



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

2006

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

TABLE OF CONTENTS

SECTION I.

Summary of Statutory Compliance.....4

SECTION II.

Report on Funds Dispersed During the FY (by amt, purpose and category of recipient)....21

A. Map of HWTF Grants Awarded26

B. Paid and Earned Media Events27

SECTION III.

Annual/Periodic Report from Grantees and Contractors

A. Senior Care29

i. Senior Care Cost and Enrollment Data (by county)30

ii. Enrollment, Cost and Utilization Data for ACS / Community Care31

B. Medication Assistance Program (MAP)51

i. Map of Medication Assistance Program Grantees.....52

ii. List of Medication Assistance Program Grantees.....53

iii. Medication Assistance Program Technical Assistance Report.....59

C. Tobacco Use Prevention and Cessation Initiative.....62

i. Teen Tobacco Use Prevention & Cessation Grantees

a. Map of Teen Tobacco Use Prevention and Cessation Grantees63

b. List of Teen Tobacco Use Prevention and Cessation Grantees64

c. Statewide Youth Tobacco Survey 2005 Data70

d. Technical Assistance Reports

 • Tobacco Prevention and Control Branch.....79

 • Question Why Youth Empowerment Centers.....97

 • NC SAVE (Survivors & Victims of Tobacco Empowerment).....120

 • NC STEP (Spit Tobacco Education Program).....130

 • American Lung Association N-O-T (Not On Tobacco)132

e. TRU Media Campaign Outcomes Analysis Report.....136

f. Tobacco-Free Schools Policy Analysis Report.....139

Annual Report Table of Contents (continued)

- ii. Quitline NC**
 - a. Quitline NC Caller Data.....142
 - b. Quitline NC Demographic Data.....148
 - c. Outcomes Analysis Report183
- iii. Tobacco Free-Colleges Initiative**
 - a. Map of Tobacco-Free College Grantees205
 - b. List of Tobacco-Free College Grantees206
 - c. Outcomes Analysis Report208
- D. Youth Overweight and Obesity Prevention/ Reduction Initiative (Fit Together)217**
 - i. Youth Overweight & Obesity Prevention / Reduction Grantees**
 - a. Map of Youth Overweight and Obesity Grantees.....218
 - b. List of Youth Overweight and Obesity Grantees.....219
 - c. Outcomes Analysis Report225
 - d. Technical Assistance Report.....231
 - ii. Fit Community**
 - a. Map of Fit Community Designees and Grantees.....245
 - b. List of Fit Community Designees and Grantees.....246
 - c. Technical Assistance Report.....250
 - iii. Fit Kids NC**
 - a. Web site Content Development Report261
 - b. Curriculum Development and Training Report263
- E. Eliminating Health Disparities Initiative.....266**
 - i. Map of Health Disparities Grantees.....267
 - ii. List of Health Disparities Grantees.....268
 - iii. Technical Assistance Report.....269
- F. 2006-2009 Projected Spending Analysis (by initiative)273**



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November 1, 2006

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

Joint Legislative Health Care Oversight Committee
Senator Tony 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: 2006 Annual Report

SECTION I. IMPLEMENTATION OF THE ENABLING STATUTE

Since its establishment by the General Assembly in 2000, the NC Health and Wellness Trust Fund Commission (HWTFC) has proven itself to be an invaluable asset to North Carolina's public health and its people.

HWTFC has designed and implemented programs to address the health needs of our state's most vulnerable and underserved populations, and has developed community-based plans with goals and objectives to improve the health and wellness of all North Carolinians, young and old.

The Commission's first program, *Senior Care*, provided prescription drugs for low-income seniors for more than three years and is today viewed as a national model. Four equally effective HWTFC prevention initiatives have since been implemented statewide and at the grassroots level to promote:

- Safe and effective use of medications among seniors as well as access to free medications for low-income individuals of all ages
- Tobacco use prevention and cessation among youth
- Overweight and obesity reduction and prevention among youth
- Prevention and elimination of population-specific health disparities

With technical assistance from expert agencies and organizations, 172 local and statewide grants are implementing programs, creating strategic partnerships and building community support to address these specific public health goals.

And in order to ensure effective compliance with its statutory requirement to address North Carolina's health needs on a comprehensive basis, HWTFC will conduct study committees that will shape future actions by researching: innovative ways to expand health insurance coverage for employees of small businesses and children from low-income families; how to fill gaps in prescription drug coverage for seniors; and methods of addressing disparities in access and quality of health care provided to all North Carolinians, regardless of race, ethnicity or income.

STATUTORY REQUIREMENT: Address the health needs of the vulnerable and underserved populations of North Carolina.

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

BACKGROUND

The average senior citizen spends more than \$1,700 per year on prescription drugs. And despite this group's typical dependence on limited and / or fixed incomes, a great deal of that medication is paid out-of-pocket. Adding to this burden, the number of prescriptions and cost per prescription has increased dramatically in recent years, forcing many seniors to choose between food and housing or taking the medicines they need. In light of the federal government's failure to provide seniors with prescription drug coverage under the Medicare program during the 1990's, more than half of the states developed their own programs to respond to this critical issue.

Recognizing the acute need for prescription assistance by North Carolina senior citizens, HWTFC created *Senior Care* as a bridge to help the state's vulnerable seniors who lacked prescription drug coverage until the day when Medicare Part D drug benefit would be implemented. Funded over three years, *Senior Care* started providing benefits to NC seniors on November 1, 2002.

PROGRAM DESIGN

- The total investment in *Senior Care* was \$86.3 million:
- The program was designed to “wrap-around” the federal discount card program that took effect in July 2004, thus maximizing coverage and enhancing benefits to North Carolina's seniors 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 the Federal Poverty Level (FPL)
 - \$1,200 for each of the following two benefit periods:
 - September 2004 through December 2004
 - January 2005 through December 2005

(Note: Included federal benefit of \$600 for those eligible and enrolled in federal program; Senior Care covered entire \$1,200 for those ineligible or not enrolled in federal program.)
 - Covered prescriptions for all diagnostic states
 - Co-pay for seniors was minimal:
 - 5% for those below 100% of FPL
 - 10% for those above 100% of FPL

(Note: Senior Care paid the fee for dispensing and claims administration)
 - Program was administered by the NC DHHS Office of Research, Demonstrations, and Rural Health Development (ORDRHD).

CURRENT REPORTING PERIOD

The Commission's three-year commitment to funding *Senior Care* was originally scheduled to end in October 2005. But from July 1, 2005 through December 31, 2005, participation in *Senior Care* expanded from 119,353 to its final enrollment of 127,896. In order to extend the program's benefits until Medicare Part D took effect on January 1 2006, the NC General Assembly allocated \$10 million from its 2005-2006 budget. This additional funding brought the total programmatic investment to \$86.3 million, and provided three extra months worth of much-needed medication to NC seniors.

NEXT STEPS

The *Senior Care* program ended on January 1, 2006. However, in the wake of significant and well-publicized problems surrounding implementation of the federal program, HWTFC will invest \$24 million in a new prescription drug assistance plan, *NCRx*, to help low-income seniors participate in Medicare Part D.

In fall 2006, *NCRx* was unveiled and will be available to low-income seniors who meet eligibility requirements. The program will pay up to \$18 toward monthly premiums for Medicare Prescription Drug Plans that work with *NCRx*. More information can be found at www.NCRx.gov.

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

HWTFc INITIATIVE: Medication Assistance Program (MAP) has included 122 grants to community-based organizations to help low-income seniors and underserved populations of all ages access free and low-cost prescription drugs. Grantees also educate seniors and other at-risk populations in the safe and effective use of medications to prevent adverse reactions from drug interactions and duplicative therapy.

BACKGROUND

Uninsured North Carolinians or those who qualify for Medicare coverage often find that they can not afford the medications required to treat their chronic health problems. And those who are taking multiple medications are at risk for adverse reactions as a result of drug interactions because their care is not coordinated.

Recognizing that *Senior Care* was not a complete solution to the prescription drug access problems that North Carolina seniors and low-income individuals under 65 are facing, HWTFC funded a network of medication assistance programs to serve North Carolina's uninsured populace.

PROGRAM DESIGN

- \$18.9 million over four and one half years
- Grant program:
 - Phase I: 23 local grants awarded in October 2002
 - Three emergency grants awarded in October 2003 to counties in central NC affected by layoffs in the textile industry
 - Phase II: 49 local grants awarded in April 2004

- Phase III: 50 local grants awarded in May 2006
- 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 Medication Access Review Program (MARF), 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

CURRENT REPORTING PERIOD

In May 2006, HWTF Commissioners voted to fund the third phase of the Medication Assistance Program (MAP). Fifty Phase III MAP grants, totaling \$2 million were awarded; grants primarily focus on helping those under the age of 65 since the federal Medicare program began its coverage of seniors over 65 in January 2006. Phase III MAP grantees will also help seniors determine their optimal federal plan, while providing assistance as needed to address gaps in the federal drug coverage.

NEXT STEPS

In October 2006, HWTF launched *NCRx Care*, a unique and innovative medication therapy management program to help seniors avoid drug interactions and maximize their federal benefit in order to avoid and / or delay falling into the so-called “doughnut hole” in the federal Medicare prescription drug program. HWTF will invest \$2 million over three years to place retail and community pharmacists under contract to counsel Medicare enrollees on the most appropriate and cost-effective use of their federal drug benefit.

Medication therapy management is a proven method of saving lives and reducing overall health care costs by identifying potentially harmful drug-to-drug interactions. Nationally, as many as 200,000 deaths and an estimated 16% of all hospital admissions are linked to medication-related problems. By expanding the availability of counseling services through retail pharmacists, North Carolina will be the first state in the nation using this proven strategy to help seniors maximize their Medicare benefit.

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

HWTF INITIATIVE: The Teen Tobacco Use Prevention and Cessation (TTUPC) Initiative includes 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.

BACKGROUND

Tobacco use is the number one cause of preventable death in the United States, killing more than 440,000 Americans each year. It is also the leading cause of preventable death in North Carolina, and is primarily responsible for numerous deadly cancers and debilitating illnesses.

Despite these facts, thousands of youth in our state initiate tobacco use each year. And according to North Carolina's 2005 Youth Tobacco Survey (YTS), the vast majority (82%) of NC students who have ever smoked, tried their first cigarette before the age of 15.

Evidence shows that comprehensive community and school-based programs combined with mass-marketing efforts effectively prevent or postpone the onset of youth smoking. HWTFC's Teen Tobacco Use Prevention and Cessation Initiative (TTUPC) leads the effort to accomplish the Commission's primary preventive health goal as defined by the General Assembly.

Due largely to the effectiveness of HWTFC's initiative, 2005 data shows the lowest cigarette usage rates for middle and high school students ever recorded in North Carolina.

PROGRAM DESIGN

- Annual budget allocations follow:
 - \$6.2 million in 2002
 - \$10.9 million in 2003
 - \$10.9 million in 2004
 - \$15 million in 2005
 - \$15 million in 2006
 - \$17 million annually from 2007-2009
- 63 grants were awarded to provide services in all 100 counties:
 - 39 community-based organizations
 - 4 additional statewide grants to focus on communications with minority youth:
 - El Pueblo
 - NC Commission of Indian Affairs
 - Old North State Medical Society
 - General Baptist State Convention
 - 20 college grants to focus on 18-24 year old youth

CURRENT REPORTING PERIOD

Other elements of the Commission's initiative that supported the local and statewide grantees during the past year include:

- A paid media campaign entitled, *TRU (Tobacco.Reality.Unfiltered.)* was budgeted at \$1.7 million in 2005-2006. A study by the UNC School of Medicine validated the campaign's effectiveness.
- A training and technical assistance program to provide grantees with the support needed to be successful. These include:
 - A non-punitive cessation program for teens called N-O-T (Not On Tobacco), sponsored by the American Lung Association, utilized \$175,000.
 - Enforcement of the ban on tobacco sales to minors by the Division of Alcohol Law Enforcement, utilized \$525,000.
 - The NC DHHS Tobacco Prevention and Control Branch utilized \$315,000 to provide statewide grantees with field support, community capacity development and expertise in a wide variety of tobacco-related areas.
 - The UNC School of Family Medicine's Tobacco Prevention and Evaluation Program utilized \$590,000 to evaluate TTUPC outcomes and provide recommendations for future program direction.

- Sponsorship of three regional youth empowerment programs, called “Question Y”, utilized \$740,000 to train and support youth in tobacco prevention education and advocacy through school-based programs and a statewide training summit.

Quitline NC

Telephone “quitlines” help tobacco users quit their addiction by offering advice, support and referrals to local cessation resources. Scientific evidence shows that quitlines are effective tools to help tobacco users quit.

On the occasion of the Great American Smoke Out in November 2005, HWTFC and its partner DHHS launched North Carolina’s own statewide quitline (1-800-QUIT-NOW), a free cessation service available to all North Carolinians. HWTFC funds ‘Quit Coaching’ for all callers who are under the age of 24, primary caregivers of those under the age of 18 as well as teachers and staff of public and private schools and child care centers who are role models to youth. DHHS funds ‘Quit Coaching’ for adult callers.

Tobacco-Free Colleges Initiative

While HWTFC has demonstrated the ability to drastically decrease tobacco use in teens, studies show that college-aged youth (18-24) represent the *only* demographic in the United States in which smoking rates have increased in recent years. In North Carolina, nearly 28% of college-aged youth smoke, more than half of whom have tried to quit during the last year.

In December 2005, HWTF expanded its TTUPC initiative by awarding more than \$1.6 million in grant funding for 20 college-based tobacco use prevention and cessation projects that will use evidence-based strategies to promote smoke-free campus environments and coordinate Quitline NC outreach efforts to college-aged students on and around 60 North Carolina campuses. All Tobacco-Free Colleges grantees will work to:

- Prevent initiation of tobacco use among young adults ages 18-24
- Eliminate exposure to secondhand smoke on college campuses
- Promote tobacco use cessation among young adults
- Eliminate tobacco-related health disparities among this age group

NEXT STEPS

HWTFC’s grantees will move forward with its work on youth empowerment, youth tobacco-use prevention and cessation, tobacco-free school policy adoption, and reducing health disparities related to tobacco use.

Commission staff will increase its capacity to evaluate, monitor the use of grant funds and support program grants through the implementation of a contract management and evaluation team, and a strategically planned and evaluated training and technical assistance center. Both teams will coordinate grantee activities to ensure that programs meet best practice guidelines and efficiently utilize HWTFC resources.

HWTFC will implement recommendations from the UNC School of Medicine to enhance both the reach and effectiveness of the prevention advertising by increasing the budget to \$5 million annually for future years. This recommendation was derived from rigorous survey and focus

group research. In addition, the campaign will continue to address the use of spit tobacco, which is expanding among North Carolina youth. HWTFC will also be venturing into new territory with its pioneering grassroots campaign to promote Tobacco Free Schools (TFS) policy adoption and compliance statewide. It has launched and will actively promote a content-rich TFS Web site to aid these local efforts.

Quitline NC is a valuable resource for North Carolinians, but it has been underutilized during its first year of operation. In order to better promote 1-800-QUIT-NOW amongst its target population, HWTFC will be launching a grassroots campaign on college campuses through a media vendor as well as its local grantees. The Quitline promotional campaign will be developed based on first of its kind, HWTFC-funded research performed by experts at the UNC School of Public Health. Results from that research can be found at www.QuitlineNC.com.

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

HWTFC INITIATIVE: The Youth Overweight and Obesity Prevention / Reduction Initiative is highlighted by 21 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. In addition to local grants, HWTFC's obesity initiative focuses efforts on statewide public education and promoting adoption of local policies that address the underlying issues regarding this growing health problem.

BACKGROUND

Alarming high rates of obesity in North Carolina and beyond are resulting in increased prevalence of chronic diseases such as heart disease, diabetes, and several types of cancer. The CDC estimates that obesity-related expenses in North Carolina add up to more than \$2.1 billion annually, with just over half of that coming at the expense of taxpayers via Medicare and Medicaid. Killing nearly 400,000 people per year, unhealthy weight is positioned to overtake tobacco as the leading preventable cause of death in the United States.

PROGRAM DESIGN

- Obesity Grants
 - \$3 million annually for three years from HWTFC
 - Initiative design was based on recommendations developed by DHHS under the *North Carolina Healthy Weight Initiative*
 - In January 2004, the following grants were awarded:
 - 17 grants to local organizations that serve schools and communities in 42 counties
 - 4 grants to statewide/regional organizations that provide service on a much broader basis
 - Technical assistance to grantees is provided by the Department of Community and Family Medicine at Duke
 - Outcomes analysis is conducted by the Department of Family Medicine at East Carolina University
- Study Committee on Childhood Obesity

- \$300,000 budget
- Established in early 2004 and tasked with helping HWTFC better understand the causes of obesity and more importantly, to develop realistic recommendations for addressing this growing health concern.
- *Fit Together* Partnership with Blue Cross and Blue Shield of North Carolina (BCBSNC)
 - A partnership with BCBSNC, called *Fit Together* was announced in April 2004. BCBSNC committed \$3 million over three years to conduct a statewide campaign designed to raise awareness around the dangers of unhealthy weight.

CURRENT REPORTING PERIOD

Study Committee on Childhood Obesity

- The study committee, named *Fit Families NC*, is co-chaired by Senator Bill Purcell, Representative Verla Insko and Dr. Olson Huff and is comprised of 20 North Carolinians with diverse backgrounds from across the state.
- In 2005, the study committee adopted a broad range of recommendations, several of which have directly resulted in statewide policies to combat childhood obesity by:
 - Banning soft drinks and snack vending in elementary schools and severely restricting it in middle and high schools (Senate Bill 961)
 - Establishing improved nutrition standards for all meals served in North Carolina schools (House Bill 855)
 - Informing a State Board of Education mandate to amend its Healthy Active Children policy to require 30 minutes of physical activity for all K-8 students in attendance that day.

***Fit Together* partnership with Blue Cross Blue Shield of North Carolina (BCBSNC)**

- HWTFC continues to develop the partnership's Web site, www.FitTogetherNC.org, which helps individuals, families and communities with the tools they need to promote healthy lifestyles in their communities.
- In 2005, the *Fit Together* partnership expanded with the launch of *Fit Community*, a designation and grants program that recognizes the efforts of local governments to support physical activity and healthy eating programs, policies and environments. Dozens of applications were received from across the state, and each was judged based upon objective criteria collected from peer-reviewed studies and national programs.
 - The first class of *Fit Community* recipients was named on May 10, 2006. They are: Asheville, Cramerton, Chapel Hill, Durham, Greensboro, Mount Airy, Oak Island and Wilmington. Pitt County received special recognition as an Honorable Mention.
 - To complement the designation program and support other innovative strategies at the local government level, grant funding was made available for two-year grants of up to \$30,000 annually. Eight grants totaling nearly \$500,000 were awarded to: Haywood County, Ashe County, Mecklenburg County, City of Graham, City of Lumberton, Sampson County, Duplin County and Pamlico County.
- Technical assistance is provided by Active Living by Design, a national program housed at the UNC School of Public Health and funded by the Robert Wood Johnson Foundation.

Fit Kids Initiative

- In support of the State Board of Education's 2005 physical activity mandate, HWTFC has invested in research and development for age-appropriate and evidence-based curricula for use by educators during the school day.
 - Through a \$320,000 grant to Wake Forest University School of Medicine, formative research on physical activity curricula is being conducted in Forsyth County public schools. Results will help teachers to access classroom-based physical activities to incorporate into the NC Standard Course of Study. Resulting lesson plans are available at www.FitKidsNC.com.
 - A \$40,000 grant to the Department of Instruction in 2005 enabled DPI to: expand its successful elementary school *Energizers* program to middle school students; provide training for both elementary and middle school teachers in the use of these classroom *Energizers*; and develop an intramurals manual for NC middle schools.
 - In May 2006, Commissioners awarded \$750,000 to Be Active NC and DPI to provide NC elementary and middle school teachers with research-based, expert training on curriculum-support activities that meet requirements of the mandate.

NEXT STEPS

To date, the Commission's 21 community-based and statewide obesity grants have resulted in valuable lessons learned in providing real tools to help NC families' combat obesity. Grantee programs have raised awareness about obesity in their communities, while inspiring significant policy and environmental changes that will affect future generations. These best practices will soon be featured and publicized on the Commission's newest Web site, www.FitKidsNC.com.

HWTFC's Study Committee on Childhood Obesity will continue to work towards the implementation of its recommendations. During 2006-2007, it will collaborate with the General Assembly's Joint Legislative Education Oversight Committee to analyze the impact of indirect costs associated with the integrity of the Child Nutrition Services program in North Carolina schools.

In fall 2006, the *Fit Together* partnership will launch a statewide campaign focusing on the importance of workplace wellness. This program will be highlighted by a content-rich Web site containing: workplace wellness best practices from companies large and small across North Carolina; a 'workplace health gauge' to help companies evaluate their efforts and learn how to improve them; detailed steps on how to effectively and inexpensively incorporate wellness into their business environment, and more.

Additionally, the *Fit Community* program will expand to include a second round of grants and designations. A request for proposals will be released in December 2006 and \$500,000 in grants will be awarded in May 2007.

Be Active NC and DPI will provide regional Healthy Active Children trainings throughout North Carolina during 2005-2006; these will result in the certification of 250 'master trainers' who will then conduct 3-4 trainings in every NC school district. HWTFC's goal is to train at least 70% of all K-8 teachers on effective implementation of the new State Board of Education mandate.

STATUTORY REQUIREMENT: Address the health needs of the vulnerable and underserved populations of North Carolina.

HWTFC INITIATIVE: The Eliminating Health Disparities Program includes 27 grants to community-based organizations in North Carolina. It focuses on raising awareness about health disparities within targeted populations of African Americans, Latinos and Native Americans in NC, and on addressing the promotion of Equal Health Quality for the entire state, long term.

BACKGROUND

For the period 1997-2001, African Americans were 1.2 times more likely to die of heart disease and Native Americans were 1.3 more likely to die of heart disease in North Carolina than the White population. Similar ratios currently exist for deaths due to diabetes, prostate cancer, breast cancer and stroke. For diabetes deaths during this period, the ratios of African-Americans and Native Americans were 2.2 and 2.0 times as likely to die as Whites. Such differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions among specific population groups are known as “health disparities”.

While some health professionals believe that most disparities can be attributed to socioeconomic status and biological or genetic differences, most have accepted the fact that race and ethnicity as well as socioeconomic factors have demonstrable effects on health status. In many cases a variety of factors simultaneously impact the health status of some racial, ethnic and socioeconomic groups that result in persistent disparities in health status. These may include cultural, institutional, political and structural conditions faced by certain population groups.

In 2004, HWTF Commissioners voted to address this growing problem by offering grants to *Eliminate Health Disparities*. The Commission seeks to reduce disparities, for children / youth and adults, related to obesity and chronic diseases, including but not limited to: cardiovascular disease, diabetes and cancer.

PROGRAM DESIGN

- \$12.5 million allocated over three years from HWTFC
- Target goals for the initiative are included in the North Carolina 2010 Health Objectives, which are based on the Healthy People 2010 objectives for the United States as a whole.
- Grant applicants are required to adhere to the following best practices and program designs:
 - Partnerships / collaborations are consistent with the goals and objectives of the initiative
 - Proposed action plans are based on evidence-based strategies appropriate for the population served
 - Grant services are projected to reach adequate numbers of community members/clients
 - Applicant organization demonstrates the ability to build sustained community support for the proposed efforts among relevant stakeholders, including those not traditionally involved in disparity reduction efforts

CURRENT REPORTING PERIOD

- More than 100 applications were received and in May 2006 , HWTFC awarded 27 grants to a variety of organizations across North Carolina:

- Ten grants awarded to community and faith-based minority organizations
 - Eight grants awarded to county health departments
 - Four grants awarded to health clinics / hospitals
 - Three grants awarded to Historically Black Colleges and Universities (HBCUs)
 - Two grants awarded to physician medical societies / foundations
- Technical assistance to grantees is provided by health disparities experts from North Carolina Central University
 - Outcomes analysis will be conducted by Shaw University's Institute for Health, Social and Community Research

NEXT STEPS

All of the grantees will begin grant project implementation during 2006-2007 with assistance from HWTF staff and its technical assistance provider, NCCU. HWTF will hire a full service advertising and marketing agency to work as a collaborative partner in the development, implementation and management of a statewide awareness and social marketing campaign. The contractor will also assist grantees in event promotion, development of localized messages and generating earned media.

Through the development of a mass media campaign including creative concepts, collateral materials and a well-publicized Web site, the Commission will provide its newest grantees the tools they need to effectively educate North Carolinians about health disparities and to implement their local programmatic goals.

STATUTORY REQUIREMENT: Measure outcomes of funded programs

HWTF 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 that are described in detail in Section II:

- *Senior Care* – UNC Schools of Public Health and Pharmacy, 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
- Health Disparities – Shaw University, Institute for Health, Social and Community Research

**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)**

HWTF Commissioners spent its initial 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.

Before expanding its scope further, HWTF Commissioners agreed that in order to meet its mandate from the General Assembly - “to develop a comprehensive plan to finance programs and initiatives to improved the health and wellness of the people of North Carolina” – more detailed, NC-specific research is necessary.

In May of 2006, the Commission agreed to fund research on several complex issues facing North Carolina’s populace. Expert study committees will be assembled to seek innovative ways to expand health insurance coverage for employees of small businesses and children from low-income families; to fill gaps in prescription drug coverage for seniors; and to address disparities in access and quality of health care provided to all North Carolinians, regardless of race, ethnicity or income. Resulting findings and recommendations will be critical to future HWTF programs and initiatives.

An analysis of all HWTF programs funded to date follows.

SENIOR CARE PROGRAM

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. **When the program ended on January 1, 2006, Senior Care had filled over 2 million prescriptions for more than 130,000 North Carolinians in need. The average assistance per member was \$790.**

Outcomes Analysis

The UNC School of Public Health conducted an evaluation of *Senior Care* utilizing the enrollment file of the pharmaceutical benefits manager administering the program, patient surveys conducted quarterly for one year among a random sample of enrollees, and the Medication Access and Review Program (MARF) database, containing data entered by pharmacists during medication management sessions. Evaluators found that the *Senior Care* program has had the following impact:

- **The most significant results reported based on the survey were the positive impact on seniors’ utilization of health care services:**
 - **Overnight hospitalization decreased from 22% at baseline to 8.2% over a 12-month enrollment period**
 - **Emergency room visits decreased from 18.4% at baseline to 8.6% over a 12-month enrollment period**

- Improved patients' access to prescription medications and related services:
 - 14% of eligible North Carolinians were enrolled
 - 32% of enrollees were classified as high-risk for medication-related problems, indicating the need for referral to medication management
 - Enrollees reduced the amount of their own money spent on prescription drugs from \$167 at baseline to \$128 in a follow-up survey
- Increased patients' medication adherence through medication management.
 - Fewer people reported not filling a prescription on time (dropping from 23% at baseline to 14% in the most recent follow-up survey)
 - The proportion of enrollees who reported taking medications less often in order to make them last longer declined from 27% to 16%
 - Patients who did not take their medications on schedule dropped from 12% to 3%
 - Patients who reported forgetting to take their medications declined from 47% to 35%
 - The proportion of patients who reported not taking their medications because they did not think it was important declined from 9% to 0%

MEDICATION ASSISTANCE PROGRAM (MAP)

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.

Outcomes Analysis

MAP grantees have reached large numbers of people through their community based efforts.

- **MAP grantee sites have provided more than \$68.8 million worth of free medications to nearly 40,000 patients from January 2003 through December 2005.**
- Based on grantee expenditures of \$11 million on procuring free and low-cost medications, this represents a 6:1 return on the Commission's grant investment.
- Pharmacists helped more than 8,800 patients learn how to better manage their medications and prescriptions.

The UNC School of Public Health evaluated the impact of the medication management services as a secondary component of its *Senior Care* outcomes analysis. Due to insufficient data about the medication management services provided at the individual grantee sites as well as the inability to correlate *Senior Care* enrollee data with the grantee site data, no definitive conclusions could be drawn about the impact of medication management.

However, some individual MAP grantees providing medication management have conducted program-level evaluations and report significant reductions in hospitalizations and emergency room usage, as a result of this service. HWTF's MAP grantee in Alamance County, AlaMAP, is part of the Alamance Regional Medical Center (ARMC). In its first year with HWTF grant

funding, AlaMAP reported a 50% reduction in emergency room and overnight hospital stays for 200 seniors who were receiving medication management at their clinic.

And in 2005, the NC Institute of Medicine's *Healthcare Safety Net Report* listed MAP as a "significant safety net for the uninsured in North Carolina".

TEEN TOBACCO USE PREVENTION AND CESSATION INITIATIVE (TTUPC)

In its first few years, HWTFC's Teen Tobacco Prevention and Cessation Initiative (TTUPC) has built a strong and cohesive network, has pioneered effective programs, and ensured that all grantees are committed to adhering to the best practices for tobacco programs outlined by the Centers for Disease Control and Prevention (CDC). As a result, North Carolina has one of the most comprehensive and coordinated youth tobacco programs in the country and has made great accomplishments in overall program administration, as well as in each of its program goal areas. 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.

Outcomes Analysis

In Year 3, HWTFC's Teen Tobacco Prevention and Cessation Initiative has accomplished the following:

- Expanded upon HWTFC's award winning statewide media campaign, *TRU (Tobacco. Reality. Unfiltered.)*
 - A UNC study involved random-sample surveying of more than 600 NC youth via telephone, before and after the television campaign, along with statewide focus groups of diverse youth about the campaign advertisements. The findings showed:
 - The TRU message successfully reached 54% of NC youth, 11 to 17 years of age in NC – up from 45% just one year ago.
 - A greater percentage of youth in the Charlotte media market - 66 % reported awareness of the campaign than youth in other N.C. media markets. That difference is significant because, as a test for future expansion of the campaign, more anti-smoking announcements aired in the Charlotte area.
 - Awareness of the *TRU* campaign, slogans and brand increased substantially over the last two years and are now recognized by at least one third of North Carolina youth.
 - Over 90% of youth who saw the ads reported that messages were convincing, attention grabbing, and gave good reasons not to smoke.
 - Over 25% of youth who have seen the ads reported that they talked to their friends about the ads, indicating effectiveness through "chat value".
- Substantially advanced the adoption of 100% Tobacco Free School (TFS) policies, resulting in more than two-thirds of North Carolina's 115 school districts having adopted this gold standard policy.
- Provided multiple compliance trainings to school districts with newly adopted TFS policies.
- Increased trainings on youth empowerment and encouraged grantee involvement in cessation programs for youth.

- Increased efforts to decrease underage sale of tobacco products, reduce tobacco advertising targeting youth, and educate about product pricing and youth initiation.
- Incrementally increased secondhand smoke policy gains by encouraging adoption of smoke-free policies at restaurants and other places frequented by youth.
- Placed increased emphasis on the access to and utilization of HWTFC technical assistance and training resources, including a special technical assistance evaluation to identify strengths and areas for improvement.

Due largely to the effectiveness of HWTFC's comprehensive TTUPC initiative, 2005 Youth Tobacco Survey (YTS) data shows the lowest cigarette use rates for middle and high school students ever recorded in North Carolina.

The 2005 YTS confirms that since HWTFC began funding this initiative, dramatic progress has been made. Administered by the NC Department of Health and Human Services and analyzed by the CDC, YTS is the definitive study of tobacco use among young people in North Carolina. Some highlights from the 2005 YTS include the following:

- There are 27,000 fewer teens smoking cigarettes in NC than there were in 2003
- The rate of decline in high school-aged smokers has more than tripled since HWTFC began funding teen-tobacco use prevention and cessation efforts
- Since 2003, youth smoking rates have dropped significantly
 - From 27.3% to 20.3% among high school students
 - From 9.3% to 5.8% among middle school students
- Both middle and high school rates of smoking have dropped below the national average

YTS data also revealed that that high schools in districts that had 100% Tobacco-Free Schools policies in effect for at least four years reported 32% fewer tobacco users and 40% fewer cigarette smokers compared to schools without the policy.

YOUTH OVERWEIGHT AND OBESITY PREVENTION / REDUCTION INITIATIVE

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 in North Carolina and beyond. The percentage of children who are overweight in the United States has 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 21 grants statewide to address childhood overweight / obesity. 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 has created and continually airs messages on its statewide network to reach both at-risk youth and their caregivers.

Increased physical activity and healthier food choices are considered essential elements in preventing obesity and maintaining good health. To promote these cornerstone principles, the HWTFC 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* helps individuals and communities assess their health risks and provide them with the tools needed to get healthier. The Web site includes 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.

In late 2003, recognizing that North Carolina was experiencing an obesity epidemic, HWTFC Chair Lt. Governor Beverly Perdue spearheaded the creation of a study committee on childhood obesity within HWTFC, consisting of experts on this subject. Members of *Fit Families NC: A Study Committee for Childhood Overweight / Obesity* were appointed in April 2004, and represented diverse backgrounds such as: health, education, medicine, academia, industry, faith-based organizations, and city / county government. They were tasked with helping HWTFC better understand the causes of this epidemic and more importantly, develop realistic recommendations for addressing this growing health concern.

After more than one year and seven public hearings, 350 recommendations were received; they were condensed to approximately 170 and organized into 13 different topical categories. These recommendations were made public in fall 2005.

Outcomes Analysis

East Carolina University Department of Family Medicine and the Pediatric Healthy Weight Research and Treatment Center conducted the evaluation of *Fit Together* utilizing data on grantee attainment of specific goals outlined by HWTFC for the program, a cohort study with kindergarten to 9th grade youth, and an evaluation of the technical assistance to the project provided by the Duke technical assistance team. Evaluators reported the following outcomes for the *Fit Together* grant program between January 2004 and June 2006:

- There are currently 2,353 children enrolled in the cohort study to examine large-scale impacts of the *Fit Together Program*.
 - Children in the study were classified as underweight, normal weight, at risk for overweight, or overweight, according to their body mass index (BMI). Initial analysis from the first follow-up survey with the cohort indicates that 91% of the children enrolled at Time 3 either stayed in the same or lowered their BMI category.
- Grantees reported 5,294 events in planning, training, assessment, partnering, providing services, capacity building, environmental / policy action and outcomes, media coverage, and resource generating, among other areas. Highlights of these events include:
 - 1,513 services provided, such as group education and support, counseling, and screening/referral/follow-up
 - Provision of capacity-building trainings or skill building for more than 13,000 individuals

- Media coverage including nearly 200 hours of television airplay and 6,670 column inches of newspaper coverage, resulting in a potential media exposure of 414,000 people per event for newspaper, radio and television
 - Generation of additional program resources, such as funding (\$424,003 in direct dollars), materials, and volunteer time
 - 331 environmental / policy outcomes (new or modified policies, practices, or environments that contribute to program objectives) were reported. The majority of these have focused on elementary school age youth.
- Grantees reported overall that they had achieved their program objectives in the previous six months and were on target to achieve their objectives for the upcoming six months.
 - The technical assistance provided to grantees received universally high marks in a grantee evaluation.

While the complete *Fit Families NC* report had not been released publicly until October 2005, several of its recommendations were shared with legislative bodies in North Carolina earlier in the year. Of those, three were particularly important, forming the basis for statewide policies that will be critical in North Carolina's future efforts to combat childhood obesity:

- In April, the State Board of Education unanimously adopted new regulations that require schools to provide all students K-8 with at least 30 minutes of physical activity per day beginning in the 2005/2006 school year.
- In May 2005, Representative Verla Insko amended House Bill 855 to reflect the study committee's recommendations on nutrition standards for schools (Ratified Oct. 2005).
- In May 2005, Senator William R. Purcell amended Senate Bill 961 to reflect the study committee's recommendations on vending standards for schools (Ratified Aug. 2005).

ELIMINATING HEALTH DISPARITIES INITIATIVE

Because HWTFC's *Eliminating Health Disparities* grants were awarded in May of 2006, no measurable outcomes are available at this time. Shaw University's Institute for Health, Social and Community Research will closely monitor the implementation of each local project; comprehensive outcomes reports will be provided in the future.

**HEALTH AND WELLNESS TRUST FUND COMMISSION
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Purpose of Disbursement	Organization's Name	Category of Recipient	Total Commitment	FY 05-06 Disbursements	Total Disbursements
SENIOR CARE PROGRAM					
Drug Benefit and Program Administration	DHHS Office of Rural Health	State Agency	83,954,373	23,772,058	83,928,767
PDAP Transition Drug Benefit	DHHS Office of Rural Health	State Agency	1,832,265	-	1,182,265
Program Evaluation	UNC School Public Health	State University	396,000	-	212,794
Program Evaluation	NC A&T University	State University	165,418	33,848	142,760
	Program Total		76,348,056	23,805,906	86,142,192
MEDICATION ASSISTANCE PROGRAM					
Local Program Implementation	Alamance Regional Medical Center	Grantee	377,500	79,323	377,500
Local Program Implementation	Albemarle Hospital Foundation	Grantee	127,310	17,000	72,914
Local Program Implementation	Angel Medical Center	Grantee	50,000	25,000	50,000
Local Program Implementation	Appalachian Healthcare/Watauga	Grantee	50,000	26,674	49,274
Local Program Implementation	Betsy Johnson Regional	Grantee	50,000	25,000	50,000
Local Program Implementation	Black River Health Services	Grantee	50,000	30,000	50,000
Local Program Implementation	Bladen HealthWatch	Grantee	280,768	35,619	209,971
Local Program Implementation	Cabarrus Health Alliance	Grantee	50,000	35,000	55,000
Local Program Implementation	Caldwell Senior Center	Grantee	176,500	24,110	176,470
Local Program Implementation	Cape Fear Council of Gov. Area Agency on Aging	Grantee	398,000	127,941	398,000
Local Program Implementation	Carolina Family Health Centers (Wilson Community)	Grantee	639,000	179,219	586,997
Local Program Implementation	Carolinas Poison Center	Grantee	50,000	10,749	35,749
Local Program Implementation	Cherokee Cnty Health Dept	Grantee	444,696	100,861	356,411
Local Program Implementation	The Community Care Center	Grantee	50,000	25,490	45,490
Local Program Implementation	Community Care Clinic of Rowan County	Grantee	350,000	170,953	350,000
Local Program Implementation	Community Free Clinic of Cabarrus County	Grantee	327,500	136,614	321,667
Local Program Implementation	Cooperative Christian Ministries	Grantee	52,500	24,872	49,872
Local Program Implementation	Crisis Control Ministry	Grantee	252,500	107,523	252,500
Local Program Implementation	Cumberland Cnty Hospital System	Grantee	700,000	199,176	593,368
Local Program Implementation	Davidson Medical Ministries	Grantee	252,500	100,391	252,500
Local Program Implementation	Diakonos, Inc.	Grantee	128,896	63,232	128,896
Local Program Implementation	Duplin County Services	Grantee	65,083	10,834	35,665
Local Program Implementation	Duplin Medical Association	Grantee	30,160	10,400	30,160
Local Program Implementation	Eastern Carolina Council Area Agency on Aging	Grantee	374,637	42,486	369,346
Local Program Implementation	FirstHealth of the Carolinas	Grantee	249,766	79,376	190,471
Local Program Implementation	Gaston Family Health Center	Grantee	282,750	85,176	253,546
Local Program Implementation	Good Samaritan Clinic	Grantee	52,500	27,500	52,500
Local Program Implementation	Greene County Council	Grantee	22,406	11,419	24,427
Local Program Implementation	Guilford Cnty Dept of Public Health	Grantee	698,957	268,240	664,795
Local Program Implementation	Healthquest of Union County	Grantee	52,500	27,500	52,500
Local Program Implementation	Hertford County Public	Grantee	125,000	47,450	120,829
Local Program Implementation	Hyde County Health Department	Grantee	47,831	24,331	34,331
Local Program Implementation	Indian Health Care	Grantee	50,000	50,000	50,000
Local Program Implementation	Isothermal Planning Commission Area Agency on Aging	Grantee	631,521	147,255	613,794
Local Program Implementation	Kinston Community Health	Grantee	50,000	25,000	50,000
Local Program Implementation	Lenoir Memorial Hospital	Grantee	64,638	32,204	59,165
Local Program Implementation	Leon Mann Jr Enrichment	Grantee	64,864	22,610	56,421
Local Program Implementation	Lumber River Council of Governments/AAA	Grantee	466,000	173,733	441,371
Local Program Implementation	Martin-Tyrrell-Washington District Health Dept.	Grantee	409,000	81,096	342,401
Local Program Implementation	MedAssist of Mecklenburg	Grantee	605,500	213,274	561,365
Local Program Implementation	Metropolitan Community Health Services	Grantee	50,000	25,000	50,000
Local Program Implementation	Mid-East Commission Area Agency on Aging	Grantee	456,960	107,564	456,960
Local Program Implementation	Mission St. Joseph's Healthcare Foundation	Grantee	581,100	206,608	563,329
Local Program Implementation	Mt. Olive Family Medicine	Grantee	50,000	30,000	50,000
Local Program Implementation	NCHICA	Grantee	50,000	17,691	42,691

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Purpose of Disbursement	Organization's Name	Category of Recipient	Total Commitment	FY 05-06 Disbursements	Total Disbursements
Local Program Implementation	New Hanover Health Network	Grantee	47,181	15,465	37,368
Local Program Implementation	Onslow County Senior Services	Grantee	97,000	18,894	45,782
Local Program Implementation	Pamlico County Senior Services	Grantee	24,447	11,125	21,939
Local Program Implementation	Piedmont Health Services	Grantee	236,688	50,841	198,848
Local Program Implementation	Piedmont Triad Council of Government AAA	Grantee	145,000	(6,778)	38,222
Local Program Implementation	Randolph County Senior	Grantee	100,000	39,356	83,157
Local Program Implementation	Resources for Seniors	Grantee	718,500	177,136	662,890
Local Program Implementation	Rockingham County Council	Grantee	50,000	11,701	36,701
Local Program Implementation	Rockingham County Health Department	Grantee	325,000	96,341	192,019
Local Program Implementation	Rural Health Group	Grantee	412,200	123,166	363,311
Local Program Implementation	Saluda Medical Center	Grantee	17,400	7,500	17,400
Local Program Implementation	Scotland Neck Family Medical	Grantee	50,000	22,095	47,095
Local Program Implementation	Senior PHARMAssist	Grantee	210,500	38,797	210,500
Local Program Implementation	Surry County Senior Services	Grantee	50,000	14,168	39,168
Local Program Implementation	The Hunger Coalition	Grantee	336,000	55,518	336,000
Local Program Implementation	Thomasville Medical Center	Grantee	50,000	24,225	39,225
Local Program Implementation	UNC School of Pharmacy	Grantee	256,846	50,936	213,894
Local Program Implementation	Upper Coastal Plains Council	Grantee	52,500	37,500	52,500
Local Program Implementation	Urban Ministries of Wake	Grantee	50,000	16,469	31,469
Local Program Implementation	Wayne Action Group	Grantee	158,016	84,161	153,907
Local Program Implementation	West Caldwell Health	Grantee	50,000	25,000	49,999
Local Program Implementation	Westcare Health System	Grantee	241,471	99,845	241,471
Local Program Implementation	Wilkes Regional Medical	Grantee	250,000	113,234	250,000
Local Program Implementation	Winston-Salem Urban league	Grantee	262,000	82,696	217,742
Technical Assistance Provider	DHHS Office of Rural Health	State Agency	610,000	63,238	369,977
Pharmacist Training	Area Health Education Centers	State University	62,344	-	62,344
Program Evaluators	A&TSU, UNC-CH and Contractor	Univ/Contract	-	15,300	131,770
Program Total			15,201,936	4,599,420	13,773,343
TEEN SMOKING PREVENTION AND CESSATION PROGRAM					
Local Program Implementation	Alamance-Caswell Area MH/DD/SA Authority	Grantee	208,000	55,025	208,000
Local Program Implementation	Alleghany County Schools	Grantee	155,243	81,464	109,915
Local Program Implementation	American Cancer Society	Grantee	271,026	101,616	151,385
Local Program Implementation	ARP/Pheonix/Question Why	Grantee	296,174	178,174	278,586
Local Program Implementation	Ashe Cnty Schools	Grantee	199,641	50,791	193,321
Local Program Implementation	Blue Ridge Healthcare	Grantee	97,400	51,215	76,480
Local Program Implementation	Buncombe Cnty Schools/Safe and Drug Free Schools	Grantee	299,727	58,925	285,185
Local Program Implementation	Buncombe County Health Center	Grantee	92,585	-	92,585
Local Program Implementation	Cancer Services of Gaston Cnty	Grantee	270,000	105,186	263,159
Local Program Implementation	Catawba Cnty Public Health Dept	Grantee	294,000	64,351	281,117
Local Program Implementation	Center for Health & Healing, GBSC	Grantee	475,000	101,793	475,000
Local Program Implementation	Chatham Cnty Health Dept	Grantee	264,596	78,547	237,449
Local Program Implementation	Cherokee County Schools	Grantee	163,897	117,519	117,519
Local Program Implementation	Chowan Regional Health Care Foundation	Grantee	305,000	71,022	305,000
Local Program Implementation	Coastal Horizons Center	Grantee	199,076	82,219	162,134
Local Program Implementation	County of Onslow	Grantee	134,807	58,747	106,054
Local Program Implementation	Durham AreaCorp, Inc.	Grantee	539,870	240,656	519,076
Local Program Implementation	Durham Cnty Health Dept	Grantee	287,156	49,224	217,626
Local Program Implementation	El Pueblo	Grantee	713,100	193,439	606,248
Local Program Implementation	FirstHealth of the Carolinas	Grantee	280,613	72,489	270,048
Local Program Implementation	Forsyth Co Dept of Public	Grantee	142,839	54,706	80,572
Local Program Implementation	Halifax County Schools	Grantee	292,080	79,734	290,942
Local Program Implementation	Haywood County Health Dept (NCSTEP)	Grantee	304,500	122,449	292,366
Local Program Implementation	Haywood County Health Dept (HITOP ASSIST)	Grantee	200,000	49,763	135,249
Local Program Implementation	Healthy Caldwellians	Grantee	183,568	75,503	153,294
Local Program Implementation	Hertford-Gates District Health Dept	Grantee	198,307	52,729	171,496
Local Program Implementation	Lumbree Nation Tribal	Grantee	200,000	59,450	108,102
Local Program Implementation	Macon Cnty Public Health Center	Grantee	140,366	41,051	138,556

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Purpose of Disbursement	Organization's Name	Category of Recipient	Total Commitment	FY 05-06 Disbursements	Total Disbursements
Local Program Implementation	McDowell Cnty Schools	Grantee	290,000	39,899	290,000
Local Program Implementation	Mecklenburg Cnty Health Dept	Grantee	300,000	52,761	233,631
Local Program Implementation	Mitchell Cnty Schools	Grantee	278,750	58,295	233,975
Local Program Implementation	Moses Cone Wesley Long	Grantee	200,000	52,083	132,246
Local Program Implementation	Moses Cone Wesley Long (ASSIST)	Grantee	210,000	75,647	193,148
Local Program Implementation	N.C. Amateur Sports/State Games of North Carolina	Grantee	285,000	41,971	217,633
Local Program Implementation	NC Commission of Indian Affairs	Grantee	475,000	135,936	416,503
Local Program Implementation	Old North State Medical Society	Grantee	785,000	230,618	755,728
Local Program Implementation	Orange Cnty Health Dept	Grantee	232,848	50,561	185,875
Local Program Implementation	Public Schools of Robeson Cnty	Grantee	283,500	30,226	202,892
Local Program Implementation	Rowan Cnty Health Dept	Grantee	423,198	82,186	315,834
Local Program Implementation	SAVE of NC GASP	Grantee	360,000	115,566	360,000
Local Program Implementation	Surry Cnty Health and Nutrition Center	Grantee	272,346	52,866	217,498
Local Program Implementation	Tri-Cnty 2000 Community Health Project.	Grantee	170,103	(3,148)	170,103
Local Program Implementation	UNC-NC Institute for Public Health	Grantee	845,904	318,554	581,825
Local Program Implementation	Union Cnty Public Schools	Grantee	468,232	169,347	447,202
Local Program Implementation	Watauga Cnty Schools	Grantee	300,000	72,107	297,205
Local Program Implementation	Wilkes County Schools	Grantee	167,104	74,219	122,237
Local Program Implementation	Wilmington Health Access for Teens (WHAT)	Grantee	888,372	329,646	850,478
Not On Tobacco Program Implementation	American Lung Association	Grantee	600,000	173,791	443,047
100% TFS Mini Grant			-		-
Tobacco-Free Schools	Buncombe County Public Schools	Grantee	5,000	-	5,000
Tobacco-Free Schools	Butler Dream Team	Grantee	5,000	-	4,994
Tobacco-Free Schools	Catawba County Schools	Grantee	5,000	-	5,000
Tobacco-Free Schools	Cancer Services of Gaston Cnty	Grantee	5,000	-	5,000
Tobacco-Free Schools	Cherokee County Schools	Grantee	5,000	-	810
Tobacco-Free Schools	Clay County Schools	Grantee	4,000	-	3,933
Tobacco-Free Schools	Durham County Health Dept	Grantee	5,000	-	4,986
Tobacco-Free Schools	Jones County Health Dept	Grantee	3,492	-	2,401
Tobacco-Free Schools	Mitchell Cnty Schools	Grantee	5,000	-	740
Tobacco-Free Schools	Robeson County Dept of P	Grantee	5,000	-	3,097
Tobacco-Free Schools	Southwest High School(Onslow Co Schools)	Grantee	4,074	-	4,074
Tobacco-Free Schools	Tyrrell County Public Schools	Grantee	5,000	-	5,000
Tobacco-Free Schools	Union Cnty Public Schools	Grantee	3,900	-	3,900
Technical Assistance Provider	NC Prevention Partners	Contractor	52,000	-	-
Technical Assistance Provider	DHHS Tobacco Prevent/Control	State Agency	1,511,523	313,708	913,703
Technical Assistance Provider	DHHS Minority Health	State Agency	225,000	-	171,569
Tobacco Sales Law Enforcement	DHHS Substance Abuse Section	State Agency	3,500,000	522,690	1,569,871
Pregnant Teen Cessation	DHHS Women/Children Health	State Agency	300,000	67,393	328,705
Program Evaluation	UNC School of Family Medicine	State University	2,950,000	591,519	1,502,839
Technical Assistance Provider	UNCCH School of Public Health	Contractor	530,000	480,174	480,174
Technical Assistance Provider	UNCCH-School of Medicine EnTER	Contractor	47,783	47,783	47,783
Media Campaign	Goddin Media/CapStrat/Ruiz/Webb	Contractors	7,822,450	2,360,963	6,459,778
Misc Program Expenses	Signage and Printing, Travel	Contracts	69,633	\$716	67,726
Salary/Benefits	Program Specific Personnel	Employee		\$149,873	149,873
	Program Total		28,000,000	9,035,741	24,734,482
COLLEGE TOBACCO USE PREVENTION AND CESSATION PROGRAM					
Local Program Implementation	Albemarle Regional Health Services	Grantee	289,960	36,658	36,658
Local Program Implementation	American Lung Association	Grantee	38,500	-	-
Local Program Implementation	Asheville-Buncombe Technical Community College	Grantee	80,000	958	958
Local Program Implementation	Caldwell Commmunity College and Technical Institut	Grantee	40,000	-	-
Local Program Implementation	Cleveland Community College	Grantee	40,000	-	-
Local Program Implementation	East Carolina University	Grantee	79,930	-	-
Local Program Implementation	Elizabeth City State University	Grantee	39,996	-	-
Local Program Implementation	Fayetteville State University	Grantee	40,000	-	-

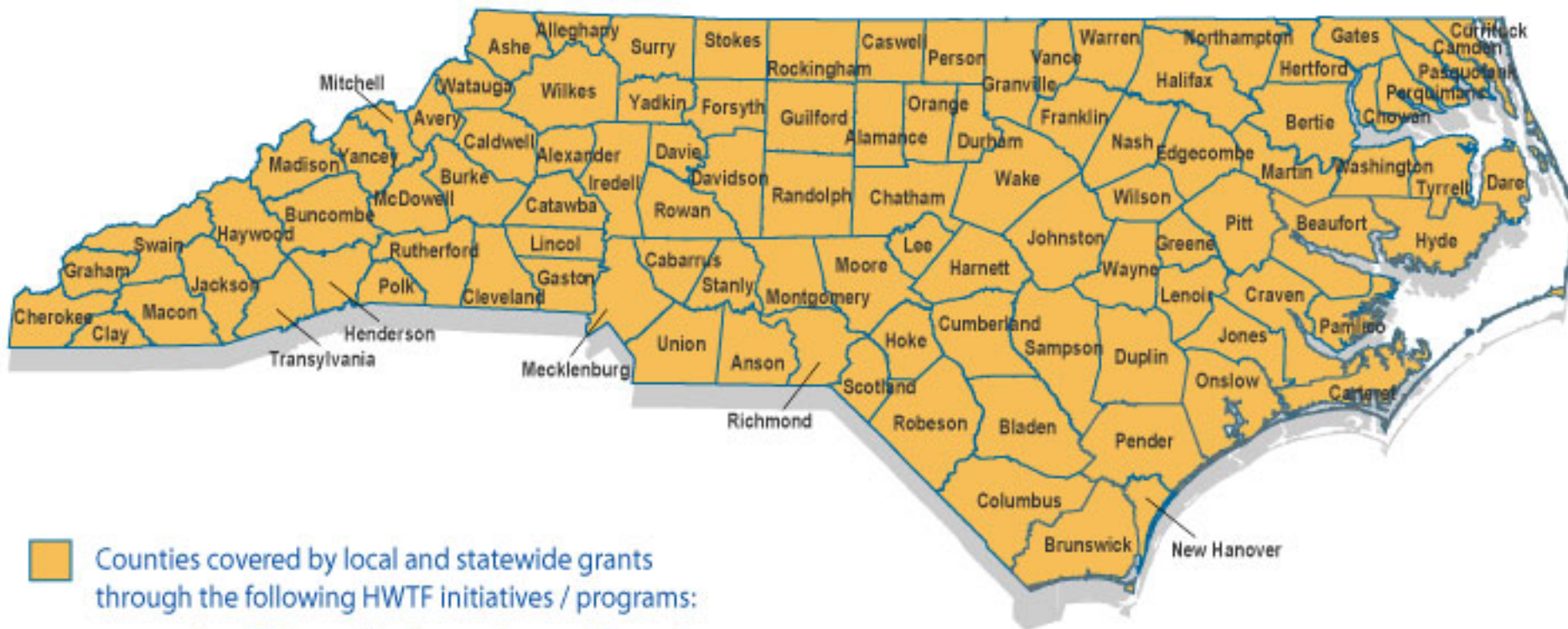
**HEALTH AND WELLNESS TRUST FUND COMMISSION
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Local Program Implementation	Lenoir County Health Department	Grantee	40,000	-	-
Local Program Implementation	Mecklenburg County Health Department	Grantee	200,000	21,121	21,121
Local Program Implementation	Moses Cone Wesley Long Community Health Foundation	Grantee	61,310	-	-
Local Program Implementation	NC A&T State University	Grantee	80,000	-	-
Local Program Implementation	NC Central University	Grantee	164,153	7,823	7,823
Local Program Implementation	SAVE of NC GASP	Grantee	80,000	12,178	12,178
Local Program Implementation	Surry County Health & Nutrition Center	Grantee	39,000	5,203	5,203
Local Program Implementation	UNC Chapel-Hill	Grantee	120,000	-	-
Local Program Implementation	UNC Pembroke	Grantee	39,290	1,274	1,274
Local Program Implementation	UNC Wilmington	Grantee	75,243	1,910	1,910
Local Program Implementation	Wilkes Community College	Grantee	80,000	8,959	8,959
Local Program Implementation	Wilson Technical Community College	Grantee	60,000	2,015	2,015
Technical Assistance Provider	UNCCH-School of Medicine EnTER	Contractor	202,217	62,146	62,146
	Program Total		1,889,599	160,245	160,245
FitTogether (Child/Community Obesity Prevention)					
Local Program Implementation	Albemarle Regional Health	Grantee	450,000	102,566	208,841
Local Program Implementation	Avery County Schools	Grantee	204,827	56,768	86,923
Local Program Implementation	Be Active North Carolina, Inc.	Grantee	330,796	12,463	248,928
Local Program Implementation	Children First of Buncombe County	Grantee	434,283	128,207	333,245
Local Program Implementation	Cleveland County Health	Grantee	450,000	103,332	216,664
Local Program Implementation	Cumberland County Schools	Grantee	445,096	11,862	149,163
Local Program Implementation	Durham Public Schools	Grantee	441,945	144,758	329,773
Local Program Implementation	FirstHealth of the Carolinas	Grantee	446,436	117,421	239,720
Local Program Implementation	Goldsboro Family YMCA	Grantee	450,000	84,904	199,692
Local Program Implementation	Halifax County Health Dept	Grantee	236,362	49,123	123,668
Local Program Implementation	Mecklenburg County Health Department	Grantee	450,000	128,688	260,192
Local Program Implementation	Mitchell County Schools	Grantee	245,179	47,758	161,681
Local Program Implementation	NC Academy of Family Physicians Foundation	Grantee	417,678	106,253	242,536
Local Program Implementation	New Life Women's Leadership Project	Grantee	337,082	123,059	258,888
Local Program Implementation	NC Division of Public Health	Grantee	371,032	152,616	279,161
Local Program Implementation	Partnership for Health, Inc.	Grantee	442,245	120,046	251,356
Local Program Implementation	Person County Schools	Grantee	450,000	136,479	291,118
Local Program Implementation	Pitt County Schools	Grantee	449,028	127,633	292,202
Local Program Implementation	Southeastern Regional Medical Center	Grantee	450,000	131,004	309,745
Local Program Implementation	UNC-TV	Grantee	449,970	118,165	178,714
Local Program Implementation	Wake Forest University School of Medicine	Grantee	450,000	147,587	360,765
Technical Assistance Provider	Duke University Div of Community Health	Contractor	805,000	154,271	523,427
Program Evaluation	ECU Brody School of Medicine	State University	414,500	136,855	270,281
Fit Together Best Practices	ECU Brody School of Medicine	State University	35,000		28,407
FitTogether Website Content	NC Academy of Family Physicians Foundation	Contractor	174,000	31,724	166,299
Local Program Implementation	NC Alliance for Healthy Communities	Grantee	17,000	-	7,000
Interactive Diagnostic Database Development	Profile Health	Contractor	81,000	-	81,000
Media	The Stone Agency	Contractor	710,000	50,000	250,308
Energizers for Fit Together	NC Department of Public Instruction	Contractor	40,000	40,000	40,000
Design and Implement Fit Communities	Active Living By Design	Contractor	300,000	72,850	72,850
Obesity Study Committee	Committee of NC Obesity Experts	Committee	300,000	40,773	122,947
	Program Total		75,170,440	2,677,165	6,585,494
HEALTH DISPARITIES					
Local Program Implementation	Sisters Network	Grantee	66,000	32,924	66,000
Salary/Benefits	Program Specific Personnel	Employee		79,343	79,343

**HEALTH AND WELLNESS TRUST FUND COMMISSION
ANNUAL REPORT TO THE
JOINT LEGISLATIVE COMMISSION ON GOVERNMENTAL OPERATIONS
FY 04-05 FINANCIAL OBLIGATIONS AND DISBURSEMENTS**

Purpose of Disbursement	Organization's Name	Category of Recipient	Total Commitment	FY 05-06 Disbursements	Total Disbursements
Technical Assistance Provider	NC Central University	State University	731,844	120,899	120,899
Program Total			797,844	233,166	266,242
Debt Service per H1264	Debt Service on Capital Projects at Universities/Juvenile Facilities per H1264 passed in 03-04 Legislative session	NC General Fund	352,477,160	1,979,096	1,979,096
ADMINISTRATIVE COSTS					
Commission operating costs				872,839	3,054,236
TOTAL DISBURSEMENTS FY 05-06				43,363,578	136,695,331

HWTF Grants Awarded



- Teen Tobacco Use Prevention and Cessation
- Tobacco-Free Colleges
- Medication Assistance Program
- Eliminating Health Disparities
- Fit Together (obesity)
- Fit Community designations and grantees

Updated: 08-10-06

HWTF MEDIA EVENTS
December 2005 – June 2006

PAST EVENTS Principal/Event	Date	Location	Topic/Notes/Ideas
Health Disparities regional workshop	12/10/05	Durham	Commissioner speaking
Health Disparities regional workshop	1/12/06	Winston Salem	Commissioner speaking
Health Disparities regional workshop	1/18/06	Charlotte	Commissioner speaking
Health Disparities regional workshop	1/21/06	Lumberton	Commissioners speaking
RFPs release: 1) Interactive Web site 2) Tobacco prevention media	1/23/06	N/A	Statewide coverage
Health Disparities regional workshop	1/25/06	Greenville	Commissioner speaking
RFP release: Health Disparities media	1/30/06	N/A	Statewide coverage
Announce college grants	Late Jan (depend upon LG schedule & format)	NCCU, Durham (press release or conference)	Option: press event with students representing schools that received grants; announce first statewide college-aged cessation program; statewide and localized press releases
Quitline toolkit mailed to 6,200 physicians re: fax referral service	2/1/06	Statewide	Chair letter & statewide press release announcing fax referral service
Health Disparities regional workshop	2/1/06	Elizabeth City	Commissioner speaking
Health Disparities regional workshop	2/6/06	Asheville	Commissioner speaking
100% TFS grassroots seminar	2/7/06	NC Division of Public Health, Raleigh	Training for HWTF grantees & gap counties who have not adopted 100% TFS policy
National Spit Awareness Week	2/13-2/17/06	Statewide	Chair Letter to 50 TV stations requesting PSA coverage.
CIAA basketball tournament	2/27–3/4/06	Charlotte Coliseum, Charlotte	Theme: quitline and college cessation; Plans: produce quitline ads on AA radio and for AA pubs.
Announce Youth Tobacco Survey (YTS) results	2/28/06	Charlotte, Carolinas Medical Center	Press conference and statewide press release
Invite schools to apply for physical activity training grants	Wk of 3/20/06		Chair sends letter to superintendents
NCCBI annual conference	3/15/06	Downtown Durham	Workplace Wellness display at nearby location (Fit Together partnership)

HWTF MEDIA EVENTS
December 2005 – June 2006

PAST EVENTS Principal/Event	Date	Location	Topic/Notes/Ideas
Kick Butts Day	4/5/06	Statewide	Statewide media coverage
Duke Med School Summit on Health Disparities – Real People, Real Issues	4/23-4/24/06	The Washington Duke Inn, Durham	Statewide press releases & pitch calls in conjunction with Duke Univ. Press Office
HWTF Commission Meeting	5/1/06	McKimmon Ctr, Raleigh	Award grants for Health Disparities, Fit Community and MAP Phase III
ALE Red Flag Media Launch – Phase II	5/3/06	Durham, Forsyth and Cumberland	Statewide & localized press releases
Fit Community Sign Unveiling in Oak Island	6/16 3pm-ish	Oak Island Recreation Center at 3003 E. Oak Island Drive	Regional media
Fit Community Sign Unveiling in Oak Island	6/19/06 10a	Greenville	Regional media
Old North State Medical Society's T.E.A.Talk	6/22, 11:30/06 12:30p	Sheraton Imperial Hotel, Durham	Topic: smoke-free environments, smoke-free churches; second hand smoke. ONSMS Annual Convention
<i>Question Y</i> Spark Plug Tour	6/23/06	Sampson County	Tour in Eastern NC searching for community leaders/adults to help with 100 %TFS movement
Western Regional Educational Service Alliance	6/25-6/28/06	Asheville	Presenting 100% TFS table
<i>Question Y</i> Spark Plug Tour	6/28/06	Columbus County	Tour in Eastern NC searching for community leaders/adults to help with 100 %TFS movement
<i>Question Y</i> Spark Plug Tour	6/29/06	Bladen County	Tour in Eastern NC searching for community leaders/adults to help with 100 %TFS movement
Western Regional Educational Service Alliance	6/25-6/28/06	Asheville	Presenting 100% TFS table
<i>Question Y</i> Spark Plug Tour	6/29/06	Bladen County	Our in Eastern NC searching for community leaders/adults to help with 100 %TFS movement



Senior Care

**North Carolina Senior Care Program
2005 Cost and Enrollment by County**

County Name	Total		Sum of Eligibles
	Prescriptions	State Paid	
Alamance	27,565	\$ 1,304,279.45	2,317
Alexander	12,387	\$ 603,659.87	1,112
Alleghany	2,082	\$ 97,900.81	267
Anson	5,633	\$ 263,504.17	589
Ashe	9,746	\$ 484,907.55	1,141
Avery	2,332	\$ 111,540.20	380
Beaufort	6,935	\$ 313,557.93	804
Bertie	4,704	\$ 221,192.91	579
Bladen	6,084	\$ 294,581.43	750
Brunswick	25,619	\$ 1,293,687.41	2,154
Buncombe	30,077	\$ 1,427,567.37	3,133
Burke	19,956	\$ 1,003,293.35	2,062
Cabarrus	29,906	\$ 1,442,405.03	2,484
Caldwell	34,890	\$ 1,731,917.78	2,984
Camden	291	\$ 13,841.00	64
Carteret	7,413	\$ 374,750.02	742
Caswell	3,607	\$ 153,842.94	423
Catawba	39,556	\$ 1,933,084.75	3,365
Chatham	8,550	\$ 430,564.34	852
Cherokee	8,798	\$ 444,215.10	896
Chowan	3,376	\$ 157,898.90	370
Clay	3,101	\$ 176,783.18	358
Cleveland	25,610	\$ 1,248,669.69	2,585
Columbus	12,546	\$ 648,676.38	1,448
Craven	12,063	\$ 603,873.60	1,221
Cumberland	15,433	\$ 766,195.82	1,960
Currituck	1,286	\$ 81,960.69	140
Dare	2,091	\$ 92,332.00	202
Davidson	37,636	\$ 1,828,126.84	3,256
Davie	3,492	\$ 183,705.15	346
Duplin	10,965	\$ 535,074.14	1,240
Durham	25,060	\$ 1,171,931.57	2,019
Edgecombe	10,469	\$ 519,468.35	1,180
Forsyth	21,263	\$ 1,100,008.59	2,019
Franklin	10,429	\$ 488,689.40	931
Gaston	49,084	\$ 2,488,437.59	4,333
Gates	717	\$ 35,692.13	110
Graham	841	\$ 34,000.90	148
Granville	5,396	\$ 238,102.03	646
Greene	3,336	\$ 148,611.97	384
Guilford	46,133	\$ 2,302,884.38	4,221
Halifax	17,333	\$ 793,280.19	1,639
Harnett	14,534	\$ 720,492.37	1,537
Haywood	11,237	\$ 535,637.17	1,129
Henderson	17,048	\$ 782,978.21	1,512
Hertford	3,539	\$ 157,788.45	445
Hoke	3,282	\$ 164,605.54	433
Hyde	797	\$ 41,050.75	110
Iredell	22,786	\$ 1,128,867.49	2,231
Jackson	5,229	\$ 225,022.03	554

County Name	Total		Sum of Eligibles
	Prescriptions	State Paid	
Johnston	17,762	\$ 882,095.55	1,814
Jones	2,664	\$ 121,647.64	305
Lee	8,618	\$ 368,436.77	857
Lenoir	10,775	\$ 536,922.96	1,194
Lincoln	18,726	\$ 909,753.09	1,668
Macon	11,810	\$ 579,015.39	1,131
Madison	2,646	\$ 129,957.34	426
Martin	4,877	\$ 233,837.97	601
McDowell	15,881	\$ 708,737.18	1,493
Mecklenburg	47,450	\$ 2,455,669.75	4,552
Mitchell	4,629	\$ 180,290.34	517
Montgomery	6,383	\$ 269,826.91	685
Moore	13,640	\$ 666,546.22	1,334
Nash	16,816	\$ 827,487.14	1,639
New Hanover	34,517	\$ 1,722,725.28	2,681
Northampton	9,051	\$ 405,698.31	842
Onslow	10,496	\$ 535,274.33	1,131
Orange	7,616	\$ 340,988.16	689
Pamlico	3,026	\$ 158,974.09	294
Pasquotank	4,023	\$ 195,575.82	424
Pender	11,737	\$ 580,764.07	1,059
Perquimans	2,647	\$ 129,963.51	272
Person	7,032	\$ 322,636.35	765
Pitt	13,670	\$ 655,303.41	1,353
Polk	5,161	\$ 254,691.50	497
Randolph	30,127	\$ 1,527,327.43	2,728
Richmond	9,329	\$ 409,773.40	1,151
Robeson	14,059	\$ 708,772.97	1,923
Rockingham	25,366	\$ 1,238,740.07	2,304
Rowan	30,566	\$ 1,514,823.06	2,612
Rutherford	18,840	\$ 848,001.37	1,804
Sampson	16,215	\$ 802,909.80	1,687
Scotland	4,897	\$ 228,989.96	608
Stanly	23,416	\$ 997,463.52	1,872
Stokes	6,177	\$ 360,058.78	617
Surry	22,082	\$ 1,122,773.81	1,668
Swain	1,955	\$ 102,988.32	263
Transylvania	4,620	\$ 219,149.34	460
Tyrrell	387	\$ 16,493.39	95
Union	21,428	\$ 1,077,576.56	1,904
Vance	8,143	\$ 378,695.86	856
Wake	49,403	\$ 2,476,408.97	4,014
Warren	3,178	\$ 159,052.79	414
Washington	2,272	\$ 110,624.51	266
Watauga	2,845	\$ 166,552.21	539
Wayne	13,222	\$ 650,908.66	1,718
Wilkes	19,132	\$ 938,120.85	1,775
Wilson	12,890	\$ 624,741.41	1,446
Yadkin	8,113	\$ 416,571.87	723
Yancey	3,743	\$ 159,129.17	421



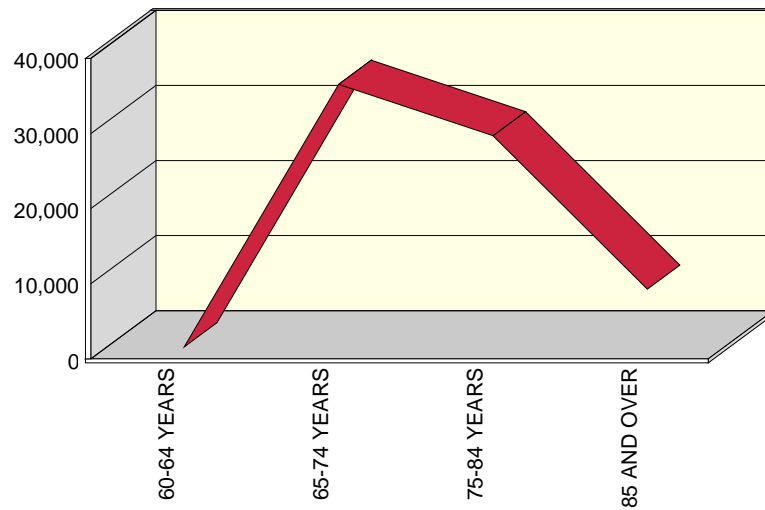
Number of Utilizers by Age Group

Run Date: 2/8/2006

From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Age Group	Unique Utilizers
60-64 YEARS	4
65-74 YEARS	34,960
75-84 YEARS	28,126
85 AND OVER	7,677





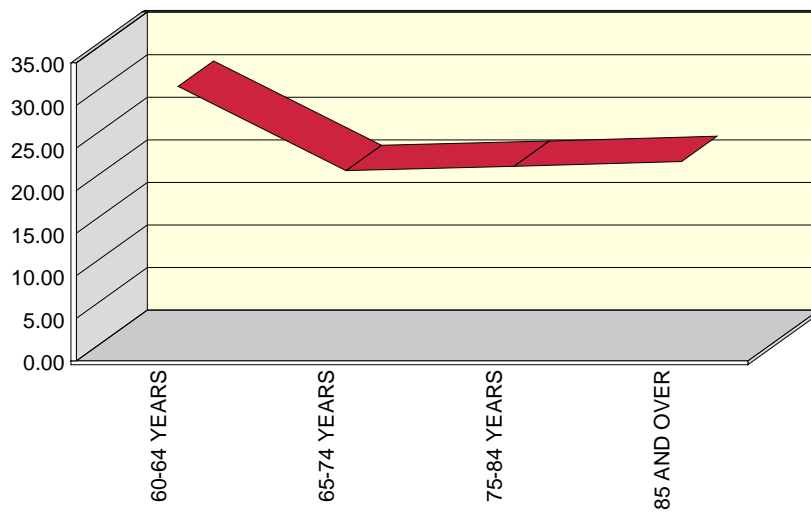
Rate of Utilization by Age

Run Date: 2/8/2006

From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Age Group	RX Count per Utilizing Member
60-64 YEARS	30.75
65-74 YEARS	20.85
75-84 YEARS	21.35
85 AND OVER	21.93





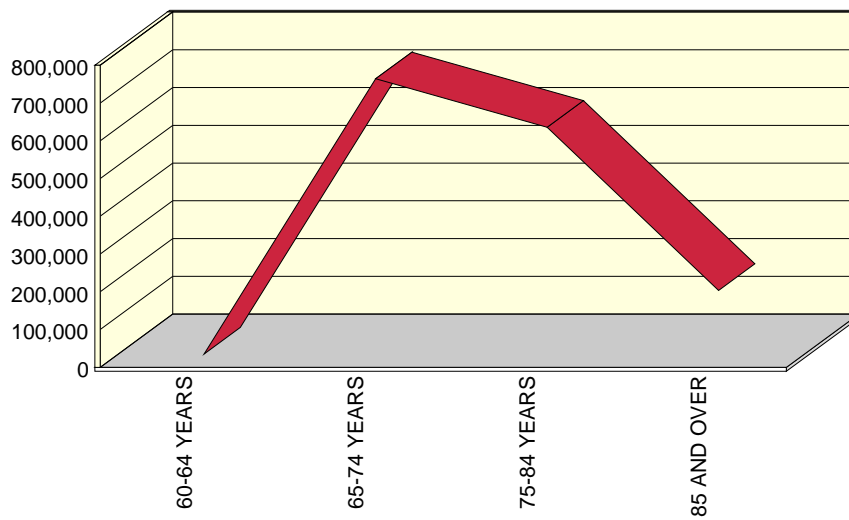
Number of Prescriptions by Age Group

Run Date: 2/8/2006

From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Age Group	RX Count
60-64 YEARS	123
65-74 YEARS	729,053
75-84 YEARS	600,593
85 AND OVER	168,357





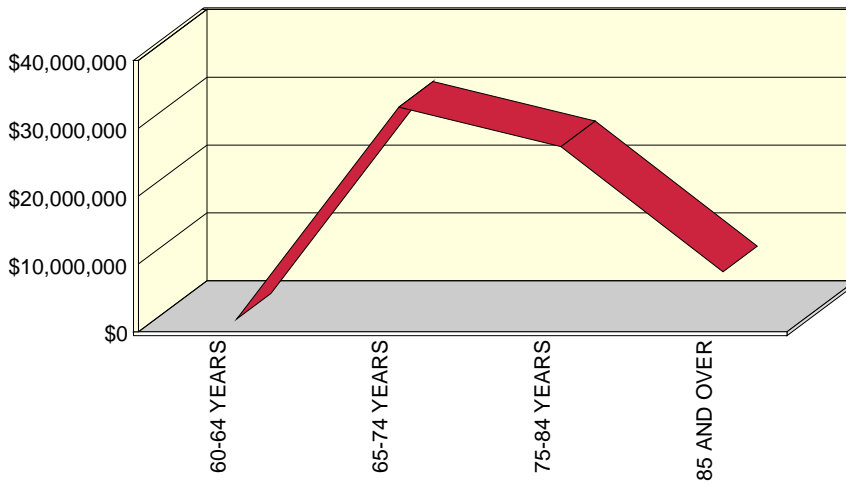
Total Cost by Age Group

Run Date: 2/8/2006

From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Age Group	Amount Paid
60-64 YEARS	\$5,178
65-74 YEARS	\$31,250,471
75-84 YEARS	\$25,439,688
85 AND OVER	\$6,959,218





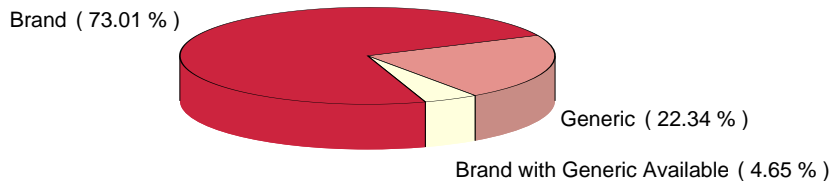
Generic Utilization Summary by Amount Paid

Run Date: 2/8/2006

From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Generic Utilization	Amount Paid	Percentage
Brand	\$46,477,307.12	73.01 %
Brand with Generic Available	\$2,958,759.67	4.65 %
Generic	\$14,218,488.26	22.34 %





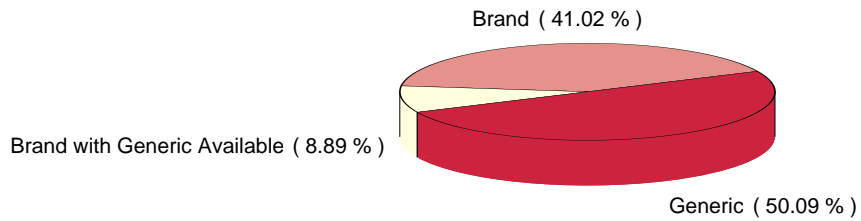
Generic Utilization Summary by Number of Prescriptions

Run Date: 2/8/2006

From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Generic Utilization	RX Count	Percentage
Brand	614,480	41.02 %
Brand with Generic Available	133,201	8.89 %
Generic	750,458	50.09 %





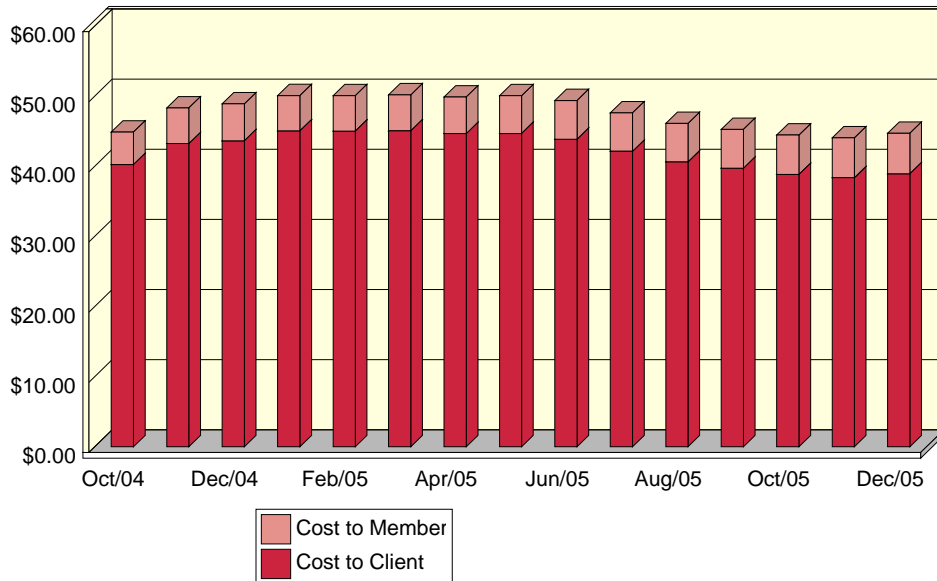
Total Prescription Costs

Run Date: 2/8/2006

From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Service Month	Cost to Client	Cost to Member
Oct/04	\$40.24	\$4.63
Nov/04	\$43.25	\$5.07
Dec/04	\$43.64	\$5.27
Jan/05	\$45.06	\$5.02
Feb/05	\$45.01	\$5.06
Mar/05	\$45.06	\$5.13
Apr/05	\$44.69	\$5.19
May/05	\$44.69	\$5.38
Jun/05	\$43.87	\$5.51
Jul/05	\$42.14	\$5.47
Aug/05	\$40.64	\$5.48
Sep/05	\$39.73	\$5.54
Oct/05	\$38.85	\$5.61
Nov/05	\$38.38	\$5.68
Dec/05	\$38.93	\$5.79





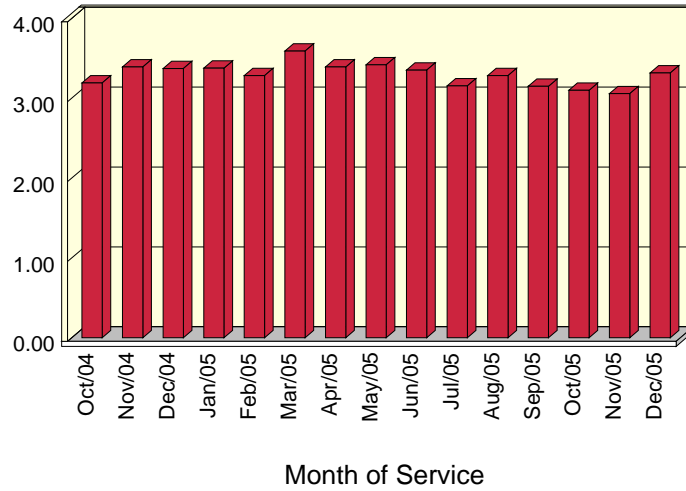
Average Number of Prescriptions per Utilizing Member

Run Date: 2/8/2006

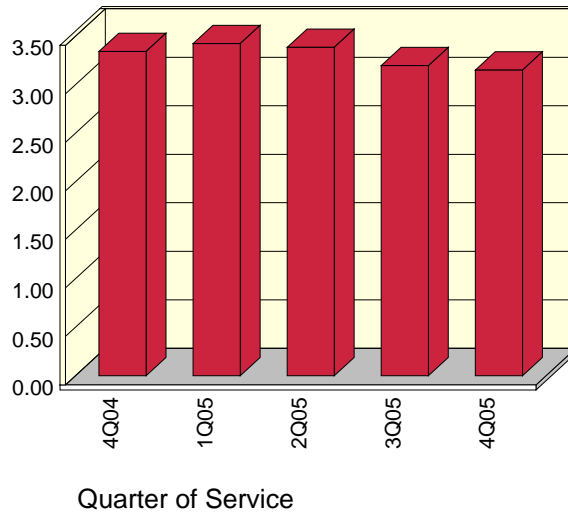
From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Service Month	Avg Number of RXs per Utilizer
Oct/04	3.19
Nov/04	3.39
Dec/04	3.37
Jan/05	3.38
Feb/05	3.28
Mar/05	3.59
Apr/05	3.39
May/05	3.42
Jun/05	3.35
Jul/05	3.15
Aug/05	3.28
Sep/05	3.15
Oct/05	3.10
Nov/05	3.06
Dec/05	3.31



Service Quarter	Avg Number of RXs per Utilizer
4Q04	3.34
1Q05	3.42
2Q05	3.39
3Q05	3.20
4Q05	3.15





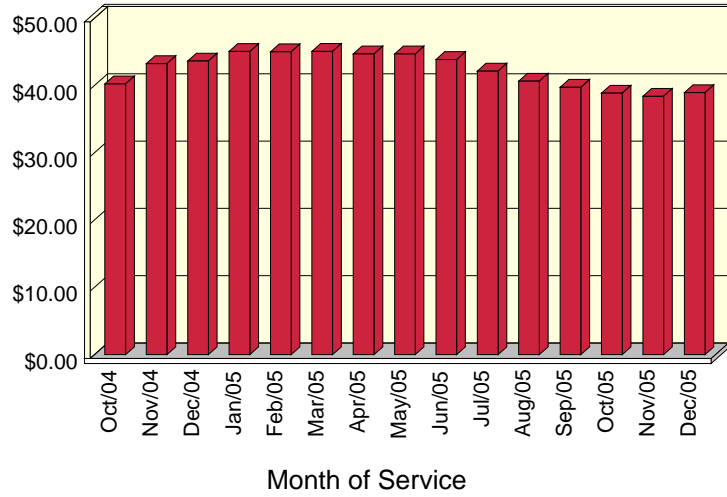
Average Cost per Paid Claim

Run Date: 2/8/2006

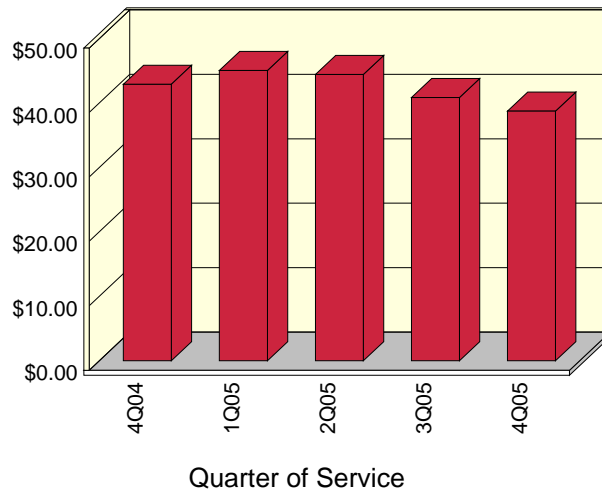
From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Service Month	Avg Cost per Claim
Oct/04	\$40.24
Nov/04	\$43.25
Dec/04	\$43.64
Jan/05	\$45.06
Feb/05	\$45.01
Mar/05	\$45.06
Apr/05	\$44.69
May/05	\$44.69
Jun/05	\$43.87
Jul/05	\$42.14
Aug/05	\$40.64
Sep/05	\$39.74
Oct/05	\$38.85
Nov/05	\$38.38
Dec/05	\$38.93



Service Quarter	Avg Cost per Claim
4Q04	\$42.88
1Q05	\$45.05
2Q05	\$44.43
3Q05	\$40.84
4Q05	\$38.73





Average Expenditures per Utilizing Member

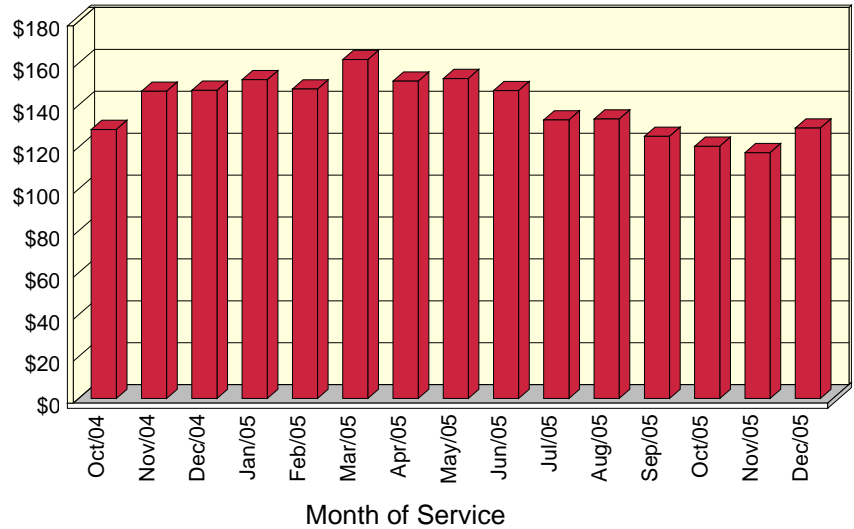
Run Date: 2/8/2006

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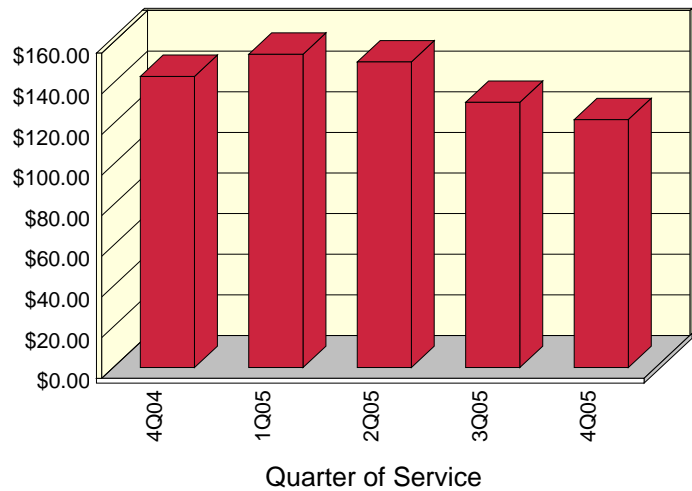
From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Service Month	Avg Expenditures per Utilizer
Oct/04	\$128.39
Nov/04	\$146.61
Dec/04	\$147.11
Jan/05	\$152.12
Feb/05	\$147.68
Mar/05	\$161.72
Apr/05	\$151.46
May/05	\$152.69
Jun/05	\$146.95
Jul/05	\$132.94
Aug/05	\$133.41
Sep/05	\$125.15
Oct/05	\$120.39
Nov/05	\$117.31
Dec/05	\$129.06



Service Quarter	Avg Expenditures per Utilizer
4Q04	\$143.31
1Q05	\$154.23
2Q05	\$150.41
3Q05	\$130.53
4Q05	\$122.02





Top 25 Therapeutic Classes by Prescription Count

Run Date: 2/8/2006

A C S From Month Ending 10/31/05 To 12/31/05

Client ID: NCSENR

Rank	Therapeutic Class	Therapeutic Class Code	RX Count	% of Total RX Count	Amount Paid
1	LIPOTROPICS	M4E	21,262	7.28 %	\$1,584,522.23
2	BETA-ADRENERGIC BLOCKING AGENTS	J7C	20,251	6.93 %	\$343,038.76
3	HYPOTENSIVES, ACE INHIBITORS	A4D	18,854	6.46 %	\$408,384.77
4	CALCIUM CHANNEL BLOCKING AGENTS	A9A	14,067	4.82 %	\$596,311.66
5	ANALGESICS,NARCOTICS	H3A	13,500	4.62 %	\$259,528.26
6	THYROID HORMONES	P3A	12,651	4.33 %	\$168,739.10
7	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	A4F	9,608	3.29 %	\$516,489.30
8	THIAZIDE AND RELATED DIURETICS	R1F	9,243	3.17 %	\$71,409.55
9	GASTRIC ACID SECRETION REDUCERS	D4K	8,646	2.96 %	\$798,287.14
10	LOOP DIURETICS	R1M	8,040	2.75 %	\$63,573.26
11	BONE RESORPTION INHIBITORS	P4L	7,107	2.43 %	\$488,649.55
12	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	C4K	7,098	2.43 %	\$178,764.23
13	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	S2B	6,783	2.32 %	\$355,347.15
14	POTASSIUM REPLACEMENT	C1D	5,843	2.00 %	\$81,652.22
15	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	H2S	5,376	1.84 %	\$274,299.40
16	ORAL ANTICOAGULANTS,COUMARIN TYPE	M9L	5,362	1.84 %	\$129,720.10
17	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	C4L	4,356	1.49 %	\$92,432.69
18	POTASSIUM SPARING DIURETICS IN COMBINATION	R1L	4,342	1.49 %	\$42,137.61
19	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	Q6G	4,331	1.48 %	\$248,020.75
20	VASODILATORS,CORONARY	A7B	4,013	1.37 %	\$71,602.45
21	PLATELET AGGREGATION INHIBITORS	M9P	3,558	1.22 %	\$337,712.98
22	GLUCOCORTICIDS	P5A	3,525	1.21 %	\$65,940.92
23	BETA-ADRENERGIC AGENTS	J5D	3,449	1.18 %	\$131,296.13
24	DIGITALIS GLYCOSIDES	A1A	3,430	1.17 %	\$31,597.97
25	ESTROGENIC AGENTS	G1A	3,247	1.11 %	\$95,466.52



Top 25 Therapeutic Classes by Amount Paid

Run Date: 2/8/2006

From Month Ending 10/31/05 To 12/31/05

Client ID: NCSENR

Rank	Spec Thera Class Description	Therapeutic Class Code	Amount Paid	% of Total Amount Paid	RX Count
1	LIPOTROPICS	M4E	\$1,584,522.23	14.01 %	21,262
2	GASTRIC ACID SECRETION REDUCERS	D4K	\$798,287.14	7.06 %	8,646
3	CALCIUM CHANNEL BLOCKING AGENTS	A9A	\$596,311.66	5.27 %	14,067
4	HYPOTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	A4F	\$516,489.30	4.57 %	9,608
5	BONE RESORPTION INHIBITORS	P4L	\$488,649.55	4.32 %	7,107
6	HYPOTENSIVES, ACE INHIBITORS	A4D	\$408,384.77	3.61 %	18,854
7	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	S2B	\$355,347.15	3.14 %	6,783
8	BETA-ADRENERGIC BLOCKING AGENTS	J7C	\$343,038.76	3.03 %	20,251
9	PLATELET AGGREGATION INHIBITORS	M9P	\$337,712.98	2.99 %	3,558
10	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	H2S	\$274,299.40	2.43 %	5,376
11	ANALGESICS, NARCOTICS	H3A	\$259,528.26	2.29 %	13,500
12	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	Q6G	\$248,020.75	2.19 %	4,331
13	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	C4N	\$237,478.49	2.10 %	2,123
14	SEDATIVE-HYPNOTICS, NON-BARBITURATE	H2E	\$197,470.32	1.75 %	2,507
15	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	A4K	\$179,949.45	1.59 %	2,518
16	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	C4K	\$178,764.23	1.58 %	7,098
17	ANTICONVULSANTS	H4B	\$169,438.40	1.50 %	2,819
18	THYROID HORMONES	P3A	\$168,739.10	1.49 %	12,651
19	BETA-ADRENERGICS AND GLUCOCORTICIDS COMBINATION	J5G	\$164,472.65	1.45 %	1,198
20	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	Q9B	\$164,371.19	1.45 %	2,535
21	INSULINS	C4G	\$160,799.73	1.42 %	2,606
22	QUINOLONES	W1Q	\$134,708.17	1.19 %	2,828
23	BETA-ADRENERGIC AGENTS	J5D	\$131,296.13	1.16 %	3,449
24	ANTIHISTAMINES - 2ND GENERATION	Z2Q	\$129,747.66	1.15 %	2,212
25	ORAL ANTICOAGULANTS, COUMARIN TYPE	M9L	\$129,720.10	1.15 %	5,362



Top 25 Drugs by RX Count

Run Date: 2/8/2006

From Month Ending 10/31/05 To 12/31/05

Client ID: NCSENR

Rank	Drug Name	Number of Prescriptions	% of Total RX Count
1	HYDROCHLOROTHIAZIDE 25 MG T	6,561	2.25 %
2	FUROSEMIDE 40 MG TABLET	4,219	1.44 %
3	ATENOLOL 50 MG TABLET	3,666	1.26 %
4	PROPOXY-N/APAP 100-650 TAB	3,613	1.24 %
5	LIPITOR 10 MG TABLET	3,304	1.13 %
6	NORVASC 5 MG TABLET	3,266	1.12 %
7	TOPROL XL 50 MG TABLET SA	3,222	1.10 %
8	FOSAMAX 70 MG TABLET	3,135	1.07 %
9	METOPROLOL 50 MG TABLET	3,116	1.07 %
10	PLAVIX 75 MG TABLET	2,698	0.92 %
11	HYDROCODONE/APAP 5/500 TAB	2,686	0.92 %
12	LIPITOR 20 MG TABLET	2,665	0.91 %
13	NORVASC 10 MG TABLET	2,568	0.88 %
14	FUROSEMIDE 20 MG TABLET	2,493	0.85 %
15	NEXIUM 40 MG CAPSULE	2,368	0.81 %
16	METFORMIN HCL 500 MG TABLET	2,363	0.81 %
17	ATENOLOL 25 MG TABLET	2,302	0.79 %
18	LISINOPRIL 20 MG TABLET	2,103	0.72 %
19	ALBUTEROL 90 MCG INHALER	1,917	0.66 %
20	ACTONEL 35 MG TABLET	1,902	0.65 %
21	LISINOPRIL 10 MG TABLET	1,823	0.62 %
22	TOPROL XL 100 MG TABLET SA	1,771	0.61 %
23	TRIAMTERENE/HCTZ 37.5/25 TB	1,615	0.55 %
24	FLOMAX 0.4 MG CAPSULE SA	1,587	0.54 %
25	POTASSIUM CL 20 MEQ TAB SA	1,569	0.54 %



Top 25 Drugs by Amount Paid

Run Date: 2/8/2006

From Month Ending 10/31/05 To 12/31/05

Client ID: NCSENR

Rank	Drug Name	Amount Paid	% of Total Amount Paid	Avg Payment per RX	Avg Qty Dispensed per RX
1	NEXIUM 40 MG CAPSULE	\$288,003.31	2.55 %	\$121.62	31.06
2	PLAVIX 75 MG TABLET	\$287,009.55	2.54 %	\$106.38	29.59
3	LIPITOR 20 MG TABLET	\$227,367.98	2.01 %	\$85.32	27.35
4	LIPITOR 10 MG TABLET	\$215,422.60	1.90 %	\$65.20	29.33
5	FOSAMAX 70 MG TABLET	\$208,652.11	1.85 %	\$66.56	4.02
6	PROTONIX 40 MG TABLET EC	\$156,386.51	1.38 %	\$100.06	31.07
7	NORVASC 10 MG TABLET	\$148,557.16	1.31 %	\$57.85	29.39
8	NORVASC 5 MG TABLET	\$148,234.99	1.31 %	\$45.39	30.89
9	PREVACID 30 MG CAPSULE DR	\$147,617.68	1.31 %	\$123.63	31.30
10	CELEBREX 200 MG CAPSULE	\$137,122.31	1.21 %	\$91.35	35.12
11	ACTONEL 35 MG TABLET	\$126,682.92	1.12 %	\$66.61	4.02
12	ZOCOR 40 MG TABLET	\$112,135.28	0.99 %	\$109.19	26.84
13	AMBIEN 10 MG TABLET	\$111,940.12	0.99 %	\$78.50	27.22
14	ZETIA 10 MG TABLET	\$108,381.33	0.96 %	\$71.78	29.98
15	LIPITOR 40 MG TABLET	\$105,120.52	0.93 %	\$82.25	26.31
16	ADVAIR 250/50 DISKUS	\$97,295.50	0.86 %	\$140.20	60.26
17	FLOMAX 0.4 MG CAPSULE SA	\$96,871.34	0.86 %	\$61.04	31.96
18	ACIPHEX 20 MG TABLET EC	\$94,420.67	0.83 %	\$121.21	31.16
19	ZOCOR 20 MG TABLET	\$93,094.82	0.82 %	\$112.98	28.51
20	TOPROL XL 50 MG TABLET SA	\$86,459.29	0.76 %	\$26.83	31.13
21	EVISTA 60 MG TABLET	\$76,751.48	0.68 %	\$78.00	29.86
22	COMBIVENT INHALER	\$76,112.84	0.67 %	\$76.96	15.92
23	XALATAN 0.005% EYE DROPS	\$75,137.40	0.66 %	\$54.45	2.64
24	MOBIC 7.5 MG TABLET	\$69,900.02	0.62 %	\$96.68	36.28
25	PRAVACHOL 40 MG TABLET	\$67,405.79	0.60 %	\$116.42	29.11



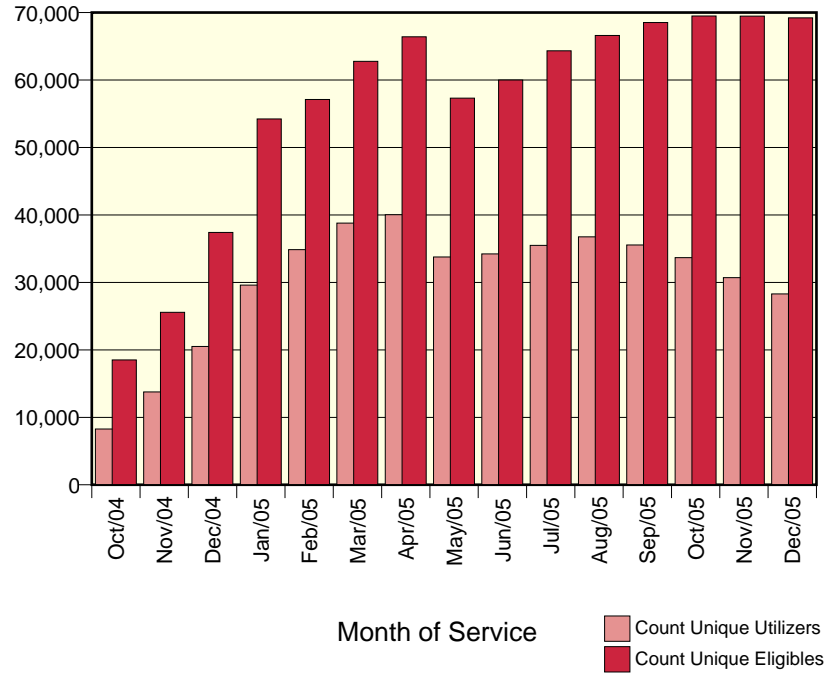
Participation

Run Date: 2/8/2006

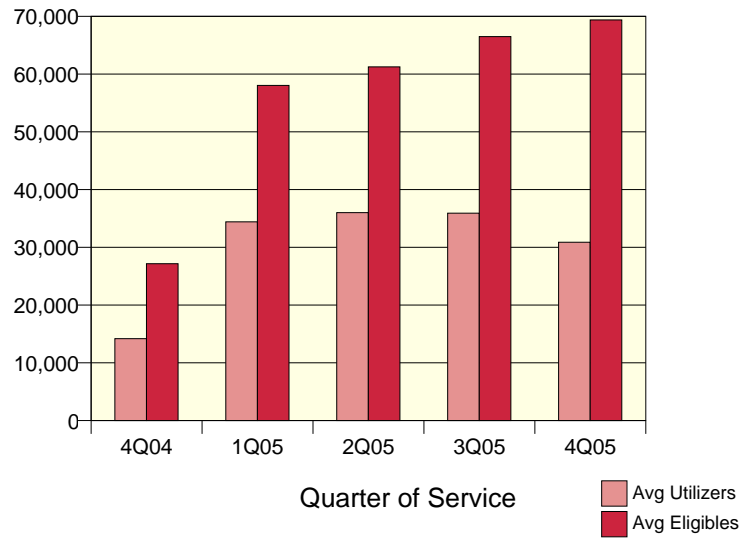
From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Service Month	Utilizers	Eligibles
Oct/04	8,265	18,505
Nov/04	13,770	25,575
Dec/04	20,508	37,407
Jan/05	29,597	54,231
Feb/05	34,862	57,111
Mar/05	38,794	62,783
Apr/05	40,039	66,415
May/05	33,779	57,317
Jun/05	34,235	60,014
Jul/05	35,495	64,344
Aug/05	36,762	66,615
Sep/05	35,546	68,535
Oct/05	33,668	69,494
Nov/05	30,713	69,486
Dec/05	28,301	69,212



Service Quarter	Avg Utilizers	Avg Eligibles
4Q04	14,181	27,162
1Q05	34,418	58,042
2Q05	36,018	61,249
3Q05	35,934	66,498
4Q05	30,894	69,397





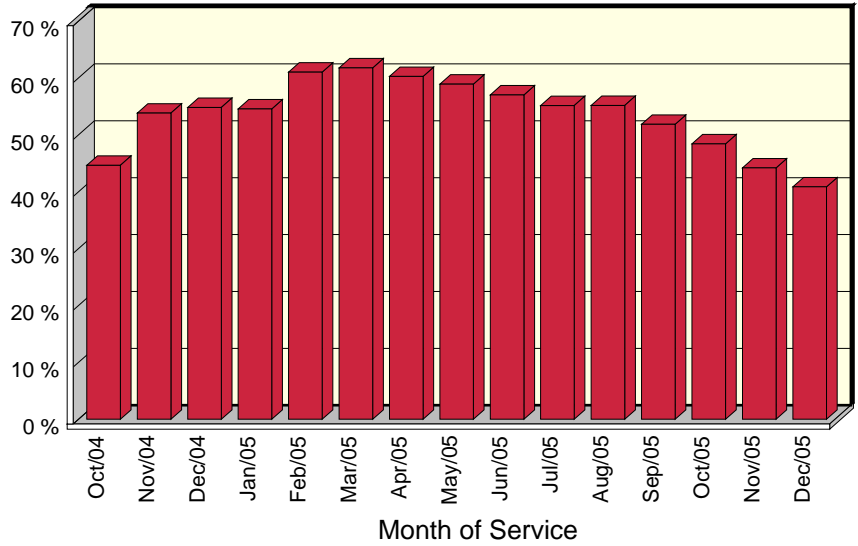
Percent Utilization

Run Date: 2/8/2006

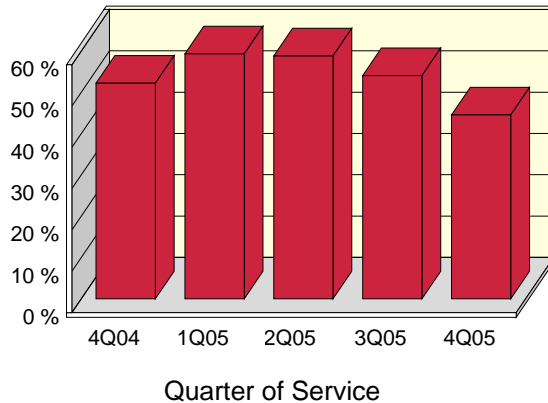
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From Month Ending 10/31/04 To 12/31/05

Service Month	Percent Utilization
Oct/04	44.66 %
Nov/04	53.84 %
Dec/04	54.82 %
Jan/05	54.58 %
Feb/05	61.04 %
Mar/05	61.79 %
Apr/05	60.29 %
May/05	58.93 %
Jun/05	57.05 %
Jul/05	55.16 %
Aug/05	55.19 %
Sep/05	51.87 %
Oct/05	48.45 %
Nov/05	44.20 %
Dec/05	40.89 %



Service Quarter	Avg Percent Utilization
4Q04	52.21 %
1Q05	59.30 %
2Q05	58.81 %
3Q05	54.04 %
4Q05	44.52 %





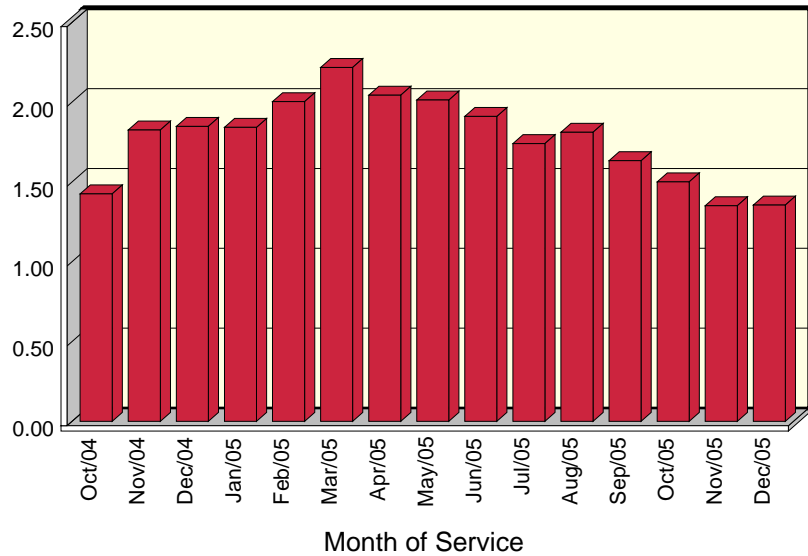
Rate of Utilization per Eligible Member

Run Date: 2/8/2006

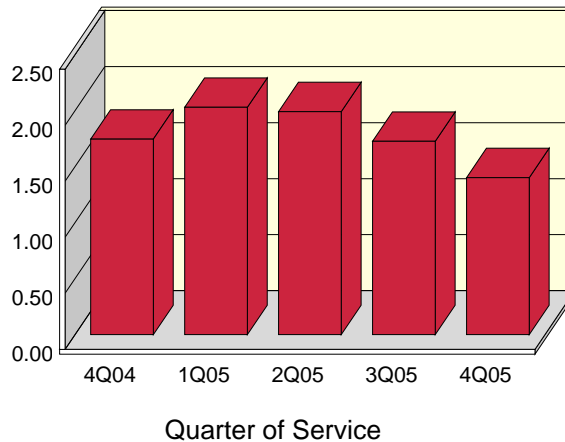
Client ID: NCSENR

From Month Ending 10/31/04 To 12/31/05

Service Month	RX Count per Eligible Member
Oct/04	1.43
Nov/04	1.83
Dec/04	1.85
Jan/05	1.84
Feb/05	2.00
Mar/05	2.22
Apr/05	2.04
May/05	2.01
Jun/05	1.91
Jul/05	1.74
Aug/05	1.81
Sep/05	1.63
Oct/05	1.50
Nov/05	1.35
Dec/05	1.36



Service Quarter	RX Count per Eligible Member
4Q04	1.74
1Q05	2.03
2Q05	1.99
3Q05	1.73
4Q05	1.40





Prescription Expenditures (PMPM)

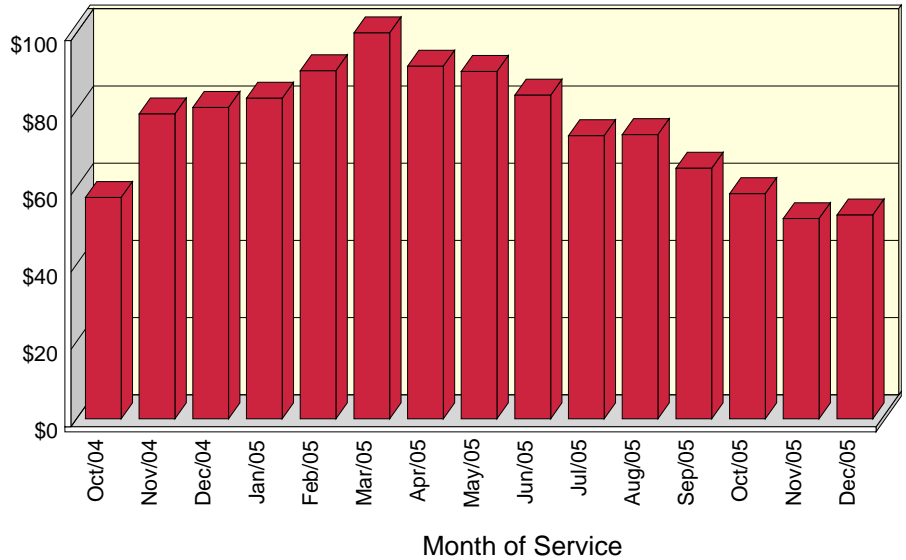
(Per Eligible Member Per Month)

Run Date: 2/8/2006

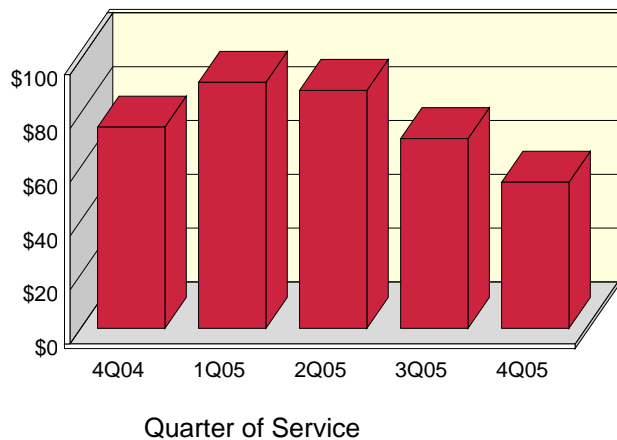
Client ID: NCSENR

From Month Ending 10/31/04 To 12/31/05

Service Month	Amount Paid PMPM
Oct/04	\$57.34
Nov/04	\$78.94
Dec/04	\$80.65
Jan/05	\$83.02
Feb/05	\$90.15
Mar/05	\$99.93
Apr/05	\$91.31
May/05	\$89.99
Jun/05	\$83.83
Jul/05	\$73.34
Aug/05	\$73.62
Sep/05	\$64.91
Oct/05	\$58.32
Nov/05	\$51.85
Dec/05	\$52.77



Service Quarter	Avg Amount Paid PMPM
4Q04	\$74.82
1Q05	\$91.45
2Q05	\$88.45
3Q05	\$70.54
4Q05	\$54.32





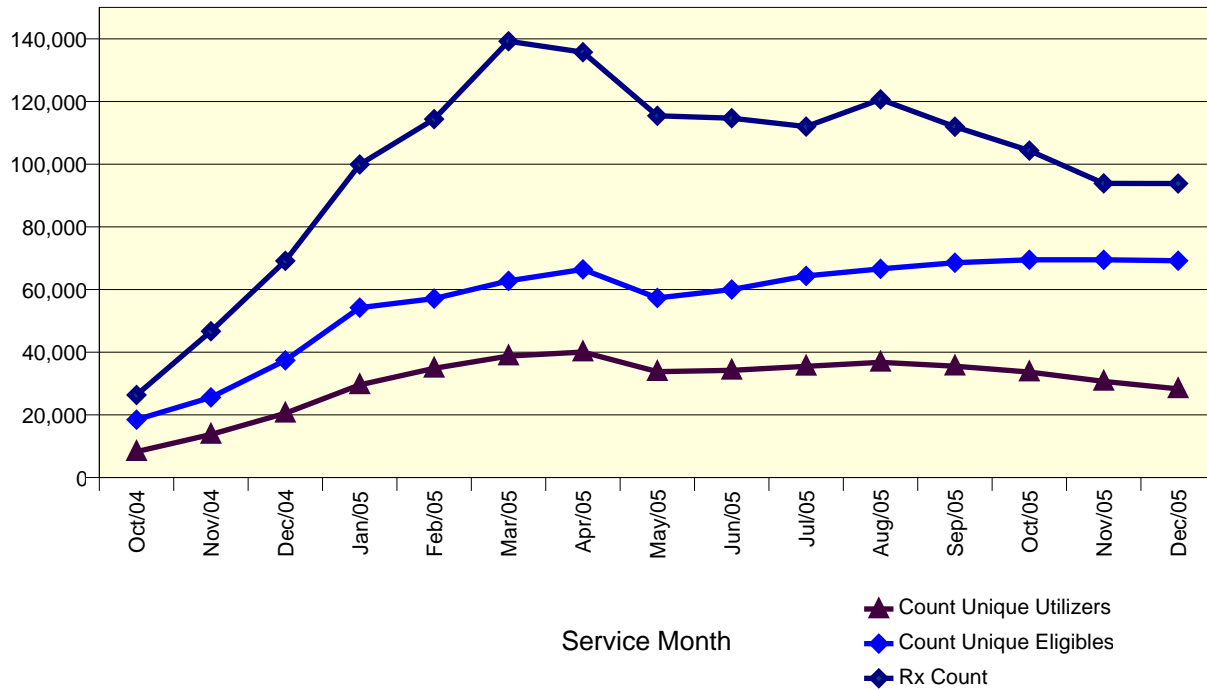
Monthly Participation Utilization Summary

Run Date: 2/8/2006

From Month Ending 10/31/04 To 12/31/05

Client ID: NCSENR

Service Month	Utilizers	Eligibles	Rx Count
Oct/04	8,265	18,505	26,370
Nov/04	13,770	25,575	46,682
Dec/04	20,508	37,407	69,139
Jan/05	29,597	54,231	99,918
Feb/05	34,862	57,111	114,380
Mar/05	38,794	62,783	139,222
Apr/05	40,039	66,415	135,708
May/05	33,779	57,317	115,420
Jun/05	34,235	60,014	114,688
Jul/05	35,495	64,344	111,971
Aug/05	36,762	66,615	120,673
Sep/05	35,546	68,535	111,952
Oct/05	33,668	69,494	104,320
Nov/05	30,713	69,486	93,866
Dec/05	28,301	69,212	93,817



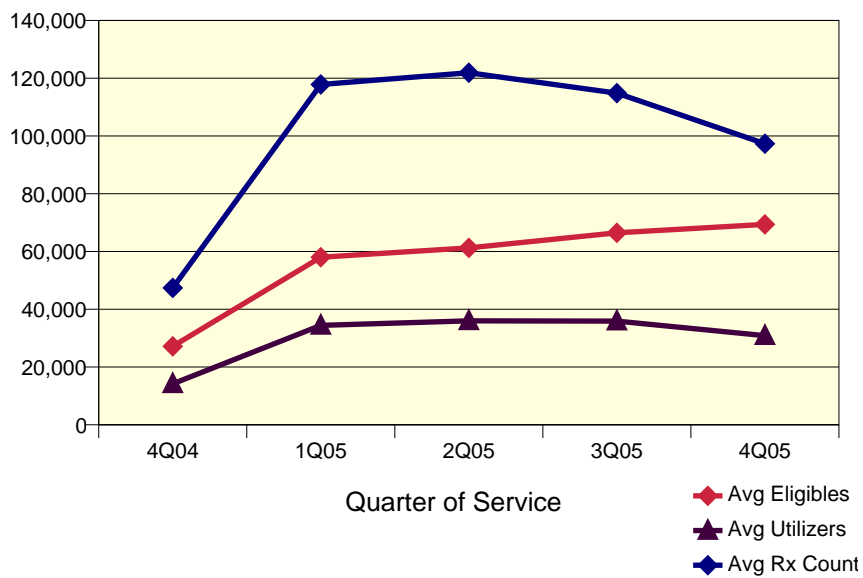


Quarterly Participation Utilization Summary

Run Date: 2/8/2006
 Client ID: NCSENR

From Month Ending 10/31/04 To 12/31/05

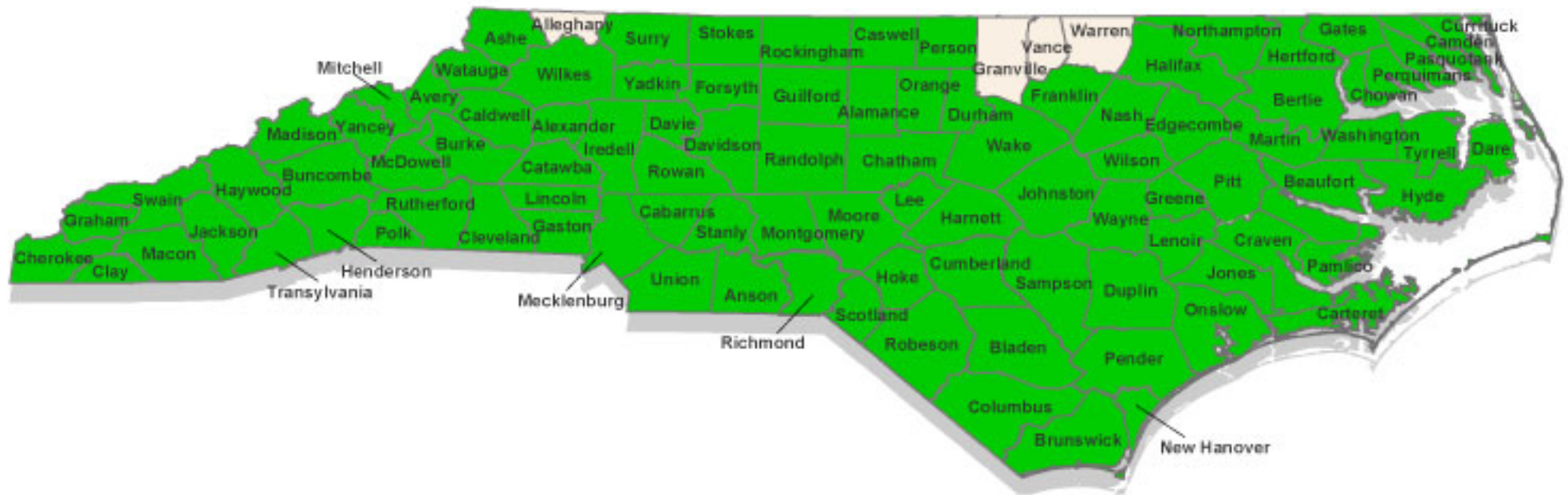
Service Quarter	Avg Eligibles	Avg Utilizers	Avg Rx Count
4Q04	27,162	14,181	47,397
1Q05	58,042	34,418	117,840
2Q05	61,249	36,018	121,939
3Q05	66,498	35,934	114,865
4Q05	69,397	30,894	97,334







Medication Assistance Program

Medication Assistance Program (MAP) Counties Served by Grantees



-  Counties covered by grantees*
-  Gap counties covered by the UNC School of Pharmacy hotline

**HWTF MEDICATION ASSISTANCE PROGRAM
GRANT AWARDS**

LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY
1 Alamance Regional Medical Center (AlaMAP)	Alamance, Caswell	\$ 322,500	\$ 55,000		\$ 377,500	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, Gates, Pasquotank, Perquimans		\$ 127,310	\$ 40,000	\$ 167,310	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	\$ 40,000	\$ 90,000	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 Ashe Memorial Hospital	Ashe, Haywood			\$ 40,000	\$ 40,000	
5 Asheville-Buncombe Community Christian Ministry	Buncombe			\$ 80,000	\$ 80,000	
6 Betsy Johnson Regional Hospital	Harnett		\$ 50,000	\$ 40,000	\$ 90,000	Expansion of staffing will provide services to additional patients within 200% of the federal poverty level (FPL) guidelines and provide the longer term medication management services many seniors need.
7 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.
8 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.
9 Brunswick Senior Services, Inc.	Brunswick			\$ 40,000	\$ 40,000	
10 Cabarrus Health Alliance	Cabarrus		\$ 50,000	\$ 40,000	\$ 90,000	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.
11 Caldwell Senior Center, Inc.	Caldwell	\$ 176,500		\$ 40,000	\$ 216,500	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).
12 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.
13 Wilkes Regional Medical Center	Wilkes		\$ 250,000	\$ 40,000	\$ 290,000	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.
14 Carolina Family Health Centers, Inc. (Wilson Community)	Edgecombe, Nash, Wilson	\$ 389,000	\$ 250,000	\$ 40,000	\$ 679,000	The grantee will extend services from 2 clinics in Wilson and rural Nash Counties to Edgecombe County, which is a gap county.

**HWTF MEDICATION ASSISTANCE PROGRAM
GRANT AWARDS**

LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY
15 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.
16 Chatuga Family Practice	Cherokee, Clay, Graham			\$ 40,000	\$ 40,000	
17 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.
18 Columbus County Department of Aging	Columbus			\$ 40,000	\$ 40,000	
19 Community Care Center of Forsyth County (Community Care Center/ Doctors Care Inc.)	Davie, Forsyth, Stokes		\$ 50,000	\$ 25,000	\$ 75,000	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.
20 Community Care Clinic of Rowan County	Rowan	\$ 140,000	\$ 210,000	\$ 40,000	\$ 390,000	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 HWTF.
21 Community Free Clinic of Cabarrus	Cabarrus	\$ 130,000	\$ 197,500	\$ 30,000	\$ 357,500	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 HWTF.
22 Crisis Control Ministry	Davie, Forsyth, Stokes		\$ 252,500	\$ 40,000	\$ 292,500	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.
23 Cape Fear Valley Medical Foundation, Inc. (CCMAP)	Cumberland, Harnett, Sampson	\$ 450,000	\$ 250,000	\$ 50,000	\$ 750,000	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.
24 Davidson Medical Ministries	Davidson		\$ 252,500		\$ 252,500	Hours for the current part-time pharmacist and PAC will be expanded to provide a more comprehensive program.
25 Diakonos, Inc. / Fifth Street Ministries	Iredell		\$ 128,896	\$ 40,000	\$ 168,896	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.
26 Duplin County Services for the Aged	Duplin		\$ 65,083		\$ 65,083	Grantee provides medication management and prescription access services in Duplin County.
27 Duplin Medical Association	Duplin, Sampson		\$ 30,160	\$ 40,000	\$ 70,160	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.
28 Eastern Carolina Council AAA	Craven	\$ 86,387			\$ 86,387	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.

**HWTF MEDICATION ASSISTANCE PROGRAM
GRANT AWARDS**

LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY	
29	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.
30	Gaston Family Health Services, Inc.	Gaston	\$ 232,750	\$ 50,000	\$ 30,000	\$ 312,750	Additional funding will expand medication assistance services in Gaston and Lincoln Counties.
31	Good Samaritan Clinic, Inc.	Burke		\$ 52,500	\$ 40,000	\$ 92,500	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.
32	Greene Council on Aging	Greene		\$ 22,406		\$ 22,406	One pharmacist and one PAC provide medication management and prescription access services in Greene County.
33	Guilford County Department of Public Health	Guilford	\$ 448,957	\$ 250,000	\$ 40,000	\$ 738,957	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.
34	HealthQuest of Union County, Inc.	Anson, Union		\$ 52,500	\$ 40,000	\$ 92,500	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.
35	Helping Hands Clinic, Inc.	Caldwell			\$ 40,000	\$ 40,000	
36	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.
37	Hyde County Health Department	Beaufort, Hyde		\$ 47,831	\$ 20,000	\$ 67,831	By adding a contracted pharmacist funded through the grant, medication assistance services will be made available to additional low-income or senior patients.
38	Indian Health Care, Inc.	Robeson		\$ 50,000		\$ 50,000	
39	Isothermal Planning AAA	McDowell, Rutherford	\$ 541,521	\$ 90,000	\$ 60,000	\$ 691,521	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.
40	Jones County Health Department	Jones		\$ 14,801		\$ 14,801	Grantee provides medication management and prescription access services in Jones County.
41	Kinston Community Health Center, Inc.	Craven, Duplin, Greene, Jones, Lenoir, Pitt, Wayne		\$ 50,000	\$ 37,700	\$ 87,700	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.
42	Lenoir Memorial Hospital	Lenoir		\$ 64,638		\$ 64,638	Hospital pharmacist and one PAC provide medication management and prescription access services in Lenoir County.
43	Leon Mann Jr. Enrichment Center	Carteret		\$ 62,090		\$ 62,090	Grantee provides medication management and prescription access services in Cartaret County.
44	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.
45	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.

**HWTF MEDICATION ASSISTANCE PROGRAM
GRANT AWARDS**

LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY
46 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.
47 Metropolitan Community Health Services	Beaufort		\$ 50,000	\$ 40,000	\$ 90,000	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.
48 Mid-East Commission AAA	Beaufort, Bertie, Martin	\$ 456,960		\$ 60,000	\$ 516,960	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.
49 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.
50 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.
51 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.
52 New Hanover Regional Medical Center	Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender		\$ 47,181		\$ 47,181	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.
53 Cabarrus Memorial Hospital dba NorthEast Medical Center	Cabarrus, Rowan, Stanley			\$ 40,000	\$ 40,000	
54 Onslow County Senior Center	Onslow		\$ 68,389		\$ 68,389	One pharmacist and one PAC provide medication management and prescription access services in Onslow County.
55 Pamlico County Senior Services	Pamlico		\$ 21,939	\$ 25,000	\$ 46,939	One pharmacist and one PAC provide medication management and prescription access services in Pamlico County.
56 Pender Adult Services, Inc.	Pender			\$ 40,000	\$ 40,000	
57 Piedmont Health Services	Alamance, Caswell, Chatham, Orange		\$ 236,688	\$ 40,000	\$ 276,688	The grantee will expand the number of patients served through 6 federally-qualified community health centers, including expansion of the medication management service.
58 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 transferred to Randolph Senior Adult Services to cover Randolph County.
59 Pitt County Council on Aging, Inc.	Pitt			\$ 40,000	\$ 40,000	

**HWTF MEDICATION ASSISTANCE PROGRAM
GRANT AWARDS**

LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY	
60	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.
61	Resources for Seniors, Inc. (MEDS Program)	Lee, Wake	\$ 466,000	\$ 252,500	\$ 60,000	\$ 778,500	The grantee will expand the number of patients served, including expansion of the medication management service.
62	Richmond County Health Department	Richmond			\$ 40,000	\$ 40,000	
63	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.
64	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 HWTF.
65	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.
66	Saluda Medical Center, Inc.	Henderson, McDowell, Polk, Rutherford, Transylvania		\$ 17,400	\$ 30,000	\$ 47,400	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.
67	Scotland Neck Family Medical Center	Edgecombe, Halifax		\$ 50,000	\$ 25,000	\$ 75,000	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.
68	Senior Services of Hoke County	Hoke			\$ 12,000	\$ 12,000	
69	Senior PHARMAssist, Inc.	Durham	\$ 208,000	\$ 2,500		\$ 210,500	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.
70	Southeastern Regional Medical Center	Robeson			\$ 40,000	\$ 40,000	
71	Surry County Senior Services	Surry		\$ 50,000	\$ 40,000	\$ 90,000	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.
72	The Greater Hickory Cooperative Christian Ministry	Catawba		\$ 52,500	\$ 40,000	\$ 92,500	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.
73	The Hunger Coalition	Avery, Watauga	\$ 336,000		\$ 40,000	\$ 376,000	Grantee is a local nonprofit that covers Ashe, Avery and Watauga Counties through its storefront location and Country Roads Mobile Pharmacy. Grantee provides medication and disease management and has a good track record working with PAP software.
74	Thomasville Medical Center	Davidson		\$ 50,000	\$ 38,500	\$ 88,500	Additional funds will enable a contract pharmacist to be hired, ensuring more regular clinic hours and services at the free healthcare clinic and pharmacy.
75	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.
76	Upper Coastal Plain Council of Governments	Edgecombe, Halifax, Nash, Northampton, Wilson		\$ 52,500	\$ 60,000	\$ 112,500	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.

**HWTf MEDICATION ASSISTANCE PROGRAM
GRANT AWARDS**

LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY
77 Urban Ministries of Wake County, Inc.	Wake		\$ 50,000	\$ 40,000	\$ 90,000	Grant funds will provide for a PAC and 4 brown bag evaluations per year in the Thomasville area of Davidson County.
78 Watauga Medical Center/ Appalachian Healthcare Project	Avery, Watauga		\$ 50,000	\$ 40,000	\$ 90,000	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.
79 Wayne Action Group for Economic Solvency, Inc. (WAGES)	Duplin, Johnston, Lenoir, Wayne, Wilson		\$ 158,016	\$ 40,000	\$ 198,016	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.
80 West Caldwell Health Council, Inc.	Alexander, Avery, Burke, Caldwell, Catawba, Wilkes		\$ 50,000	\$ 40,000	\$ 90,000	The grantee will provide medication assistance services to low-income seniors, including brown bag reviews of medications.
81 WestCare, Inc.	Haywood, Jackson, Swain		\$ 241,471	\$ 60,000	\$ 301,471	Grant funding will be used to expand staffing by adding a full-time PAC, resulting in increased patients serviced at 2 rural health centers.
82 Winston-Salem Urban League	Forsyth	\$ 262,000		\$ 40,000	\$ 302,000	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		\$ 8,138,085	\$ 6,034,165	\$ 2,063,200	\$ 16,235,450	

OFFICE OF RESEARCH, DEMONSTRATIONS, AND RURAL HEALTH DEVELOPMENT (ORDRHD)

Medication Assistance Program Technical Assistance Report (July 1, 2005 – June 30, 2006)

Introduction

The NC Health and Wellness Trust Fund Commission (HWTFC) voted in May to extend funding to a third round of Medication Assistance Program grantees. Fifty grantees will receive \$2 million in funding thru December 2007. This extends HWTFC's commitment to medication assistance that first started in January 2003, which has now benefited over 100 organizations in almost every county in North Carolina.

The Medication Assistance Program (MAP) has been a great success by almost any measure. Grant funding from HWTFC has been highly leveraged through an estimated \$470,207 in matching resources from the Office of Research, Demonstrations and Rural Health Development (ORDRHD), and the North Carolina Foundation for Advanced Health Programs (NCFAHP) as well as significant additional resources from the grantee organizations themselves. None of these contingent resources would have the capacity either alone or jointly to support this statewide effort in the absence of Commission funding.

MAP grantee results using the Medication Access and Review Program (MARP) have been overwhelmingly impressive. Over the last 12 months, sites using MARP have provided \$33,148,292 worth of free medications to 11,653 new and 45,082 existing patients. MARP is provided free of charge to MAP grantees and other users across the state.

Just as important as this 3- year record of performance has been the investment HWTFC has made in developing the nation's finest statewide network of prescription assistance and medication management resources. The vast majority of the 89 organizations funded thru the MAP grants had little or no prior experience in providing Prescription Assistance Program (PAP) and medication management services. The MAP funding has provided that experience through training from ORDRHD in dealing with the prescription needs of low-income and senior citizens and in using MARP to automate and facilitate the process. As a result, even after the Medicare Drug Benefit started on January 1, 2006, North Carolina's under-65 low-income population continues to have a place to turn for help with their prescription drug assistance needs.

MAP has served citizens of all ages. Historically, two-thirds of its users, according to MARP data, have been under 65 years old. The demand for services continues to grow among this under-65 population. Among those 65 and over, most of the remaining third including those 65 and over enrolled in Medicare Part D by May 15, 2006. Most prescription drug manufacturers have closed their program to the Medicare eligible population in 2006.

Background

The Medication Assistance Program (MAP) currently includes 50 new and 11 carry-over grantees, of which 75 are administered by the Office of Rural Health and Community Care (ORHCC). MAP services include accessing the prescription drug manufacturers' free drug programs which MARP automates and facilitates. Grantees come from a variety of backgrounds in terms of organizational type and experience in providing MAP services. They include area

ORDRHD Medication Assistance Program Technical Report (July 2005 – June 2006)

aging agencies, senior centers, health departments, hospitals, community health centers, free clinics and organizations set up just to do medication management and prescription assistance.

Virtually all MAP sites had little or no prior experience with these services prior to when they were awarded the MAP grants. All received training from ORDRHD in the use of the MARP software which guides the Prescription Assistance Coordinator (PAC) or Pharmacist through an interview with an applicant. In addition to patients' demographic details, MARP goes through a brief medical history and documents all of the prescription drugs used by an individual. The software then runs that drug regimen against a database and identifies drugs with contraindications for the pharmacist's attention.

The development of this expertise has progressed at different rates in different grantees and sites and turnover has created the need to train new staff to replace those who left. Patient and medication volume has continued to rise steadily over time, so that even those sites who had the greatest challenges in serving their communities have developed the capability and reputation in their communities to do so well.

Two case studies of widely different paths to success are the Cumberland County Medication Assistance Program (CCMAP) and the Winston-Salem Urban League (WSUL). At the time, they were awarded a grant, CCMAP was a newly established MAP grantee with an experienced staff, the support of their medical community and the joint sponsorship of their health department and hospital. Since then, they have served almost 2,000 patients with PAP and medication management services.

The Urban League is an example of an organization that was completely new to medication assistance and health care services at the time they were awarded a grant. They struggled to get a pharmacist technician on board and searched for a pharmacist to oversee their project for an extended period. They ultimately succeeded in identifying an energetic pharmacist from their local community, and some space in an elderly housing project on the east side of Winston-Salem. Today, they are offering services on-site there, using MARP and providing a valuable service and presence with that community.

Resources

Commission funding for medication management has been highly leveraged through matching resources provided by the State, the NC Foundation for Advanced Health Programs (NCFAHP), and from the grantee sites themselves. HWTFC's technical assistance agreement budget with ORDRHD covers the services of 3 regional community consultants who provide on-site / telephone training and support for sites. This budget also covers the services of a Data Base Administrator who maintains the PAP program information for each free drug program and supports the sites as well. Part of the Senior Care Project Director and Administrative Assistant's time is involved in overseeing and supporting MAP as well.

In addition, ORDRHD has provided the services of Mr. Tom Tucker to manage the development and ongoing maintenance of MARP. NCFAHP provides MARP free of charge, which has gone through 3 updates over the last 3 years. They also pay for the services of Ms. Kimberly

ORDRHD Medication Assistance Program Technical Report (July 2005 – June 2006)

Kornegay as network administrator. Mr. Tucker's has conducted most of the trainings on the MARP software, as well as innumerable web sessions and he and Ms. Kornegay serve as the key technical resources to the community consultants in resolving MARP issues for sites. Grantee sites provide much of the administrative support and individual project oversight through their own resources.

Summary

MAP has been a great success in helping to establish prescription assistance and medication management services in communities across the state. In most cases these services now exist where there were none prior to the HWTFC's funding. As a result, North Carolina now has the finest network and access to these critical services in the nation.

HWTFC funds are highly leveraged because of the MARP software and the exponential impact it has had on sites' ability to access free drug programs. HWTFC funds are also leveraged because of the availability of almost \$500,000 in matching resources from the state, the North Carolina Foundation for Advanced Health Programs as well as additional resources from the grantee sites themselves.

MAP historically has served citizens of all ages and two-thirds have been under 65. These patients and their needs will therefore not go away with the advent of the Medicare Prescription Drug Plan. If anything, demand among the under the lower income population under 65 is increasing with the rise in the use and cost of prescription drugs.

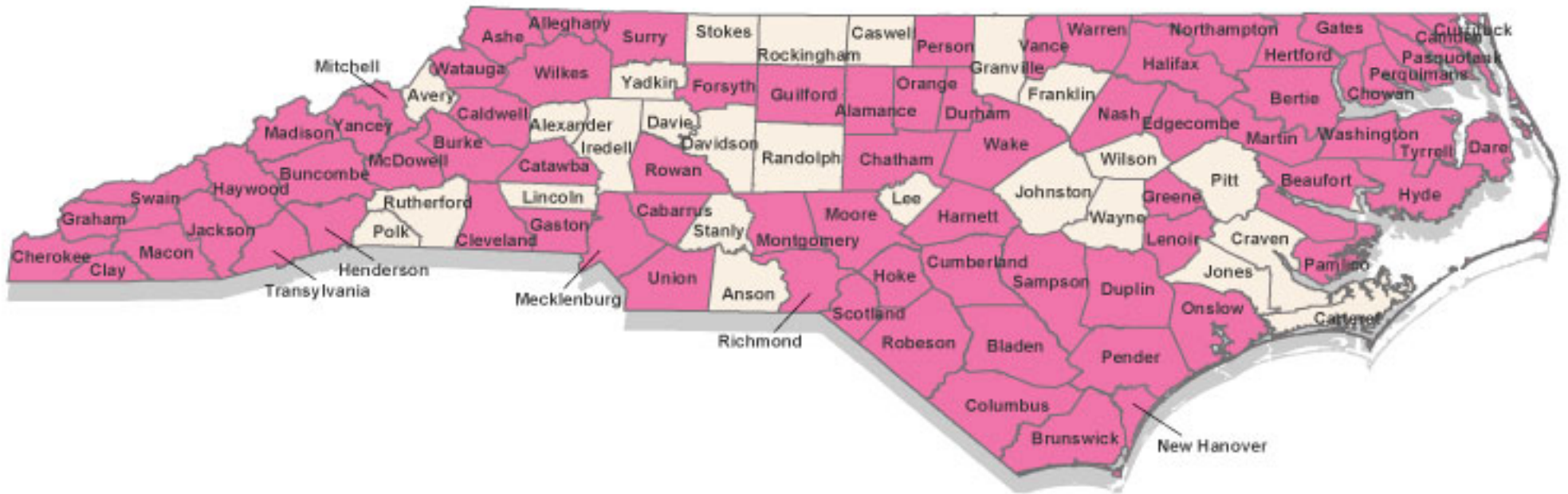
MARP Services Provided from November 1, 2005 – October 30, 2006

	<u>Quantity</u>	<u>Average Wholesale Price</u>
New Patients	11,653	
New Requests	60,570	
Reorder Requests	107,428	
Total Requests		\$ 167,998
Medications Requested	158,117	\$43,287,535
Medications Received	139,024	\$33,148,292
Medications Delivered	139,901	\$33,301,969



Tobacco Use Prevention and Cessation

Teen Tobacco Use Prevention & Cessation Initiative Counties Covered by Grantees



-  Counties covered by grants
-  Gap counties covered by Question Why (QY) Youth Empowerment Centers*

* QY Centers provide statewide coverage

Updated: 06-06-06

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

Teen Tobacco Use Prevention & Cessation Initiative -- Grant Awards							
LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY	
1	Alamance-Caswell Area MH/DD/SA Authority	Alamance	\$ 208,000		\$ 300,000	\$ 508,000	Grantee will focus services on the local adoption of tobacco free schools policy, smoke free restaurants and social norms marketing.
2	Alleghany County Schools	Alleghany		\$ 155,243	\$ 238,000	\$ 393,243	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.
3	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 of 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.
4	American Lung Association of North Carolina	Statewide	\$ 600,000		\$ 450,000	\$ 1,050,000	Grantee provides statewide tobacco use cessation curriculum and youth advocacy group training (N-O-T and TATU).
5	Ashe County School Board of Education	Ashe			\$ 232,000	\$ 232,000	Grantee is a school system that serves the economically depressed, isolated community of Ashe County.
6	Ashe County Schools / Ashe County Health Council	Ashe	\$ 199,640			\$ 199,640	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.
7	Blue Ridge HealthCare Systems	Burke		\$ 97,400	\$ 270,000	\$ 367,400	Grantee will extend and expand its existing strong tobacco education program that was recently started by grant funds from Duke Foundation Tobacco Education.
8	Buncombe County Safe and Drug Free Schools	Buncombe	\$ 299,727		\$ 360,000	\$ 659,727	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.
9	Cabarrus Health Alliance	Cabarrus			\$ 300,000	\$ 300,000	Grantee partners with Cabarrus County Schools to deliver youth tobacco use prevention and cessation services to middle and high school students.
10	Cancer Services of Gaston County, Inc.	Gaston	\$ 170,000	\$ 100,000	\$ 230,000	\$ 500,000	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.
11	Catawba County Public Health Department	Catawba	\$ 294,000		\$ 300,000	\$ 594,000	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".

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

Teen Tobacco Use Prevention & Cessation Initiative -- Grant Awards						
LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY
12 Center for Health and Healing (General Baptist State Convention)	Statewide	\$ 475,000		\$ 475,000	\$ 950,000	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.
13 Chatham County Health Department	Chatham	\$ 264,596		\$ 299,000	\$ 563,596	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 (formerly Tri County Community Health Partnership)	Cherokee, Graham, Clay	\$ 150,000	\$ 184,000	\$ 400,000	\$ 734,000	Grantee serves 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.
15 Chowan Regional Health Care Foundation	Chowan, Perquimans, Tyrrell, Washington	\$ 305,000		\$ 390,000	\$ 695,000	Grantee is a health care foundation that serves Chowan, Perquimans, Bertie, Washington and Tyrrell 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 Cleveland County Health Department	Cleveland			\$ 300,000	\$ 300,000	Grantee provides tobacco use prevention curriculum and cessation classes to 7th and 9th grade students in Cleveland County.
17 Coastal Horizons Center, Inc.	New Hanover, Pender, Brunswick		\$ 199,076	\$ 300,000	\$ 499,076	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 Duplin County Health Services	Duplin			\$ 300,000	\$ 300,000	Grantee is a health department that works with youth in Duplin County to decrease youth initiation of tobacco use, increase student/faculty participation in cessation, and educate community/faith-based organizations on tobacco issues.
19 Durham County Health Department	Durham	\$ 287,156		\$ 300,000	\$ 587,156	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.
20 El Pueblo, Inc.	Statewide	\$ 465,000	\$ 248,100	\$ 375,000	\$ 1,088,100	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.
21 FirstHealth of the Carolinas	Richmond, Hoke, Montgomery, Moore	\$ 280,613		\$ 300,000	\$ 580,613	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.

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

Teen Tobacco Use Prevention & Cessation Initiative -- Grant Awards							
LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY	
22	Forsyth County Department of Public Health	Forsyth		\$ 142,839	\$ 192,000	\$ 334,839	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.
23	Governor's Institute on Substance Abuse	Wake			\$ 350,000	\$ 350,000	Grantee collaborates with Wake County 4-H/Project ASSIST to expand STAND club initiative to all Wake County high schools.
24	Greene County Health Department	Greene			\$ 175,000	\$ 175,000	Grantee is a health department providing services to Greene County middle and high school students.
25	Halifax County Schools	Halifax	\$ 292,080		\$ 300,000	\$ 592,080	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.
26	Haliwa-Saponi Indian Tribe, Inc.	Halifax, Warren			\$ 210,000	\$ 210,000	Grantee is an organization targeting an underserved population. Services include educating tribal youth about dangers of tobacco use, identifying and helping smokers quit, and empowering youth to be advocates for non-tobacco use.
27	Haywood County Health Department--Hi-Top ASSIST	Haywood, Jackson, Madison, Swain, Transylvania		\$ 200,000	\$ 300,000	\$ 500,000	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.
28	Haywood County Health Department--NC Spit Tobacco Education Program	Statewide		\$ 304,500	\$ 480,000	\$ 784,500	Grantee will provide expertise, leadership, information and training to other community health and tobacco education programs regarding spit tobacco.
29	Healthy Caldwellians	Caldwell		\$ 183,568	\$ 300,000	\$ 483,568	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.
30	Hertford County Public Health Authority	Hertford, Gates	\$ 198,307		\$ 300,000	\$ 498,307	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.
31	Lenoir County Health Department	Lenoir			\$ 300,000	\$ 300,000	Grantee is a health department providing services in Lenoir County including advocating for adoption of TFS policy, creating peer educators/advocates, providing training and technical assistance, and building collaborative relationships within faith-based communities.

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

Teen Tobacco Use Prevention & Cessation Initiative -- Grant Awards							
LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY	
32	Lumbee Tribe of NC	Robeson, Cumberland, Hoke, Scotland		\$ 200,000	\$ 300,000	\$ 500,000	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.
33	Macon County Public Health Center	Macon	\$ 140,366		\$ 163,000	\$ 303,366	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.
34	McDowell County Schools	McDowell	\$ 290,000		\$ 300,000	\$ 590,000	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.
35	Mecklenburg County Health Department	Mecklenburg	\$ 300,000		\$ 300,000	\$ 600,000	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.
36	Mitchell County Schools	Mitchell	\$ 278,750		\$ 300,000	\$ 578,750	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.
37	Moses Cone Wesley Long Community Health Foundation	Guilford		\$ 200,000	\$ 407,000	\$ 607,000	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.
38	Moses Cone--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.
39	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.
40	Nash County Health Department	Nash			\$ 230,000	\$ 230,000	Grantee is a health department providing services in Nash County to establish a youth tobacco use prevention and cessation program including N-O-T and TATU.

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

Teen Tobacco Use Prevention & Cessation Initiative -- Grant Awards						
LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY
41 NC Commission of Indian Affairs	Bladen, Columbus, Cumberland, Graham, Guilford, Halifax, Harnett, Hertford, Hoke, Jackson, Mecklenburg, Person, Robeson, Sampson, Scotland, Swain	\$ 475,000		\$ 400,000	\$ 875,000	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.
42 Old North State Medical Society	Statewide	\$ 785,000		\$ 300,000	\$ 1,085,000	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.
43 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.
44 Orange County Health Department	Orange	\$ 232,848		\$ 289,000	\$ 521,848	Grantee is a health department, which has a strong partnership with the city/county school system. Grantee addresses three of the four goal areas of teen tobacco prevention.
45 Partnership for Health	Henderson			\$ 300,000	\$ 300,000	Grantee provides tobacco use prevention education to middle / high school students and Boys & Girls Club in Henderson County.
46 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 the use of incentives and stipends.
47 Question Why Central Region (Durham AreaCorp)	Anson, Caswell, Davidson, Davie, Franklin, Granville, Iredell, Lee, Lincoln, Randolph, Rockingham, Stanly, Stokes, Yadkin	\$ 200,000	\$ 339,870		\$ 539,870	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.
48 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.
49 Question Why Western Region (ARP-Phoenix)	Alexander, Avery, Polk, Rutherford	\$ 106,546	\$ 188,759		\$ 295,305	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.
50 Rowan County Health Department	Rowan	\$ 228,000	\$ 195,198	\$ 300,000	\$ 723,198	Grantee will expand services from middle schools to include high schools.

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

Teen Tobacco Use Prevention & Cessation Initiative -- Grant Awards							
LOCAL & STATEWIDE GRANTS	COUNTIES TO BE SERVED	PHASE I FUNDING	PHASE II FUNDING	PHASE III FUNDING	TOTAL FUNDING	PROJECT SUMMARY	
51	SAVE of NC GASP	Statewide	\$ 210,000	\$ 150,000	\$ 300,000	\$ 660,000	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.
52	Surry County Health and Nutrition Center	Surry	\$ 272,346		\$ 256,000	\$ 528,346	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.
53	Toe River Health District	Yancey			\$ 169,000	\$ 169,000	Grantee provides tobacco use prevention education in Yancey County elementary, middle and high schools.
54	UNC--NC Institute for Public Health (on behalf of NENCPPH)	Beaufort, Bertie, Camden, Craven, Currituck, Dare, Edgecombe, Hyde, Martin, Northampton, Pamlico, Pasquotank, Warren		\$ 845,904	\$ 1,100,000	\$ 1,945,904	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.
55	Union County Public Schools	Union	\$ 283,998	\$ 184,234	\$ 391,000	\$ 859,232	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.
56	Vance County Schools	Vance			\$ 300,000	\$ 300,000	Grantee is a school system that provides youth prevention and reeducation activities in Vance County.
57	Watauga County Schools	Watauga	\$ 300,000		\$ 296,000	\$ 596,000	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.
58	Wilkes County Schools	Wilkes		\$ 167,104	\$ 241,000	\$ 408,104	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			\$ 9,888,473	\$ 5,062,000	\$ 15,668,000	\$ 30,618,473	

The North Carolina YTS includes data on the prevalence of cigarette and other tobacco products as well as information on tobacco use, environmental tobacco smoke (ETS), cessation, pro-health media, tobacco advertising, school tobacco prevention education, community participation, and access and availability of tobacco products. These areas are critical components that North Carolina should include in a comprehensive tobacco control program.

The North Carolina YTS was a public school-based survey of students in grades 6-12, conducted in 1999¹, 2001, 2003 & 2005. A multi-stage cluster sample design was used to produce representative data of middle and high school students for all of North Carolina. Schools were selected with the probability proportional to enrollment size. Classes were randomly selected and all students in selected classes were eligible to participate. The 2005 YTS school district response rate was 98.9%, the student response rate was 81.89% and the overall response rate was 81.0%. A total of 3265 middle school students participated and completed the North Carolina YTS in 2005.

Prevalence

32.8% of students had ever used any tobacco product (White 31.1%; Black 35.4%; Hispanic 36.9%)²
 25.8% of students had ever smoked cigarettes (Male 27.7%; Female 23.9%)
 10.5% currently use any tobacco product (White 9.5%; Black 11.6%; Hispanic 12.8%)
 5.8% currently smoke cigarettes (Male 7.1%; Female 4.4%)
 2.7% currently use smokeless tobacco (Male 4.1%; Female 1.3%)

Secondhand Smoke (SHS)

40.5% live in homes where others smoke
 50.0% are in the same room as others who smoke during the week
 89.5% think smoke from others is harmful to them

Cessation – Current Smokers

56.5% want to quit smoking
 69.5% attempted to stop smoking in the past year

Pro-health Media vs Tobacco Advertising

70.4% saw or heard anti-smoking media messages in the past month
 14.2% have an object with a tobacco brand logo

School

46.3% were taught the dangers of tobacco
 2.1% smoked on school property in the past month

Community

7.9% attended a tobacco use prevention training

Access and Availability- Current Smokers < 18 years old

4.7% buy cigarettes in stores
 50.7% who bought cigarettes in a store were NOT refused purchase because of their age

Middle School Highlights

More than 3 in 10 students have used tobacco; 11% currently use some form of tobacco; 6% currently smoke cigarettes; 3% currently use smokeless tobacco (spit, dip or chew)

SHS exposure is high – 5 in 10 students were in the same room with smokers during the past week

9 in 10 students think smoke from others is harmful to them

More than half of current smokers want to quit smoking

7 in 10 students saw anti-smoking media messages in the past month

Nearly half of students were taught the dangers of tobacco in the past year

Nearly 1 in 12 attended a tobacco use prevention training in the past year

More than 5 in 10 students were not refused the purchase of cigarettes due to age

¹ 1999, 2001, 2003 YTS results at <http://www.communityhealth.dhhs.state.nc.us/tobacco/Survey/survey.htm>

² Detailed 2005 YTS tables including 95% confidence intervals are available upon request.

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Prevalence

58.7% of students had ever used any tobacco product (Male 61.4%; Female 56.2%)
 54.3% of students had ever smoked cigarettes (White 51.3%; Black 60.3%; Hispanic 52.7%)
 28.5% of students currently use any tobacco product (Male 33.9%; Female 22.8%)
 20.3% currently smoke cigarettes (White 23.8%; Black 12.8%; Hispanic 19.9%)
 9.2% currently use smokeless tobacco (Male 15.9; Female 2.3)

Secondhand Smoke (SHS)

42.6% live in homes where others smoke
 66.3% are in the same room as others who smoke during the week
 91.6% think smoke from others is harmful to them

Cessation – Current Smokers

46.8 want to quit smoking
 55.5% attempted to quit smoking in the past year

Pro-health Media vs Tobacco Advertising

79.4% saw or heard anti-smoking media messages in the past month
 22.4% have an object with a tobacco brand logo

School

35.8% were taught the dangers of tobacco in the past year
 8.9% smoked on school property in the past month

Community

5.1% attended a tobacco use prevention training

Access and Availability- Current Smokers < 18 years old

15.4% buy cigarettes in stores
 67.9% who bought cigarettes in a store were NOT refused purchase because of their age

High School Highlights

6 in 10 students have used tobacco;
 29% currently use some form of tobacco; 20% currently smoke cigarettes; 9% currently use smokeless tobacco (spit, chew or dip)

SHS exposure is very high – nearly 7 in 10 students were in the same room with smokers during the week

9 in 10 students think smoke from others is harmful to them

Nearly half of current smokers want to quit smoking

Almost 8 in 10 students saw or heard anti-smoking media messages in the past month

More than 3 in 10 were taught the dangers of tobacco in past year

1 in 10 smoked on school property

More than 1 in 20 attended a tobacco use prevention training in the past year

7 in 10 currently smoking students were not refused the purchase of cigarettes due to their age

¹ 1999, 2001, 2003 YTS results at <http://www.communityhealth.dhhs.state.nc.us/tobacco/Survey/survey.htm>

² Detailed 2005 YTS tables including 95% confidence intervals are available upon request.

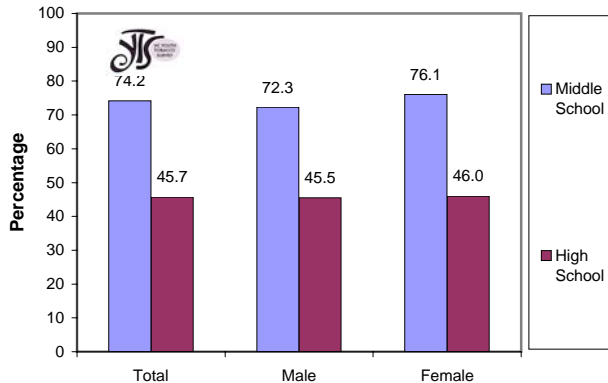
SURVEILLANCE UPDATE

North Carolina Tobacco Prevention and Control Branch / April 2006

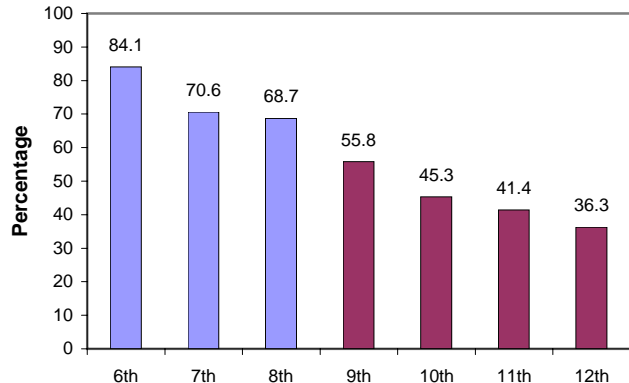


2005 N.C. Youth Tobacco Survey: Never Smoking

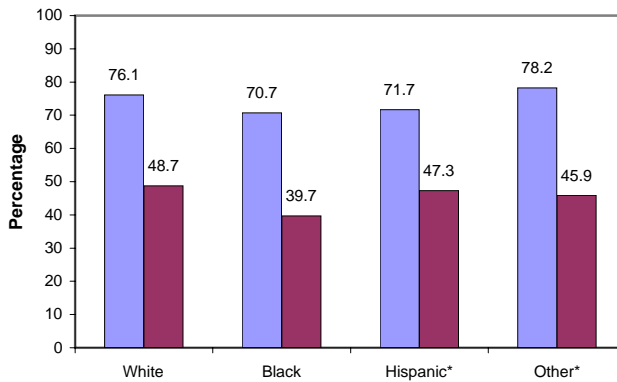
Percentage of N.C. middle and high school students who report never smoking, by gender: N.C. YTS, 2005



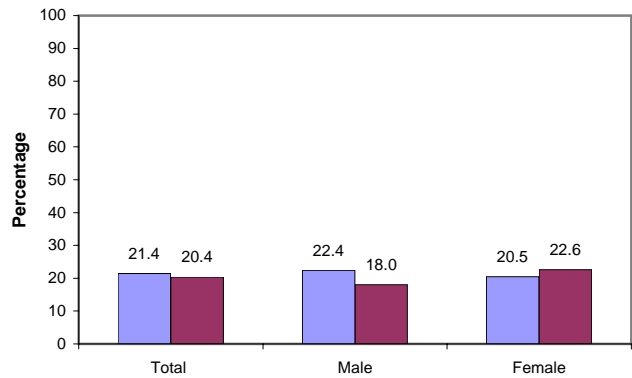
Percentage of N.C. middle and high school students who report never smoking, by grade level: N.C. YTS, 2005



Percentage of N.C. middle and high school students who report never smoking, by race/ethnicity: N.C. YTS, 2005



Percentage of N.C. middle and high school students susceptible to start smoking, by gender: N.C. YTS, 2005



Weighted to provide estimates representative of the public middle and high school student population; Persons reported never using tobacco, even once or twice. Specific data on 95% confidence intervals is at the N.C. YTS website.

*Caution when interpreting. Results based on small sample size.

The N.C. Youth Tobacco Survey (N.C. YTS) provides a critical source of public health data for understanding the scope of the tobacco problem and measuring progress toward overall goals among youth. N.C. 2005 YTS is a comprehensive statewide representative sample of more than 6,000 middle and high school students. Every other year a core set of CDC tobacco-related questions are asked. In addition, states add questions related to local program factors. In 2005, TPCB together with the Health and Wellness Trust Fund added questions regarding media, community participation and secondhand smoking attitudes. The sampling scheme is now intended to generate significant numbers for regional data (Mountains, Piedmont and Coast). Caution should be used in interpreting results when only a small number of respondents have answered the question. See the N.C. Tobacco Prevention and Control Branch website for more information.

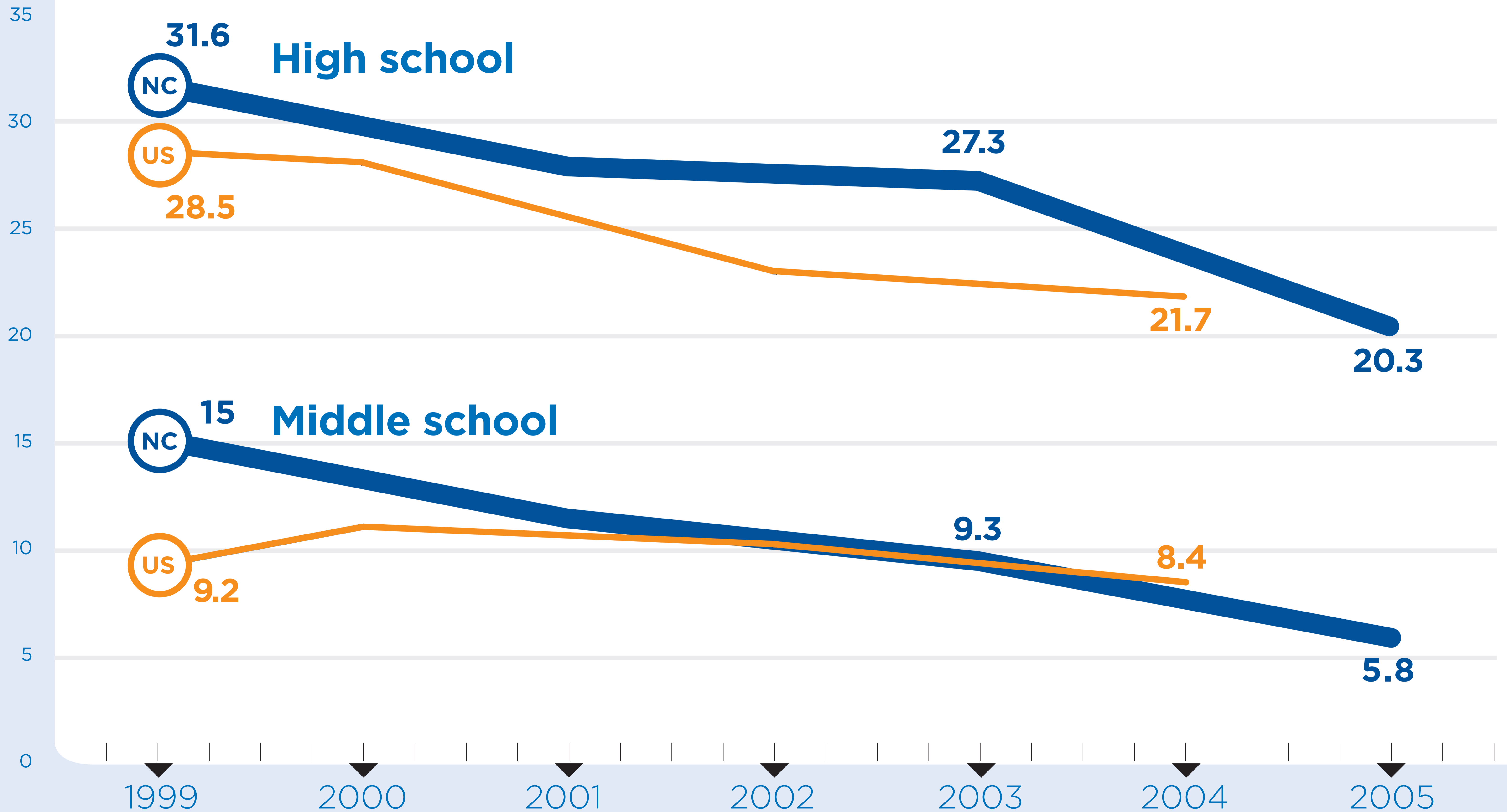


N.C. Division of Public Health / Surveillance and Evaluation Team / 919-707-5400 / www.communityhealth.dhhs.state.nc.us/tobacco.htm
 State of North Carolina / Department of Health and Human Services / www.dhhs.state.nc.us
 N.C. DHHS is an equal opportunity employer and provider. Rev. 08/06



NC on track to beat the national average

Percentage of middle and high school students who report current* cigarette smoking by year

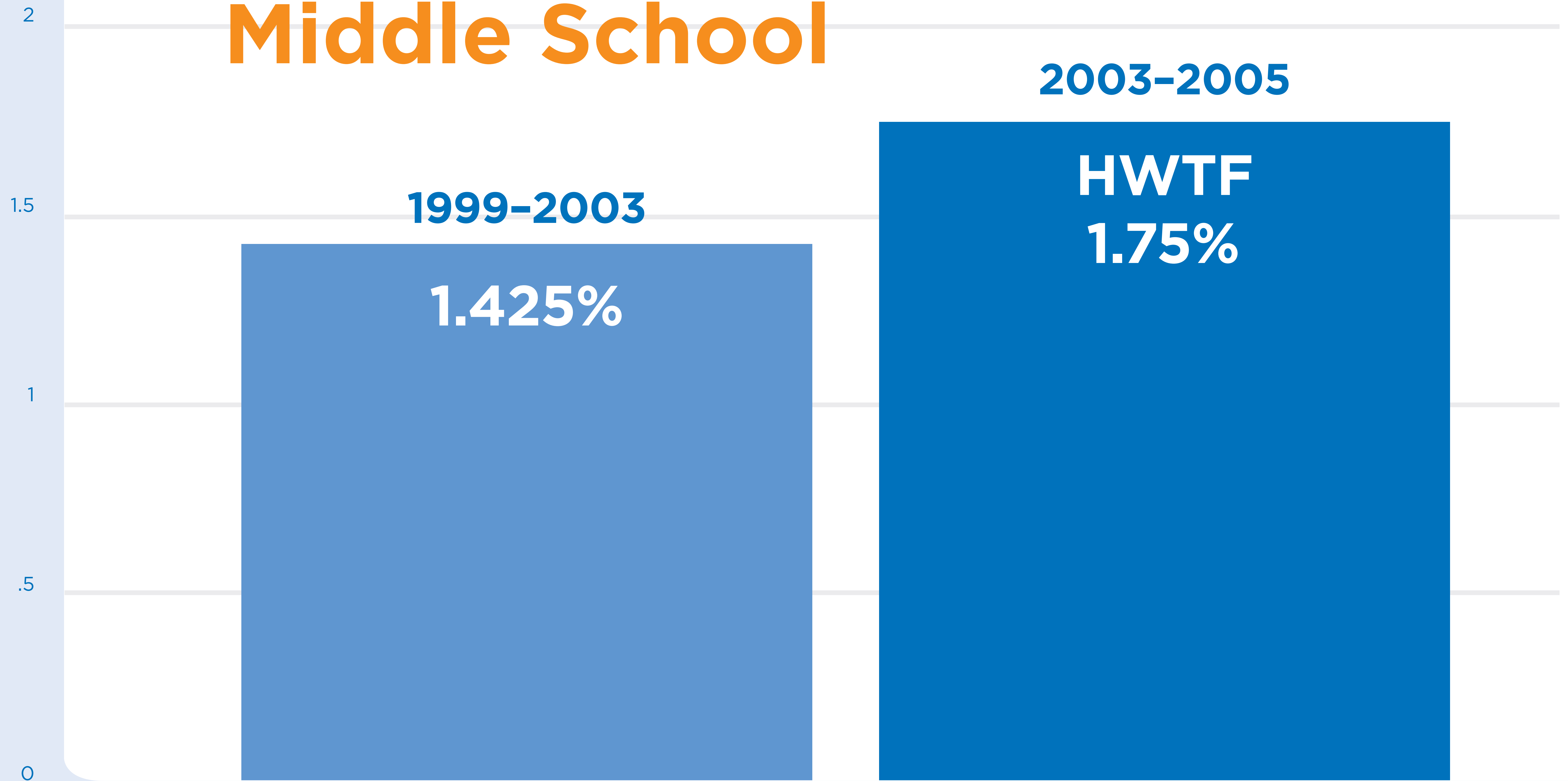


* Current use of cigarettes on 1 or more of the 30 days preceding the survey.

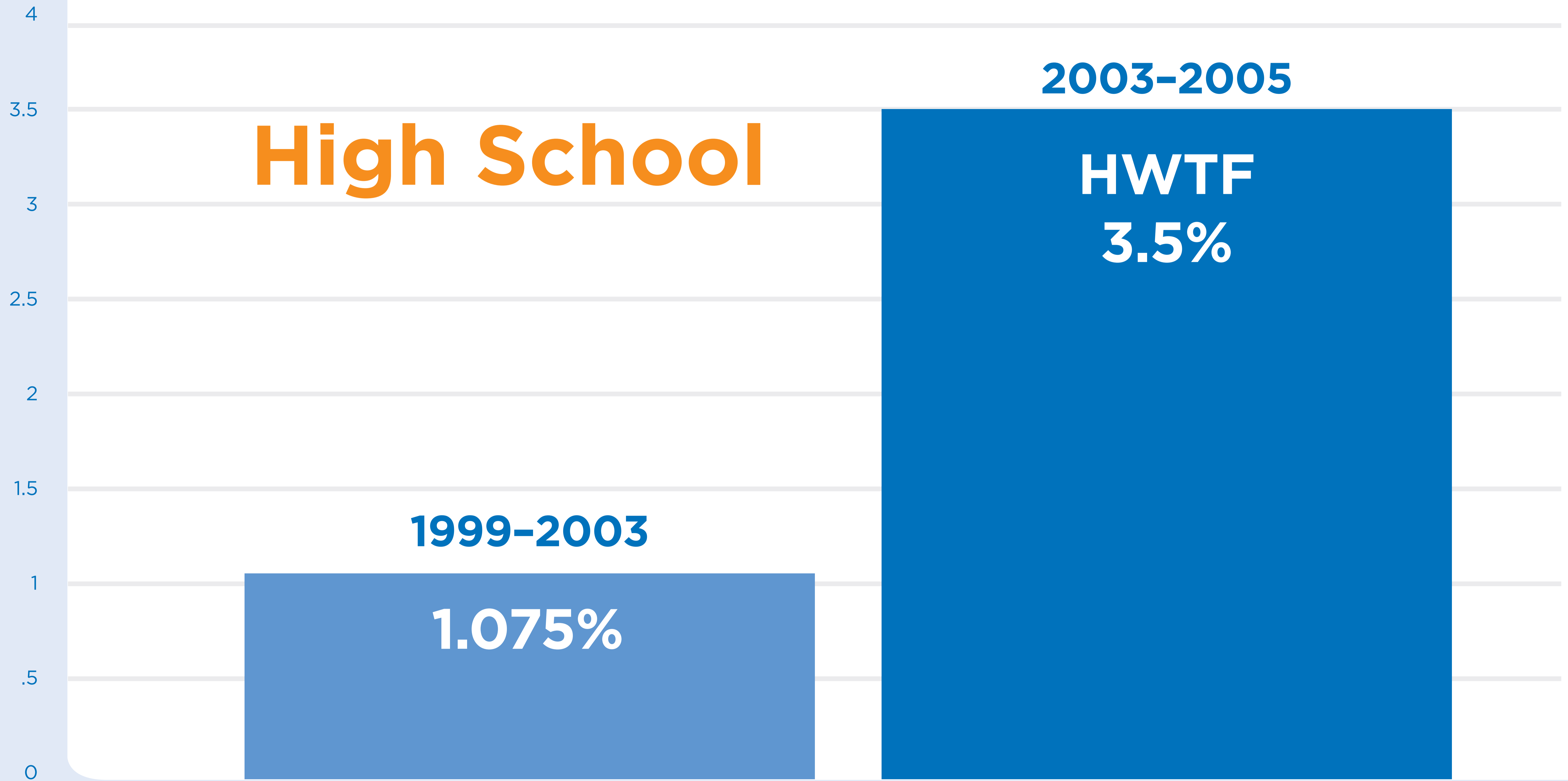
Data source: NC Youth Tobacco Survey: 1999, 2001, 2003 & 2005 CDC National Youth Tobacco Survey: 1999, 2000, 2002, 2004 Division of Public Health: Tobacco Prevention and Control Branch

Annual rate of decline

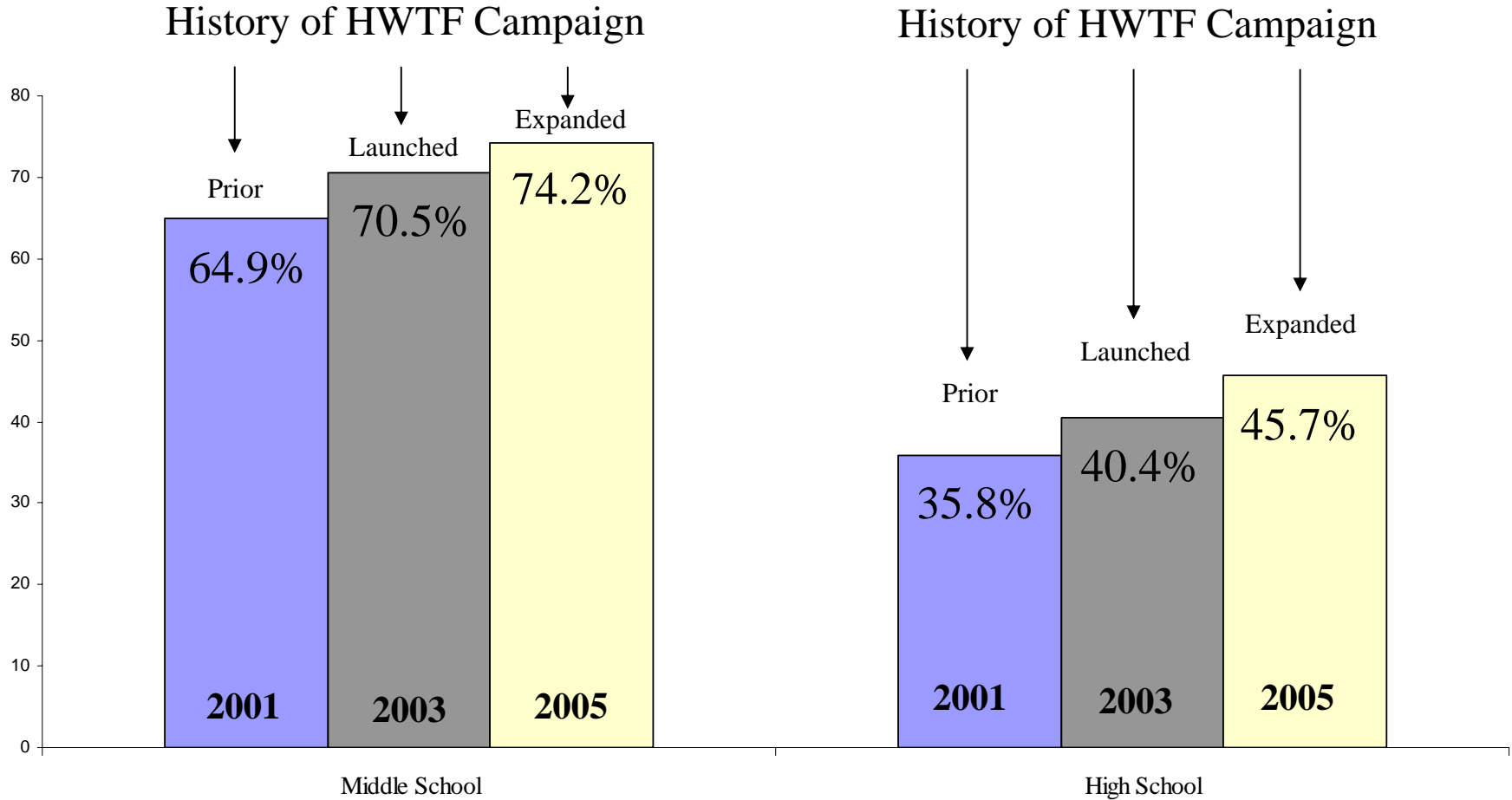
Middle School



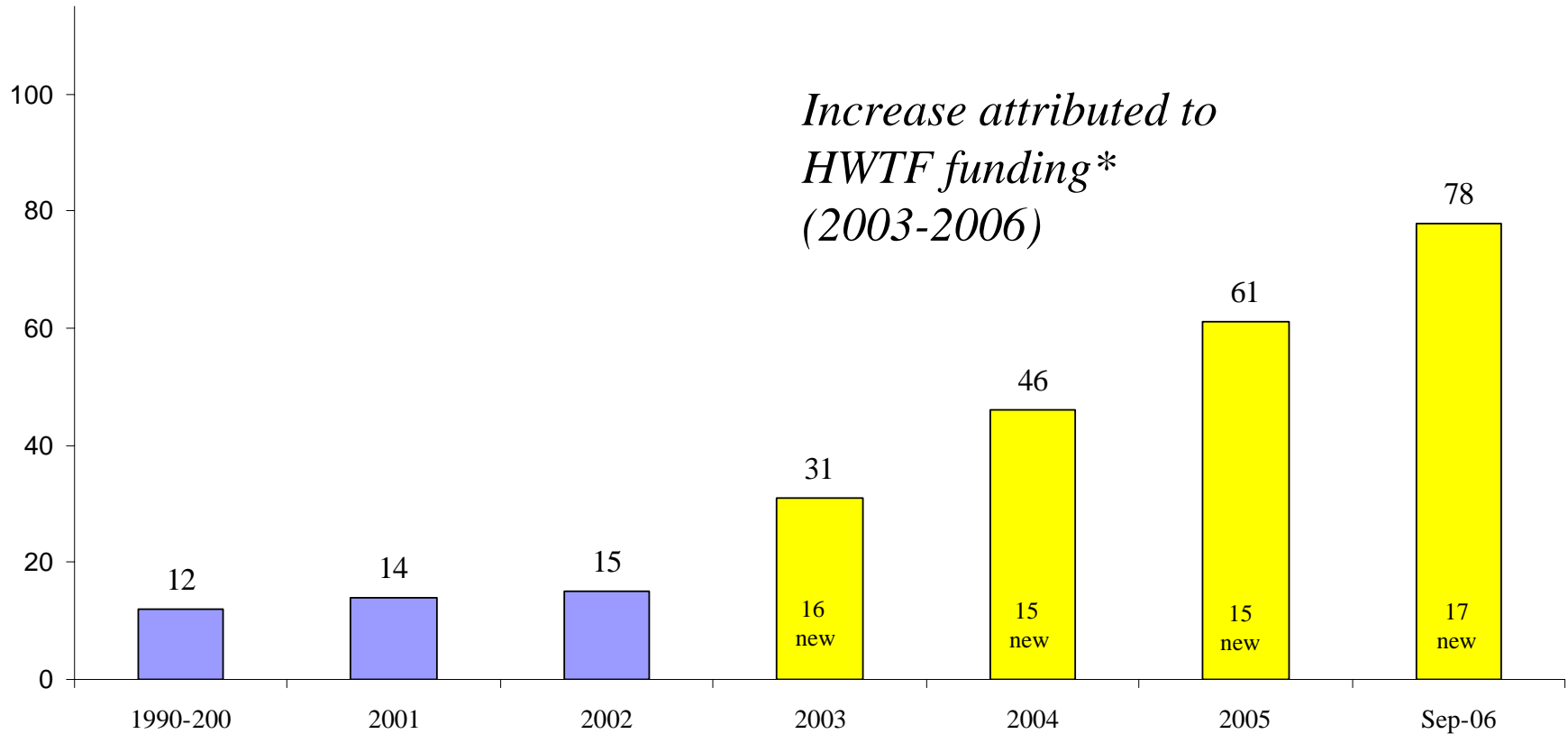
Annual rate of decline



North Carolina students who report never smoking

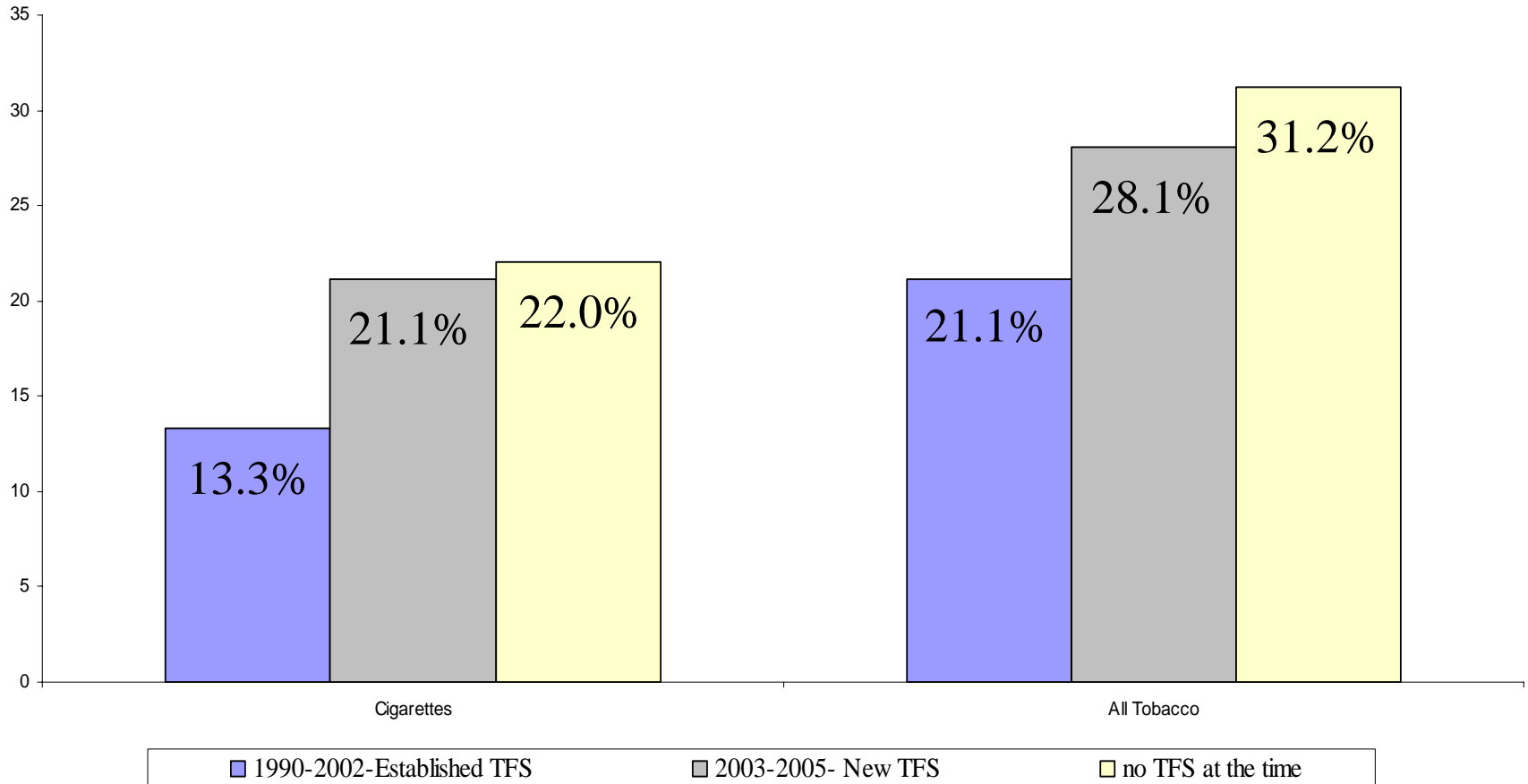


Cumulative number of 100% TFS policies passed in North Carolina 1990-September 2006



***Data Source: UNC School of Medicine
Department of Family Medicine
Tobacco Prevention and Evaluation Program**

North Carolina high school students reporting *current* tobacco use by 100% Tobacco Free School (TFS) policy status



**Training and Technical Assistance
Annual Progress Report
(July 1, 2005- June 30, 2006)**

Overview

The NC Tobacco Prevention and Control Branch (TPCB) is reporting on July 1, 2005 through June 30, 2006 under contract with Health and Wellness Trust Fund (HWTF) to serve as the lead agency to provide training and technical assistance and grant monitoring on evidence-based teen tobacco use prevention and cessation interventions for the 38 Phase I and II Community/School Grantees and Special Projects along with four statewide Priority Population Grantees. The TPCB also serves as the lead agency to facilitate and enhance communication/coordination among other HWTF resource providers through the work of the Technical Assistance and Training Committee (TATC).

The HWTF Teen Tobacco Use Prevention and Cessation (TTUPC) Initiative is built upon four goal areas:

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

Scope of Work: TPCB Training and Technical Assistance Elements

Providing Field Team Technical Assistance to Grantees

- Build the capacity of all 38 HWTF Phase I and Phase II Community/School Grantees, Special Projects and four Priority Population Grantees (referred to as HWTF Grantees) to implement evidenced-based policies and programs in schools and community settings;
- Provide monthly feedback reporting for each HWTF Grantee and on-going technical assistance, project management, and monitoring;
- Develop strategic program objectives, process and outcome indicators for all HWTF Grantees in cooperation with the HWTF and the Evaluation Contractor to maintain benchmarks, performance measures and accountability of each HWTF Grantee;
- Develop a systematic approach to Annual Action Planning for all grantees. This includes guidance and a standardized format; training and extensive technical assistance. All HWTF Grantees define specific, measurable targets for process and policy outcome indicators and plan strategic program activities within the four overall TTUPC Initiative goals and defined focus areas;

Reducing Tobacco-Related Health Disparities

- Provide five regional disparity training workshops and provide technical assistance to HWTF Grantees to reduce tobacco-related health disparities;

Promoting the 100% Tobacco-Free Schools (TFS)

- Plan and implement 6 training forums on adopting a TFS policy and 6 compliance workshops and ongoing technical assistance offered to all 115 North Carolina school districts for the 100% Tobacco-free Schools Campaign;

Reducing Youth Exposure to Secondhand Smoke

- Subcontract with Project EnTER to plan and implement 12 training and technical assistance tools and resources offered to all HWTF Grantees on promoting voluntary policy change to reduce youth exposure to secondhand smoke;

Providing Media Consultation and Monitoring

- Provide in-kind media training, consultation and monitoring for all HWTF Grantees;

Conducting Statewide Grantee Training Conferences and Information Exchanges and AAP Meeting

- Plan and conduct a statewide Youth Leadership Institute on Teen Tobacco Use Prevention;
- Conduct two annual statewide training conferences to enhance knowledge, skill development, information exchange and networking among all HWTF Grantees;
- Identify and conduct regional training workshops/meetings to serve Grantees in different geographic and cultural regions;

Collecting and Reporting Data from 2005 Youth Tobacco Survey (YTS) and Planning for 2007 YTS

- Plan and carry out the statewide 2005 NC Youth Tobacco Survey (NC YTS) along with coordination on the statewide release and publications of surveillance data;
- Maintain and provide technical assistance on a computer-based Indicator Progress Tracking System (iPTS) to provide a systematic reporting database that incorporates program objectives, focus areas, indicators, targets and summaries for monitoring and evaluating each HWTF Grantee;

Providing Technical Support for iPTS Computer-Based Progress Tracking System

- Conduct training, system maintenance and troubleshooting on the new iPTS system for all HWTF Grantees;

Conducting Conference Calling Events

- Plan and facilitate 6 statewide conference technical assistance conference calls to reach all Grantees;

Coordinating Technical Assistance and Training Committee (TATC)

- Serve in a lead role to maintain 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 are well designed and coordinated among all the TATC members and linked with the HWTF Grantees. Conduct six TATC meetings over the contracted period.

Progress and Accomplishments

Providing Field Team Technical Assistance to Grantees

Program Planning

The Field Team for 2005-06 consisted of the Director of Field Operations, five regional Field Coordinators (FC's) and the Director of Parity and Diversity. The FC's served as the primary point of contact for the 38 HWTF local Community/Schools Grantees and Director of Parity and Diversity served as the primary point of contact for the 4 HWTF statewide Priority Population Grantees. Technical assistance (TA) provided by the FC's and Director of Parity and Diversity focused on helping the grant coordinators complete their Phase I and Phase II contract objectives defined by their Annual Action Plans. Technical assistance efforts emphasized advocating for the following:

- evidence-based policies and programs in schools and youth-oriented businesses,
- promoting and supporting evidence-based interventions in communities,
- moving the grant coordinators' away from providing direct services, and
- building infrastructure in local and diverse communities to build and maintain proactive partnerships and youth groups.

Conducting Annual Action Plan (AAP) Redesign Process

The AAP format redesign grew out of the same process as the program tracking database--iPTS. Both are regarded as critical components to grant accountability. Accordingly, the underlying logic and basic elements of both the AAP and iPTS are identical. For example, the focus areas, indicators, and targets are set up to mirror one another. Therefore, the AAP identifies the policy changes and strategic activities expected to advance policy change for the upcoming grant year. The iPTS assesses the extent to which the

TPCB Technical Assistance Report (July 2005 – June 2006)

approved AAP has been successfully implemented. iPTS also encourages grantees to document circumstances that may impede progress as well as unanticipated opportunities that may occur serendipitously.

In order to build consensus on the AAP format and iPTS, an interagency workgroup was formed comprised of staff from HWTF, TPCB and the Evaluation Contractor—Tobacco Prevention Evaluation Program (TPEP). The team focused on the most critical elements of the AAP and iPTS; namely, the focus areas and indicators. Indicators are reviewed from the standpoint of whether the expressed activities/events are evidence based and consistent with the mandate of the funding guidelines established by HWTF. Once the indicator set is finalized, attention is given to the development of the AAP and the update of iPTS.

HWTF directive required that Teen Tobacco grantees no longer spend resources to provide direct services. Field Coordinators and TPCB assisted in implementation of this requirement, including defining options, deadlines and transition plans. Implementation was most challenging in school systems where the direct services were considered to be valued and where institutionalization of these services required a shifting of existing resources, or where resources were already stretched.

Annual Action Plans (AAP)

Accountability through AAP. Annual Action Plans (AAP) and accountability were a top priority in 2005-06; TPCB Field staff worked on an increased focus on AAP-driven SMART (specific, measurable, achievable, realistic and time-framed) objectives and activities that clearly led to approved policy initiatives based on Best Practices for the HWTF populations. All local Grant Coordinators were required to put measurable targets for both process and policy indicators in their AAPs and justify their connection. Field Coordinators and Director of Parity and Diversity provided TA to help coordinators define satisfactory SMART objectives and justify the process steps and the links to policy change or other approved outcomes. Grantees worked to demonstrate a link between activities and outcomes in order to gain approval, and FC's, Director of Parity and Diversity, and the Evaluation Specialist from TPCB have provided site specific and regional TA to build this skill in all grantees. Field Coordinators and Director of Parity and Diversity assisted all local grantees to identify and overcome barriers and be more assertive in pursuit of their approved policy initiatives based on Best Practices for the HWTF populations. Local grantees were given opportunities to adjust their AAP strategies, activities and targets in a mid-year AAP review process. The TPCB staff worked together to review each individual Grantee's progress to date and assisted Grantees in setting realistic targets for the remainder of the year. Action plan work throughout the year was accomplished through numerous site visits, meetings, conference calls and e-mails.

Coordination of Regional, Local and Statewide Trainings/Programs

Field Coordinators worked with other HWTF TA providers to ensure that local grant coordinators received necessary training to implement their annual action plans. FC roles included serving on planning committees, conducting workshops, coordinating speakers and logistics, and assuring grant coordinator attendance. These trainings included a wide range of topics:

- Youth Empowerment
- TFS Leadership Forums
- iPTS Updates
- Action Planning Workshop
- Key Informant Interviews
- Media Spokesperson and Advocacy
- Adult Leader Skill Development
- Disparities Workshops
- Red Flag Merchant Education
- Real Time Community Change

TPCB Technical Assistance Report (July 2005 – June 2006)

- Smokeless Tobacco Workshops

In April 2006, FC's and the Director of Parity and Diversity worked with HWTF and TPCB staff to implement the Annual Action Planning Training and Information Exchange for FY2006-07 (described below). During the training, FC's and Director of Parity and Diversity worked with their respective Grantees to facilitate a strategic planning process using the Nine-Strategy Questions approach in writing their FY06-07 AAP's.

FC's and Director of Parity and Diversity participated with the Director of Field Operations in providing conference calls to clarify problems with grants' draft action plans and to discuss and negotiate any issues with those plans.

FC devoted a significant amount of time assisting with planning and coordinating the Tobacco-free School Touchdown Tour, as described under the tobacco-free school section below. FC participated on conference calls, event planning meetings, coordinating material distribution, editing of press release and participating in the actual events.

FC also facilitated coordination on statewide distribution for Quitline promotional materials to all HWTF Grantees. FC activated quickly to ensure that Grantees obtained the materials in a timely manner to promote the Great American Smokeout.

Site Visits

The FC provided technical assistance for HWTF Grantee through a combined total of 140 site visits during the period of the contract.

Orientation of New Local Staff

One significant barrier impacting grant momentum and outcome performance was staff turnover in local Community/School grant coordinators and among the statewide Priority Population grantees. Statewide, the program experienced 18 staff turnovers from October 2005 through June 2006. FC's and the Director of Parity and Diversity went onsite to orient the new coordinators and helped prepare them to implement their AAPs.

Monitoring Progress

The FC's and Director of Parity and Diversity reviewed the each of their respective regional and statewide Grantee progress and provided timely assessments for HWTF through monthly reports and meetings. A monthly feedback report was also shared with each respective grantee. These reports contained recommendations and next steps for the grants to overcome barriers or deficiencies. The FC's also participated in a quarterly assessment of grants' progress that included rating the grants, based upon agreed criteria with HWTF. These ratings were completed in conjunction with TPCB and HWTF staff.

AAP Policy Accomplishments

The following data regarding the AAP goal attainment of grantees on policy change indicators was obtained from the UNC Tobacco Prevention Evaluation Program (TPEP). Grantee performance on policy change indicators was compared to the target results that were identified in their final Annual Action Plans. The percentages of grantees that met or exceeded their targets represent **Percent Successful**. These findings are based on the edited data set generated by TPEP. It should be noted that the edited data have not been reviewed and validated by grantees

Table 1: Goal Attainment on Tobacco-free School Policy Indicators

Indicator Statement	% Successful
# of school district votes to adopt 100% TFS policy	80.0%

TPCB Technical Assistance Report (July 2005 – June 2006)

# of schools w/o 100% TFS policy adopting ATS program	75.0%
# of areas adopting a smoke-free policy	71.4%
# of schools with 100% TFS policy adopting ATS program	58.8%
# of areas adopting an improved smoke-free policy	56.5%
# of schools adopting N-O-T program	42.9%

The data show that goal attainment was generally strongest in the school setting. 80% of grantees were successful in meeting their targets for the adoption of 100% TFS policy. 75% of the grantees whose schools do not have a 100% TFS policy successfully met their targets for the adoption of an ATS program. In addition, 58.8% of the grantees with a 100% TFS policy were successful in meeting their target for adopting an ATS program.

The policy area that achieved the lowest result is in the adoption of N-O-T program by schools. To a large extent, this reflects the complexity of the program’s design, which may not be compatible with a school setting.

Table 2: Goal Attainment on Smoke-free Policies Where Youth Frequent Indicators

Indicator Statement	% Successful
# of smoke-free policies where youth frequent adopted	71.4%
# of smoke-free policies where youth frequent adopted an improved policy	56.5%

Substantial strides were also made in advancing smoke-free policies where youth frequent: 71.4% of the grantees met or exceeded their targets for the number of areas adopting a smoke-free policy where youth frequent; 56.5% were successful in achieving their objectives for the number of areas adopting an improved smoke-free policy.

Overall, these data point out that HWTF Grantees are meeting their mission of fostering policy change in their schools and communities to prevent and reduce teen tobacco use.

Reducing Tobacco-Related Health Disparities

The HWTF Priority Populations grantees (named below) are the four state and non-profit organizations receiving grants to build capacity for working on tobacco-related health disparities among African American, Latino, and Native American communities. Funding these organizations provides an opportunity to provide teen tobacco prevention and cessation programs in communities that were often not engaged in these initiatives. Because these grantees lacked experience in teen tobacco use prevention and control, they faced unique challenges and required technical assistance that was tailored to their histories, cultures and communities.

General Baptist State Convention (GBSC) -- African American youth

GBSC is centered on engaging African American churches to promote 100% tobacco-free church policy.

Old North State Medical Society (ONSMS) -- African American youth

The Old North State Medical Society (ONSMS) is focused on mobilizing Physicians to support tobacco free policies and continuing to train physicians in the 5As.

El Pueblo – Hispanic/Latino youth

El Pueblo is implementing the No Fumo Curriculum and training to build leadership and resiliency skills that will lead to preventing Latino youth from starting to use tobacco.

North Carolina Commission of Indian Affairs (NCCIA) -- Native American youth

The NCCIA provides mini-grants and technical assistance to 12 tribes and Native American Associations throughout North Carolina. NCCIA's primary initiative focuses on working with churches, promoting smoke free homes, traditional gatherings, and church policies.

Technical assistance provided by the Director of Parity and Diversity (note: this position was vacated July 14, 2006 after the end of this fiscal year, but this staff person still provided the documentation for this report).

- Planning assistance for major events (including but not limited to the Tobacco Free Sunday Event, El Pueblo Forum, etc.),
- Making suggestions for implementation of program activities,
- Assisting with review of evaluation tools,
- Reviewing and approving all media developed by the Grantees,
- Assisting and securing a speakers for training events (e.g. El Pueblo Youth Forum),
- Editing and consulting on IPTS,
- Providing monthly grant monitoring and monthly programmatic feedback,
- Analyzing tobacco-free school policy coverage in North Carolina by race and ethnicity and urban versus rural,
- Orientating new staff,
- Directing programmatic activities, and
- Providing extensive technical assistance to develop a strategic annual action plan.

Regional Community/School Grantee and Priority Population Grantee Disparities Trainings

The TPCB held one training each in the eastern, central, and western parts of the state in collaboration with the three Question Why (?Y) Centers. The three trainings reached the entire state and were more efficient than the five regional trainings proposed in the contract. Each training workshop was customized to fit the specific needs of each region. The Director of Parity and Diversity led planning groups for all three regions which consisted of Question Y staff and TPCB staff.

The goals for the training were for those attending to: gain knowledge about issues and concerns related to working with diverse youth, be able to describe the differing worldviews and the impact it has in the socialization of minority youth, discuss individual socialization and how it may inform the way we do outreach and interact with youth and learn strategies for conducting outreach and involving diverse youth in youth group activities. There was a basic format for each training workshop, but the guest speaker varied depending upon the specific needs of the region. Each training consisted of a self-assessment exercise and basic disparities 101 training. The self assessment tool was designed to help participants conceptualize and assess their knowledge, attitudes, and beliefs about populations experiencing disparities. The disparities 101 presentation was designed to ensure that all training participants had a basic understanding of diversity and disparities issues. The only component that varied by training was the data shared with participants and the guest speaker (e.g., western region data was shared with the western region, identifying significant difference by region of the state, etc). Each of the Disparities and Diversity Trainings are described by region in more detail below.

Central Region—March 23, 2006

A total of 20 participants attended the training. The guest speaker was Fiorella Horna-Guerra. Ms. Horna-Guerra is the owner and founder of Latin Life. Latin Life is a consulting business that provides cultural awareness and community engagement training to service providers throughout North Carolina and neighboring states. A training highlight was a productive group process designed to provide guidance in identifying the populations with tobacco-related disparities that grantees will focus their work with and defining technical assistance needs. Evaluation results indicate that a 70% of the participants had a

TPCB Technical Assistance Report (July 2005 – June 2006)

good/very good understanding of diversity and disparities issues as a result of the training and that the amount of information shared during the training was adequate

Eastern Region—May 19, 2006

The Eastern Regional Diversity and Disparities training was held in Greenville. A total of 30 participants attended the training, including school and local health department personnel from Pitt County. Participants worked to identify populations /communities within their grant service area that are experiencing disparities and identified challenges in working with each selected population. The guest speakers during this training focused on the topics “Tobacco Dependent Communities as Populations Experiencing Disparities” and “Strategies for working with Diverse Youth.” Participants also learned strategies for conducting outreach and involving diverse youth in youth group activities. Evaluation results indicate that a 80% of the participants had a good/very good understanding of diversity and disparities issues as a result of the training and that the amount of information shared during the training was adequate.

Western Region—June 7, 2006

A total of 21 participants attended the training held in Asheville, NC. The Western Region training focused on “Working with Latino Youth.” The agenda for the Diversity Training was Disparities 101, interactive group process and a speaker presentation. The group process was designed to provide guidance in identifying the populations that grantees will focus their work with and defining technical assistance needs. The guest speaker during this training focused on “Working with Latino Youth.” The incentive for the training was the selection of a Diversity/Disparities book. The skills learned will be applied with the 2006-2007 Grantee AAPs. Evaluation results indicate that a 83% of the participants had a good/very good understanding of diversity and disparities issues as a result of the training and that the amount of information shared during the training was adequate.

Promoting the 100% Tobacco-free Schools Campaign

Policy Adoption

From July 2005 through June 30, 2006, **18 school systems** adopted a 100% tobacco-free schools policy. Those systems are:

- 1) Anson County,
- 2) Roanoke Rapids City,
- 3) Davie County,
- 4) Wilkes County,
- 5) Clinton City,
- 6) Camden County,
- 7) Haywood County,
- 8) Transylvania County,
- 9) Pitt County,
- 10) Graham County,
- 11) Swain County,
- 12) Jackson County,
- 13) Martin County,
- 14) Pasquotank County, and
- 15) Weldon City
- 16) Duplin,
- 17) Watauga, and
- 18) Halifax.

TPCB Technical Assistance Report (July 2005 – June 2006)

Duplin, Watauga and Halifax Counties passed TFS policies in this fiscal year, but prior to October 2005. Lenoir County passed TFS in July 2006. A total of **78** out of North Carolina's 115 school systems have a 100% TFS policy.

School Board Presentations/Meetings with School Officials

Fourteen local meetings were held throughout the state with local school board members and other school officials. Most of these meetings were presentations to local school boards to educate them about 100% TFS policies. These meetings are listed below.

- North Carolina Division of MH/DD/SAS Annual Conference, *July 2005*, and
- Families in Action Quarterly Meeting, *September 2005*
- Davie County Board of Education, *December 7, 2005*
- Hoke County Board of Education, *February 14th, 2006*
- Davie County Board of Education, *February 6th, 2006*
- Pitt County Board of Education Policy Committee, *February 15, 2006*
- Transylvania County Board of Education (via phone), *February 20th, 2006*
- Camden County Board of Education, *March 9th, 2006*
- Pitt County Board of Education, *March 20th, 2006*
- Davie County Board of Education, *March 23rd, 2006*
- Graham County Superintendent meeting, *April 3rd, 2006*
- Graham County Board of Education, *April 4th, 2006*
- Lenoir County TFS dinner for community leaders, *April 17th, 2006*
- Pitt County Board of Education, *April 24th, 2006*
- Hyde County Board of Education, *June 5th, 2006*
- Lenoir County Board of Education, *June 5th, 2006*

100% TFS Workshops and Forums

In TFS Forums, school personnel from districts with TFS policies explain the effects of the policy to their colleagues in non-TFS districts. In TFS workshops, a representative of the TFS project meets with local school officials in districts with newly-minted TFS policies to discuss implementation strategies and plans.

Three TFS forums were held between October 2005- and June 2006. While previous TFS forums averaged between 35-50 participants, these forums averaged between 53-65 participants.

Location	Date	Attendee #	Region targeted
Cherokee, NC	November 3rd, 2005	53	West
Wilkesboro, NC	December 5 th , 2005	65	West, West Central
Farmville, NC	March 31 st , 2006	62	East

Eight TFS compliance workshops were held during the fiscal year:

- Elkin City School August 1, 2005
- Mitchell County September 29, 2005
- Rutherford County October 5, 2005
- Currituck County November 23, 2005
- Washington County January 30, 2006
- Halifax County February 8, 2006
- Rockingham County February 9, 2006
- Davie County March 23, 2006
- Wilkes County May 31, 2006
- Alleghany County May 31, 2006

TPCB Technical Assistance Report (July 2005 – June 2006)

Media Events

During July 2005, the TFS campaign conducted a half-way point celebration and media event followed in the fall with the TFS Touchdown Tour that visited TFS high schools to highlight the TFS policy and award community leaders for their strong support for school health. This statewide tour visited the following high schools:

- Gates County High School September 30, 2005
- Asheville High School October 8, 2005
- Butler High School (Charlotte) October 9, 2005
- Laney High School (Wilmington) October 14, 2005
- Page High School (Greensboro) October 21, 2005
- Southern High School (Durham) October 28, 2005

Statewide Meetings of allied organizations/projects

Director of TFS attended and provided updates on TFS at the following:

- Healthy Carolinians Annual Conference, October 24, 2005
- Alamance County Substance Abuse Task Force, November 9, 2005
- NC School Boards Association Annual meeting, November 13-16, 2005
- NC PTA Association Annual meeting, May 5-7, 2006
- Old North State Medical Society annual meeting, June 23, 2006
- Western Regional Education Service Alliance annual meeting, June 25-28, 2006
- College Tobacco Initiative Kickoff, March 22-23, 2006
- Fit Communities kickoff luncheon, May 10, 2006

Local Planning/Information meetings

- Western NC Grantee Meeting August 10, 2005
- Hoke County Schools August 30, 2005
- Alamance County September 30, 2005
- Hoke County School Health Advisory Council October 18, 2005
- Lenior County Real Time coalition October 24, 2005
- Forsyth County coalition meeting November 2, 2005
- Yancey County coalition meeting November 4, 2005
- Alamance County Substance Abuse Task Force November 9, 2005
- Hyde County Community Leaders forum December 8, 2005
- Grassroots Training (for grantees) February 7, 2006
- Healthy Schools Forum April 19, 2006
- Fit Communities Planning luncheon May 10, 2006
- Guilford County coalition meeting June 2, 2006
- Pitt Partners for Health breakfast June 8, 2006

100% TFS Signs Project

100% Tobacco-Free Schools signs were delivered to each of the school systems passing the policy during the fiscal year, as well as other school systems with new buildings or with backlogged orders. Since October 2005, the following numbers of TFS signage has been delivered to local school systems with TFS policies:

- 832 metal signs (in both English and Spanish);
- 1,279 plastic signs;
- 63 floor stands;
- 63 banners; and
- 1,224 decals.

TPCB Technical Assistance Report (July 2005 – June 2006)

100% TFS Website Tools

The www.nctobaccofreeschools.com site continues to be used quite extensively, particularly by grantees and professionals in health and school settings. From October 1, 2005 to June 30, 2006, there were a total of **23,293 page views**, averaging 2,588 page views per month.

Reducing Youth Exposure to Secondhand Smoke

Local, Regional, or Statewide Trainings & Presentations

During the contract year, EnTER conducted twelve training sessions on SHS science, policy, and advocacy as listed below. Looking at them regionally, five were in the West, two in the Central Region, one in the Southeast, one in the Northeast, and three were statewide.

August 2, 2005 – Caldwell County

September 16, 2005 - Watauga County

October 13, 2005- HWTF Information Exchange (two - 1 hour breakout sessions)

October 16, 2005 -Watauga County

Feb 3, 2006 -Adult Leaders Training (in collaboration w/ Question Why West)

Feb 13, 2006 - SAVE conference call training

March 25, 2006 - Guilford County Health Dept (Central Region youth groups)

March 31, 2006 - Sandhills Youth Leadership Summit

April 10, 2006 -Ashe County

June 1, 2006 - Wilkes County (training for community members)

June 1, 2006-Wilkes County (training for clinicians & medical professionals)

Additionally, EnTER conducted five at the following meetings:

October 13, 2005 HWTF Information Exchange (plenary session)

December 8, 2005 - Central Region Meeting for HWTF grantees

January 30, 2006- SAVE conference

Feb 16, 2006- Quarterly Quit Now NC Leadership team meeting

April 24, 2006 - HWTF Annual Action Planning Meeting.

Provision of Tools and Resources

EnTER fulfilled grantee requests for the following tools and resources:

- ETS Policy Manual and Supplement-12
- Advocacy in Action Toolbox-10
- Smoking-Free Dining Sticker pack-17
- Smoke-Free Business Flip Book- 14
- Clean Air Zone Brochure-13
- Postcard Campaign-20
- Smoke-Free Churches- 21
- Sample/Model Policies- 16
- Customer/Patron Surveys- 16
- SF Business Packets-13

EnTER updated existing trainings and developed new trainings on the following topics:

- Secondhand Smoke Science
- SHS Advocacy in Action
- Smoke-Free Businesses
- SHS Science and Advocacy for Youth
- SHS Science & Policy (developed specifically for SAVE)

Consultation and Technical Assistance

In addition to the distribution of tools listed above, EnTER has provided eighteen one-on-one consultations and in depth technical assistance to grantees on topics including: SHS science, policy, and advocacy; use of the *What Are You Breathing?* media campaign and other available resources; providing assistance and feedback on SHS specific materials adapted and developed by grantees. EnTER has offered specific strategic planning and technical assistance on smoke-free hospital policies, smoke-free churches, parks, restaurants, and homes, and smoke-free activities for Priority Population Grants.

Meeting Participation

EnTER staff participated on every: HWTF Grantee TA Call, HWTF TATC Meeting, Media Network Call, and Branch Management Team Meeting during the contract year.

EnTER has participated in statewide conference, regional meetings and summits, including the statewide October, 2005 HWTF Grantee Training and Information Exchange, the November, 2005 Question Why Central PEACE Summit and the April, 2006 HWTF Annual Action Planning meeting, among others. Additionally, EnTER collaborated with Question Why to develop secondhand smoke trainings for adult leaders and youth.

Secondhand Smoke Newsletter

During the contract year EnTER has created and distributed three issues of its quarterly newsletter on smoke-free issues through the TRU listserv and on its website.

Recreational Facilities Study

EnTER conducted the Recreational Facilities Study surveying family-oriented businesses in North Carolina where youth and adults are frequently exposed to secondhand smoke. The venues included airports, arcades, arenas, bowling alleys, convenience stores, grocery stores, malls and state and county fairs. The survey questions covered the smoking policy of each venue, willingness to alter the existing policy, exposure of employees to secondhand smoke and the opinions of each manager regarding the health effects of passive smoke. County and State Fair managers were asked additional questions about the presence of tobacco in their fairs.

A total of 235 interviews were completed out of an adjusted total of 329 venues, not including the fairs. Thirty-two (32) fair interviews were completed out of a 47 fairs statewide. EnTER is currently in the process of reviewing and analyzing the data gathered from these interviews.

Providing Media Consultation and Monitoring

The TPCB Director of Public Education and Communication (DPE) has contributed in-kind time to the HWTF TTUPC Initiative during the contract year. This position provides ongoing technical assistance to grantees on all aspects of media and consultation to HWTF on media issues, as requested.

The DPE worked with HWTF staff to plan media events and opportunities during the contract period, including the following:

- Release of NC Youth Tobacco Survey data, February, 2006,
- Distribution of Through with Chew Week materials, January, 2006,
- Managed the contract with Brogan and Partners to develop promotional materials for colleges for the Quitline Launch, November, 2005,
- Presented on media and secondhand smoke issues at the Information Exchange, October, 2005,
- Managed the contract with Brogan and Partners to develop promotional materials for colleges for the Quitline Launch, November, 2005,
- Worked with ?Y's Charlotte Office to plan the Media Advocacy breakout session for the P.E.A.C.E. Summit, November, 2005.

TPCB Technical Assistance Report (July 2005 – June 2006)

The DPE has followed the approved process by which locally developed paid media and promotional pieces are approved by HWTF for use. During the contract year she facilitated the approval of 161 projects. Many of these projects were campaigns or events that included several different individual media pieces that needed to be reviewed, revised and submitted to HWTF for budget approval and/or final review.

The DPE provides training to all grantees on developing effective news pieces, such as news releases and media alerts, and working with the news media to promote the TRU campaign. While no specific media trainings happened during this contract year, the DPE facilitated eight one-hour media network calls. These mini-training events are available to all HWTF grantees.

Topics included:

- Working With Rural Newspapers, July 7, 2005
- Editorial Pages, September 1, 2005
- Local Media Updates, October 6, 2005
- Media Around the Great American Smoke-Out, November 3, 2005
- Using the Language of Conservatism, December 1, 2005
- Framing Messages for Different Audiences February 2, 2006
- YTS Results and the Media, March 2, 2006
- Guidelines Around Vilification, April 6, 2006
- Marketing of Spit Tobacco, May 4, 2006
- UNC-CH/HWTF Research on Marketing the Quitline to Teens and Young Adults, June 8, 2006

Conducting Statewide Grantee Training Conferences and Information Exchanges

HWTF Grantee Annual Action Planning (AAP) Meeting - April 25-26, 2005

The Annual Action Planning (AAP) workshop was designed to provide a clear understanding of the AAP process, establish the linkage between the AAP and the IPTS system, create a better understanding of HWTF budget expectations, describe the AAP process timeline, improve categorical understanding of media, secondhand smoke and cessation and implications for the AAP, and to exchange information with state resource agencies and other grantees. The TPCB, in coordination with HWTF, provided all of the planning and managerial support for this event, including planning meetings and calls, meeting logistics and management, event day management, and the necessary AAP follow-up.

Evaluation of AAP Meeting

As part of the meeting, ten competency building sessions were delivered. Participants evaluated each session in terms of the value of the training provided. As is consistent with years 1-3, The ratings indicate that most grantees felt the sessions were worthwhile. Rating ranged from a high of 97.5% of the participants reporting the session as a worthwhile training to a low of 77.5%.

For the most part, grantees felt that the overall conference was effective:

- 85% of the grantees felt the training fulfilled its purpose.
- 80% felt a training like this should be offered annually.

Beyond this, grantee found meaningful and worthwhile networking opportunities at the conference:

- 90% - Connecting with important leaders
- 90% - Meeting important contacts and/or resources
- 88% - Exploring collaborative opportunities with other grantees
- 70% - Sharing success stories and lessons learned with other grantee

TPCB Technical Assistance Report (July 2005 – June 2006)

In response to an identified need of grantees, a session was dedicated to preparing an AAP. Most grantees (80%) had sufficient time to start a plan. Some grantees wanted more time working only on their specific plan rather than sharing ideas with other grants about initiatives that might be pursued. However, the goal was for the grantees to have a rough draft started, which could be brought back to their local coalitions for further development.

Many grantees reported that the format of the present conference was different from prior years. More presentations were didactic, driven by PowerPoint presentations and offered little opportunity for discussion or dialogue. Less time was devoted to inspiration and celebration. Almost three out of four grantees (72.5) were, nonetheless, satisfied with the opportunity offered for their input and share experiences.

HWTF Annual Grantee Training and Information Exchange – October 13, 2005

This event serves as the annual statewide meeting for all HWTF Grantees. The agenda focused on three training topic areas that were identified by HWTF Grantees through a training needs assessment conducted by the TPCB for this event: 1) secondhand smoke; 2) tobacco-related disparities and 3) coalition building and partnerships. The general sessions and breakouts concentrated on these areas. The training also included the latest updates from the HWTF and the Branch, a presentation on the new NC Quitline and time for networking on key issue areas and discussion with other state technical assistance content providers. The unveiling of the new TV ad campaign by Lt. Governor Beverly contributed to the overall success of this event. The Branch provided the planning and managerial support for this training event, with assistance from several other state technical assistance providers, the HWTF, and some local HWTF Grantees.

Evaluation of the Training and Information Exchange

Following the conference, a questionnaire was collected from participants. The questionnaire was designed to obtain their feedback on how well the conference met its goals. They were asked to rate on a 5 point Likert scale the effectiveness of sessions designed for all participants as well as the breakout sessions. In addition, participants were requested to assess the quality of training and presenters.

Participants were asked for their ratings on how successful the conference was in accomplishing its purpose. The scale ranged from 1 (strongly agree) to 5 (strongly disagree).

To a significant extent, respondents were highly positive about the skills and knowledge that they acquired through training.

- 94% of the respondents agreed that the training workshop was successful
- 84% of the respondent agreed that they were generally satisfied with the balance of presentations, exercises and breaks.
- 86% of the respondents agreed they had opportunities to give input and share their experiences with other during training.

Youth Leadership Institute

The statewide Youth Leadership Institute (YLI) was scheduled for February 24-26, 2006. Due to the untimely resignation of the Director of Training, lead staff person in planning the YLI, and the unexpected medical leave of the Director of Training's supervisor, who assumed responsibility for leading the planning, the YLI planning process resulted in fragmentation. The staffing situation created a void in communication and unclear planning roles between the TPCB and collaborating partners. Lack of clear focus and roles during the planning meetings and communications led HWTF to recommend a postponement of the YLI. After further consideration, HWTF requested two statewide conferences—a Youth Summit in February 2007 to be planned and led by Question Why and their youth leaders and an adult Grantee conference in October 2006 planned by TPCB under advisement from HWTF staff. The

TPCB Technical Assistance Report (July 2005 – June 2006)

adult-oriented Grantee conference will also dovetail with Question Why in planning for the February 2007 Youth Summit.

Regional Training and Information Exchanges

Northeast Regional Meeting -- July 18, 2005

All nine coordinators serving the Northeast attended a regional training meeting in Elizabeth City. The meeting's purpose was to share updates, resources and upcoming projects. The agenda included a re-cap of the HWTF conference call, discussions on AAPs, IPTS, quarterly report, Health Health Survey and an events calendar. The American Cancer Society (ACS) gave an update on the quitline and TNT extended an invitation to the other grantees to participate in their artwork contest.

Western Regional Youth Advocacy and Youth Empowerment training – November 10, 2005

In Black Mountain, NC, TPCB FC collaborated with Question Why West to conduct an adult leader workshop with national youth advocacy speaker, Wendy Lesko. This Youth Advocacy and Youth Empowerment training was attended by 31 adults including representation from Ashe, Buncombe, Caldwell, Catawba, Cherokee, Clay, Cleveland, Eastern Band of Cherokee Indian, Haywood, Henderson, Jackson, Watauga, Yancey counties. In addition, 3 ASSIST Coordinators attended representing Buncombe, Ashe, Wilkes, Caldwell, Watauga, Alleghany, Cherokee, Clay, Graham, Macon, Swain, Jackson, Transylvania, Haywood, EBCI, and Madison counties. The training developed skills for youth advocacy, youth recruitment and youth retention.

Question Why West/TPCB/HWTF Western/Central -Western Information Exchange – May 9, 2006

In Marion, NC, TPCB FC collaborated with Question Why West to conduct to plan and conduct a regional adult leader workshop. The workshop was attended by 19 participants from 14 counties (Alleghany, Ashe, Buncombe, Burke, Caldwell, Catawba, Cherokee, Henderson, Macon, McDowell, Transylvania, Watauga, Wilkes, and Yancey counties, along with ASSIST coordinator from Hi-Top/TRU-5 representing Cherokee, Clay, Graham, Macon, Swain, Jackson, Transylvania, Haywood, EBCI, and Madison counties.) The information exchange included the Resources and Materials update and sharing, Youth Adult Leader Viewpoints and Youth Advocacy Activities, Updates on Secondhand Smoke, Spit Tobacco Cessation, and State Initiatives, Celebration of Successes, Networking with Regional and State Staff, and follow up on Annual Action Planning statewide meeting. Skills learned will be implemented in the 2006-2007 Annual Action Plans.

Central Regional Training – December 8, 2006

A Central Regional Training was held in Greensboro, NC. After conducting a needs assessment with my region, it was decided to provide them with information on spit tobacco. In collaboration with Question Why, the central FC recruited Paul Turner from NCSTEP to conduct a training for 18 participants in the Central Question Why Region. Information was provided on Spit Tobacco 101, Harm Reduction and Spit Tobacco Cessation. Paul also provided some information on The NCSTEP lesson module consisting of an instructional manual, two videos, a CD Rom, and sample educational materials. The instructional guide includes: North Carolina Standard Course of Study Objectives, Teachers Guide, Spit Tobacco Learning Activities, a pre- and post-test survey (that should be completed each time the module is used and the results sent to NCSTEP). Participants voiced that they gained knowledge from the presentation and materials provided.

Technical and Staff Assistance with Question Why Central Region Youth Summit

P.E.A.C.E. Summit– November 11-12, 2006

The TPCB's Central Region FC, Director of Training and management support staff collaborated with ?Y Central in planning and implementing the youth summit entitled *Peers Effectively Advocating for Change Everywhere* or *P.E.A.C.E.* The youth summit was held in Greensboro, NC. It offered advanced training for 250 youth that already had some tobacco use prevention knowledge and previous experiences using

TPCB Technical Assistance Report (July 2005 – June 2006)

best practices. Ten sessions including a variety of topics ranging from: Tobacco and the music connection to Why is North Carolina considered a tobacco state. A national speaker was brought in to discuss media literacy, and the youth really seemed to enjoy and learn from this presentation. The central region FC provided technical assistance to Question Why and the Central Region grantee in the following ways: participated in planning meetings, attended the pre-conference meeting with hotel staff, secured speakers, assisted with detailing agenda, set up materials for sessions, stuffed packets, organized meeting rooms, supervised youth and supported staff. Many youth shared on their evaluations that this conference was one of the best youth conferences they had attended while in the TRU movement.

Eastern Regional Tobacco Use Prevention Coordinators and Advocates Meeting -- December 9, 2005

Thirty people (10 were staff and/or presenters) attended a regional meeting in Greenville. The Northeast and Southeast Regional FC helped plan and participated in the Eastern Regional Meeting co-sponsored by the Branch and Question Why East. Speakers included Paul Turner (spit tobacco—including modules), Katherine Hampton (utilizing and recruiting locally for SAVE) and a representative from the Tobacco Farm Life Museum. There was time allotted for regional updates and discussion. Nineteen of the twenty evaluations rated the meeting as very good or outstanding.

Collecting and Reporting Data from 2005 North Carolina Youth Tobacco Survey (NC YTS) and Planning for 2007 NC YTS

NC YTS is a vital tool to show the trend in reducing youth tobacco use. Key findings from the 2005 NC YTS showed the following:

- **27,000** fewer high school and middle school students are current smokers than in 2003.
- Current cigarette smoking among both middle and high school students dropped significantly since 2003. High school from 27.3 percent in 2003 to **20.3** percent in 2005. Middle school from 9.3 percent in 2003 to **5.8** percent in 2005.
- Middle school current cigarette smoking rates in 2005 (5.8 percent) are lower than the national average of 8.4 percent, measured in 2004. From 1999 to 2005, the NC rates have decreased from 15 percent to 5.8 percent.
- From 1999 to 2003, NC had seen only modest improvements. However, from 2003 to 2005 significant changes in current cigarette smoking by both middle and high students occurred. This is important from a statistical standpoint. It means there is less than a 5 percent probability that these changes were the result of random chance.

Further, a secondary analysis of NC YTS data showed that school districts with a 100% tobacco-free School (TFS) Policy in place over a four-year period had **40%** less current smoking than in non-TFS school districts.

The NC YTS the largest youth public health survey in North Carolina that continues to have one the nation's highest response rates at 98 percent in 2005, as described below.. Because of past successes and critical data provided, NC YTS has become an essential source of data on youth tobacco use, attitudes, beliefs and knowledge throughout the state. As such, the NC YTS is considered a core data source for several public health programs including the HWTF's TTUPC Initiative. The TPCB provides overall guidance, management and coordination of NC YTS with support from CDC, DPI and HWTF. Outlined below are tasks and activities related to the TPCB roles and responsibilities for the coordination of the NC YTS.

TPCB has analyzed, presented and published several NC YTS related reports and data documents in the past year for a number of key partners. On February 28, 2006, less than 3 weeks after the data was sent back to NC by the CDC, Lt Governor Perdue held a press conference in Charlotte, NC sharing the historic

TPCB Technical Assistance Report (July 2005 – June 2006)

low prevalence results. The release was picked up widely by both print and TV media (see Capstrat for media hits and coverage). Since then several documents have been developed and made available to HWTF grantees, tobacco control partners and communities. A full list is included under Appendix A. A next step is to get these files updated and made available via the numerous websites that support these initiatives (NC DHHS, HWTF, StepUpNC, etc). Several have been distributed to the tobacco control Vision 2010 and HWTF listserves for public dissemination. Other reports were generated and used internally. An executive summary of overall results is currently under review and will be published by fall 2006. The executive summary will be sent to all schools and community organizations involved in youth tobacco use prevention and other stakeholders including all HWTF Grantees. UNC TPEP has collaborated with TPCB to utilize some NC YTS data for their annual HWTF progress report and to help inform their evaluation efforts. HWTF grantees have utilized the regional data to help inform them of their youth tobacco in their area and developed action plans to address them.

Collaboration and consultation with academic tobacco control professionals has led to the submission of a peer-reviewed publication that provides the results and analysis of the 2003 Youth Tobacco Survey. The article was published in the June 2006 NC Medical Journal (<http://www.ncmedicaljournal.com/may-jun-06/Conlisk.pdf>). Two presentations of the NC YTS data at the American Public Health Association (APHA) were held in 2005 in Philadelphia (Pan, W and Proescholdbell, S.K (2005) *Improving estimates of adolescent tobacco use from the Youth Tobacco Survey: Trends over time in North Carolina*. And; Conlisk, E and Proescholdbell, S.K (2005). *"Support for smoking bans in restaurants among youth in North Carolina.*) Furthermore, collaboration between university researchers and TPCB has led to the submission of an NIH grant to provide extensive secondary data analysis which garnered a 200 point score in the first submission (a fundable priority score). The grant was re-submitted and still pending a third and final submission in fall 2006. All additional analysis efforts and peer-reviewed publications will complement the on-going NC YTS effort.

As the 2005 NC YTS wrapped up field collection in Dec 2005, planning for the 2007 NC YTS has been already started. In late summer of 2006, key stakeholders from DPI working on the YRBS will work with YTS staff and the CDC to draw the school sample for 2007. TPCB will work extensively with UNC TPEP to ensure that additional data from 2005 can be gleaned and added to further serve the overall evaluation of the HWTF program and demonstrate changes among youth's attitudes and behaviors.

Participation at the LEA level was 98% for 2005, when 85-95% is more typical. Overall NC continues to have a high overall response rate of nearly 80% of students and schools combined. Primarily, this is a direct result of the importance and past success that the NC YTS has generated. Since schools and community leaders find the NC YTS data a valuable resource, the collection is deemed important for their school systems. Because of the role of the HWTF, the NC YTS has generated an even higher participation rate and willingness to complete the survey. Of course, as selected schools and teachers prioritize their fall workload, or as some school systems have increased consent procedures, some attrition will be expected. The 2005 NC YTS was one of the most successful ever implemented. Schools completed and returned the surveys by mid-Nov and early Dec of 2005. The data was then sent to RTI for scanning and processing. In Jan 2006, the dataset was at the CDC for cleaning and preliminary analysis of the basic descriptive data. In Feb 2006, CDC generated preliminary summary results and provided them back to NC. TPCB has developed more than 60 summary tables, fact sheets, survey materials and reports since Oct 2006 (see YTS CD-Rom).Data dissemination plans continue throughout the year.

The NC YTS continues to demonstrate the impact of the HWTF program and play a critical role in affirming the value of the TTUPC Initiative, as well as provide critical information on how to improve both local and statewide efforts.

Providing Technical Support for iPTS Computer-Based Progress Tracking System

Assistance with iPTS technology is an on-going service to grantees. As coordinators turn over, arrangements are made to train new staff on navigating the system. For the most part, this is done on a one-to-one basis with the new coordinator. It has been carried out on site, at the Raleigh office of TPCB, and/or over the phone. From time to time, problems arise as a result of local issues. As systems are reconfigured locally, iPTS may be deleted. TPCB has provided archived files to the local grantee to restore their data. At times, an iPTS table may suffer corruption. The iPTS local programmer has been able to troubleshoot these issues and rebuild damaged tables. Each month, TPCB staff sent out reminders to grantees that their data was due and followed-up with delinquent reports. In addition, Branch staff provided backup to TPEP in forwarding any delinquent files that we are able to gather. Staff also tracked grantees that are having difficulties meeting a due date to ensure that their reporting issues are resolved.

The TPCB Surveillance and Evaluation staff worked in collaboration with HWTF and TPEP staff to form an iPTS team. The purpose of the team was to review iPTS data integrity issues. After the team reviewed data edits for the first quarter of FY 2006, several priorities issues were identified. Each member of the team selected a region to visit. A meeting was set up with the grantees of that region through the regional field coordinator. Data issues especially around indicator definition and where to report activities were discussed. A meeting was also set up with the iPTS team and the Director of Disparities. Several editing standards were discussed and refined to meet the needs of priority population grants as identified in their AAPs. A number of team meetings also addressed the issue of what to report as a TRU event. There were also discussions on issues of how to count activities (UNITS). Based on these discussions, feedback was delivered to grantees through email, phone consultations and regional conferences. The Branch also generated and distributed report of edits made to grantee data by TPEP over the first six month of FY 2006.

During the last quarter of FY 2006, the iPTS team met to discuss and identify issues that should be addressed in next update of iPTS for 2006-2007. Several refinements were decided:

- publication of a hard copy codebook
- update of help file to reflect current issues
- refinement of indicators to better reflect HWTF priorities
- reduce reliance on narrative data

By July 2006, the update requirements for iPTS were finalized.

Conducting Conference Calling Events

The TPCB planned and organized six statewide technical assistance conference calls using a Toll-free Conference Call service on the following dates:

- July 13, 2005 – 3:30 p.m. until 5:00 p.m
- September 13, 2005 – 3:30 p.m. until 5:00 p.m
- November 9, 2005 – 3:30 p.m. until 5:00 p.m.
- January 11, 2005 – 3:30 p.m. until 5:00 p.m.
- March 8, 2006 – 3:30 p.m. until 5:00 p.m.
- May 10, 2006 – 3:30 p.m. until 5:00 p.m.

The TPCB worked with the TATC members to develop each agenda and present on each call. These statewide calls served to enhance communication and coordination among the TATC member agencies and all the Grantees. The calls provided an opportunity for selected Grantees to share recent policy-related successes and lessons learned. The calls also facilitated general networking and information exchange among all the Grantees.

Coordinating Technical Assistance and Training Committee (TATC)

TPCB Technical Assistance Report (July 2005 – June 2006)

The TPCB coordinated a Technical Assistance and Training Committee (TATC) which met regularly to discuss updates on programs, trainings, media campaign events, tools and resources to enhance coordination and collaboration. 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 six very productive meetings over the course of FY05-06 the following dates:

- July 7, 2005
- Sept. 8, 2005
- November 3, 2005
- January 5, 2006
- March 2, 2006
- May 4, 2006

TATC continued to facilitate communication on clear roles and responsibilities and coordination on all HWTF training activities. Each organization focused on defining and communicating their HWTF deliverables for better communication to Grantees and teamwork among TATC members. TATC members worked together to assemble a comprehensive training grid to coordinate all the trainings and resources being delivered across the state to be the most effective in preventing and reducing teen tobacco use.

Conclusion

This annual report demonstrates that quality training and technical assistance through ongoing assessment, annual action plan review, coaching and troubleshooting for individual grantees along with regional meetings/conferences, conference calls and training resources leads to Grantee enhanced confidence, increased collaboration, stronger and effective partnerships and coalition efforts. These efforts lead to positive interventions through increased policy change and program services that impact program objectives and leads to preventing initiation and reducing prevalence of teen tobacco use.

North Carolina's continued efforts to prevent and reduce teen tobacco have gained advancement by the HWTF's resources and high-level leadership. The TPCB staff continues to provide high quality technical assistance and training through sound science and collaboration with state, national and local leaders. The TPCB delivered on its scope of work by assisting the HWTF Grantees to succeed in planning and implementing evidence-based practices to bring about a reduction in teen tobacco use, reduction in youth exposure to secondhand smoke, increase in cessation among youth tobacco users and reduction in tobacco-related health disparities among youth.

QUESTION WHY EASTERN REGION (WILMINGTON HEALTH ACCESS FOR TEENS)
Annual Progress Report
(July 2005 – June 2006)

FEDERAL ID: 582198017

Part A

Describe your progress during the reporting period in addressing the following deliverables as described in your program of work (contract attachment). *[200 words or less per summary]*

Include a description of your efforts to coordinate technical assistance, training information and strategies for statewide efforts at reducing youth access and initiation with other Question Why regional programs, as well as TPCB Central Region Field Coordinators, ASSIST Coordinators and HWTF Coordinators.

Deliverables:

1. *Provide monthly youth trainings to HWTF school/community grantees, HWTF Priority Population grantees and non-HWTF funded agencies.*

Summary (including successes and barriers and how you have addressed them):

This goal was exceeded by 10 for a total of 22 trainings. Success is contributed to maintenance of communication with grantees, ASSIST coordinators and new partners. Gap counties participating in RTCC hosted 8 youth trainings and one Media Literacy Assembly. The number of youth contacts was 2,836. Three trainings were conducted with youth in direct preparation for presentations to local boards of education regarding a 100% TFS policy. A brochure to promote pre-scheduled trainings and increase knowledge of trainings was distributed to adult contacts and youth. Some groups combined for training to maximize participation and reduce the number of trainings necessary. This also increased opportunities for youth groups to collaborate and network. Trainings with low projected numbers of attendance were offered by staff to surrounding counties to increase participation. Nine trainings included youth from 2 or more counties. Barriers were transportation due to geographical distances and policies prohibiting the transportation of youth by grantee organizations. This barrier was addressed was by moving trainings to different locations to increase accessibility. Scheduling was a barrier that was overcome by conducting trainings on weekends and as requested on weekdays but for youth with other extra curricular activities attending trainings was not always possible.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

2. *Provide quarterly adult trainings on youth empowerment and involvement techniques to HWTF school/community grantees, HWTF Priority Population grantees and non-HWTF funded agencies.*

Summary (including successes and barriers and how you have addressed them):

Question Why staff shared the question model with 195 new and existing partners through two Real Time Community Change workshops and three requests for adult training by partnering organizations in the areas of school nursing and youth substance abuse prevention. Question

Question Why East Report (July 2005 – June 2006)

Why staff also collaborated with TPCB and HWTF staff to participate in the planning and implementation of two mandatory adult grantee staff meetings in December and in May with 30 and 27 participants respectively. Gap county partners were also included in the target audience for these meetings. These meetings addressed current topics of interest for grantees (agendas Part C). Networking during all of these meeting allowed Question Why staff to address questions from adults working with youth and promote training and technical assistance in regards to youth tobacco prevention. The total number of adult training contacts was 319. Barriers to adult leader training include placing unreasonable and undesired ‘meeting demands’ on adult leaders if additional trainings were held. Question Why is effectively working with TPCB Field staff to combine periodically scheduled regional meetings to lessen this demand and be more cost efficient. Efforts are also made to revolve the coordination load between the TPCB and Question Why staff.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

3. *Maintain a regional resource center.*

Summary (including successes and barriers and how you have addressed them):

Multiple sets of educational props have been purchased and are currently maintained by Question Why staff. Since the purchase, materials have been loaned out and returned on many occasions for school and community tobacco use prevention events, including middle school education sessions by teen prevention groups, smoke free ball games and a youth manned lunch and learn and recruitment booths. A resource loaning form is used to track use and location of materials. One barrier will be the maintenance of props due to wear and tear from use and transport. Another barrier is demand and coordination of the use of a limited number of items due to youth groups being very active during the same time periods. Staff has addressed this issue by having items frequently used items located at both of the satellite offices. Question Why staff will communicate the need for groups to plan ahead for the use of props and reserving materials ahead of time when possible.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

4. *Establish a NC Speakers Bureau that reflects the diversity of the region.*

Summary (including successes and barriers and how you have addressed them):

Successes in establishing a NC Speakers Bureau are that youth have participated in Question Why and tobacco prevention efforts in the following ways: youth facilitated as youth coaches for the youth RTCC project that was piloted this year; youth also facilitated statewide ?Y trainings; and youth acted as panelist. Question Why East employees three part time youth that participate in training events and serve as role models for youth involvement including speaking. The youth

Question Why East Report (July 2005 – June 2006)

are responsible for segments of the trainings and some logistical details. Barriers are transportation, scheduling and youth aging out. While youth representation was always possible, not all youth that willing or requested to serve were able to due to scheduling (meetings during school time) or geographically too far away to attend. This barrier was overcome by our maintenance of youth partners and advocates throughout the region and maintenance of adult leader relationships. Adult leaders are crucial in many youths' ability to participate. Aging out is unavoidable; a few college-aged youth continue to provide services on a contract basis. New youth are recruited and youth on staff participate fully in the recruitment, hiring and training process.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

5. *Maintain an adult advisory task force.*

Summary (including successes and barriers and how you have addressed them):

Successes within this deliverable include the participation of many adults during the initial assessment of the Spark Plug Media Tour. Paid HWTF project coordinators and TPCB make up the largest portion of our adult advisory resource. Adults from this source and other youth groups/school settings serve as liaisons for Question Why in many communities and give in put into needed services. A large success has been the maintenance of previously untapped counties through the Real Time Community Process and the recruitment of 1 new partner. A barrier in creating a formal adult advisory task force has been the demand on those most likely and needed to serve to attend other meetings associated the tobacco prevention network. This barrier has been overcome by maintaining constant contact with adult partners through email and phone calls for the purpose of sharing resources and requesting input and Question Why participation in other meetings for the additional purpose of networking and planning. Question Why and TPCB field staff has been collaborating to hold joint regional meeting for adults in order to maximize the use of monetary and time resources as well as reduce the time and travel demands on the adults.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

6. *Collaborate with HWTF Priority Population grantees by providing culturally relevant technical assistance and training (as needed).*

Summary (including successes and barriers and how you have addressed them):

Successes on this deliverable are that the Question Why model manual has been provided to the Priority Populations grantees and technical assistance has been provided on several occasions to grantees in best practices in working with youth on tobacco use prevention. Adult leadership of priority populations grants have continued to participate in trainings offered by Question Why

Question Why East Report (July 2005 – June 2006)

East and collaborating partners. One barrier has been that few opportunities have existed in the east for collaboration on teen community based projects. One way this barrier is being overcome is that new partnerships are being formed with non funded priority populations through the Real Time Community Change process. Staff also maintain contact with TPCB staff regarding Priority Population initiatives and events in order possibly identify opportunities for collaboration and assistance.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

7. *Implement a regional strategy to increase local program infrastructure and build local program capacity (e.g. mini-grants, Real Time programs, etc.)*

Summary (including successes and barriers and how you have addressed them):

Real Time Community Change for gap counties had many success including: over 25 examples of earned media and many more coming in after the project is officially over; four teams infrastructures developed to the point of receiving HWTF phase III funding; Clinton City TFS policy adoption happened in four months; the investment ranges were from \$500-\$3,000 per team; and there was much youth involvement in all teams. One barrier was communication within teams which was addressed by utilizing coaches who maintain regular and persistent contact with the Sparkplug. A second barrier was budget management by some of the teams, which was dealt with by the coaches monitoring of expenditures. Because of the infancy of this project coaches are few and vary with experience proving challenging in some cases, all future coaches' trainings will address this. Many additional trainings for the youth were conducted by ?Y East that were not anticipated which placed a strain on supplies and materials which was overcome by budget adjustment. The recruitment of Sparkplugs is an ongoing process and has proven to be challenging although partnering with the Ruiz Agency through a media campaign has proven to generate a list of potential Sparkplug candidates.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

8. Development and launch of a TFS regional media campaign.

Summary (including successes and barriers and how you have addressed them):

The TFS media campaign's purpose was to create awareness around TFS and recruit team leaders for the TFS RTCC mini-grant component. Successes of the campaign were that awareness around TFS occurred and potential sparkplugs were found for next years efforts in the most challenging counties which are: Columbus, Bladen, Sampson, Wayne, Johnston, and Wilson. The campaign generated a list of 27 names of people who potentially would be TFS team leaders in their community. Barriers of this media campaign were the challenges of trying to balance a tobacco free school message in tobacco dependant communities with much history

Question Why East Report (July 2005 – June 2006)

and heritage as well as identify people who can join the TFS efforts in their community. This barrier was successfully overcome by partnering with the Ruiz Agency who used a very creative “Sparkplug Tour” concept in addition to radio and newspaper ads to reach this end. Press Releases were distributed in the targeted counties in efforts to generate earned media as well. The tour allowed for a very grassroots approach to gain access to people who would be willing to address TFS in their community.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

Part B

Describe any key program outcomes or other results during this period. Include any and all information here that would help an outsider to understand why you or others in your organization think your program is performing as anticipated and is on the road to achieving its goals. Include here not only measurable program outcomes, if any, but also any informal assessment or stories about any of your clients/community partners regarding the important impact of the program on the community. (No more than 200 words per outcome/story).

Outcome/Story # 1

Clinton City School system formed a team of six people and came together to develop a six month plan towards developing a Tobacco Free School (TFS) policy with Question Why investing \$1,500 as a part of training. The Clinton adults pulled together a team of passionate youth desiring their schools to become tobacco free. With permission from a youth trained she had the following to say. *“I am Aleza from Clinton High School. I would just like to thank you so much for everything you have done for us. We presented tonight [to the Board of Education] and we did fantastic; everyone was amazing. Anyway I would like to thank you and the rest of your [team] on behalf of Clinton High School for coming out and helping us and teaching us fun and exciting ways to learn about ways to make our school a better/ safer place. If you ever need any help with this project we at Clinton High School would be more than happy to help you. Thank you so much for making a great [impact] on my life as well as others.”* Clinton City Schools had a TFS policy placed after only five months.

Outcome/Story # 2

Pitt County is currently a gap county. The Healthy Carolinians task force and Question Why East began addressing tobacco free schools actively in 2000. Question Why East worked with the youth groups and communicated with the Healthy Carolinians task force regarding tobacco free schools. Major TFS events taking place over the last four years included a regional youth summit held in Pitt County in October 2002 named by the youth, S.T.O.M.P. (Schools + Tobacco=One Major Problem), youth presentation to the BOE in May 2004, Pitt Partners for Health writing a letter of support to the BOE, Pitt County youth attending a regional summit in New Bern, STOMP 2005, and second youth presentation to the BOE in April of 2006. The policy passed in April 2006. Passing a 100% TFS policy has been a long process involving many partners especially youth. As youth advocates have graduated and moved to attend college other youth have continued efforts. With much support and training, the persistence of the youth

Question Why East Report (July 2005 – June 2006)

paid off and the policy was passed. Pitt County, once the nation's major tobacco producing capital of the world has adopted a 100% TFS policy it is believed that surrounding counties will follow.

Outcome/Story # 3

Wilson County's RTCC team has overcome huge barriers and had enormous success. Their RTCC team is 100% grassroots community citizens – there are no “professional” public health members, no school members, no hospital members, and no one with formal training in community mobilization or grant management. Despite the apparent disadvantages that they have on the surface, they have climbed a huge learning curve and learned how to become media advocates, recruit and train youth, utilize statewide resources, create long term partnerships, and leverage funds. They have done this without the support and encouragement of numerous typical partners. They were able to re-establish a broken relationship with the hospital. They were able to earn – and continue to earn – media to support TFS, including Editorials in the Wilson newspaper. The team members have taken time off work from their “day job” to come to numerous networking opportunities in the East and also in the Triangle area because this is something they are passionate about. The leadership within the team has created an environment that has cultivated numerous relationships such as their relationship with Families in Action, their Assistant Superintendent, local churches, and especially with a Wilson Daily Times reporter.

Part C *[To be sent by mail]*

Provide copies of program materials, brochures, pamphlets, newspaper clippings, website information, etc. produced by or related to your program during the reporting period.

Question Why East Annual Report 2005-2006 Materials Mailed July 11, 2006

Form completed by: Steve Johnson

QUESTION WHY CENTRAL REGION (DURHAM AREA CORP, INC.)
Annual Progress Report
(July 2005 – June 2006)

FEDERAL ID: 56-2049519

Part A

Deliverables:

1. Provide monthly youth trainings to HWTF school/community grantees, HWTF Priority Population grantees and non-HWTF funded agencies.

Question Why Central Region exceeded the goal of 12 trainings.

In FY 2005-2006, Question Why Central provided a total of 36 youth-led trainings to youth groups in either HWTF school/community grantees, HWTF Priority Population grantees and/or non-HWTF funded (gap/?Y minigrant) agencies. The breakdown of youth-led trainings is as follows:

- *23 training for school/community grantees (73% or 12 out of 16 counties)*
- *7 trainings for Priority Population grantees; (60% or 3 out of 5 grantees)*
- *6 trainings for non-HWTF/gap/?Y mini-grant counties;(19% or 4 out of 21 counties)*

Question Why Central continues to train youth groups in the Core Trainings (Tobacco 101, Media Literacy and Youth Advocacy) as well as fills the need for trainings in Peer Education. The objectives for all the Core Trainings are shared objectives decided upon across the other Question Why Regional Programs. All of the trainings are designed and implemented by youth with adult guidance and in close coordination with TPCB Central Region Field Coordinators and HWTF Coordinators. Historically, in the Central Region, Question Why has struggled with balancing the demand/need for trainings by the numerous School/Community grantees, urban centers with numerous local youth groups and the concentration of Priority Population grantees in the Central Region. In the past, Question Why Central would respond to single county requests and the grantee would determine the time, date, location and topic. During the first 6 months of reporting year, Question Why Central was able to schedule multiple trainings on the same date, which reduced travel time, staff time and ultimately resources used. As a result, effective January 1, 2006, Question Why Central shifted its training calendar. The new approach to training will allow Question Why Central to produce, distribute and promote a Training Calendar. With this new approach, Question Why Central can proactively pre-schedule training dates, times, locations and topics at a host agency and invite surrounding counties to attend. This allows for more collaboration among grantees and also among the TATC Statewide Partners. During the initial pilot-testing phase, this approach has proven to be a **success**. The most significant **barrier** exists in adequately addressing the unique, specific and vastly different needs of the Priority Population youth groups. The Question Why Core Trainings have been created for a general youth culture, without specifically addressing the utilization rates, death & disease rates, specific marketing techniques, history and cultural connections among the distinct priority populations in NC. Moreover, because the ?Y trainings are youth-led, ?Y has worked creatively to provide Spanish language, youth-led trainings to Spanish-only speaking youth groups. This has involved a partnership with El Pueblo's No Fumo youth groups. However, working on developing a ?Y training with non-?Y Youth also presents numerous barriers, such as trust

Question Why Central Report (July 2005 – June 2006)

among youth and parents, transportation, time and training. Question Why is actively recruiting Spanish-speaking youth for the ?Y program to fill this need in the Central Region.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

2. Provide quarterly adult trainings on youth empowerment and involvement techniques to HWTF school/community grantees, HWTF Priority Population grantees and non-HWTF funded agencies.

Question Why Central exceeded the goal of quarterly (4) adult trainings.

In FY 05-06, Question Why Central provided a total of 9 Adult Leader Trainings. The breakdown of adult leader trainings is as follows:

- *5 trainings offered to all grantees (Phase I and II) and non-funded groups on youth empowerment, secondhand smoke, spit tobacco, media literacy and diversity/disparities)*
- *1 Training to a Priority Population grantee (El Pueblo Adult Leaders at El Foro Youth Summit) on Youth Empowerment and the Question Why Model.*
- *1 Training for a school-community grantee on Tobacco 101*
- *1 Training for a non-funded (Gap) county on Tobacco 101*
- *1 Training to a Priority Population grantee (General Baptist State Convention) on Youth Empowerment*

One major **success** was the Question Why Central Region Youth Summit (PEACE) in November 2005. During previous youth summit, ?Y Central hasn't offered a specific set of workshops for the adult leaders, but the planning team decided to do so for the PEACE Youth Summit. Question Why Central was able to invite a keynote speaker, Wendy Lesko from the Youth Activism 2000 Project in Washington, DC to address the adult leaders. Wendy has been partnering with Question Why since 2002 and has helped the program to create and develop critical components within the Question Why framework. A **barrier** has been trying to make these adult leader workshops truly regional. We have found that the adult leaders from among the various grants have very different perceived needs. Therefore, scheduling a training on a specific topic may only interest a portion of the grantees. Another **barrier** has been the fact that grantees feel that they are already being brought together for trainings often and thus aren't always interested in attending a separate training. Question Why has discussed incorporating our trainings/workshops within another planned larger event where the grantees will already be together. However, that involves coordination and collaboration among TATC partners and is not always feasible.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

Question Why Central Report (July 2005 – June 2006)

3. Create and maintain a regional resource center.

Question Why maintains a regional resource center of materials that the experienced staff believes to be the most effective training and advocacy tools for working with youth in tobacco prevention.

The resource center is promoted via the www.questionwhy.org website, promotional materials and as technical assistance and trainings are given. A **success** continues to be the website, which was recently revised. Also, the TRU listserv seems to be a great tool for grantees to share resources amongst themselves. With the utilization of the TRU listserv, Question Why Central has seen an enormous reduction in the amount of requests for resources. Instead, a grantee will usually post their request on the TRU listserv and get responses from a variety of grantees, which is very useful. Question Why still maintains a list of recommended training props, including videos that are youth-friendly. Question Why hasn't experienced any **barriers** during this reporting period with the regional resource center. The explanation for the rating below as "good" is due to the reason mentioned above with grantees utilizing the TRU listserv, there hasn't been as high of a demand on Question Why regarding this deliverable.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

4. Plan and facilitate a regional youth summit.

Question Why accomplished the deliverable to plan and facilitate a regional youth summit.

The Question Why Regional Youth Summit, called P.E.A.C.E. (Peers Effectively Advocating for Change Everywhere) was held November 11-12, 2005 at the Embassy Suite Hotel in Greensboro, NC. The planning process began in September 2004, with the creation of subcommittees and involved youth, TPCB Staff, ALA Staff, El Pueblo Staff and local HWTF School & Community Grantee staff. El Pueblo was also a sponsor of the event.

The attendees were youth groups from among the HWTF School & Community Grantees, Priority Populations and non-funded counties (gap/?Y mini-grant). There were a total of 220 participants -145 youth and 75 adults.

The Keynote Speaker was Peter DeBenedittis of Peter D and Company. He is a nationally known media literacy expert from New Mexico and former advertising executive.

There were a total of 9 Breakout Sessions (8 for youth and 1 for adult leaders). The format of the sessions was partly informational but a key component was the opportunity for the youth to chose an action that could be taken(advocacy) as a result of the information learned and practice it. The session were all lead by an adult/youth team.

Breakout Sessions included:

How Do We Make the Local Media take Notice of the TRU Movement?
The Tobacco & Music Connection

Question Why Central Report (July 2005 – June 2006)

Why is NC the “Tobacco State?”

What is the Deal with Tobacco and Magazines/TV?

Why Should Anyone Listen to Me About Policy Change?

CRUNK Ways to Recruit Your Peers!!!!

Behind the Scenes of Smoking and the Movies

How Are Youth Being Targeted By the Tobacco Industry?

Youth Empowered Adult Leaders

Question Why, with assistance from youth evaluators and TPCB Evaluation Team conducted participant surveys that looked at the youths’ perceived readiness to act as a result of the session. Overall, 81% of participants reported that they are ready for action. 64% of participants rated the PEACE Summit as Outstanding and 35.9% rated it as Good. 95% of participants reported that they would stay active in teen tobacco use prevention as a result of the PEACE Summit.

The results from the specific breakouts listed above show the following results:

- 66% of participants feel prepared to plan a community effort to stop sales based on hip-hop cultural themes
- 76% of participants feel prepared to write a letter to the editor
- 90.9% of participants feel prepared to write a letter to a movie/director/writer asking them not to promote tobacco.
- 95.5 % of participants feel prepared to recruit new youth members into their youth group
- 90% of participants feel either ready or somewhat ready to speak with legislators and business owners about a policy change.
- 87.5% of participants feel prepared to email someone about policy change
- 82.4% of participants feel ready to go back home and raise awareness about the issue of being targeted by the tobacco industry.

Jim Davis, Executive Director of HWTF attended to show his support and was given a plaque of gratitude.

The PEACE Summit received pro-health media coverage from the Greensboro News and Record on January 12, 2006 in the Teen Section, written by a 17 year old senior at Greensboro Day School.

The entire event was a huge **success**, from the planning team’s collaboration efforts to the attitudes and respectfulness of the youth participants. The only **barrier** encountered was with the Embassy Suites hotel manager who signed a contract stating that the hotel would be smoke-free for the PEACE Summit. When we arrived, he was unwilling to enforce that policy and the youth were subjected to second hand smoke. After several follow-up meetings with Question Why Staff, the hotel manager was unwilling to accept responsibility for the breach of contract. DAC Inc. Chairman of the Board continues to follow up with the Embassy Suites Managers regarding this breach of contract.

Self Assessment (extent to which you have achieved this goal):

Question Why Central Report (July 2005 – June 2006)

Poor Minimal Fair Good Excellent

5. *Participate in a statewide adult advisory taskforce and maintain a youth speakers bureau.*

Question Why Central participates in an adult advisory taskforce (TATC) which provides training and technical assistance to grantees and maintains a Youth Speakers Bureau. The TATC meetings are held bi-monthly and all adult staff from Question Why Central participate in these meetings either in person or via conference call. Question Why Statewide maintains a Youth Speakers Bureau that consists of former Question Why youth who have graduated high school and are in college. The list contains youth names, contact information and area of expertise along with general protocol and expectations in contacting/booking them. This list is updated annually, as youth graduate out of the ?Y program. The Question Why Statewide Coordinator has taken on the responsibility for updating and promoting this list. Question Why Statewide held a 3 day training and retreat for newly hired youth leaders. During one of the evening events, ?Y had a panel that consisted of 6 members from the Speakers Bureau that came and talked about their Question Why experience and it was a huge **success!** A **barrier** has been promoting this list both within and outside of North Carolina.

Self Assessment (extent to which you have achieved this goal):

Poor Minimal Fair Good Excellent

6.. *Collaborate with HWTF Priority Population grantees by providing culturally relevant technical assistance and training (as needed).*

Question Why Central collaborates with HWTF Priority Population grantees by providing culturally relevant TA and trainings. Due to the location of Question Why Central, this center is most often called upon to provide culturally relevant training and technical assistance. The 4 Priority Populations are all headquartered in the Central Region and have the majority of their statewide youth networks in counties within the Central Region as well. Question Why Central has worked extensively with Old North State and the Commission on Indian Affairs to train their adult leaders in the model of youth empowerment. Additionally, Question Why has been involved with El Pueblo's El Foro Youth Summit and NC Commission on Indian Affairs annual youth summits. Question Why had a lengthy collaboration with Old North State in the planning and implementing of a mini summit (TRU Xplosion). Question Why youth also participate in General Baptist State Convention Picture Me Tobacco Free project within the schools. There have been a total of 7 youth-led trainings for priority population grantees' youth groups and 2 adult leader training specifically designed for priority populations. Question Why Central has provided 13 accounts of technical assistance to priority population to increase their youth-led advocacy efforts.

There have been numerous examples of **successes**. Question Why has received overwhelming support and positive feedback from the Priority Populations. They are eager and enthusiastic to

Question Why Central Report (July 2005 – June 2006)

have ?Y youth model leadership. On the other hand, youth empowerment is a paradigm shift for many communities of color, so the learning curve is often steep.

There have also been several **barriers**. The main barrier is that the demand for training and technical assistance by Priority Populations is predominately on ?Y Central Region, yet the Central Region doesn't have the human or monetary support to sustain this. Another **barrier** has been the Priority Populations' need for culturally specific training materials. Ideally, Question Why Central would benefit from having a staff person dedicated to working directly with the Priority Population on youth empowerment issues and tailoring trainings to meet their specific needs.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

7. *Implement a regional strategy to increase local program infrastructure and build local program capacity (e.g. mini-grants, Real Time programs, etc.)*

Question Why Central administered 2 mini-grants to 2 gap counties (Yadkin and Stokes) to increase local program infrastructure and capacity this fiscal year and continues to do targeted outreach to other gap counties, with a focus on Wake, Harnett and Rockingham. Additionally, several gap counties applied to HWTF for Phase III funding, including Stanly, Cabarrus, Wake and Vance.

Healthy Carolinians of Yadkin County was a Question Why mini-grant recipient. They worked to get the Yadkin County Schools to adopt a 100% TFS policy. They formed a youth group which became trained by Question Why and attended the PEACE Summit. They have been working within the schools to raise awareness of various teen tobacco issues, especially around Kick Butts Day week. The adult leaders attended HWTF sponsored regional 100% TFS workshops. Healthy Carolinians of Yadkin has been working closely with Question Why Central and the TFS Director at the HWTF for guidance and support. A *success* resulted from ?Y mini-grant funding and TA, Healthy Carolinians approached the Yadkin County School Board for a 100% TFS policy in November. The school board asked them to gather some data by carrying out surveys. They worked with the youth using the Question Why Tools for Schools surveys to present back to the board. A County Commissioner threatened not to refund the Healthy Carolinians because he disapproved of them working toward 100% TFS. On April 28, 2005 the youth conducted a postcard campaign at a county health fair. The pink postcards were all addressed to the Board of Education and got hundreds of signatures supporting 100% TFS. Healthy Carolinians of Yadkin County has also been promoting the Quitline locally. Yadkin County has not yet adopted the 100% TFS policy.

Healthy Carolinians of Stokes County was a Question Why mini-grant recipient. They focused on prevention education and changing local social norms. They formed a partnership with Unlimited Success and started a TATU group at the local high school. This group did several

Question Why Central Report (July 2005 – June 2006)

presentations at the middle schools. They also created a one-page anti-tobacco media ad in The Stokes News with artwork and poetry created by the youth.

A **barrier** in gap counties is that the lack of infrastructure is usually so extensive that a mini-grant alone is not enough to entice a group of professionals from within the county to add teen tobacco prevention policy work to their already overfull plates. Question Why Central would like to adopt the Real Time Community Change model that ?Y East has had success with, but currently does not have the funding or staff to do so.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

Part B

Outcome/Story # 1

When the Youth Empowerment Director at the NC TPCB resigned and the NC TPCB decided not to rehire for the Youth Empowerment position, Question Why Statewide felt a significant gap in statewide youth-focused infrastructure. As the leading youth serving technical assistance provider, Question Why felt the need for statewide coordination. Currently, the Question Why program is housed in 3 separate non-profit fiscal agents. Therefore, although ?Y functions as an organization, it has operated as the same program within 3 organizations with no person to unite all three agencies. The 3 ?Y Directors have worked extremely hard to ensure continuity and consistency among the three regions, however there were obvious gaps. Question Why Central was extremely happy when funding became available to hire a Director of Statewide Collaboration and Development, to work across the 3 regions. Efforts at Statewide Coordination were highlighted this year when Question Why held a statewide youth staff retreat to train incoming ?Y teens.

Outcome/Story # 2

In May of 2006, Chad Bullock, a Question Why (?Y) youth advocate, was named the winner of the Southern Region Youth Advocate of the Year Award by the Campaign for Tobacco Free Kids. As a staff member of ?Y, Chad honed the advocacy, data collection and letter-writing skills which helped him work on halting the Kool Mixx campaign, which was targeting minority youth. Chad did local surveillance at retail outlets before writing a letter to Attorney General Roy Cooper, urging him to join other states' AG in a lawsuit against Brown & Williamson. Ultimately, the Kool Mixx campaign was aborted.

Within ?Y, Chad has worked on getting the Durham Bulls Athletic Park (DBAP) to go smoke free. After surveying patrons at games, pulling together the proper information and meeting with Durham Bulls management, the DBAP started their first smoke-free season in 2006. This is the first baseball stadium to ever go smoke-free!

For those accomplishments and many more, Chad has gained national attention for his local work. You would think that this award would leave him satisfied, but it has only made him and his peers even more excited about taking on bigger and better projects.

Question Why Central Report (July 2005 – June 2006)

Outcome / Story #3

In November of 2005, 220 students and adult leaders assembled for the Peers Effectively Advocating for Change Everywhere (PEACE) Summit in Greensboro, NC. Hailed in the evaluations as one of the best youth summit seen within the Tobacco Reality Unfiltered (TRU) movement of NC, the PEACE summit utilized youth at every level of the planning, implementation and evaluation phases.

Youth determined what workshops, logos, incentives, menu and itinerary model they wanted for the PEACE summit which resulted in the youth being excited and more prepared to do tobacco prevention work. Evaluations tell us that 81 % of youth that attended the conference were more prepared to do this work in their local communities. Some 95% of participants said that they would continue doing tobacco prevention work following the Summit.

Youth facilitated workshops for their peers throughout the two days of the summit which truly displayed the ?Y commitment to youth empowerment. By allowing the authentic voices of youth to be heard, ?Y successfully coordinated a Summit that served the needs of 14 Health and Wellness grantees and various non-funded groups across the state.

Form completed by:

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QUESTION WHY WESTERN REGION
Annual Progress Report
(July 2005 – June 2006)

FEDERAL ID: 56-1463611

Part A

Describe your progress during the reporting period in addressing the following deliverables as described in your program of work.

Include a description of your efforts to coordinate technical assistance, training information and strategies for statewide efforts at reducing youth access and initiation with other Question Why regional programs, as well as TPCB Central Region Field Coordinators, ASSIST Coordinators and HWTF Coordinators.

Deliverables:

1. Provide monthly youth trainings to HWTF school/community grantees, HWTF Priority Population grantees and non-HWTF funded agencies.

Summary (including successes and barriers and how you have addressed them):

?Y West has provided 21 youth trainings, involving 10 Tobacco 101, 4 Media Literacy, and 7 Youth Advocacy (which includes the Red Flag/Merchant Education advocacy training). These trainings have been provided to the HWTF-funded counties of Watauga, Caldwell, Alleghany, Buncombe, McDowell, Clay, Cherokee, Jackson, Wilkes, Ashe, and Transylvania and the gap counties of Rutherford and Henderson.

Barriers included scheduling and planning for 2 trainings that were cancelled at the last moment—the cancellations occurred after the planning and preparing for the trainings had already taken place (TRU-5, Transylvania). There were several trainings that were supposed to have over 50 participants and less than 15 actually showed up (McDowell, Tri-County, Haywood). In addition, there has been turnover in the youth leader staff members.

It has been vital for the ?Y West team to travel to the counties where the trainings are held; a “regional training” format was held (similar to the training structure of ?Y East and Central) but experienced only two counties attending with low student turnout. ?Y West continues to keep in close contact with regional contacts through emails, meetings, and calls, to provide technical assistance in recruiting and retaining youth group members, and to improve ?Y youth staff recruitment and retainment.

Successes included the creation of new Tobacco 101 activities and materials that have rejuvenated student interest across the region—such as the Cycle of Addiction activity, Addiction icebreaker, Cessation handout, and Alternative forms of tobacco handout. ?Y West worked in conjunction with ?Y East and Central, Margaret Brake, and ALE to create a youth advocacy training with a focus on Red Flag/Merchant Education (including a full agenda, powerpoints, resources, and activities). In addition, ?Y West has been working in conjunction with ?Y Central and East to research and create advanced Tobacco 202 training materials. ?Y West works to provide cutting-edge resources and motivating trainings to the region.

Self Assessment (extent to which you have achieved this goal):

Question Why West Report (July 2005 – June 2006)

Poor Minimal Fair Good Excellent

2. Provide quarterly adult trainings on youth empowerment and involvement techniques to HWTF school/community grantees, HWTF Priority Population grantees and non-HWTF funded agencies.

Summary (including successes and barriers and how you have addressed them):

?Y West facilitated 7 adult leader workshops: 2 specifically on youth empowerment, 3 in conjunction with the Field Directors, 1 at the Governor's Institute Conference on Best Practices, and 1 with the TPCB Melanie Davis on diversity and disparities. Representatives from 22 of the western counties attended the adult leader workshops (Alleghany, Ashe, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Eastern Band of Cherokee Indian, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Swain, Transylvania, Watauga, Wilkes, and Yancey); approximately 100 people from across the state attended the Governor's Institute Best Practices training.

Barriers included scheduling the adult leader workshops so that the majority of participants can attend—in particular, one adult leader workshop was rescheduled several times due to grantees' reporting and state obligations. ?Y keeps in touch with grantees through emails, calls, and checking the TRU calendar. It is time-consuming to create the workshop agenda, recruit speakers, develop resources, and find location and food for the workshops, but well worth the efforts.

Successes included the three ?Y centers presenting at the Governor's Institute Conference on Best Practices—the participants were very supportive and it was nice to get the high-level acknowledgement of ?Y practices. ?Y West has cultivated effective ties with the Field Directors Margaret Brake and Sandra Colt, TFS Mark Ezzell, Media Ann Houston, NC STEP Paul Turner, and TPCB Melanie Davis and the resulting collaborations on adult leader workshops are very helpful for the grantees. In response to direct requests from grantees, national speaker Wendy Lesko was brought in by ?Y, TPCB, and HWTF to lead a full-day workshop with regional adult leaders on youth empowerment, community change, and maintaining momentum. The adult leaders in WNC work very well together, and consistent feedback from training evaluations indicate that the grantees enjoy the networking and resource-sharing portions of the adult leader workshops.

Self Assessment (extent to which you have achieved this goal):

Poor Minimal Fair Good Excellent

3. Create and maintain a regional resource center.

Summary (including successes and barriers and how you have addressed them):

?Y West has distributed materials and resources to all 26 counties and the EBCI in WNC. This has been accomplished through youth and adult leader trainings, the October Information Exchange Conference, the Annual Action Planning Meeting, ?Y website, e-mails, phone calls,

Question Why West Report (July 2005 – June 2006)

meetings, coalitions, conference calls, TRU toolkit, TATC, and state events. ?Y has revised and updated the website www.questionwhy.org and has added to its resource library of videos and books.

On a regional level, ?Y youth partnered with the Tri-County (Cherokee, Clay, Graham) in their Tobacco-Free Park Rally in which ?Y collected over 100 signatures for a smoke-free park petition, interviewed 8 people for the Community Profile, sponsored a tobacco trivia prize giveaway game, and set up an informational SHS booth. ?Y youth participated in Buncombe County's kickoff to the "Serving Up Fresh Air" Campaign by presenting information, introducing the guest speaker Dr. Huff, interviewing with the TV media, and promoting smoke free dining when training local youth groups; in addition, ?Y staff participated in the restaurant air quality monitoring project. ?Y West youth interviewed SAVE survivor Rachel Biddix for the Community Profile, contributed articles and ideas for the TRU-5 Media Tabloid, improved the tobacco-free policy of fiscal agent ARP/Phoenix by researching policies, promoting the Quitline, and putting up TF signage, shared fact sheets with Mission Hospital and Buncombe County ASSIST, surveyed participants and collected petition signatures at the Hickory Crawdads and Asheville Tourists events, partnered with Buncombe County ASSIST to promote smoke free dining, presented to the fiscal agent of ARP/Sisters of Mercy, provided technical assistance to gap county agencies such as Polk County's Cooper Riis, interviewed with local newspaper media on underage sales to youth, provided information to the staff at the newly-created UNCA Health and Wellness facility, and partnered with ACS to develop a survey on preemption to be used by youth groups at Relay for Life events, shared ideas for youth advocacy activities for Kick Butts Day and Great American Smokeout, and brainstormed suggestions for ATS.

On a statewide level, ?Y West youth and adult leaders attended the TFS Halfway Celebration, participated on the planning committees for the Statewide Youth Leadership Institute, helped to plan the TRU Touchdown Tour and the TRU TFS Football Kickoff event with Lt Governor Perdue (3 ?Y youth leaders presented), participated in the October Information Exchange by creating resources and facilitating a breakout session on SHS in conjunction with EnTER, attended DHHS SAMHDD/ALE Red Flag Campaign seminars, distributed Quitline promotional information and materials, attended TFS Forums, collaborated with Margaret Brake on training resources for Red Flag/Merchant Education, and helped to review regional grantee annual action plans.

Resources and ideas are also shared via the TRU listserv and regional emails--?Y West shared input on recommended youth incentives, websites, youth advocacy activities such as Tackle Smoking and Tools for Communities, and tobacco-free park initiatives.

Some barriers included being able to reach agencies during busy times and continuing to raise awareness of ?Y West's resources. Successes included the creation of many materials, sharing resources as needed to the region, and reaching out to the entire region (see above for examples).

Self Assessment (extent to which you have achieved this goal):

Question Why West Report (July 2005 – June 2006)

Poor Minimal Fair Good Excellent

4. Plan and facilitate a regional youth summit.

Summary (including successes and barriers and how you have addressed them):

?Y West participated on the planning committee for the initial February 2006 statewide youth leadership institute, sharing ideas and providing honest feedback. ?Y West participated in meetings and conference calls, in addition to recruiting participation from members on the Youth Tobacco Prevention Consultants List. With the postponement of the initial statewide institute, ?Y West has agreed to be instrumental in the development of a statewide youth summit to take place in Spring 2007. ?Y West is on the planning committee for both the October 2006 planning summit as well as the 2007 actual summit. Some of the barriers that ?Y West has encountered include unclear expectations of duties and the need for the youth involved to feel empowered by the planning process—to this end, ?Y West has been collaborating with the other ?Y Centers, the TPCB, and the HWTF.

On a ?Y level, ?Y West collaborated with East and Central to hold a 3-day ?Y Statewide Youth Staff Retreat at Brown Summit in June 2006. The ?Y West Coordinator was the planning committee chair, the ?Y West Director facilitated a workshop session, 2 graduated ?Y youth leaders participated on a panel discussion, and 3 ?Y youth leaders facilitated a session on Tobacco 202 resources. The objectives of the retreat included improving facilitation skills, developing Tobacco 202 training materials, providing statewide team-building opportunities, initiating planning on the statewide youth summit, and learning about the history and future of the ?Y program. This ?Y statewide staff retreat represents a success in terms of the statewide collaborations that took place in the planning and follow-up, the amount of work that was accomplished, and the motivating nature of the retreat.

Self Assessment (extent to which you have achieved this goal):

Poor Minimal Fair Good Excellent

5. Create and maintain a youth advisory board.

Summary (including successes and barriers and how you have addressed them):

?Y West has established a North Carolina Statewide Youth Tobacco Prevention Consultants List that reflects the diversity of the state and regions. This Youth Tobacco Prevention Consultants List is composed of college-aged youth who meet the following criteria: trained by Question Why, either as a staff member or as a youth leader; experienced in tobacco prevention work; selected by Question Why adult staff as a potential consultant; and not currently employed by a Question Why Center. These Youth Consultants are available in a variety of capacities to agencies and organizations: they can assist in youth recruitment and youth group activities, speak or present at tobacco prevention events, provide technical assistance, train on tobacco prevention topics, and do other activities as needed. A barrier remains in encouraging agencies to access this list and to understand that a stipend will be required of the youth consultants; to

Question Why West Report (July 2005 – June 2006)

address this, the Consultants List has been promoted throughout the region at adult leader workshops and on calls and emails.

These youth consultants have successfully assisted ?Y statewide in such ways as participating on a panel for the ?Y Statewide Youth Staff Retreat at Brown Summit, consulting on ?Y events and resources (e.g., Sage Dunston) and writing articles on tobacco and the media (e.g., Risa Griffin). In addition, one of the ?Y youth leaders, Danielle Hicks, graduated from Campbell University in May and actually applied for a local position in youth tobacco use prevention.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

6. Create and maintain an adult advisory task force.

Summary (including successes and barriers and how you have addressed them):

?Y West is a member of the statewide Technical Assistance and Training Committee (TATC), and participates in their quarterly meetings/conference calls. In addition, ?Y West participates in the HWTF grantee and Media Advisory conference calls, ?Y bi-weekly statewide staff and directors conference calls, ?Y quarterly staff meetings, and meets with Field and ASSIST Coordinators. ?Y West is a contributing member in multiple coalitions throughout WNC including the Henderson County Tobacco Free for Life, Hi-Top ASSIST, TRU-5 Coalition, Northwest Tobacco Prevention Coalition, Western Region Spit Tobacco Coalition/NC STEP, Healthy Caldwellians, Polk County Healthy Carolinians, and Buncombe County ASSIST.

?Y West participates as needed in planning committees, such as for the Information Exchange and Annual Action Planning conferences and the Youth Leadership Institute, and attends related efforts such as the DHHS SAMHDD and ALE Red Flag Campaign workshops and TFS trainings.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

7. Collaborate with HWTF Priority Population grantees by providing culturally relevant technical assistance and training (as needed).

Summary (including successes and barriers and how you have addressed them):

In the western region of North Carolina, this objective has primarily been achieved through addressing the needs of rural, low socioeconomic status counties, as well as offering trainings and technical assistance to the Eastern Band of Cherokee Indians. ?Y collaborates with faith communities (e.g., Garden of Prayer, New Mount Olive), African-American communities (e.g., CRAT, Council on Adolescents), and Latino communities (e.g., Centro de Enlace, ESL program). ?Y promotes the mini-grant program as a means to fund culturally-specific youth tobacco use prevention efforts.

Question Why West Report (July 2005 – June 2006)

The Center for Assessment and Research (CARA) was contracted to hold a series of youth focus groups in the region in order to learn how youth see themselves involved in advocacy and responding to prevention promotions. Targeted populations for these 5 youth groups included African-American youth (Buncombe County), rural youth (Rutherford and Jackson Counties), American Indian youth (EBCI), and Latino youth (Yancey County) in order to specifically address priority populations.

?Y West collaborated with the TPCB Director of Diversity and Disparities, Melanie Davis, to provide an adult leader training on diversity and disparities. ?Y West helped to recruit participants, suggested guest speakers, participated in the agenda creation, found the location site and catering services, and a ?Y youth leader helped to facilitate the training. 19 adults representing 10 WNC counties attended.

In conjunction with ?Y Central, ?Y has initiated efforts to incorporate information about Native American groups into youth leader trainings. Correspondence between the Commission on Indian Affairs and the EBCI has taken place with the end goal of creating materials and resources. In addition, ?Y has been creating suggestions and ideas for a youth leader version of the adult leader's training on diversity and disparities.

Some barriers have included recruiting and hiring ?Y youth leaders from diverse groups. Several ?Y youth leaders were hired who had to step down due to various factors. ?Y continues its outreach, networking, and education to be culturally competent and diverse.

Self Assessment (extent to which you have achieved this goal):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

8. Implement a regional strategy to increase local program infrastructure and build local program capacity (e.g. mini-grants, Real Time programs, etc.)

Summary (including successes and barriers and how you have addressed them):

The strategy of ?Y West has been to remain a top-notch provider of youth and adult leader trainings and technical assistance on youth empowerment, advocacy, and tobacco prevention work in the Western Region. Through empowering the youth and adult leaders toward advocacy, youth tobacco use prevention efforts will continue.

Recruitment of ?Y hired youth leaders takes place throughout the region to increase regional support and participation in ?Y—this past year, youth leaders were employed from Buncombe, Jackson, Henderson, and Caldwell counties.

In order to continue recruitment of youth advocates and to support the awareness and advocacy efforts of the regional community, ?Y West received approval from the HWTF to provide national conference training opportunities for regional youth leaders. 8 youth leaders and 1 adult leader representing the counties of Buncombe, Rutherford, Caldwell, and Watauga were chosen to attend the national conferences with ?Y West staff. The conferences were the Youth 2

Question Why West Report (July 2005 – June 2006)

Youth All Access Conference and the World Conference on Tobacco or Health. As part of the attendance, the youth and adult leaders will share their learned information with their youth groups and communities.

The ?Y West mini-grant program has been successful in funding youth advocacy projects and promoting youth groups throughout the region. In Fall of 2005, ?Y funded 4 programs affecting 4 counties (Caldwell, Catawba, Henderson, Mitchell), and in Spring 2006, ?Y funded 6 programs directly affecting 5 counties (Avery, Buncombe, Henderson, Rutherford, Yancey). Examples of mini-grant programs addressed merchant education/operation storefront, smoke-free dining policies, tobacco free schools compliance, letter-writing campaigns, tobacco-free youth events, surveys and petitions, ATS and the Quitline promotion, and peer education.

In order to encourage the building of capacity and increase infrastructure, the Center for Assessment and Research (CARA) was contracted to hold a series of youth focus groups in the region in order to learn how youth see themselves involved in advocacy and responding to prevention promotions. Targeted populations for these 5 youth groups included African-American youth (Buncombe County), rural youth (Rutherford and Jackson Counties), American Indian youth (EBCI), and Latino youth (Yancey County). The resulting information is being compiled and will be shared with the region for such things as action planning, strategizing, and grant writing.

?Y West works closely with the gap counties of Alexander, Avery, Cleveland, Henderson, Polk, and Rutherford counties—informing them of mini-grant opportunities, inviting them to ?Y youth and adult leader trainings and workshops, providing information on state workshops and conferences such as the TFS Forums, and sharing Quitline promotional materials.

?Y West participates in statewide, regional and local coalitions, drives out to counties to participate in events, caters materials and resources to fit specific needs, and collaborates with Field Coordinators and State staff to increase regional participation. ?Y keeps in regular contact with adult leaders. Successes include ?Y's resource development and sharing within the region, and responding to requests and needs through the adult leader workshops.

In order to provide the highest degree of training and technical assistance, ?Y West participates in training opportunities at conferences and workshops for the betterment of the youth and adult staff. This has included attendance at the following conferences and educational opportunities: ACCESS, TTAC, Best Practices Governor's Institute, Media Literacy by Dr. Considine and by Jimmi Buell, EnTER, TATU, Red Flag Campaign, Media Spokesperson, Adolescent Health Advocacy, and youth empowerment, Youth 2 Youth, and the World Conference on Tobacco or Health.

Internally, in order to help coordinate statewide and regional efforts to be the best TA and training provider, a ?Y statewide director was hired and trained, a statewide youth staff retreat was held, and consultant Sheri Scott was contracted to help clarify evaluation techniques, follow-up efforts, and data collection.

Self Assessment (extent to which you have achieved this goal):

Question Why West Report (July 2005 – June 2006)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor	Minimal	Fair	Good	Excellent

Part B

Describe any key program outcomes or other results during this period. Include any and all information here that would help an outsider to understand why you or others in your organization think your program is performing as anticipated and is on the road to achieving its goals. Include here not only measurable program outcomes, if any, but also any informal assessment or stories about any of your clients/community partners regarding the important impact of the program on the community. (No more than 200 words per outcome/story).

Outcome/Story # 1: Youth Leader National Training Opportunities

In order to continue recruitment of youth advocates and to support the awareness and advocacy efforts of the regional community, ?Y West received approval from the HWTF to provide national conference training opportunities for regional youth leaders. ?Y West researched conference opportunities, developed an application process with selection criteria, and reviewed youth applicants through a youth and adult selection committee. 8 youth leaders and 1 adult leader representing the counties of Buncombe, Rutherford, Caldwell, and Watauga were chosen to attend the national conferences with ?Y West staff.

The chosen conferences were the Youth 2 Youth All Access Conference (focuses on youth advocacy and empowerment) and the World Conference on Tobacco or Health (focuses on tobacco use prevention and cessation advocacy). As part of the attendance, the youth and adult leaders will share their learned information with their youth groups and communities.

The primary purpose of sending youth to national conferences is to offer the experience of learning skills and developing critical awareness for youth tobacco use prevention and advocacy in a national setting. Media coverage of the youth participation in the conferences occurred with articles in the Caldwell and Rutherford county newspapers.

Outcome/Story # 2: Smoke-free Dining Advocacy

?Y West actively participated in Buncombe County's efforts to promote smoke-free dining. ?Y West youth and adult staff participated on the ASSIST planning committee to get smoke-free information out to the community—one approach was through promoting smoke-free dining facts and information when training local youth groups and participating in community events, and another was through creating and implementing a community survey on the Stoplight Campaign to raise attention both to the Stoplight Campaign as well as smoke-free restaurants.

The ?Y West youth surveyed over 50 people attending the Tobacco-Free Tourists event using this Stoplight Campaign Survey—the survey results were then shared with local restaurants. ?Y West also provided information to over 100 families about the smoke-free dining campaign and distributed the ASSIST smoke-free restaurants dining guide. ?Y West youth leaders took part in the kickoff to the smoke-free dining campaign, "Serving Up Fresh Air," by presenting information, introducing the guest speaker Dr. Huff, awarding plaques to smoke-free restaurant

Question Why West Report (July 2005 – June 2006)

owners, and interviewing with the local TV news media. ?Y adult staff participated in the restaurant air quality monitoring project.

In addition to the policy advocacy, assessment, and media attention, this involvement led to a funded mini-grant by a local youth group who wished to continue the smoke-free dining efforts.

Outcome/Story # 3: Resource Development and Sharing

?Y West works to remain a top-notch provider of youth and adult leader trainings and technical assistance on youth empowerment, advocacy, and tobacco prevention work in the Western Region. This includes staying one step ahead of the needs of the grantees in providing TA and trainings, and responding efficiently to questions and requests from grantees.

In particular to youth leader trainings, ?Y West developed additional Tobacco 101 resources (including the activities Cycle of Addiction and the Addiction Icebreaker, and the resources Alternative Forms of Tobacco and Cessation handouts)—this helped to revive interest in our Tobacco 101 trainings and led to the 10 youth leader trainings on this topic. ?Y West collaborated with the ?Y Centers, Margaret Brake, and ALE to develop a Red Flag/Merchant Ed youth advocacy training--?Y West developed the assessment piece covering Operation Storefront and doing surveys and petitions. This led to a regional training on Red Flag/Merchant Ed as a youth advocacy topic. ?Y West is in the process of researching and creating activities for Tobacco 202 which address the MSA and FDA. Tobacco 202 will help to address the needs of more experienced youth leaders.

?Y West is able to respond to needs and develop new resources while also providing the core trainings of Tobacco 101, Media Literacy, and Youth Advocacy.

Part C [To be sent by mail]

Provide copies of program materials, brochures, pamphlets, newspaper clippings, website information, etc. produced by or related to your program during the reporting period.

Form completed by: Jeanne Dairaghi, ?Y West Director

SAVE
(SURVIVORS AND VICTIMS OF TOBACCO EMPOWERMENT)
ANNUAL REPORT FISCAL YEAR 2006
(July 1, 2005 – June 30, 2006)

SAVE, Survivors and Victims (of Tobacco) Empowerment, served to recognize, train, and facilitate survivors to relay personal testimonies of their struggles with a tobacco-related cancer. Students saw a version of “Tobacco Reality Unfiltered” through these true-life experiences. Personal testimonies combined with tobacco education gave students the information they needed to make their own educated decisions to live a tobacco-free lifestyle. Meeting laryngectomee survivors and seeing that they must now breathe through a hole in their throats left a lasting impression that students will not forget. SAVE survivors, consisting of five laryngectomees and one lung cancer survivor, traveled the state to speak to more than 27,000 youth and 3,900 adults about how tobacco usage had dramatically changed their lives and significantly decreased the quality of their existences. Survivors’ messages have resonated with the teens, and survivors have made a difference in the number of teens who will remain tobacco-free. After meeting survivors, students can often be overheard commenting to each other with statements such as, “I’ll never smoke,” or “You won’t catch me using that stuff.”

SAVE survivors worked with other grantees to encourage student advocacy efforts and support policy changes. An enthusiastic, committed group of survivors remained on-call and ready to assist in a wide variety of tobacco-free events. They participated in faith-based activities, advocacy efforts with youth, public forums, and health fairs as well as gave 249 presentations in schools located across North Carolina.

Survivor activities helped draw media attention, and survivors were featured in 15 articles in newspapers throughout the state. SAVE takes pride in the dedication shown by its members, and we are proud to have been a part of the “TRU” campaign.

SAVE Summary for July/August 2005

School Presentations (Summer Camps @ Schools)

Schools Attended- 5

(Watauga High School Day Camp, Dixon Middle Summer Day Camp, White Oak High Summer Day Camp, Summersill Elementary , Southwest Middle Summer Day Camp)

Youth @ tobacco awareness presentations- 122

Adults @ tobacco awareness presentations- 16

Youth Summer Activities

Events attended by Survivors- 4

(Youth Skating Smoke-Free(Rowan County), Youth Rally in Murphy, Love Developmental Youth Group Home in Burke County, YMCA tobacco awareness presentation-Rowan County)

Youth @ events- 272

Adults @ events- 36

Faith-Based Initiatives

Events attended by Survivors- 1

(Youth Day @ Rowan County Church)

Youth @ event- 147

Adults @ event- 25

Infrastructure

***SAVE Project Director Katherine Hampton participated in the North Carolina Health and Wellness Trust Fund Grantees Conference call on 7/13.

SAVE Technical Assistance Report (July 2005 – June 2006)

***SAVE held its annual meeting in Albemarle on 8/11. The meeting was attended by Laura McCormick, Director of Regional Field Operations for Tobacco Prevention and Control. The six keynote Survivors were all in attendance. The meeting covered discussion of the Annual Action Plan and infrastructure policies for SAVE operations.

Media

***Survivor Fred Haywood was mentioned in a newspaper article in his hometown as a participant in the Halfway Celebration for 100% Tobacco Free Schools.

***SAVE office made calls to The Laurinburg Exchange newspaper in Scotland County to inform them about the 100% Tobacco Free Schools Policy. With the information that we provided to them an article was written about how Scotland County Schools have not adopted the 100% Tobacco Free Schools Policy that is recommended by the North Carolina Health and Wellness Trust Fund Commission.

Recruitment

***SAVE Survivor Wade Hampton went to a newly formed “New Laryngectomee” support group in Greenville. He was there while the group elected their new officers.

Additional SAVE Activities

***SAVE Survivor Rachel Biddix volunteered her time to participate as a speaker at a Cessation Class in her hometown.

***Survivors of SAVE volunteered their personal time to write and call their local Legislators about the relationship between price and youth initiation of tobacco use.

SAVE Summary for Remainder of August 2005

Youth Summer Activities

Youth Camps Attended- 3

(DARE Summer Camp in Henderson, NC 8/8, 8/12, 8/16.

Youth @ Camps- 250

Adults @ Camps- 15

Tobacco-Free Events

Tobacco-Free Events Attended by Survivors- 2

(Friendship Motor Speedway in Surry County w/ Brooke Worsley, and Lowe’s Motor Speedway Recognition of Smoke Free Fans Section in Mecklenburg County w/ Joy Beck.

Youth @ events- 975

Adults @ events- 4,500

Media

times Survivors obtained Media opportunities- 1

(Rachel Biddix was interviewed and video taped by Question ? West for a video they will use.)

Additional SAVE Activities

***SAVE office copied and mailed each Survivor a copy of the disc, “What Your Doctor May See If You Smoke.”

***SAVE employee participated in training sessions for Excel and Access to increase efficiency in data record keeping.

***SAVE office starting receiving phone calls and “Request for Survivor Presentation Forms” during the month of August, in preparation for the upcoming school year.

SAVE Technical Assistance Report (July 2005 – June 2006)

SAVE Summary for September 2005

School Presentations

- # Schools Attended- 7
- # Presentations given @ schools- 7
- # Youth @ presentations- 471
- # Adults @ presentations- 28

Media

***SAVE survivors Don Cole and Wade Hampton participated in a live radio interview at NC A&T University on 9/21/05. Callers were allowed to call in and ask questions to the survivors. They went as survivors of tobacco related cancers. The interview dealt with community health issues.

***SAVE office gathered pictures and stories from the survivors and sent them to Capstrat to be used in their advertising campaign for the North Carolina Health and Wellness Trust Fund advertising campaign.

Infrastructure

- ***SAVE survivor Wade Hampton participated in the monthly NC Alliance for Health meeting.
- ***SAVE office is planning training sessions with EnTer for the survivors who work with youth.
- ***SAVE Project Director had several phone conferences with survivors to discuss the content of their presentations, as well as the educational materials they use.
- ***SAVE office had several phone conferences with the Tobacco Coordinator for the Stanly County Health Department about the upcoming Fall Festival at South Stanly High School.
- ***SAVE office contacted the Anson County Health Department and the school officials to encourage them to participate in the October Training and Information Exchange.
- ***SAVE office contacted the Stanly County Schools, Director of Student Services to encourage them to participate in the October Training and Information Exchange.
- ***SAVE office contacted several gap counties throughout the state to encourage them to use survivors in their Red Ribbon activities coming up in October.
- ***SAVE Project Director applied for a mini-grant from the American Cancer Society to engage survivors in presentations at historically black colleges.
- ***SAVE office continued to collaborate with other Health and Wellness county based grantees for local presentations involving survivors.
- ***SAVE office ordered pamphlets and educational materials for survivors to take to health fairs and school presentations.
- ***SAVE survivor Rachel Biddix attended the seminar about the Red Flag Merchant Education Program.

Recruitment

***SAVE Project Director had several phone conferences with new survivors about ways to assist in youth activities.

SAVE Summary for October 2005

School Presentations

- # Schools Attended- 17
- # Presentations given @ schools- 33
- # Youth @ presentations- 1,896
- # Adults @ presentations- 106

SAVE Technical Assistance Report (July 2005 – June 2006)

Health Fairs

Health Fairs Attended- 2

(Kings Mountain Middle Health Fair-Cleveland County, and Shelby Middle Health Fair-Cleveland County.)

Youth @ Health Fairs- 601

Adults @ Health Fairs- 45

Community Based Events

Community based events- 1

(Mini Drag of Doom-McDowell County)

Youth- 125

Adults- 100

Infrastructure

***SAVE Project Director, Katherine Hampton, SAVE survivor Rachel Biddix and new SAVE survivor Sandy League attended the Teen Tobacco Use Prevention and Cessation Training and Information Exchange in Raleigh on 10/13.

***SAVE survivors participated in Red Ribbon activities at schools throughout the state.

***SAVE office continued to collaborate with other Health and Wellness County based grantees for local presentations involving survivors.

***SAVE Project Director attended several presentations along with SAVE survivors to observe their presentations. This was for program evaluation purposes.

Recruitment

***SAVE Project Director had several phone conferences with new SAVE survivor Michael Dreisbach. He was invited to participate in an upcoming school presentation with SAVE survivor Gary Miner in November.

SAVE Summary for November 2005

School Presentations

Schools attended- 22

Presentations given @ schools- 37

Youth @ presentations- 4,056

Adults @ presentations- 172

Health Fairs

Health Fairs attended- 4

(Alamance County Health Fair, Watauga High Health Fair, Wake Tech Community College Health Fair, Crest Middle Health Fair-Cleveland County).

Youth @ Health Fairs- 1,110

Adults @ Health Fairs- 268

Community Based Wellness Events

Community based wellness events- 1

(A&T University Wellness Festival)

Youth- 400

Adults- 40

Infrastructure

SAVE Technical Assistance Report (July 2005 – June 2006)

***SAVE participated in the monthly HWTF grantee conference call.

***SAVE participated in the monthly HWTF media conference call.

***SAVE Project Director attended several presentations along with SAVE survivors to observe their presentations. This was for program evaluation purposes.

Recruitment

**New SAVE survivor Michael Dreisbach participated in a school presentation with SAVE survivor Gary Miner.

Media

***Survivor Wade Hampton was interviewed and filmed by Channel 2 news out of Greensboro while he was at a school presentation in Randolph County for the Great American Smokeout Day.

***Survivor Fred Haywood was filmed at Caldwell Community College during a tobacco awareness presentation for Great American Smokeout Day. This was also video cammed to three other colleges, so they could watch the presentation while it was going on. The colleges were: Catawba Valley Community College, Wilkes Community College, and Lenoir Rhyne College.

***Survivor Terrie Hall was interviewed and filmed during a school presentation in Guilford County for the Great American Smokeout Day. She was filmed by Capstrat, for a new HWTF ad.

***Survivor Gary Miner was interviewed and a newspaper article in the Roanoke Rapids Daily Herald was published about his personal story of dealing with a tobacco related cancer. The article was published on 11/15/05.

SAVE Summary for December 2005

School Presentations

schools attended- 23

presentations given @ schools- 33

youth @ presentations- 2,084

adults @ presentations- 178

Health Fairs

Health Fairs attended- 1

(Burns Middle Health Fair- Cleveland County)

youth @ Health Fairs- 340

adults @ Health Fairs- 6

Media

***SAVE survivor Terrie Hall was invited to the 2005 HWTF Awards presentation in Raleigh on December 6th. Terrie was given an award for all her advocacy efforts in youth tobacco prevention.

***SAVE survivor Terrie Hall was interviewed by her hometown paper in Davidson County about her advocacy efforts in tobacco prevention. The article will be published after the first of the year.

***SAVE survivor Wade Hampton was interviewed and an article was published in The Randolph Guide about his visit to schools in the county with his tobacco prevention message to the youth.

Infrastructure

SAVE Technical Assistance Report (July 2005 – June 2006)

***SAVE participated in the monthly HWTF media conference call.

***Katherine Hampton participated in the Eastern N.C. Region Tobacco Prevention Coordinator and Advocates meeting in Greenville on December 9th.

***SAVE survivor Wade Hampton spoke to several teachers and principals in Scotland County regarding the benefits of the 100% Tobacco Free Schools Policy.

***SAVE office has been compiling informative packets for Scotland County school board members about the benefits of the 100% Tobacco Free Schools Policy.

***SAVE office mailed each survivor the promotional material for the NC Quitline that was provided by HWTF.

SAVE Summary for January 2006

School Presentations

Schools attended- 15

Presentations given @ schools- 24

Youth @ presentations- 1,890

Adults @ presentations- 62

Community Base Wellness Events

Community based wellness events- 1

(Lanesboro Correctional Facility) SAVE was asked by the Anson County Health Department to provide a survivor to speak to inmates/staff at the Lanesboro Correctional Facility. As of January 1st, a new statewide ban on tobacco use inside prison buildings took effect. Wade offered his personal story to the inmates/staff and told them about the NC Quitline as a resource to use in smoking cessation.

Adults- 15 (3 staff, 12 inmates)

Media

***SAVE survivor Terrie Hall was featured in a newspaper article in her local paper in Lexington, The Dispatch. The title of the article was, "Cancer battles spark advocacy".

Infrastructure

***SAVE participated in the monthly HWTF grantee conference call.

***The SAVE office conducted a phone conference with the survivors. Dr. Adam Goldstein, and Carolyn Grey with EnTER participated in the call as well. The call was to discuss the results of the Technical Assistance survey results concerning SAVE presentations. The survivors were told how to access County actions plans under the TRU toolkit and other resources for SAVE speakers.

***SAVE Project Director Katherine Hampton scheduled a training for SAVE speakers with Carolyn Grey of EnTER. This will be to train survivors on the long term health effects of SHS and the effectiveness of smoke free policies. This training will be held by a phone conference on 2/13.

***Katherine Hampton participated in the NC Alliance for Health Second Hand Smoke Committee meeting via phone conference on 1/31.

Advocacy Efforts

*** SAVE survivor Wade Hampton went to the 2nd Annual Legislative Breakfast in New Hanover County. He spoke briefly about SAVE activities and the support the NC HWTF lends to the community.

SAVE Technical Assistance Report (July 2005 – June 2006)

SAVE Summary for February 2006

School Presentations

- # Schools attended- 23
- # Presentations given @ schools- 37
- # Youth @ presentations- 3323
- # Adults @ presentations- 228

Community Base Wellness Events

- # Community based wellness events- 3
- ***SAVE survivor Rachel Biddix volunteered in 2 community events in McDowell County. She gave personal testimonies at an adult cessation class (7 adults) and she spoke at a parenting meeting for pregnant teens and new teen mothers on the harmful effects of secondhand smoke for children.
- ***SAVE Survivor, Rachel Biddix, participated in an event organized by Caldwell County HWTF grantee to help educate adults leader (teachers, school nurses etc...) about the resources and tools available for youth tobacco prevention/cessation efforts.

Media

- ***Katherine Hampton and Rachel Biddix attended the press conference in Charlotte where Lieutenant Governor Beverly Perdue announced the results of the HWTF efforts to reduce teen tobacco usage.

Infrastructure

- ***SAVE participated in the monthly media call.
- ***The SAVE office held a phone conference with the SAVE survivors. The conference consisted of Carolyn Grey from EnTER conducting a training seminar on the most recent studies of harmful effects of second-hand smoke. A PowerPoint presentation was sent to the participants prior to the meeting and Carolyn discussed the PowerPoint and answered questions from the group. Carolyn did a great job and was very informative.

Advocacy Efforts

- ***SAVE survivors Gary Miner and Wade Hampton attended the Grassroots “Path to 100% Tobacco Free School” seminar for Advocacy efforts to sway the remaining counties to pass the 100% gold standard policy.
- ***SAVE survivor Wade Hampton, attended a presentation that TATU group gave to the students at O’Neal Middle School. Students did much of the presentation themselves and had a survivor to speak briefly to support their efforts with their peers.

SAVE Summary for Teen Initiative March 2006

School Presentations

- # Schools attended- 4
- # Presentations given @ schools- 7
- # Youth @ presentations- 240
- # Adults @ presentations- 17

School Health Fair

- # School Health Fair – 1
- # Youth at Health Fair—400

Community Base Wellness Events

SAVE Technical Assistance Report (July 2005 – June 2006)

Community based wellness events- 1

***SAVE survivor Fred Haywood, gave a Tobacco Awareness Presentation to 22 youth and 8 adults at Smyrna Baptist Church.

Infrastructure

***Katherine Hampton attended NC State Auditor Training Session to learn about the new requirements in reporting usage of grant funding from the state (HWTF).

***SAVE participated in the monthly media call.

***Katherine Hampton participated via phone conference with the monthly Alliance meeting.

***It was a slow month for school presentations but a very busy planning month in preparation for Kick Butts week. All the SAVE survivors will have a full agenda during Kick Butts week (first week in April).

Advocacy Efforts

***SAVE survivor Wade Hampton, attended the Sandhills Youth Summit in Richmond County and spoke to 130 youth and 10 adults. Question Y and EnTer were also presenting at the event, all in support of the local county hwtf grantee. Purpose of the project was to motivate and recruit new and returning TATU students.

SAVE Summary for Teen Initiative April 2006

School Presentations-Kick Butts Month!

Schools attended- 29

Presentations given @ schools- 46

Youth @ presentations- 5499

Adults @ presentations- 962

Counties presented in- 14

All Survivors were out giving presentations throughout the state during Kick Butts week. They all did a super job!! Terrie Hall and Don Cole worked together to reach 2617 youth in Yadkin County. (Included in the number above.) Yadkin County is a gap county and we feel it is a great accomplishment just to be able to get into the schools there.

Media

Four media newspaper articles were generated concerning SAVE survivor Gary Miner and the Northeast tour. SAVE collaborated with three other grantees to have Gary Miner speak in schools throughout Hertford, Washington, Dare Perquimans, and Chowan County.

Infrastructure

***Katherine Hampton attended the Annual Action Planning Meeting and spoke to other grantees about SAVE as a resource in the round table event.

***SAVE office worked on presentation materials and equipment to help update survivors with their presentations.

***Katherine Hampton interviewed two people for the SAVE office position and has one more person to interview.

***It was a very busy month for SAVE because of Kick Butts week.

Advocacy Efforts

***SAVE survivor, Rachel Biddix participated in a youth lead memorial for tobacco victims at the Capital Building.

SAVE Technical Assistance Report (July 2005 – June 2006)

***Gary Miner participated in a Tobacco Free Forum in Lenoir County.

SAVE Summary for Teen Initiative, May 2006

School Presentations

Schools attended: 11

Presentations given at schools: 19

Youth at presentations: 1,719

Adults at presentations: 78

Counties presented in: 5 counties covered by HWTF grants (Burke, Caldwell, Guilford, Mecklenburg, and Moore) and 3 gap counties (Franklin, Johnson, and Wake)

Community-Based Wellness Events

***SAVE throat cancer survivor Fred Haywood attended a Hickory Crawdads baseball game on May 18 at the team's Caldwell County stadium. Before a crowd of about 3,000, Haywood gave a speech from the pitcher's mound prior to the game's inception. HWTF employees Debbie Nelson and Paul Turner were also on hand at the game.

***In late May, SAVE throat cancer survivor Rachel Biddix attended the tobacco-free family night at the Asheville Tourists baseball game. Prior to the first pitch, Biddix stepped onto McCormick Field and presented her personal testimony before the crowd of roughly 600. A number of HWTF representatives joined Biddix at the game.

Media

***Per request of Alison McLaurin (HWTF), SAVE throat cancer survivor Wade Hampton participated in an HWTF press conference in Raleigh. A reporter from Charlotte-based News Channel 14 interviewed him. During the interview, Hampton recounted his personal story as well as answered questions concerning tobacco use and its harmful effects on the human body.

Infrastructure

***SAVE throat cancer survivor Rachel Biddix, along with a number of HWTF western district grantees, attended an adult leadership workshop on May 9 at the YMCA in Marion. The floor was turned over to Biddix during the meeting. Following her presentation, she was presented a certificate for her many accomplishments.

***SAVE Project Director Katherine Hampton participated in three conference calls throughout the month. They included the monthly HWTF media conference call, the bi-monthly HWTF conference call, and an American Lung Association conference call, during which tobacco companies' new marketing techniques were discussed.

***In early May, the SAVE office hired a new employee to fill the vacancy of program coordinator. Le-Anne Russell will be working 25 hours per week, helping coordinate SAVE survivors' presentations and serving as a liaison between the survivors and host organizations.

SAVE Summary for Teen Initiative, June of 2006

School Presentations

of Schools Attended: 6

of Presentations Given at Schools: 6

of Youth at Presentations: 216

of Adults at Presentations: 22

of Counties Presented In: 1 county covered by an existing HWTF grant (Onslow)

Presentations were given by SAVE Survivor Gary Miner.

SAVE Technical Assistance Report (July 2005 – June 2006)

Community-Based Wellness Events

On June 14, SAVE throat cancer survivor Rachel Biddix participated in a Relay for Life rally in a Buncombe County Baptist church. To begin the rally, Biddix told her story of how she began smoking, why she became a Laryngectomy, how difficult her life has been since becoming a Laryngectomee. Later in the evening, she conducted a brief question-and-answer period. Sarah Gayle with the American Cancer Society joined Biddix at the event, which was sponsored by Question Why's western region division.

SAVE survivor Rachel Biddix presented her personal story to a group of Mecklenburg County high school students with health-related career aspirations on June 27, Tobacco and Cancer Awareness Day. Biddix commented that the teenagers actively participated in her presentation by not only posing but also answering a number of questions. The event was held in the Charlotte Area Health Education Center.

On June 29 in a Rowan County YMCA, SAVE survivor Rachel Biddix gave her personal testimony of how she survived throat cancer to four different groups of children between the ages of 5 and 12. By the day's end, 267 youth as well as 38 adults had heard her story. Biddix will return to Rowan in mid-July to make four additional presentations to up to 180 youth at a different YMCA. Both events are part of a "Food & Field Olympics" program, of which tobacco prevention, nutrition, and exercise are the primary objectives.

Media

A reporter and photographer from the Salisbury newspaper were on hand covering the previously mentioned "Food & Field Olympics" event attended by SAVE survivor Rachel Biddix on June 29 in Rowan County. An article, accompanied by a photograph, is expected to appear in an upcoming issue of the paper.

Infrastructure

In early June, SAVE Project Director Katherine Hampton, along with SAVE Program Coordinator Le-Anne Russell, took part in the monthly media conference call.

SAVE Project Director Katherine Hampton attended two NOT facilitator network meetings with the American Lung Association. The first one was on June 15 in Moorehead City, the second one on June 27 in Raleigh.

Throughout the month, the SAVE office has been updating its current brochure as well as writing biographies of each of its cancer survivors. Once completed, the bios will be placed on the SAVE website.

Work to recruit a new SAVE throat cancer survivor is in progress. The SAVE office is keeping in close contact with the 27-year-old female Laryngectomy and her family to facilitate her involvement in HWTF activities. In addition, current SAVE survivor Rachel Biddix has already met with the mother of three, told her all about the SAVE program and encouraged her participation in it.

NC STEP
Annual Report
(July 2005 – June 2006)

Executive Summary

NC STEP Major Accomplishments

Phase II, Year Two (July 1, 2005 – June 30, 2006)

In year one NC STEP accomplished far more than was anticipated. Our work was centered in the far west and west central counties. This was primarily because of four reasons. First, the partnerships that had been developed prior to receiving the HWTF grant helped us implement programs quickly. The Western North Carolina Task Force which consists of more than 20 individuals representing as many organizations was a major contributor to the success that was realized. Many of these members are fellow HWTF grant recipients and therefore a network already existed. Secondly, NC STEP resources and services were heavily promoted at state and regional meetings by NC STEP and our partners. Third, NC STEP with our partners started developing spit tobacco educational resources that were needed and requested by those who we are serving. Four, NC STEP earned credibility because of our work in the trenches with those who needed our services and resources. In year two NC STEP resources and services were in high demand and requested statewide including in the far eastern counties. Training of adult leaders, teachers, coaches, school nurses, counselors, dentists, dental hygienists, physicians, nurses, and public health professionals took center stage. This was of course dictated by the needs of our partners. Request for training of youth leaders was in much less demand that was anticipated. During the year 25 youth leaders and 467 adult leaders (teachers, coaches, school nurses, public health professionals, etc.) were trained about spit tobacco use prevention in 18 sessions. Eleven training sessions on tobacco prevention, cessation, and the 5As provided education to 263 health professionals (dentists, dental hygienists, public health professionals, etc.). Another six sessions on effective cessation resources were provided to 226 individuals who are dealing with the 100% tobacco free school policy implementation. The number of educational presentations to schools, the faith community, and community groups far exceeded our target, but the number of youth receiving presentations was slightly below our target. During the year 98 educational presentations were given to 9190 students and 395 teachers and other adult leaders. This was complemented by the NC STEP display being used 13 times at meetings and events and 13 media messages being published or aired. NC STEP expanded the speaker's bureau during the year and now has 31 professionals who have agreed to participate. NC STEP is supplying speakers educational materials including the school lesson module and they supply NC STEP information about the individuals who (numbers and group classifications) attend their presentations. Training sessions for the dental community are our main means of recruiting speakers. NC STEP will continue to promote the speaker's bureau during training sessions. Eleven presentations have been made by the speaker's bureau to 212 professionals, 1834 youth, and 18 adults. The speaker's bureau is a tremendous complement to the educational efforts of our partners. NC STEP continues to work with our partners to secure the services of Gruen Von Behrens, a national speaker and oral cancer survivor. Gruen has become one of the center pieces for school and community education and has great impact on influencers and policy makers. During the year NC STEP assisted Union County Schools in developing a new educational pamphlet that was printed by NC STEP and distributed statewide. A total of 56,000 pamphlets have been distributed. NC STEP with major assistance from Mission Hospitals developed a School Spit Tobacco and Cessation Guide to assist our partners in helping youth quit using spit tobacco and helping them to know when to refer to physicians or dentists. The treatment guide can be taken to the provider by the patient to assist the providers in developing a treatment regiment. A total of 3496 guides have already been distributed. Both of these items were in such demand they had to be reprinted. During the year NC STEP distributed 102,744 different

NC STEP Annual Report (July 2005 – June 2006)

education/promotional items. The NC STEP school educational module, that was developed last year and distribution started in June 2005, remained in great demand. A total of 409 modules have been distributed statewide this year and 492 have been distributed since they were produced. Request for training on the use of the lesson module continues to increase. NC STEP has been involved with the 100% TFS policy and has participated in educational forums across the state. NC STEP has made six presentations to 103 forum attendees. NC STEP has also been involved in five different activities to increase compliance including meeting with seven different state/local government leaders. NC STEP continues to develop new partners around the state and 30 new partnerships were forged during the year. One-on-one consultations by way of field visits, e-mails, or telephone calls were provided 368 times during the year. Some partners or members of the tobacco prevention and control network consult with NC STEP on a routine basis. NC STEP participated in 56 meetings or conference calls during the year. Year two was a very busy and productive year and spit tobacco education has become integral part of many tobacco prevention and control programs. Recent 2005 YTS data shows that spit tobacco use has decreased significantly in middle school students. NC STEP and our many partners, particularly those in the western part of the state, have worked feverishly since 2003 to put spit tobacco education on the front burner. Certainly, we feel our efforts contributed to the decrease. As Reynolds America and Altria enter the spit tobacco market with new products and advertising intensifies, the demand for NC STEP resources and services will continue to grow in the new fiscal year.

Health and Wellness Trust Fund Commission – Year End Report (July 1, 2005 – June 30, 2006)

Tobacco use is the leading cause of premature death and disease in North Carolina. It leads to more than 6,000 deaths statewide each year, and costs our state \$5 billion annually. The single best way to cut our state's high adult and youth smoking rates is to increase the cost of cigarettes and raise the number of smoke-free spaces available.

When the cost of cigarettes goes up, smoking rates go down, especially among youth. For every 10% the cost of cigarettes goes up, youth smoking drops 7%. Because raising our tobacco excise tax will curb tobacco use, we are proud of the leadership position we took to achieve North Carolina's first increase in this tax since 1979.

Secondhand smoke contains 69 known or suspected cancer-causing agents and over 100 chemical poisons. Annually, exposure to secondhand smoke causes approximately 81 lung cancer deaths and approximately 1,200 deaths due to heart disease in North Carolina. Smoke-free policies protect the public without harming business. When these policies are in place, fewer children start smoking and more adult smokers quit or consume fewer cigarettes. This is why 12 states and more than 2,000 U.S. cities have passed laws to eliminate or restrict smoking in public places.

We applaud and thank all those who are committed to clearing the air of secondhand smoke. The ALANC will continue to help improve health and health benefits for all North Carolinians by working on progressive smoke-free policies.

With funding from the Health and Wellness Trust Fund Commission, the ALANC will continue working to provide comprehensive tobacco control efforts that allowed us last year to have the following successes.

1st Quarter

- 2 N-O-T facilitator trainings were conducted.
 - 12 participants attended the AI N-O-T (American Indian) training at the Hoke County High School in Raeford, North Carolina on September 24, 2005. Attendees included participants from Moore, Hoke, Cumberland, Bladen, and Robeson counties.
 - 8 participants attended the training in at the Haywood Co. Cooperative Extension Office in Waynesville, North Carolina on September 27, 2005. Attendees included participants from Buncombe, Graham, Yancey, Ashe, Mecklenburg, and Stokes counties.

2nd Quarter

- 2 N-O-T facilitator trainings were conducted.
 - 17 participants attended the N-O-T training at the Bennett College in Greensboro, North Carolina on October 29, 2005. Attendees included participants from Bennett College, NC A&T,
 - 9 participants attended the training at Moore Regional Hospital – First Health in Pinehurst, North Carolina on December 2, 2005. Attendees included participants from Guilford, Dare, New Hanover, Alamance/Casewell, Moore, and Robeson counties.

3rd Quarter

- 2 N-O-T facilitator trainings were conducted.
 - 14 participants attended the N-O-T training at the Warren County High School Media Center in Warrenton, North Carolina on January 18, 2006. Attendees included participants from New Hanover, Warren, Guilford, Nash, and Chatham counties.

ALA Report (July 2005 – June 2006)

<ul style="list-style-type: none">○ 6 participants attended the training in at the Project Assist in Asheville, North Carolina on March 25, 2006. In addition, 6 youth participants were in attendance. Attendees included participants from Buncombe and Haywood counties. <p>4th Quarter</p> <ul style="list-style-type: none">● 2 N-O-T facilitator trainings were conducted this quarter.<ul style="list-style-type: none">○ 6 participants attended the N-O-T training at the Crystal Coast Civic Center in Morehead City, North Carolina on June 14, 2006. Attendees included participants from Dare, Hertford, Currituck, Onslow, and Pender counties.○ 8 participants attended the N-O-T training at the American Lung Association of North Carolina in Raleigh, North Carolina on June 26, 2006. Attendees included participants from Hoke, Caldwell, Robeson and Wake counties.
<p>1st Quarter</p> <ul style="list-style-type: none">● 2 N-O-T Networking Meetings were held.<ul style="list-style-type: none">○ 11 participants attended the meeting at the Hilton Executive Park Hotel in Charlotte, North Carolina on September 16, 2005. Attendees included representatives from Rowan, Mecklenburg, Union, Catawba, Henderson, Pitt○ 8 participants attended the meeting at the Haywood Co. Cooperative Extension Office in Waynesville, North Carolina on September 28, 2005. Attendees included representatives from Cherokee, Caldwell, Macon, Henderson, Buncombe and counties. <p>2nd Quarter</p> <ul style="list-style-type: none">● We did not hold any N-O-T Networking Meetings this quarter. <p>3rd Quarter</p> <ul style="list-style-type: none">● We did not hold any N-O-T Networking Meetings this quarter. <p>4th Quarter</p> <ul style="list-style-type: none">● 2 N-O-T Networking Meetings were held.<ul style="list-style-type: none">○ 9 participants attended the Network meeting Crystal Coast Civic Center in Morehead City, North Carolina on June 15, 2006.○ 16 participants attended the meeting at the Wake Co. Cooperative Extension Office in Raleigh, North Carolina on June 27, 2006.
<p>1st Quarter</p> <ul style="list-style-type: none">● 1 T.A.T.U. training was conducted.<ul style="list-style-type: none">○ 14 participants attended the training at the Caldwell County Public Library in Raeford, North Carolina on August 19, 2005. Attendees included participants from Stokes, Caldwell, Wilkes, Watauga, Forsyth, Lenoir, Alamance, Buncombe, and Henderson counties. <p>2nd Quarter</p> <ul style="list-style-type: none">● We did not hold any T.A.T.U. training meetings this quarter. <p>3rd Quarter</p> <ul style="list-style-type: none">● We did not hold any T.A.T.U. training meetings this quarter. <p>4th Quarter</p> <ul style="list-style-type: none">● We did not hold any T.A.T.U. training meetings this quarter.
<p>1st Quarter</p> <ul style="list-style-type: none">● 2 ATS (Alternatives to Suspension) trainings were conducted.<ul style="list-style-type: none">○ 13 participants attended the training at the Onslow County Health Department , in Jackson, North Carolina on September 12, 2005○ 35 participants attended the training at the Halifax County School Board Office, in Halifax, North Carolina on September 14, 2005 <p>2nd Quarter</p> <ul style="list-style-type: none">● 1 ATS (Alternatives to Suspension) trainings were conducted.<ul style="list-style-type: none">○ 13 participants attended the training in Monroe North Carolina on October 17, 2005.

ALA Report (July 2005 – June 2006)

<p>3rd Quarter</p> <ul style="list-style-type: none"> • We did not hold any ATS trainings this quarter. <p>4th Quarter</p> <ul style="list-style-type: none"> • 1 ATS (Alternatives to Suspension) trainings was conducted in Jacksonville, North Carolina this quarter.
<p>1st Quarter</p> <ul style="list-style-type: none"> • Over 700 newsletters were distributed (by email) to facilitators in August, 2005. <p>2nd Quarter</p> <ul style="list-style-type: none"> • Over 700 newsletters were distributed (by email) to facilitators in November, 2005. <p>3rd Quarter</p> <p>Over 700 newsletters were distributed (by email) to facilitators in February, 2006.</p> <p>4th Quarter</p> <p>Over 700 newsletters were distributed (by email) to facilitators in May, 2006.</p>
<p>1st Quarter</p> <ul style="list-style-type: none"> • 2 <i>NOT in a Box</i> kits were distributed. • 12 Lungs and 12 video tapes/materials were distributed to facilitators. <p>2nd Quarter</p> <ul style="list-style-type: none"> • 0 <i>NOT in a Box</i> kits were distributed. • 27 Lungs and 21 video tapes/materials were distributed to facilitators. <p>3rd Quarter</p> <ul style="list-style-type: none"> • 0 <i>NOT in a Box</i> kits were distributed. • 16 Lungs and 10 video tapes/materials were distributed to facilitators <p>4th Quarter</p> <ul style="list-style-type: none"> • 13 <i>NOT in a Box</i> kits were distributed. • 12 Lungs and 18 video tapes/materials were distributed to facilitators.
<p>1st Quarter</p> <ul style="list-style-type: none"> • ALANC funded mini-grants for 17 N-O-T programs and 7 mini-grants for the establishment of TATU clubs around the state. <p>2nd Quarter</p> <ul style="list-style-type: none"> • 0 mini-grants for N-O-T programs and for the establishment of TATU clubs around the state were funded this quarter. <p>3rd Quarter</p> <ul style="list-style-type: none"> • 0 mini-grants for N-O-T programs and for the establishment of TATU clubs around the state were funded this quarter. <p>4th Quarter</p> <ul style="list-style-type: none"> • ALANC funded mini-grants for 27 N-O-T programs and 15 mini-grants for the establishment of TATU clubs around the state.
<p>1st Quarter</p> <ul style="list-style-type: none"> • Staff were very active in the community this Quarter and attended: <ul style="list-style-type: none"> ○ 17 Technical Assistance and coalition Meetings ○ 8 Health Fairs ○ Best Practices and Prevention Conference in Winston Salem and the Project LEAP Workshop in RTP, NC ○ In addition, staff advocated for an increase excise tax as well as ban second-hand smoke in restaurants, prisons and other public places. We also advocated against Candy Flavored Cigarettes. <p>2nd Quarter</p> <ul style="list-style-type: none"> • October <ul style="list-style-type: none"> ○ 13: Teen Tobacco Use Prevention and Prevention Initiative (NC State, Raleigh)

ALA Report (July 2005 – June 2006)

- 31: WCHS – Project Assist mtg
- November
 - 11,12: Peace Summit
 - 15: Bennett College panel discussion
 - 17: Great American Smoke Out – Rocky Mount
 - 18: Winston Salem Tobacco-less Coalition mtg
- December
 - 20: WCHS – Project Assist mtg

3rd Quarter

Staff were active in the community this Quarter and attended:

- January
 - 5: AI NOT meeting
 - 5: TATC conf call
 - 19, 20: TTAC Sustainability Workshop (Atlanta)
 - 27: Winston Salem Tobaccoless Coalition
 - 30: WakeMed Smoke-free hospital mtg
 - 31: WCHS – Project Assist mtg
- February
 - 22-26: ALA national staff meeting, Memphis
- March
 - 1: AI Not meeting
 - 8: HWTF Conf Call
 - 21: WCHS – Project Assist mtg
 - 24-25: KidsFest Health Fair, Greenville
 - 31: 100% TFS Forum – Pitt County

4th Quarter

Staff were active in the community this Quarter and attended:

- April
 - 12: AI NOT Meeting
 - 21: Bennett College Forum
 - 24-25: Phase III grantee meeting
- May
 - 4: TATC Conf Call
 - 5: Lumbee Indian Spring Powwow
 - 9: WCHS – Project Assist mtg
 - 10: HWTF Conf Call
 - 25: Quit NOW leadership mtg
 -
- June
 - 12: Southeast Central Planning Meeting



REALITYUNFILTERED.COM

NC Health & Wellness Trust Fund

Evaluation of the NC Tobacco. Reality. Unfiltered. (TRU) Media Campaign

BRIEF SUMMARY

June 6, 2006



Summary

Based on results from the latest Youth Tobacco Survey in North Carolina (NC), the Health and Wellness Trust Fund (HWTF) announced in 2006 that high and middle school smoking rates in NC have dramatically declined. Since HWTF funding began in 2003, the rate of decline accelerated, translating into 27,000 fewer teen smokers and putting NC on track to drop below the national smoking average. A major reason for NC's success is likely due to the comprehensive approach the state has taken to youth tobacco use prevention and cessation, combining a statewide counter marketing campaign, called *Tobacco.Reality.Unfiltered.* (TRU), with school and community programs. New research by the Tobacco Prevention and Evaluation Program (TPEP) at the University of North Carolina details contributions the campaign is making to the state's reduced smoking rates among youth and challenges for the media campaign's continued success.

The evaluation of the TRU campaign, based on the theme of serious health consequences of tobacco use affecting real people in the state, occurred on the campaign running in NC's six media markets from Spring through Fall 2004 and from Fall through Winter 2005. The 2004 campaign had a higher dose in the Charlotte media market to more rigorously evaluate the effects of the campaign. The evaluation measured the effectiveness of the TRU campaign through a telephone survey of a sample of NC youth at three time points: before the campaign began, after the first flight of ads, and after the second flight of ads.

The 2006 evaluation report shows significant accomplishments, including:

- ❑ Youth awareness of the TRU campaign is increasing.
 - Awareness of TRU ads increased from 45% in 2004 to 54% of NC youth in 2005
- ❑ Higher amounts of exposure to the TRU campaign have resulted in higher awareness.
 - Youth in Charlotte have significantly greater awareness of the TRU campaign compared with the rest of the state (66% vs. 49%).
- ❑ TRU ads appear to be becoming stronger and more effective.
 - Over 90% of youth who saw the 2005 ads reported that they were convincing, attention-grabbing, and gave good reasons not to smoke.
 - Over 25% of these youth reported that they talked to their friends about the ads, indicating high "chat value".
- ❑ Specific prevention brands, logos, and slogans have an established identity among NC youth.
 - "TRU", "Tobacco.Reality.Unfiltered.", and "What's it gonna take?" are all recognized by at least one third of North Carolina youth, though there has been little change from 2004 to 2005.

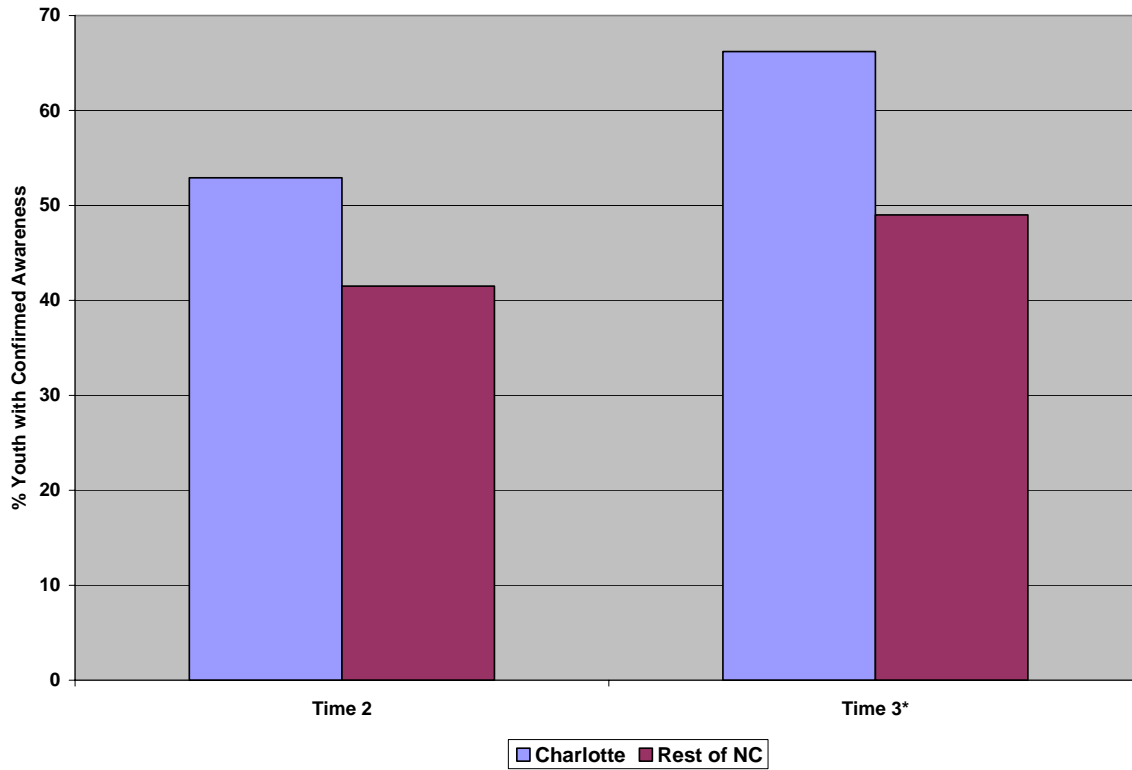
The 2006 evaluation report also shows significant barriers, including:

- ❑ Lack of sufficient and continuous funding for the TRU Media Campaign has limited campaign, brand, and slogan exposure, resulting in less than optimal levels of awareness.
- ❑ The social acceptability of cigarette smoking among NC youth is mixed.
 - Over 50% of youth believe that most people their age think it is okay to smoke, despite the fact that over 80% say they personally do not approve of people their age smoking.
- ❑ A significant portion of youth remain susceptible to tobacco use.
 - Roughly one-third of non-smoking youth remain susceptible to smoking, and 11% remain susceptible to smokeless tobacco products.

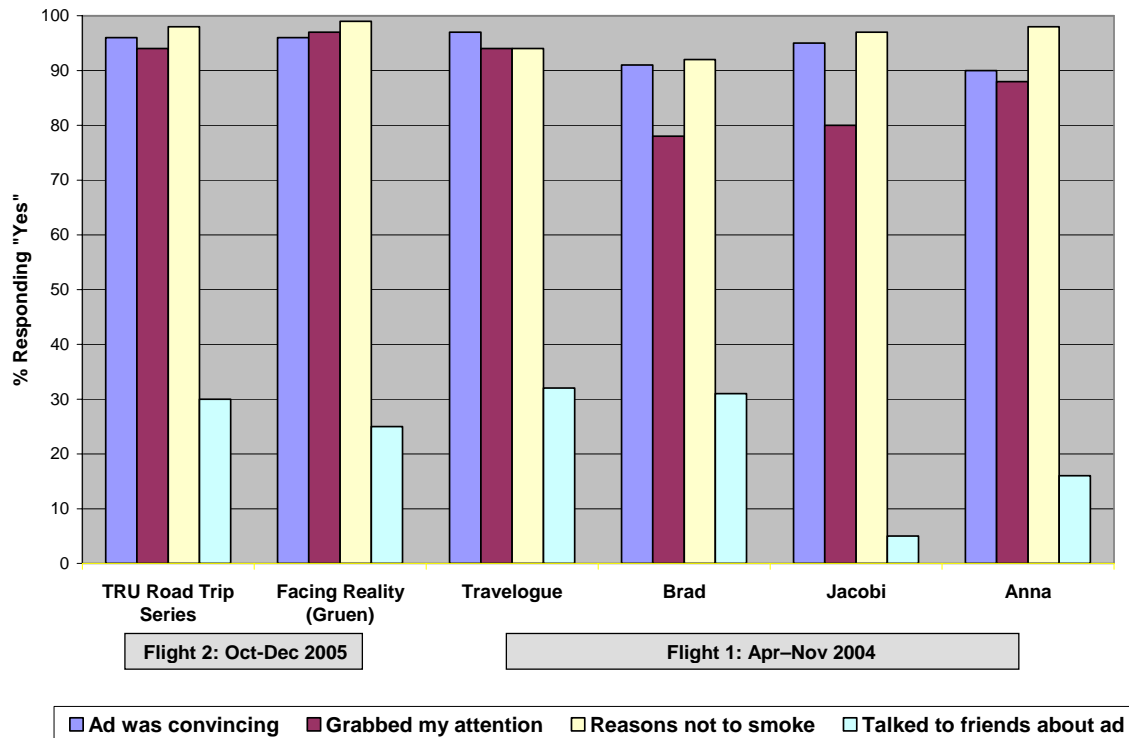
Recommendations: Funding for the TRU campaign should dramatically increase to push exposure of the TRU campaign to levels at or above the original campaign in Charlotte and ultimately to levels seen in best practice national campaigns. The evaluation concludes that the TRU media campaign is now reaching and potentially affecting over one-half of NC youth. Current ads are well received, and future TRU ads should be refined, using the successful themes contained in prior NC best practices media and focus group findings, and evolve in order to keep the campaign targeted and innovative. The evaluation also concludes that without increased and continuous funding of the program, accomplishments and gains may be lost, and rates of tobacco use may increase once again. North Carolina's TRU Media Campaign remains a critical component of its comprehensive program aimed at preventing and reducing teen tobacco use. Continued integration of the mass media campaign with community mobilization must occur to maximize campaign effectiveness.

TRU Campaign Evaluation

Confirmed awareness of TRU ads in 2004 and 2005 by NC youth



Reactions to TRU ads among NC youth with confirmed awareness in 2004-2005



Tobacco Prevention and Evaluation Program
University of North Carolina at Chapel Hill
School of Medicine

Promotion, Adoption, and Compliance with
100% Tobacco Free School Policies in North Carolina:
A Policy Analysis

BRIEF SUMMARY

Prepared for the
North Carolina Health and Wellness
Trust Fund

June 15, 2006



Summary

The Centers for Disease Control and Prevention (CDC), as part of a comprehensive tobacco control program, calls for 100% tobacco-free policies in schools (TFS) to prevent youth tobacco use. A model 100% TFS policy prohibits the use of tobacco products by anyone, including students, staff, and visitors, on school grounds or at school events at all times. Comprehensive TFS policies that are enforced lead to significant reductions of youth tobacco use. According to the 2005 North Carolina Youth Tobacco Survey, high schools with established 100% TFS policies report 40% fewer smokers than schools without such policies.

The North Carolina Health and Wellness Trust Fund (NC HWTF) supports the adoption of 100% TFS policies as one of the primary objectives of its Teen Tobacco Use Prevention and Cessation Initiative. Beginning in 2003, approximately 30 HWTF grantees across the state began to focus on promoting the adoption of and compliance with 100% TFS policies. By early August of 2005, 61 NC school districts had passed such policies. From 2003 to 2005 (essentially the first two years of the HWTF Teen Initiative) there was rapid expansion of TFS policy across the state, jumping from 15 districts at the beginning of 2003 to 61 two and a half years later (see figure). As of mid-June 2006, 73 districts had passed 100% TFS policies.

To better understand factors that were important in policy passage and to provide recommendations to support the continued promotion of 100% TFS policy adoption in NC, the University of North Carolina Tobacco Prevention and Evaluation Program conducted a study of the 46 districts that passed 100% TFS policies between 2003 and early August of 2005. This study included 118 interviews with key informants in those districts and found the following themes:

- ❑ Support from the HWTF created champions for 100% TFS policy adoption.
- ❑ HWTF support of technical assistance through multiple channels translated into increased policy adoption.
- ❑ Political leadership (e.g., former Governor Hunt and Lt. Governor Perdue) proved a motivating factor for school districts in pursuing the adoption of 100% TFS policies.
- ❑ School and community leaders report that 100% TFS policies in NC are very effective, with excellent compliance, enforcement, and outcomes.
- ❑ School districts' fears about policy implementation have remained mostly unfounded.
- ❑ Decisions to strategically involve youth involve in advocating for TFS policies have resulted in more rapid policy adoption.
- ❑ School districts report that knowledge of the positive experience with policy adoption from other school districts encouraged them in their own policy adoption efforts. The positive experience of other districts, along with an emerging statewide trend toward policy adoption, has helped school districts even with historic or current strong economic ties to tobacco to pass 100% TFS policies.

The adoption of 100% TFS policies in NC over the last few years is a tremendous success story. Interviewee data support the conclusion that statewide funding and leadership associated with HWTF positions, programs, training, technical assistance, and resources have had a rapid and dramatic effect on the adoption of 100% TFS policies in the state. The extent of policy adoption that has occurred in such a short time should also prove useful to stakeholders in as many as three dozen states in the U.S. that have school tobacco laws similar to NC's.

**Figure. Cumulative Number of 100% TFS Policies Passed in NC
1990- August 2005**

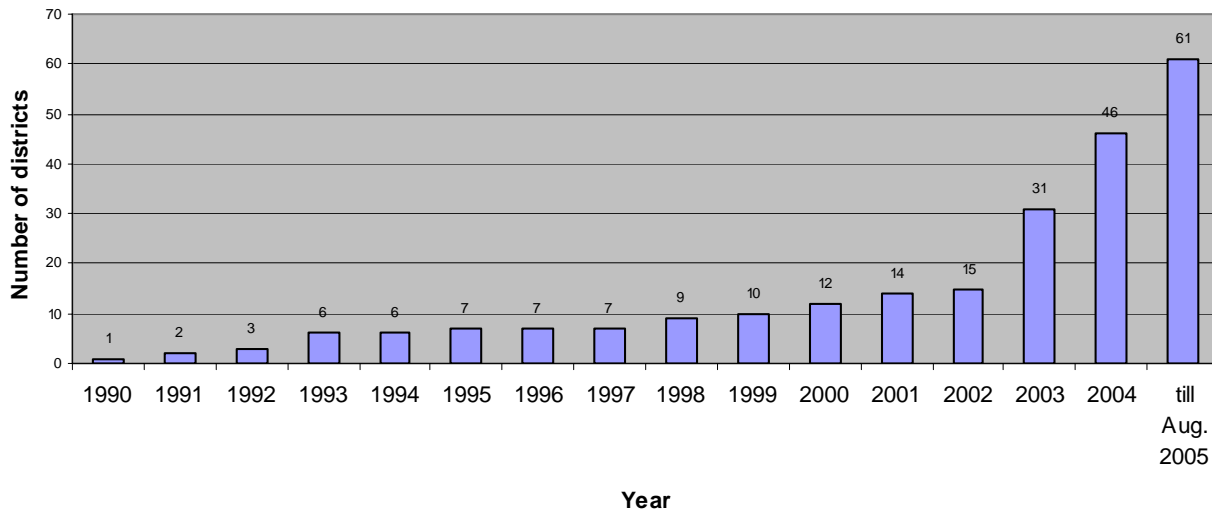


Table. Quotes from Interviewees Demonstrating Themes in 100% TFS Policy Adoption

“Absolutely [HWTF had an impact]. None of this could have been done without that support.”
(Coalition Coordinator)

“The [HWTF funding] has been crucial and is still crucial. The district has shown a lot of improvement in having someone focused on and dedicated to this.”
(Safe and Drug Free School Coordinator)

“We are in a rural area with a lot of tobacco, and there are kids with asthma, cancer, and respiratory problems. We don’t want to be left behind even though we’re small and rural. If [our] county can do it, then everyone ought to be able to.”
(School Health Educator)

“Other school districts are going in that direction; it’s the right thing to do.”
(Safe and Drug Free School Coordinator)

“[People are complying] very well. That is one of the significant things that I’ve noticed, that smoking of students on campus has almost completely disappeared. The smoking violation average is one per month. At first there were some violations at football games and public events, but now there is almost 100% voluntary compliance....”
(Assistant Superintendent)

“We were hesitant because we thought it would be difficult to enforce, but that was not the case.”
(Superintendent)

“It’s a lot easier than you think it’s going to be. After you make the decision, people respect it.”
(Principal)

“Don’t expect the worst. A lot of times we would anticipate adversity and resistance, but we didn’t get them.”
(Coalition Coordinator)

“The biggest cash crop in the county is tobacco, so it was overcoming the traditional thing. . . but the students came and the Board backed it up. . . it didn’t look like we were causing a big uproar.”
(Superintendent)



North Carolina Tobacco Use Quit Line Addendum Report

from 01/01/2006 through 01/31/2006
Contract from: 11/01/2005 through 01/31/2006

Print Date/Time: 02/06/2006 01:36PM

Total Tobacco User By Age	Current Month	Current%	YTD	YTD%
Total Tobacco Users	206	100.0	761	100.0
Total	206	100.00%	761	100.00%

Tobacco User By Age	Current Month	Current%	YTD	YTD%
17 or Under	5	2.4	15	2.0
18 - 24	20	9.7	58	7.6
25 or Older	181	87.9	688	90.4
Total	206	100.00%	761	100.00%

Primary Caregiver From the Registration question: "Do you live with a child under the age of 18, and are their primary caregiver?"	Current Month	Current%	YTD	YTD%
Yes	60	29.9	205	27.5
No	110	54.7	421	56.4
Refused	2	1.0	3	0.4
Not Collected	29	14.4	117	15.7
Total	201	100.00%	746	100.00%

Working With Youth From the Registration question: "Are you employed in a K-12 School system or other childcare facility?"	Current Month	Current%	YTD	YTD%
Yes	6	3.0	25	3.4
No	166	82.6	597	80.0
Refused	0	0	2	0.3
Not Collected	29	14.4	122	16.4
Total	201	100.00%	746	100.00%



North Carolina Tobacco Use Quit Line Addendum Report

from 02/01/2006 through 02/28/2006
Contract from: 11/01/2005 through 02/28/2006

Print Date/Time: 03/03/2006 02:41AM

Total Tobacco User By Age	Current Month	Current%	YTD	YTD%
Total Tobacco Users	262	100.0	1023	100.0
Total	262	100.00%	1023	100.00%

Tobacco User By Age	Current Month	Current%	YTD	YTD%
17 or Under	7	2.7	22	2.2
18 - 24	23	8.8	81	7.9
25 or Older	232	88.5	920	89.9
Total	262	100.00%	1023	100.00%

Primary Caregiver <small>From the Registration question: "Do you live with a child under the age of 18, and are their primary caregiver?"</small>	Current Month	Current%	YTD	YTD%
Yes	93	36.5	298	29.8
No	125	49.0	546	54.5
Refused	0	0	3	0.3
Not Collected	37	14.5	154	15.4
Total	255	100.00%	1001	100.00%

Working With Youth <small>From the Registration question: "Are you employed in a K-12 School system or other childcare facility?"</small>	Current Month	Current%	YTD	YTD%
Yes	18	7.1	43	4.3
No	197	77.3	794	79.3
Refused	0	0	2	0.2
Not Collected	40	15.7	162	16.2
Total	255	100.00%	1001	100.00%



North Carolina Tobacco Use Quit Line Addendum Report

from 03/01/2006 through 03/31/2006
Contract from: 11/01/2005 through 03/31/2006

Print Date/Time: 04/03/2006 02:40AM

Total Tobacco User By Age	Current Month	Current%	YTD	YTD%
Total Tobacco Users	251	100.0	1274	100.0
Total	251	100.00%	1274	100.00%

Tobacco User By Age	Current Month	Current%	YTD	YTD%
17 or Under	5	2.0	27	2.1
18 - 24	19	7.6	100	7.8
25 or Older	227	90.4	1147	90.0
Total	251	100.00%	1274	100.00%

Primary Caregiver From the Registration question: "Do you live with a child under the age of 18, and are their primary caregiver?"	Current Month	Current%	YTD	YTD%
Yes	88	35.8	386	31.0
No	128	52.0	674	54.0
Refused	1	0.4	4	0.3
Not Collected	29	11.8	183	14.7
Total	246	100.00%	1247	100.00%

Working With Youth From the Registration question: "Are you employed in a K-12 School system or other childcare facility?"	Current Month	Current%	YTD	YTD%
Yes	15	6.1	58	4.7
No	203	82.5	997	80.0
Refused	0	0	2	0.2
Not Collected	28	11.4	190	15.2
Total	246	100.00%	1247	100.00%



North Carolina Tobacco Use Quit Line Addendum Report

from 04/01/2006 through 04/30/2006
Contract from: 11/01/2005 through 04/30/2006

Print Date/Time: 05/03/2006 02:40AM

Total Tobacco User By Age	Current Month	Current%	YTD	YTD%
Total Tobacco Users	157	100.0	1433	100.0
Total	157	100.00%	1433	100.00%

Tobacco User By Age	Current Month	Current%	YTD	YTD%
17 or Under	1	0.6	28	2.0
18 - 24	16	10.2	116	8.1
25 or Older	140	89.2	1281	89.9
Total	157	100.00%	1425	100.00%

Primary Caregiver <small>From the Registration question: "Do you live with a child under the age of 18, and are their primary caregiver?"</small>	Current Month	Current%	YTD	YTD%
Yes	45	28.8	430	30.8
No	88	56.4	762	54.5
Refused	1	0.6	5	0.4
Not Collected	22	14.1	200	14.3
Total	156	100.00%	1397	100.00%

Working With Youth <small>From the Registration question: "Are you employed in a K-12 School system or other childcare facility?"</small>	Current Month	Current%	YTD	YTD%
Yes	5	3.2	63	4.5
No	129	82.7	1125	80.5
Refused	1	0.6	3	0.2
Not Collected	21	13.5	206	14.7
Total	156	100.00%	1397	100.00%



North Carolina Tobacco Use Quit Line Addendum Report

from 05/01/2006 through 05/31/2006
Contract from: 11/01/2005 through 05/31/2006

Print Date/Time: 06/02/2006 02:43AM

Total Tobacco User By Age	Current Month	Current%	YTD	YTD%
Total Tobacco Users	183	100.0	1616	100.0
Total	183	100.00%	1616	100.00%

Tobacco User By Age	Current Month	Current%	YTD	YTD%
17 or Under	3	1.6	31	1.9
18 - 24	18	9.8	134	8.3
25 or Older	162	88.5	1443	89.7
Total	183	100.00%	1608	100.00%

Primary Caregiver <small>From the Registration question: "Do you live with a child under the age of 18, and are their primary caregiver?"</small>	Current Month	Current%	YTD	YTD%
Yes	57	31.7	487	30.9
No	102	56.7	864	54.8
Refused	1	0.6	6	0.4
Not Collected	20	11.1	220	14.0
Total	180	100.00%	1577	100.00%

Working With Youth <small>From the Registration question: "Are you employed in a K-12 School system or other childcare facility?"</small>	Current Month	Current%	YTD	YTD%
Yes	13	7.2	76	4.8
No	146	81.1	1271	80.6
Refused	1	0.6	4	0.3
Not Collected	20	11.1	226	14.3
Total	180	100.00%	1577	100.00%



North Carolina Tobacco Use Quit Line Addendum Report

from 06/01/2006 through 06/30/2006
Contract from: 11/01/2005 through 06/30/2006

Print Date/Time: 07/06/2006 02:40AM

Total Tobacco User By Age	Current Month	Current%	YTD	YTD%
Total Tobacco Users	358	100.0	1974	100.0
Total	358	100.00%	1974	100.00%

Tobacco User By Age	Current Month	Current%	YTD	YTD%
17 or Under	18	5.0	49	2.5
18 - 24	74	20.7	208	10.5
25 or Older	266	74.3	1717	87.0
Total	358	100.00%	1974	100.00%

Primary Caregiver From the Registration question: "Do you live with a child under the age of 18, and are their primary caregiver?"	Current Month	Current%	YTD	YTD%
Yes	93	27.4	581	30.2
No	162	47.6	1026	53.3
Refused	1	0.3	7	0.4
Not Collected	84	24.7	311	16.2
Total	340	100.00%	1925	100.00%

Working With Youth From the Registration question: "Are you employed in a K-12 School system or other childcare facility?"	Current Month	Current%	YTD	YTD%
Yes	12	3.5	88	4.6
No	237	69.7	1509	78.4
Refused	2	0.6	6	0.3
Not Collected	89	26.2	322	16.7
Total	340	100.00%	1925	100.00%



Print Date/Time: 02/06/2006 01:04PM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 01/01/2006 through 01/31/2006

Contract Dates From 10/01/2005 through 01/31/2006

The purpose of this report is to display aggregate demographic information by caller type. Caller type information is based upon the date that the participant calls Free & Clear, Inc. to enroll in a program or receives information about a program.

Method of Entry

NOTE: Includes Tobacco User, Proxy and Provider.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Inbound English Phone Call	216	92.7%	799	94.4%
Inbound Spanish Phone Call	-	-	3	0.4%
Evaluation Call Transfer	-	-	-	-
Warm Transfer From Partner	-	-	-	-
Recruitment Call	-	-	-	-
Import	-	-	-	-
Fax Referral	17	7.3%	27	3.2%
Voicemail	-	-	2	0.2%
Registration Short Form	-	-	15	1.8%
Web Registration	-	-	-	-
Not Asked	-	-	-	-
Total	233	100%	846	100%

Caller Type

	Current Month	Current Month %	Contract YTD	Contract YTD %
Tobacco User	201	86.3%	746	88.2%
Proxy	13	5.6%	50	5.9%
Provider	19	8.2%	50	5.9%
Total	233	100%	846	100%



Print Date/Time: 02/06/2006 01:04PM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 01/01/2006 through 01/31/2006

Contract Dates From 10/01/2005 through 01/31/2006

How Heard About

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Brochure/Newsletter/Flyer	14	6.3%	38	4.6%
College newspaper	2	0.9%	2	0.2%
College radio	-	-	-	-
College website	1	0.5%	1	0.1%
Community Organization	7	3.2%	17	2.1%
Email from College leadership	-	-	1	0.1%
Employer/Worksite	9	4.1%	21	2.5%
Family/Friend	28	12.6%	79	9.6%
Health Department	8	3.6%	24	2.9%
Health Insurance	-	-	3	0.4%
Health Professional	32	14.4%	77	9.3%
Newspaper/Magazine	24	10.8%	48	5.8%
Outdoor Ad	10	4.5%	11	1.3%
Phone Directory	-	-	2	0.2%
Radio/Commercial	22	9.9%	28	3.4%
Radio/News	7	3.2%	15	1.8%
School/College event	1	0.5%	12	1.5%
Student Health Services	-	-	-	-
TV/Commercial	20	9.0%	128	15.5%
TV/News	7	3.2%	217	26.3%
Website	7	3.2%	28	3.4%
Does Not Remember	1	0.5%	1	0.1%
Other	22	9.9%	72	8.7%
Refused	-	-	-	-
Not Collected	11	-	21	-
Total	233	100%	846	100%

Tobacco Users by Gender

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Male	79	39.3%	247	33.1%
Female	122	60.7%	499	66.9%
Refused	-	-	-	-
Not Collected	-	-	-	-
Not Asked	-	-	-	-
Total	201	100%	746	100%

Tobacco Users by Ethnicity

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Hispanic	6	3.0%	22	3.0%
Non-Hispanic	194	96.5%	709	96.7%
Does Not Know	1	0.5%	2	0.3%
Refused	-	-	4	-
Not Collected	-	-	4	-
Not Asked	-	-	5	-
Total	201	100%	746	100%



North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 01/01/2006 through 01/31/2006

Contract Dates From 10/01/2005 through 01/31/2006

Print Date/Time: 02/06/2006 01:04PM

Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
White				
Sub Total	148	73.6%	496	67.7%
Black or African American				
Sub Total	43	21.4%	194	26.5%
Asian				
Asian Indian	-	-	-	-
Cambodian	-	-	-	-
Chinese	-	-	-	-
Filipino	-	-	-	-
Hmong	-	-	-	-
Indonesian	-	-	-	-
Japanese	-	-	-	-
Korean	-	-	-	-
Laotian	-	-	1	0.1%
Pakistani	-	-	-	-
Taiwanese	-	-	-	-
Thai	-	-	-	-
Vietnamese	-	-	-	-
Other Asian	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	-	-
Sub Total	-	-	1	-
Native Hawaiian/Other Pacific Islander				
Native Hawaiian	-	-	-	-
Samoan	-	-	-	-
Tongan	-	-	-	-
Tahitian	-	-	-	-
Maori	-	-	-	-
Guamanian/Chamorro	-	-	1	0.1%
Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, Saipanese, Kosraean)	-	-	-	-
Fijian	-	-	-	-
Other Pacific Islander	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	1	0.1%
Sub Total	-	-	2	0.2%
American Indian or Alaskan Native				
Sub Total	2	1.0%	16	2.2%
Other				
Sub Total	6	3.0%	22	3.0%
Does Not Know				
Sub Total	2	1.0%	2	0.3%
Refused				
Sub Total	-		4	



Print Date/Time: 02/06/2006 01:04PM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 01/01/2006 through 01/31/2006

Contract Dates From 10/01/2005 through 01/31/2006

Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Collected				
Sub Total	-		6	
Not Asked				
Sub Total	-		3	
Total	201	100%	746	100%

Tobacco Users by Language Spoken

	Current Month	Current Month %	Contract YTD	Contract YTD %
English	199	99.0%	736	98.7%
Spanish	2	1.0%	10	1.3%
Total	201	100%	746	100%

Tobacco Users by Age

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
17 years old and under	-	-	-	-
18 - 24	20	10.1%	55	7.9%
25 - 30	26	13.1%	72	10.3%
31 - 40	45	22.6%	129	18.5%
41 - 50	50	25.1%	191	27.4%
51 - 60	36	18.1%	151	21.7%
61 - 70	15	7.5%	76	10.9%
71 - 80	7	3.5%	20	2.9%
Over 80	-	-	2	0.3%
Not collected	-		-	
Refused	2		50	
Total	201	100%	746	100%

Tobacco Users by Education

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Less than grade 9	10	5.0%	31	4.2%
Grade 9-11, no degree	27	13.4%	91	12.4%
GED	9	4.5%	31	4.2%
High School Degree	52	25.9%	202	27.6%
Some College or University	66	32.8%	223	30.5%
College or University Degree	37	18.4%	153	20.9%
Does Not Know	-	-	-	-
Refused	-		4	
Not Collected	-		6	
Not Asked	-		5	
Total	201	100%	746	100%



Print Date/Time: 02/06/2006 01:04PM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 01/01/2006 through 01/31/2006

Contract Dates From 10/01/2005 through 01/31/2006

Tobacco Users by Tobacco Type

NOTE: Percentage of total does not include Not Collected. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Cigarette	198	97.5%	732	96.3%
Cigar	1	0.5%	13	1.7%
Pipe	-	-	1	0.1%
Smokeless Tobacco	4	2.0%	14	1.8%
Other	-	-	-	-
Not Collected	1		3	
Total	204	100%	763	100%

Female Tobacco Users by Pregnancy Status

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Pregnant	116	95.1%	482	96.6%
Currently Pregnant	2	1.6%	8	1.6%
Planning Pregnancy in Next 6 Months	3	2.5%	8	1.6%
Currently Breastfeeding	1	0.8%	1	0.2%
Refused	-		-	
Not Collected	-		-	
Total	122	100%	499	100%

Tobacco Users by Chronic Conditions

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Asthma	36	16.0%	121	14.8%
COPD	18	8.0%	72	8.8%
CAD	13	5.8%	31	3.8%
Diabetes	21	9.3%	72	8.8%
None	136	60.4%	511	62.7%
Does Not Know	1	0.4%	8	1.0%
Refused	-		2	
Not Collected	-		4	
Total	225	100%	821	100%

Tobacco Users by Stage at Registration

	Current Month	Current Month %	Contract YTD	Contract YTD %
Precontemplation	-	-	1	0.1%
Contemplation	13	6.5%	45	6.0%
Preparation	162	81.4%	636	85.5%
Action	6	3.0%	11	1.5%
24 Hours	6	3.0%	13	1.7%
7 Days	6	3.0%	9	1.2%
1 Month	-	-	1	0.1%
Maintenance	6	3.0%	28	3.8%
Not collected	2		2	
Total	201	100%	746	100%



Print Date/Time: 03/03/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 02/01/2006 through 02/28/2006

Contract Dates From 10/01/2005 through 02/28/2006

The purpose of this report is to display aggregate demographic information by caller type. Caller type information is based upon the date that the participant calls Free & Clear, Inc. to enroll in a program or receives information about a program.

Method of Entry

NOTE: Includes Tobacco User, Proxy and Provider.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Inbound English Phone Call	249	83.8%	1048	91.7%
Inbound Spanish Phone Call	1	0.3%	4	0.3%
Evaluation Call Transfer	-	-	-	-
Warm Transfer From Partner	-	-	-	-
Recruitment Call	-	-	-	-
Import	-	-	-	-
Fax Referral	46	15.5%	73	6.4%
Voicemail	1	0.3%	3	0.3%
Registration Short Form	-	-	15	1.3%
Web Registration	-	-	-	-
Not Asked	-	-	-	-
Total	297	100%	1143	100%

Caller Type

	Current Month	Current Month %	Contract YTD	Contract YTD %
Tobacco User	255	85.9%	1001	87.6%
Proxy	11	3.7%	61	5.3%
Provider	31	10.4%	81	7.1%
Total	297	100%	1143	100%



Print Date/Time: 03/03/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 02/01/2006 through 02/28/2006

Contract Dates From 10/01/2005 through 02/28/2006

How Heard About

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
ACC Tournament (basketball)	-	-	-	-
Brochure/Newsletter/Flyer	27	9.3%	65	5.8%
CIAA Tournament (basketball)	-	-	-	-
Cigarette Pack (Quit Assist)	-	-	-	-
College newspaper	1	0.3%	3	0.3%
College radio	-	-	-	-
College website	-	-	1	0.1%
Community Organization	3	1.0%	20	1.8%
Email from College leadership	-	-	1	0.1%
Employer/Worksite	4	1.4%	25	2.2%
Family/Friend	18	6.2%	97	8.7%
Health Department	9	3.1%	33	3.0%
Health Insurance	8	2.8%	11	1.0%
Health Professional	88	30.5%	165	14.8%
NCAA Tournament (basketball)	-	-	-	-
Newspaper/Magazine	7	2.4%	55	4.9%
Outdoor Ad	4	1.4%	15	1.3%
Phone Directory	2	0.7%	4	0.4%
Radio/Commercial	57	19.7%	85	7.6%
Radio/News	7	2.4%	22	2.0%
School/College event	1	0.3%	13	1.2%
Student Health Services	1	0.3%	1	0.1%
TV/Commercial	16	5.5%	144	12.9%
TV/News	2	0.7%	219	19.7%
Website	13	4.5%	41	3.7%
Does Not Remember	3	1.0%	4	0.4%
Other	18	6.2%	90	8.1%
Refused	-	-	-	-
Not Collected	8	-	29	-
Total	297	100%	1143	100%

Tobacco Users by Gender

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Male	102	40.0%	349	34.9%
Female	153	60.0%	652	65.1%
Refused	-	-	-	-
Not Collected	-	-	-	-
Not Asked	-	-	-	-
Total	255	100%	1001	100%



Print Date/Time: 03/03/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 02/01/2006 through 02/28/2006

Contract Dates From 10/01/2005 through 02/28/2006

Tobacco Users by Ethnicity

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Hispanic	7	2.8%	29	3.0%
Non-Hispanic	241	96.4%	950	96.6%
Does Not Know	2	0.8%	4	0.4%
Refused	1		5	
Not Collected	1		5	
Not Asked	3		8	
Total	255	100%	1001	100%



North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 02/01/2006 through 02/28/2006

Contract Dates From 10/01/2005 through 02/28/2006

Print Date/Time: 03/03/2006 02:41AM

Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
White				
Sub Total	140	56.2%	636	64.8%
Black or African American				
Sub Total	93	37.3%	287	29.2%
Asian				
Asian Indian	-	-	-	-
Cambodian	-	-	-	-
Chinese	-	-	-	-
Filipino	-	-	-	-
Hmong	-	-	-	-
Indonesian	-	-	-	-
Japanese	-	-	-	-
Korean	1	0.4%	1	0.1%
Laotian	-	-	1	0.1%
Pakistani	-	-	-	-
Taiwanese	-	-	-	-
Thai	-	-	-	-
Vietnamese	-	-	-	-
Other Asian	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	-	-
Sub Total	1	-	2	-
Native Hawaiian/Other Pacific Islander				
Native Hawaiian	-	-	-	-
Samoan	-	-	-	-
Tongan	-	-	-	-
Tahitian	-	-	-	-
Maori	-	-	-	-
Guamanian/Chamorro	-	-	1	0.1%
Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, Saipanese, Kosraean)	-	-	-	-
Fijian	-	-	-	-
Other Pacific Islander	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	1	0.1%
Sub Total	-	-	2	0.2%
American Indian or Alaskan Native				
Sub Total	6	2.4%	22	2.2%
Other				
Sub Total	9	3.6%	31	3.2%
Does Not Know				
Sub Total	-	-	2	0.2%
Refused				
Sub Total	2		6	



Print Date/Time: 03/03/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 02/01/2006 through 02/28/2006

Contract Dates From 10/01/2005 through 02/28/2006

Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Collected				
Sub Total	1		7	
Not Asked				
Sub Total	3		6	
Total	255	100%	1001	100%

Tobacco Users by Language Spoken

	Current Month	Current Month %	Contract YTD	Contract YTD %
English	253	99.2%	989	98.8%
Spanish	2	0.8%	12	1.2%
Total	255	100%	1001	100%

Tobacco Users by Age

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
17 years old and under	-	-	-	-
18 - 24	23	9.0%	78	8.2%
25 - 30	34	13.3%	106	11.1%
31 - 40	66	25.9%	195	20.5%
41 - 50	59	23.1%	250	26.3%
51 - 60	50	19.6%	201	21.1%
61 - 70	18	7.1%	94	9.9%
71 - 80	5	2.0%	25	2.6%
Over 80	-	-	2	0.2%
Not collected	-		-	
Refused	-		50	
Total	255	100%	1001	100%

Tobacco Users by Education

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Less than grade 9	4	1.6%	35	3.6%
Grade 9-11, no degree	36	14.5%	127	13.0%
GED	9	3.6%	40	4.1%
High School Degree	61	24.5%	263	26.8%
Some College or University	89	35.7%	312	31.8%
College or University Degree	50	20.1%	203	20.7%
Does Not Know	-	-	-	-
Refused	1		5	
Not Collected	2		8	
Not Asked	3		8	
Total	255	100%	1001	100%



Print Date/Time: 03/03/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 02/01/2006 through 02/28/2006

Contract Dates From 10/01/2005 through 02/28/2006

Tobacco Users by Tobacco Type

NOTE: Percentage of total does not include Not Collected. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Cigarette	239	92.6%	971	95.4%
Cigar	9	3.5%	22	2.2%
Pipe	-	-	1	0.1%
Smokeless Tobacco	9	3.5%	23	2.3%
Other	1	0.4%	1	0.1%
Not Collected	2		5	
Total	260	100%	1023	100%

Female Tobacco Users by Pregnancy Status

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Pregnant	153	100.0%	635	97.4%
Currently Pregnant	-	-	8	1.2%
Planning Pregnancy in Next 6 Months	-	-	8	1.2%
Currently Breastfeeding	-	-	1	0.2%
Refused	-		-	
Not Collected	-		-	
Total	153	100%	652	100%

Tobacco Users by Chronic Conditions

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Asthma	41	14.7%	162	14.8%
COPD	27	9.7%	99	9.0%
CAD	10	3.6%	41	3.7%
Diabetes	26	9.3%	98	9.0%
None	175	62.7%	686	62.7%
Does Not Know	-	-	8	0.7%
Refused	-		2	
Not Collected	4		12	
Total	283	100%	1108	100%

Tobacco Users by Stage at Registration

	Current Month	Current Month %	Contract YTD	Contract YTD %
Precontemplation	-	-	1	0.1%
Contemplation	12	4.7%	57	5.7%
Preparation	222	87.7%	858	86.1%
Action	6	2.4%	17	1.7%
24 Hours	2	0.8%	15	1.5%
7 Days	2	0.8%	11	1.1%
1 Month	-	-	1	0.1%
Maintenance	9	3.6%	37	3.7%
Not collected	2		4	
Total	255	100%	1001	100%



Print Date/Time: 04/03/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 03/01/2006 through 03/31/2006

Contract Dates From 10/01/2005 through 03/31/2006

The purpose of this report is to display aggregate demographic information by caller type. Caller type information is based upon the date that the participant calls Free & Clear, Inc. to enroll in a program or receives information about a program.

Method of Entry

NOTE: Includes Tobacco User, Proxy and Provider.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Inbound English Phone Call	210	79.5%	1258	89.4%
Inbound Spanish Phone Call	1	0.4%	5	0.4%
Evaluation Call Transfer	-	-	-	-
Warm Transfer From Partner	-	-	-	-
Recruitment Call	-	-	-	-
Import	-	-	-	-
Fax Referral	53	20.1%	126	9.0%
Voicemail	-	-	3	0.2%
Registration Short Form	-	-	15	1.1%
Web Registration	-	-	-	-
Not Asked	-	-	-	-
Total	264	100%	1407	100%

Caller Type

	Current Month	Current Month %	Contract YTD	Contract YTD %
Tobacco User	246	93.2%	1247	88.6%
Proxy	6	2.3%	67	4.8%
Provider	12	4.5%	93	6.6%
Total	264	100%	1407	100%



North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 03/01/2006 through 03/31/2006

Contract Dates From 10/01/2005 through 03/31/2006

Print Date/Time: 04/03/2006 02:41AM

How Heard About

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
ACC Tournament (basketball)	-	-	-	-
Brochure/Newsletter/Flyer	13	5.1%	78	5.7%
CIAA Tournament (basketball)	-	-	-	-
Cigarette Pack (Quit Assist)	5	1.9%	5	0.4%
College newspaper	-	-	3	0.2%
College radio	-	-	-	-
College website	-	-	1	0.1%
Community Organization	5	1.9%	25	1.8%
Email from College leadership	-	-	1	0.1%
Employer/Worksite	2	0.8%	27	2.0%
Family/Friend	17	6.6%	114	8.3%
Health Department	15	5.8%	48	3.5%
Health Insurance	4	1.6%	15	1.1%
Health Professional	99	38.5%	264	19.3%
NCAA Tournament (basketball)	-	-	-	-
Newspaper/Magazine	9	3.5%	64	4.7%
Outdoor Ad	5	1.9%	20	1.5%
Phone Directory	-	-	4	0.3%
Radio/Commercial	32	12.5%	117	8.5%
Radio/News	3	1.2%	25	1.8%
School/College event	3	1.2%	16	1.2%
Student Health Services	-	-	1	0.1%
TV/Commercial	20	7.8%	164	12.0%
TV/News	5	1.9%	224	16.3%
Website	6	2.3%	47	3.4%
Does Not Remember	2	0.8%	6	0.4%
Other	12	4.7%	102	7.4%
Refused	-	-	-	-
Not Collected	7	-	36	-
Total	264	100%	1407	100%

Tobacco Users by Gender

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Male	80	32.5%	429	34.4%
Female	166	67.5%	818	65.6%
Refused	-	-	-	-
Not Collected	-	-	-	-
Not Asked	-	-	-	-
Total	246	100%	1247	100%



Print Date/Time: 04/03/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 03/01/2006 through 03/31/2006

Contract Dates From 10/01/2005 through 03/31/2006

Tobacco Users by Ethnicity

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Hispanic	9	3.7%	38	3.1%
Non-Hispanic	234	96.3%	1184	96.6%
Does Not Know	-	-	4	0.3%
Refused	1		6	
Not Collected	1		6	
Not Asked	1		9	
Total	246	100%	1247	100%



North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 03/01/2006 through 03/31/2006

Contract Dates From 10/01/2005 through 03/31/2006

Print Date/Time: 04/03/2006 02:41AM

Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
White				
Sub Total	134	55.4%	770	62.9%
Black or African American				
Sub Total	87	36.0%	374	30.6%
Asian				
Asian Indian	-	-	-	-
Cambodian	-	-	-	-
Chinese	-	-	-	-
Filipino	-	-	-	-
Hmong	-	-	-	-
Indonesian	-	-	-	-
Japanese	1	0.4%	1	0.1%
Korean	1	0.4%	2	0.2%
Laotian	-	-	1	0.1%
Pakistani	-	-	-	-
Taiwanese	-	-	-	-
Thai	-	-	-	-
Vietnamese	-	-	-	-
Other Asian	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	1	0.4%	1	0.1%
Sub Total	3	1.2%	5	0.5%
Native Hawaiian/Other Pacific Islander				
Native Hawaiian	-	-	-	-
Samoan	-	-	-	-
Tongan	-	-	-	-
Tahitian	-	-	-	-
Maori	-	-	-	-
Guamanian/Chamorro	-	-	1	0.1%
Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, Saipanese, Kosraean)	-	-	-	-
Fijian	-	-	-	-
Other Pacific Islander	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	1	0.1%
Sub Total	-	-	2	0.2%
American Indian or Alaskan Native				
Sub Total	7	2.9%	29	2.4%
Other				
Sub Total	11	4.5%	42	3.4%
Does Not Know				
Sub Total	-	-	2	0.2%
Refused				
Sub Total	2		8	



Print Date/Time: 04/03/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 03/01/2006 through 03/31/2006

Contract Dates From 10/01/2005 through 03/31/2006

Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Collected				
Sub Total	1		8	
Not Asked				
Sub Total	1		7	
Total	246	100%	1247	100%

Tobacco Users by Language Spoken

	Current Month	Current Month %	Contract YTD	Contract YTD %
English	244	99.2%	1233	98.9%
Spanish	2	0.8%	14	1.1%
Total	246	100%	1247	100%

Tobacco Users by Age

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
17 years old and under	-	-	-	-
18 - 24	19	7.8%	97	8.1%
25 - 30	20	8.2%	126	10.5%
31 - 40	46	18.8%	241	20.2%
41 - 50	74	30.2%	324	27.1%
51 - 60	64	26.1%	265	22.2%
61 - 70	16	6.5%	110	9.2%
71 - 80	6	2.4%	31	2.6%
Over 80	-	-	2	0.2%
Not collected	-		-	
Refused	1		51	
Total	246	100%	1247	100%

Tobacco Users by Education

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Less than grade 9	10	4.1%	45	3.7%
Grade 9-11, no degree	32	13.2%	159	13.0%
GED	9	3.7%	49	4.0%
High School Degree	59	24.3%	322	26.3%
Some College or University	77	31.7%	389	31.8%
College or University Degree	56	23.0%	259	21.2%
Does Not Know	-	-	-	-
Refused	1		6	
Not Collected	1		9	
Not Asked	1		9	
Total	246	100%	1247	100%



Print Date/Time: 04/03/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 03/01/2006 through 03/31/2006

Contract Dates From 10/01/2005 through 03/31/2006

Tobacco Users by Tobacco Type

NOTE: Percentage of total does not include Not Collected. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Cigarette	240	94.9%	1211	95.3%
Cigar	9	3.6%	31	2.4%
Pipe	1	0.4%	2	0.2%
Smokeless Tobacco	3	1.2%	26	2.0%
Other	-	-	1	0.1%
Not Collected	-		5	
Total	253	100%	1276	100%

Female Tobacco Users by Pregnancy Status

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Pregnant	162	97.6%	797	97.4%
Currently Pregnant	2	1.2%	10	1.2%
Planning Pregnancy in Next 6 Months	2	1.2%	10	1.2%
Currently Breastfeeding	-	-	1	0.1%
Refused	-		-	
Not Collected	-		-	
Total	166	100%	818	100%

Tobacco Users by Chronic Conditions

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Asthma	35	12.9%	197	14.4%
COPD	23	8.5%	122	8.9%
CAD	16	5.9%	57	4.2%
Diabetes	29	10.7%	127	9.3%
None	167	61.6%	853	62.5%
Does Not Know	1	0.4%	9	0.7%
Refused	-		2	
Not Collected	1		13	
Total	272	100%	1380	100%

Tobacco Users by Stage at Registration

	Current Month	Current Month %	Contract YTD	Contract YTD %
Precontemplation	-	-	1	0.1%
Contemplation	6	2.4%	63	5.1%
Preparation	226	92.2%	1084	87.2%
Action	4	1.6%	21	1.7%
24 Hours	1	0.4%	16	1.3%
7 Days	2	0.8%	13	1.0%
1 Month	-	-	1	0.1%
Maintenance	6	2.4%	44	3.5%
Not collected	1		4	
Total	246	100%	1247	100%



Print Date/Time: 05/03/2006 02:40AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 04/01/2006 through 04/30/2006

Contract Dates From 10/01/2005 through 04/30/2006

The purpose of this report is to display aggregate demographic information by caller type. Caller type information is based upon the date that the participant calls Free & Clear, Inc. to enroll in a program or receives information about a program.

Method of Entry

NOTE: Includes Tobacco User, Proxy and Provider.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Inbound English Phone Call	152	87.4%	1410	89.1%
Inbound Spanish Phone Call	-	-	5	0.3%
Evaluation Call Transfer	-	-	-	-
Warm Transfer From Partner	-	-	-	-
Recruitment Call	-	-	-	-
Import	-	-	-	-
Fax Referral	22	12.6%	150	9.5%
Voicemail	-	-	3	0.2%
Registration Short Form	-	-	15	0.9%
Web Registration	-	-	-	-
Not Asked	-	-	-	-
Total	174	100%	1583	100%

Caller Type

NOTE: "Other" includes Hang up, Prank and Wrong Number.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Tobacco User	156	89.7%	1405	88.8%
Proxy	5	2.9%	72	4.5%
Provider	13	7.5%	106	6.7%
Total	174	100%	1583	100%



North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 04/01/2006 through 04/30/2006

Contract Dates From 10/01/2005 through 04/30/2006

Print Date/Time: 05/03/2006 02:40AM

How Heard About

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Brochure/Newsletter/Flyer	11	6.5%	89	5.8%
Cigarette Pack (Quit Assist)	2	1.2%	7	0.5%
College website	-	-	1	0.1%
Community Organization	9	5.3%	34	2.2%
Employer/Worksite	1	0.6%	28	1.8%
Family/Friend	17	10.1%	131	8.5%
Health Department	17	10.1%	65	4.2%
Health Insurance	8	4.7%	23	1.5%
Health Professional				
<i>Dental Hygienist</i>	-	-	3	0.2%
<i>Dentist</i>	4	2.4%	10	0.6%
<i>Health Care Provider</i>	52	30.8%	222	14.4%
<i>Health Educator</i>	1	0.6%	7	0.5%
<i>Not Collected</i>	1	0.6%	57	3.7%
<i>Nurse</i>	-	-	10	0.6%
<i>Other</i>	1	0.6%	11	0.7%
<i>Other Specialist</i>	1	0.6%	4	0.3%
<i>Physician Assistant</i>	-	-	1	0.1%
Sub Total	60	-	325	21.1%
Newspaper/Magazine	5	3.0%	69	4.5%
Outdoor Ad				
<i>Billboard</i>	2	1.2%	15	1.0%
<i>Bus Ad</i>	1	0.6%	1	0.1%
<i>Not Collected</i>	-	-	2	0.1%
<i>Other</i>	1	0.6%	6	0.4%
Sub Total	4	2.4%	24	1.6%
Radio/Commercial	4	2.4%	121	7.9%
Radio/News	-	-	25	1.6%
School/College event	1	0.6%	17	1.1%
Student Health Services	1	0.6%	2	0.1%
TV/Commercial	8	4.7%	172	11.2%
TV/News	1	0.6%	225	14.6%
Website	6	3.6%	53	3.4%
College newspaper	-	-	3	0.2%
Email from College leadership	-	-	1	0.1%
Phone Directory	-	-	4	0.3%
Does Not Remember	-	-	6	0.4%
Other	14	8.3%	116	7.5%
Not Collected	5		42	
Total	174	100%	1583	100%



Print Date/Time: 05/03/2006 02:40AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 04/01/2006 through 04/30/2006

Contract Dates From 10/01/2005 through 04/30/2006

Tobacco Users by Gender

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Male	60	38.5%	490	34.9%
Female	96	61.5%	915	65.1%
Refused	-		-	
Not Collected	-		-	
Not Asked	-		-	
Total	156	100%	1405	100%

Tobacco Users by Ethnicity

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Hispanic	1	0.7%	39	2.8%
Non-Hispanic	150	99.3%	1334	96.9%
Does Not Know	-	-	4	0.3%
Refused	4		10	
Not Collected	1		9	
Not Asked	-		9	
Total	156	100%	1405	100%



Print Date/Time: 05/03/2006 02:40AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 04/01/2006 through 04/30/2006

Contract Dates From 10/01/2005 through 04/30/2006

Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
White	99	65.1%	869	63.2%
Black or African American	46	30.3%	420	30.5%
Asian				
Asian Indian	-	-	-	-
Cambodian	-	-	-	-
Chinese	-	-	-	-
Filipino	-	-	-	-
Hmong	-	-	-	-
Japanese	-	-	1	0.1%
Korean	-	-	2	0.1%
Laotian	-	-	1	0.1%
Pakistani	-	-	-	-
Taiwanese	-	-	-	-
Thai	-	-	-	-
Vietnamese	-	-	-	-
Other Asian	-	-	-	-
Indonesian	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	1	0.1%
Sub Total	-	-	5	0.4%
Native Hawaiian/Other Pacific Islander				
Native Hawaiian	-	-	-	-
Samoan	-	-	-	-
Tongan	-	-	-	-
Tahitian	-	-	-	-
Maori	-	-	-	-
Guamanian/Chamorro	-	-	1	0.1%
Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, �	-	-	-	-
Fijian	-	-	-	-
Other Pacific Islander	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	1	0.1%
Sub Total	-	-	2	0.2%
American Indian or Alaskan Native	3	2.0%	32	2.3%
Other	4	2.6%	46	3.3%
Does Not Know	-	-	2	0.1%
Refused	4		12	
Not Collected	-		10	
Not Asked	-		7	
Total	156	100%	1405	100%



Print Date/Time: 05/03/2006 02:40AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 04/01/2006 through 04/30/2006

Contract Dates From 10/01/2005 through 04/30/2006

Tobacco Users by Language Spoken

	Current Month	Current Month %	Contract YTD	Contract YTD %
English	156	100.0%	1391	99.0%
Spanish	-	-	14	1.0%
Total	156	100%	1405	100%

Tobacco Users by Age

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
17 years old and under	-	-	-	-
18 - 24	16	10.3%	113	8.4%
25 - 30	13	8.4%	139	10.3%
31 - 40	23	14.8%	264	19.5%
41 - 50	50	32.3%	375	27.7%
51 - 60	33	21.3%	298	22.0%
61 - 70	16	10.3%	127	9.4%
71 - 80	4	2.6%	35	2.6%
Over 80	-	-	2	0.1%
Not collected	-		-	
Refused	1		52	
Total	156	100%	1405	100%

Tobacco Users by Education

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Less than grade 9	8	5.3%	53	3.9%
Grade 9-11, no degree	17	11.3%	176	12.8%
GED	10	6.7%	59	4.3%
High School Degree	56	37.3%	378	27.5%
Some College or University	41	27.3%	430	31.3%
College or University Degree	18	12.0%	277	20.2%
Does Not Know	-	-	-	-
Refused	4		10	
Not Collected	2		13	
Not Asked	-		9	
Total	156	100%	1405	100%

Tobacco Users by Tobacco Type

NOTE: Percentage of total does not include Not Collected. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Cigarette	155	93.4%	1368	95.1%
Cigar	6	3.6%	37	2.6%
Pipe	1	0.6%	3	0.2%
Smokeless Tobacco	4	2.4%	30	2.1%
Other	-	-	1	0.1%
Not Collected	-		5	
Total	166	100%	1444	100%



Print Date/Time: 05/03/2006 02:40AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 04/01/2006 through 04/30/2006

Contract Dates From 10/01/2005 through 04/30/2006

Female Tobacco Users by Pregnancy Status

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Pregnant	90	93.8%	888	97.0%
Currently Pregnant	6	6.3%	16	1.7%
Planning Pregnancy in Next 6 Months	-	-	10	1.1%
Currently Breastfeeding	-	-	1	0.1%
Refused	-	-	-	-
Not Collected	-	-	-	-
Total	96	100%	915	100%

Tobacco Users by Chronic Conditions

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Asthma	30	16.9%	227	14.7%
COPD	22	12.4%	144	9.3%
CAD	11	6.2%	69	4.5%
Diabetes	16	9.0%	143	9.3%
None	98	55.4%	951	61.6%
Does Not Know	-	-	9	0.6%
Refused	-	-	2	-
Not Collected	-	-	15	-
Total	177	100%	1560	100%

Tobacco Users by Stage at Registration

	Current Month	Current Month %	Contract YTD	Contract YTD %
Precontemplation	1	0.6%	2	0.1%
Contemplation	11	7.1%	74	5.3%
Preparation	136	87.2%	1221	87.2%
Action	5	3.2%	45	3.2%
24 Hours	-	-	7	0.5%
7 Days	-	-	3	0.2%
1 Month	-	-	1	0.1%
Maintenance	3	1.9%	47	3.4%
Not collected	-	-	5	-
Total	156	100%	1405	100%



Print Date/Time: 06/02/2006 02:43AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 05/01/2006 through 05/31/2006

Contract Dates From 10/01/2005 through 05/31/2006

The purpose of this report is to display aggregate demographic information by caller type. Caller type information is based upon the date that the participant calls Free & Clear, Inc. to enroll in a program or receives information about a program.

Method of Entry

NOTE: Includes Tobacco User, Proxy and Provider.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Inbound English Phone Call	182	89.7%	1592	89.1%
Inbound Spanish Phone Call	-	-	5	0.3%
Evaluation Call Transfer	-	-	-	-
Warm Transfer From Partner	-	-	-	-
Recruitment Call	-	-	-	-
Import	-	-	-	-
Fax Referral	21	10.3%	171	9.6%
Voicemail	-	-	3	0.2%
Registration Short Form	-	-	15	0.8%
Web Registration	-	-	-	-
Not Asked	-	-	-	-
Total	203	100%	1786	100%

Caller Type

NOTE: "Other" includes Hang up, Prank and Wrong Number.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Tobacco User	180	88.7%	1585	88.7%
Proxy	12	5.9%	84	4.7%
Provider	11	5.4%	117	6.6%
Total	203	100%	1786	100%



Print Date/Time: 06/02/2006 02:43AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 05/01/2006 through 05/31/2006

Contract Dates From 10/01/2005 through 05/31/2006

How Heard About

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
ACC Tournament (basketball)	1	0.5%	1	0.1%
Brochure/Newsletter/Flyer	12	6.1%	101	5.8%
Cigarette Pack (Quit Assist)	1	0.5%	8	0.5%
College website	-	-	1	0.1%
Community Organization	7	3.6%	41	2.4%
Employer/Worksite	5	2.6%	33	1.9%
Family/Friend	14	7.1%	145	8.3%
Health Department	8	4.1%	73	4.2%
Health Insurance	6	3.1%	29	1.7%
Health Professional				
	1	0.5%	1	0.1%
<i>Dental Hygienist</i>	-	-	3	0.2%
<i>Dentist</i>	-	-	10	0.6%
<i>Health Care Provider</i>	42	21.4%	264	15.2%
<i>Health Educator</i>	1	0.5%	8	0.5%
<i>Not Collected</i>	-	-	57	3.3%
<i>Nurse</i>	5	2.6%	15	0.9%
<i>Other</i>	5	2.6%	16	0.9%
<i>Other Specialist</i>	-	-	4	0.2%
<i>Physician Assistant</i>	-	-	1	0.1%
Sub Total	54	-	379	21.8%
Newspaper/Magazine	6	3.1%	75	4.3%
Outdoor Ad				
<i>Billboard</i>	4	2.0%	19	1.1%
<i>Bus Ad</i>	1	0.5%	2	0.1%
<i>Not Collected</i>	-	-	2	0.1%
<i>Other</i>	-	-	6	0.3%
Sub Total	5	-	29	1.7%
Radio/Commercial	7	3.6%	128	7.4%
Radio/News	1	0.5%	26	1.5%
School/College event	3	1.5%	20	1.2%
Student Health Services	1	0.5%	3	0.2%
TV/Commercial	38	19.4%	211	12.1%
TV/News	10	5.1%	235	13.5%
Website	6	3.1%	59	3.4%
College newspaper	-	-	3	0.2%
Email from College leadership	-	-	1	0.1%
Phone Directory	-	-	4	0.2%
Does Not Remember	1	0.5%	7	0.4%
Other	10	5.1%	126	7.3%
Not Collected	7		48	
Total	203	100%	1786	100%



Print Date/Time: 06/02/2006 02:43AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 05/01/2006 through 05/31/2006

Contract Dates From 10/01/2005 through 05/31/2006

Tobacco Users by Gender

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Male	59	32.8%	549	34.6%
Female	121	67.2%	1036	65.4%
Refused	-		-	
Not Collected	-		-	
Not Asked	-		-	
Total	180	100%	1585	100%

Tobacco Users by Ethnicity

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Hispanic	6	3.4%	45	2.9%
Non-Hispanic	173	96.6%	1507	96.9%
Does Not Know	-	-	4	0.3%
Refused	1		11	
Not Collected	-		9	
Not Asked	-		9	
Total	180	100%	1585	100%



North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 05/01/2006 through 05/31/2006

Contract Dates From 10/01/2005 through 05/31/2006

Print Date/Time: 06/02/2006 02:43AM

Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
White	111	62.0%	980	63.0%
Black or African American	58	32.4%	478	30.7%
Asian				
Asian Indian	-	-	-	-
Cambodian	-	-	-	-
Chinese	1	0.6%	1	0.1%
Filipino	-	-	-	-
Hmong	-	-	-	-
Japanese	-	-	1	0.1%
Korean	-	-	2	0.1%
Laotian	-	-	1	0.1%
Pakistani	-	-	-	-
Taiwanese	-	-	-	-
Thai	-	-	-	-
Vietnamese	-	-	-	-
Other Asian	-	-	-	-
Indonesian	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	1	0.1%
Sub Total	1	-	6	0.5%
Native Hawaiian/Other Pacific Islander				
Native Hawaiian	-	-	-	-
Samoan	-	-	-	-
Tongan	-	-	-	-
Tahitian	-	-	-	-
Maori	-	-	-	-
Guamanian/Chamorro	-	-	1	0.1%
Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, �	-	-	-	-
Fijian	-	-	-	-
Other Pacific Islander	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	1	0.1%
Sub Total	-	-	2	0.2%
American Indian or Alaskan Native	2	1.1%	34	2.2%
Other	7	3.9%	53	3.4%
Does Not Know	-	-	2	0.1%
Refused	1		13	
Not Collected	-		10	
Not Asked	-		7	
Total	180	100%	1585	100%



Print Date/Time: 06/02/2006 02:43AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 05/01/2006 through 05/31/2006

Contract Dates From 10/01/2005 through 05/31/2006

Tobacco Users by Language Spoken

	Current Month	Current Month %	Contract YTD	Contract YTD %
English	179	99.4%	1570	99.1%
Spanish	1	0.6%	15	0.9%
Total	180	100%	1585	100%

Tobacco Users by Age

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
17 years old and under	-	-	-	-
18 - 24	18	10.0%	131	8.5%
25 - 30	17	9.4%	156	10.2%
31 - 40	40	22.2%	304	19.8%
41 - 50	42	23.3%	417	27.2%
51 - 60	41	22.8%	339	22.1%
61 - 70	18	10.0%	145	9.5%
71 - 80	4	2.2%	39	2.5%
Over 80	-	-	2	0.1%
Not collected	-		-	
Refused	-		52	
Total	180	100%	1585	100%

Tobacco Users by Education

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Less than grade 9	4	2.2%	57	3.7%
Grade 9-11, no degree	26	14.4%	202	13.0%
GED	6	3.3%	65	4.2%
High School Degree	48	26.7%	426	27.4%
Some College or University	64	35.6%	494	31.8%
College or University Degree	32	17.8%	309	19.9%
Does Not Know	-	-	-	-
Refused	-		10	
Not Collected	-		13	
Not Asked	-		9	
Total	180	100%	1585	100%

Tobacco Users by Tobacco Type

NOTE: Percentage of total does not include Not Collected. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Cigarette	174	96.1%	1542	95.2%
Cigar	2	1.1%	39	2.4%
Pipe	-	-	3	0.2%
Smokeless Tobacco	5	2.8%	35	2.2%
Other	-	-	1	0.1%
Not Collected	-		5	
Total	181	100%	1625	100%



Print Date/Time: 06/02/2006 02:43AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 05/01/2006 through 05/31/2006

Contract Dates From 10/01/2005 through 05/31/2006

Female Tobacco Users by Pregnancy Status

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Pregnant	114	94.2%	1002	96.7%
Currently Pregnant	3	2.5%	19	1.8%
Planning Pregnancy in Next 6 Months	2	1.7%	12	1.2%
Currently Breastfeeding	2	1.7%	3	0.3%
Refused	-		-	
Not Collected	-		-	
Total	121	100%	1036	100%

Tobacco Users by Chronic Conditions

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Asthma	32	16.0%	259	14.9%
COPD	17	8.5%	161	9.2%
CAD	8	4.0%	77	4.4%
Diabetes	24	12.0%	167	9.6%
None	118	59.0%	1069	61.3%
Does Not Know	1	0.5%	10	0.6%
Refused	-		2	
Not Collected	-		15	
Total	200	100%	1760	100%

Tobacco Users by Stage at Registration

	Current Month	Current Month %	Contract YTD	Contract YTD %
Precontemplation	-	-	2	0.1%
Contemplation	17	9.4%	92	5.8%
Preparation	149	82.8%	1369	86.6%
Action	-	-	26	1.6%
Less than 24 hours	5	2.8%	5	0.3%
24 hours to less than 7 days	4	2.2%	20	1.3%
7 days to less than 1 month	3	1.7%	16	1.0%
1 month to less than 6 months	2	1.1%	3	0.2%
Maintenance	-	-	47	3.0%
6 months or more	-	-	-	-
Not collected	-		5	
Total	180	100%	1585	100%



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North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 06/01/2006 through 06/30/2006

Contract Dates From 10/01/2005 through 06/30/2006

The purpose of this report is to display aggregate demographic information by caller type. Caller type information is based upon the date that the participant calls Free & Clear, Inc. to enroll in a program or receives information about a program.

Method of Entry

NOTE: Includes Tobacco User, Proxy and Provider.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Re-enrollment Offer	-	-	-	-
Inbound English Phone Call	348	93.5%	1940	89.9%
Inbound Spanish Phone Call	1	0.3%	6	0.3%
Evaluation Call Transfer	-	-	-	-
Warm Transfer From Partner	-	-	-	-
Recruitment Call	-	-	-	-
Import	-	-	-	-
Fax Referral	23	6.2%	194	9.0%
Voicemail	-	-	3	0.1%
Registration Short Form	-	-	15	0.7%
Web Registration	-	-	-	-
Not Asked	-	-	-	-
Total	372	100%	2158	100%

Caller Type

NOTE: "Other" includes Hang up, Prank and Wrong Number.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Tobacco User	340	91.4%	1925	89.2%
Proxy	22	5.9%	106	4.9%
Provider	10	2.7%	127	5.9%
Total	372	100%	2158	100%



Print Date/Time: 07/06/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 06/01/2006 through 06/30/2006

Contract Dates From 10/01/2005 through 06/30/2006

How Heard About

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
ACC Tournament (basketball)	-	-	1	0.0%
Brochure/Newsletter/Flyer	15	4.2%	116	5.5%
Cigarette Pack (Quit Assist)	3	0.8%	11	0.5%
College website	1	0.3%	2	0.1%
Community Organization	2	0.6%	43	2.0%
Employer/Worksite	4	1.1%	37	1.8%
Family/Friend	19	5.3%	164	7.8%
Health Department	10	2.8%	83	4.0%
Health Insurance	2	0.6%	31	1.5%
Health Professional				
	1	0.3%	2	0.1%
<i>Dental Hygienist</i>	-	-	3	0.1%
<i>Dentist</i>	1	0.3%	11	0.5%
<i>Health Care Provider</i>	45	12.5%	309	14.7%
<i>Health Educator</i>	2	0.6%	10	0.5%
<i>Not Collected</i>	-	-	57	2.7%
<i>Nurse</i>	2	0.6%	17	0.8%
<i>Other</i>	2	0.6%	18	0.9%
<i>Other Specialist</i>	-	-	4	0.2%
<i>Physician Assistant</i>	-	-	1	0.0%
Sub Total	53	-	432	20.6%
Newspaper/Magazine	2	0.6%	77	3.7%
Outdoor Ad				
<i>Billboard</i>	5	1.4%	24	1.1%
<i>Bus Ad</i>	-	-	2	0.1%
<i>Not Collected</i>	-	-	2	0.1%
<i>Other</i>	-	-	6	0.3%
Sub Total	5	-	34	1.6%
Radio/Commercial	5	1.4%	133	6.3%
Radio/News	1	0.3%	27	1.3%
School/College event	2	0.6%	22	1.0%
Student Health Services	-	-	3	0.1%
TV/Commercial	213	59.0%	424	20.2%
TV/News	7	1.9%	242	11.5%
Website	4	1.1%	63	3.0%
College newspaper	-	-	3	0.1%
Email from College leadership	-	-	1	0.0%
Phone Directory	-	-	4	0.2%
Does Not Remember	3	0.8%	10	0.5%
Other	10	2.8%	136	6.5%
Refused	2		2	
Not Collected	9		57	
Total	372	100%	2158	100%



Print Date/Time: 07/06/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 06/01/2006 through 06/30/2006

Contract Dates From 10/01/2005 through 06/30/2006

Tobacco Users by Gender

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Male	145	42.6%	694	36.1%
Female	195	57.4%	1231	63.9%
Refused	-		-	
Not Collected	-		-	
Not Asked	-		-	
Total	340	100%	1925	100%

Tobacco Users by Ethnicity

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Hispanic	8	2.4%	53	2.8%
Non-Hispanic	328	97.6%	1835	97.0%
Does Not Know	-	-	4	0.2%
Refused	1		12	
Not Collected	3		12	
Not Asked	-		9	
Total	340	100%	1925	100%



Print Date/Time: 07/06/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 06/01/2006 through 06/30/2006

Contract Dates From 10/01/2005 through 06/30/2006

Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
White	227	67.6%	1207	63.8%
Black or African American	92	27.4%	570	30.1%
Asian				
Asian Indian	-	-	-	-
Cambodian	-	-	-	-
Chinese	-	-	1	0.1%
Filipino	-	-	-	-
Hmong	-	-	-	-
Japanese	-	-	1	0.1%
Korean	1	0.3%	3	0.2%
Laotian	-	-	1	0.1%
Pakistani	-	-	-	-
Taiwanese	-	-	-	-
Thai	-	-	-	-
Vietnamese	-	-	-	-
Other Asian	-	-	-	-
Indonesian	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	1	0.1%
Sub Total	1	-	7	0.6%
Native Hawaiian/Other Pacific Islander				
Native Hawaiian	-	-	-	-
Samoan	-	-	-	-
Tongan	-	-	-	-
Tahitian	-	-	-	-
Maori	-	-	-	-
Guamanian/Chamorro	-	-	1	0.1%
Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, �	-	-	-	-
Fijian	-	-	-	-
Other Pacific Islander	-	-	-	-
Does Not Know	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	1	0.1%
Sub Total	-	-	2	0.2%
American Indian or Alaskan Native	5	1.5%	39	2.1%
Other	10	3.0%	63	3.3%
Does Not Know	1	0.3%	3	0.2%
Refused	1		14	
Not Collected	3		13	
Not Asked	-		7	
Total	340	100%	1925	100%



Print Date/Time: 07/06/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 06/01/2006 through 06/30/2006

Contract Dates From 10/01/2005 through 06/30/2006

Tobacco Users by Language Spoken

	Current Month	Current Month %	Contract YTD	Contract YTD %
English	339	99.7%	1909	99.2%
Spanish	1	0.3%	16	0.8%
Total	340	100%	1925	100%

Tobacco Users by Age

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
17 years old and under	-	-	-	-
18 - 24	74	21.9%	205	11.0%
25 - 30	44	13.0%	200	10.7%
31 - 40	61	18.0%	365	19.5%
41 - 50	84	24.9%	501	26.8%
51 - 60	49	14.5%	388	20.7%
61 - 70	21	6.2%	166	8.9%
71 - 80	5	1.5%	44	2.4%
Over 80	-	-	2	0.1%
Not collected	-		-	
Refused	2		54	
Total	340	100%	1925	100%

Tobacco Users by Education

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Less than grade 9	13	3.9%	70	3.7%
Grade 9-11, no degree	63	18.8%	266	14.1%
GED	27	8.0%	92	4.9%
High School Degree	98	29.2%	523	27.7%
Some College or University	86	25.6%	580	30.7%
College or University Degree	49	14.6%	358	19.0%
Does Not Know	-	-	-	-
Refused	2		12	
Not Collected	1		14	
Not Asked	1		10	
Total	340	100%	1925	100%

Tobacco Users by Tobacco Type

NOTE: Percentage of total does not include Not Collected. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Cigarette	331	93.8%	1873	94.9%
Cigar	9	2.5%	48	2.4%
Pipe	-	-	3	0.2%
Smokeless Tobacco	11	3.1%	46	2.3%
Other	2	0.6%	3	0.2%
Not Collected	1		6	
Total	354	100%	1979	100%



Print Date/Time: 07/06/2006 02:41AM

North Carolina Tobacco Use Quit Line Monthly Demographic Report

From 06/01/2006 through 06/30/2006

Contract Dates From 10/01/2005 through 06/30/2006

Female Tobacco Users by Pregnancy Status

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Pregnant	188	96.4%	1190	96.7%
Currently Pregnant	4	2.1%	23	1.9%
Planning Pregnancy in Next 6 Months	3	1.5%	15	1.2%
Currently Breastfeeding	-	-	3	0.2%
Refused	-	-	-	-
Not Collected	-	-	-	-
Total	195	100%	1231	100%

Tobacco Users by Chronic Conditions

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Asthma	41	11.0%	300	14.2%
COPD	39	10.5%	201	9.5%
CAD	20	5.4%	97	4.6%
Diabetes	26	7.0%	193	9.1%
None	246	66.1%	1314	62.1%
Does Not Know	-	-	10	0.5%
Refused	-	-	2	-
Not Collected	1	-	16	-
Total	373	100%	2133	100%

Tobacco Users by Stage at Registration

	Current Month	Current Month %	Contract YTD	Contract YTD %
Precontemplation	2	0.6%	4	0.2%
Contemplation	30	8.8%	123	6.4%
Preparation	292	85.9%	1660	86.5%
Action	-	-	26	1.4%
Less than 24 hours	4	1.2%	9	0.5%
24 hours to less than 7 days	6	1.8%	26	1.4%
7 days to less than 1 month	3	0.9%	19	1.0%
1 month to less than 6 months	3	0.9%	6	0.3%
Maintenance	-	-	47	2.4%
6 months or more	-	-	-	-
Not collected	-	-	5	-
Total	340	100%	1925	100%



Health and Wellness Trust Fund NC Tobacco Quitline

Interim Report March – June 2006

Prepared by UNC School of Medicine
Tobacco Prevention and Evaluation Program



For more information about the Health and Wellness Trust Fund NC
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Table of Contents

A. Summary	1
B. Quitline Data Over Time (Nov 05 – Jun 06)	2
C. HWTF Quitline Data for Report Period (Mar 06 – Jun 06)	4
D. Youth Data (Mar 06 – Jun 06)	12
E. Young Adult Data (Mar 06 – Jun 06)	14
F. Appendices.....	17

A. Summary

This interim report summarizes NC Tobacco Quitline data for Health and Wellness Trust Fund (HWTF)-funded callers over time (Section B) and during the four month period of March to June 2006 (Section C). Youth and young adult data have been summarized in Sections D and E. Some data for callers funded by the Centers for Disease Control and Prevention (CDC) through the NC Tobacco Prevention and Control Branch (TPCB) have been included for comparison.

Key highlights from this report are as follows:

- Since the NC Tobacco Quitline was initiated in November 2005, 2465 people have called the Quitline. Of these callers, 83% were tobacco users. Forty-two percent (895) of all tobacco users were from HWTF-funded populations (i.e., youth, young adults, school or daycare employees, parents or caregivers of children under 18 who live in their homes).
- The highest numbers of HWTF-funded calls were made during the month of June 2006. The largest increase was in calls by youth and young adults. This increase in call volume coincides with the airing of a small-scale, Quitline TV media campaign in June, targeting adults, that was funded through the TPCB. June was the only month in which HWTF-funded calls exceeded TPCB-funded calls.
- In total, 48 youth (0-17 years old) and 213 young adults (18-24 years old) who use tobacco called the Quitline between November 2005 and June 2006.
- Seven percent (66) of all HWTF-funded, tobacco-using callers between November 2005 and June 2006 entered the Quitline via fax referral. The number of fax referrals increased during the months of Feb and Mar 2006. This coincides with a promotional mailing about the fax referral service sent to North Carolina health professionals in February 2006.
- Sixty-one percent of all HWTF-funded, tobacco-using callers between March and June 2006 were female. Youth and young adult callers were equally distributed between male and female. The majority of adult callers (e.g., primary caregivers) were female.
- Twenty-four HWTF-funded, tobacco using callers between March and June 2006 were either pregnant, planning a pregnancy, or breast feeding. Sixty-eight percent (15) of these callers were either a youth or young adult.
- Over one third of all HWTF-funded, tobacco using callers between March and June 2006 were African American.
- The majority of HWTF-funded, tobacco using callers between March and June 2006 used tobacco every day and were in the preparation stage of quitting.
- Most HWTF-funded, tobacco-using callers between March and June 2006 heard about the Quitline from TV/commercials, health professionals, and family or friends.

B. Quitline Data Over Time (November 2005 to June 2006)

The following tables summarize key data for HWTF-funded and TPCB-funded callers between the months of November 2005 and June 2006.

B.1. Total Number of Callers by Caller Type and Funding Source

Caller Type		Funding Source		Total	Percent
		HWTF	TPCB		
	Tobacco User	895	1148	2043	82.9
	Hang up	10	113	123	5.0
	General Public	3	114	117	4.7
	Proxy	23	65	88	3.6
	Provider	0	82	82	3.3
	Prank	3	7	10	0.4
	Wrong Number	0	2	2	0.1
Total		934	1531	2465	100.0

B.2. Number of Callers by Month and Funding Source (Tobacco Users Only) -- See Appendix F.1

Month		Funding Source		Total	Percent
		HWTF	TPCB		
	Nov 05	164	314	478	23.4
	Dec 05	41	62	103	5.0
	Jan 06	91	124	215	10.5
	Feb 06	134	150	284	13.9
	Mar 06	118	135	253	12.4
	Apr 06	66	92	158	7.7
	May 06	87	102	189	9.3
	Jun 06	194	169	363	17.8
Total		895	1148	2043	100.0

B.3. Number of Fax Referrals by Month and Funding Source (Tobacco Users Only)

Month		Funding Source		Total	Percent
		HWTF	TPCB		
	Nov 05	0	2	2	1.0
	Dec 05	3	5	8	4.0
	Jan 06	8	10	18	9.1
	Feb 06	11	37	48	24.2
	Mar 06	20	36	56	28.3
	Apr 06	7	15	22	11.1
	May 06	9	12	21	10.6
	Jun 06	8	15	23	11.6
Total		66	132	198	100.0

B.4. Number of HWTF-funded Callers by Month and HWTF Status (Tobacco Users Only) – See Appendix F.2

Month	HWTF Status						Total	Percent
	Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee	Unknown HWTF		
Nov 05	7	33	107	8	7	2	164	18.3
Dec 05	2	6	27	2	4	0	41	4.6
Jan 06	5	20	60	6	0	0	91	10.2
Feb 06	7	23	85	7	12	0	134	15.0
Mar 06	5	19	79	5	10	0	118	13.2
Apr 06	1	16	44	3	2	0	66	7.4
May 06	3	19	51	6	8	0	87	9.7
Jun 06	18	77	87	4	8	0	194	21.7
Total	48	213	540	41	51	2	895	100.0

C. HWTF Quitline Data for Report Period (March - June 2006)

The following section presents detailed data for HWTF-funded callers during the four month period of March to June 2006. Each Interim Report focuses on consecutive four month periods.

C.1. Number of HWTF-funded Callers by Caller Type and Month

Caller Type		Month				Total	Percent
		March	April	May	June		
	General Public	2	0	0	0	2	0.4
	Hang up	0	0	1	3	4	0.8
	Proxy	1	1	2	4	8	1.7
	Tobacco User	118	66	87	194	465	97.1
Total		121	67	90	201	479	100.0

C.2. Number of HWTF-funded Callers by Age and Month (Tobacco Users Only)

Age		Month				Total	Percent
		March	April	May	June		
	0 to 17 years old	5	1	3	18	27	5.8
	18 to 24 years old	19	16	19	77	131	28.2
	25 to 34 years old	37	14	23	35	109	23.4
	35 to 44 years old	30	16	22	37	105	22.6
	45 years and older	27	19	20	27	93	20.0
Total		118	66	87	194	465	100.0

C.3. Number of HWTF-funded Callers by Gender (Tobacco Users Only)

Gender		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	Female	13	65	170	12	23	283	60.9
	Male	14	66	91	6	5	182	39.1
Total		27	131	261	18	28	465	100.0

C.4. Number of HWTF-funded Callers by Pregnancy Status (Tobacco Users Only)

Pregnancy Status		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	None	25	118	253	17	28	441	94.8
	Breast Feeding	0	1	1	0	0	2	0.4
	Planning Pregnancy	0	3	2	1	0	6	1.3
	Pregnant	2	9	5	0	0	16	3.4
Total		27	131	261	18	28	465	100.0

C.5. Number of HWTF-funded Callers by Ethnicity (Tobacco Users Only)

Ethnicity		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	Hispanic	0	6	7	1	2	16	3.4
	Non-Hispanic	27	120	247	17	25	436	93.8
	Not Collected	0	4	6	0	1	11	2.4
	Refused	0	1	1	0	0	2	0.4
Total		27	131	261	18	28	465	100.0

C.6. Number of HWTF-funded Callers by Race (Tobacco Users Only)

Race		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	American Indian or Alaskan Native	0	1	5	0	0	6	1.3
	Asian	0	0	2	0	0	2	0.4
	Black or African American	4	41	94	8	15	162	34.8
	White	22	76	143	10	10	261	56.1
	Other	1	8	9	0	2	20	4.3
	Not Asked/Collected	0	4	6	0	1	11	2.4
	Refused	0	1	2	0	0	3	0.6
Total		27	131	261	18	28	465	100.0

C.7. Number of HWTF-funded Callers by Language (Tobacco Users Only)

Language	Total	Percent
English	463	99.6
Spanish	2	0.4
Total	465	100.0

C.8. Number of HWTF-funded Callers by Type of Tobacco Use (Tobacco Users Only)

Type of Tobacco Use		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	Cigarette	25	111	244	17	26	423	91.0
	Smokeless	1	3	5	0	0	9	1.9
	Cigar	0	2	1	1	0	4	0.9
	Multiple	1	11	7	0	0	19	4.1
	Unknown	0	4	4	0	2	10	2.2
Total		27	131	261	18	28	465	100.0

C.9. Number of HWTF-funded Callers by Cigarette Frequency (Tobacco Users Only)

Cigarette Frequency		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	Every day	25	118	239	15	24	421	90.5
	Not at all	0	2	5	0	0	7	1.5
	Not Collected	1	9	10	1	2	23	4.9
	Some days	1	2	7	2	2	14	3.0
Total		27	131	261	18	28	465	100.0

C.10. Number of HWTF-funded Callers by Stage of Readiness to Change (Tobacco Users Only)

Stage		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	24 Hours	0	0	1	0	0	1	0.2
	Contemplation	2	5	16	1	1	25	5.4
	Preparation	24	119	229	13	24	409	88.0
	Action	1	3	10	4	2	20	4.3
	Maintenance	0	0	2	0	0	2	0.4
	Unknown	0	4	3	0	1	8	1.7
Total		27	131	261	18	28	465	100.0

C.11. How HWTF-funded Callers Entered the Quitline (Tobacco Users Only)

Entry Method		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	Fax Referral	1	3	34	1	5	44	9.5
	Inbound English Phone Call	26	128	226	17	23	420	90.3
	Inbound Spanish Phone Call	0	0	1	0	0	1	0.2
Total		27	131	261	18	28	465	100.0

C.12. How HWTF-funded Callers Heard About the Quitline (Tobacco Users Only) -- Top 5 bolded, See Appendix F.3

How Heard About Quitline		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	Brochure/Newsletter/Flyer	1	7	9	1	2	20	4.3
	Cigarette Pack (Quit Assist)	1	1	3	0	0	5	1.1
	Community Organization	2	0	2	1	0	5	1.1
	Does Not Remember	0	0	1	0	0	1	0.2
	Employer/Worksite	0	1	1	0	0	2	0.4
	Family/Friend	3	9	15	1	2	30	6.5
	Health Department	0	5	8	0	2	15	3.2
	Health Insurance	0	2	4	2	0	8	1.7
	Health Professional	3	12	78	1	10	104	22.4
	Newspaper/Magazine	1	1	7	1	2	12	2.6
	Not Collected	0	0	1	0	0	1	0.2
	Other	0	1	13	2	0	16	3.4
	Outdoor Ad	0	6	5	1	0	12	2.6
	Radio/Commercial	0	6	19	1	2	28	6.0
	Radio/News	0	0	1	1	0	2	0.4
	School/College event	0	2	2	1	0	5	1.1
	Student Health Services	0	0	1	0	0	1	0.2
	TV/Commercial	16	73	80	5	8	182	39.1
	TV/News	0	3	9	0	0	12	2.6
	Website	0	2	2	0	0	4	0.9
Total		27	131	261	18	28	465	100.0

C.13. Number of HWTF-funded Callers by Type of Service Requested (Tobacco Users Only)

Service Type		HWTF Status					Total	Percent
		Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
	General Questions	0	4	5	0	1	10	2.2
	Intervention requested	26	122	255	18	27	448	96.3
	Materials Only	1	5	1	0	0	7	1.5
Total		27	131	261	18	28	465	100.0

C.14. Number of HWTF-funded Callers by County and Month (Tobacco Users Only) -- Top 5 bolded

County		Month				Total	Percent
		March	April	May	June		
ALAMANCE	0	1	0	2	3	0.6	
ALLEGHANY	0	1	0	0	1	0.2	
ANSON	0	1	0	1	2	0.4	
AVERY	1	0	0	0	1	0.2	
BEAUFORT	2	0	1	0	3	0.6	
BERTIE	1	1	0	0	2	0.4	
BRUNSWICK	0	2	2	3	7	1.5	
BUNCOMBE	3	3	2	9	17	3.7	
BURKE	2	2	0	0	4	0.9	
CABARRUS	1	1	1	3	6	1.3	
CALDWELL	1	0	1	2	4	0.9	
CARTERET	0	0	0	3	3	0.6	
CASWELL	1	0	0	0	1	0.2	
CATAWBA	4	1	2	9	16	3.4	
CHATHAM	0	1	2	1	4	0.9	
CHEROKEE	1	0	0	0	1	0.2	
CHOWAN	0	1	1	0	2	0.4	
CLEVELAND	0	0	0	3	3	0.6	
COLUMBUS	1	1	0	0	2	0.4	
CRAVEN	0	0	2	4	6	1.3	
CUMBERLAND	1	2	1	9	13	2.8	
DARE	2	0	0	0	2	0.4	
DAVIDSON	4	3	1	1	9	1.9	
DURHAM	4	3	8	3	18	3.9	
EDGECOMBE	1	0	1	0	2	0.4	
FORSYTH	7	3	5	1	16	3.4	
FRANKLIN	0	0	0	1	1	0.2	
GASTON	4	1	1	10	16	3.4	
GRANVILLE	0	0	0	1	1	0.2	
GUILFORD	5	5	8	17	35	7.5	
HALIFAX	1	0	0	0	1	0.2	

County	March	April	May	June	Total	Percent
HARNETT	1	0	1	1	3	0.6
HAYWOOD	0	1	0	3	4	0.9
HENDERSON	0	1	2	2	5	1.1
IREDELL	4	1	3	4	12	2.6
JOHNSTON	1	3	0	2	6	1.3
LEE	2	0	0	0	2	0.4
LENOIR	1	1	1	6	9	1.9
MACON	0	0	1	2	3	0.6
MARTIN	0	1	0	0	1	0.2
MCDOWELL	0	1	0	0	1	0.2
MECKLENBURG	23	5	9	26	63	13.5
MITCHELL	0	2	0	0	2	0.4
MONTGOMERY	0	0	0	1	1	0.2
MOORE	0	0	1	1	2	0.4
NASH	0	1	0	0	1	0.2
NEW HANOVER	3	1	0	2	6	1.3
ONSLow	1	0	4	1	6	1.3
ORANGE	1	0	0	0	1	0.2
PAMLICO	0	0	0	1	1	0.2
PENDER	2	0	0	0	2	0.4
PERSON	1	0	0	1	2	0.4
PITT	0	1	4	1	6	1.3
POLK	0	1	1	1	3	0.6
RANDOLPH	1	0	0	6	7	1.5
RICHMOND	0	0	1	5	6	1.3
ROBESON	2	0	0	1	3	0.6
ROCKINGHAM	4	1	2	2	9	1.9
ROWAN	4	2	2	1	9	1.9
RUTHERFORD	1	0	0	0	1	0.2
SAMPSON	3	0	0	2	5	1.1
STANLY	0	0	0	3	3	0.6
STOKES	3	1	0	0	4	0.9
SURRY	0	1	0	1	2	0.4
TRANSYLVANIA	0	0	0	1	1	0.2
UNION	2	0	3	4	9	1.9
VANCE	2	2	0	1	5	1.1
WAKE	7	5	4	16	32	6.9
WATAUGA	0	0	0	1	1	0.2
WAYNE	0	1	2	4	7	1.5
WILKES	1	0	0	0	1	0.2
WILSON	0	0	2	2	4	0.9
YANCEY	0	0	1	0	1	0.2
Unknown	1	0	4	6	11	2.4
Total	118	66	87	194	465	100.0

C.15. Number of HWTF-funded Callers by County and HWTF status (Tobacco Users Only) -- Top 6 bolded for youth + young adults

County	HWTF Status					Total	Percent
	Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee		
ALAMANCE	0	2	1	0	0	3	0.6
ALLEGHANY	0	0	1	0	0	1	0.2
ANSON	0	0	1	0	1	2	0.4
AVERY	0	0	1	0	0	1	0.2
BEAUFORT	0	0	2	1	0	3	0.6
BERTIE	0	0	2	0	0	2	0.4
BRUNSWICK	0	2	4	0	1	7	1.5
BUNCOMBE	1	6	9	0	1	17	3.7
BURKE	0	0	2	1	1	4	0.9
CABARRUS	1	3	2	0	0	6	1.3
CALDWELL	1	2	1	0	0	4	0.9
CARTERET	0	1	2	0	0	3	0.6
CASWELL	0	0	1	0	0	1	0.2
CATAWBA	0	4	10	0	2	16	3.4
CHATHAM	0	0	2	2	0	4	0.9
CHEROKEE	0	0	1	0	0	1	0.2
CHOWAN	0	0	2	0	0	2	0.4
CLEVELAND	1	1	1	0	0	3	0.6
COLUMBUS	0	0	2	0	0	2	0.4
CRAVEN	0	2	3	0	1	6	1.3
CUMBERLAND	2	2	9	0	0	13	2.8
DARE	1	1	0	0	0	2	0.4
DAVIDSON	1	1	7	0	0	9	1.9
DURHAM	0	3	14	0	1	18	3.9
EDGECOMBE	0	0	2	0	0	2	0.4
FORSYTH	0	3	11	1	1	16	3.4
FRANKLIN	0	1	0	0	0	1	0.2
GASTON	2	3	9	0	2	16	3.4
GRANVILLE	0	0	0	0	1	1	0.2
GUILFORD	3	12	17	2	1	35	7.5
HALIFAX	0	0	1	0	0	1	0.2
HARNETT	0	0	2	1	0	3	0.6
HAYWOOD	1	2	1	0	0	4	0.9
HENDERSON	1	1	3	0	0	5	1.1
IREDELL	1	1	8	0	2	12	2.6
JOHNSTON	0	1	5	0	0	6	1.3
LEE	0	0	2	0	0	2	0.4
LENOIR	0	3	3	1	2	9	1.9
MACON	0	0	3	0	0	3	0.6

County	Youth	Young Adult	Primary Caregiver	School Employee	Both Caregiver & Employee	Total	Percent
MARTIN	0	0	0	1	0	1	0.2
MCDOWELL	0	0	1	0	0	1	0.2
MECKLENBURG	2	21	32	5	3	63	13.5
MITCHELL	0	1	1	0	0	2	0.4
MONTGOMERY	0	0	1	0	0	1	0.2
MOORE	0	1	0	1	0	2	0.4
NASH	0	0	1	0	0	1	0.2
NEW HANOVER	0	2	4	0	0	6	1.3
ONslow	0	1	5	0	0	6	1.3
ORANGE	0	0	1	0	0	1	0.2
PAMLICO	0	1	0	0	0	1	0.2
PENDER	1	0	1	0	0	2	0.4
PERSON	0	0	2	0	0	2	0.4
PITT	1	4	0	0	1	6	1.3
POLK	0	1	1	1	0	3	0.6
RANDOLPH	0	2	5	0	0	7	1.5
RICHMOND	1	2	3	0	0	6	1.3
ROBESON	0	1	2	0	0	3	0.6
ROCKINGHAM	1	1	6	0	1	9	1.9
ROWAN	1	4	4	0	0	9	1.9
RUTHERFORD	0	0	1	0	0	1	0.2
SAMPSON	0	1	3	0	1	5	1.1
STANLY	0	3	0	0	0	3	0.6
STOKES	0	0	3	0	1	4	0.9
SURRY	0	1	1	0	0	2	0.4
TRANSYLVANIA	0	0	1	0	0	1	0.2
UNION	1	2	6	0	0	9	1.9
VANCE	0	1	4	0	0	5	1.1
WAKE	2	10	17	1	2	32	6.9
WATAUGA	0	1	0	0	0	1	0.2
WAYNE	0	3	4	0	0	7	1.5
WILKES	0	0	1	0	0	1	0.2
WILSON	0	2	1	0	1	4	0.9
YANCEY	0	1	0	0	0	1	0.2
Unknown	1	7	2	0	1	11	2.4
Total	27	131	261	18	28	465	100.0

D. Youth (0-17) Data for Mar - Jun 06 (Tobacco Users Only, n= 27)

D.1. Month

		Total	Percent
	March	5	18.5
	April	1	3.7
	May	3	11.1
	June	18	66.7
	Total	27	100.0

D.2. Age

		Total	Percent
	12	1	3.7
	14	3	11.1
	15	3	11.1
	16	7	25.9
	17	13	48.1

D.3. Gender

		Total	Percent
	Female	13	48.1
	Male	14	51.9

D.4. Race

		Total	Percent
	Black or African American	4	14.8
	Other	1	3.7
	White	22	81.5

D.5. Readiness to Change Stage

		Total	Percent
	Contemplation	2	7.4
	Preparation	24	88.9
	Action	1	3.7

D.6. Type of Service Requested

		Total	Percent
	Intervention requested	26	96.3
	Materials Only	1	3.7

D.7. County -- Top 3 bolded

	Total	Percent
BUNCOMBE	1	3.7
CABARRUS	1	3.7
CALDWELL	1	3.7
CLEVELAND	1	3.7
CUMBERLAND	2	7.4
DARE	1	3.7
DAVIDSON	1	3.7
GASTON	2	7.4
GUILFORD	3	11.1
HAYWOOD	1	3.7
HENDERSON	1	3.7
IREDELL	1	3.7
MECKLENBURG	2	7.4
PENDER	1	3.7
PITT	1	3.7
RICHMOND	1	3.7
ROCKINGHAM	1	3.7
ROWAN	1	3.7
UNION	1	3.7
WAKE	2	7.4
Unknown	1	3.7

D.8. How Youth Heard About the Quitline -- Top 2 bolded

	Total	Percent
Brochure/Newsletter/Flyer	1	3.7
Cigarette Pack (Quit Assist)	1	3.7
Community Organization	2	7.4
Family/Friend	3	11.1
Health Professional	3	11.1
Newspaper/Magazine	1	3.7
TV/Commercial	16	59.3

E. Young Adults (18-24) Data for Mar – Jun 06 (Tobacco Users Only, n= 131)

E.1. Month

		Total	Percent
	March	19	14.5
	April	16	12.2
	May	19	14.5
	June	77	58.8
	Total	131	100.0

E.2. Age

		Total	Percent
	18	19	14.5
	19	19	14.5
	20	20	15.3
	21	23	17.6
	22	18	13.7
	23	17	13.0
	24	15	11.5

E.3. Gender

		Total	Percent
	Female	65	49.6
	Male	66	50.4

E.4. Race

		Total	Percent
	American Indian or Alaskan Native	1	0.8
	Black or African American	41	31.3
	Not Asked	4	3.1
	Other	8	6.1
	Refused	1	0.8
	White	76	58.0

E.5. Readiness to Change Stage

		Total	Percent
	Contemplation	5	3.8
	Preparation	119	90.8
	Action	3	2.3
	Unknown	4	3.1

E.6. Type of Service Requested

	Total	Percent
General Questions	4	3.1
Intervention requested	122	93.1
Materials Only	5	3.8

E.7. County -- Top 3 bolded

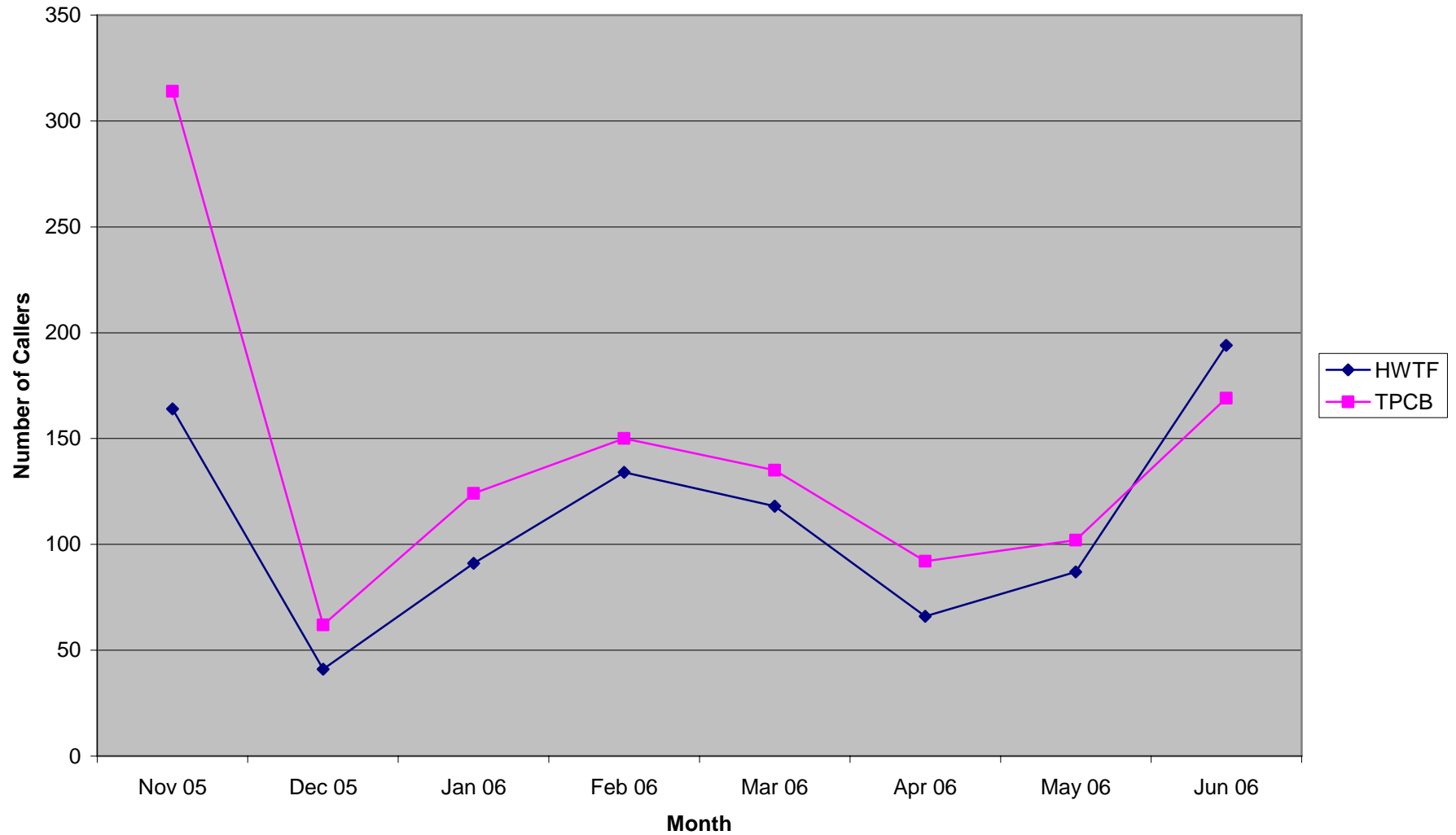
	Total	Percent
ALAMANCE	2	1.5
BRUNSWICK	2	1.5
BUNCOMBE	6	4.6
CABARRUS	3	2.3
CALDWELL	2	1.5
CARTERET	1	0.8
CATAWBA	4	3.1
CLEVELAND	1	0.8
CRAVEN	2	1.5
CUMBERLAND	2	1.5
DARE	1	0.8
DAVIDSON	1	0.8
DURHAM	3	2.3
FORSYTH	3	2.3
FRANKLIN	1	0.8
GASTON	3	2.3
GUILFORD	12	9.2
HAYWOOD	2	1.5
HENDERSON	1	0.8
IREDELL	1	0.8
JOHNSTON	1	0.8
LENOIR	3	2.3
MECKLENBURG	21	16.0
MITCHELL	1	0.8
MOORE	1	0.8
NEW HANOVER	2	1.5
ONSLOW	1	0.8
PAMLICO	1	0.8
PITT	4	3.1
POLK	1	0.8
RANDOLPH	2	1.5
RICHMOND	2	1.5
ROBESON	1	0.8
ROCKINGHAM	1	0.8
ROWAN	4	3.1
SAMPSON	1	0.8
STANLY	3	2.3

	Total	Percent
SURRY	1	0.8
UNION	2	1.5
VANCE	1	0.8
WAKE	10	7.6
WATAUGA	1	0.8
WAYNE	3	2.3
WILSON	2	1.5
YANCEY	1	0.8
Unknown	7	5.3

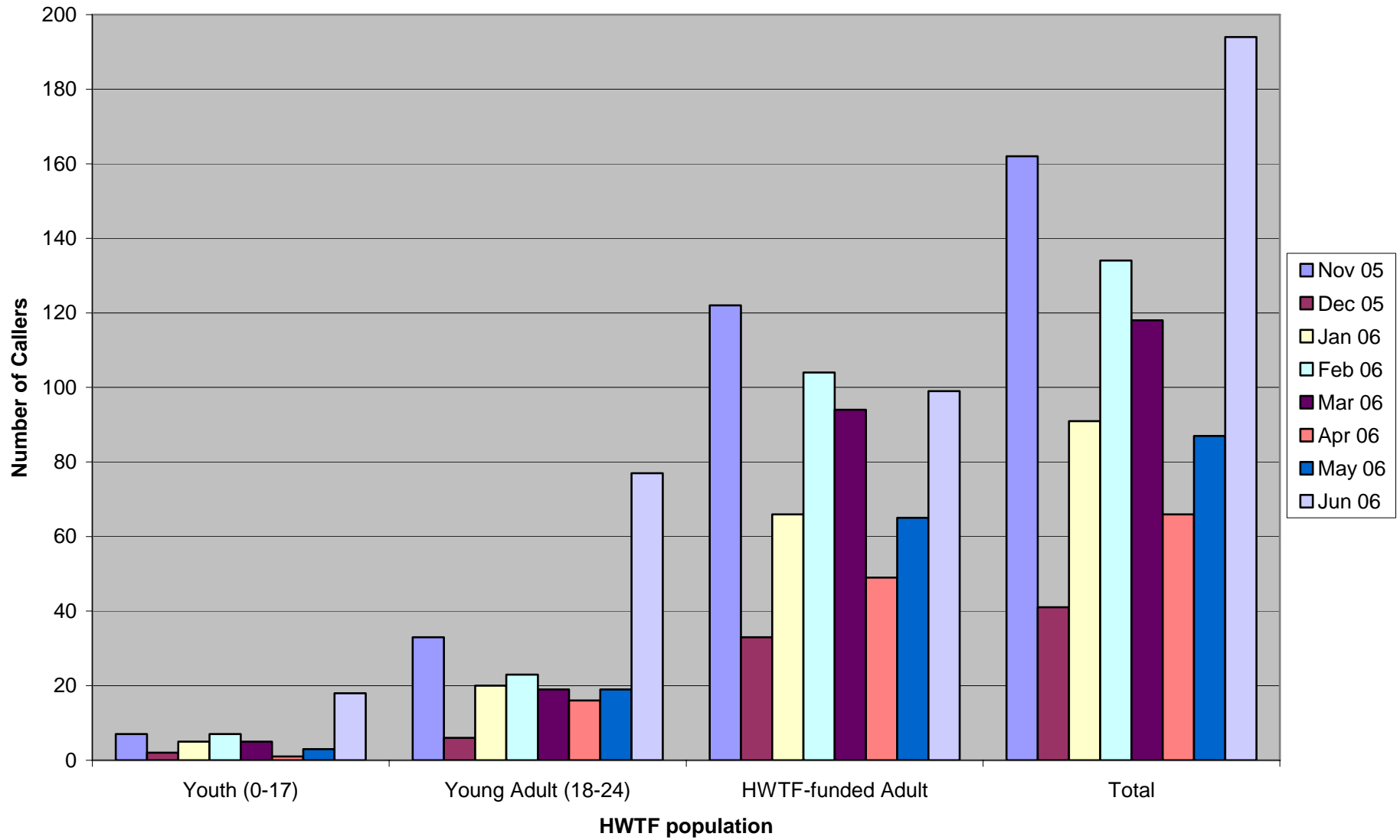
E.8. How Young Adults Heard About the Quitline -- Top 3 bolded

	Total	Percent
Brochure/Newsletter/Flyer	7	5.3
Cigarette Pack (Quit Assist)	1	0.8
Employer/Worksite	1	0.8
Family/Friend	9	6.9
Health Department	5	3.8
Health Insurance	2	1.5
Health Professional	12	9.2
Newspaper/Magazine	1	0.8
Other	1	0.8
Outdoor Ad	6	4.6
Radio/Commercial	6	4.6
School/College event	2	1.5
TV/Commercial	73	55.7
TV/News	3	2.3
Website	2	1.5

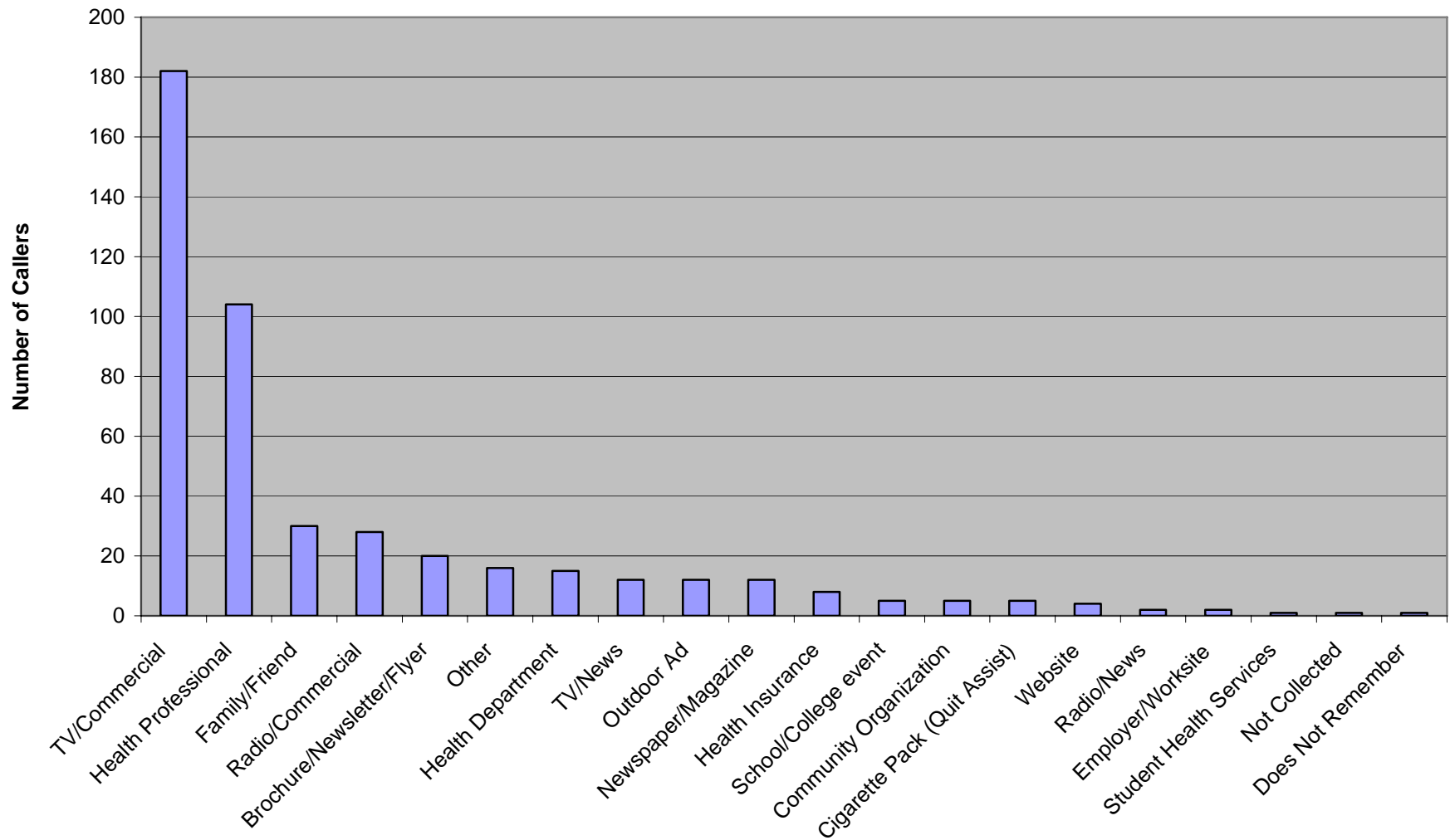
**Appendix F.1: HWTF and TPCB call volume over time (Tobacco Users Only, n=2043)
November 2005 - June 2006**



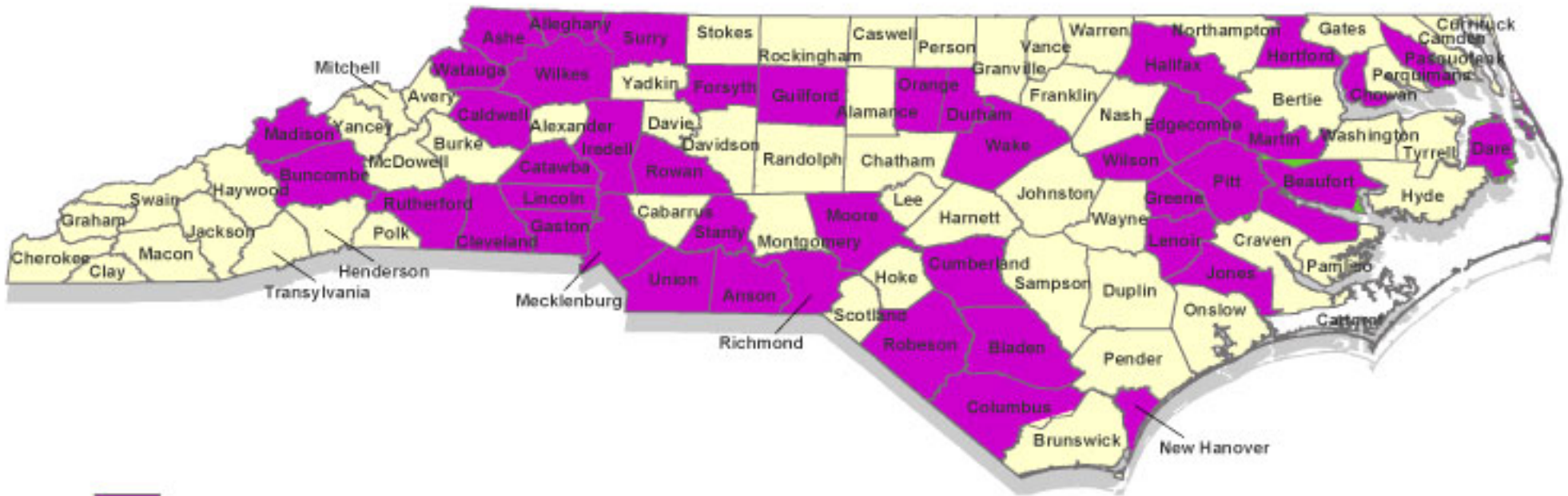
**Appendix F.2: Calls by HWTF populations over time (HWTF Tobacco Users Only, n=895)
November 2005 - June 2006**





**Appendix F.3: How HWTF-funded callers heard about the Quitline between March-June 2006
(HWTF Tobacco users only, n=465)**



Tobacco-Free Colleges Initiative Counties Covered by Grantees



-  Counties covered by grants
-  Gap counties covered by SAVE of NC GASP*

* SAVE of NC GASP (Survivors and Victims of Tobacco Empowerment) provides statewide coverage

HWTF TOBACCO-FREE COLLEGES GRANT AWARDS

ORGANIZATION	GRANT AWARD	COUNTIES SERVED	CAMPUSES SERVED	SUMMARY
1 Albemarle Regional Health Services	\$289,960	Beaufort Chowan Dare Edgecombe Halifax Hertford Martin Pasquotank	Seven (7) CCs Chowan College	The grantee, a currently-funded HWTF Fit Together grantee, in partnership with the regional health partnership, a currently-funded HWTF Teen Tobacco Use Prevention and Cessation grantee, proposes a Planning Project for eight college campuses serving nine counties in northeast North Carolina. Proposed activities will complement and reinforce work being done by the Teen Tobacco Use Prevention and Cessation Initiative grantee by addressing tobacco use and secondhand smoke exposure for college students.
2 American Lung Association of North Carolina	\$38,500	Cumberland Durham Forsyth Pasquotank Wake	Elizabeth City State Fayetteville State NCCU Shaw WSSU	The grantee, a currently-funded HWTF Teen Tobacco Use Prevention and Cessation grantee providing statewide training and education services, proposes a Planning Project to support 'Freedom from Smoking' clinics in Historically Black Colleges and Universities in North Carolina. Proposed activities include student cessation services and peer education through student health staff and student service organizations.
3 Asheville-Buncombe Technical Community College	\$80,000	Buncombe Madison	ABTECH	The grantee, a community college with campuses in Buncombe and Madison Counties, proposes an Implementation Project, Tobacco Free Campus, based on a model program designed at Ozarks Technical Community College, Missouri. Proposed education, prevention, cessation and policy activities will be accomplished through partnerships with Mission Hospitals and Project ASSIST Buncombe County.
4 Caldwell Community College and Technical Institute	\$40,000	Caldwell Watauga	Caldwell CC	The grantee, a community college with campuses in Caldwell and Watauga Counties, proposes a Planning Project to support a college-based, community-supported planning group. Proposed activities will lead to research, analysis and publication of data concerning health and social risks of tobacco use; education of students, employees and others about those risks and the benefits of tobacco use cessation; and creation of a community-based action plan to reduce rates of tobacco usage among students and employees.
5 Cleveland Community College	\$40,000	Cleveland Gaston Lincoln Rutherford	Cleveland CC	The grantee, a community college with campuses in Cleveland, Gaston, Lincoln and Rutherford Counties, proposes a Planning Project in partnership with the Cleveland County Schools and the Cleveland County HealthCare System. The proposed project will plan the development of tobacco cessation and preventive units to be included in courses taught on campuses and an awareness campaign.
6 East Carolina University	\$79,930	Pitt	ECU	The grantee, a major university located in Pitt County, proposes an Implementation Project in collaboration with campus and community partners. Proposed activities include coordinating tobacco use prevention education in a required health course, providing and promoting cessation services for students on campus, promoting student advocacy for tobacco use prevention, and developing and implementing a restrictive campus tobacco use policy.
7 Elizabeth City State University	\$39,996	Pasquotank	Elizabeth City State	The grantee, part of the UNC System located in Pasquotank County, proposes a Planning Project to analyze current attitudes, knowledge and behaviors of students regarding tobacco usage and determine the effect of university smoking policies on these behaviors. Proposed activities include developing a coalition of university and community partners to address the issues of Tobacco Use Prevention and Cessation on campus and create a plan of implementation for campus-wide smoking prevention and cessation and health promotion activities.
8 Fayetteville State University	\$40,000	Cumberland	Fayetteville State	The grantee, a Historically Black University in Cumberland County, proposes a Planning Project to develop a campus-wide Tobacco Education, Prevention and Cessation Program. Proposed activities will target the entire campus population with specific emphasis on incoming freshmen and female students and will include surveying the campus to assist initial assessment and establishing a core team of students, faculty and staff to create an action plan.
9 Lenoir County Health Department	\$40,000	Greene Jones Lenoir	Lenoir CC	The grantee, a health department providing services in Greene, Jones and Lenoir Counties, proposes a Planning Project in conjunction with Lenoir Community College to reduce tobacco use among college students. Proposed activities include development of a plan to adopt a Tobacco Free Policy on the campus, create peer educators/advocates, provide training and technical assistance and build collaborative relationships within the surrounding communities.
10 Mecklenburg County Health Department	\$200,000	Anson Catawba Cleveland Gaston Iredell Lincoln Mecklenburg Rowan Stanly Union	Twenty three (23) schools	The grantee, a currently-funded HWTF Teen Tobacco Use Prevention and Cessation and Fit Together grantee, proposes a Planning Project to address tobacco use prevention and cessation issues with colleges in Mecklenburg County and nine surrounding counties in the region. Proposed activities include developing coalitions, training student leaders, educating staff and faculty, and providing mini-grant opportunities to prevent initiation of tobacco use, eliminate exposure to secondhand smoke, promote tobacco use cessation, and eliminate tobacco-related health disparities.

HWTF TOBACCO-FREE COLLEGES GRANT AWARDS

ORGANIZATION	GRANT AWARD	COUNTIES SERVED	CAMPUSES SERVED	SUMMARY
11 Moses Cone-Wesley Long Community Health Foundation	\$61,310	Guilford	Seven (7) public and private institutions in Guilford County	The grantee, a currently-funded HWTF Teen Tobacco Use Prevention and Cessation grantee providing services in Guilford County, proposes to serve seven diverse institutions, including state universities, private colleges, community colleges and Historically Black Colleges and Universities, in partnership with the Guilford County Department of Public Health. The proposed Implementation Project will continue activities from the HWTF Phase II grant, providing comprehensive services and training students to become advocates for tobacco free lifestyles and smoke free environments.
12 North Carolina Agricultural and Technical State University	\$80,000	Guilford	NC A&T	The grantee, a university currently receiving American Legacy funding for a collaborative internet-based smoking cessation and peer counseling training program, the 'e-Health Tobacco Leadership Project', is located in Guilford County. The proposed Implementation Project includes expanding a successful tobacco education radio project, utilizing the Blackboard e-learning platform to train student nurses as peer counselors and providing smoking cessation treatment for students.
13 North Carolina Central University	\$164,153	Cumberland Durham Forsyth Guilford Mecklenburg Pasquotank Robeson Rowan Wake	NCCU other HMCUs	The grantee, a Historically Minority College/University (HMCU) in Durham County, proposes an Implementation Project to combat tobacco use, develop leadership and advocacy skills among students, and support other HMCUs in tobacco programming. Proposed activities include teaching a tobacco policy course, monitoring and encouraging compliance with the newly adopted smoke-free dorm policy, and developing prevention materials and a website to make information available to other HMCUs working on tobacco issues.
14 SAVE (Survivors and Victims of Tobacco Empowerment) of NC GASP	\$80,000	Statewide	n/a	The grantee, a currently-funded HWTF Teen Tobacco Use Prevention and Cessation grantee providing statewide services, proposes an Implementation Project to provide information and support to college-based programs through cooperative efforts between the student advocates and individuals who have suffered from tobacco-related illnesses. Proposed activities include training and encouraging survivors to support college initiatives and offering internships for students to serve as liaisons between college campuses and survivor activities.
15 Surry County Health and Nutrition Center	\$39,000	Surry	Surry CC	The grantee, a currently-funded HWTF Teen Tobacco Use Prevention and Cessation grantee providing services in Surry County, proposes a Planning Project in partnership with Surry Community College to establish a college student-based initiative to prevent and reduce the negative health effects of tobacco use. Proposed objectives include preventing initiation of tobacco use, eliminating exposure to secondhand tobacco smoke on college campuses, and promoting tobacco use cessation services.
16 University of North Carolina at Chapel Hill	\$120,000	Orange	UNC-CH	The grantee, a major university located in Orange County, proposes an Implementation Project to reduce the incidence of tobacco use among college students by partnering with the student population to identify the stressors leading to tobacco use and develop strategies that will successfully impact those behaviors. Proposed activities reflect the mission outlined in Healthy Campus 2010 which seeks to enhance the quality of life for all students.
17 University of North Carolina at Pembroke	\$39,290	Bladen Columbus Cumberland Moore Richmond Robeson	UNC-Pembroke	The grantee, part of the UNC System providing services in six southeastern North Carolina counties, has significant percentages of African American and Native American students. Through the proposed Planning Project, the grantee will develop a comprehensive tobacco prevention and control program plan with an emphasis on policy and inclusive of cessation services, industry marketing and promotion of tobacco products to college students and prevention education.
18 University of North Carolina at Wilmington - CROSSROADS	\$75,243	New Hanover	UNC-Wilmington	The grantee, part of the UNC System located in New Hanover County, proposes an Implementation Project, 'Fresh Air', a comprehensive tobacco use prevention, cessation and secondhand smoke elimination program. Proposed activities include in-person cessation services coordinated with technology options; student prevention education training and presentations; and policy development, advocacy and implementation.
19 Wilkes Community College	\$80,000	Alleghany Ashe Wilkes	Wilkes CC	The grantee, a community college with campuses in Alleghany, Ashe and Wilkes Counties, proposes an Implementation Project to create comprehensive tobacco use and enforcement policies, alter student perceptions of social norms applicable to tobacco use, reduce the incidence and prevalence of tobacco use on campus, increase the number of tobacco prevention education and cessation programs, and pursue a goal of a tobacco free campus.
20 Wilson Technical Community College	\$60,000	Wilson	Wilson Tech CC	The grantee, a community college located in Wilson County, proposes a Planning Project to plan, design and establish effective measures to ensure a smoke free campus. Proposed goals include educating students, faculty and staff about health and wellness issues that are related to smoking, establishing an on-going campus wide Task Force to initiate a smoke free campaign on campus, and educating the campus community about the benefits of having a smoke free environment.
Total Grant Awards	\$1,687,382			

**ENVIRONMENTAL TOBACCO SMOKE TRAINING, EDUCATION, & RESEARCH (EnTER)
PROGRAM, UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE**

**Tobacco-Free Colleges Initiative Outcomes Report
(July 2005 – June 2006)**

The Environmental Tobacco Smoke Training, Education, and Research (EnTER) Program based at the UNC Department of Family Medicine provides training and technical assistance to 20 grantees of the HWTF Tobacco-Free Colleges Initiative, representing over 60 college campuses. EnTER has five years of experience providing critical research, along with training, technical assistance, and other services to promote smoke-free policies in North Carolina. EnTER currently serves as the statewide expert on college tobacco use and policy.

During 2005-2006, EnTER assisted in the implementation of the Quitline promotional campaign by: conducting a survey of 22 college campuses to assess interest in the Quitline; working with the UNC School of Public Health to provide information and support for market research on 18-24 years olds; facilitating a statewide meeting and conference call to announce plans for Quitline promotion; assisting HWTF and participating colleges in event planning for the Great American Smokeout; and, coordinating the dissemination of promotional materials to 28 colleges.

EnTER worked in partnership with the UNC Tobacco Prevention and Evaluation Program (TPEP) to develop and implement a web-based survey to collect baseline data for the Initiative, assess current campus policies, and identify the technical assistance and training needs of grantees. Additionally, EnTER worked closely with TPEP in the development of the progress tracking indicators for the web-based Interim Monthly Reporting system.

To facilitate the orientation process for new grantees, EnTER planned and conducted a one-and-a-half day statewide kick-off event with over 60 participants. This meeting was designed to introduce grantees to the goals and objectives of the Initiative, familiarize grantees with the reporting requirements of HWTF, provide background information on college tobacco issues, and provide grantees with networking opportunities. Training and presentation topics included: coalition development, media and policy advocacy, Quitline promotion, process and outcome evaluation, action planning, and secondhand smoke science.

EnTER developed and facilitated the 2006 Annual Action Planning process for grantees, which included the development of an AAP template and instructions, the facilitation of multiple informational conference calls, and the provision of extensive technical assistance to grantees. Collaboration with staff from HWTF ensured that grantees' AAPs were consistent with the goals and objectives of the Initiative.

Additionally, EnTER developed and disseminated the following resources to support the Initiative: Tobacco-Free Colleges web site (www.smokefreenc.org/colleges); moderated informational listserv; comprehensive bibliography of research on college tobacco use; sample petitions, surveys, model policies, and fact sheets; web-based quarterly training and event questionnaire; and, other resources as requested by grantees. EnTER developed trainings in college tobacco basics, secondhand smoke science, and policy advocacy to be implemented beginning in September 2006, along with site visits with all grantees. Additional trainings are being developed, based on grantee need and objectives of the program.

EnTER staff also provided administrative support for the Initiative by reviewing monthly grantee progress reports, expenditure reports, budget revision requests, and media approval requests. Additional technical assistance is provided to grantees and recommendations are made to HWTF as needed. EnTER staff meet regularly with HWTF representatives, provide monthly and quarterly reports on the progress of the Initiative, and participate on planning committees as requested by HWTF.

UNC-TPEP Tobacco-Free Colleges Initiative Report (July 2005 – June 2006)

QUARTERLY REPORT (July 2005 – September 2005)

Describe the objectives that were achieved during the past quarter:

Due to the delay in the awarding of grants, the EnTER Program was unable to proceed with the technical assistance and program monitoring functions as outlined in the original scope of work. During the past quarter (Jul-Sep, 2005), the EnTER Team assisted HWTF with the development and implementation of a grassroots marketing campaign to promote the Quitline on college campuses. This phase involved maintaining contact with prospective grantees and members of the EnTER College Coalition, conducting a survey to assess interest in Quitline promotion among 22 college coalitions, facilitating a statewide meeting and conference call to announce plans for Quitline promotion, assisting colleges in the planning of events for the Great American Smokeout, and coordinating the dissemination of Quitline promotional materials.

1. Assistance in the implementation and development of Quitline promotion campaign: July 1-September 30, 2005

A. The EnTER Team provided support in Quitline promotion:

- 1) Attended Quitline planning meeting at HWTF on July 27th.
- 2) Identified 13 campuses willing to work as contractors to promote the Quitline. Provided HWTF with detailed spreadsheet on campus background and plans for Great American Smokeout (GASO).
- 3) Coordinated with TPCB to identify community colleges willing to participate in Quitline promotion.
- 4) Developed document for HWTF outlining grassroots marketing tactics for promoting Quitline on college campuses.
- 5) Attended Quitline promotion planning meetings with Capstrat on August 17th and September 7th.
- 6) Planned and hosted statewide meeting and conference call on September 30th for prospective grantees and members of the EnTER college coalition to announce the launch and promotional campaign for the Quitline.
- 7) Worked with HWTF to develop and disseminate survey to assess interest in Quitline promotion among 22 campus coalitions.
- 8) Summarized Quitline survey results for HWTF.
- 9) Worked with prospective grantees and additional college campuses to begin planning events for GASO.
- 10) Provided HWTF with regular updates on GASO event progress.

B. B. Evaluation

- 1) The EnTER Team supported the UNC TPEP Evaluation Team by:
 - a. Assisting with initial planning and development of progress tracking system.

2. Miscellaneous Activities in Support of the HWTF Tobacco-Free Colleges Initiative

A. The EnTER Team:

- 1) Participated in conference call with Innovation Management on July 26th to discuss grassroots marketing strategies for colleges.
- 2) Attended the NCCU press conference announcing the results of the HBCU Tobacco Use Survey on August 1st.
- 3) Participated in conference call with UNC SPH and Innovation Management on August 9th to discuss college initiative.
- 4) Provided UNC SPH/IM with detailed spreadsheet including contact information and background for all prospective grantees and members of the EnTER coalition.
- 5) Reviewed college mini-grant application for Mecklenburg County Health Department.

UNC-TPEP Tobacco-Free Colleges Initiative Report (July 2005 – June 2006)

- 6) Reviewed UNC-Chapel Hill editorial promoting GASO/Quitline in Daily Tar Heel.
- 7) Participated in AAP review for Moses Cone teen grant.
- 8) Facilitated communication with HWTF and the Bacchus Network to discuss potential sponsorship for the National College Tobacco Symposium.
- 9) Promoted Bacchus Network web seminar on college tobacco use to prospective grantees and members of EnTER coalition.
- 10) Examined scientific literature on quitlines affecting young adults.
- 11) Updated existing college tobacco program web site.
- 12) Began working with UNC-TPEP in college IPTS indicator development.
- 13) Discussed progress on program with HWTF on a weekly basis.
- 14) Continued to provide central support and leadership statewide as principal contact for information on tobacco-free colleges.

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

Grants were scheduled to be awarded in May to begin on July 1, 2005. Due to the delay in the awarding of grants, the EnTER Program was unable to proceed with the technical assistance, program monitoring, and training functions as outlined in the original scope of work. Plans continued for development of indicators for evaluation in case funding was secured. Communication with the statewide EnTER College Coalition and prospective grantees continued, engaging statewide partners particularly around Quitline promotion, plans, and launch.

4. What are the plans for the project/program for the next quarter?

Pending the official awarding of grants, the EnTER Project Team will:

- Plan orientation conference call for grantees.
- Contact grantees individually to discuss proposals and introduce technical assistance team.
- Develop and implement needs assessment tool.
- Continue working with UNC TPEP with development of progress tracking indicators and reporting system.
- Identify date and location for statewide kick-off event.
- Develop timeline for Action Planning Process.
- Respond to grantee requests for information or technical assistance via conference call or email.
- Continue to update existing college tobacco web site.

QUARTERLY REPORT (October 2005 – December 2005)

Describe the objectives that were achieved during the past quarter:

During the past quarter (Oct-Dec, 2005), the EnTER Team continued to assist HWTF with implementation of a grassroots marketing campaign to promote the Quitline on college campuses. This phase involved maintaining contact with prospective grantees and members of the EnTER College Coalition, assisting colleges in the planning of events for the Great American Smokeout, and coordinating the dissemination of Quitline promotional materials. Following the announcement of grant awards on December 6th, the EnTER team began assisting in preparations for official launch of the Initiative. Work on technical assistance and program monitoring was more limited because of the delay in awarding of grants.

3. Assistance in the implementation and development of Quitline promotion campaign: October 1-December 31, 2005

A. The EnTER Team provided support in Quitline promotion:

- 11) Attended Quitline planning meeting with Brogan & Partners at HWTF on October 4th.

UNC-TPEP Tobacco-Free Colleges Initiative Report (July 2005 – June 2006)

- 12) Attended GASO planning meeting at Wake Tech on October 5th.
- 13) Attended GASO planning meeting at HWTF on October 21st.
- 14) Continued working with prospective grantees and additional college campuses to plan events for GASO.
- 15) Communicated with NC State University about possibility of participating in GASO media event.
- 16) Worked with prospective grantees and EnTER College Coalition members to identify campus luminaries to send campus-wide email announcing the Quitline.
- 17) Distributed text for luminary email, press release, and template letter from Lt. Governor to 30 colleges.
- 18) Provided HWTF with regular updates on GASO event progress and status of campus luminary email.
- 19) Attended GASO planning meeting at North Carolina A&T University.
- 20) Coordinated dissemination of Quitline materials to 28 colleges at the Department of Family Medicine on November 1st.
- 21) Attended GASO events at NC A&T and UNC-Chapel Hill on November 17th.

B. The EnTER Team prepared for the launch of the Initiative:

- 1) Posted and recruited for position of Project Coordinator for the Initiative.
- 2) Hired Project Coordinator on November 30th.
- 3) Attended HWTF Commission meeting on December 6th.
- 4) Developed training and technical assistance timeline.
- 5) Attended meeting with HWTF on December 19th to prepare for launch of Initiative.
- 6) Identified potential dates and location for statewide kick-off event.

C. Evaluation

- 1) The EnTER Team supported the UNC TPEP Evaluation Team by:
 - a. Continuing to assist with initial planning and development of progress tracking system.
 - b. Assisting in the development of logic models for planning and implementation grants.
 - c. Assisting with initial development of web-based needs assessment.

4. Miscellaneous Activities in Support of the HWTF Tobacco-Free Colleges Initiative

A. The EnTER Team:

- 1) Participated in meeting with Innovation Management and UNC SPH on October 14th to discuss potential areas for site visits.
- 2) Discussed progress on the Initiative with HWTF on a weekly basis.

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

Grants were not awarded until the end of this quarter. Due to the delay in the awarding of grants, the EnTER Program's plan for training and technical assistance, consultations, and program monitoring as outlined in the original scope of work were again delayed. During this time EnTER maintained contact with all prospective grantees, assisted HWTF with other activities related to the Quitline, promoted the Quitline to grantees to maintain engagement, and began preparation for the launch of the Initiative once it became clear that funding would occur.

4. What are the plans for the project/program for the next quarter?

The EnTER Project Team will:

- Plan orientation conference call for grantees.
- Contact grantees individually to discuss proposals and introduce technical assistance team.
- Develop and implement needs assessment tool.
- Assist UNC TPEP with final development of progress tracking indicators and reporting system.

UNC-TPEP Tobacco-Free Colleges Initiative Report (July 2005 – June 2006)

- Confirm, plan, and host statewide kick-off event.
- Develop timeline for Action Planning Process.
- Respond to grantee requests for information or technical assistance via conference call, email, one-on-one consultation, or site visit as needed.
- Continue to assist with the distribution of Quitline materials to grantees.
- Launch project listserv.
- Update project web site.
- Weekly communication with HWTF about issues related to Initiative.
- Implement needs assessment tool.

QUARTERLY REPORT (January 2006 – March 2006)

Describe the objectives that were achieved during the past quarter:

During the past quarter (Jan-Mar, 2006), the EnTER Team assisted grantees with the implementation of their proposals through training and technical assistance. This phase involved building familiarity with the grantees and their programs, facilitating orientation activities for grantees, holding a statewide kick-off event, continuing to encourage Quitline promotion, and beginning the Annual Action Planning process. The EnTER Team developed and disseminated project resources including a web-based needs assessment, grantee listserv, and orientation binder as well as other tools, resources, best practice materials, and updates on website.

5. Monitoring and Technical Assistance to Funded Programs: January 1 – March 31, 2006

A. Technical Assistance to Grantees:

1. The EnTER Team provided technical assistance to grantees:

- a. Contacted all grantees following awards to confirm interest and provided recommendations to HWTF for recertification.
- b. Drafted correspondence to send to three grantees outlining concerns over their proposals, and incorporated suggested amendments and revisions from HWTF.
- c. Facilitated meetings with two grantees and HWTF staff to discuss proposal amendments on January 19 and 24.
- d. Provided technical assistance to three grantees on completion of proposal amendments.
- e. Coordinated and facilitated orientation conference call with 19 grantees, HWTF representatives and the UNC evaluation and technical assistance teams on January 27.
- f. Conducted individual orientation call with NC A&T following approval of amendment.
- g. Held individual conference calls and one-on-one consultations with each of 20 grantees to provide orientation for new coordinators, introduce the TA team, and discuss initial progress toward project goals as outlined in grantee proposals.
- h. Conducted site visit with UNC-CH and attended coalition meeting on February 17.
- i. Developed and conducted web-based needs assessment survey used to collect baseline data for the Initiative and determine grantee technical assistance and training needs.
- j. Launched moderated project listserv.
- k. Provided technical assistance for project-specific questions via telephone and email.
- l. Developed technical assistance tracking log.

B. Evaluation

1. The EnTER Team supported the UNC TPEP Evaluation Team by:

- a. Assisting in the development of web-based needs assessment, baseline data collection tool (available at http://152.19.28.20/cf/tpep/login_na.cfm).
- b. Assisting in the completion of logic models for the evaluation of planning and implementation grants (available on request).

UNC-TPEP Tobacco-Free Colleges Initiative Report (July 2005 – June 2006)

- c. Continuing to assist in the completion of initial progress indicators for program monitoring.
- d. Attending meeting with RTI to view computer based tracking system.
- e. Assisting in the initial development and pilot testing of web-based interim monthly reporting system (available at <http://152.19.28.20/cf/tpep/login.cfm>).

6. Miscellaneous Activities in Support of the HWTF Tobacco-Free Colleges Initiative

A. Statewide Kick-Off Event

1. The EnTER Team planned and conducted statewide kick-off event for grantees:
 - a. Identified speakers for each of the workshops.
 - b. Assembled a packet of information and emailed to each of the speakers.
 - c. Conducted a conference call with each of the speakers to relay information about the college grantees and finalize details for the workshops.
 - d. Coordinated meeting logistics including presentations.
 - e. Analyzed and presented needs assessment data.
 - f. Introduced grantees to Annual Action Planning process.
 - g. Communicated with the meeting facility to arrange details.
 - h. Created a comprehensive orientation and resource binder for grantees.
 - i. Distributed Quitline materials.
 - j. Evaluated conference using web-based survey

B. Additional Meetings

1. EnTER staff attended the Bacchus Network National College Tobacco Symposium in Raleigh on March 30-31.
 - a. Coordinated approval process for grantees to attend Bacchus conference.
2. Conducted weekly communication with HWTF on issues related to program progress.

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

North Carolina A&T: Proposal required significant revisions before a formal contract could be awarded. A meeting was held with A&T, HWTF, and EnTER staff on January 19th to discuss proposal amendment. EnTER and HWTF staff made multiple attempts to contact A&T staff and provide in-depth technical assistance, however, A&T did not provide an amendment until February 3. Due to this delay, grant awards could not be publicly announced until mid- February and A&T was not able to participate in the initial grantee orientation call. EnTER staff conducted an individual orientation call with A&T following approval of the amendment.

Grantee Staffing: Several campuses did not have staff in place at the time of the orientation call and kick-off meeting. Due to the complex recruitment and hiring process in a college and university system, as well as a January 1 start date during which time many schools were on Winter Break, it has taken several months for some grantees to formally staff their projects. During this time, the grant administrator or other staff members have participated in all required activities. EnTER is conducting individual orientation calls with new staff as they are hired. The delay in staffing also created problems for one multi-campus grantee in completing needs assessments. Albemarle Regional Health Services was granted an extension on the completion of their needs assessments pending the hire of their grant coordinator.

Additionally, many staff members have multiple duties on their campuses, including teaching courses. Scheduling a time when all grantees are available has been a challenge and it was difficult for many grantees to participate in the two day kick-off event. At least one representative from each grant was required to be at the meeting, but in some cases the same person was unable to attend both days. Planning for future conferences and trainings will reflect these considerations. Scheduling conference

UNC-TPEP Tobacco-Free Colleges Initiative Report (July 2005 – June 2006)

calls is also challenging, and it may be necessary to schedule multiple calls to accommodate grantee schedules.

4. What are the plans for the project/program for the next quarter?

The EnTER Project Team will:

- Develop Annual Action Plan template and facilitate AAP process among grantees
- Develop and launch an updated Tobacco-Free Colleges web site.
- Develop additional grantee resources including fact sheets, petitions, and model policies.
- Continue planning and facilitating grantee conference calls.
- Continue working with UNC-TPEP to implement and begin receiving data from web-based reporting system.
- Continue to provide individual consultations to grantees as needed and requested.
- Continue weekly communication with HWTF on issues related to program progress.
- Planning for training sessions to begin in September 2006.
- Review monthly progress and expense reports as needed.
- Review requests for media approval as needed.
- Respond to grantee requests for information or technical assistance including conducting site visits to grantees as necessary.

QUARTERLY REPORT (April 2006 – June 2006)

Describe the objectives that were achieved during the past quarter:

During the past quarter (Apr-Jun, 2006), the EnTER Team assisted all grantees with the implementation of their proposals through training and technical assistance. This phase involved the development and facilitation of the Annual Action Planning Process and the development and dissemination of project resources including the Tobacco-Free Colleges website as well as other tools, resources, and best practice materials. Additionally, EnTER staff participated in monthly program monitoring functions including reviewing progress and expenditure reports, facilitating the media approval process for grantees, technical assistance consultations, and one site visit.

1. Monitoring and Technical Assistance to Funded Programs: April 1-June 31, 2006

C. Technical Assistance to Grantees:

2. The EnTER Team provided technical assistance to grantees:
 - a. Facilitated the 2006 Annual Action Planning Process for grantees
 - 1) Created Annual Action Plan template, instructions, and sample for grantees
 - 2) Conducted series of three conference calls with grantees to provide instructions on annual action planning.
 - 3) Provided one-on-one consultations and technical assistance to grantees via conference call and email, and conducted one site visit.
 - 4) EnTER staff conducted a site visit with ALA on May 4 to discuss the AAP, quarterly reporting system, program indicators, and provision of services to community colleges.
 - 5) Reviewed all AAPs and provided suggestions for revisions to 16 grantees. Four grantees require significant AAP revisions and will be contacted for extensive TA in July.
 - b. Reviewed media approval requests from six grantees and provided to HWTF.
 - c. Reviewed budget revision request from one grantee and made recommendations to HWTF.
 - d. Developed and launched revised Tobacco-Free Colleges resource web site.
 - e. Provided technical assistance for project-specific questions via telephone and email.

UNC-TPEP Tobacco-Free Colleges Initiative Report (July 2005 – June 2006)

- f. Facilitated distribution of Quitline materials to grantees.
 - g. Developed and disseminated additional resources for grantees:
 - 1) Fact sheets
 - 2) Model Policies
 - 3) Bibliography of Tobacco Use Studies
 - 4) Sample Petition
 - 5) Sample surveys
 - h. Started developing training content based on grantee needs assessment (to be implemented beginning September 2006).
3. The EnTER Team:
- a. Reviewed monthly grantee progress and expenditure reports and communicated with HWTF accounting office.
 - b. Communicated with grantees each month as needed to clarify information reported in the monthly progress and expenditure reports; also provided verbal or written feedback about the reports as necessary.
 - c. Weekly discussions with project officer to discuss issues related to the Initiative.

B. Evaluation

1. The EnTER Team supported the UNC TPEP Evaluation Team by:
- a. Assisting grantees with technical issues related to the web-based reporting system.
 - b. Serving as liaison between grantees and the Evaluation Team regarding the data collection and evaluation measures.
 - c. Assisting with development of grantee codebook for monthly reporting.
 - c. Assisting with development of web-based reporting system as needed.

2. Miscellaneous Activities in Support of the HWTF Tobacco-Free Colleges Initiative

A. The EnTER Team:

15) Attended the HWTF/TPCB Annual Action Planning meeting on April 25.

16) Attended a national conference entitled "Driving Program Success: Exploring Innovation in Tobacco Control Web-based Systems" in April 2006 to learn about the development and implementation of web-based data systems for state-wide tobacco control programs. The program included technical training and an opportunity to view actual web based data systems developed for program monitoring and evaluation for tobacco control programs, including systems used by New York, California, Florida, Ohio, and South Carolina. Round table sessions with system developers were also beneficial. This conference was essential in helping to further the development of the web-based system for program monitoring and evaluation of the NC Tobacco Free College Initiative. Three staff members attended this conference, as each have roles and responsibilities for planning, developing, utilizing, and disseminating results, with subsequent revisions, of a web based data system.

17) Attended the American College Health Association annual meeting in New York on May 30 to gain information about national college tobacco projects, state efforts, implementation barriers and methods, related research on substance use on college campuses, methods of coalition building, and related research, for future dissemination to grantees and coalition partners.

18) Met with HWTF staff regarding AAP review process and future transition of grant monitoring functions to the HWTF Grant Development Office.

19) Developed a proposed scope of work and schedule of technical assistance activities for 2007 and submitted proposal to HWTF.

20) Developed template for tracking monthly progress of all grantees.

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

UNC-TPEP Tobacco-Free Colleges Initiative Report (July 2005 – June 2006)

Albemarle Regional Health Services: The grant coordinator was not hired until early May and has required significant orientation and technical assistance in performing grant related duties. He contacted EnTER staff with concerns about a lack of information he had received from the grant administrator on the college campuses covered by his grant. According to the coordinator, many of the colleges had no prior knowledge of their participation in the project. EnTER staff contacted the grant administrator on June 13th to facilitate communication with the coordinator and gain more information on the involvement of local campuses. EnTER is currently working with the coordinator to review needs assessments and develop relationships with local campuses. The grant appears to be on track at this time and EnTER will continue to maintain close contact with grant staff to ensure that they have the resources necessary to successfully implement their program. A site visit will occur in the next quarter.

Additionally, this grantee is budgeted for two additional staff members, one of which is scheduled to be in place in early July. Grantee reported no budget expenditures through May. EnTER alerted HWTF to this on June 30 and spoke with Albemarle's financial contact who stated that expenditures would appear in the June report.

4. What are the plans for the project/program for the next quarter?

The EnTER Project Team will:

- Continue to assist grantees in AAP process and perform additional grant monitoring activities until these functions are fully transitioned to the HWTF Grant Development Office
- Schedule and facilitate on-campus trainings and site visits with grantees.
- Expand the Tobacco-Free Colleges web site.
- Develop additional grantee resources including fact sheets, petitions, model policies, and media materials.
- Schedule trainings and site visits with grantees to begin in September 2006.
- Continue planning and facilitating grantee conference calls.
- Review monthly progress and expense reports and media approval requests as needed.
- Meet with HWTF staff monthly to review grantee progress.
- Respond to grantee requests for information or technical assistance including conducting additional site visits to grantees as necessary.



Youth Overweight and Obesity Prevention

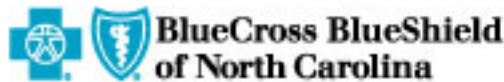
fit together



Counties covered by Fit Together grants

Gap counties covered by UNC-TV*

* UNC-TV provides statewide coverage



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

Six-Month Report (July 2005 – December 2005)

Executive Summary and Recommendations

East Carolina University Department of Family Medicine and the Pediatric Healthy Weight Research and Treatment Center (ECU) conducted an evaluation of grant activities for the period between July – December 2005, as part of our contract to provide evaluation services for the Fit Together Initiative. This report summarizes these evaluation activities.

In 2003, the North Carolina Health and Wellness Trust Fund Commission (HWTFC) established a three-year community-based grant program to aid schools and communities across North Carolina build collaborations to:

- Raise awareness about the prevalence of obesity in their community,
- Engage decision makers to encourage adoption of state and local policies to promote community-based strategies that support healthy eating and increased physical activity,
- Emphasize school policies and environments that ensure access to healthful food choices and opportunities for physical activity,
- Promote healthy eating and physical activity in children and their families through culturally relevant social marketing interventions that are designed to affect behavioral change.

The first phase of grants was awarded in November 2003 to 17 community-based organizations, totaling \$6.8 million. In April 2004, a second phase of grants totaling \$1.8 million was awarded to four community-based organizations. The grantees are implementing programs in their local communities, schools and churches.

The evaluation of Fit Together consists of four components:

- Evaluation design for individual projects (The ECU work for this portion of the contract has been completed)
- Evaluation of attainment of the specific goals outlined by the Commission in the Request for Proposals
- Cohort study
- Ongoing evaluation of the technical assistance provided by Duke University

Progress toward Fit Together goals

Each grantee has developed an action plan to address the following Fit Together goals:

- Reduce barriers in children's homes/communities to healthy eating and physical activity
- Significantly increase the number of school and child care settings that promote 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

ECU Fit Together Evaluation Report (July 2005 – June 2006)

Information provided from Fit Together Progress Check indicates that program activities for most grantees focus on goals 1 and 2. Fifteen grantees have strategies related to goal 1 and 16 grantees have strategies related to goal 2. For this period, Phase I grantees completed the action plan summary. The majority of strategies are either completed or ongoing as planned, which indicates that grantees are making progress toward the goals of the Fit Together Initiative. While delays have occurred with some strategies due to barriers such as personnel issues, grantees have employed methods to address these barriers.

Grantee Program Activities

Program activity data are entered into Fit Together Progress Check by the grantees, which allows for a comprehensive analysis of program activities and their impact. To date, a total of 3,944 events have been reported, including over 1,000 activities coded as Services Provided and over 500 Planning Product activities. Grantee reports of media coverage indicate almost 30 million potential media exposures of activities and information related to Fit Together. Grantees have been successful in leveraging the success of their programs to assist in securing outside funding of over \$400,000.

Notably, the grantees have made substantial progress toward changing environments and enacting policies that address childhood overweight, especially in schools. In the first two years of the grant period, 16 grantees have reported 223 activities coded as Environment/Policy outcomes (EPO). Grantees have worked on EPOs related to improvements in leading health indicators such as physical activity, poor dietary behaviors, and overweight.

Grantee Self-Assessments

Grantees completed a quantitative and qualitative self-assessment of their program. The Fit Together grantees rated their achievement of program objectives over the previous six months of the grant period highly (mean rating of 8 out of 10). All grantees believed they were on target to achieve their program objectives in the upcoming six months. Four grantees felt they had encountered significant barriers to their program objectives. Staff turnover that affected program activities was a barrier for several of these grantees. As part of the qualitative assessment, the majority of grantees described partnerships/collaborations as one of their unexpected opportunities that benefited their projects.

Cohort Study Data

The purpose of the cohort study is to evaluate the overall impact of the disparate projects of the Fit Together grantees on physical activity, nutrition and other health behaviors that have been shown to be related to overweight in children. Changes in BMI status and health behaviors are being monitored at intervals over the three year grant period. Cohort data are submitted to ECU electronically after being entered in the Fit Together Progress Check system by individual grantees.

To date, baseline data have been submitted by 18 grantees and the data set includes 2,112 children. Sixteen of the 19 grantees participating in the cohort study have completed Time 2 data collection (1,371 children) and 14 grantees have completed Time 3 data collection (995 children).

ECU Fit Together Evaluation Report (July 2005 – June 2006)

At baseline, 50% of the children in the cohort were at a healthy weight. Two percent were underweight (BMI for age and gender less than or equal to the 5th percentile), over 17% were at risk for overweight (BMI between the 85th and 95th percentile for age and gender), and 30% were overweight (BMI for age and gender greater than or equal to the 95th percentile). The proportion of children in the overweight category is of concern for our state; while the proportion of children at risk for overweight is comparable to the estimated national prevalence (15%), the proportion of children who are overweight is higher than the estimated national prevalence (15%) of overweight in children.

Baseline BMI status was compared to BMI status at Time 3 and showed that 91% of those enrolled at Time 1 either stayed in the same BMI category or lowered their BMI category. For overweight children the goal on the path to a healthy weight is maintenance of their current weight as they grow taller.

Comparisons of physical activity levels from Time 1 to Time 3 show that over 60% of the participants reported exercising the same number of days per week or more.

Information about changes in fruit and vegetable consumption indicates that 75% of children who ate zero daily servings of fruit at Time 1 report eating at least one serving per day at Time 3 and 51% of those who ate zero daily servings of vegetables at Time 1 report eating at least one serving per day at Time 3. This is a further improvement over the data previously presented comparing Time 1 and Time 2.

Evaluation of Duke Technical Assistance Team

As part of their report, grantees rated the technical assistance provided by the Duke Technical Assistance team. As in previous reports, the team continues to receive high ratings for their work with the grantees (average rating of 9.3 on a 10 point scale).

Recommendations

Recommendations for grantees

- Continue efforts to work closely with project partners to finalize plans for sustainability.
- Media advocacy remains important not only in communicating information about the Fit Together projects but also in garnering continued support for them. Grantees who have not utilized media advocacy should pursue opportunities to advertise their Fit Together projects and increase awareness of childhood overweight in their communities. Those grantees who have been involved in media advocacy should continue those efforts.
- It is critical to the success of this evaluation component that grantees continue their efforts to maximize the number of children who remain active in the cohort.
- Environmental and policy changes are strong indicators of the success of the Fit Together Initiative and of its long-term impact. Grantees will benefit from exploring opportunities to effect environmental and policy changes as those changes will impact sustainability of their efforts.
- Documentation of program activities and their impact through The Fit Together Progress Check system not only provides evaluation data but allows grantees to document activities and share reports with stakeholders, who in turn may impact the sustainability of these projects.

ECU Fit Together Evaluation Report (July 2005 – June 2006)

Recommendations for Technical Assistance

- As sustainability of the Fit Together programs is critical at this time, the Technical Assistance teams should continue to
 - Guide projects as they develop and implement sustainability plans.
 - Support grantees in the use of Fit Together Progress Check system.
 - Encourage all grantees to utilize media advocacy.
-

Six-Month Report (January 2006 – June 2006)

Executive Summary and Recommendations

East Carolina University Department of Family Medicine and the Pediatric Healthy Weight Research and Treatment Center (ECU) conducted an evaluation of grant activities for the period from January – June 2006, as part of our contract to provide evaluation services for the Fit Together Initiative. This report summarizes these evaluation activities.

In 2003, the North Carolina Health and Wellness Trust Fund Commission (HWTFC) established a three-year community-based grant program to aid schools and communities across North Carolina build collaborations to:

- Raise awareness about the prevalence of obesity in their community,
- Engage decision makers to encourage adoption of state and local policies to promote community-based strategies that support healthy eating and increased physical activity,
- Emphasize school policies and environments that ensure access to healthful food choices and opportunities for physical activity,
- Promote healthy eating and physical activity in children and their families through culturally relevant social marketing interventions that are designed to affect behavioral change.

The first phase of grants was awarded in November 2003 to 17 community-based organizations, totaling \$6.8 million. In April 2004, a second phase of grants totaling \$1.8 million was awarded to four community-based organizations. The grantees are implementing programs in their local communities, schools and churches.

The evaluation of Fit Together consists of four components:

- Evaluation design for individual projects (The ECU work for this portion of the contract has been completed)
- Evaluation of attainment of the specific goals outlined by the Commission in the Request for Proposals
- Cohort study
- Ongoing evaluation of the technical assistance provided by Duke University

Progress toward Fit Together goals

Each grantee has developed an action plan to address the following Fit Together goals:

1. Reduce barriers in children's homes/communities to healthy eating and physical activity

ECU Fit Together Evaluation Report (July 2005 – June 2006)

2. Significantly increase the number of school and child care settings that promote healthy eating and physical activity
3. Increase the number of neighborhoods that are designed to support safe play and healthy eating
4. 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

Phase II grantees are focusing most of their program objectives on goals 1 and 2. Most of the strategies for achieving these goals are either completed or ongoing as planned.

Grantee Program Activities

From a tally of program activities entered in the Fit Together Progress Check system, 5294 events have been entered to date. This includes over 1500 services provided and over 500 partnering actions. Almost 200 hours of television airplay have been reported during the entire grant period along with 6670 column inches of newspaper coverage. This equates to almost 56 pages of coverage in a standard size newspaper.

Twenty-four Environmental Policy Actions (EPA) and 331 Environmental Policy Outcomes (EPO) have been reported. EPOs reflect new policies that have been implemented to improve leading health indicators such as physical activity and poor dietary behaviors.

Grantee Self-Assessments

Grantees rated their own progress toward their program objectives and also their work with their partners. Overall the grantees reported they had achieved their program objectives over the previous 6 months of the grant period (mean rating of 8.2 out of 10). Several grantees felt they had encountered significant barriers to their program objectives. These grantees experienced staffing problems, the end of partnerships and the discontinuation of program activities. Overall the grantees rated their relationships with their partners highly and indicated that their partnerships were facilitating attainment of their objectives.

Cohort Study Data

The purpose of the cohort study is to evaluate the overall impact of the disparate projects of the Fit Together grantees on physical activity, nutrition and other health behaviors that have been shown to be related to overweight in children. Changes in BMI status and health behaviors are being monitored at intervals over the three year grant period.

The baseline cohort consists of 2353 children who are 52% female, 35% black, 5% American Indian, and 6% of Hispanic or Latino origin. Almost half of the cohort (48%) is from the eastern region of the state while 32% are from the piedmont with the remainder from the western region.

The data show that 50% of the children in the cohort were considered normal weight at baseline, 2% of the children were underweight, close to 17% were at risk for overweight and 31% were classified as overweight. The percentage of overweight children is much higher than the estimated national prevalence of 16%.

ECU Fit Together Evaluation Report (July 2005 – June 2006)

Several grantees have completed their second follow-up collection (Time 3). Analysis shows that 91% of those children enrolled at baseline either stayed in the same BMI category or lowered their BMI category at Time 3.

Evaluation of Duke Technical Assistance Team

The grantees rated the Duke Technical Assistance team on their helpfulness over the past 6 months. The Duke team averaged a score of 9.4 on a 10-point scale. They continue to receive high marks for their work with grantees.

Recommendations

Based on this evaluation report, we offer the following recommendations for grantees:

- Cohort study: Final data collection will be completed this fall. Grantees are encouraged to collect complete data from as many cohort participants as possible in order to capture important changes in health behaviors that occurred over the funding period and may be linked to the Fit Together Initiative.
- Sustainability: As the funding period ends for some grantees and nears the end for others, all grantees are encouraged to:
 - Advocate in their communities for environmental and policy changes that support the Fit Together goals
 - Review individual project evaluation data (measures of success) to identify successes and, if appropriate, focus sustainability efforts on these activities
 - Promote and share successes and positive outcomes with stakeholders and potential funders.

DUKE UNIVERSITY MEDICAL CENTER AND HEALTH SYSTEM
DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE

Technical Assistance Quarterly Reports
July 2005 – June 2006

Quarterly Report for July 2005 – September 2005

Describe the objectives that were achieved during the past quarter:

During the past quarter (July - September, 2005), the Duke Management Team planned the Fit Together Annual Meeting, organized and facilitated an optional faith-based meeting for grantees, interviewed grantees about their partnerships, developed a technical assistance plan to assist grantees with sustainability planning, conducted a quarterly conference call for all grantees, and assisted the ECU evaluation team with revising the electronic progress tracking system.

1. Monitoring and Technical Assistance to Funded Programs: July 1 – September 30, 2005

A. Technical Assistance to Grantees:

- 1.** The Management Team provided technical assistance to grantees:
 - a.** Coordinated and facilitated a conference call with all grantees, HWTF representatives and the ECU evaluation team on September 21.
 - b.** Planned and conducted an optional meeting for Fit Together grantees focusing on health promotion efforts in faith-based settings. Fourteen representatives from 5 projects attended the meeting.
 - c.** Conducted on-site meetings with 7 grantees who required assistance with Fit Together Progress Check (FTPC) or program planning.
 - d.** Conducted on-site visits with 2 grantees and a representative from the HWTF staff to review project progress and future plans.
 - e.** Observed project activities during site visits to two grantees.
 - f.** Completed conference calls with six remaining grantees regarding partnership activities. Responses to interview questions will be summarized and used to direct technical assistance activities.
 - g.** Reviewed travel requests from 3 grantees and provided guidance before submitting to HWTF.
 - h.** Advised two grantees regarding revisions to the Institutional Review Board.
 - i.** Assisted 2 grantees with budget revisions and submission to HWTF.
 - j.** Worked with HWTF staff to update grantee website with current information and resources.
 - k.** Provided technical assistance for project-specific questions via telephone and email.
- 2.** The Management prepared for the second Fit Together annual meeting, on October 27 and 28 at the Friday Center in Chapel Hill, North Carolina. The Management Team:
 - a.** Identified the meeting site and worked with site representatives to secure a contract.
 - b.** Visited the site and met with site representatives to make preliminary arrangements.
 - c.** Drafted an agenda for the meeting, and revised it with feedback from HWTF staff.

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

- d. Recruited and briefed facilitators who will speak during the breakout sessions.
 - e. Notified grantees about meeting expectations (all grantees should bring a display; 12 will do presentations).
 - f. Provided information to all grantees including the agenda and logistics of the meeting.
3. The Management Team planned technical assistance activities for the coming year. The Management Team:
- a. Researched various tools and resources available to guide grantees through the sustainability planning process.
 - b. Selected the Center for Civic Partnership’s “Sustainability Toolkit” and communicated with the developers about training opportunities.
 - c. Presented the Sustainability Toolkit and training opportunities to HWTF staff and received approval to: 1) order a Toolkit for each grantee; and 2) invite a representative from the Center for Civic Partnerships to conduct a training for grantees in early 2006.
 - d. Introduced sustainability activities during the grantee conference call, including the Sustainability Toolkit and the 2006 training.
 - e. Developed strategies to infuse sustainability training throughout the annual meeting and the 2006 project year.
- B. Monitor Funded Programs**
1. The Management Team:
- a. Reviewed annual reports from 5 grantees and six-month reports from 16 grantees.
 - b. Reviewed monthly progress and expenditure reports from 21 grantees in July, August and September.
 - c. Communicated with grantees each month to clarify information reported in the monthly progress and expenditure reports; also provided verbal or written feedback to grantees about their reports.
 - d. Created a document detailing each grantee’s projected end-date, based on carry-forward from Year 1, and shared this document with HWTF.
 - e. Updated the monthly tracking table in July, August and September to summarize the progress of all grantees with respect to staffing, data collection, progress toward meeting action plan objectives, and activities of the management team specific to each grantee.
 - f. Met with Commission staff monthly to review the tracking table and report on grantee progress, successes and delays.
- C. Evaluation**
- The Duke Technical Assistance Team supported the ECU Evaluation Team by:
1. Assisting with the development of the latest edition of the Fit Together Progress Check (FTPC) reporting database (version 2.44):
- a. Working with the ECU Team to compile a list of revisions from the previous version of FTPC.
 - b. Sending revised work orders to the programmer and holding a conference call with the programmer to review the list.
 - c. Receiving updated software from the programmer and reviewing changes.
 - d. Assisting 4 grantees with FTPC installation.

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

2. Serving as a liaison between grantees and the ECU Team when questions or concerns arose regarding the cohort data collection.
 - a. Accompanying the ECU representative to meet in-person with 3 grantees regarding the cohort study and data entry.
 - b. Communicating with grantees about working directly with ECU on issues related to cohort data.
3. Holding a conference call in July, August and September with the ECU Team to review each grantee's progress or delays with respect to the cohort study and to discuss other timely issues (i.e. six-month reports, annual meeting).

2. Miscellaneous Activities in Support of the HWTF Fit Together Initiative

The Management Team:

1. Reviewed the Fit Together tri-fold display and provided feedback to HWTF.
2. Provided HWTF with a list of potential success stories for Fit Together website.
3. Worked with six grantees (chosen by HWTF) to develop and refine success stories for the website, and to obtain photos.
4. Updated grantee project descriptions for the UNC TV display board.
5. Attended the press event for the release of "Move More: NC's Recommended Standards for Physical Activity in School."
6. At the request of HWTF, reviewed the media communications plan for the Fit Kids initiative and provided feedback to HWTF.

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

NCAFP: The staff of the North Carolina Academy of Family Physicians (NCAFP) continued to face challenges this quarter, particularly with regards to: 1) participating in the cohort study; and 2) minimizing the responsibilities of the medical practices while still collecting information that is essential for evaluating the project. The Duke Management Team:

1. Spoke to NCAFP Coordinator about one medical practice that withdrew their participation based on tracking requirements and cohort participation.
2. Presented concerns to the HWTF Grants Coordinator and worked with her to clarify the minimum tracking and cohort participation that would be acceptable to HWTF.
3. Spoke to the NCAFP Coordinator to discuss the new minimum requirements, and documented this conversation in an email to the Coordinator and Project Director.
4. Received and reviewed revised action plan materials from NCAFP Coordinator. Materials included a detailed explanation of target counties and their level of involvement in data collection and the cohort study. Materials also clearly listed the responsibilities of the NCAFP staff, Cooperative Extension staff, and the medical practices.
5. Held a conference call with the NCAFP Coordinator to offer feedback and suggestions for the newly revised materials.
6. Presented the revised materials to HWTF during a monthly meeting, and communicated with the NCAFP Coordinator about HWTF's approval of the new plan.
7. Spoke to ECU Evaluation Team representatives about NCAFP's new plan and revised materials. Received their approval and communicated this to the NCAFP Coordinator.

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

8. Scheduled and facilitated a site visit with NCAFP staff and HWTF representative to review progress and future plans.
9. Status: Representatives from NCAFP, Duke, ECU and HWTF have approved NCAFP's revised plan to increase efforts in fewer counties over the 3-year project. NCAFP also requested and was granted approval from HWTF to offer monetary incentives to medical practices for each participant they recruit into the cohort study. In the midst of these changes, the NCAFP Coordinator resigned. A new Coordinator began work on October 10, 2005. The Duke Management Team will continue to monitor progress and will work with NCAFP to make sure the new Coordinator is properly trained.

North Carolina Division of Public Health (DPH): DPH staff contacted the Duke Management Team in September about one of their four target groups (The Eastern Band of the Cherokee Indians) withdrawing from the project. The Duke Management Team:

1. Spoke to DPH staff about their plans for finding another target county that has a high Native American population.
2. Informed DPH about the presence of Fit Together grantees in 4 of the counties they were considering (Hoke, Mecklenburg, Cumberland, Robeson), and provided contact information for those project directors.
3. Communicated with HWTF staff during the September monthly meeting about the delay and DPH's plans for moving forward by recruiting a fourth county to participate in focus groups. Confirmed with HWTF that DPH should recruit a team from the fourth county to implement a social marketing intervention, and if they are unable to do so, the fourth county will participate in the data collection phase of the project only.
4. Status: The Management Team spoke to the DPH staff again on October 7. By that date, they had sent introductory emails to all four of the counties listed above, and had received return messages from the project directors in Mecklenburg and Robeson Counties. They had spoken to the Robeson contact and are planning to work with her to conduct focus groups in Robeson County

Cumberland County Schools: The Management Team previously reported concerns with the staffing and leadership of this project. After HWTF and the Duke Management Team met with the Project Director in June, progress has been noted in the following areas:

1. New hiring process was instituted to ensure a more viable candidate for the position.
2. New Project Coordinator was hired.
3. The Director and Coordinator have taken actions to mend previous partnerships and new partnerships have been formed to enhance the program.
4. Site visit by Duke and ECU was completed in August to confirm partnership activities.
5. Revised action plan with partner input to incorporate ideas/needs of partners and Fit Together goals.
6. Status: Many of the previous staffing and leadership concerns have been addressed but the Management Team will continue to monitor progress and communicate with HWTF.

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

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

The Duke Management Team will:

- Plan and conduct the 2005 Fit Together Annual Meeting on October 27 and 28.
- Conduct site visits with all 21 grantees.
- Review monthly progress and expense reports.
- Meet with HWTF staff monthly to review grantee progress.
- Assist each grantee with the installation of FTPC version 2.44.
- Conduct monthly conference calls with ECU to discuss evaluation progress and technical assistance for each grantee, as well as timely issues such as quarterly conference calls and the annual meeting.
- Respond to grantee requests for information or technical assistance including conducting additional site visits to grantees as necessary.
- Plan for 2006 technical assistance activities.

Quarterly Report for October 2005 – December 2005

Describe the objectives that were achieved during the past quarter:

During the past quarter (October - December, 2005), the Duke Management Team planned and facilitated the Fit Together Annual Meeting, completed a summary report from interviews conducted with each project regarding their partnerships, assisted with Fit Kids event planning, conducted a quarterly conference call for all grantees, completed grantee site visits, planned for the upcoming technical assistance trainings, and attended the American Public Health Association Annual Meeting.

1. Monitoring and Technical Assistance to Funded Programs: October 1 – December 31, 2005

A. Technical Assistance to Grantees:

The Management Team provided technical assistance to grantees:

- a. Conducted the second site visit for 2005 for 17 grantees.
 - 1) During these site visits, the Management Team:
 - Reviewed the project action plan and budget.
 - Installed most current version of Fit Together Progress Check database when necessary.
 - Observed grantee activities.
 - 2) Following each site visit, the Management Team:
 - Compiled a summary of points covered during the meeting.
 - Sent summary, including action steps, to the grantee via email.
- b. Completed visit with one grantee to provide orientation for new coordinator.
- c. Attended one grantee meeting at the NC Division of Public Health to hear their focus group results presented.
- d. Assisted two grantees with press events.
- e. Reviewed budget revision requests from three grantees and provided feedback.
- f. Assisted HWTF and Capstrat with “Fit Kids” events at three grantee sites.

Coordinated and participated on conference calls with Capstrat and each of the three grantees.

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

Attended “Fit Kids” events at three grantee sites. (Partnership for Health, Wake Forest University School of Medicine, and Pitt County Schools)

- g. Coordinated and provided media opportunity in conjunction with Be Active NC’s Economic Report.
- h. Coordinated and facilitated a conference call with all grantees, HWTF representatives and the ECU evaluation team on December 7th.
- i. Provided technical assistance for project-specific questions via telephone and email.

The Management Team completed the second Fit Together annual meeting, on October 27 and 28 at the Friday Center in Chapel Hill, North Carolina. The Management Team:

- a. Finalized an agenda for the meeting based on feedback from HWTF staff.
- b. Conducted a call with ECU to review the agenda and various roles at the meeting.
- c. Coordinated presentations by special guests and session facilitators by conducting conference calls to clarify expectations and address questions. Created and provided information packets to each guest and facilitator.
- d. Developed handout template for twelve grantees selected to present. Assisted twelve grantees with developing and formatting handouts, which included an abstract, evaluation measures, greatest challenges, and tips for success on the specific strategy/component of their project that they presented.
- e. Completed a summary report of the partnership interviews conducted with each of the grantees. Results from this report helped inform the partnership session facilitator and guide this discussion.
- f. Developed an evaluation of the meeting completed by participants. Summarized evaluation results for HWTF.

The Management Team continued to plan for the upcoming technical assistance meetings. The Management Team:

- a. Identified dates to hold the technical assistance trainings for 2006 and communicated these dates to all interested parties (March 9 – Sustainability and March 10 – Advocacy).
- b. Secured approval from HWTF staff to contract with Shellie Pfohl, Be Active NC’s Executive Director, as the session leader for the Advocacy training on March 10th.
- c. Outlined technical assistance meeting speakers, costs, and schedule for HWTF review and approval.
- d. Identified potential locations for the trainings.

B. Monitor Funded Programs

1. The Management Team:

- a. Reviewed monthly progress and expenditure reports from 21 grantees in October, November and December.
- b. Communicated with grantees each month to clarify information reported in the monthly progress and expenditure reports; also provided verbal or written feedback to grantees about their reports.

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

- c. Updated the monthly tracking table in October, November and December to summarize the progress of all grantees with respect to staffing, data collection, progress toward meeting action plan objectives, and activities of the management team specific to each grantee.
- d. Met with Commission staff to review the tracking table and report on grantee progress, successes and delays.

C. Evaluation

The Duke Technical Assistance Team supported the ECU Evaluation Team by:

Assisting with the installation of the latest edition of the Fit Together Progress Check (FTPC) reporting database (version 2.44):

- a. Assisting remaining 17 grantees with FTPC installation.
- b. Requesting assistance from database programmer when problems occur.

Serving as a liaison between grantees and the ECU Team when questions or concerns arose regarding the cohort data collection or evaluation measures.

Holding a conference call in October and November with the ECU Team to review each grantee's progress or delays with respect to the cohort study and to discuss other timely issues (i.e. six-month reports, annual meeting).

2. Miscellaneous Activities in Support of the HWTF Fit Together Initiative

The Management Team:

- A. Developed a list of recommendations and prioritized grantees to receive a potential award at the December 6th HWTF meeting.
- B. Attended Healthy Carolinians Conference on October 24th and 25th.
- C. Attended "Fit Communities" press event on November 10th at the NC State Farmers' Market.
- D. Attended the ESMM Leadership Team Meeting on December 12th.
- E. Attended the American Public Health Association's Annual Meeting (December 11 - 14) in Philadelphia and co-presented with ECU on "Evaluating Disparate Childhood Overweight Programs".

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

A. Cumberland County Schools: There are serious concerns with this project and the Management Team has recommended that the third year contract not be approved. Their most recently hired project coordinator has resigned. Even though they had instituted a new hiring process to ensure a more viable candidate, she resigned after approximately 12 weeks in the position. Another new coordinator has been hired, but the project is facing the persistent challenge of gaining momentum and completing their action plan strategies. Project data is not reliable given high staff turnover. Technical assistance has been provided at least 5 times for database operation, data entry, and overall project administration this year. Furthermore, staff turnover and limited outcomes is damaging community partnerships.

- **Status:** Since our meeting in June 2005 at the HWTF office with the Cumberland County Schools Project Director and HWTF staff, this project has been carefully monitored. At this time, we do not recommend contract renewal. As agreed during our January 5, 2006 meeting with HWTF, a letter will be drafted for HWTF to send to the Cumberland County Schools Superintendent requesting immediate action to reassign management.

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

B. Southeastern Regional Medical Center: The Management Team facilitated a seven hour site visit on December 1, 2005 with the project team to clarify expectations. A summary of the meeting was sent the project director and coordinators outlining these expectations. (Note: Last quarter, a conference call was conducted on September 22nd outlining the same expectations.) In the past six months, SRMC has received technical assistance to:

- Decrease community screening activities that do not focus on children and their families.

Increase focus on school-based activities in the Action Plan.

Status: These concerns have been documented for HWTF. During the January 5, 2006 meeting with HWTF, it was determined that a letter should be sent by HWTF outlining these expectations. A letter will be drafted for review by HWTF and sent to the SRMC Project Director.

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

The Duke Management Team will:

- Plan and conduct the 2006 Fit Together Technical Assistance Meetings on March 9th and 10th.
- Conduct site visits with the remaining 4 grantees.
- Review monthly progress and expense reports.
- Meet with HWTF staff monthly to review grantee progress.
- Conduct monthly conference calls with ECU to discuss evaluation progress and technical assistance for each grantee, as well as timely issues such as quarterly conference calls and the annual meeting.
- Respond to grantee requests for information or technical assistance including conducting additional site visits to grantees as necessary.
- Respond to HWTF requests for upcoming grantee events.

Quarterly Report for January 2006 –March 2006

Describe the objectives that were achieved during the past quarter:

During the past quarter (January – March, 2006), the Duke Management Team planned and conducted two technical assistance trainings, facilitated a quarterly conference call, reviewed grantees' bi-annual reports and revised action plans, conducted eight site visits with grantees, and began planning for the 2006 Fit Together annual meeting.

1. Monitoring and Technical Assistance to Funded Programs: January 1 – March 31, 2006

A. Technical Assistance to Grantees:

1. The Management Team provided technical assistance to grantees:
 - a. Planned and conducted two technical assistance workshops on Sustainability and Advocacy on March 9 and 10.
 - 1) Identified speakers for each of the workshops.
 - 2) Assembled a packet of information and mailed to each of the speakers.
 - 3) Conducted a conference call with each of the speakers to relay information about the Fit Together grantees and finalize details for the workshops.

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

- 4) Communicated with the meeting facility to arrange details.
 - b. Coordinated and facilitated a conference call with all grantees, HWTF representatives and the ECU evaluation team on March 29.
 - c. Conducted eight site visits with seven grantees to provide orientation for new coordinators or discuss progress toward project goals.
 - d. Observed project events at two grantee sites.
 - e. Conducted quarterly conference calls with 17 grantees to review their annual report, action plan, and progress toward goals.
 - f. Provided suggestions for action plan revisions to 10 grantees, received the revised documents, and submitted them to HWTF for final approval following the quarterly conference calls.
 - g. Reviewed budget revision requests from 13 grantees and provided recommendations to HWTF.
 - h. Reviewed travel requests from three grantees and provided recommendations to HWTF.
 - i. Drafted letters to send to two grantees outlining management concerns, and incorporated revisions from HWTF.
 - j. Provided technical assistance for project-specific questions via telephone and email.
- B. Monitor Funded Programs**
1. The Management Team:
 - a. Reviewed annual reports from sixteen grantees and six-month reports from five grantees.
 - b. Reviewed monthly progress and expenditure reports from 21 grantees in January, February, and March.
 - c. Communicated with grantees each month to clarify information reported in the monthly progress and expenditure reports; also provided verbal or written feedback about the reports.
 - d. Updated the monthly tracking table for HWTF in January, February, and March, summarizing the progress of all grantees with respect to staffing, data collection, progress toward meeting action plan objectives, and activities of the management team specific to each grantee.
 - e. Met with Commission staff monthly to review grantee progress, successes and delays.
- C. Evaluation**
1. The Duke Technical Assistance Team supported the ECU Evaluation Team by:
 - a. Meeting with 3 project coordinators and trained them to enter data via Fit Together Progress Check (FTPC).
 - b. Assisting grantees with technical issues related to the electronic reporting system.
 - c. Serving as liaison between grantees and the ECU Team regarding the cohort data collection or evaluation measures.
 - d. Reviewing “measures of success” reported by grantees in annual reports.
 - e. Discussing evaluation measures with each 16 grantees, and following up with ECU when necessary.
 2. **Miscellaneous Activities in Support of the HWTF Fit Together Initiative**
The Management Team:

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

- A. Worked with the ECU Evaluation Team to develop and submit two abstracts for presentations at the American Public Health Conference in November 2006. One of the abstracts has been accepted; the other is pending.
- B. Attended the Pediatric Healthy Weight Summit in Greenville, NC on March 8.
- C. Attended the ESMM Leadership Team Meeting on March 13.
- D. Developed a proposed budget and schedule of technical assistance activities for 2007 and submitted proposal to HWTF.
- E. Developed and submitted, with HWTF approval, a proposal to the Robert Wood Johnson Foundation to evaluate the effect of nutrition policy changes in schools that receive services through Fit Together grants.

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

A. Cumberland County Schools: As documented in the last management report, there are ongoing concerns regarding this project. The current project coordinator submitted a letter of resignation to the project director on February 8, 2006. The project director refused the letter and is attempting to address the project coordinator's concerns. The Duke Team worked with HWTF to:

- 1. Draft a letter, as requested by HWTF, to send to the Cumberland County Schools Superintendent regarding the project.
- 2. Draft a supporting document outlining various project issues concerning staff turnover, the project database, partnerships, etc.

Status: Both of these documents have been drafted and are currently under review by HWTF.

B. Southeastern Regional Medical Center: The Management Team continued to work with HWTF to clarify the following expectations for this project:

- 1. Decrease community screening activities that do not focus on children and their families.
- 2. Increase focus on school-based activities in the Action Plan.

The Duke Team has completed the following:

- Drafted a letter, as requested by HWTF, to be sent by HWTF to the Project Director outlining the above expectations.
- Facilitated a conference call on March 3rd to review the revised action plan and once again communicated the expectations.
- Communicated with the project director on March 27th after receiving the revised action plan with the screening strategy for community members unchanged. HWTF did not approve the action plan, and the project director was notified and given instructions on how to revise.

Status: The letter was reviewed by HWTF and mailed. It was received by the project director on March 3rd. The action plan has been revised by the project director to exclude community screenings for 2006; this strategy is noted as being "complete" in the action plan. The Duke Management Team will continue to monitor progress.

C. Mitchell County Schools: Mitchell County Schools used grant funds in 2004 (\$12,000) and 2005 (\$6,000) to pay a local project evaluator. The Duke Management Team has never received reports or other documentation of the evaluator's completed work. Duke recommended that HWTF request documentation from the project director

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

before releasing 2006 grant funds. The Duke Management Team worked with HWTF staff to:

1. Verify that reports or other evidence of the evaluator's work during 2004 or 2005 had not been received.
2. Review a report submitted by the project director as evidence of the evaluator's work during 2004. The report, although written by the evaluator, was the annual report required of all grantees. It did not report efforts by the evaluator to conduct a local project evaluation.
3. Review a report submitted by the evaluator in January 2006 as evidence of the evaluator's work in 2005, and provide feedback to HWTF.
4. Identify a \$6,000 expense on the monthly expense report that was paid to the evaluator for 2006 without permission from HWTF.
5. Review an email sent by HWTF to the project director, questioning the \$6,000 expense. The project director stated that the payment was for the evaluator's services in 2005. Previous expense reports document payment to the evaluator for 2004 and 2005. HWTF has requested further explanation of the 2004/2005 expenses.

Status: The Duke Management Team will continue to closely monitor this project's monthly expenses and work closely with HWTF to ensure funds are used judiciously.

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

The Duke Management Team will:

- Conduct site visits with all 21 grantees.
- Plan and facilitate the Fit Together grantee conference call on June 28.
- Identify a location for the 2006 Fit Together annual meeting and work with HWTF to develop an agenda.
- Review monthly progress and expense reports.
- Meet with HWTF staff monthly to review grantee progress.
- Respond to grantee requests for information or technical assistance including conducting additional site visits to grantees as necessary.

Quarterly Report for April 2006 – June 2006

Describe the objectives that were achieved during the past quarter:

During the past quarter (April - June, 2006), the Duke Management Team conducted site visits with 18 grantees, facilitated a quarterly conference call, reviewed grantees' monthly reports and revised action plans, and began planning for the 2006 Fit Together annual meeting.

1. Monitoring and Technical Assistance to Funded Programs: April - June, 2006

A. Technical Assistance to Grantees:

1. The Management Team provided technical assistance to grantees:
 - a. Coordinated and facilitated a conference call with all grantees, HWTF representatives and the ECU evaluation team on June 28.
 - b. Continued planning for the Fit Together Annual Meeting. The management team:

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

- 1) Researched potential meeting sites and presented recommendations to HWTF staff.
 - 2) Secured a contract with the selected meeting site.
 - 3) Developed a draft agenda and presented it to HWTF.
 - c. Conducted site visits with 18 grantees to discuss progress toward project goals, sustainability plans, budget projections and plans for the remainder of the grant period.
 - d. Met with 2 additional project coordinators who were leaving their positions, to review progress toward goals, transition plans and the status of their database.
 - e. Worked with HWTF to draft a letter to one grantee, outlining concerns with the project's staffing and lack of progress. Attended a meeting with this grantee, HWTF, and ECU representatives.
 - f. Received revised action plans from 14 grantees, reviewed the revised strategies, and submitted the documents to HWTF for final approval.
 - g. Reviewed budget revision requests from 2 grantees and provided recommendations to HWTF.
 - h. Reviewed 7 travel requests from 6 grantees and provided recommendations to HWTF.
 - i. Provided technical assistance for project-specific questions via telephone and email.
- B. Monitor Funded Programs**
1. The Management Team:
 - a. Reviewed monthly progress and expenditure reports from 21 grantees in April, May and June.
 - b. Communicated with grantees each month to clarify information reported in the monthly progress and expenditure reports; also provided verbal or written feedback about the reports.
 - c. Updated the monthly tracking table for HWTF in April, May and June summarizing the progress of all grantees with respect to staffing, data collection, progress toward meeting action plan objectives, and activities of the management team specific to each grantee.
 - d. Met with Commission staff monthly to review grantee progress, successes and delays.
- C. Evaluation**
1. The Duke Technical Assistance Team supported the ECU Evaluation Team by:
 - a. Providing recommendations for revising the six-month and annual report templates.
 - b. Reviewing the grantees' measures of success (as listed on their action plans) during site visits, recommending revisions where necessary, and reminding grantees that they will be asked to report on each measure of success in their annual report.
 - c. Assisting grantees with technical issues related to the electronic reporting system.
 - d. Serving as a liaison between grantees and the ECU Evaluation Team regarding the cohort data collection or evaluation measures.

2. Miscellaneous Activities in Support of the HWTF Fit Together Initiative

The Management Team:

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

- A. Attended the Fit Families Study Committee meeting on April 13th.
 - B. Attended the full HWTF meeting on May 1st.
 - C. Attended the Fit Communities press event on May 10th.
 - D. As noted in the April 20, 2006 quarterly report, two abstracts were developed and approved by HWTF for submission to the APHA Annual Meeting in November, 2006. Both abstracts were accepted. Planning has begun with HWTF and ECU regarding the presentations.
 - E. In response to an HWTF request, recommended 5 grantees to be featured on UNC TV's NC Now program and prepared summaries of those five grantees' Fit Together projects.
 - F. Provided information to Capstrat staff regarding Fit Together grantees who are working in faith-based settings.
 - G. Per HWTF request, met with the Health Disparities Evaluation Team from Shaw University to demonstrate the electronic progress tracking systems that the Duke Team uses for Fit Together and the KBR SELF Improvement projects.
- 3. Describe any unanticipated problems. How were they addressed?**
- A. **Cumberland County Schools:** As previously documented, there have been ongoing concerns related to staff turnover and project management. The Duke Team worked with HWTF to:
 - 1. Review and provided final suggestions for the letter that HWTF sent to the Cumberland County Schools Superintendent.
 - 2. Facilitate a meeting with the grantee, HWTF, Duke and ECU to discuss concerns, potential solutions, and action steps.

Status: The Duke Management Team recommended that HWTF reinstate payments to Cumberland County Schools, based on the project leadership being shifted from Shirley Johnson to her supervisor, Susan Byerly. The project coordinator, who had submitted her letter of resignation to Shirley Johnson, is planning to stay in her position. The Duke Management Team will continue to closely monitor the progress of this grantee and report updates and concerns to HWTF staff.
 - B. **North Carolina Division of Public Health:** The Fit Together project coordinator left her position in May, 2006. HWTF, the NC DPH project director and the Duke Team discussed strategies to complete the project. The Duke Team recommended, and HWTF approved, using NC DPH's remaining salary funds to enhance the interventions in the target counties, in lieu of hiring another project coordinator. Under direction of HWTF, the Duke Team:
 - 1. Met with the project coordinator on-site before she left to update revised strategies in FTPC, make final adjustments to the action plan, and review remaining tasks.
 - 2. Met with the NC DPH project director to present and discuss the options for hiring another coordinator versus using the funds for the local interventions.
 - 3. Summarized the meeting in an email to HWTF, detailing NC DPH's request to use their salary funds to enhance the local county interventions.
 - 4. Communicated with the ECU Evaluation Team regarding their recommendations to document the final status of each of the NC DPH project strategies.

Status: HWTF has agreed to allow NC DPH to use remaining salary funds for local county interventions. NC DPH will retain the funds designated for their

Duke Technical Assistance Quarterly Reports (July 2005 – June 2006)

contract with Brogan, and continue to oversee that aspect of the project. Their role in technical assistance to the local counties as a Fit Together grantee will be dissolved. HWTF will allow the local counties to transition to the Health Disparities initiative. The Duke Management Team will continue to work with ECU and HWTF to ensure that final decisions and final status of the NC DPH Fit Together project are documented in their database and final report to ECU.

Staffing Changes: Duke Management Team: Susanne Schmal, a Duke Management Team project coordinator, left her position at the end of June. In addition, Maggie Sauer, project manager, will be relocating to Atlanta in October. In preparation for this transition, the Duke Management Team:

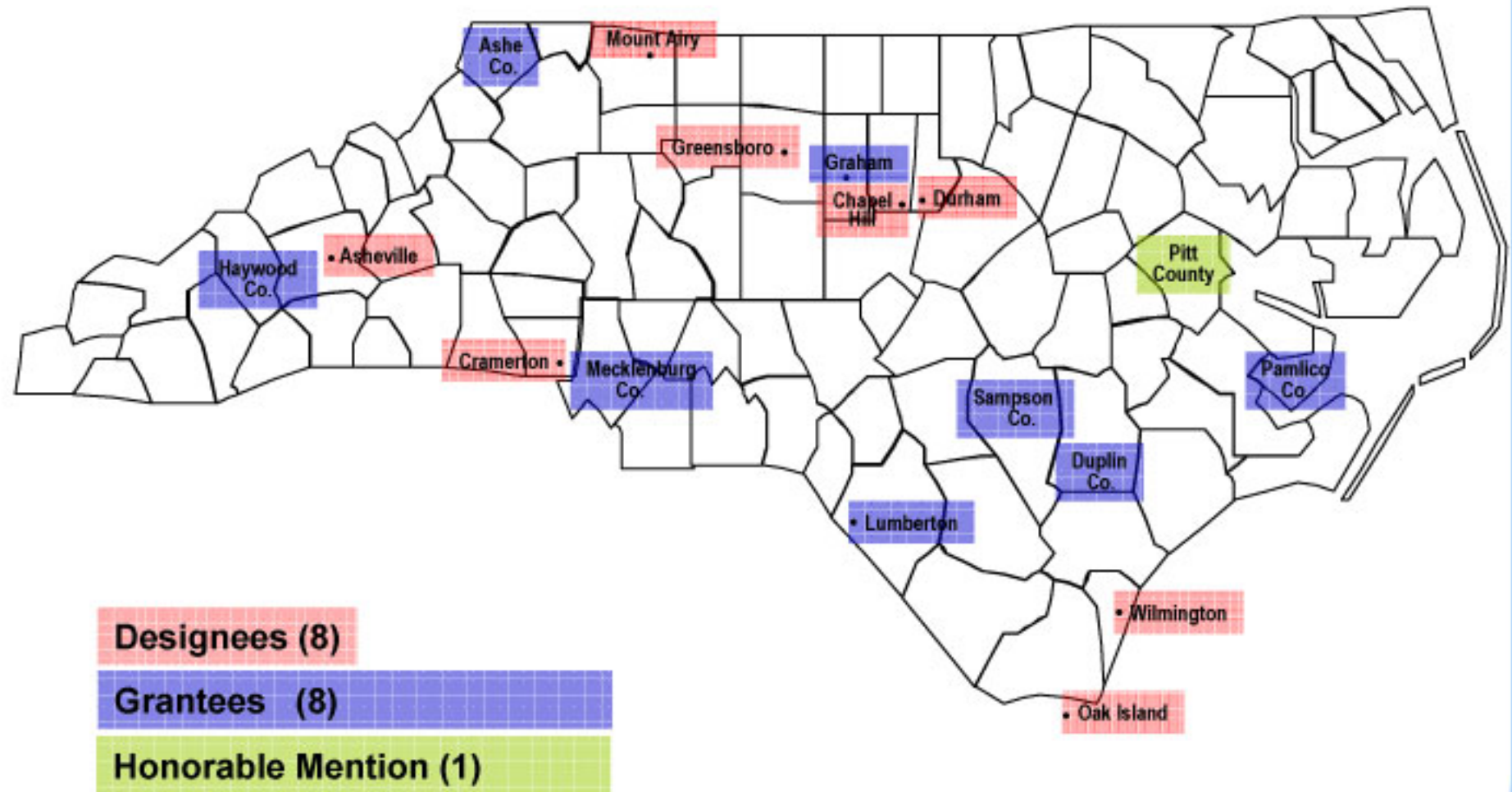
- Notified the HWTF staff regarding the staffing changes.
- Developed a written transition plan, outlining the responsibilities of the Duke team members, and presented it to HWTF.
- Hired Claudia Graham as a new project coordinator. Ms. Graham, an experienced project coordinator, began her duties on July 17, 2006.
- Began recruitment for a new project manager to replace Ms. Sauer.
- Secured the approval of HWTF for Ms. Sauer's role in the 2006 Fit Together Annual Meeting in November and the APHA presentations.

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

The Duke Management Team will:

- Keep HWTF fully apprised of the recruitment of the new project manager, and request that HWTF interview finalist(s).
- Orient the new Duke project coordinator, Ms. Graham, to the Fit Together initiative and grantees.
- Plan the 2006 Fit Together Annual Meeting.
- Plan and facilitate a Fit Together grantee conference call on September 20th.
- Work with HWTF and ECU to develop the two presentations for the APHA conference.
- Review monthly progress and expense reports.
- Meet with HWTF staff monthly to review grantee progress.
- Respond promptly to grantee requests for information or technical assistance including conducting additional site visits to grantees.

Fit Community Designees & Grantees





The Fit Community Designees

Asheville: Over the past 10 years, Asheville agencies and organizations have developed the foundations needed to establish the city as a showcase for active living, concentrating largely on promoting pedestrian activity as a viable alternative to automobile use. The Healthy Buncombe Physical Activity and Nutrition Coalition is extremely active, and works with individuals, schools and families to promote healthy living throughout the county.

Promotion and awareness efforts include an exhaustive newspaper listing of outdoor physical activity opportunities including parks and recreation programs, hiking, biking and watersport events, and regional parks and facilities for outdoor recreation. Awareness of the benefits of walking, biking and alternative transportation is promoted with the annual Strive Not to Drive event. In addition, a collaborative effort is looking at effective strategies to promote physical activity among residents to promote the state's Eat Smart Move More initiative.

Chapel Hill: Access to physical activity is the hallmark of any healthy community, and Chapel Hill is working to give its citizens every opportunity to be active. The town, in partnership with GO Chapel Hill, Active Living by Design, Chapel Hill-Carrboro City Schools and some of the largest employers in the area, is working toward promoting physical fitness by making opportunities for physical activity more accessible.

Additionally, health and healthcare are centerpieces of the municipality's economy so Chapel Hill and its many residents are health-conscious and proactive regarding healthy eating issues. The Chapel-Hill Carrboro City School District offers only the most healthy and nutritious foods in its schools; and, throughout the community, the Winner's Circle program has made a strong impact in the public's recognition of healthy choices.

Durham: Durham is known as the "City of Medicine," and strives to foster a healthy, active community for all citizens to enjoy by encouraging healthy behavior. Cyclists, hikers and joggers enjoy a number of clubs and events, and the city's Department of Parks and Recreation offers a wide variety of facilities and programming to keep children and adults trained and entertained throughout the year.

The city's strategy for healthy eating begins by instilling positive dietary habits during the early developmental stages of life, and uses programs in the public school system to promote healthy eating. This strategy extends through the age-demographic spectrum by providing outreach to the elderly and low-income citizens through programs like Winner's Circle and DINE for LIFE (Durham's Innovative Nutrition Education for Lasting Improvements in Fitness and Eating).



Greensboro: The City of Greensboro's Parks & Recreation Department offers literally hundreds of programs for physical activity from volleyball, swimming and roller hockey to martial arts, dance and fencing. These programs are offered at very little cost to the public. Moreover, at least 50 percent of all homes within Greensboro are located less than a quarter mile from a public park or multi-use recreational facility.

Walking and bicycling are valued modes of transportation in Greensboro. The city currently has 89 miles of new sidewalks in the design planning stage, over 80 miles of trails already constructed, with 20 additional miles being planned for implementation over the next six years.

Cramerton: The Cramerton Parks and Recreation Department in conjunction with its local advisory board are always seeking new and innovative opportunities for its citizens. The department offers a wide range of activities to all citizens, churches and businesses in the area.

Activities include sports programs like basketball, soccer and baseball for youth, flag football, basketball and softball leagues for adults, and walking classes and fitness centers for seniors.

Oak Island: The Town of Oak Island has several community initiatives that have been fundamental in putting physical activity and healthy eating within reach of its citizens. It offers a myriad of diversified physical activities that appeal to citizens of each age group. There are fitness classes for seniors and adults, sports and fitness activities for children and teens, programs for individuals with disabilities, and special provisions for individuals with low incomes.

Wellness groups, healthy eating plans and weight management are examples of programs offered not only to school children, but to employers and community members alike.

Mount Airy: The City of Mount Airy invests in excess of one million dollars in recreation and parks annually. It maintains a 90,000 square foot indoor community facility, two public park sites and a nearly two-and-half mile greenway system. In the last few years, the city has developed and approved a Sidewalk Master Plan, and completed a Downtown/Market Street Study and Comprehensive Recreation Master Plan. In the last year, it has successfully been awarded more than two million dollars for rebuilding a dam/reservoir and restoring the beautiful Ararat River.

Currently, the community supports various programs such as the "Step-Up Mount Airy" Downtown Walking Initiative, Cooperative Extension Healthy Cooking Classes, Cooperative Extension Healthy Snacks for Kids demonstrations, Mount Airy City Schools Summer Feeding Program, annual 5K on the Greenway, Tour Des Gaps bicycle



ride, weekly sports articles devoted to local physical activities and the administration of all City Youth/Adult Leagues.

Wilmington: As an oceanside community in a temperate climate, outdoor living is an important part of Wilmington's identity. Under the leadership of Cape Fear Healthy Carolinians, the community has embarked on a variety of health initiatives promoting increased activity and healthier eating. A coalition representing the private, governmental, non-profit and business sectors has been hard at work to establish a coordinated approach to addressing the community's eating and exercise behaviors.

Pitt County: The climate in Pitt County is extremely conducive for supporting environmental and policy changes that encourage healthy eating initiatives. Community partnerships such as the local Healthy Carolinians Task Force and Pitt Partners for Health (PPH) have laid the ground work for identification of the health needs of Pitt County residents. Through community assessment, nutrition and physical activity have been identified as a priority area in Pitt County.

The Nutrition and Physical Activity Partners subcommittee of PPH was created to work on local initiatives that support the Healthy People 2010 objectives. The wide-reaching impact of these initiatives stems from the subcommittee's diverse representation of community agencies and organizations such as the health department, hospital, university, schools and wellness center.



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NC Health and Wellness Trust Fund Fit Community Grant Awards

Ashe County Health Council: \$56,012 to enhance and expand the work of the Nutrition, Physical Activity and Tobacco Committee of the Ashe Healthy Carolinians Task Force by: 1) building a climbing wall for youth; 2) implementing classroom-based physical activities; 3) developing a community walking trail; and 4) building a fitness facility—all primarily targeted to school children.

City of Graham, Recreation and Parks Department: \$59,900 to increase physical activity levels by 25% and increase healthy eating options for residents by: 1) establishing a downtown walking route and promoting it through a program called *Graham Walks*; 2) installing drainage pipes and signage to encourage the use of an existing walking trail at a local park; and 3) recruiting Winner's Circle restaurants in the City of Graham.

City of Lumberton Recreation Department: \$60,000 to increase physical activity for school children, citizens of low socioeconomic status, and minorities including members of the Lumbee tribe via: 1) new fitness stations along the Lumber River Walking Trail; 2) education of high risk citizens about healthy lifestyles and the resources available to them; 3) drafting policies to complement and institutionalize these efforts; and 4) the creation of a coalition of local agencies with similar missions.

Duplin Partners for Health: \$60,000 to assist in promoting physical activity among county employees via: 1) enhancement of the Duplin Commons walking track by adding benches, water fountains, shade trees, waste containers and a Par Fitness Course; and 2) an annual Family Walk/Run Day and other physical activity programs to promote the improved track while increasing awareness for the benefits of physical activity.

Haywood County Health Department: \$60,000 to increase physical activity levels for school children and community residents via: 1) a *Walk and Roll* program; 2) *Take 10!* Curriculum promotion in classrooms; 3) use of 'Gamebikes' in PE curriculum and as a classroom incentive; 4) creation and promotion of a paved quarter mile track and a community biking/walking trail; 5) formation of a community 4H biking club for children, and more.

Heartworks Children's Medical Home Mission (Pamlico Co.): \$59,975 to promote community awareness and education, while increasing motivation, social support and community involvement in the fight against youth obesity by: 1) identifying specific needs and barriers to increasing physical activity in Pamlico county; 2) drafting local policies to improve child health; and 3) expanding the *Take10!* program and creating new initiatives for students and parents such as a monthly, county-wide FitTrek competition and Support & Education Group sessions.

Mecklenburg County Health Department: \$60,000 to improve local employee health by: 1) increasing employee access to healthy Winner's Circle foods; 2) encouraging employees to participate in physical activity; and 3) bettering nutrition and physical activity policies and physical projects through a pilot worksite wellness program entitled *Work to Wellness*, which will assist local employers with creating an environment conducive to healthy eating and physical activity.

Sampson County Parks and Recreation Department: \$60,000 to increase physical activity through the *Walking Today for a Healthy Tomorrow* campaign, which will establish walking clubs in various communities targeted specifically to elderly residents throughout the County. The program will: include a free medical and fitness screening, help to establish walking routes that combine physical activity with local history and culture, and designate community "Champions," who will help direct the walking clubs in their communities. Goals for those seniors who participate include 1) decreasing mean arterial pressure by 10%; and 2) decreasing resting heart rate by 10%.



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FIT COMMUNITY

2ND QUARTER PROGRESS REPORT TO HWTF

JULY 1–SEPTEMBER 30, 2005

This report responds to the following questions regarding the Fit Community program work Active Living by Design (ALbD) has done in the second quarter (July 1–September 30, 2005) of our contract with the North Carolina Health and Wellness Trust Fund (HWTF). Due to a request from the HWTF, we amended our contract starting September 1, 2005, and as a result, we did not work on nor bill for this project during the month of September.

Describe the work you have completed this quarter regarding the Fit Community program. Please attach any products, reports, articles or deliverables you have produced as a result of this work.

During this quarter, ALbD focused much of its time communicating with both HWTF staff and BlueCross and BlueShield of North Carolina Foundation (BCBSNCF) staff and developing concept papers in an attempt to integrate both grant programs. These papers, along with other activities are described below.

1. **Fit Community concept paper** (July 5): provides three potential scenarios that identify how the Fit Community program might be implemented if: a) HWTF does not collaborate with BCBSNCF, and b) HWTF awards are granted for two years rather than one. ALbD recommendations were also provided. (See enclosed.)
2. **Fit Community concept paper** (July 25): describes a merged designation and grant program between HWTF and BCBSNCF, with timeline and special considerations. This paper was presented to the Fit Together Executive Committee (where we learned that the HWTF grant program would need to be delayed). (See enclosed.)
3. **Fit Community concept paper** (August 10): provides three potential scenarios that identify how ALbD and HWTF might keep or modify the terms of their contract in order to best serve both entities. (See enclosed.)
4. **Fit Community concept paper** (August 12): proposes to continue the HWTF/ALbD contract during the interim period, involving the Project Manager and two Graduate Assistants carrying out a research and development project to evaluate and strengthen the Fit Community self-assessment tool. (This draft did not evolve further because HWTF chose another scenario, as explained below.) (See enclosed.)
5. **HWTF/ALbD contract addendum** (August 29): outlines the following changes:
 - The launch of Fit Community is delayed for a brief but currently unspecified period of time.
 - Effective September 1, 2005 and ending no later than November 30, 2005, Fit Community Project Manager, Cara Crisler, will provide part-time consulting support to ALbD for projects unrelated to the Fit Community program.
 - Graduate Assistants, Jen Gilchrist and Bobbie Jo Munson, will continue to be supported by the Fit Community contract and will work under the direction of Eric Wild, HWTF Assistant Policy Director, on other HWTF projects.

6. **Technical Assistance:** Fit Community staff (Project Manager and one Graduate Assistant) familiarized themselves with online resources provided in the document, “Resources for the grant application,” which contains over 100 Web site resources (NC and national in scope) that will link applicants to various types of strategies that could be implemented in their municipality using grant funding. These resources vary in scope, including general reference information, tools, case studies, success stories, etc.
7. **Fit Community self-assessment:** Designed to help determine the designation of Fit Communities, this tool is still in draft form. However many changes have been made to the document since receiving feedback from HWTF staff, BCBSNCF staff, and additional input from the planning staff of the Town of Carrboro. In addition, staff assessed the state of Michigan’s Promoting Active Communities Award program as a useful model and identified ideas for improvement.
8. **Outreach:** The Project Manager prepared and presented a brief presentation on the Fit Community program on August 25, 2005 to Jim Marks, Senior Vice President and Director of the Health Group of the Robert Wood Johnson Foundation (RWJF); Terry Bazzarre, Senior Program Officer, RWJF; and Ed Baker, Director NC Institute for Public Health, UNC-CH.
9. **Professional development activities:** The Project Manager has taken advantage of several opportunities for professional development during this quarter, all of which contributed to her better serving the Fit Community Initiative. They include: a seminar on “Instruments to Audit Environments for Neighborhood Walkability”; online training for improving PowerPoint/ presentation skills; online training for ALbD’s internal progress reporting system; two seminars on organizational sustainability planning; and an ALbD teambuilding retreat.
10. **HWTF Workplace Wellness Web site – supplemental work with ALbD Graduate Assistants:** The two students have spent the month of September assisting in the development of HWTF’s Workplace Wellness Web site (WWW) module, part of the Fit Together initiative’s effort to provide businesses with the tools to counteract obesity. The following work has been completed in connection with this project.
 - **Feedback:** An analysis and critique of the WWW, which is currently under construction and not yet available for public view. This document made suggestions for improvements to strengthen the Web site. The document was sent to Eric Wild and discussed in a conference call.
 - **Executive Summary:** Based on recommendations from the feedback document, an executive summary was created to summarize the business case for worksite wellness for possible inclusion in the Web site. (See enclosed.)
 - **Series of 5 “How To” Documents:** Based on recommendations from the feedback document, five new documents were drafted to provide web content to instruct employers on planning, implementing, and evaluating worksite wellness programs. The final documents incorporate feedback from Eric Wild and Julie Kosey of Be Active NC. They include: “Step 1-Setting the Foundations: Build Support Among All Levels of the Organization”; “Step 2- Gather Data to Identify Needs and Expectations”; “Step 3-Develop a Plan of Action”; “Step 4- Choose and Implement a Plan”; and “Step 5-Monitor and Evaluate”.
 - **Revisions to “Healthy Lifestyles” section:** The web content was revised to categorize wellness programs by topic (e.g., physical activity, healthy eating, tobacco cessation, general wellness, etc.).
 - **Case Study Template:** Prepared to provide a consistent format for case study reporting and presentation, in accordance with HWTF’s plan to include positive worksite wellness practices in a searchable Web site database. Further work on the case study process will be ongoing after a revised work plan is created by supervisors.

Discuss any findings or lessons learned that will help inform our work going forward.

As we move forward, especially through the technical assistance phase of the project, we will continue to record progress and determine lessons learned in order to improve the process for Year Two.

Describe any challenges you have faced and how HWTF staff might work with you to address them.

The most critical challenge thus far in the project has been ensuring effective communication between HWTF, BCBSNC (Foundation), and ALbD staff concerning the two Fit Together/Fit Community grant programs. The two grant programs will not be merged; **however it remains critical that all three parties work together to determine an agreed upon approach to distinguish between BCBSNCF's Fit Together grant program and HWTF's Fit Community designation and grant program.** This is important so that the same messages are given to the media, applicants, and public at large.

Describe the work you plan to complete during the next quarter regarding the Fit Community program. Provide time frames and deliverables where feasible.

1. Help determine the final Fit Community designation and grant funding structure. (Provide new concept paper with description and timeline to HWTF by *October 5.*)
2. Participate in HWTF's Obesity Task Force conference call (*October 6*).
3. Clarify/confirm the technical assistance model that is to be provided to applicants and grantees.
4. Revise the ALbD internal implementation plan to reflect new timeline and tasks.
5. Assist with determining clear distinction between BCBSNCF's Fit Together grant program and HWTF's Fit Community designation and grant program.
6. Determine new dates/set up three applicant conference calls, with the first to be recorded and made available for playback.
7. Set conference call agenda with HWTF and conduct three conference calls with interested applicants.
8. Revise the following Web site documents:
 - **RFP** - to reflect new timeline and grant funding structure.
 - **Fit Community Self-Assessment** - to reflect HWTF recommended edits.
 - **Fit Community designation application checklist** - to reflect new timeline.
 - **Application for Fit Community grant funding** - to reflect new timeline and grant funding structure.
 - **Fit Community grant application checklist** - to reflect new timeline and grant funding structure.
 - **FAQ list** - to reflect new timeline and grant funding structure.
 - **Registration instructions** for applicant conference calls - to reflect new timeline.
9. Assist as needed with the Fit Community press release.
10. Present the concepts and programmatic details of Fit Community (a PowerPoint presentation was prepared in the first quarter) to the HWTF Commission (*December 6*).

FIT COMMUNITY
3RD QUARTER PROGRESS REPORT TO HWTF
OCTOBER 1–DECEMBER 31, 2005

This report responds to the following questions regarding the Fit Community program work Active Living by Design (ALbD) has done in the third quarter (October 1–December 31, 2005) of our contract with the North Carolina Health and Wellness Trust Fund (HWTF).

Describe the work you have completed this quarter regarding the Fit Community program. Please attach any products, reports, articles or deliverables you have produced as a result of this work.

1. Fit Community Consulting Work to HWTF

During this quarter, ALbD prepared for the November 10 release of the Fit Community program; held the first of three conference calls for applicants; and provided direct technical assistance to applicants. This work, along with other activities is summarized below.

- Created a **final implementation timeline** with pre- and post-November 10 tasks and target dates (provided to HWTF).
- Revised **ALbD's detailed implementation plan** to reflect new timeline.
- Helped determine the **final Fit Community designation and grant funding structure** (provided final concept paper with description to HWTF).
- Participated in HWTF's **Obesity Task Force conference call**.
- Clarified and confirmed the **technical assistance model** that is to be provided to applicants and grantees.
- Set up **three applicant conference calls**, with the first to be recorded and made available for playback.
- Revised the following Web site documents (provided to and posted by HWTF):
 - **RFP** - to reflect new timeline and grant funding structure.
 - **Fit Community Self-Assessment** - to reflect HWTF recommended edits.
 - **Fit Community designation application checklist** - to reflect new timeline.
 - **Application for Fit Community grant funding** - to reflect new timeline and grant funding structure.
 - **Fit Community grant application checklist** - to reflect new timeline and grant funding structure.
 - **FAQ list** - to reflect new timeline and grant funding structure.
 - **Registration instructions** for applicant conference calls - to reflect new timeline.
- Prepared speech and participated in the **Fit Community press event** on November 10.
- Presented the Fit Community program to the **HWTF Commission** on December 6.
- Provided a written rationale for selecting **municipalities as the target audience** for Fit Community designations and grants.
- Revised above listed documents to **include counties** in eligibility criteria, and drafted email announcement that HWTF staff re-distributed to original email list.
- Finalized **Expert Advisory Panel (EAP)**, comprised of nine members who will review and score grant proposals (see attached list)

2. Technical Assistance

Technical assistance to prospective applicants began immediately following the release of the Fit Community RFP.

- Set detailed **conference call agenda**.
- Created **conference call PowerPoint presentation** and posted for downloading.
- Conducted **the first conference** call with 10 potential applicants on December 13.
- Provided technical assistance **via phone and email** to approximately 20 potential applicants.

3. Outreach

ALbD Director, Sarah Strunk, presented at the Blue Ridge Greenways conference in Asheville, NC on November 12. Project Consultant, Cara Crisler, presented at the NC Watershed Roundtable in Raleigh, NC on November 16. Both presentations included information about the Fit Community program and approximately 150 total people were in attendance at the events. In addition, ALbD staff has coordinated with BCBSNC Foundation staff, and provided information that is being used to direct Fit Together applicants to Fit Community designation and grant information.

4. HWTF Workplace Wellness Web site – supplemental work with ALbD Graduate Assistants

Since the second quarter, both Jen Gilchrist and Bobbie Jo Munson have assisted HWTF with their Workplace Wellness Web site (WWW) module, part of the Fit Together initiative's effort to provide businesses with the tools to counteract obesity. During this quarter, they have focused their efforts on conducting phone surveys, and placed calls to 35 companies (with at least one follow-up call, if the first attempt was not successful). They have completed ten 40-minute interviews and compiled ten summary forms, which will be used as case studies for the WWW. Seventy additional companies were identified, and the students are prepared to contact their Workplace Wellness Coordinators during the next quarter.

Discuss any findings or lessons learned that will help inform our work going forward.

A technical assistance log is being maintained and updated with each new request for assistance from potential applicants. This log will prove to be helpful in improving documents and the application process for Year Two. In addition, an evaluation form was sent to the participants of the December 13 conference call, and four were returned. Thus far, no suggestions for improvement have been provided, but we will continue to ask for critical feedback. Based on ALbD's own reflection, we have decided to change the order in which information is presented during the conference call to provide better flow and organization of information.

Describe any challenges you have faced and how HWTF staff might work with you to address them.

The greatest challenge of the third quarter came when ALbD staff presented the details of the Fit Community program for the first time to the HWTF Commission. It was evident that Commission members were not well informed about the program, even though it had already been released to the public. It is, of course, understood that because the Commission meeting in May 2005 was cancelled, a great opportunity was lost to receive Commission feedback on the program before its release in November. It would be most favorable if HWTF staff can coordinate to the extent possible with HWTF Commission members prior to future Fit Community milestones, such as the announcement of designations and awards and future program releases. This way, information can be finalized and approved before being posted online, and the need for subsequent revisions can be minimized.

Describe the work you plan to complete during the next quarter regarding the Fit Community program. Provide time frames and deliverables where feasible.

ALBD Fit Community Progress Reports (July 2005 – June 2006)

During the fourth quarter of Year One, technical assistance will continue to be provided to Fit Community applicants, including two additional conference calls (January 12 and 25, 2006). Beginning February 11, the review and selection process will begin. The following tasks will be completed (*please note bolded items indicate participation by HWTF staff and/or Commission members*):

1. Create Designation application screening and scoring process (*Jan. 31*)
2. Create Grant application screening and scoring process with rubric scoring matrix (*Jan. 31*)
3. Receive, log, and alphabetize Designation and Grant applications (*Feb. 1-15*)
4. Screen Designations for all required documents (*Feb. 13-17*)
5. Screen Grants for all required documents (*Feb. 13-17*)
6. Score complete Designation applications (*Feb. 20-24*)
7. Present to ALbD staff for input/select top 5-10 (*Feb 28*)
8. Submit (all) to HWTFC & BCBSNC for Designation selection (*March 1*)
9. **Final Designation selection** (***HWTFC & BCBSNC, 1st week of March***)
10. Sort complete Grant applications: designated/non-designated (*1st week of March*)
11. Screen Grant applications for 20 finalists (*March 6-10*)
12. Send entire screened list to HWTFC (*March 10*)
13. Give EAP members and ALbD staff up to 4 grant applications each (*March 13*)
14. Score Grant applications for set of finalists (*March 13-April 7*)

The review and selection process will continue on into the 1st quarter of Year Two:

15. Receive scores, log, tier, and prepare for meeting (*April 10-20*)
16. **Meeting to discuss recommended grant finalists** (*ALbD staff, EAP, and **HWTFC staff**, April 21*)
17. **Final Grant selection** (***HWTFC, early May***)
18. **Designees and grantees announced** (***HWTFC, possibly with BCBSNCF, early May***)

FIT COMMUNITY

4TH QUARTER PROGRESS REPORT TO HWTF

JANUARY 1– MARCH 31, 2006

This report provides a description of the Fit Community program work Active Living by Design (ALbD) completed in the fourth quarter (January 1 – March 31, 2006) of our contract with the North Carolina Health and Wellness Trust Fund (HWTF).

Describe the work you have completed this quarter regarding the Fit Community program. Please attach any products, reports, articles or deliverables you have produced as a result of this work.

1. Fit Community Consulting Work to HWTF

During this quarter, ALbD a) held the second and third of three conference calls for applicants; b) provided direct technical assistance to applicants before and in some cases after the February 10th application deadline; and c) implemented an extensive review process for all designation and grant applications received by the February 10th application deadline. The review process comprised the bulk of activities completed during this quarter, and specific activities are outlined below. Additional elements are detailed in the technical assistance portion of the report.

- Finalized a Fit Community Designation scoring tool by which to evaluate and rank designation applications.
- Finalized a Fit Community Grant Proposal scoring process by which to evaluate and rank grant applications.
- Logged and filed all designation and grant application materials received.
- Screened each designation and grant application to ensure that all required elements were present; followed up with any applicants who had missing elements to facilitate a complete application packet from each candidate.
- Completed an internal ALbD screening and scoring process of all 41 designation applications. Results and recommendations for Fit Community designations were presented to HWTF and BCBSNC on March 7, 2006.
- Completed an internal ALbD screening of all grant applications. Applicants that failed to meet minimum criteria were eliminated and HWTF was contacted with a list of 18 finalists and criteria for elimination of non-finalists.
- Facilitated a comprehensive review of grant applications by an Expert Advisory Panel (EAP). Each application was reviewed by three individuals, including at least one with expertise corresponding to the main focus on the proposal and at least one ALbD staff person. Independent EAP review took place from March 13–27, 2006.
- Facilitated a Fit Community grant review meeting on March 31, 2006. ALbD and HWTF staff with EAP members discussed grant proposals and solidified recommendations of fundable proposals to the HWTF Commission.

2. Technical Assistance

Technical assistance to prospective applicants began immediately following the release of the Fit Community RFP.

- Completed two applicant web conference calls, on January 12 and January 25, 2006.

ALBD Fit Community Progress Reports (July 2005 – June 2006)

- Provided direct technical assistance via phone and email to approximately 30 potential applicants before the February 10 deadline (not including participants in the conference calls, but there was overlap).

3. Outreach

- ALbD staff coordinated with BCBSNC Foundation staff, and via email directed each of the 21 Fit Together applicants to Fit Community designation and grant information.
- Fit Community Project Manager, Cara Crisler, and ALbD Communications Officer, Mark Dessauer, spoke live on WCOM radio on February 15, 2006 and discussed the Fit Community program. WCOM is a local radio station heard by residents of Carrboro and Chapel Hill.
- Phil Bors, ALbD Project Officer, shared information about Fit Community with a panel of reviewers while himself serving as a reviewer for an NC DOT bike/pedestrian grant program on March 2, 2006 in Raleigh.
- Cara Crisler discussed the Fit Community program at an External Advisor Strategic Planning meeting in Chapel Hill, on March 9, 2006.
- Sarah Strunk spoke about the Fit Community program during a presentation to Blue Cross Blue Shield of Minnesota, in Minneapolis, MN on March 24, 2006.
- Mark Dessauer also spoke about the Fit Community program during a presentation to a Landscaping Architecture class at NCSU in Raleigh, on March 30, 2006.

4. Activities of ALbD Graduate Assistants

Between January 1 and February 10, 2006, ALbD Graduate Assistants Jen Gilchrist and Bobbie Jo Munson assisted HWTF with their Workplace Wellness Web site (WWW) module, part of Fit Together's effort to provide businesses with the tools to counteract obesity. During this time, they conducted phone surveys with key informants at various worksites across the state. They completed a total of 45 40-minute interviews, and compiled the data into a summary form to be used in case studies for the web site module.

Between February 13 and March 31, 2006, both Graduate Assistants worked on ALbD consulting duties for the Fit Community program. They assisted with finalizing the scoring criteria for the designation and grant applications; received and organized all the grant applications sent to ALbD for easy distribution to HWTF, BCBSNC, and the EAP; and assisted in the proposal review process. Each reviewed half of the designation applications and screened one-third of the grant applications, helped compile scores, and assisted ALbD in making recommendations to HWTF for designation and grant funding decisions. They also served as note takers at the March 31, 2006 EAP review meeting.

5. Professional Development Activities

- Fit Community Project Manager, Cara Crisler, participated in a two-day workshop, called *Moving from the Margins to the Mainstream: Using the Federal Transportation Law to Meet the Mobility Needs of Your Community*, on January 19-20, 2006. She obtained a "Guide to Transportation Opportunities in Your Community" and gained much knowledge about funding opportunities that communities can take advantage of especially for physical projects. She shared her gained knowledge with other ALbD staff members at a "brownbag" lunch session.
- Crisler participated in a communications training workshop presented to ALbD staff by Spitfire Communications on February 9-10, 2006.
- Crisler attended a *Complete Streets* "learning network" conference call, organized by ALbD for its grantees and presented by Barbara McCann of the National Complete the Streets Coalition on March 21, 2006.

Discuss any findings or lessons learned that will help inform our work going forward.

The review process of the 41 designation and 27 grant applications provided ample learning opportunities during this fourth quarter. A summary of the key lessons learned appears below:

- The information provided in each application was the only source of information available to proposal reviewers. Consequently, it was difficult to obtain clarification when questions or concerns about particular proposals arose. Based on this, ALbD is interested in next year holding “reverse site visits,” where finalists would present their proposals to the review panel in order to allow for question/answer sessions and clarification when needed.
- Certain sections of most proposals seemed to show applicants’ insufficient understanding of the actual questions being asked or the details being sought by ALbD/HWTF. Given this trend, ALbD feels the need to provide more specific and clearer instructions in the RFP for Year 2. In particular, instructions should be clearer in asking applicants to address the following details:
 - A focused target audience (e.g., geographic scope, neighborhood, specific population segment, etc.);
 - Clearly stated needs/perceptions of the target audience;
 - Who the partners are (or what fields are represented); and
 - A clear description of the geographic area being served by physical projects especially; i.e. request map of the targeted area or neighborhood.
- Very few applicants took advantage of contacting ALbD for technical assistance during the application process. In Year 2, we will make it clearer that this is highly encouraged, in order to help create more competitive proposals.
- In the designation self-assessment, allow for more details to be provided concerning services provided to or through the faith-based community.
- Expand workplace criteria beyond the four largest employers to include the county/city as employer.

Describe any challenges you have faced and how HWTF staff might work with you to address them.

Given the major focus on the review process this quarter, it was sometimes challenging to evaluate the applications and proposals when individual reviewers or the EAP panel as a whole felt that more information was needed. As mentioned earlier, ALbD is very interested in adding reverse site visits to next year’s plan as a way to overcome this challenge.

In addition, we have much to learn still about how the 5P model works in rural communities, and as we work with individual grantees, will be paying careful attention this year and subsequent years about any needed changes or flexibility to take into consideration as we move forward.

Describe the work you plan to complete during the next quarter regarding the Fit Community program. Provide time frames and deliverables where feasible.

1. Final designee and grantee selection – presentations to HWTF Obesity Task Force (*April 12*), and HWTF (May 1).
2. Designees and grantees announced, HWTF and BCBSNCF (*May 10*)
3. Assist with press release and notification letters for designation/grant announcements (as needed)
4. Provide TA for grantees – main focus will be on assisting in their development of action plans (*May 11 – June 30*)
5. Schedule and conduct site visits with all grantees (*all 8 will be completed by June 30, with additional phone conversations*).
6. Begin planning/preparation for Fall 2006 Fit Community Grantee Meeting (*date TBD during the next quarter*).
7. Begin planning/preparation for release of RFP for Fit Community, Year 2 (*date TBD during the next quarter*).

FIT COMMUNITY
YEAR 2, 1ST QUARTER PROGRESS REPORT TO HWTF
APRIL 1 – JUNE 30, 2006

This report provides a description of the Fit Community program work Active Living by Design (ALbD) completed in the first quarter (April 1 – June 30, 2006) of our Year 2 contract with the North Carolina Health and Wellness Trust Fund (HWTF).

Describe the work you have completed this quarter regarding the Fit Community program. Please attach any products, reports, articles or deliverables you have produced as a result of this work.

During this quarter, ALbD a) helped to determine (via two presentations: one to the HWTF Obesity Task Force on April 12 and one to the HWTF on May 1) the final slate of the first round of Fit Community designees and grantees; b) provided direct technical assistance to grantees via coaching calls and site visits to create solid action plans for Year 1; and c) began planning/preparation for Fall 2006 Grantee Meeting to be held September 12. Additional details are provided below in the following categories: Technical Assistance, Outreach, and Professional Development Activities.

1. Technical Assistance

- Met the majority of grantees for the first time at the Fit Together/Fit Community (HWTF and BCBSNCF jointly sponsored) announcement event (*May 10th*).
- Provided direct technical assistance to all eight grantees, each receiving at least one coaching call in addition to emails and follow-up calls, with a primary focus on creating action plans.
- Finalized five action plans for the purposes of completing grant contracts (*Ashe County, City of Lumberton, and Duplin County soon to follow*).
- Conducted site visits with four grantees (Ashe County, Haywood County, City of Graham, and Mecklenburg County). (*Three additional site visits will be completed July 11-13, and a final site visit will be scheduled for Pamlico County as soon as the new Project Director is hired.*)
- Began planning/preparation for Fall 2006 Grantee Meeting (*to be held September 12*).

2. Outreach

- Fit Community Project Manager, Cara Crisler, presented at a full staff meeting of the NC Institute for Public Health, about the work of ALbD and the Fit Community program, April 7 in Chapel Hill.
- Crisler and Phil Bors, ALbD Project Officer, met with the leaders of the NCDOT Division of Bicycle and Pedestrian Transportation in order to exchange knowledge about each other's work/grant programs, April 12 in Raleigh.
- Crisler presented to the HWTF's Study Committee on Childhood Obesity "Fit Families" on the Fit Community program, April 13 in Raleigh.
- Sarah Strunk, ALbD Director, discussed the Fit Community program during a presentation to the National Stroke and Heart Disease Forum, April 19 in Washington D.C.
- Strunk also discussed the Fit Community program during a presentation at the third annual ALbD grantee meeting, May 4 in Denver, CO.
- Strunk also discussed the Fit Community program during a presentation at the CDC Directors of the Health Promotion and Education meeting, May 25 in Washington D.C.
- Crisler presented to a group of 50 during a NC Chapter of American Society of Landscape Architects meeting, June 9, 2006 in Atlantic Beach.

3. Professional Development Activities

- Crisler attended a meeting in which Mikki Sager, The Conservation Fund, and Danyelle O'Hara, consultant, were interviewed about their experience working directly with rural communities in North Carolina, April 11 in Chapel Hill.
- Crisler attended a meeting with Maggie Sauer in which she was interviewed about her experience working in rural North Carolina and lessons learned from Project SELF Improvement, April 18 in Chapel Hill.
- Crisler helped staff the third annual ALbD grantee meeting, and learned a great deal by attending sessions – most of which were led by ALbD community partnership representatives, May 2-5 in Denver, CO.
- Crisler attended a meeting in which ALbD Project Officers and Communication Officer were interviewed about lessons learned and insights concerning action plan development, creating solid partnerships, and sustainability issues, May 11 in Chapel Hill.
- Crisler participated in a three-day communications training workshop by Spitfire Communications, May 15-17 in Annapolis, MD.
- Crisler attended the Project SELF Improvement conference on June 21 in Raleigh.
- Jen Gilchrist, Graduate Assistant with the Fit Community program since the beginning, was promoted to Fit Community Project Assistant. In this role, she will be working 30 hours a week assisting the Project Manager in a variety of functions including administration, technical assistance to grantees, grantee meeting preparation, and program evaluation.

Discuss any findings or lessons learned that will help inform our work going forward.

See next section

Describe any challenges you have faced and how HWTF staff might work with you to address them.

It became evident as the deadline neared for signing the Fit Community contracts with grantees that ALbD staff did not have full information about what was expected in order for the contracts to become finalized, especially related to the need for a completed and approved action plan for each grantee. In addition, contractual issues, such as financial reporting and other important instructions were not very clear. In the future, an orientation session with the TA provider would be helpful to ensure all expectations and instructions are clarified.

Describe the work you plan to complete during the next quarter regarding the Fit Community program. Provide time frames and deliverables where feasible.

8. Conduct site visits with remaining four grantees: Lumberton, Duplin County, and Sampson County, and Pamlico County (*July 31*).
9. Finalize remaining three action plans for purposes of completing contracts (*July 10*).
10. Set up an evaluation program for the Fit Community grantees (*by July 31; complete at end of second year of funding*).
11. Conduct monthly coaching calls with each grantee (*ongoing*).
12. Plan/prepare for Fall 2006 Grantee Meeting (*September 12*).
13. Prepare for release of RFP for Fit Community, Round 2 (*date TBD during the next quarter*).

**Center of Excellence for Research, Teaching, & Learning
Wake Forest University School of Medicine**

**Annual Report
July 2005-October 2006**

Describe the objectives that were achieved during the past year:

During the past year (July 2005 – September 2006), Wake Forest University School of Medicine completed the following activities:

1. Provided input for web site development
 - A. Contributed to initial flowchart for website concept
 - Provided initial input for critical areas of site development
 - Conducted research of similar sites to determine important features
 - Attended meetings with Market Smart to prioritize web site progress and to give feedback on web site progress
 - B. Provided information to improve web site usability for teachers
 - Made corrections on web site content
 - Suggested features that would increase the likelihood that teachers would use and return to the web site (favorites page)
 - Suggested search function for activities by subject and topic
 - Suggested that activities be linked to the NC SCOS
 - Provided NC SCOS goals and objectives for all subject areas currently included on the web site
 - Suggested font and layout changes to improve site appeal
2. Provided content for the At School section of the Fit Kids web site
 - A. Provided content based on research linking physical activity to academic achievement
 - B. Provided tips for teachers of students with disabilities
 - C. Linked Energizers to NC SCOS
 1. Piloted Energizers to determine NC SCOC alignment
 2. Organized Energizers by NC SCOS alignment to prepare for input into the Fit Kids Web site
 - D. Facilitated the development of 50 elementary activities and 25 middle School activities
 1. Recruited a group of 10 elementary school teachers and 5 middle school teachers to develop Fit Kids activities
 2. Conducted two separate training to inform teachers about the Healthy Active Children Policy and to train teachers how to create a Fit Kids Activity
 3. Supervised three expert teachers (one for grades K-2 and one for grades 3-5, and one for 6-8) who assisted in reviewing activities produced by the teachers groups
 4. Managed communication between teachers to improve collaboration of activity development
 5. Forwarded approved activities to NC DPI for approval
 6. Inserted approved plans onto Fit Kids Web site
 7. Resubmitted remaining plans to expert teachers for correction
 8. Inserted final plans to web site

Wake Forest University School of Medicine Annual Report (July 05 – June 06)

- E.** Developed review component for Fit Kids activities
- F.** Developed evaluation component for Fit Kids resources
- G.** Organized taping for streaming video
 - 1.** Selected teachers and activities for video streaming
 - 2.** Worked with teachers and students to prepare for video shoot
 - 3.** Secured permission from schools and media releases from parents necessary to tape activities
 - 4.** Attended tapings and offered suggestions for filming
 - 5.** Provided written explanation of activity content necessary for streaming video
- H.** Assisted in developing CEU concept for Fit Kids web site
 - 1.** Developed components of CEU program to ensure that program qualifies an quality staff development
 - 2.** Assisted in drafting letter from the Lt. Governor outlining CEU program
 - 3.** Contacted school districts to ascertain appropriate contact information for staff development supervisors
 - 4.** Tracked district responses and forwarded to Be Active for scheduling
- 3.** Provided consulting regarding partnership with the Carolina Panthers
 - A.** Reviewed Carolina Panthers material
 - B.** Attended meeting with Carolina Panther representative to discuss possible partnership
 - C.** Recommended that Carolina Panther materials be made available from the Fit Kids Web site
 - D.** Recommended that Carolina Panthers Fit Squad be used as part of an incentive program to reward schools/teachers for participation on the Fit Kids Web site.
- 4.** Provided input to assist in the development and evaluation of Be Active training materials.
 - A.** Reviewed training materials compiled by Be Active and NC DPI
 - B.** Participated in sessions conducted to train Master Trainers
 - Observed two Master Trainers sessions conducted the website portion of the training at 4 training sessions throughout the state
 - C.** Provided feedback on training sessions
 - D.** Produced training materials for training sessions
 - Created tips fro creating a Fit Kids activity
 - Created Power Point for master trainers to train teachers on the CEU Program
 - E.** Assisted in drafting letter from Lt. Governor to professional development supervisors at local school districts
 - F.** Secured contact information for all professional development in each of the 115 districts in North Carolina
 - G.** Responsible for the mailing of letter from Lt. Governor
 - H.** Tracking responses of school districts that are willing to award CEU credit

NC DEPARTMENT OF PUBLIC INSTRUCTION

Project PASS! K-8 (Physical Activity Success in Schools K-8) July 2005 – June 2006

Scope of Work

North Carolina, like many other states in this country, is facing an obesity epidemic. Obesity is an issue for everyone and together we can begin to prevent risks of cardiovascular disease, diabetes, and other health ailments, such as high blood pressure.

While the Centers for Disease Control and Prevention (CDC) recommends at least 60 minute per day of activity most days of the week, the Public Schools of North Carolina, in partnership with East Carolina University, have taken responsibility for at least half of that time daily. The Department of Public Instruction (DPI) does care about teaching the whole child and believes that healthy active children will perform better on academic tests, be in attendance at school to learn, and have less discipline problems. This is evident in the April of 2005 State Board of Education (SBE) meeting in which they passed a revision of the *Healthy Active Children* policy, which directed every school to provide at least 30 minutes of physical activity for all students K-8 every day. In addition, the policy does not allow physical activity or recess to be used as punishment or taken away as punishment. There are four main reasons that the State Board of Education believes are the driving force behind the *Healthy Active Children* policy:

1. Academic enhancement;
2. Obesity trends on the rise;
3. National security; and
4. Economic value.

Because of this policy, administrators and classroom teachers have increased responsibility for providing the physical activity. The Health and Wellness Trust Fund helped us to provide the resources to help prepare the Middle School *Energizers* and an Intramurals Manual to help implement more physical activity into the school day.

The following activities took place in order to assist schools with the implementation of 30 minutes per day of physical activity for K-8 through this HWTF Grant of \$40,000.00.

Healthy Active Children 6-8 Physical Activity Module

Middle School *Energizers* (Multiple Partners Project)

The development of the middle school module incorporated multiple partners, including Healthy Schools, NC Alliance of Athletics, Health, Physical Education, Recreation and Dance (NCAAHPERD), Physical Activity and Nutrition Branch (DHHS), East Carolina University Physical Activity Laboratory, Be Active North Carolina, the Department of Public Instruction (DPI), and the Health and Wellness Trust Fund. All partners provided time and money to the development of this project. The Middle School *Energizers* team convened a team of teachers at East Carolina University to develop the activities based on core subject curriculum. Once

developed, the activities were piloted across the state. The pilot revealed minor changes that were provided in the MS *Energizers* and then sent to the NC Department of Public Instruction.

NC Department of Public Instruction distributed the MS *Energizers* to DPI staff in the core subject areas to review for accuracy. The purpose was to assure the activities would meet curriculum standards and provide physical activity at the same time without disrupting the instructional day. Once approved by DPI, the *Energizers* were placed online to download free. Then announcements were provided to classroom teachers through mail and email announcing the *Energizers* were available. The pilot train-the-trainers workshop was then created to help teachers understand the policy and provide them resources to create active classrooms.

Both the Elementary and Middle School *Energizers* have been a great success for classroom teachers both in North Carolina and across the country. The *Energizers* are one of the most talked about resources for classroom teachers today. Also, research has been completed evaluating the effects of using the *Energizers*, and a publication will soon reveal that time on task has greatly improved for classrooms using the *Energizers* versus classrooms that did not use the physical activity.

Middle School Intramurals

Middle schools have a very different configuration than elementary schools. Students change classes, the classroom teachers have very little control over scheduling, and many have limited time with each particular student. This makes physical activity in the middle school unique and multifaceted.

Intramurals are an integral part of the Middle School Concept, as established by the NC State Board of Education. This focus on development, independence, and exploration encourages schools to establish intramurals for middle school students. NC State Intramural and Sport Management Department assisted DPI in the development of a document to guide schools in integrating intramurals back into the school day and in line with the Middle School Concept. The intramural program can sharpen a student's skill level, as well as increase confidence by participating in a team or cooperative activity.

The Intramural document is complete and online for free download. Additionally, we will be presenting the Intramurals document at the State Convention for physical educators in November of 2006. Email communication has been provided for the release of the Intramural document. It will also be used on the Fit Kids website as a resource.

Train the Trainers for Energizers Pilot

The development of the training manual and resources took place in May 2006. The pilot training consisted of at least 40 classroom teachers who went through the training and provided valuable feedback on materials needed, the presentation, and edits that may need to be made. We held the training at Blue Cross Blue Shield who provided us free meeting space. Upon completion of the pilot training, we reconstructed format and made a few edits prior to working on additional training with Be Active NC. Funding for materials was provided to Be Active NC as a partner for a smooth transition in to another phase of training for the *Energizers*.

Timeline

Train the Trainers: ES Energizers	Contracted Staff	August 2005
	Completed Training Document	May 2006
	Training Materials	March 2006
	Travel for Trainers and Meeting expenses completed	June 2006
<i>Middle School Module</i>	Contracted Staff	September 2005
	Completion of Middle School Energizers	March 2006
	Completion of MS Intramural Document	January 2006

Budget

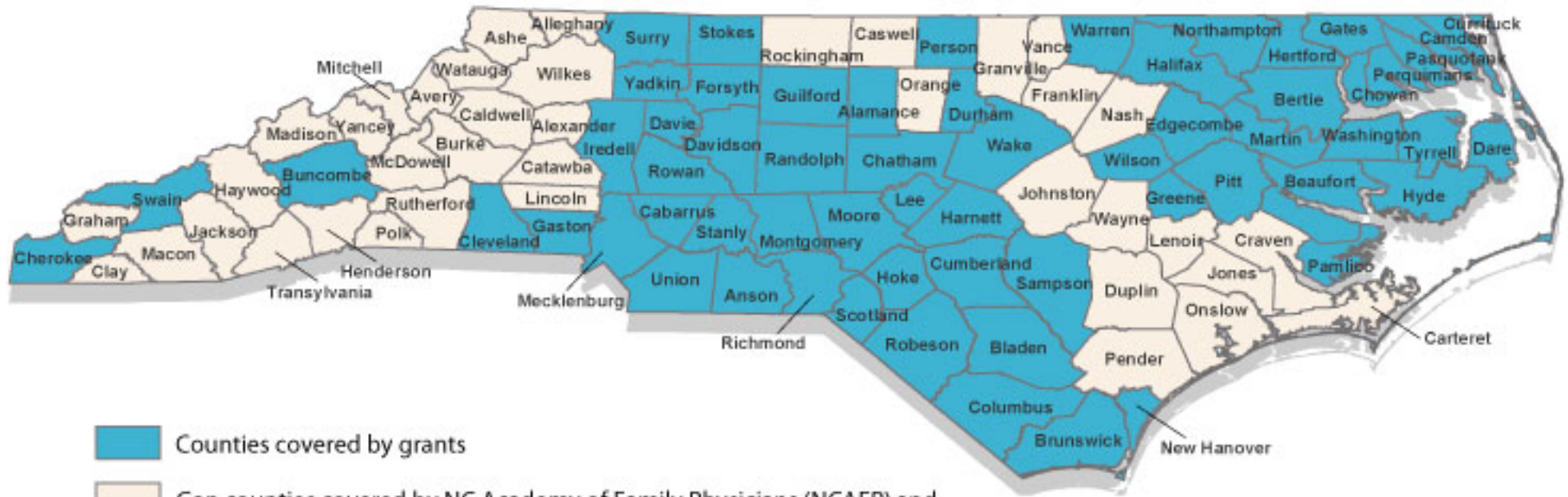
Below is the financial report from the DPI Budget office of all expenditures including contracted services for Michael Kanters at NC State and East Carolina University.



Payee	Effective Payment Date	Amount
Michael Kanters, NC State University	June 7, 2006	\$ 4,900
Be Active NC	June 7, 2006	\$ 4,900
East Carolina University	May 3, 2006	\$25,000
	June 27, 2006	\$ 5,000
Total		\$39,800



Health Disparities

Eliminating Health Disparities Initiative Counties Covered by Grantees



-  Counties covered by grants
-  Gap counties covered by NC Academy of Family Physicians (NCAFP) and NC Alliance for Athletics, Health and Physical Education (NCAAHPERD)*

* NCAFP and NCAAHPERD provide statewide services

**HWTF ELIMINATING HEALTH DISPARITIES
GRANT AWARDS**

LOCAL & STATEWIDE GRANTS		COUNTIES SERVED	TOTAL FUNDING
1	ACCESS III of Lower Cape Fear	Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender	\$390,000
2	American Indian Mothers	Bertie, Bladen, Cherokee, Columbus, Cumberland, Guilford, Halifax, Hertford, Hoke, Person, Richmond, Robeson, Sampson, Scotland, Stanly, Swain, Warren	\$390,000
3	Buncombe County Medical Society	Buncombe	\$360,000
4	Charlotte Communities of Shalom-Thomasboro	Mecklenburg	\$360,000
5	Chatham Hospital Immigrant Health Initiative	Chatham	\$360,000
6	Cleveland County Health Department	Cleveland	\$360,000
7	Cornerstone Ministries, Inc	Pitt	\$360,000
8	Dare County Dept of Health	Dare	\$330,000
9	ECSU Foundation	Beaufort, Bertie, Chowan, Halifax, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans	\$400,000
10	Fayetteville State University	Bladen, Columbus, Cumberland, Hoke, Robeson, Scotland	\$390,000
11	Forsyth Medical Center Foundation/Novant Health	Cabarrus, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Mecklenburg, Rowan, Stokes, Surry, Union, Wilkes, Yadkin	\$425,000
12	GBO Partnership for Children, Inc	Guilford	\$330,000
13	Greene County Health Care, Inc.	Greene, Pitt	\$360,000
14	Hertford County Public Health Authority	Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Edgecombe, Gates, Halifax, Hertford, Hyde, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Tyrrell, Warren, Washington	\$800,000
15	Lincoln Community Health Clinic	Alamance, Durham	\$360,000
16	NC Academy of Family Physicians Foundation, Inc	Statewide	\$360,000
17	North Carolina Alliance for Athletics, Health, Physical Education (NCAAHPERD)	Statewide	\$400,000
18	Roanoke Chowan Community Health Center	Bertie, Hertford, Gates, Northampton	\$360,000
19	Robeson County Health Department	Anson, Bladen, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, Robeson, Sampson, Scotland	\$660,000
20	Rural Health Group, Inc	Halifax, Northampton, Warren	\$360,000
21	Strengthening the Black Family, Inc	Wake	\$360,000
22	Wake County Human Services-Community Health	Wake	\$390,000
Total Grant Award			\$8,865,000

North Carolina Central University (NCCU) Department of Health Education

**Health Disparities Initiative
Technical Assistance Report
January 1, 2006 – May 31, 2006**

NCCU Health Disparities Project Planning Phase Goals and Objectives

The goals, role and activities of the NCCU Health Disparities Project Management Team during the Planning Phase of this initiative were as follows:

1. Recruit and hire program staff members to carry out project activities.
2. Prepare RFA based on HWTFC health disparities initiative priorities, goals and objectives.
3. Distribute RFA to North Carolina based professional, faith, community and government organizations and networks using HWTFC's website, electronic list serves and other sources to broadly disseminate the RFA.
4. Solicit and screen Letters of Intent and provide immediate feed-back on options for improvement, if needed.
5. Plan and conduct five (5) face to face half day regional workshops in Charlotte, Raleigh, Greenville, Elizabeth City, and Wilmington, North Carolina locations.
6. Establish Rapid Response telephone technical assistance for prospective applicants.
7. Screen and evaluate project proposals submitted using established criteria.
8. Conduct site visits of top applicants as needed.
9. Make final selections and forward rank-ordered recommendations to the HWTFC staff.
10. Following the determination by the Commission of those projects that are to be funded, NCCU Management Team will:
 - a. Notify those that are funded and work with them to develop a work plan for the project.
 - b. Notify those not funded and share with them what they might do to be successful the next time they apply for similar grants.

NCCU Health Disparities Planning Phase Progress Report

The following information provides a summary of the activities, process and outcomes produced in each of the goal and role areas listed above:

1. **Recruit and hire program staff members to carry out project activities:**

The NCCU Health Disparities Management Team (hereafter referred to as the Team) led by Health Education Department Chair Dr. LaVerne Reid, recruited two of the four persons projected for employment during the Planning Phase of this project. The first person employed on a half time basis was Sharon Spencer, Administrative Assistant who began work in April 2005. The Team subsequently recruited and employed Moses Carey to be Program Director in a shared relationship with the Trust. His employment began in June 2005. Mr. Carey assumed responsibility for leading the Team through its contracted responsibilities upon his employment.
2. **Prepare RFA to based on HWTFC health disparities initiative priorities, goals and objectives:**

NCCU Health Disparities Technical Assistance Report (January 1, 2006 – May 31, 2006)

The Team collaborated with the Trust staff to develop the RFA which was approved by the Health Disparities Task Force of the Commission. The RFA was published on the Trust web site in November 2005 with a grant application submission date of March 1, 2006.

3. Distribute RFA to North Carolina based professional, faith, community and government organizations and networks using HWTFC website and other means:

The Team developed lists of professionals, associations, and organizations in North Carolina that included over 700 web and other contacts to which the RFA was distributed over a two month period. Many of the network and association lists included duplications that were intended to insure maximum circulation of the RFA.

4. Solicit and screen Letters of Intent and provide immediate feed-back on options for improvement, if needed:

The Team received 69 Letters of Intent by the due date of January 6, 2006. These letters were submitted via the Trust web site to which the Team had access for review and download. The Team had previously committed to review and provide feed-back for each letter no later than two weeks after receipt. The Team assembled a group of approximately 20 professionals across North Carolina who agreed to review and provide written comments within five days on not more than five letters of intent. This review and feed-back goal was achieved. However, the Team accepted a few letters after the January 6th date and provided comments to informally provide guidance on intended grant direction and concept for those submitted after the deadline.

5. Plan and conduct five (5) face to face regional workshops in

The Team planned and conducted applicant workshops in seven (7) locations throughout North Carolina between December 10, 2005 and February 6, 2006. They were held in the following locations:

- *Durham, NC* *Dec. 10, 2005 (Saturday)*
- *Winston-Salem, NC* *Jan. 12, 2006*
- *Charlotte, NC* *Jan. 18, 2006*
- *Lumberton, NC* *January 21, 2006 (Saturday)*
- *Greenville, NC* *Jan. 25, 2006*
- *Elizabeth City, NC* *Feb. 1, 2006*
- *Asheville, NC* *Feb. 6, 2006*

Two of these workshops were scheduled on a Saturday in order to provide the opportunity for those who found it difficult to attend on a normal workday. A total of 425 persons registered or walked in to attend these workshops.

Participants were provided a workbook including materials needed to develop an application for funding as well as a lunch at the end of each workshop. The sessions were attended by an average of 60 persons each with the smallest at 35 and the largest number at 80 attendees. A written summary based on written evaluations of each workshop was provided to all HWTFC and NCCU stakeholders and agenda participants.

NCCU Health Disparities Technical Assistance Report (January 1, 2006 – May 31, 2006)

6. Establish Rapid Response telephone technical assistance for prospective applicants:

The Rapid Response toll free telephone line was activated within one week of the RFA being published on the Trust web site. Additionally, NCCU established an e-mail address through which potential grantees could seek advice and technical assistance. This e-mail address was linked with the Trust address to which potential applicants also had access for consultation.

7. Screen and evaluate project proposals submitted using established criteria:

One hundred and ten (110) grant applications were received. One hundred and eight (108) were received by the March 1, 2006 deadline and two were disqualified because they were sent after the deadline.

The Team assembled thirty-three (33) professionals in community health, public health, health education, faith based institutions, non-profit program management, governmental programs and colleges and university programs to review and make recommendations on which projects should be recommended for funding. Careful attention was given to potential conflicts of interest to insure that the reviewers were as unbiased in their work as possible. Each reviewer signed and submitted a conflict of interest certification. Over 60 professionals were contacted to participate as objective reviewers in order to insure that 33 were available to participate with a signed conflict of interest certification. This group worked for two weeks which was culminated by a full day conference on March 29, 2006 to complete this review task.

This group recommended 29 projects for funding and a host of others for provisional funding status. These 29 recommended projects requested over \$13 million in funding, prompting a process of further review by Trust and NCCU staff for the final recommendations to the Commission's Health Disparities Task force. The subsequent staff review resulted in the 23 projects which were approved for funding by the Task Force and Trust Commission on May 1, 2006.

8. Conduct site visits of top applicants as needed:

Consultations between NCCU and Trust concluded that site visits for applicants were not needed.

9. Make final selections and forward rank-ordered recommendations to the HWTF staff:

The Team worked with Trust staff to review the projects recommended by the objective reviewers in order to develop a list that was within the grant funds available and to insure geographical, cultural, racial, and chronic disease diversity among those recommended to the Task Force for funding.

10. Following the determination by the Commission of those projects that are to funded, NCCU management Team will:

NCCU Health Disparities Technical Assistance Report (January 1, 2006 – May 31, 2006)

- **Notify those that are funded and work with them to develop a work plan for the project.**

The successful grantees were notified via the Trust web site and will be notified subsequently via e-mail. The Team will begin working with each grantee shortly after their notification.

- **Notify those not funded and share with them what they might do to be successful next time they apply for similar grants.**

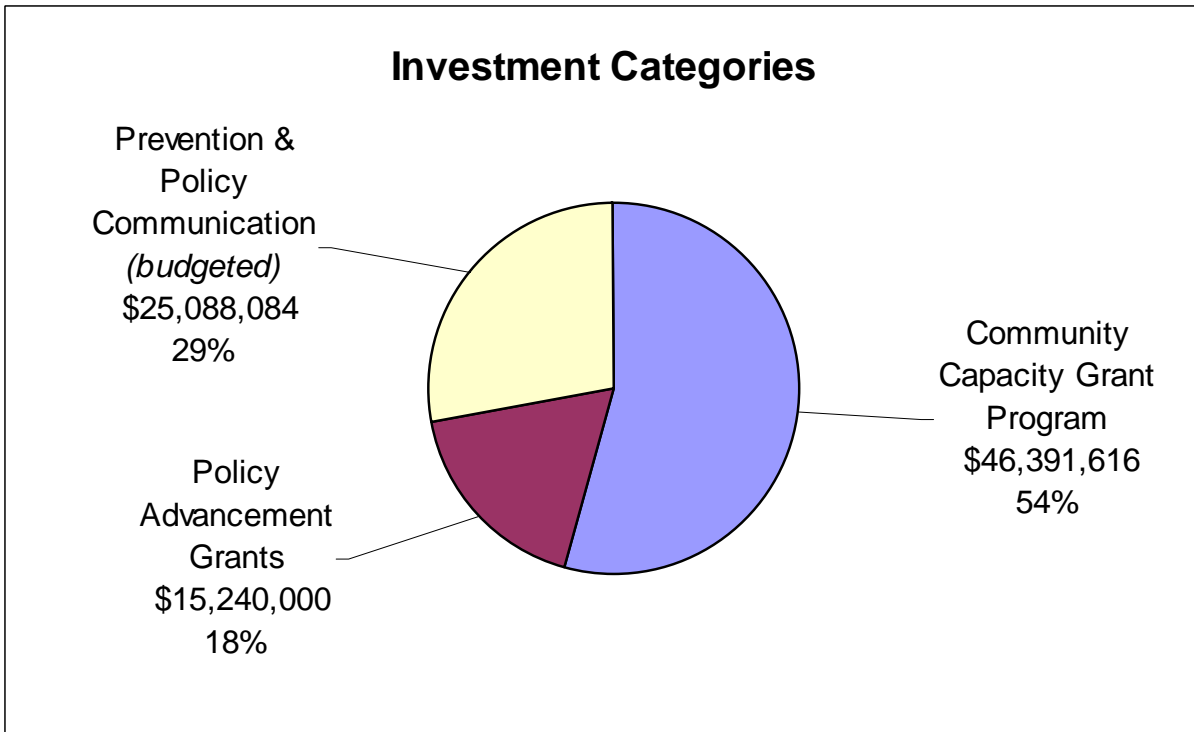
The Team is currently responding to unsuccessful applicants and pledging to continue to assist them in identifying potential funding sources where possible for their initiatives.

Planning Phase Report Summary: The NCCU Team met or exceeded all of its objectives for this phase of the contract with the Trust. It is important to note that the efficient use of contract funds and the delay in the issuance of the RFA resulted in the extension of the planning phase being for an additional five months until May 31, 2006 at no additional cost to the Trust. In addition, current plans are for the Phase I Health Disparity Initiative grantee contracts to begin on July 1, 2006 and run for three (3) years ending in June 2009. Consequently, there will be a need for the Trust to consider extending the NCCU Technical Assistance contract, which was previously projected to end on December 30, 2008 to June 30, 2009 or later to insure proper support for grantees through their contract periods. Since NCCU will be at full staff capacity at that time, additional funds will be needed to facilitate this extension.



2006-2009 Projected Spending Analysis

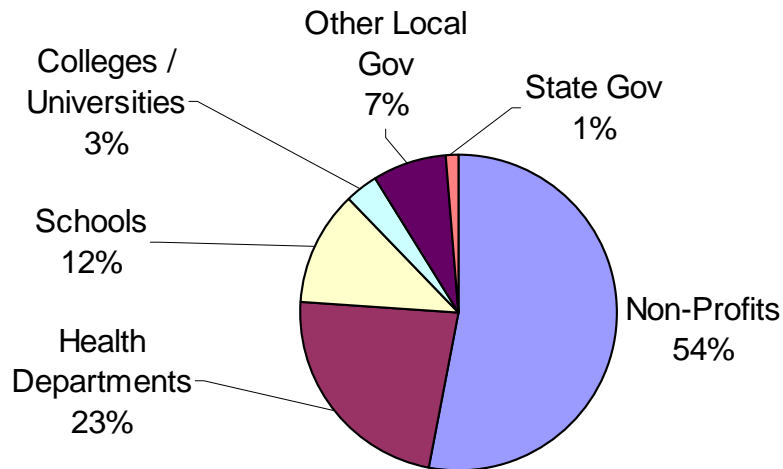
All Current HWTF Initiatives
2006-2009



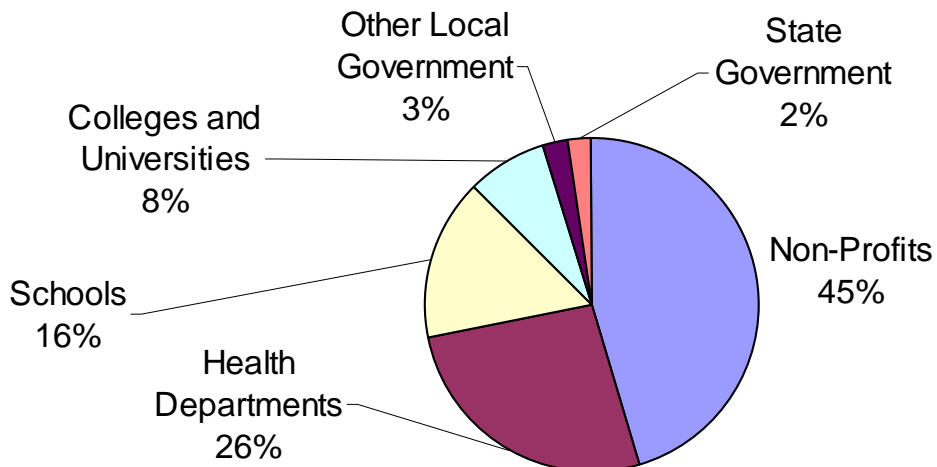
All Current HWTF Initiatives 2006-2009

Organization Type	Number of Grants	Amount Invested
Non-Profits	78	\$ 16,090,470
Health Departments	34	\$ 9,319,612
Schools	17	\$ 5,594,071
Colleges and Universities	5	\$ 2,749,970
Other Local Government	11	\$ 933,000
State Government	2	\$ 771,032
	186	\$ 38,011,422

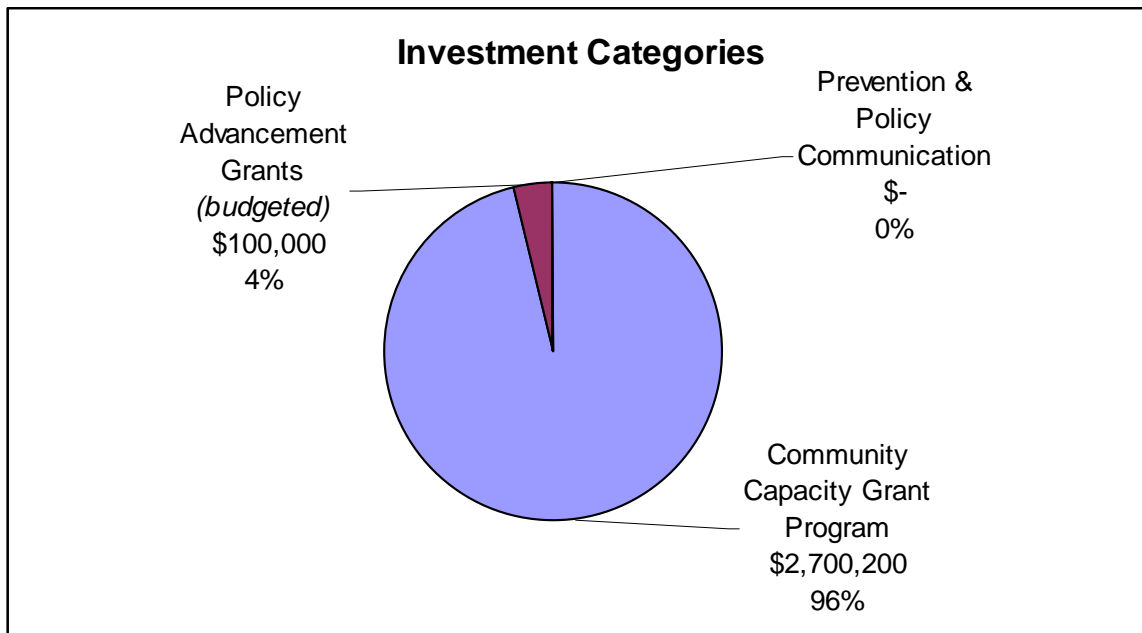
Community Capacity Grants by Organization Type



Community Capacity Grants by Amount Invested



**Medication Assistance Program (MAP)
2006-2009**



Investment Categories

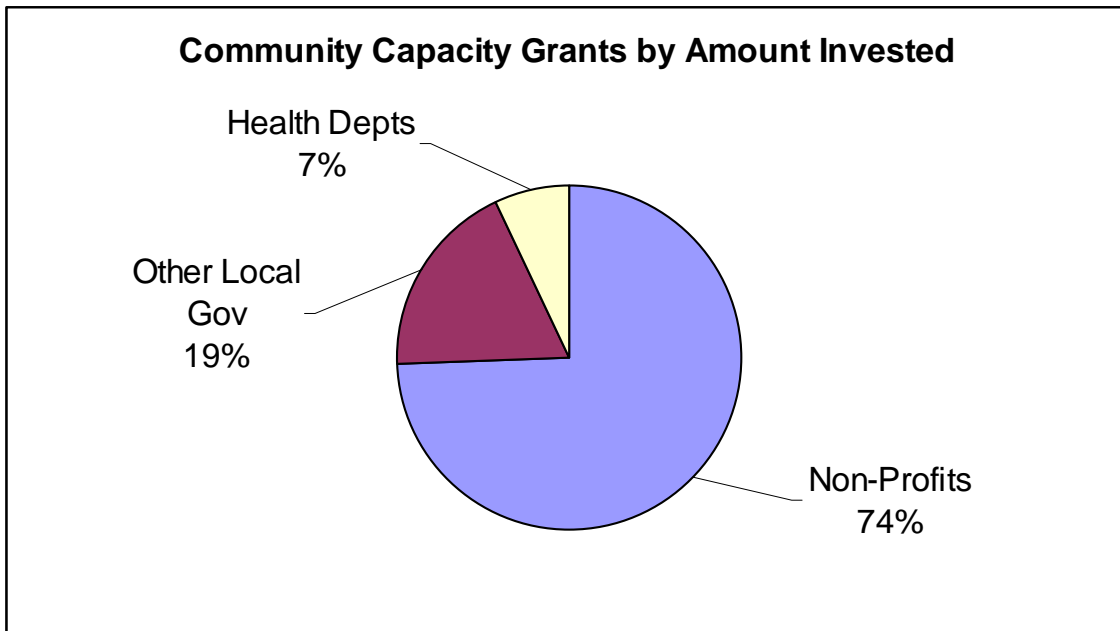
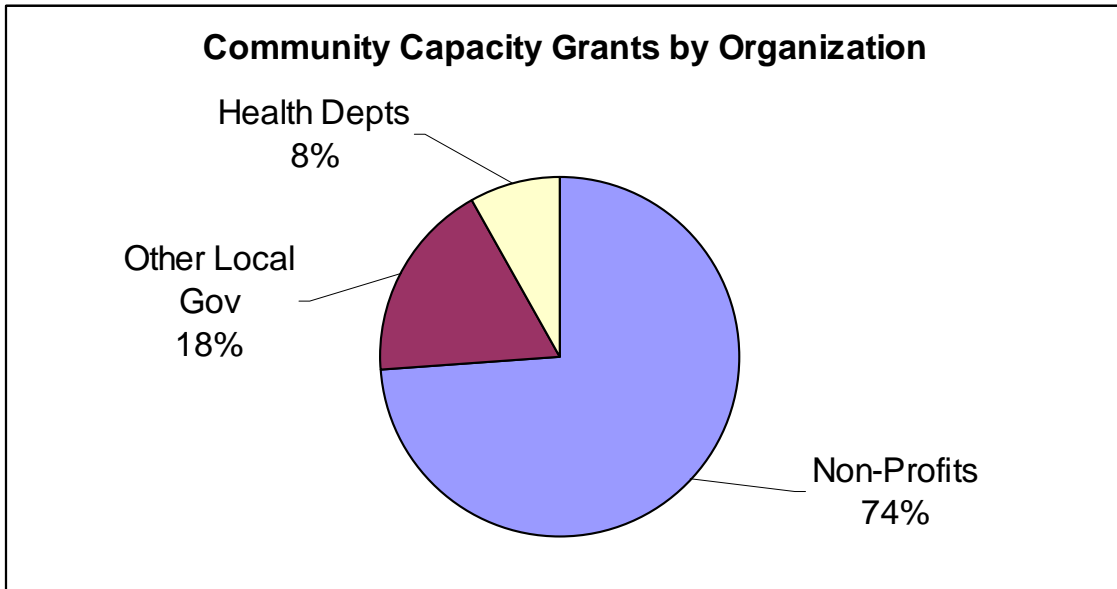
Community Capacity Grant Program	
50 grants to local organizations	\$ 2,023,200
Technical assistance and outcomes analysis	\$ 677,000
	\$ 2,700,200

Policy Advancement Grants	
Study Committee - <i>budgeted</i>	\$ 100,000
	\$ 100,000

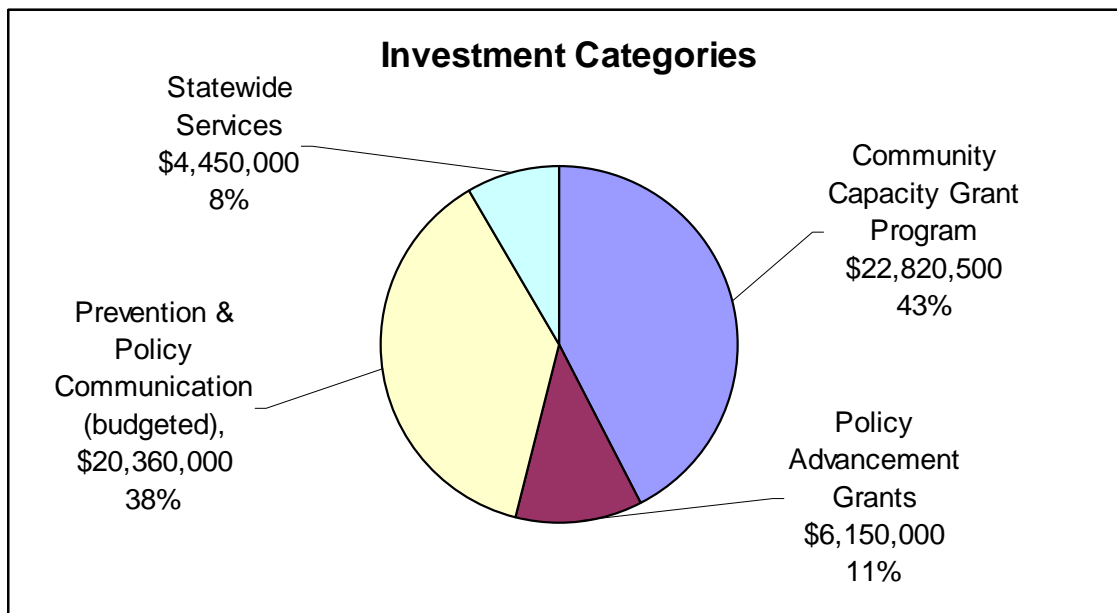
Prevention and Policy Communication Grants and Contracts	
None	\$ 0
	\$ 0

MAP Community Capacity Grant Category 2006-2009

Organization Type	Number of Grants	Amount Invested
Non-Profits	37	\$ 1,506,200
Other Local Government	9	\$ 377,000
Health Departments	4	\$ 140,000
	50	\$ 2,023,200



Tobacco Use Prevention & Cessation Initiative (TTUPC) 2006-2009



INVESTMENT CATEGORIES

Community Capacity Grant Program

49 community/school grants to 60 local organizations	\$ 15,733,000
Technical assistance and outcomes analysis	\$ 6,067,500
Grantee Evaluation and Development	\$ 1,020,000
	\$ 22,820,500

Policy Advancement Grants

20 Tobacco-Free College/Community College grants	\$ 3,528,000
Technical assistance contract	\$ 472,000
HWTF technical assistance personnel	\$ 150,000
DHHS Alcohol Law Enforcement	\$ 2,000,000
	\$ 6,150,000

Prevention and Policy Communication Grants and Contracts

Quitline messaging research for 18-24 age group	\$ 350,000
Quitline minority outreach - <i>budgeted</i>	\$ 330,000
Prevention social marketing campaign - <i>budgeted</i>	\$ 15,000,000
Cessation social marketing campaign - <i>budgeted</i>	\$ 4,500,000
TFS Web site design and content development	\$ 180,000
	\$ 20,360,000

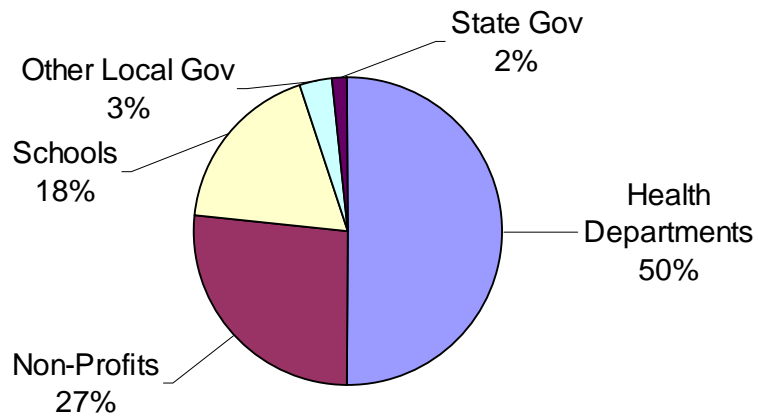
Statewide Services

Quitline services and Nicotine Replacement Therapy	\$ 4,450,000
	\$ 4,450,000

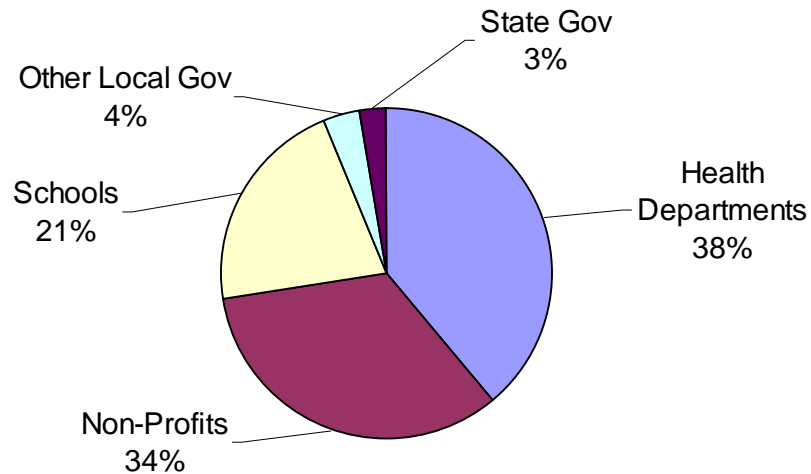
TTUPC Community Capacity Grants Category 2006-2009

Organization Type	Number of Organizations	Amount Invested
Health Departments	30	\$ 6,097,000
Non-Profits	16	\$ 5,322,000
Schools	11	\$ 3,358,000
Other Local Government	2	\$ 556,000
State Government	1	\$ 400,000
	60	\$ 15,733,000

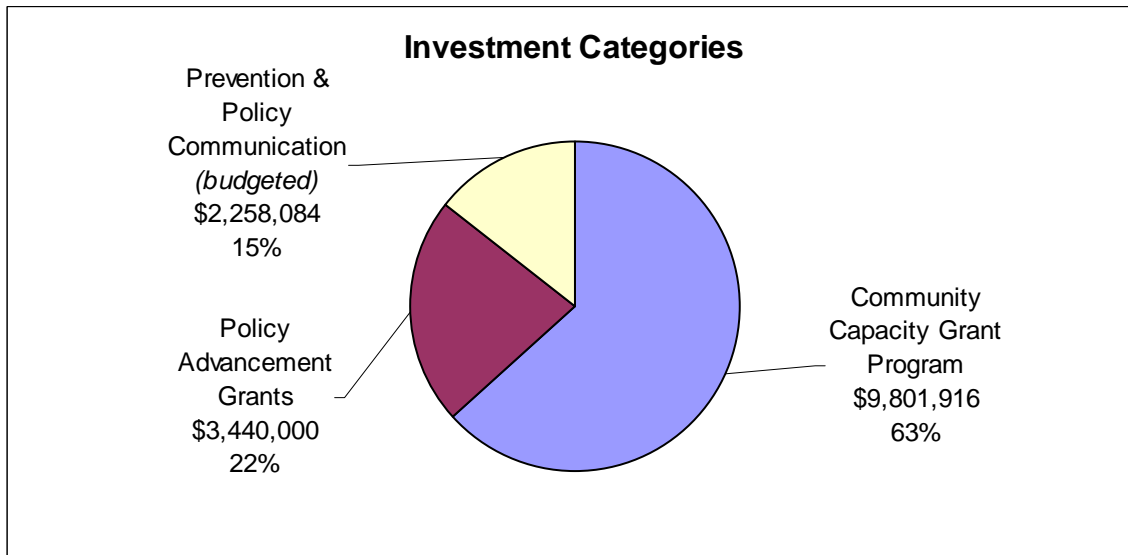
Community Capacity Grants by Organization Type



Community Capacity Grants by Amount Invested



Childhood Obesity Initiative 2006-2009



Investment Categories

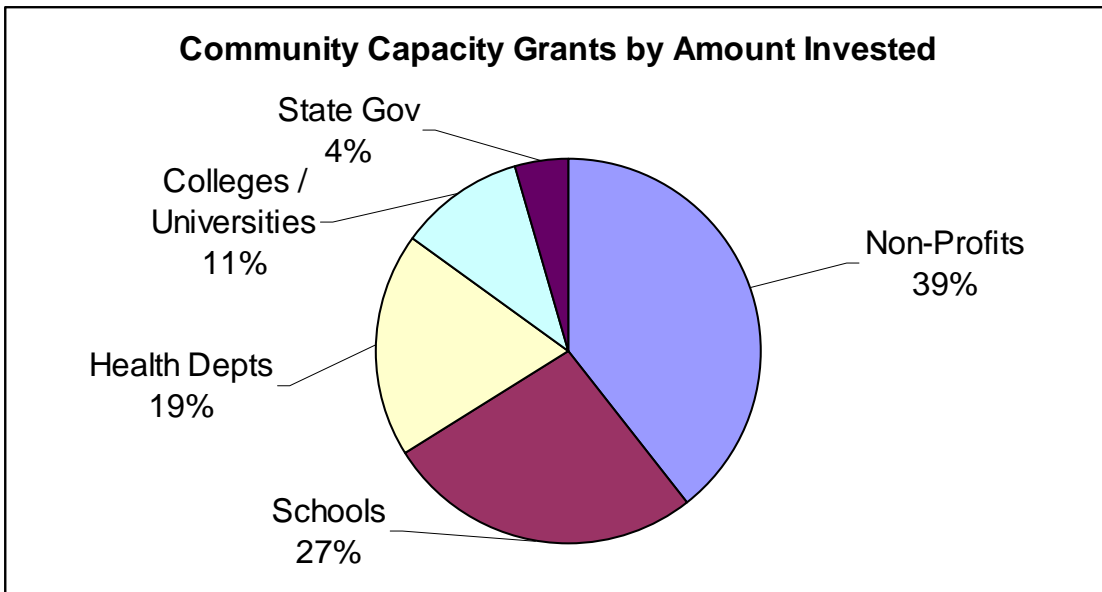
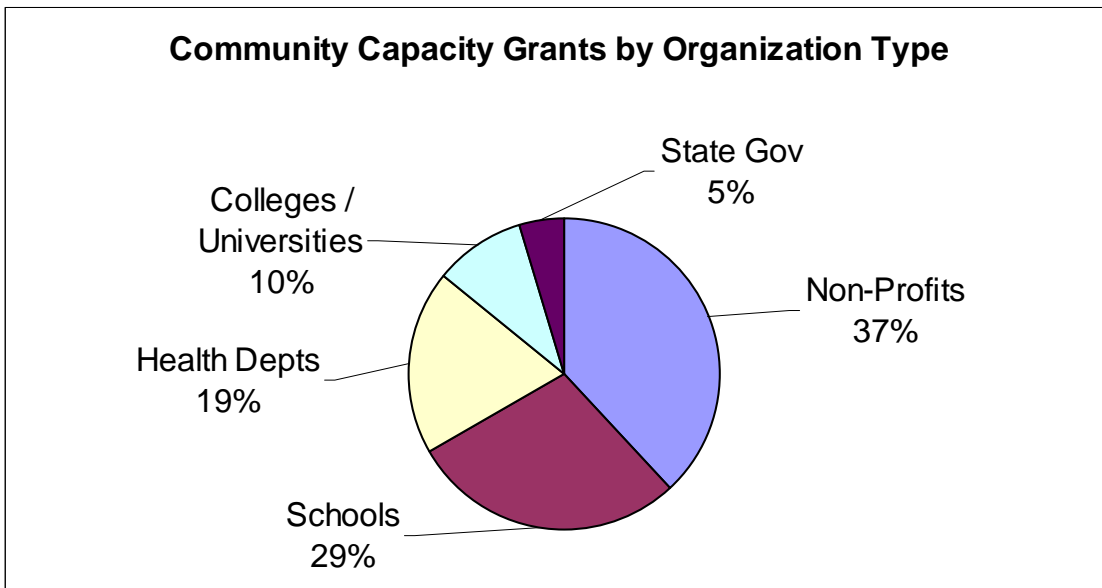
Community Capacity Grant Program	
21 grants to local organizations	\$ 8,401,955
Technical assistance and outcomes analysis	\$ 1,399,961
	\$ 9,801,916

Policy Advancement Grants	
Study Committee on Childhood Obesity	\$ 300,000
Implementation of K-8 physical activity policy <ul style="list-style-type: none"> ▪ <i>DPI energizers development (\$40,000)</i> ▪ <i>Curriculum-based physical activities for teachers (\$320,000)</i> ▪ <i>Statewide teacher training (\$752,000)</i> ▪ <i>Carolina Panthers partnership (\$225,000)</i> 	\$ 1,337,000
Fit Community mini-grants and technical assistance	\$ 1,360,000
Fit Together physical activity / nutrition content & Web site development	\$ 343,000
Obesity research TBD	\$ 100,000
	\$ 3,440,000

Prevention and Policy Communication Grants and Contracts	
K-8 teachers' Web site development	\$ 100,000
Mass media promotion of 60 minutes daily P.A. - <i>budgeted</i>	\$ 1,448,084
Fit Together and Workplace Wellness mass media	\$ 710,000
	\$ 2,258,084

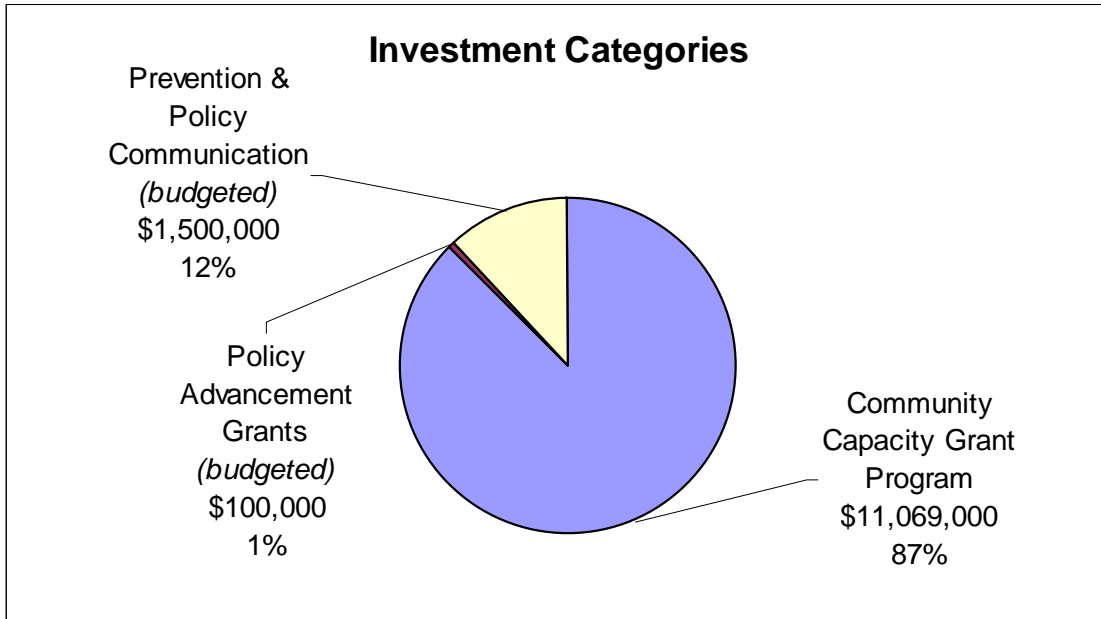
Obesity Initiative Community Capacity Grants Category 2006-2009

Organization Type	Number of Grants	Amount Invested
Non-Profits	8	\$ 3,308,520
Schools	6	\$ 2,236,071
Health Departments	4	\$ 1,586,362
Colleges and Universities	2	\$ 899,970
State Government	1	\$ 371,032
	21	\$ 8,401,955



Eliminating Health Disparities Initiative

2006-2009



Investment Categories

Community Capacity Grant Program	
27 grants to local organizations	\$ 9,300,000
Technical assistance and outcomes analysis	\$ 1,769,000
	\$ 11,069,000

Policy Advancement Grants	
Study Committee - <i>budgeted</i>	\$ 100,000
	\$ 100,000

Prevention and Policy Communication Grants and Contracts	
Social marketing campaign – <i>budgeted</i>	\$1,500,000
	\$ 1,500,000

Health Disparities Community Capacity Grant Category 2006-2009

Organization Type	Number of Grants	Amount Invested
Non-Profits	17	\$ 5,953,750
Health Departments	8	\$ 2,596,250
Colleges and Universities	2	\$ 750,000
	27	\$ 9,300,000

