

A MID-COURSE REPORT

FROM

**THE NORTH CAROLINA OFFICE OF MINORITY
HEALTH & HEALTH DISPARITIES**

TO

**THE NORTH CAROLINA HEALTH & WELLNESS TRUST
FUND COMMISSION**

ON

**THE PRIORITY POPULATIONS INITIATIVE ON TEEN TOBACCO
USE PREVENTION AND CESSATION**

OCTOBER 15, 2003

Brief Description of the Priority Populations Initiative on Teen Tobacco Use Prevention and Cessation:

The North Carolina Health and Wellness Trust Fund Commissions Priority Populations Initiative (“PP Initiative”) is part of the Commission’s Teen Tobacco Use Prevention and Cessation Initiative. Under this initiative, the Commission will issued grants to four entities (“PPI Grantees”) to address disparities in the use of tobacco by minority youth in North Carolina. The Grantees are

1. The General Baptist State Convention’s Center for Health and Wellbeing, representing a faith-based community outreach to the African-American and other youth.
2. El Pueblo Inc. which is targeting the Hispanic/Latino community.
3. The North Carolina Indian Commission, which has a focus on Native American youth.
4. The Old North State Medical Society, whose focus is on Africa American youth.

Pursuant to this Agreement, the North Carolina Office of Minority Health and Health Disparities (OMHHD) was charged with answering questions and providing technical assistance to entities who were interested in applying for grants from the Commission. In addition, OMHHD had the broader mission of providing training and technical assistance to the eventual Grantees, with the goal of helping the Grantees identify and address tobacco use prevention and control issues for their target minority youth, gain insights into those issues and carry out the PPI Initiative grant-supported activities in a manner that increases the likelihood of successful tobacco use prevention and cessation outcomes for those targeted youth. As part of this broader mission, OMHHD was to assist the Grantees in capacity building and enhancement of core skills and capabilities to ensure success in carrying out their respective programs. OMHHD is to also provide support and guidance for “Youth Fellows” selected by each Grantee. The chosen “Fellow” is to work with the Grantee on teen tobacco use prevention as a way to develop leadership skills and build a commitment to community service.

Since the activation of this agreement, both the spirit and intent of these responsibilities given to the OMHHD have either been met or are being met accordingly. Despite organizational and infrastructure challenges by many Grantees, they have made significant progress as a whole in the past six months in building capacity, core skills and capability to carry out their respective missions, since receipt of their initial funding.

Attached to this report are summary reports from all the Grantees covering their activities in the past six months since receipt of their initial funding from the Commission. Three of the four (Commission on Indian Affairs financial summary not included) also have a year-to-date financial report.

A. The General Baptist State Convention “Picture Me Tobacco Free” Program.

This program may end up having the largest impact and have the broadest participation of youth in the State. Although their progress initially may have appeared slow, much time has gone into the development of a strategy and outline of

a detailed infrastructure that would be needed to eventually make this program truly a statewide effort. Besides working with a UNC-Greensboro team whose leader has had experience with the “Photo Voice “ concept in Baltimore, this organization has also invested in a project coordinator with a Masters level public health degree and community health experience to help increase its core skills and capabilities to assist in the capacity building efforts needed in it’s target communities.

The program will first be piloted in this first year in the “Rowan Association” district (see map), then replicated through other association affiliates across the State.

The dedication and commitment will to make this program a success is very palpable, and there are no apparent obstacles to progress at this time.

B. The El Pueblo “No Fumo” Youth Leadership Project.

The major goals of the El Pueblo project is to develop a curriculum in Spanish specific for North Carolina Latinos, build capacity of community-based youth groups and develop leadership among the Latino youth, and lastly to reach community service providers with the “No Fumo” message. El Pueblo has made significant progress in acquiring, developing and translating appropriate resources for use in North Carolina. Some youth groups have been identified for their pilot and initial training activities. They have been encouraged to explore further collaborations with other Hispanic/Latino organizations across the State, given the wide distribution of Hispanics/Latinos in North Carolina.

El Pueblo is also looking at various forms of media outlets to promote their message, especially since a significant percentage of their target population may not be able to read or have access to written material. Given their initial seed money prior to the HWTF grant, El Pueblo was the most exposed to the tobacco campaign compared to the other grantees, and they continue to play a constructive role in working with the other grantees in their progress.

C. Commission on Indian Affairs: “Many Voices, One Message: Stop Tobacco Addiction” Campaign.

The UNC consulting team led by Tim McGloin has done an excellent job in moving this project along, despite their late start as compared to the others. A tool kit has been developed for training, twelve mini-grants have been distributed and a significant number of Indian community institutions and churches have been recruited to participate. They have already made successful outreach efforts to all 8 Indian tribes in North Carolina and are now at the early stages of training youth leaders. This enthusiastic team is making great strides despite the constraints of the parent organization with it’s limited staff. It is expected that this program can become a model for many States with significant Indian populations.

D. Old North State Medical Society “Physicians United for Teen Health”.

This organization has had the most difficulty in getting of the ground with it’s project. The first project coordinator eventually resigned, and there was significant assistance provided to establish a reasonable working relationship between the ONS and it’s experienced consultant, the Paragon Foundation. In spite of that, ONS formed a physician

advisory committee and has recently made great strides in establishing and beginning to implement its project. ONS is beginning to work more closely with its collaborators and consultant, and has scheduled its first formal physician training workshop. OMHHD is closely working and monitoring their progress to provide timely technical assistance and training.

Specific OMHHD Responsibilities, Accomplishments and Current Status:

A. Training and Technical Assistance to Individual Grantees

1. *Assign a staff member to the grantee as Liaison between OMHHD and the Grantee:*

OMHHD assigned an experienced staff member (a public health physician) to serve as the principal liaison between the office and the Grantees. In addition, other staff support has been provided as needed, to each Grantee according to individual needs e.g. OMHHD's coordinator on Native American Health continues to provide additional support to the Commission on Indian Affairs, since this health initiative is a relatively new focus by the Commission.

2. *Conduct a "capacity building needs assessment" for each PPI Grantee, and identify grantee-defined needs, identify resources required to address the identified needs and outline a plan and timeline for the delivery of technical support and training to fulfill those needs:*

An assessment was conducted for each PPI Grantee soon after each received its initial funds. The meetings with the Grantees to conduct these assessments included their consultants where appropriate, to ensure adequate understanding and coordination of their individual projects. The needs of the Grantees varied widely, and sometimes depended on their relationship and/or capability of their consultants. Technical and resource support provided by OMHHD included assisting the Old North State Medical Society and the General Baptist State Convention on staffing needs and selection, to helping the grantees in general to re-focus and refine their program objectives, given their target population and available resources e.g. El Pueblo was encouraged to look not only about their diverse target youth population, but also the Spanish stores that serve many of them. Many of the immigrant Spanish store owners may need to be educated about the laws about tobacco sales, and be oriented to the culture here about the acceptance of youth tobacco use. Significant technical support and facilitation was required to create a successful healthier working relationship between Old North State Medical Society, their staff and their consultant, Paragon Foundation. The needs assessment will continue to be an ongoing exercise between the OMHHD and the Grantees, as the programs evolve and mature.

3. *Define the core skills needed for capacity building for each PPI Grantee and develop a menu of opportunities and activities to provide training and technical assistance to PPI Grantees. This is to bring each PPI Grantee to the same high level of skills shared by other PPI Grantees.*

As expected, the Grantees were at different levels of capacity mostly as a result of past experience if any, of conducting either a targeted youth program, health related program or a program with a statewide focus. In addition, some limitations existed due to the nature of the organization e.g. The Commission of Indian Affairs being a State agency and therefore has certain proscribed protocols for program development. In this latter case, their consulting team from UNC-Chapel Hill's Office of Prevention has been instrumental in providing the ongoing core skills and capabilities needed to meet its program development needs.

In contrast, the El Pueblo organization had received a grant for a tobacco project at least a year before winning the HWTFC grant and, therefore, had the opportunity to develop some core skills and capability which has aided in their current efforts.

However, the differences in skill among the Grantees has narrowed in the last two months after much consultation and technical support. OMHHD continues to provide opportunities and activities in response to the needs of the Grantees. In addition, monthly meetings with all the grantees has encouraged sharing of experiences and strengths, including peer appreciation of expected standards of program development.

4. *Develop Customized Capacity building plans for each Grantee where appropriate, and serve as an intermediary to facilitate the Grantees access to local, state and national technical consultants, trainers and other resources which are needed to meet the customized needs.*

OMHHD continues to facilitate the Grantees access to local, state and national technical consultants and other resources. OMHHD staff have attended State and National conferences on Tobacco, including those offered by CDC/Federal Government, in order to increase its resources and referral capacity on behalf of the Grantees. Such activities included attending, with representatives from El Pueblo, the LCAT (Latino Council on Alcohol and Tobacco) conference in Washington DC, and also joining the NC Tobacco and Control Branch to attend the CDC sponsored Tobacco training conference in Arizona. They all yielded additional resources and contacts that has been helpful in customizing capacity building activities for the Grantees.

5. *Assist each Grantee in developing baseline small program implementation and management evaluation methodologies that can help each Grantee strengthen its organization and achieve its grant goals.*

OMHHD recently began this effort in cooperation with the UNC evaluation team. Together with an evaluation team representative, OMHHD met with each Grantee for an extensive discussion and planning of program implementation and management evaluation methodologies. The Grantees were provided a guide book and will continue to receive technical assistance in this area. Their plans will be

reviewed in November, and as part of the exercise, each Grantee has been asked to present their plan to the rest of the group at our year-end meeting in late November.

6. *Provide financial and administrative support for up to 400 hours of experience-based service learning in the twelve month term of this Agreement to one Youth Fellow from each Grantee.*

Each Grantee requested and has been granted a “Youth Fellow”. This program has been very successful in providing not only additional resources to the Grantees, but has attracted quality Fellows who are contributing and also gaining skills from the experience. It is an area worth re-examining for possible expansion.

7. *Provide up to 100 hours of customized consulting time per twelve month term of this Agreement to each Grantee.*

This requirement has been met and exceeded. Consulting has not been limited to one-on-one formal meetings, but has included OMHHD staff attending events, programs and other activities of the Grantees in order to gain a first hand view and appreciation to enrich the consultation process and also promote a feeling of team work in this endeavor.

B. Assistance to PPI Grantees as a Group.

- a. *Conduct a one day workshop on capacity building for Teen Tobacco Use Prevention and Control for Grantees and their staffs within eight weeks of the Commissions announcement of its choice of PPI Grantees.*

The workshop on capacity building for Teen Tobacco Use was held in cooperation with the NC Tobacco and Control Branch and was attended by representatives of all Grantees. However, since some Grantee program coordinators were hired after the fact, and also to refresh and promote further skills enhancement, a nationally known youth tobacco use consultant was invited to provide another review on the issues Youth Tobacco and also program planning. OMHHD will be meeting with representatives of the Tobacco Branch this month (mid-course) to assess needs for additional workshops/training, given experiences so far and also results of the PTS etc.

- b. *Conduct three PPI Grantee Information Exchange Training Events during the twelve month term of this Agreement. Each event will last one and one-half days. Each Grantee will host one of the Events for the other Grantees.*

In the past six months alone, OMHHD has sponsored five information exchange events, with the last three hosted by a Grantee. The frequency was to help the Grantees as a group in their development and promote the benefits of peer review. The Grantees have reported that it has been most useful and helpful, especially since they have been able to share information and ideas, spurred collaboration among them and often inspired others who were relatively new. For example, El Pueblo representatives were invited and they

attended the Ujima Youth Retreat, which, by report helped El Pueblo to further refine they youth retreat program. These information Exchange events will not be as frequent in coming months but may last longer per meeting.

All the Grantees were represented at an OPEN/Net television forum sponsored by OMHHD in September. El Pueblo is planning a follow-up forum in Spanish for early 2004.

C. Assistance to Entities Interested in Applying for a PP Initiative Grant.

Provide four toll-free, publicly noticed conference calls for persons and entities interested in applying for PP Initiative Grants from the Commission. During these calls OMHHD will provide information and assistance in filling out the Commission grant application for the PP Initiative.

This objective was successfully met. OMHDD assisted several grant applicants, including Old North State Medical Society and the General Baptist State Convention.

Reports.

A. OMHHD agrees to work cooperatively with the Tobacco Prevention and Control Branch ("TBCB") to use the Program Tracking system ('PTS') designed and maintained by TPCB to collect program activity data from all the PPI grantees. OMHHD further agrees to submit a six month and annual progress report for each of the PPI grantees to the Commission using the data collected through the PTS system.

OMHHD is working cooperatively with the Tobacco Prevention and Control Branch, and the UNC Evaluation Team to use PTS for data collection and reporting to the Commission. October was the first implementation of the PTS for the PPI Grantees. Most of the technical difficulties have been resolved and therefore it is expected that subsequent reports will be more timely.

B. OMHHD agrees to submit a monthly invoice for payment from the Commission, and also submit quarterly progress reports to the Commission in a mutually agreed upon format.

OMHHD has worked with the Division of Public Health Budget Office and the Department of Health and Human Services Office of the Controller, to develop and implement a monthly invoice for payment process. Currently, the DHHS Office of the Controller submits a monthly request for reimbursement to the NC Health and Wellness Trust Fund Commission Grants manager. Expenditure data for the request is derived from the Division of Public Health Budget system form DAPG 2605. Payments are made to the Division of Public Health.