adopted 2003-2004 policies as well as other districts that previously adopted the policy, but needed additional and much improved school signage. For many school districts, the cost of purchasing signs is prohibitive. The opportunity for free signs has been a great incentive to these school districts to adopt the policy a new 100% tobacco-free school district. These signs are available at no cost to the school district. Also, the TPCB provides schools with clear guidelines and suggestions on how to effectively communicate their policy--through the strategic use of signs, as well as by other means to reinforce the signs. Providing the signage has ensured that that these new policies are effectively communicated and smoothly implemented--resulting in improved enforcement.

**Tobacco Free Schools Website.** The 100% tobacco free schools website – www.nctobaccofreeschools.com – was launched in July 2003. The website provides school and community leaders across the state with easy access to materials and resources that can be used to advance or enforce the policy. Practical materials that can be used by school administrators or local advocates are available. This information includes: a model policy, a clear evidence-based rationale for 100% tobacco free schools, steps to develop an advocacy strategy around this issue, guidelines for enforcement, tips for policy communication, and links to other resources. The website has proven to be a very useful tool, generating more than 5,000 “hits” in the first month that it was published online.

**Websites.** The Branch subcontracted with Rebecca S. Williams, a web design expert and doctoral student at the UNC School of Public Health. This contracted position completed the following deliverables:

- Provided ongoing updates to StepUpNC--this site is currently being redesigned to update its look.
- Completed the Question Why website, which has been turned over to Question Why to maintain and update.
- Developed and helped launch the NC Tobacco Free Schools site (referenced above), which has comprehensive information on tobacco free school policy in North Carolina.

All these sites listed below are linked to each other and can be linked to HWTF and Reality Unfiltered.

- www.stepupnc.com
- www.nctobaccofreeschools.com
- www.questionwhy.org

**Statewide Annual Meeting and Regional Training Events for Grantees.** The TPCB planned and held a 3-day statewide event on October 11-13, 2004 ***"Making a Difference: A TRU Movement".*** It included an Orientation Day for new grantees (October 11th) and Training and Information Exchange (October 12th-13th). This training event was originally scheduled for May 2003, but the TPCB strategically decided to hold the Training in October to involve new grantees. See Agenda in Attachment 4.

The Orientation Day tailored for new Phase II Grant staff as well as any new staff from Phase I Grants attracted 93 participants that well exceeded our projections of 55 attendees for this event. The new staff received an overview of the HWTF, and the Commission along with other supporting agencies. The training included sessions on preventing teen tobacco 101 and roundtable sessions

focused on the primary goal areas, infrastructure and evaluation that support Grantee initiatives. A presentation from the media vendors provided insights on the TRU media campaign, and Question Why held a insightful session on working effectively with youth in the community. The last part of the agenda provided opportunity for networking by region. In the evening on the 11th, Orientation agenda transitioned into a larger structured networking session to connect the Phase I and Phase II Grantees by region. This session convened the larger conference that attracted over 200 participants over the next two days.

On October 12th, the Training and Information Exchange was opened by Dr. Marcus Plescia, Section Chief for Chronic Disease and very insightful Plenary Session by Dr. Adam Goldstein, UNC Department of Family Medicine. The plenary was followed by the keynote address by The Honorable Lt. Governor Beverly E. Perdue, in which she unveiled two of the new fall TRU TV campaign advertisements. Rachel Biddix provided a moving testimonial of her work with youth through Survivors and Victims Empowered - SAVE. The remainder of the day was dedicated to 11 key topic breakout workshops. Participants had the opportunity to attend three different workshops at basic and advanced levels. A working lunch provided the opportunity to hear three key journalists, representing Asheville, Winston-Salem and Raleigh, to discuss state and national tobacco control issues such as the tobacco buyout, FDA regulation and tobacco tax increases. The journalists shared insights based on local media coverage along with personal perceptions and insights from policymakers. An additional opportunity to network and exchange information was provided on the evening of the 12th. Participants heard from diverse grantees across the state that had a success story to share in each of the program goal areas and viewed an inspirational video collage of grantee programs in action from across the state.

The third day of the event highlighted the essential skills of storytelling by the internationally recognized speaker and author of *The Story Factor*, Annette Simmons. Ms. Simmons provided a dynamic hands-on skill building session for all participants. Participants learned the key elements effective storytelling and how to incorporate stories into their role as community change advocates. All participants practiced telling a key story for a group of supportive listeners.

The Training and Information Exchange Evaluation Team conducted participant evaluations for the entire Training and Information Exchange, each respective workshop as well as the final day that focused on effective storytelling. All of these evaluations are currently being analyzed with results available in November 2004.

**Regional Training Events.** The TPCB partnered with Question Why (?Y)Youth Empowerment Center to conduct adult leader training "Successfully Running Youth Tobacco Use Prevention Groups" on Friday, October 17, 2003. Question Why (?Y) staff led the planning and TPCB supported in promotion and recruitment of Grantees. Twenty-eight adult leaders attended from 16 different counties representing the Western Region. The training agenda included a session by Paul Turner of NC STEP on spit tobacco and youth, an adult leader panel on tips and hints for creating successful youth groups, along with ?Y adult and youth leader-led sessions on the ?Y model of youth empowerment, youth cessation, and assessment techniques. The training received high evaluation marks for the training including the spit tobacco information, the networking, the ideas and resources shared, and the wisdom from the adult leader panel.

The Branch partnered with Question Why (?Y) Youth Empowerment Center to host a one-day workshop in November 2003 for adult leaders in the central region on Youth Empowerment and Advocacy. Question Why staff led the planning and TPCB supported in promotion and recruitment of Grantees There were 60 adult participants, 23 individuals that are from HWTF funded agencies (either school and community or priority population). There were 3 national speakers and 3 statewide HWTF speakers (NC SAVE, NC Amateur Sports, Health Action Council) Topics covered included: Understanding Youth, ?Y Youth Empowerment Model, Local Activity Development (lessons from

the field), Resource Development and Usage and a Youth Panel on effective adult leadership.

The TPCB collaborated with Question Why Center of the Central Region along with the adult leaders of the Orange County and Durham County Grantees to conduct a joint youth Summit in Durham on February 20, 2004. Question Why adult and youth staff-led the planning and TPCB assisted with conference support through our Director of Training and regional Field staff. Consisting of approximately thirty-five youth, the Summit centered on Question Why youth conducting trainings on tobacco 101, media literacy/media advocacy, and enforcing 100% tobacco free schools. The training workshop focused on how to foster policy change via the use of the Nine Questions model for policy change. Youth applied the Nine Questions to fostering policy change at the local bowling alley in Durham County. After completion of the Nine Questions, youth selected a team of youth that would meet with the owner/managers of the bowling alley that evening to advocate that the bowling alley would adopt a smokefree policy.

The TPCB partnered with the Question Why Youth Empowerment Center of the Western Region on August 20, 2004 to conduct an Adult Leader Workshop on "Youth Tobacco Use Prevention: Your Links to Effective Activities and Resources". Question Why staff led the planning and TPCB supported in promotion and recruitment of Grantees. Twenty-five participants represented 20 Western Region counties**.** Their were great evaluation results, with comments highlighting the resource-sharing, networking, and information on the HWTF, coalition-building, secondhand-smoke, cessation, and TFS enforcement ideas. Suggestions for future training topics included tobacco-free schools policy enforcement and approaching community and school leaders--a great match with the tobacco-free schools training that Suzanne DePalma, Director of Tobacco-Free Schools with TPCB is organizing for the Western Region on November 4-5, 2004.

The TPCB field staff partnered with the Question Why Youth Empowerment Center of the Eastern Region for a Youth Training workshop for Hertford County; a Youth Summit on Onslow County, Adult leader Training in Chowan County, Media Advocacy and Media Literacy training for Herford-Gates and Chowan County. In each of these trainings, Question Why staff led the planning and TPCB field staff person supported in promotion and recruitment.

**Training and Technical Assistance for Promoting Voluntary**
**Smoke-free Air Policies in Places Often Frequented by Youth.** Eliminating exposure to secondhand smoke is an evidence based strategy that achieves a two for the price of one value in that:

- It eliminates exposure to a serious health threat (a known, human lung carcinogen, an asthma trigger, and a risk factor for cardiovascular disease), and
- It changes social norms and provides a powerful role model for young people.

The Branch subcontracted with the Environmental Tobacco Smoke Education and Resource (EnTER) Program based at the UNC Department of Family Medicine to provide training and technical assistance on secondhand smoke policies. Early in the contract, TPCB and EnTER realized that to work effectively with youth and with busy adult leaders, the program needed to focus on briefer, half-day trainings. There were no requests for full day trainings. The strategy incorporated most often for training workshops was to combine with other meetings and training opportunities for time-effectiveness. Using this strategy the EnTER Program exceeded their original deliverables for FY03-04. The EnTER Program conducted the following trainings for Year 2 as listed below.

**4 hour Second hand Smoke (SHS) Trainings for youth.** During the course of the contract 127 youth and 82 adult leaders (Total of 209) were reached with information on advocating for smoke-free hangouts, smoke-free media advocacy and the science of secondhand smoke.

- Robeson County--29 participants (4 youth)
- Robeson County--82 participants (80 youth)

- Chatham County--18 participants (16 youth)
- Hi-Top Consortium--15 participants
- Orange--16 participant (15 youth)
- Hertford-Gates--24 participants (12 youth)
- Question Why Adult Leader Training--25 participants

**One Hour Presentations.** At least 179 community leaders with influence on youth received brief presentations on the secondhand smoke issue, including the science behind secondhand smoke and its impact on health -- particularly the health of youth and children.

- "Breath Easy" Grand Rounds - Chowan Regional Health Care Center--15 participants
- "Breath Easy" Grand Rounds - Mecklenburg County Health Department--12 participants
- Orange County Asthma Coalitions--7 participants
- NC Pediatric Society--60 participants
- General Baptist State Convention--25 participants
- Chambers of Commerce in Chowan, Perquimmens, Washington and Tyrell Counties--55 participants
- NC School Nurse Association--20 participants

**Technical Assistance.** Beyond the training sessions, EnTER staff conducted collaborative work with Question Why and the TPCB field staff to provide one-on-one consultation for Grantees.

**Policy Change.** EnTER arranged for seven expert speakers to present at the Child Care Home Regulations Public Hearing on changing the state regulations to forbid home child care providers from smoking inside while caring for children or while driving with children in the vehicle. The law passed and went into effect in May 2004.

The following is a sample list of businesses that have gone smoke-free or strengthened their no-smoking policy during the past year (* - received technical assistance from EnTER, a local coalition or the TPCB): *Cat's Cradle, Chapel Hill; Forsyth County Courthouse; Tyson Foods; *Perdue Chicken Plant; Durham County Buildings; *Montgomery County Courthouse; *Lenior County Courthouse; International Home Furnishing Center, High Point; Lowe's Home Improvement (all buildings and grounds); *A Southern Season--Chapel Hill; Guilford County Buildings; McDowell County Park.

**Program Tracking System and Process Evaluation.** On-going technical assistance has been provided throughout the year to the TPCB/HWTF staff using the Progress Tracking System (PTS). The UNC TPEP has been a primary recipient of on-going technical assistance as they learned how to best utilize the system for their evaluation needs and as first point of contact for grantee PTS users. Any technical requests that UNC TPEP was unable to resolve were passed along to TPCB staff or the technical programming consultant and were addressed in a timely manner. Also, TPCB staff provided on-going assistance to Carol Ripley-Moffitt of the UNC TPEP Team to help their team understand and organize data from the grantees. The PTS technical consultant provided UNC TPEP two days of on-site assistance in December and January to assist their team in using more advanced features of MS Access as related to PTS. The technical consultant also programmed and developed several special reports and tools for UNC TPEP including a text-mining feature, and a six-month survey data analysis report.

During March and April, in preparation for implementing major changes to the PTS, the technical consultant along with TPCB Surveillance and Evaluation Team (SET) conducted a review of tobacco activities tracking systems used in other states including (WA, TX, IN, and WI) and nationally (CDC Chronicle). The review included interviews with key users, as well as a technical review of the systems. In April and May, the consultant developed a key-informant survey and conducted interviews with 28 PTS users including five HWTF Grantee users, TPCB staff and the UNC TPEP

team members. A report was published in June based on the findings of the key informant interviews. July through October, the contractor worked with TCPB staff and UNC TPEP to re-design the PTS to better capture key, quantifiable indicators. This has included a regular series of planning meetings, and developing and demonstrating working models of the new system. The new system is currently undergoing internal testing and a series of field tests are being scheduled for November with rollout and training scheduled for January 2005.

TPCB SET continues to provide consultation as needed to individual grantees and the UNC TPEP Team. In collaboration with UNC-TPEP, TPCB Field Team, SET along with programming support provided by the consultant, PTS is undergoing a massive redesign to support the Management By Objectives (MBO) accountability to meet the needs of the HWTF and TPCB. This involves a new PTS interface for users with new input screens, data elements, and reports. As part of the effort to rebuild PTS, the key stakeholders formed a workgroup that developed a list of annual outcomes and outputs to help shape local priorities linking them with appropriate strategies and evidence-based best practices. These new progress indicators (Attachment 2 referenced above) have been developed to track advancement on annual objectives within each of the four major goal areas and infrastructure. During the next few months, the workgroup will field test a demo version of the new PTS, incorporate feedback into a final version, distribute the new PTS to all Grantees, troubleshoot installation issues, provide training statewide to all grantees on how to use the new PTS and re-write a new users manual.

**North Carolina Youth Tobacco Survey (YTS).** The Branch has analyzed, written, edited and published several YTS related reports and data documents in the past year. Primarily these have been placed on the TPCB website and distributed to the tobacco control Vision 2010 and HWTF listserves. Two statewide press releases have been submitted to news outlets garnering several articles and new stories (including radio and TV spots). Collaboration with Capstrat on several other YTS related press advisories related to key events such as the Old North State Annual Convention, Youth Leadership Institute etc. UNC TPEP has collaborated with TPCB to utilize some YTS data for their annual HWTF report. An executive summary publication of the overall results has been slightly delayed due to substantial work related to PTS re-design, involvement of the evaluation team in the Youth Leadership Institute (March 2004) and Training and Information Exchange (October 2004) events. A draft of the executive summary has been circulated internally and is almost ready for wider review and comment.

Results have been shared with many partners and groups including the Tobacco Surveillance and Evaluation Advisory Group. Collaboration and consultation with academic tobacco control professionals has led to the start of two peer-reviewed publications that provides the key results from the 2003 Youth Tobacco Survey that will be ready by December 2004. Two background documents are also being created that look at 2003 results and trends over time. These high-end documents should be completed by December 2004 or early 2005. All these publications will be sent to all schools, Grantees, community organizations involved in youth tobacco use prevention and other stakeholders. The peer-reviewed articles will be submitted to the appropriate public health journals.

An advocate NC YTS was conducted at the Youth Leadership Institute in March 2004. Results were scanned and cleaned by Research Triangle Institute (RTI) and CDC. TPCB analyzed and generated basic prevalence, attitudes and knowledge of youth involved in tobacco use prevention across the state. This advocate data set provides a great baseline to make some comparisons between students statewide and those involved in tobacco use prevention. As one would predict tobacco use was extremely low among advocates and tobacco control activities very high. This survey can now serve as a baseline to measure changes in tobacco advocates over time whereby at the next statewide Youth Leadership Institute in 2006 one would expect that youth advocacy and activities would be increase. See Appendix 5.

Furthermore, planning for the 2005 NC YTS has begun in earnest. Partnering with NC Department of Public Instruction, TPCB is creating a committee that will help draw the sample of school districts and schools. Several presentations have been made to key allies in the Department of Public Instruction programs including: Healthy Living Institute, Safe and Drug Free Schools statewide meeting and Health Directors and School Districts Superintendents. On going planning will include contacting school networks and survey coordinators.

Fact sheets on the 2003 YTS data for middle school and high school is available in Appendix 6.

**Training and Technical Assistance Video and CD Production.** TPCB entered into a service agreement with the Agency for Public Telecommunication to provide video capture for the educational components of the Youth Leadership Institute. All general sessions and the four goal area sessions were captured. The production crew time, video supplies, window burn copies onto VHS tapes. Some elements of the video segments were used by the media vendors for promotion and public relations purposes. The videos remain on file and are available for check-out from the Tobacco Prevention and Control Branch. The TPCB will continue working with the Agency for Public Telecommunication to create and copy relevant video and CD training and technical assistance materials captured from Year 1 activities to be used as future training tools.

**Conference Calling Events.** The TPCB planned and organized four statewide technical assistance conference calls using a Toll-free Conference Call service. The TPCB worked with the TATC members to develop the agenda and present on the call. These statewide calls served to enhance communication and coordination among the TATC member agencies and all the Grantees. The calls also facilitated networking and information exchange among all the Grantees.

**Collaboration on Media Campaign.** The TPCB Director of Public Education and Communication has provided ongoing technical assistance during the past year, with special emphasis on those local grantees who are using local funds to do media work. She worked closely with all HWTF media vendors on development of media content that fits within the guidelines of "Best Practices." She worked with TPEP in researching other media campaigns in tobacco use prevention. She also provided media advocacy training all of the Phase I Grantees during the PTS regional trainings in year 1 and provided media spokesperson workshop as part of the recent statewide Training and Information Exchange. She has also provided training at local events, such as the All Girls Conference sponsored by the coalitions in Alamance and Guilford Counties.

Other examples of direct media work with Grantees include:

- Alamance -- Worked with the local coalition in the development of smoke-free dining billboards and T-shirt art for youth.
- Alleghany County Schools -- Provided practical information on how to do a billboard contest for teens.
- American Cancer Society - Quitline. Was included in preliminary meeting to begin planning media messages for promoting quitline to African American Youth. Provided information on "Best Practices."
- Ashe County Schools -- Helped with development of billboard and printed materials to promote Smoke-Free Dining Day.
- Chowan Regional Health Center -- helped in development of baseball program print ad.
- FirstHealth -- Assisted in development and updating of cinema ads. Guilford -- Provided guidelines for youth-developed billboards. Helped
- to receive approval for News & Record print ad.
- Halifax County Schools -- Worked with local staff to develop approvable artwork for two billboards.

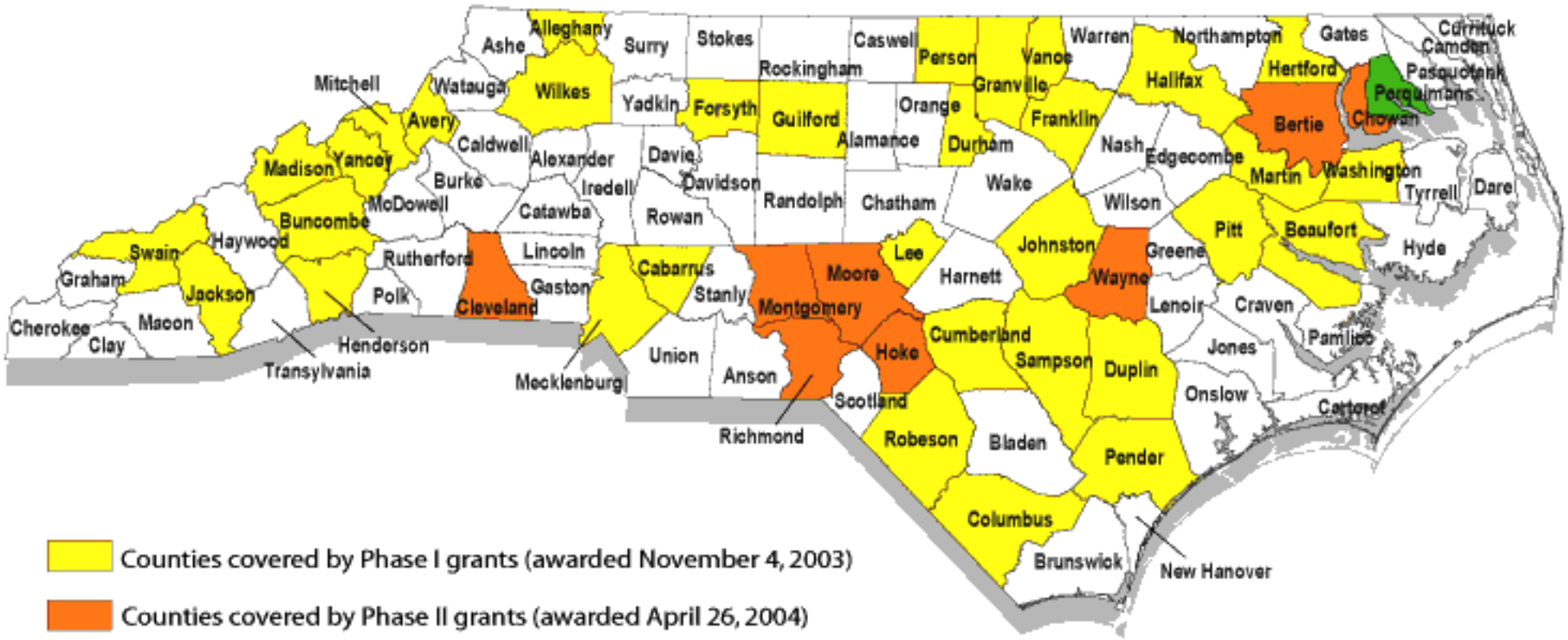
- Mecklenburg -- Worked with Mini-Grantee Northwest School of the Arts on billboard contest winner approval. Worked with Mini-Grantee Independence High School on script for spit tobacco video shown at Charlotte Knights Baseball games. Helped with approval for cinema ads.
- NCSTEP -- Helped develop an op-ed piece on spit tobacco and harm reduction.
- Robeson County Schools -- helped with talking points for adults and students on working with the media on tobacco free school policy.
- Rowan -- Worked with local coalition on local media, including local brochures and a cinema ad.
- SAVE -- Involved in development of script for SAVE video.
- Surry -- Worked with local staff on approval and other issues around local billboard, local placement of TRU TV ads and local placement of TRU print ad.
- Union -- Worked on approval for billboards on school grounds, school posters and a billboard on US 74.

**Technical Assistance and Training Committee (TATC).** The TPCB coordinated a Technical Assistance and Training Committee (TATC) to meet regularly to discuss updates on programs, trainings, media campaign events, tools and resources to enhance coordination and collaboration. The Technical Assistance and Training Committee (TATC) is made up of all the HWTF contractors that provide technical support and resources to the Grantees as well as gap counties. TATC held five very productive meetings over the course of FY03-04 to facilitate communication on clear roles and responsibilities and coordination on upcoming activities. Each organization further focused on defining and communicating their HWTF deliverables for better communication to Grantees and teamwork among TATC members (see Appendix 7). The over goal of TATC is to institute a seamless process where each Grantee as well as gap counties receive excellent assistance and resources to be the most effective in preventing and reducing teen tobacco use.


# Youth Overweight and Obesity Prevention

# NC Health and Wellness Trust Fund
# Fit Together (Obesity) Initiative

## Counties Covered by Grantees




Counties covered by Phase I grants (awarded November 4, 2003)

Counties covered by Phase II grants (awarded April 26, 2004)

Counties covered by Phase I and Phase II grants

NOT SHOWN

- UNC-TV (all counties)
- NC Academy of Family Physicians (60 undetermined counties)

NORTH CAROLINA Health Wellness TRUST FUND

Updated: 10-27-04

**HWTF FIT TOGETHER INITIATIVE (OBESITY)**
**GRANT AWARDS**

Fit Together, an overweight/obesity prevention initiative, includes 21 grants (17 community-based grants and 4 statewide grants) funded by the NC Health and Wellness Trust Fund at $8.6 million, and a statewide education and outreach campaign funded through a $3 million commitment from BlueCross and BlueShield of North Carolina.

| Fit Together -- Program Components | | |
|---|---|---|
| Local and Statewide Grants | $ 8,549,753 | Details provided below |
| Technical Support for Grantees | $ 770,000 | |
| Grant Outcomes Evaluation | $ 414,500 | |
| Study Committee on Childhood Overweight/Obesity | $ 300,000 | |
| Balance for Grant Expansion | $ 465,747 | |
| Fit Together Partnership - Paid Media | $ 710,000 | |
| Fit Together Partnership - Diagnostic Software for Website | $ 65,000 | |
| Fit Together Partnership - Website Hosting and Maintenance | $ 60,000 | |
| Fit Together Partnership - NC Academy of Family Physicians & NC Pediatric Society (health questionnaire, diagnostic output, design and development) | $ 155,000 | |
| Fit Together Partnership - Benchmarks | $ 300,000 | |
| Fit Together Partnership - Best Practices | $ 210,000 | |
| Total Investment in Fit Together | $ 12,000,000 | |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 1 | Albemarle Regional Health Services | Bertie, Chowan, Perquimans | $ - | $ 450,000 | $ 450,000 | The grantee will implement a model physical activity and nutrition program within elementary schools in 3 counties. Specific activities include forming walking/fitness clubs and lifetime sports programs in 10 elementary schools. |
| 2 | Avery County Schools | Avery | $ 204,827 | | $ 204,827 | The "Avery NEEDS" project will offer after-school physical activity, recruit high school healthy role models, work with teachers to integrate nutrition lessons into the curriculum, implement Be Active's Active Steps Youth Program in target schools, and work with community agencies to hold a family health night at each target school. This group also plans to measure children's BMI and send results to parents. |
| 3 | Be Active of North Carolina, Inc. | Alleghany, Perquimans, Pender, Wilkes, Beaufort, Jackson, Madison | $ 330,796 | $ - | $ 330,796 | Be Active North Carolina, Inc. will implement the "Active Steps Youth Program" in elementary schools in seven counties. The Active Steps Youth Program uses pedometers to help students set and achieve physical activity goals. Teachers in six of the schools will also participate in pedometer-based programming. The Be Active group is willing to provide consultation to other grantees who plan to use pedometers. These grantees may also attend Be Active trainings that take place in their region. |
| 4 | Children First of Buncombe County | Buncombe | $ 434,283 | $ - | $ 434,283 | Children First of Buncombe County will partner with Appalachian Sustainable Agriculture and MANNA Food Bank for this project. The partners have designed a program called "Growing Minds - Healthy Bodies" that will target children at four elementary schools and their families. School activities will include school gardening programs, nutritious evening meals for needy children in an after-school program, and a backpack program whereby teachers will fill children's backpacks with fresh produce and other nutritious foods for kids to take home to their families on Fridays. Several activities will target the larger community, including families of the children. The team plans to implement an Electronic Benefits Transfer system at 2 local farmer's markets, which will enable food stamp recipients to use their stamps to purchase fresh fruits and vegetables. They will also expand the use of a community garden by providing meals to needy families and encouraging families to harvest their own foods from the garden. |



Updated: 10/29/2004

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 5 | Cleveland County Health Department | Cleveland | $ - | $ 450,000 | $ 450,000 | The grantee will work with schools to implement physical activity and healthy eating initiatives, including policy and environmental changes. They will also work with families in churches and worksites to promote healthy lifestyles. The grantee will work with the local municipalities to develop and carry out the Active, Healthy, Historic (AHH) Pedestrian-focused community plan, with the goal of providing opportunities for people of all ages and abilities to engage in routine daily physical activity. |
| 6 | Cumberland County Schools | Cumberland | $ 445,096 | $ - | $ 445,096 | The Cumberland County Public Schools, Health Department, Mental Health Department, and Cape Fear Valley Health Foundation will work together to implement Project Move. Each of 12 selected schools will provide after-school activity classes such as yoga, dance and kickboxing to students, family members, and school staff. "Family Fit Nights" will be open to the community and will be a chance for class participants to showcase their skills and for families to receive valuable health information. Three teachers from each of the 12 schools will be trained in active-based learning and will be responsible for designing lesson plans that incorporate physical activity into the regular classroom curriculum. They will also train other teachers to use the lesson plans, which will be compiled and distributed to all the schools in the county. |
| 7 | Durham Public Schools (DPS) | Durham | $ 441,945 | $ - | $ 441,945 | Durham County Schools, Durham County Health Department and El Centro Hispano will collaborate on this project that focuses on elementary school children and their families. The team will involve parents and school staff in conducting a health assessment of each school. The partners will work within the elementary schools to implement a physical activity program (chosen by the individual school) and to expand an existing nutrition program. After-school programs will be required to provide daily physical activity and healthy snacks. The project will involve parents and the community through presentations, health fairs and other events. The team will translate all materials into Spanish, and El Centro Hispano will incorporate childhood obesity prevention into its current programming. Finally, the project will work with health care providers by holding educational sessions and by encouraging physicians to refer patients to program activities. |
| 8 | FirstHealth of the Carolinas | Hoke, Moore, Montgomery, Richmond | $ - | $ 446,436 | $ 446,436 | The program will integrate nutrition and physical activity messages into classroom instruction using established curricula and training for teachers in pilot schools in 4 counties. The program will disseminate healthy eating and physical activity messages through physicians' offices. |
| 9 | Goldsboro Family YMCA, Inc. | Wayne | $ - | $ 450,000 | $ 450,000 | The grantee will expand its successful weight management program for overweight/obese youth ages 6-17, emphasizing support for families with limited financial means. |
| 10 | Halifax County Health Department | Halifax | $ 236,362 | $ - | $ 236,362 | Halifax County Health Department will implement a nutrition and physical fitness program at 7 after-school sites throughout the county. The program follows an established 16-week curriculum that includes a parent education component. Program coordinators will encourage local pediatricians, school nurses and other health care providers to refer overweight children. The Health Department hopes to expand the program to additional sites in years 2 and 3 of the project. |
| 11 | Mecklenburg County Health Department | Mecklenburg | $ 450,000 | $ - | $ 450,000 | Mecklenburg County Health Department will work with the Charlotte-Mecklenburg Schools, the YMCA, the Parks and Recreation Department and the Council for Health and Fitness to target elementary, middle and high school students. Interventions include expanding an enhanced version of Winner's Circle (including parent, teacher and student nutrition education) to 4 schools per year and increasing enrollment in a weight management program for overweight high school students by having enrolled students market the program to their peers. They will also implement exercise and nutrition programs at after school sites that are run by the school system and the YMCA. |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 12 | Mitchell County Schools | Mitchell | $ 245,173 | $ - | $ 245,173 | Mitchell County Schools is implementing an obesity prevention program aimed at elementary, middle and high school youth. The Health Coordinator will organize school-based prevention strategies including: a walking program, in-school nutrition improvements, and Be Active's Active Steps Youth Program. Select teachers will serve as Healthy Role Models, and will integrate health topics into the regular curriculum. |
| 13 | NC Academy of Family Physicians | Statewide | $ 417,678 | $ - | $ 417,678 | The North Carolina Academy of Family Physicians Foundation will build a referral system between Family Physicians and local Cooperative Extension Agents in 60 counties. Along with partners from North Carolina PTA, Start With Your Heart, NC Department of Public Instruction, and Eat Smart-Move More, the Academy is targeting the youth population, ages 12-18, that are patients of Family Physicians in North Carolina. The team will develop a resource kit for physicians that will enable them to provide initial assessment, distribute materials, and refer patients, if appropriate, to an Extension Agent or other local resource for follow-up counseling and support. The intervention will begin with recruitment of 10 pilot counties in Year 1, 20 more in Year 2, another 30 in Year 3, and the state's remaining counties after Year 3. |
| 14 | New Life Women's Leadership Project | Martin, Washington | $ 337,082 | $ - | $ 337,082 | The New Life Women's Leadership Project is targeted toward rural African American families and churches in Martin and Washington Counties. Their established network of Lay Health Advisors will receive training in obesity and obesity prevention, and will initiate a variety of nutrition and physical activity programs in their communities. A family-centered outreach program will include cooking classes, healthy lifestyle education, opportunities for physical activities, and integration of physical activity and nutrition messages into church events. |
| 15 | NC Division of Public Health<br>(Mini-Grants to Minority Organizations) | Johnston, Lee, Swain, Vance | $ 371,032<br>$ 147,800 | $ - | $ 371,032<br>$ 147,800 | The North Carolina Division of Public Health - Women's and Children's Health Section and Chronic Disease Section - will conduct a pilot program for developing culturally appropriate obesity prevention interventions. This will be an effort to design and implement a social marketing intervention to increase daily physical activity and limit TV time. Specific geographic target areas will be selected based on demographics and overweight burden. The target population is African American, American Indian, and Hispanic children, ages 5-11, and their families. The three year program will develop and test specific intervention strategies based on formative research conducted in Year 1. |
| 16 | Partnership for Health, Inc. | Henderson | $ 442,245 | $ - | $ 442,245 | Partnership for Health, Inc. has partnered with the Family YMCA, the Boys and Girls Club, the Department of Public Health, and the county public schools to continue healthy lifestyle promotion in Henderson County. This is a community-wide effort that will involve elementary, middle and high schools, one charter school, as well as four African American and three Latino churches. Strategies include an after-school exercise program for at-risk students (grades K-5), a weight management program for obese kids, developing a family health series for African-American churches and Latino groups, and working in schools to implement nutrition and physical fitness modules. Community Health Ministries will develop a family health series, piloted in the Boys and Girls Club, then extended to AA churches and Latino groups. The BiPeds Task Force will promote more sidewalks, bike facilities, and biking and walking safety. |
| 17 | Person County Schools | Person | $ 450,000 | $ - | $ 450,000 | Person County Schools Obesity Intervention Program is focused on children ages 2-14 within the county's school system and daycares. They have enlisted a number of partners including NC Cooperative Extension Service, the County Health Department, local media outlets, and the Person Co. Parks & Recreation. Efforts within the county schools will include implementing BMI assessments, developing health plans for overweight children, altering school menus, and training cafeteria managers. Community and family interventions will include meal education classes and health fairs. Additionally, staff from the Parks & Recreation Department will travel to churches, community groups and schools to conduct physical activity sessions for people in their own communities. |

| | LOCAL & STATEWIDE GRANTS | COUNTIES TO BE SERVED | PHASE I FUNDING | PHASE II FUNDING | TOTAL FUNDING | PROJECT SUMMARY |
|---|---|---|---|---|---|---|
| 18 | Pitt County Schools | Pitt | $ 449,028 | $ - | $ 449,028 | Pitt County Schools is developing physical activity and nutrition improvement program to prevent obesity in the K-5 student population. NC Agromedicine Institute, the County Health Department, and the Pitt Partners for Health will participate in the school-based programming. The program will strive to implement a policy change whereby all K-5 students will be active for 30 minutes per school day, and students in after school programs will have 60 minutes of activity per day. In addition, teachers and cafeteria workers will be trained to participate in nutrition education and cafeteria programming. The ultimate goal, along with healthier students and employees, is to achieve a formal change in county school policy by Year 3 of the program. |
| 19 | Southeastern Regional Medical Center | Columbus, Robeson | $ 450,000 | $ - | $ 450,000 | Southeastern Regional Medical Center is leading a two-county initiative to empower elementary and high school youth to make healthy lifestyle choices. Columbus County Hospital, Wake Forest University School of Medicine, Public Schools of Robeson County, Whiteville Primary School and Hallsboro-Artesia Elementary School are joining the Medical Center to serve the target population. The project will follow 2 cohorts (1st and 9th graders) over 3 years to assess changes during and after implementation of multi-faceted program that targets health at the student, family, organizational and community levels. In-school interventions include incorporating physical activity and nutrition into the daily curriculum. Community intervention includes nutrition and cooking education and improvements to the communities' options for living a healthy lifestyle. Lay Health Educators will assist in a train-the-trainer initiative to increase outreach into faith and family oriented communities. |
| 20 | UNC-TV | Statewide | $ 449,970 | $ - | $ 449,970 | The statewide public broadcasting system is embarking on a 2-year initiative called HealthWise: Healthy Living for a Lifetime to educate its viewers on a broad range of public health issues. As part of this Obesity Initiative, UNC-TV will produce and broadcast a social marketing campaign comprised of 32 Public Service Announcements (PSA) that will air 4 times daily. The Grantee will work with the Commission in creating a campaign logo and identity that will serve as an umbrella for all promotional aspects of the Commission's Obesity Initiative. Moreover, the Grantee will offer use of its PSAs to commercial TV stations across North Carolina and to PBS nationwide. Grantee will also organize training workshops for educators, daycare workers, parents and caregivers. |
| 21 | Wake Forest University School of Medicine | Forsyth | $ 450,000 | $ - | $ 450,000 | The School of Medicine at Wake Forest University is partnering with the Winston Salem/Forsyth County Schools, Kernersville Family YMCA, Family Life Center, and the First Christian Church to bring their "Commit to be Fit" program to over 10,000 youths in the Kernersville community. The program will address obesity issues by increasing understanding and awareness of obesity and its health risks and by increasing opportunities for physical activity. Students who pledge to follow the CTBF program will receive discounts at participating local businesses. Those identified as obese can participate in a more specific treatment program with student-parent classes at the YMCA and counseling. Prevention strategies include integration of nutrition and physical education programs, targeting higher at-risk populations for prevention, and involving the community in the promotion of the initiative. |
| | | **Total Grant Awards** | **$ 6,753,317** | **$ 1,796,436** | **$ 8,549,753** | |


# Six Month Report to the North Carolina Health & Wellness Trust Fund Commission

## Brody School of Medicine at East Carolina University Department of Family Medicine ECU-UHS Pediatric Healthy Weight Research and Treatment Center

## January – June, 2004


In January 2004 the North Carolina Health and Wellness Trust Fund Commission awarded sixteen grants under the Fit Together Initiative. East Carolina University was selected as the evaluators for this initiative. This report summarizes activities by the ECU team from January through June 2004, including:

- a summary of and progress toward the evaluation plan,
- a summary of grantee achievements and grantee self-assessments that were completed as part of the grantee's six-month reports

**Evaluation Plan Progress**

The evaluation plan for the Fit Together Initiative consists of four components: evaluation of the individual projects, overall outcomes evaluation (the cohort study), evaluation of the specific goals and objectives outlined by the Commission in the Request for Proposals, and evaluation of the technical assistance provided by the Duke team.

1. Individual project evaluation. In review of submitted grant materials, site visits, and conference calls with each of the 16 grantees, the ECU Evaluation Team and the Duke Management Team worked with each grantee during the first several months of the grant period to develop/refine individual project evaluation plans that are tailored to address each project's goals, objectives, and strategies as specified in the action plan. Examples of this work include recommendations regarding evaluation design and selection of outcomes measures. These evaluation components will be carried out by the individual grantee.
2. Overall outcomes evaluation (cohort study). The goal of the second component of the evaluation is to examine the impact of the projects on specific outcome variables that are important in addressing the prevention and reduction of obesity. The ECU team conducted a comprehensive literature review to determine outcome variables of importance and to search for appropriate measurement instruments. We contacted other evaluators to discuss strategies, and collaborated with the North Carolina Division of Public Health on the use of an existing Physical Activity and Nutrition screening form.

   Since the funded projects were so diverse, it required that we develop a standard protocol that each grantee will follow over the three-year grant period. To this end, each grantee will administer a standard questionnaire and collect additional data from an identified group of children four times over the three-year grant period. During the initial six months of the grant period, site visits that included discussion about the evaluation plan and the cohort study were completed with each grantee. The site visits were followed up with evaluation conference calls to finalize the selection of the cohort of children and discuss the IRB application. The ECU team provided a template describing the cohort study to be used in the IRB application and a template for the parent consent form. The ECU Evaluation Team worked with grantees to select a sample of children (from schools, practices or the community) who will participate in the cohort study. Information to be gathered from children at baseline and at determined intervals thereafter includes:
   - Height, weight (to calculate body mass index (BMI))
   - Physical activity
   - Food and beverage choices
   - Television viewing
   - Perceptions of body weight and weight loss behaviors
   - Personal characteristics (age, race, gender)

   In the next few months, the Evaluation and Management Teams will provide the necessary questionnaires and measurement tools. Grantees will be trained to administer

the survey and collect heights and weights at a regional training. Starting dates for data collection will be determined on an individual basis.

3. Fit Together goals and objectives evaluation. The third component of the evaluation assesses the extent to which the following goals and objectives of the Initiative (specified in the RFP) are met:
   - Significantly increase the number of school and child care settings that promote healthy eating and physical activity
   - Reduce barriers in children's homes/communities to healthy eating and physical activity
   - Increase the number of neighborhoods that are designed to support safe play and healthy eating
   - Increase the number of healthcare settings that participate in the prevention and treatment of obesity and childhood overweight in partnership with their communities to create integrated, comprehensive systems of care

   It was determined that the data to support this process evaluation would be collected using an electronic reporting system. The ECU team reviewed the reporting system from the Kate B. Reynolds SELF Improvement project and the Progress Check system used by the North Carolina Division of Public Health. After meeting with the Duke team, the programmer for the SELF system and staff from the Division of Public health, it was decided that the process data collected in the Progress Check system matched the needs of the evaluation for the Fit Together Initiative. The information needed to evaluate progress toward the Fit Together goals and objectives by grantees will be collected and summarized via the Fit Together Progress Check system. This system is a revision of Progress Check that will specifically address the reporting requirements for Fit Together. The system will be used by grantees to complete their required monthly reports and to enter data from the cohort study. Monthly reports will be exported to the Duke team while de-identified cohort data will be exported to the ECU team. Grantees will be trained in its use at a regional training and at a site visit to each grantee.

4. Technical assistance evaluation. Grantees responded to several questions about technical assistance as part of their six-month reports. These responses are summarized below under Grantee Self Assessment.

**Grantee Achievements**

This section of the report summarizes activities for the 15 grantees with contracts that were signed in the first six months. During the first six months of the funding period, grantees spent much of their time in planning activities. These included hiring project staff, designing action plans, working with the Duke technical assistance team and the ECU evaluation team on evaluation plans, and working on Institutional Review Board (IRB) applications. During this time partnerships were formed and/or solidified and planning for program activities took place. Some grantees initiated program activities.

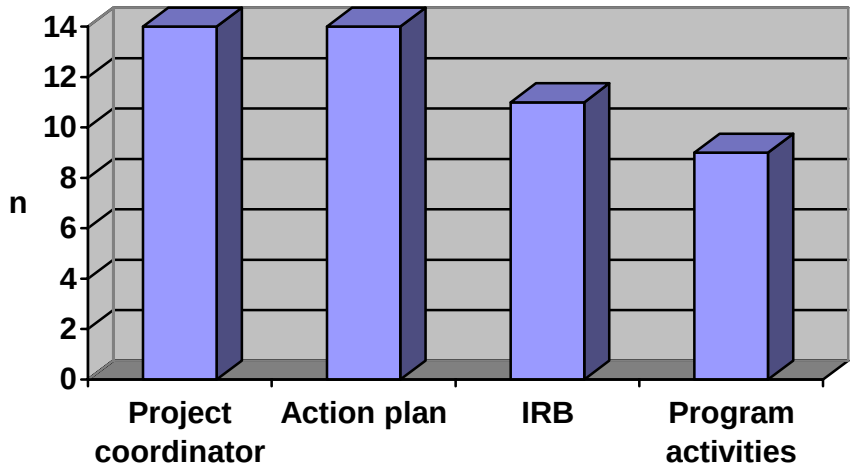
Four markers of success for the first six months were established by the ECU evaluation team:

- Project coordinator: a project coordinator was either hired or assigned to lead the agency's Fit Together activities
- Action plan completed: an action plan was completed and reviewed by the Duke Technical Assistance team

- IRB submitted: An IRB application was submitted to an appropriate review board
- Program activities: Activities that involved target groups specified on the action plan began

The following chart summarizes these markers of success.

Figure 1: Markers of Project Success




At the completion of the first six months, 14 grantees had hired or designated a project coordinator to manage the activities of their grants. Action plans had been completed by 14 of the 15 grantees. One grantee had not completed their action plan because they required additional technical assistance in developing their plan. IRB applications were submitted by 11 grantees, and 9 grantees had begun some of their program activities. Many of the grantees are prepared to collect data for the cohort survey and begin program activities in the fall.

**Grantee Self-Assessments**

For their six-month report, grantees had an opportunity to provide both a quantitative and qualitative self-assessment of their program and the progress that had been made. The table below summarizes grantee responses to seven self-assessment questions.

Table 1: Grantee Self-Assessment Responses*

| During the past 6 months | Mean* | Minimum | Maximum | N |
|---|---|---|---|---|
| Achieved program objectives | 7.0 | 4 | 10 | 14 |
| Encountered significant barriers to program objectives | 3.9 | 2 | 5 | 14 |
| Able to use existing partnerships to assist in meeting program objectives | 8.4 | 4 | 10 | 15 |
| Develop new community partners to assist in meeting program objectives | 7.3 | 2 | 10 | 15 |

| | | | | |
|---|---|---|---|---|
| Utilize media advocacy techniques to promote program objectives | 4.8 | 1 | 8 | 15 |
| Believe community views childhood overweight as a serious health problem | 6.4 | 2 | 10 | 13 |
| **For the upcoming 6 months** | | | | |
| Believe you are on target to achieve your program objectives | 8.4 | 7 | 10 | 15 |

*Scale = 1 (Not at all) –10 (To a large extent)

In addition to the quantitative measures above, grantees were asked to provide responses to the following questions:

1. What unexpected opportunities has your project had in the first six months of the grant (new partnerships, etc)?
2. What barriers has your project faced in the first six months of the grant?
3. What strategies have you used to overcome those barriers?
4. Please tell us about the "coolest thing" or "best story" that has happened as a result of your project in the first six months.

**Unexpected Opportunities**

Grantees enjoyed many different unexpected opportunities in the first six months of the grant. The following table summarizes these and the number of grantees who reported them.

Table 2: Unexpected Opportunities

| | **N** |
|---|---|
| Developing new partnerships | 8 |
| Building collaborations | 5 |
| Sharing resources | 4 |
| Strengthening relationships | 3 |
| Publicity through partners and collaborators | 3 |
| Additional funding | 2 |
| Increasing community awareness | 2 |

By developing new partnerships and building collaborations, grantees have been able to do things they wouldn't have otherwise. For example, two grantees were able to reach minority populations (African American and Native American) with programming.

> *"We were able to conduct free blood pressure, total cholesterol, HDL-cholesterol, and glucose screens in three hard-to-reach Native American communities. These screens were successful because we partnered with a new Parish nurse to encourage community participation."*

> *"A Chapter of the National Urban League read about our grant on the Fit Together web site and telephoned to find out additional information and to inquire how they could be involved. The director offered the support and involvement of that office representing the African American community in the county."*

Another result of these new partnerships and collaborations is the ability to share resources.

*"In kind funding from partners supported the purchase of pedometers for the principals and school administration. This project was created to serve two purposes. First, we wanted to share the excitement with principals by providing them with a gift that they could keep as a reminder of the Eat Smart Move More NC focus in their schools. Second, we wanted to provide them a tool that could assist them by increasing their awareness of their own physical activity levels."*

*"The Housing Authority willingly signed a Partnership Agreement with the Project that would allow usage of their community building for weekly exercise classes and even offering to transport the tenants from each housing subdivision in their Housing Authority van."*

**Barriers**

Grantees have also faced some barriers in the first six months of the grant period. The table below summarizes these barriers and the number of grantees who reported them.

Table 3: Barriers

| | **N** |
|---|---|
| Partnership challenges | 6 |
| Staff procurement and distribution of work | 6 |
| Delay in starting the project (from contract negotiations, developing action plans, IRB procedures, etc.) | 5 |
| Communication | 3 |
| Building relationships with community | 2 |
| Underestimate of time requirements and commitments in grant proposal | 2 |
| Resignation of staff | 2 |

Although grantees stated in question one above that developing new partnerships and collaborations was an unexpected opportunity, partnerships also created barriers in some instances.

*"We're learning how to maintain our relationships and create a cohesive partnership. It involves determining our PR system, what we call ourselves, and going out of our way to keep the group together and nurtured."*

*"The "red tape" associated with the school system posed a significant barrier during the process of deciding how and where we would select our cohort of children from to follow for the 3-year grant period."*

*"The partnership with another county has been challenging because of the distance between and different plans we have for different schools/counties."*

*"Since March, a dietitian has been assigned to the program part-time. She has been unable to commit much time to the program because her employer (a partner) has been unable to backfill her position with a part-time dietitian. Although the director of Nutrition supports the program publicly, she does not give it her full support. She does not find ways to make the program work. Whenever we remove a barrier to the program, she introduces a new one."*

In addition, the hiring of staff and the distribution of work has presented challenges to some grantees.

*"The first barrier has been hiring the part time Program Assistant."*

*"We were further delayed in the hiring process of our project coordinator, who accepted the position and later declined."*

*"The challenges are around the time commitments made by the project personnel in anticipation of the funding. There was some under estimation in those original considerations and the challenges have been to create the necessary time allotments to fulfill not just the project commitments, but to take advantage of the incredible opportunities that have presented themselves to this project since the funding award was announced."*

**Strategies to Overcome Barriers**

Grantees employed several strategies to overcome the barriers they encountered. The table below summarizes these strategies.

Table 4: Strategies to Overcome Barriers

| | **N** |
|---|---|
| Communication | 9 |
| Coordinating office staff and work | 9 |
| Building and strengthening collaborations | 8 |
| Training to staff and teachers | 3 |

Communication and coordinating office staff and work were the most cited strategies to overcome barriers.

*"Accessibility and open communication have proven to be the best strategies to overcome these barriers. While the central office personnel are obviously the individuals to seek out for prior approval and assistance in setting up trainings, the teachers are often the most helpful as far as this is concerned."*

*"In order to keep all the partners informed of the grant's activities and progress, I decided to send weekly e-reports to all the partners that describe all the activities of the week and list the planned activities of the next week. I have also used the partner listserv to solicit advice and suggestions, and to promote discussion of certain issues. This has proved to be very effective, and all the partners feel that they are kept current on grant progress and involved in major decision-making."*

*"Our strong partnership with the Health Department has been invaluable in overcoming the barriers that we faced. It allowed us to quickly restructure the project coordinator position, and shift some functions to a Health Department health educator. As an unexpected benefit, our Health Department health educator has used his internal contacts to enlist the help of school nurses for training. Having him as a key part of our team keeps us "plugged in" to the Health Department, in a way that an external organization normally would not be."*

**Best Story**

Each grantee had a best story from the first six months of the grant. A few selected examples are below.

*"It rained heavily the day of community distribution (CD), which was held outside. A young boy rode his bike to the CD to pick up his grandmother's food. He was determined to fulfill his mission and tried to ride away with 50 lbs. of produce, mostly heavy items like eggplant and squash. His backpack was full, but the paper bags didn't hold up in the rain and he began to loose his vegetables. A volunteer came to his rescue and walked home with him, helping him carry the vegetables to his grandmother's house. Not only was the young boy's determination one of the 'coolest' things to happen at a community distribution, it was also a great CD. The agency got the word out, people came prepared with plastic laundry tubs, umbrellas and they were lined up at 10:30, although the distribution didn't start until 12. The agency person was well organized, had good communication skills and arranged all the logistics."*

*"An unexpected benefit of our program has been that people are talking about new things. We hear them in the halls of the EFRC saying, 'Have you checked your tomatoes [in the garden]?' or 'Did you get your squash.' Children in our programs are asking for fruit instead of chips and staff are mindful of snacks and meals at all our functions, not just ones that are grant related. There is an overall raised level of awareness in our individual organizations and as Partnership. "*

*"We have seen school personnel demonstrate a stronger understanding of the impact physical activity and nutrition can have on improving end of grade testing scores. It is interesting to note the doors to the schools appear to be opening wider for this project than any other project in the past."*

*"The coolest thing thus far has been going to the sites of my partner programs and observing the children's reactions to the lesson plans and activities. The children seem so excited to participate in the food and physical activities and really seem to be enjoying themselves. In the After School Enrichment Program, a weekly curriculum involving Asparagus got rave reviews from the children; they especially liked the recipe involving Asparagus with a lemon butter sauce. Asparagus is not usually a vegetable children are exposed to when they are young so the fact that they liked it and wanted to repeat the recipe the very next week is really amazing."*

*"Another 'neat' story happened at a recent visit to a pediatrician office.[A project staff member] took her son to doctor for a check up. During a conversation with [project staff member] and the physician, she told the doctor what her new job entailed. The doctor answered with a simple 'Thank You'. "*

*"That would have to be also the first unexpected opportunity described earlier. It was 'cool' because it was unexpected but it has become the 'best story' because of the results and success experienced by these two groups of young women. Recall from the first prompt that the program ran from March 29 to June 14 at the [program site] YMCA. The program fees were underwritten by grant funds which allowed participants to take part who otherwise would not have been able to afford to participate. Nine families participated in the middle school program, a total of 21 participants. This group had a combined weight loss of 78.6 pounds, even though the primary goal for girls this age is weight maintenance. It is expected that middle school girls will 'grow into' their weight as long as they do not continue to gain weight. The high school group had a total of fourteen families, thirty-three participants. This group lost a combined 136.2 pounds. This is truly a 'best story' because of the way these young women and their families*

*celebrated these successes. It was the participants and their energy, enthusiasm, and sheer will to change their daily living habits that made this a story to remember."*

**Evaluation of Duke Technical Assistance Team**

As part of their six-month report, grantees rated the Duke technical assistance team over the past six months. The table below summarizes the responses.

| | Mean* | Minimum | Maximum | N |
|---|---|---|---|---|
| Assisting specifically with developing your action plan | 8.5 | 3 | 10 | 14 |
| Assisting you with preparing your IRB materials | 9.6 | 9 | 10 | 11 |
| Helpful when you requested information or assistance | 9.9 | 9 | 10 | 15 |

*Scale = 1 (Not at all helpful) – 10 (Very helpful)

Additional responses about the technical assistance team included:

*"The TA Team helped us rework our action plan to fit their framework and were supportive when we asked for help, although it was not often. Most importantly, they helped us feel good about our work and encouraged us! Just when we'd feel like we were headed down the wrong path or late, they'd let us know that we were on track and on time."*

*"We have been very pleased with all of the assistance that we have received from the Duke TA Team. Anytime we have had a question and we called them, if they did not have the answer right then and there, they would call us back within a reasonable time frame with the answer."*

*"Liked the continuous updates with information. Would like more in regard to pedometer use in the future."*

*"We truly appreciate the level of assistance that the Duke TA Team provides. Any time we have called on Heidi, Susanne, or Cheryl they quickly respond to our requests. The site visit in May also gave us better insight into the expectations of the NC Health and Wellness Trust Fund as they relate to our particular project."*

*"I and our grant management team have been very pleased with the TA we have received. This has been primarily from Heidi, with some input from the remainder of the team at site visits. There is a very collegial sense from Heidi and the other team members that you are in this with us, and that you want to be part of the solution to our problems and issues. This is very refreshing and generates a lot of energy. Specific to Heidi, she responds quickly to requests and contacts, she has been a good resource with which to mull things over, and she has been a good advocate back to the commission about certain needs unique to our project."*

*"Susanne has been very helpful. She is quick to respond to any questions either by a phone call or a quick email. She is easy to talk to and willing to assist in any way she can. If she doesn't know the answer to a question, she will get back to you as soon as she can. I appreciate all of her help!"*

In the six month report, the grantees were asked two additional questions regarding technical assistance:

- Do you have any concerns with technical assistance that you requested in the past six months?
- Do you have any concerns with technical assistance that was provided to you that you did not specifically request in the past six months?

Grantees who responded yes to either of these questions were to receive a follow-up phone call from Dr. Kathy Kolasa from the ECU Evaluation Team. None of the grantees gave a yes response to either of these questions. Our experience with the Duke Team has been very positive. They are very responsive to the grantees and provide assistance in a timely manner. We are pleased to be working closely with them on this important initiative.

**Summary**

At the completion of the first six months of the grant period, the majority of the grantees were making acceptable progress toward the markers of success described above. In their six-month report grantees believed they met program objectives (average rating of 7 out of 10) and were on target for the next six months (average rating of 8.4 out of 10). Through site visits, phone calls, and emails, we have observed grantees' progress toward their goals and objectives and feel they are poised to succeed in implementing their projects. The planned implementation of the Fit Together Progress Check system and the initial collection of cohort data will help inform future reports regarding the progress of grantees.

# HEALTH AND WELLNESS TRUST FUND

## QUARTERLY REPORT
## April 2004 – June 2004

Presented to the

**Health and Wellness Trust Fund**

**By**

**Department of Community and Family Medicine**
**Duke University Medical Center and Health System**

**July 20, 2004**

**Describe the objectives that were achieved during the past quarter:**
The work during the past quarter (April1 – June 30, 2004) included assisting Phase I grantees with completing IRB applications, coordinating efforts to complete the contract process for Phase II grantees, assisting the ECU Team with evaluation efforts, and planning for upcoming technical assistance meetings.

**1. Monitoring and Technical Assistance to Funded Programs: April 1, 2004 – June 30, 2004**

A. Technical Assistance to Funded Programs

1. The Management Team provided technical assistance to grantees by:
   a. Assisting grantees with the completion of IRB applications
      1) 11 grantees have submitted completed applications to the NC Division of Public Health or their own organizations.
      2) Maintaining on-going communication with NC Division of Public Health IRB Chairperson regarding the status of submitted applications.
   b. Addressing project-specific questions via telephone and email, providing suggestions and recommendations, and directing grantees to appropriate resources.
   c. Coordinating and facilitating a group conference call with 20 grantees, HWTF representatives and the ECU evaluation team on June 30.
   d. Developing plans for materials to be placed on the HWTF Web site, including:
      1) Drafting materials to place on the Web site
      2) Preparing a flow diagram showing how materials will be organized on the Web site
      3) Presenting Web site plan to HWTF for review.
2. The Management Team has begun planning and preparing for the first annual grantee meeting in November.

B. Monitor Funded Programs

1. The Management Team monitored grantee progress by:
   a. Reviewing monthly progress and expenditure reports from 15 grantees in April, May, and June.
   b. Clarifying information in progress and expenditure reports with grantees.
   c. Reconciling monthly progress and expense reports with grantee Action Plans.
   d. Developing a tracking table each month to summarize the progress of all grantees with respect to their staffing and progress toward meeting their Action Plan objectives.
   e. Meeting with Commission staff each month to review the tracking table and report on grantee progress.
   f. Documenting grantee technical assistance activities.

C. Evaluation

The Management Team assisted the ECU Evaluation Team by:

1. Coordinating and facilitating evaluation conference calls with 15 Phase I grantees.
   a. Following each phone call, the Management Team:
      1) Compiled a summary of the points covered during the phone call.
      2) Sent the summary, including the evaluation plan, to the grantee via email.
2. Assisting in the revisions of the database (Progress Tracking System (PTS)).
   a. Conducting three meetings and numerous phone conversations to discuss evaluation strategies and database development.

b. Coordinating a conference call with representatives from the NC Division of Public Health.
c. Reviewing PTS and the changes necessary to customize it to the Fit Together Initiative.
d. Participating in discussions with the database programmer regarding modifications to the database.
e. Assisting ECU with obtaining PTS documentation from NC Division of Public Health.

3. Organizing grantee training on PTS:
   a. Assisting with agenda and preparations for trainings.
   b. Selecting lead contact (grantee) for each regional training to assist with logistics.
   c. Communicating with lead contacts regarding site specifications (e.g. room for height and weight measurement, required computer software, etc.)
   d. Registering participants for 3 trainings.
   e. Providing program materials and food preparations.
4. Assisting in the development and distribution of the six-month report, including:
   a. Reviewing six-month reports from other HWTF initiatives.
   b. Drafting a six-month report for review by HWTF and ECU.
   c. Disseminating the six-month report to Phase I grantees.

**2. Technical Assistance to Phase II Grantees**

A. Technical Assistance to Phase II Grantees (4)

1. The Management Team assisted Commission staff in adjustments to grantees' applications by:
   a. Consulting with Commission staff regarding acceptable and unacceptable expenditures.
   b. Examining budgets, program plans and concerns specific to each application.
   c. Facilitating conference calls with each of the new grantees to discuss concerns and request additional information and revisions.
   d. Compiling and emailing a summary of the points covered during the phone call and action steps to the grantee and the HWTF.
   e. Communicating via email and phone to assist grantees with requests to help with finalizing contracts.
   f. Planning and facilitating a group conference call involving the four newly funded grantees, HWTF, and the ECU evaluation team.
   g. Responding to grantees' email and telephone questions regarding allowable budget and programmatic revisions.
   h. Receiving, reviewing and forwarding grantees' revised budget spreadsheets and narratives to the Commission.
2. Preparing for the August 9th orientation meeting for new Phase II grantees.

**3. Miscellaneous Activities in Support of the HWTF Fit Together Initiative**

The Management Team:

A. Attended the Fit Together Press Event and the first two Study Committee meetings.
B. Began work on the "Best Practices" section of the Fit Together Web site including:
   1. Holding two meetings with the ECU Evaluation team and two additional meetings with HWTF staff to develop ideas for the Best Practices section of the Web site
   2. Developing a draft of the process that will be followed by the ECU and Duke Teams to research and select feature projects.

3. Participating in the first meeting of the Best Practices work group

C. Participated in the following presentations for the Fit Together Initiative:
   1. Co-presenting with Mark Ezzell to Person County's Roxboro Area Chamber of Commerce about childhood overweight, how communities in NC are addressing this issue and the HWTF's role in funding community initiatives.
   2. Presenting to the Board of Trustees at FirstHealth of the Carolinas
   3. Attending the "Standards for All Foods" press event and passing information along to grantees.
   4. Attending the first Advisory Council Meeting at the NC Division of Public Health.

**Describe any unanticipated problems. How were they addressed?**

A. Applicant Technical Assistance
   1. Mitchell & Avery County Schools – The project is delayed due to difficulty establishing project organization and infrastructure.

   The Management Team
   (a) Had a conference call with both the Mitchell and Avery teams on April 28
   (b) Conducted separate conference calls with each Project Coordinator to discuss their action plans.
   (c) Conducted an all-day meeting on May 18 with Project Coordinators and their grant writer / evaluator to revise project goals and strategies.
   (d) Continues to work with Mitchell and Avery to compile action plan into single document and revise budget.

B. Evaluation

(a) Progress Tracking System database – The Management Team originally planned to visit each grantee following the evaluation trainings in July. The software will not be ready for distribution in July; consequently the visits will be rescheduled fall 2004.

**What are the plans for the project/program for the next quarter?**

The Duke Management Team will continue to:

- Respond to grantee requests for information or technical assistance including conducting site visits to grantees as necessary
- Receive and review Action Plans from all grantees, and share them with the Commission and ECU Evaluation Team
- Receive and review monthly progress and expense reports
- Meet with HWTFC staff monthly to review grantee progress
- Assist the ECU Evaluation Team with evaluation plans for all grantees
- Work with the ECU Evaluation Team and the database programmer to develop a database that is customized for the HWTF Fit Together Grantees
- Visit each site once the PTS has been completed to assist with installation of software, entering project objectives and strategies, data entry, and data export
- Develop content for technical assistance trainings based on input and requests from grantees
- Plan and prepare for the Orientation Meeting for Phase II grantees
- Plan for the Annual Meeting, scheduled for November 1, 2004
- Work with remaining grantees to gain Institutional Review Board Approval for their HWTFC Obesity projects
- Assist HWTF with making grantee Web site live
- Facilitate quarterly conference calls with all grantees

**HEALTH AND WELLNESS TRUST FUND COMMISSION**
**CHILDREN, YOUTH, AND COMMUNITY**
**OBESTIY PREVENTION/REDUCTION INITIATIVE**

# QUARTERLY REPORT
**January 2004 – March 2004**

Presented to the

**Health and Wellness Trust Fund Commission**

**By**

**Department of Community and Family Medicine**
**Duke University Medical Center and Health System**

**April 20, 2004**

**Describe the objectives that were achieved during the past quarter:**

Since January 1, the Duke Management Team conducted a Technical Assistance Meeting for the HWTFC grantees, completed site visits to each grantee, assisted the ECU Evaluation Team with the evaluation design and provided technical assistance to grantees. Susanne Schmal was hired as the second Project Coordinator on the Obesity Initiative and began work on March 9, 2004.

We are pleased to report that all objectives proposed in the Management Plan have been met. These include:

1. **Monitoring and Technical Assistance to Funded Programs: January 1, 2004 – March 31, 2004**
   - A. Technical Assistance to Funded Programs
     1. The Management Team prepared and conducted the first Technical Assistance Meeting on January 30th, 2004.
        a. 48 representatives from each of the 16 grantee organizations attended as well as Commission staff, Duke and ECU teams, Commissioner Mary Ann Black, and Lt. Governor Beverly Purdue.
        b. A technical assistance notebook was created and distributed to all grantees and commission staff. The notebook contains contact and background information about the Commission and the Obesity Initiative, a Calendar of Events for 2004, reporting and evaluation requirements, examples of reports and Action Plans, IRB information, and resource documents. The notebook is meant to serve as a resource for grantees and an orientation manual for new project staff throughout the grant period.
     2. The Management Team provided technical assistance to individual grantees.
        a. Fourteen site visits to grantee communities were conducted. During these visits, discussion included the grantee Action Plan, budget, IRB preparation and evaluation plan. The final site visit is scheduled for April 5th to Person County.
        b. Following each site visit, the Management Team:
           1) Compiled a summary of the points covered during the meeting.
           2) Sent the summary, including action steps, to the grantee via email.
           3) Followed up via phone calls and emails to answer questions raised at the site visit.
        c. Project Coordinators addressed project-specific questions via telephone and email, providing programmatic suggestions and directing grantees to appropriate resources.
     3. The Management Team drafted a plan to place resource materials for grantees on the Commission's web site.
   - B. Monitor Funded Programs
     1. The Management Team monitored grantee progress by:
        a. Communicating with Commission staff regarding delays in grantees' contract process, expenditures, and activities.
        b. Reviewing monthly progress and expenditure reports from 15 grantees in February and March.
        c. Clarifying information in progress and expenditure reports with grantees.
        d. Reconciling monthly progress and expense reports with grantee Action Plans.

e. Developing a tracking table to summarize the progress of all grantees with respect to their contract, staffing, Action Plan development, site visit status and other miscellaneous issues.
f. Meeting with Commission staff to review the tracking table and report on grantee progress.

C. Evaluation
1. The Management Team assisted the ECU Evaluation Team by:
a. Conducting three formal meetings with the ECU Team to discuss evaluation strategies and database development.
b. Familiarizing the ECU Team with the database and evaluation strategies used by the Kate B. Reynolds SELF Improvement projects.
c. Meeting with the database programmer to customize the SELF Improvement database for the Obesity Initiative.
d. Reviewing the ECU Team's proposed evaluation plan.
e. Providing the ECU Team with copies of all materials relating to grantee evaluation, including the original grant applications, supplemental materials and email communications.
f. Discussing each grantee's evaluation plan before and after site visits.

**2. Miscellaneous Activities in Support of the HWTFC Obesity Initiative**

- The Duke Management Team assisted the Commission in planning for the Study Committee on Childhood Obesity by:
  - Researching local, state and national initiatives to identify key issues in childhood obesity.
  - Developing a list of recommended topics for the Study Committee sessions.
  - Recommending individuals from local, state and national organizations to testify before the Study Committee.

**Describe any unanticipated problems. How were they addressed?**

A. Applicant Technical Assistance
1. <u>New Life Women's Leadership Project</u> - During the initial visit to New Life in December, the Management Team determined additional technical assistance was required. This included 17 hours of direct contact (one regularly scheduled site visit and two meetings at Duke) to work through the details of the Action Plan and Budget. As a result, New Life:
   – submitted these materials to the Commission
   – received budget approval
   – completed the contract process
   – hired staff
   – implemented programmatic activities outlined in the Action Plan
   – submitted excellent progress reports for February and March
2. <u>Mitchell & Avery County Schools</u> - Following the site visit on February 23, the Duke Management Team made several observations:
   (a) The staff in each county were operating independently rather than cooperatively.
   (b) The representatives from each county did not collaborate on their Action Plans or progress reports and submitted them separately.

   To clarify the Commission's expectations, the Duke Management Team:

(a) held a telephone conference with the Project Director of the lead agency on March 25, 2004.
(b) will conduct a conference call with project staff, including the Director and Project Coordinators from each county on April 28, 2004.
(c) will conduct a site visit following the conference call to determine project consensus and report back to the Commission.

3. The Duke Management Team participated in several site visits in which grantees demonstrated limited collaboration with their community partners. To ensure that all partners have been included in project planning, all grantees will be required to submit their Action Plans on a quarterly basis with a cover page signed by their core partners. This requirement was discussed with grantees during the conference call on March 31. The first signed Action Plans are due on April 20.

**What are the plans for the project/program for the next quarter?**

The Duke Management Team will continue to:

- Assist the ECU Evaluation Team with evaluation plans for all grantees
- Conduct conference calls with each grantee and the ECU Evaluation Team to review evaluation plans
- Work with the ECU Evaluation Team and the database programmer to develop a database that is customized for the HWTFC Obesity Grantees
- Research potential sites and schedule regional database trainings to take place during the summer months
- Develop content for technical assistance trainings based on input and requests from grantees
- Research potential sites and begin planning the first Annual Meeting, scheduled for November 1, 2004
- Respond to grantee requests for information or technical assistance including conducting site visits to grantees as necessary
- Work with grantees to gain Institutional Review Board Approval for their HWTFC Obesity projects
- Receive and review Action Plans from all grantees, and share them with the Commission and ECU Evaluation Team
- Assist grantees in developing advocacy and social marketing strategies that encourage sustainability and program recognition
- Receive and review monthly progress and expense reports
- Meet with HWTFC staff monthly to review grantee progress
- Develop and compile resource materials to place on the Commission’s web site

# Fit Together (Obesity)

***Equipping and inspiring North Carolinians to prevent obesity and create healthier communities***

The dramatic increase in obesity in NC and across the country has serious health implications. Obesity has been linked to chronic diseases such as heart disease, diabetes, and several types of cancer. It is estimated that obesity-related medical expenses in North Carolina add-up to more than $2.1 billion, with just over half of that coming at the expense of state taxpayers via Medicare and Medicaid. Killing nearly 300,000 people last year, unhealthy weight is positioned to overtake tobacco as the leading cause of preventable death in the U.S.

Increased physical activity and healthier food choices are considered essential elements in preventing obesity and maintaining good health. To promote these cornerstone principles, the NC Health and Wellness Trust Fund (HWTF) has joined with Blue Cross and Blue Shield of North Carolina (BCBSNC) to launch *Fit Together* - a statewide campaign designed to raise awareness around the dangers of unhealthy weight and more importantly equip individuals, families and communities with the tools they need to address this very serious health concern.

Through a content-rich website (www.fittogethernc.org) and a television campaign, *Fit Together* will help individuals and communities assess their health risk and equip them with the tools needed to get healthier. Tools such as web-based health risk assessment will direct you to local resources in your own community. You can also learn about the status of physical education and nutrition policies in your local schools; and see real examples of NC communities that have made significant changes in their schools, worksites or built environments that led to things such as daily PE for kids, lower insurance premiums for employers, or more sidewalks and greenways in neighborhoods.

Further, the HWTF has established 20 community-based and statewide obesity prevention programs that will receive guidance and training from public health experts at Duke University Medical Center. Valuable lessons learned from these real-world laboratories will be captured by experts from ECU's Brody School of Medicine and converted into "best practices" that can provide practical guidance for civic, school and business leaders across North Carolina who are motivated to improve the health of their communities. These and many other model programs will be featured in the *Fit Together* campaign and on the website.

There is no quick or easy fix for obesity in NC. We must all work together…to involve individuals, families, schools, business and industry, faith-based organizations, local municipalities, and many others. Obesity is preventable, but it requires everyone working to *Fit Together*.

## Content Providers:

Best Practices
Department of Community and Family Medicine, Duke University Medical Center
Department of Family Medicine, ECU Brody School of Medicine

Health Risk Assessment
NC Academy of Family Physicians
NC Pediatric Society

## Resource Providers:

NC Department of Public Instruction
- Healthy Schools Initiative
- Physical Education and Activity
- Child Nutrition Services

NC State Board of Education
NC Division of Public Health
- Physical Activity and Nutrition Branch

NC School Boards Association
NC Healthy Carolinians
NC Dietetic Association
NC Alliance for Healthy Communities
UNC Health Sciences Library
NC Cooperative Extension
UNC-TV
NC Department of Agriculture and Consumer Services
NC Division of Aging
NC Division of Parks and Recreation
International Health, Racquet and Sportsclub Association (IHRSA)
NC Department of Transportation, Bike and Pedestrian Branch
YMCA
Boys and Girls Clubs
Boy Scouts
Girl Scouts

## Fit Families NC: A Study Committee for the Prevention and Treatment of Childhood Overweight /Obesity in NC

To address North Carolina's overweight/obesity epidemic among children and youth, the NC Health and Wellness Trust Fund has established a study committee known as Fit Families NC. This study committee is comprised of 19 experts with diverse backgrounds from across the state. Co-chaired by Dr. Olson Huff, Representative Verla Insko, and Senator Bill Purcell, the mission of Fit Families NC is to raise awareness of the overweight/obesity epidemic, support activity-friendly communities, promote more physical activity and better nutrition, and conduct research to determine which policies and programs are most effective in helping families and communities make healthier choices.

The study committee is seeking to develop consensus on policy and attitudinal changes necessary to encourage healthy diet and increased physical activity among North Carolina's children and families, and make policy recommendations to decision makers at the state and local level. Subsequently, the study committee will analyze four cornerstone issues around obesity in our state - physical activity, nutrition, built environments, and healthcare, and will issue formal recommendations in 2005.

**Study Committee Members**

Co Chairs: Olson Huff, M.D.
Senator Bill Purcell
Representative Verla Insko

Alice Ammerman, DrPH, RD
Dr. Delilah Blanks
Dave Gardner
Richard E. Greene
Lynn Hoggard, MS, RD, LDN, FADA
Phil Kirk
Kathryn Kolasa, PhD, RD, LDN
Betsy LaForge, MPH, RD
Sue Lynn Ledford RN, BSN, NCSN
Gerard Musante, PhD
Rev. Emily Odom
Shellie Y. Pfohl, MS
Charles Saunders, Jr., JD
Donald Schumacher, MD
Robert Schwartz, MD
Shirley Faison Sims
Lisa A. Sutherland
Sandhya Thomas-Montilus, MD
Elizabeth Ward