



North Carolina Department of Health and Human Services: Tobacco Prevention and Control Branch

Youth Tobacco Prevention Program August 2012 – May 2013

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Tobacco Prevention and Control Branch

Prepared by:
UNC School of Medicine
Tobacco Prevention and Evaluation Program



For more information about the North Carolina Youth Tobacco
Prevention Program, please contact:

Tobacco Prevention and Evaluation Program

**UNC School of Medicine
Department of Family Medicine
CB #7595, 590 Manning Drive
Chapel Hill, NC 27599
T: 919-843-9751
F: 919-966-9435**

**Web: <http://www.tpep.unc.edu>
Email: tpep@med.unc.edu**

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EXECUTIVE SUMMARY

North Carolina (NC) youth smoking rates in 2011 were at a historic low, likely based in large part on comprehensive youth prevention programs established in NC from 2003-2011. This program founded by the NC Health and Wellness Trust Fund, was eliminated June 2011. The NC Department of Health and Human Services' Tobacco Prevention and Control Branch (TPCB) continued the tobacco prevention and control programs for an additional year, with a one-time transfer of Health and Wellness funding that expired in June 2012. The following year (July 2012 – June 2013), \$830,000 was made available for youth tobacco prevention, down from an estimated \$9 million in 2010-2011.¹ With this funding, the TPCB gave a grant to the NC Association of Local Health Directors (LHD) to work in collaboration with ten regional tobacco use prevention and youth empowerment programs in regional health department coalitions.

The University of North Carolina at Chapel Hill (UNC) Tobacco Prevention and Evaluation Program (TPEP) conducted a statewide evaluation of these ten programs and one-year funding. The aim of this evaluation was to examine program successes and challenges, and to make recommendations for future improvements in state tobacco use prevention and cessation efforts.

TPEP conducted a series of three interviews to assess program outcomes: in person interviews with 18 Youth Tobacco Prevention and ASSIST Program Coordinators (i.e., *American Stop Smoking Intervention Study* coordinators who are funded by the Center for Disease Control and Prevention and work for the TPCB) and other funded personnel in the 10 geographic regions; 6 survivors of tobacco-related illness who worked with these Program Coordinators; and 11 follow up telephone interviews with Program Coordinators after the conclusion of funding. Interviews were coded, and an exploratory qualitative analysis approach was used, based on the principles of applied thematic analysis.²

Results from Program Coordinator interviews showed 56 unique codes that accounted for the 681 quotations. Three overall themes emerged: **(1) effective program activities continued to occur, (2) benefits and challenges remained for a regional and collaborative focus, and the (3) consequences of short-term funding were profound.** Youth Tobacco Prevention personnel reported that youth training remained the most valuable and effective means to prevent youth tobacco use, with trained youth receiving skills and confidence to make their voice heard to peers and decision-makers. Policy outcomes continued to occur, a remarkable achievement given the limited funding. Each of the ten regional programs needed to implement a new collaborative effort in a very short time period, creating significant strain. The compressed funding and knowledge that the program would be eliminated subsequently was a significant barrier to reaching all program goals and sustaining program activities.

Results from the telephone interviews with survivors of a tobacco related trauma centered around: **(1) rewarding feelings from sharing stories and connecting with youth, (2) the courage to overcome challenges, and (3) the importance of youth tobacco prevention funding to link survivors stories with youth.** Survivors who work with youth report gaining a strong sense of purpose and making something positive out of the negative consequences of smoking. For many, it takes courage to overcome the physical difficulties and speak to youth about their tobacco related experiences. Most expressed the importance of connecting with youth

about tobacco use and showing the real adverse health effects. Survivors voiced a strong need for continued funding and their desire to be a part of the state tobacco control program.

The follow-up telephone interviews assessed program sustainability four months after grant funding ended. Results indicated that **some school-based and community youth group activities continued including local smoke-free policies in public places**. Many other activities may dissipate over time without dedicated funding.

Program evaluation findings indicate that over the last decade NC has enjoyed a great youth empowerment tobacco prevention model, combining professionals with community-based organization, and youth and survivors. This model continued this past year, albeit in a much reduced way. Re-establishing this infrastructure can occur, but without sustained commitment to funding, it will not be maximally effective. Defunding youth tobacco prevention programs will likely reduce the rate of decline of youth tobacco use and may increase healthcare related expenditures related to tobacco addiction in the state.

Recommendations for youth tobacco prevention programs in NC from this reevaluation are clear:

1. Continue to seek long-term investments in NC for youth empowerment, a model that has overwhelming support from local community organizations and members.
2. Support ongoing statewide funding that will cultivate connections between tobacco survivors and youth through multiple community health programs.
3. Refund a NC-based media campaign that focuses on real stories of people in NC that have suffered from tobacco-related diseases.
4. Short-term funding has only a limited impact, so longer-term commitments are needed to prevent a new generation of NC children from becoming addicted to tobacco products.

INTRODUCTION

The steep rate of decline in youth tobacco use from 1997 to 2003 in the United States slowed as steady funding cuts to state tobacco control programs occurred across the U.S.³ North Carolina (NC) experienced severe budget cuts in their state and local tobacco control programs, from \$17.3 million in fiscal year (FY) 2012⁴ to \$2.7 million in FY 2013. In 2011, youth smoking rates had declined as a result of NC's significant investments from 2003-2011, yet 4.2% of middle school and 15.5% of high school students continued to smoke. Even higher percentages of students used some form of tobacco (i.e., 7.4% and 22.5%). Thus, the challenge to continue successful program outcomes is essential.

The NC Department of Health and Human Services, Tobacco Prevention and Control Branch (TPCB) is the lead agency that works to reduce tobacco use and support tobacco cessation for NC residents. The TPCB builds the capacity of diverse organizations and communities to advance evidence-based tobacco use reduction policies and programs. In fiscal year 2012-2013, the NC General Assembly allocated approximately \$2.7 million to continue the state's tobacco prevention and cessation programs, with prevention funding to focus on a K-12 population. The TPCB allotted \$830,000 of this funding for youth tobacco prevention.

The tobacco prevention and cessation funding went to the NC Association of Local Health Directors (LHD) to work in collaboration with eight local ASSIST programs (i.e., *American Stop Smoking Intervention Study* Coordinators who are funded by the Center for Disease Control and Prevention and work for the TPCB). This one-year allocation funded ten regional tobacco use prevention and youth empowerment programs. The programs targeted the populations of the ten counties covered; groups at risk for tobacco use and secondhand smoke exposure, including populations that are disproportionately affected by tobacco use and secondhand smoke; and, strategies to help engage decision makers to support evidence-based policies, systems and programs. LHD's were charged with:

- developing and sustaining regional youth advocacy teams to build support for tobacco free policies
- identifying real people to tell their stories about the devastating impact of tobacco-related illness,
- creating a regional earned media/media relations plan, and
- educating decision-makers about evidence-based tobacco prevention and control strategies and ongoing program outcomes.

The University of North Carolina at Chapel Hill (UNC) Tobacco Prevention and Evaluation Program (TPEP) conducted an evaluation of the \$830,000 one-year funding and ten regional program areas. The aim of this evaluation is to identify program successes and outcomes from the funding and future challenges to improve tobacco use prevention and cessation in these ten NC regions.

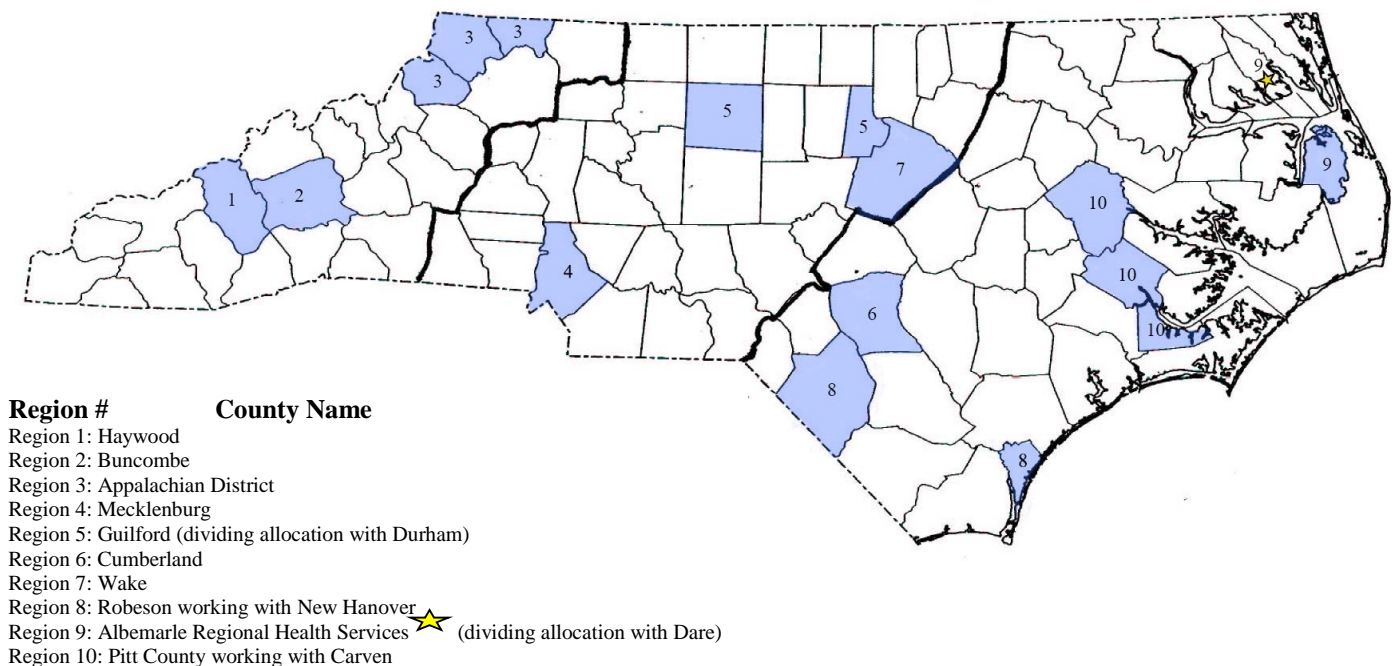
METHODS

Two interview methods, in person and telephone, were used to conduct interviews with Youth Tobacco Prevention Program personnel and survivors of tobacco related illnesses. Youth Tobacco Prevention Program interviews were conducted in person, and follow-up interviews were conducted by telephone. Survivors of tobacco related illness were interviewed over the telephone.

Youth Tobacco Prevention Interviews

The study population consisted of Youth Tobacco Prevention Coordinators, ASSIST Coordinators, and other personnel from the lead counties within the ten LHD regions (Figure 1). TPCB provided a contact list with names and contact information for all personnel in each of the ten regions working on the Youth Tobacco Prevention Program. TPEP contacted and requested to interview the Youth Tobacco Prevention Coordinator and ASSIST Coordinator. In the event that one of the program leaders was unavailable or refused to conduct the interview, TPEP requested to interview other program personnel most knowledgeable about program activities. Twenty-two people were contacted for the interviews. One declined because they were currently retired, and three did not return telephone or email requests for the interview, leaving 18 program personnel for interviews. Interviews occurred with nine Youth Tobacco Coordinators, seven ASSIST Coordinators, and two “other” personnel. Eighty-eight percent of the interviewees were female, and the ten regions were equally split between rural and urban counties. Interviews were conducted between June and July 2013.

Figure 1. North Carolina Map showing Youth Tobacco Prevention Program Regions/Counties



Youth Tobacco Prevention interviewees were contacted to request an hour in-person interview at a convenient location determined by the interviewee. Two interviewers conducted the interviews

following an agreed upon protocol and a semi-structured interview guide (Appendix A). Interviews were recorded with consent and used professional transcription services with a smooth verbatim that eliminated stutters, pauses, and the like (i.e., “uh” and “um”).

The eighteen interview participants received a follow up telephone call in September 2013 to assess the sustainability of activities implemented by the Youth Tobacco Prevention program. Participants were contacted on three different occasions by telephone and email. Eleven of the 18 (61%) interview participants were interviewed and consensus regarding program sustainability and professional development was quickly reached. Respondents provided answers to the following questions:

1. When thinking about the Youth Tobacco Prevention activities conducted this past fall and spring, can you describe any that have developed into an ongoing activity?
2. How has working with the Youth Tobacco Prevention funding impacted your professional development?

Survivor Interviews

A subset of interviews with survivors of tobacco-related illness was conducted and a semi-structured interview guide was developed to assess narratives, outcomes, barriers and facilitators to their advocacy work with the Youth Tobacco Prevention Program (Appendix B). TPCB provided a contact list with names and contact information for survivors who were recruited by Youth Tobacco Prevention Coordinators (N=11). We contacted survivors by telephone and/or email and requested a telephone or in-person interview. Eleven survivors were contacted for the interview between May and July 2013. Two declined because family members were ill, one declined because of personal illness, and two did not return telephone or email requests for the interview (N=6). We interviewed 3 female and 3 male survivors from Mecklenburg, Guilford, Buncombe, Asheville, and Wake counties.

Interview Data Analysis

We imported transcripts into Atlas ti software. One member of the evaluation team coded the interviews. An exploratory qualitative analysis approach was used, based on the principles of applied thematic analysis.² The coder first looked for program activities, accomplishments, and barriers to accomplishment; and for key ideas, concerns, and suggestions. Each was named as a code. As more codes were generated, the codes were clustered into themes and sub-themes in an iterative fashion. Codes were split, merged, or renamed as necessary as more data was coded, and the clustering of codes into themes and sub-themes modified as coding proceeded. After all data was coded, three main themes with a total of 11 sub-themes had emerged (Figure 2). These accounted for all 56 codes that remained. Following coding, an analysis was conducted by region of the frequency of codes, themes, and sub-themes. No significant systematic differences among the 10 regions was noted.

With the limited number of survivor interviews, we modified our analysis plan from grounded thematic analysis to using an exploratory approach and summary of major themes. An

exploratory approach was used by one member of the evaluation team to develop a summary of the survivor interviews focusing on the three themes that emerged from the data.

RESULTS

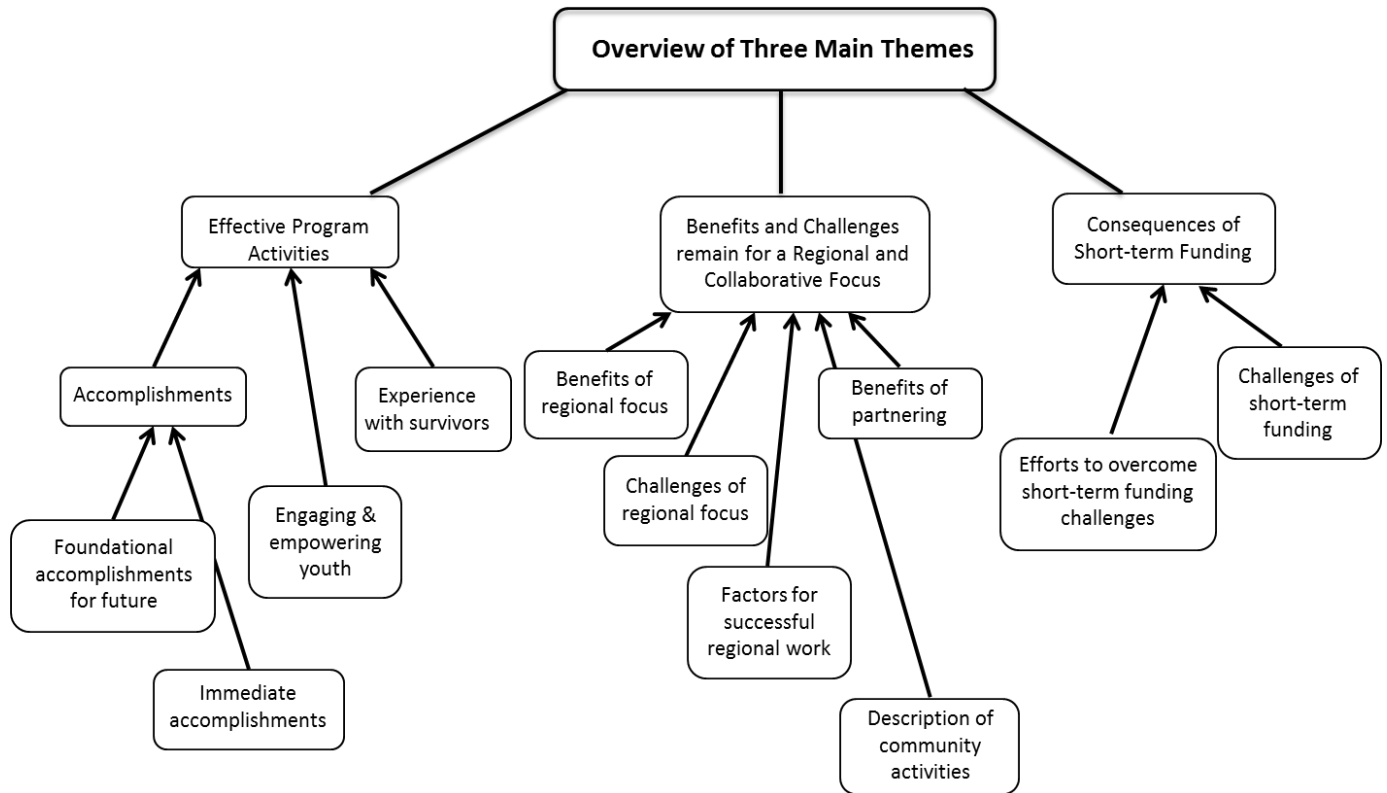
Youth Tobacco Prevention Interviews

Fifty-six unique codes were created to account for the 681 quotations (data units ranging from a sentence to two or three paragraphs) that were gleaned from the interview data. The 681 quotations (data units) were proportionately distributed across the ten regions (Appendix C). The percentage of quotations obtained for each region ranged from 7%-13%.

Three themes emerged from the interviews: **(1) effective program activities continued to occur, (2) benefits and challenges remained for a regional and collaborative focus, and the (3) consequences of short-term funding were profound.** The preponderance of coded data fell within the three themes. Forty percent of the coded data discussed the most effective program activities, 28% discussed the consequences of short-term funding, and 25% discussed the benefits and challenges of a regional and collaborative focus.

NC Youth Tobacco Prevention programs had demonstrated sustained success by reducing tobacco use among middle and high school students regularly since 2003.⁵ This youth empowerment tobacco prevention model continued to be successful on the local level in 2012-2013. Youth Tobacco Prevention coordinators found working regionally was challenging yet provided the benefit of engaging larger numbers of people in tobacco prevention activities. However, a major theme and significant barrier to program success was the delay in funding experienced by many of the LHD together, and the short-term funding period made it problematic to accomplish all the program goals. The findings that follow are presented in order of theme and sub-theme from Figure 2.

Figure 2. Main themes from Youth Tobacco Prevention Interviews



* Accomplishments is not counted as sub-theme but rather Foundational and Immediate Accomplishments are counted as two sub-themes

A.1. Effective Program Activities Continue to Occur:

Interviewees reported on their accomplishments, their work engaging and empowering youth, and experience with recruiting survivors of tobacco-related illness. Previous program successes and infrastructure had set a foundation for creating ongoing tangible changes in tobacco and smoke-free policies, but all necessary steps could not be completed with the limited time and resources. The LHD regions were successfully able to collaborate across regions and develop strong relationships with community organizations and schools. Their efforts focused on tobacco advocacy targeting smoke-free public places and housing. By partnering with a statewide federally funded program, the Community Transformation Grant (CTG) Project and Youth Empowerment Solutions (YES!), a statewide youth empowerment program, the one-year funded grantees facilitated tobacco control program activities across the state. Their efforts were rewarded with several local smoke-free policy adoptions.

“I think that the connections that we made with the different group and all of the youth was probably the biggest achievement. I don’t think that the fact that we didn’t necessarily get policies passed is a bad thing. You know, we were working on a very tight schedule with very tight money, but I think that the fact that we created relationships with groups who in the future might be interested in still doing this work or who are going to continue doing this work, and being able to impart on them and their youth the wisdom and the knowledge and the skills and the tools that we had, I would say that’s definitely the biggest achievement.” (12:33)

Accomplishments: Effort was focused on pooling resources from multiple state resources to maximize outcomes. Youth Tobacco Prevention activities engaged approximately 2,900 NC youth in tobacco prevention efforts (Appendix D). Respondents reported that youth have a powerful voice that resonates with peers and decision-makers. This program trained youth in public speaking and advocacy to support CTG’s tobacco-free parks and tobacco-free housing efforts. Youth raised awareness of secondhand smoke through multiple community activities:

- Cigarette clean up campaigns in parks
- Community surveys to assess knowledge of smoke free parks and housing
- Media blasts on radio, billboards and in theaters
- Community presence at public events: Earth Day and health fairs
- Postcard campaign to educate policymakers on the need for smoke free parks
- Local smoke free signage around community parks and colleges

“From experience, I have seen times when we had talked to elected officials, and we’ve seen that when the youth come up and do their presentations, yes, they get the attention of some of the elected officials, and in places like parks where we want parks to go smoke free, some of these youth use these parks. So for them to go out there and say, you know what. This is a problem. Sometimes people listen to them.” (7:7)

“[It] went quite well because we had massive support on the cigarette butt pick-up. I think off the top of my head, I think we had close to 500 youth involved, and we had a presence I think off the top of my head, I think it was about seven counties, and I think, yes.” (7:3)

“Biggest thing I think that we actually got accomplished was the fact that we actually got the parks policy passed in -- County. That was a very big step, and the fact that we actually were able to make headway in some of these other counties.” (1:36)

“..... we were having issues with people smoking right next to the receptacle. It was like, no this is to put it out. It’s not for you to stand here. So we have signage out there [now].”(2:34)

The most beneficial aspect of the Youth Tobacco Prevention funding was the education provided to youth through the program activities. This funding provided youth with skills and confidence that their voice would be heard. Youth were trained on tobacco prevention and given appropriate methods to use for advocating their point of view. Interviewees reported their most meaningful program accomplishments were the opportunity to educate youth groups on the importance of smoke-free policies and to inspire youth groups to continue tobacco prevention work along with other health prevention efforts.

“I think training the youth was definitely [our greatest accomplishment] -- I think that’s a lifelong benefit for the young people that were able to participate. And that was maybe three or four hour Saturday that young people took out of their day to come and learn about, so I think that was pretty significant.” (13:23)

“Our idea was to train these youth that we work with so that they would be able to help with the advocacy work when the time come when CTG would be working on some of these policiesso we wanted our youth to complement what the CTG people were doing because we feel like the youth have a very powerful voice.” (7:7)

Engaging and empowering youth: Program personnel arranged visits with individual schools as a successful strategy to engage youth in the Youth Tobacco Prevention Program. The Youth Tobacco Prevention Program implemented peer-to-peer training and interactive activities to make the program fun while making a difference. The flexibility of this program allowed youth to be creative and this approach was successful and led to a good deal of enthusiasm from the youth.

“Youths' time is valuable. It’s at a premium. You need to get their attention. You need to make it appealing. You need to make it timely for them. You need to make it interesting for them. Personal. By the same token, if it is, then you’re going to get some very, very stellar volunteers and passionate, committed youth.” (1:39)

“My best strategy was listening to youth and actually finding out what they wanted to do. I mean, I gave them the foundation of teaching them about tobacco prevention, doing the tobacco [101] training with question why and things of that nature, but after that, we just kind of customize each program for each county.” (15:5)

Experience with Survivors: Survivor presentations were highly impactful for youth and a remained a truly valuable experience. Some LHD regions reported success in recruiting survivors where others reported some barriers. Some LHD regions had connections with an organization called “SAVE: *Survivors and Victims of Tobacco Empowerment*” and others used radio announcements, flyers and personal contacts to recruit speakers for school presentations. One LHD recruited a survivor from out of state and flew them in for several presentations. Barriers to recruiting survivors included concerns over breaching confidentiality, insufficient time and resources to learn how to reach survivors, and limited funds to compensate speakers.

“..... we had a SAVE speaker come and speak. I know the initial reaction of shock and then after the shock factor of seeing somebody -- seeing the SAVE speakers, I think after that it was more of a realistic hit. Okay, this can actually happen to me. But, to see the students that were using quit and actually quit for real, like not using anymore, that’s the best thing to me that could ever happen.” (15:26)

“...youth grant coordinator sent out a request for any survivors, so when I saw that request, I put it on the radio....and I got some responses, I did, I got several responses.” (13:21)

“.....he’s well known and a national spokesperson from the oral cancer association. So we brought him in. We coordinated to bring him in and took him to 10 schools over five days. And I tell you, I will bring him back the next time I have money and take him to more of the region..... His story was pretty powerful hearing from him. There were several tears in all of the things. It was pretty amazing, the kids who would come up to him afterwards and say -- ‘Oh, I’m going to quit smoking because of you.’” (10:14)

“Well it wasn’t even about identifying them [survivors]. It was about being able to pay them to come and speak. And, at the time, we just didn’t have the money to do it. Honestly, covering seven counties it was for very, very, very slim on money.” (15:27)

A.2. Benefits and Challenges Remain for a Regional and Collaborative Focus:

The Youth Tobacco Prevention Program used a regional, collaborative approach that was new to many LHD staff. Using CTG’s existing infrastructure, some Youth Tobacco Coordinators were able to reach program goals within the compressed grant period. CTG brought people together in meetings, facilitating partnerships with community organizations that expedited program activities. The success of the Youth Tobacco Prevention program depended on the Youth Tobacco Coordinators’ ability to effectively collaborate with community organizations, schools, and other health departments. Finding a champion or key individual in the community was instrumental in facilitating events, networking and influencing public opinion about smoke-free policies. The CTG, YES, city council members, and school communications’ directors were able to connect to local official in ways the LHD staff could not. The collaborative effort among Youth Tobacco Coordinators, CTG, YES, and other community organizations was a crucial step in meeting program goals.

“It can be intimidating to go in talking to the president of a community college if you’re not used to doing that and so with someone who is just used to that it just made it easier to have that connection ... CTG are mainly focused on policy change and [so their] connections helped with the president of the community college, with management companies, CEOs or whoever ... [and] when it came down to interventions they wanted us to come in. CTG asked us to come in for like doing this health fair.” (14:20)

“Well I think [this project increased collaboration across the 10 counties] because we did work with CTG and they have the same counties that we have, minus or plus one. we have representatives from several of the counties participating in the Cigarette Butt Pick-Up. So we had, I think it was 14 cities and out of our 10 counties I think we had six that participated. Being able to work with the CTG was helpful too because they have those contacts already.” (8:17)

“We gave local groups in 8 counties 2-3 month mini-grants to do tobacco activities which we oversaw like any grant. We didn’t just give them money and say, “Go do with it what you will”, there were parameters for sure. Funds were to be used for sustainable purposes, purchasing material, incentives, etc.” (summary of quotations 5:3;5:4;5:5;5:6;5:22)

Benefits of partnering: Developing strong partnerships with people who have a personal connection with tobacco or tobacco related illness helped promote the Youth Tobacco Prevention

activities. Partnering with community organizations, like the Poe Center and Boy and Girl Scouts clubs, was the solution to getting tobacco prevention activities into the schools to reach youth. Champions within the schools and community organization embraced the program and went above and beyond to support and help the program reach its goals.

“Well, it’s obvious that schools and hospitals are going to have big impacts on the youth. That’s just a no brainer. Also, if you start looking at places like 4-H clubs, Boys and Girl Scouts, Boys and Girls Clubs, those have really big impacts. And you start looking at funding issues, you know, everybody’s looking for more bang for their buck, and so whenever you start looking where you can pool your resources, especially the schools, and the thing is it gets difficult too because the schools are really, really getting hammered on every minute’s got to count” (1:20)

“School communications person went beyond what was needed to publicize their event to add much tobacco information on school's website, raising awareness of many people beyond those attending the event.” (4:15)

“We wanted a little more of an impact and we went to [name] on our City Council and he agreed to support us [tobacco-free street festival]. Building support, getting a champion on board like we got [street festival name], the street festival, to go tobacco free. He just bypassed the [street festival] committee and they passed it that the city would no longer allow tobacco sponsorships at any festival.” (4:25)

“Just finding a person that actually cared about what the program was about. I mean, if they had a parent who died because of a tobacco-related illness or if they had some type of affect due to tobacco that was always a determinant factor -- they were going to push the program.” (15:9)

Factors for successful regional work: Maintaining consistent communication and being physically present at meetings to build and nurture relationships was necessary for successful regional work beyond the initial partnering with CTG. Attending community meetings and recruiting program volunteers, even when tobacco was not on the agenda, helped to quickly build relationships and reciprocity among community program personnel. In a difficult funding environment, it was important to merge with existing programs even if the program’s focus was not tobacco related.

“[Being part of CTG] we had a conference call every month. There’s a Tobacco Free Living Committee and the Youth Tobacco Prevention Program was a part of that committee and so every month we had a conference call about strategies and places.” (14:14)

“The monthly phone calls with CTG [Strategies that engaged and increase partnerships]. Also the monthly phone calls with the Tobacco Prevention Control Branch that they’ve got at the state and then also the quarterly meetings that we had with CTG where we actually met face to face with ours.” (14:22)

Benefits of regional focus: Youth Tobacco Prevention Coordinators found it beneficial to work on a wider scale. Regional collaboration offered the opportunity to publicize events to a wider audience, resulting in higher rates of participation. Regional work also increased collaboration

among health departments and the ability to leverage existing youth groups in other counties. More importantly the potential for diffusion of smoke-free policy adoption from one county to surrounding counties remained high.

“I think just the number of people that participated [was a significant accomplishment]. I’m surprised that that many actually did participate, the number of groups that did the Cigarette Butt Pick-Up, the number that actually wanted to do something surrounding tobacco prevention. I’m really impressed about that.” (8:24)

“Seeing that other counties were doing it [policy adoption]. I think --County came in, I think, after I think it was -- County that had the completely tobacco-free everything, almost it seemed like. So it was kind of seeing one county do it, and other counties starting to adopt the same changes. It was really positive, so I thought that was great to see what one county does you can copy that or make it for your county.” (15:23)

“Oh, yeah, it was very much a collaborative effort [across regions].” (13:28)

Challenges of regional focus: A regional approach to youth tobacco prevention was new to LHD staff. Health departments traditionally did not work across counties, and working with youth was also new to some of the LHD staff. Local partners became essential to program success when working on a regional level. Connecting with local partners helped facilitate program goals, especially the smoke-free policies in public places, because local partners were familiar with the current political barriers in their county.

“We work with the region, we’re -- County, so we have to be careful how we kind of introduce ourselves. Okay, it’s not I’m with the -- County Health Department. I’m with a program for this region and I’m working with this group in your county to get this done, so being careful how you represent yourself.” (2:38)

“We’re not so rural, but we’re not in the big city either so we’ve got to use local examples. Really, it’s just trying to figure out how we can get the local leaders not to be scared of the community negative feedback. Getting the community buy-in -- whether it be through surveys or pulling in some local community members to say, ‘Hey.’”(10:43)

The new regional approach increased collaboration and youth trainings among LHD staff. However, transportation issues for youth created barriers to facilitating program activities and the compressed grant period limited their ability to build the capacity and infrastructure needed to sustain youth tobacco prevention programs.

“Anything as far as face-to-face was kind of difficult. Because there were so many difference youth from different counties. I think that was hard to get everybody face to face, because young people, they don’t have necessarily access to vehicles.”(13:14)

“Instead of spreading it across all counties, [crosstalk] they really focused in on where they already had a little bit of infrastructure to work with other partners.” (3:4)

“I really like how it was in ten counties, but I’ve been thinking about it, -- funding is always the problem, but I feel like it was more personnel-- because I felt like for one, there was a couple counties that didn’t even have anybody in there. There wasn’t even a health educator I could go to.” (6:37)

“Having so many partnerships, and each one of them talking about the same thing, I didn’t understand why we didn’t just come together and make one big partnership as opposed to five different meetings at the same time.” (15:16)

“Because this last year they gave me all seven counties, and -- two years before that I had four counties, and then they cut my budget by a third. It was basically impossible to go everywhere and try to get to all of the schools, so I just stuck with my core schools.” (15:30)

Description of community activities: Mini grants to YES, and other community organizations lead to the youth tobacco prevention activities. Other activities were generated from engaging students at individual schools. Students could participate by coming to school early or staying late which overcame transportation barriers. The general goal of the Youth Tobacco Prevention activities was geared towards policy efforts for tobacco-free/smoke-free government grounds and smoke-free multi-unit housing. These activities included local surveys, cigarette butt pick up, signage and advertising campaigns, postcard campaigns to educate policy makers as well as reaching out to landlords of housing multi-housing complexes.

“Youth can make adults change their minds about something that was harmful. So the youth role really in policy change was to say, this is harming us. We want to have a fair chance of fighting. What can you do to help us? Basically, and I thought it was a fair role.” (15:21)

“I think that would just be huge as far as lasting impact [smoke-free policies]. But it just takes time. Policy changes don’t happen in a few months. It takes years to get policies changed. It’s unbelievable that we got as far as we did with -- in a few months.” (17:20)

“We did see a lady in the park when we were doing the cleanup who asked us what we were doing, and she was very much so grateful, because in the play pit her child picked up a cigarette butt and was chewing it.” (9:36)

A.3. Consequences of Short-Term Funding Were Profound:

Consequences of short-term funding was composed of two broad thematic areas, challenges of short-term funding and efforts to overcome short-term funding challenges. The Youth Tobacco Prevention funding period was 10 months (August 2013- May 2013). Interviewees believed the condensed program period could have resulted in too many intangible outcomes. Many regions were not able to meet all the program goals because of natural circumstance in work environments (i.e., employee turnover).

“We had such little time to actually get up, get moving, and accomplish anything. So the fact that we accomplished anything is a good thing. It was a challenge to receive funding at a delayed time frame and then have to go through the process of hiring someone. Our funding

arrived, -- see the problem is whenever we receive notification that we get funding, we still have to wait until the next commissioners' meeting, so September was when I got approval for the funding." (1:35)

"There was a shift in leadership. The outgoing coordinator at YES got a different job so it wasn't, didn't have anything to do with the system or YES. It just happens that in this particular time there was a switch going on, and they brought in a whole new coordinator, and I had to basically start making all these contacts from scratch." (11:34)

Challenges of short-term funding: Interviewees reported insufficient time to build new infrastructure to work across regions. The program needed to work in areas where infrastructure exists; leaving the LHD limited to award mini grants or partner with YES and community programs that had active youth groups. With no youth tobacco funding beyond this one year allocation, it was pivotal for LHD to reach out to other community groups to find common interests and tie in tobacco prevention to youth groups already working in these counties. The compressed time period for this funding precluded sufficient training, youth were at times not fully prepared for public speaking reducing media opportunities, and LHD staff had insufficient training on how to recruit survivors of tobacco related-illnesses.

"With this turnaround time with this funding, I think the strategy was to go to different coordinators or leadership that have standing groups that meet already in place. They might be peer educators for another subject matter, like healthy eating, but they just got the training for Tobacco 101. So they already were probably youth that were already maybe old TRU groups and you just kind of reconnected them to get trained or to help out with this process, because it was kind of like you really wanted people to be up and ready, be ready to get that one day of training and start your action plan." (11:17)

The change in the NC political landscape created inconsistent and uncertain funding for tobacco control programs. Reductions and gaps in funding from 2011-2013 caused people to lose confidence in the sustainability of tobacco control programs. Rebuilding momentum from previous successful programs was challenging and time consuming. When continued funding was uncertain tobacco control program personnel, advocates, and youth modified behaviors and efforts because continued funding was not expected.

"The [youth] groups that were in -- County were lost when Health and Wellness Trust funding was lost so whenever we lost that, and we lost the Health and Wellness Trust Fund position, we also lost health promotion funding, and therefore, there were no youth activities ongoing so there are no youth groups in -- County." (1:1)

"What's changed is the consistency across the state. When we were under Health and Wellness, there was three-year grant periods so we knew we had funding for three years which made sustainability a whole lot easier. So we knew we could build on things each year instead of feeling like you were starting from scratch." (10:56)

“We had to establish youth groups because -- county didn't have youth tobacco prevention money for years and so we had to get youth back involved in that whole component and so once we did that we had them trained to be advocates.” (14:1)

Efforts to Overcome Short-Term Funding Challenges: Youth Tobacco Coordinators had approximately 10 months to complete four major project goals: develop and sustain regional youth tobacco prevention groups, identify real people to tell their stories about the impact of tobacco-related illness, develop a regional media plan, and educate elected officials and other decision makers about evidence-based tobacco prevention. The short funding period presented several challenges to accomplishing the project goals. Staffing, planning, recruiting, and implementing youth activities needed to occur rapidly. There was insufficient time for the LHDs to hire and train personnel, recruit and train youth, develop media and educate decision makers. Strategies to overcome these challenges included using existing tobacco groups, sparking interest in tobacco prevention among community organizations, partnering with YES for youth training and CTG for their ability to build capacity through networking. Great progress was still made, conversations were started and smoke-free policy adoption occurred. Community and youth support for smoke-free places and tobacco prevention in general continued to be high. The level of legislative funding for tobacco prevention and control was insufficient, however, to meet the community's demand for tobacco prevention.

“I think that this opened the door to have to start the conversation and the conversations need to continue to reach the level of a true partnership or collaboration.” (11:21)

“I don't [things have changed from past years] because I think once we just brought the buzz back, tobacco people just flock back.” (14:33)

Follow-up Youth Tobacco Prevention Interviews

Program sustainability, in the most promising circumstance, can be problematic. Developing a sustainable program requires ample funding, time, strong coalitions and partners, and system and policy changes. The Youth Tobacco Prevention Program was handicapped by the limited funding period and absence of continued funding. However, four months post funding, components of program sustainability were still apparent. School-based activities like Friday Night Football Tackle Smoking, Kick Butts Day, Great American Smoke-Out, and TRU Fair events were continuing. Youth trained by YES in tobacco advocacy continued to use their skills, and Tobacco 101 is still taught to high school students. Tobacco prevention should remain on “Peer Power” and “Mountain Project” community program agendas and smoke-free policies should persist in local communities.

“Youth groups that I worked with do tobacco health observances such as Kick Butts day, Great American Smoke-Out. They will continue this work regardless of funding.” (FU: 5)

“It's advocacy work, so the youth that were trained in region [number] are still linked to people in the region that may pull from their resources on a case by case basis.” (FU: 1)

“[City] got a tobacco free policy adopted and this is ongoing.” (FU: 2)

The Youth Tobacco Prevention funding provided opportunities for professional growth. Program personnel gained experience training and mentoring youth, increased their knowledge and ability to use today's technology to communicate tobacco messages, and increased their networking skills. Several follow up interviewees reported making contacts with people and organizations that they planned to continue for future projects.

"Gained experience working with youth and also learned more about how other community groups such as the boy and Girl Scout clubs work." (FU: 7)

"I was on project for only a short time 9 months. Supervised youth staff so gained experience with supervising and directly training youth." (FU: 6)

"Attended training with (YES) and was able to use networking skills to learn more about what was happening on a regional level. Made relationship and it was easier to reach out to other regions." (FU: 7)

"I was able to learn more about how to engage young people and learned about today's communication technology (i.e., social media). I met [county name] county afterschool program coordinators through this project and plan to work with them in the future." (FU: 5)

Survivor Interviews

One initiative of the Youth Tobacco Grant was to identify and engage survivors to share their stories with youth. Survivors were classified as individuals who personally suffered a tobacco related trauma, such as cancer or COPD, or individuals who had a loved one who suffered from a tobacco related trauma. In talking with survivors, there were three main themes that emerged: **(1) sharing stories and connecting with youth is rewarding, (2) overcoming challenges takes courage, and (3) funding for youth tobacco prevention is essential.**

Sharing stories and connecting with youth is rewarding: Several survivors stated they enjoyed sharing their story with youth because it could prevent youth from starting tobacco use and becoming a life-long smoker. Sharing their stories also gave survivors a sense of fulfillment as they were creating positive opportunities out of life-altering illnesses. Many of the survivors grew up in a time where tobacco use was accepted in the culture and there was no education on the harmful effects of tobacco use. It took experiencing a tobacco-related trauma, such as mouth cancer or cancer of the voice box, to realize the severity and consequences of tobacco use. The survivors interviewed were able to make a personal connection with youth so that youth would better understand that tobacco related diseases can and do happen.

"I share and see the effect on these kids. To have these kids and these kids' parents come up to you and tell me they quit smoking, it's pretty amazing." (Survivor 3)

"If someone had talked to me like what I went through and I knew them or knew of them in the community, I think that might have helped me to understand how dangerous it [tobacco use] was. That's one of the reasons I speak – and I'm not a speaker – but I don't mind doing it

because I think if someone had done that with me, I think maybe I would've listened....".
(Survivor 6)

"Speaking in schools was as good for me as for the children. It is the most rewarding thing that I have ever done. I think that 5th, 6th, 7th graders are really receptive. High school students are receptive, but they think they already know everything." (Survivor 5)

Overcoming Challenges: As much as sharing gives a sense of purpose to survivors, it takes courage. All of the survivors who experienced physical changes in their appearance or voice stated that they went through a depression after their illness. They had to adjust to physical limitations and come to terms with not being able to do certain activities. A few of the survivors reported that they knew others who had gone through similar illnesses, but those individuals became reclusive. In addition to physical changes, survivors often reported a sense of shame that smoking caused the disease and that they knowingly smoked even though there were risks.

"I facilitated trainings for a living, my voice was my tool...I lost my identity for a while after the surgery [laryngectomy]... I know that talking to kids about the realities of tobacco use is important, though. Now I use my voice to get their attention. I purposely do not speak to anyone until I get up to the stage. Then I pull out my electrolarynx and introduce myself. It's a great shock factor." (Survivor 2)

"I don't have to be this way. I made a decision to smoke. This is my fault. I often tell the kids have you ever done something that when you did it, you knew you were going to get in trouble. That's what smoking is." (Survivor 3)

"You feel like a freak, I become a reclusive." (Survivor 5)

Funding is Essential: For those survivors that were willing to speak publicly, they often felt underutilized. Some survivors were asked to speak at schools by the Youth Tobacco Coordinator, but the delay in receiving the Youth Tobacco Prevention funding prevented many programs to get on the schools calendar in a timely manner; therefore, the survivor presentations did not happen. Also, survivors expressed a desire for continued funding for youth prevention programs. They talked about how important it is for kids to see commercials and meet speakers who have lived through tobacco related traumas. Funding to ensure that these initiatives continued was believed to be essential.

"I am willing to speak to any group. Just let me know and I'll put it on my calendar. I think they tried to get something scheduled with schools this year but they already had their presentations planned." (Survivor 2)

"I have had kids tell me they quit smoking or convinced their parents to quit because they heard me speak. It's important to keep getting the message out there and the government should realize that and put money towards youth prevention." (Survivor 3)

DISCUSSION

The one-year TPCB Youth Tobacco Prevention program attained the stated program goals and was successful despite severe funding constraints. The evaluation findings of the \$830,000, one-year funding of 10 regional Youth Tobacco Prevention program areas indicates that even with limited funds and a compressed time period, NC community members are readily engaged and supportive of tobacco-free environments that protect against secondhand smoke and reduce youth tobacco use initiation. The evaluation findings show that the 10 regional Youth Tobacco Coordinators developed strong regional youth advocacy teams and contributed to the adoption of smoke-free policies in indoor public places and on government grounds. Where policies were not adopted, the youth advocacy groups increased community awareness and built support for future policies. Survivors and victims of tobacco related illnesses were identified in most regions and their stories were presented to youth through schools events. Using a postcard campaign and letters, key decision-makers were educated about evidence-based tobacco prevention strategies and community support for smoke-free policies.

The majority of NC teens want to eliminate smoking in all indoor and outdoor places for greater protection from the harms of secondhand smoke.⁶ The Youth Tobacco Prevention funding provided youth with the opportunity to learn skills, assume responsibilities, and participate in a social and political issue that is meaningful to them. The Youth Tobacco Prevention funding implemented a youth empowerment model similar to the model used with the HWTF Teen Tobacco initiative where adult leaders serve as a guide and facilitator for youth leaders who take on the responsibility for the tobacco advocacy activity. This model based in social learning theory, is aimed at the prevention of risky behaviors through meaningful participation in community services projects.⁷ NC youth empowerment model works to reduce tobacco use. The NC Youth Tobacco Survey (NCYTS) measures the prevalence of cigarette smoking among middle and high school students. Prevalence of smoking among youth decreased significantly from 2003 with the initiation of a statewide youth prevention and cessation program funded by The HWTF and multiple state and federal tobacco excise tax initiatives.⁵ Youth and community participation is considered key to health promotion programs success.⁸

Survivors and victims of tobacco-related illness play a significant role in tobacco prevention efforts.⁹ Survivors and Victims of Tobacco Empowerment (SAVE), originating from Robert Wood Johnson Foundation funding, brought the voice of tobacco survivors to tobacco use prevention education and policy forums.⁹ The connection survivors and their stories make with youth is undeniable. Youth Tobacco Prevention program results confirm survivors' compelling stories and experiences impact youth and help prevent tobacco use initiation and increase tobacco cessation. The primary barrier to identifying survivors was not having the SAVE organization. Without SAVE as a conduit to reaching survivors, some coordinators efforts to locate survivors failed. Other challenges to connecting survivors and youth experienced by coordinators were scheduling presentations on an already booked school calendar, and the lack of funds to pay for speakers.

Educating key decision makers about evidence-based tobacco prevention strategies was a significant goal of this program. Training and empowering youth was crucial to reaching this program goal. Cigarette butt clean ups, postcard campaigns, youth advocating at community

events are strategies to inform decision makers about the importance of youth tobacco prevention and the need for increased policies that protect youth and all community members from the harms of secondhand smoke. Important lessons for sustaining tobacco control programs are: “all politics is local”, “know your legislative leaders”, and “cultivate a champion”.¹⁰ The Youth Tobacco Prevention funding strategies focused on capacity building by partnering with CTG and other local community agencies, educating local leaders through postcard campaigns and advocating for signage for smoke-free public places, and cultivating champions by training youth on tobacco prevention advocacy and recruiting tobacco survivor and victims to tell their stories. Although the Youth Tobacco Prevention program was embedded in local communities, aligned with local leaders, and developed effective champions, the program needed more time and more funding to create a sustainable youth tobacco prevention program.

While this program evaluation revealed positive progress towards sustaining the capacity that is needed for continuous reduction in youth tobacco use, it is evident that the short-term funding period and reduced program funds severely handicapped the success of this program. However, given that funding was not continued, many of the gains achieved by this program may not be sustained. The absence of future tobacco prevention program funding may prevent NC from complying with the 2012 Surgeon General’s recommendations to further reduce tobacco rates by implementing: “hard-hitting” mass media campaigns, and evidence-based tobacco prevention and control programs to work in conjunction with the New Food and Drug Administration (FDA) tobacco regulations.¹¹ Removal of funds from tobacco prevention programs too often appears to reflect political considerations and economic changes rather than reduced need.¹² The ethical and practical solution is to refund state tobacco control prevention programs.

RECOMMENDATIONS

Future support for youth tobacco prevention programs in NC are challenging knowing that legislative priorities have not allocated ongoing support for tobacco prevention program funding or any mass media tobacco prevention campaigns. Still, recommendations from this evaluation support the following:

1. Continue to seek long-term investments in NC for youth empowerment, a model that has overwhelming support from local community organizations and members.
2. Support ongoing statewide funding that will cultivate connections between tobacco survivors and youth through multiple community health programs.
3. Refund a NC-based media campaign that focuses on real stories of people in NC that have suffered from tobacco-related diseases.
4. Short-term funding has only a limited impact, so longer-term commitments are needed to prevent a new generation of NC children from becoming addicted to tobacco products.

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Appendix A

Youth Tobacco Prevention Interview Guide

The questions I will be asking you pertain to the tobacco control activities for the Youth Tobacco Prevention Funding provided this past year in 2012-2013. Please describe only your experience for this project unless asked specifically about past years.

1. How long have you worked in tobacco prevention and control? _____ Years/months
2. Please describe your role on this project? _____

Before I begin with the other interview questions, I would like to remind you of the over-arching goals or purpose for the Youth Tobacco Prevention Funding:

- Prevent tobacco initiation among youth
- Eliminate exposure to second hand smoke
- Promote quitting among young people and adults
- Identify and eliminate disparities related to tobacco use and its effect among different populations
- Build support for long term sustainability of state and federal tobacco control funding

Section 1: Develop and Sustain Youth Efforts

1. Before we talk about the whole region, let's start with your local health department county(ies), what activities did the project conduct to engage youth in community tobacco prevention?

[Probe: Activities include meetings with local boards, cigarette butt pick-ups, presentations on dangers of tobacco use and secondhand smoke].

Which of the over-arching goals of the program did the activity(ies) target?

Now let's think about the other regions, can you tell me how you engaged youth in community tobacco prevention in other regions? What program goals were targeted?

2. Which youth activities created an impact on the goals? *[Probe: Did the activities increase public awareness about the dangers of SHS exposure? Did the activity build support for tobacco control funding?]*
3. Thinking about all the strategies used on this project, which do you believe worked to engage and increase youth efforts?
4. What strategies do you believe did not work to engage and increase youth efforts? Why do you think they did not work?
5. How did the project make the youth efforts relevant to the local community? How do you think the community was impacted by these efforts?
6. In and outside your health department county, what strategies are currently being used to sustain youth effort?

Section 2: Building Capacity for tobacco Prevention

1. Thinking on a regional level, how did the project engage with state/community based organizations to build sustainable partnerships?

[Probe: Did you recruit them to participate in policy change initiatives? Did you invite them to trainings? Did you join their coalition?]

2. What partnerships created an impact on the goals?

[Probe: Did any partnership activity influence smoke-free policy changes, or reach out to decision-makers to increase tobacco control funding?]

3. What strategies do you believe successfully engaged and increased partnerships? Why?
4. What strategies did not work to engage and increase partnership? Why
5. How did your health department increase collaborative planning across counties?
6. After working on this project for months, what other resources or agencies are you familiar with?
7. What strategies are currently being used to sustain these partnerships?

Section 3: Smoke-free/Tobacco-Free Policy Changes

1. Thinking about your health department county(ies), how did the project increase smoke-free/tobacco-free policies? How did the project increase smoke-free/tobacco-free policies in other regions?

(Probe, what types of activities were conducted?)

2. What strategies used by your program were most effective to change smoke-free policies? *[Probe: Even if a policy change did not occur, I would still like to know what strategies you thought were effective and why?]*
3. What strategies did not work to increase policy changes? Why do you think those strategies did not work?
4. What strategies are currently being used to continue efforts to increase smoke-free/tobacco-free policies in your county and regionally?

Section 4: Engaging with Tobacco Survivors

1. In your county or counties, how did the project reach out and engage with tobacco survivors? How did the project reach out and engage with tobacco survivors regionally?
2. Please state any barriers that occurred while attempting to identify and engage tobacco survivors?
3. What, if any, unintended effects occurred from engaging with tobacco survivors? *(Probe: the survivor was upset that to be approached about their tobacco story, tobacco survivor*

did not work well with youth, survivor did not discourage use of tobacco, tobacco survivor still using tobacco)

Section 5: Administrative

1. Please describe the projects most significant accomplishment.
2. What barriers did you encounter that impeded the projects progress?
[Probe: interviewee may have already stated barriers during interview—if so....skip to a]
 - a. Are there any other barriers that you have not already described that impeded the projects progress?
3. What resources did you use during this project (i.e., funds, FTE, etc.)?
4. What resources did you need for this project to be successful?
5. What support did you have to effectively conduct this project (i.e., internal support, TPCB, other state / community-based organizations) *[Probe: Was there sufficient support to be successful in this project?]*
6. What pictures or other materials might you like to share that illustrate any of the accomplishments you've described?

****Questions only for veteran tobacco prevention and control personnel****

Criteria= work in the field of tobacco control for at least 5 years (2009)

1. I would like you to think about past years working in tobacco prevention and control in North Carolina. Can you describe and compare how your work today differs from other years in these three areas:
 - a. Engaging youth in tobacco control prevention efforts *[Probe: What has changed? Improvements/barriers?]*
 - b. Engaging and sustaining new partnerships for tobacco control prevention? *[Probe: What has changed? Improvements/barriers?]*
 - c. Increasing smoke-free/tobacco-free policies? *[Probe: What has changed? Improvements/barriers?]*

Appendix B

Survivor Interview Guide

Ice Breaker Questions: Thank the person for agreeing to talk.

Who did you work primarily with at ENTER HEALTH DEPARTMENT? In my role at the university I often counsel smokers. I have a great deal of compassion and respect for those who are dealing with tobacco addiction. What made you open to sharing your story?

Story Details

1. How old were you when you started smoking/were affected by tobacco use around you? What prompted you to start?
2. How long did you use tobacco/were you affected by it?
3. How were you affected by it?
4. What were the biggest challenges you faced during this time?
5. How did it affect your social life, work life, personal relationships?
6. How did you decide to quit/overcome obstacle? What supports/resources did you use? Who were the most influential people during this time?
7. How does it feel to be successful in working through that challenging time/be on the other side of it?

Advocacy

1. What advice would you give someone going through a similar situation?
2. How would you encourage a current smoker to quit?
3. What do you think are the most beneficial resources, organizations, or support communities for current tobacco users that will help them to quit?
4. What role do you think media (radio, TV, web-based resources) can play in encouraging people to quit or preventing people from starting?
5. What are the most effective ways to reach people with a message to quit?

6. As a tobacco survivor, what ideas would you like to share about the best way to develop and grow our existing survivorship program in NC (SAVE)?
7. How could the survivorship best use media to prevent tobacco initiation and promote tobacco cessation?
8. Describe how you might envision a survivorship advocating to other tobacco users to quit?
9. What resources do you anticipate a survivorship would need to be successful?

Closing

Thank you again for taking time to share your story, I appreciate your time and know your story will encourage others that they can quit/overcome tobacco exposure.

Appendix C

Distribution of Codes by Region

	TOTAL QUOTATIONS	# OF REGIONS	REGION									
			1	2	3	4	5	6	7	8	9	10
EFFECTIVE PROGRAM ACTIVITIES CONTINUE TO OCCUR												
<i>Foundational accomplishments for future</i>												
Education primary/explicit purpose	11	7		3	2	1	2	1	1	1		
Education secondary/implicit purpose	11	4					6		2	2		1
First steps accomplished	26	8	2		1	2	6	2	8	1		4
Raising community awareness	15	6		3	2	2	2			4	2	
<i>Immediate accomplishments</i>												
Presenting to officials	25	7	2	1				1	1	2	5	3
Smoke free policy or ordinance accomplished	8	4	4	1							2	1
<i>Engaging & empowering youth</i>												
Engagement: other ways of ensuring youth stay engaged	22	8	4		2	5	2		3	2	3	1
Engagement: through their choice of activity	20	10	1	3	1	1	2	4	1	3	2	2
Peer to peer training/ presentation	12	7	1	4			1	2	2	1	1	
Train youth for projects	5	4				1			2		1	1
Train youth with capacity for independent, empowered activity	23	8		4	1	2	2	2	6	3		3
Youth voice more effective	17	9	1	2		1	2	2	2	1	3	3
<i>Experience with survivors</i>												
Hard to recruit survivors	13	8	1	1		1	1	4	2	1	2	
Survivor presentation	15	7	2	2	3	3		1		2	2	

	TOTAL QUOTATIONS	# OF REGIONS	REGION									
			1	2	3	4	5	6	7	8	9	10
BENEFITS AND CHALLENGES REMAIN FOR A REGIONAL AND COLLABORATIVE FOCUS												
<i>Benefits of a regional focus</i>												
Collaboration & support among regional groups & LHDs	12	7	2		1		1		1	2	4	1
Work with wider range of groups	8	7	1		1	2	1	1			1	1
<i>Challenges of a regional focus</i>												
Adjust to new regional activity	3	3		1			1				1	
Compounds transportation and time issues pervasive in youth	6	4				1		1		3	1	
Contracted or partnered with YES for other counties	6	4		2	2				1	1		
Importance of local partners	13	6	4		1	1		3	2		2	
Insufficient time (or funds) for whole region	9	7		1	2		1		1	2	1	1
<i>Factors for successful regional work</i>												
Face to face across region	9	7	1		1		1	1	1	1	3	
Maintain communication	7	4	2		1					3	1	
<i>Benefits of partnering</i>												
Collaborators add value	14	6	1	2	1	1		4	5			
CTG extends capability of grantees	12	7	2	1	1	3				2	2	1
CTG facilitates collaboration	12	5	2			3		3	1	3		
Key individuals/ champions	23	8	3	6	1	1	3	2	2		5	
Learned about or strengthened relationships with community groups	6	5	2					1	1	1	1	
<i>Description of community activities</i>												
Campaign-advocacy in general	5	4	1		1			1		2		
Campaign-advocate for smoke-free housing	9	5	2	2				2	1	2		
Campaign-advocate for smoke-free public places	20	7	7	3	1	1			2		3	3
Campaign-clean-up	18	7		1	1	4	2		3	2		5
Campaign-postcard	4	2		1					3			
Campaign-signage	4	3	1				2		1			
Campaign-survey/interview	17	6	1				5	1	4		1	5
Collaboration with schools/colleges	13	8	1	1	3		1	3		1	2	1
Media and publicity	17	7	3	3	1	3				2	1	4
Presence at public events-booths and health fairs	8	6		1		1	1			1	2	2
Presenting to and events at schools	16	8	3	3	1			3	1	1	3	1

	TOTAL QUOTATIONS	# OF REGIONS	REGION									
			1	2	3	4	5	6	7	8	9	10
CONSEQUENCES OF SHORT-TERM FUNDING WERE PROFOUND												
<i>Challenges of short-term funding</i>												
Inadequate resources, but less salient than short term frame	5	3						1		2	2	
Inconsistent funding impacts on outcomes	23	9	2	3	2	2	3	4		3	3	1
Inconsistent funding impacts on anticipatory behaviors and sustainability	10	5	2			4		2			1	1
Miscellaneous funding challenges	2	2			1		1					
Short-term funding impacts on outcomes	27	9	3	4	3	3	5		3	4	1	1
Short-term funding not accommodate natural phases of a program	14	7	1	1			1		4	2	2	3
<i>Efforts to overcome short-term funding challenges</i>												
Activity will continue as there is other funding	6	4					2	1	2	1		
Cautiously hope activity may continue even if unfunded	20	9		1	3	2	1	1	3	4	2	3
Efforts at sustainability	5	4	1			2			1			1
Expect youth activity to end	8	4		2	1	2					3	
Plans in place if funding continues as hoped	6	6	1			1	1		1	1	1	
Pre-existing youth tobacco groups	6	4		3			1	1			1	
Repurposing existing youth groups; piggy-backing activities	26	8	5		2	5	5	1	4	2	2	
	TOTAL QUOTATIONS	# OF REGIONS	REGION									
			1	2	3	4	5	6	7	8	9	10
OTHER CODES												
Community opposition/ unreadiness/ tobacco culture	16	8	3	3	1			1	2	2	1	3
Minor misc. challenges	4	3	2		1							1
Targeting disparities little mentioned	6	5		2			1	1	1	1		
Youth disappointments	3	2		1			2					

Appendix D

NC Department of Health and Human Services

Annual Youth Tobacco Prevention Grant Report – August 2012 to May 2013

In 2012-13, the NC General Assembly obligated \$2,728,000 in non-recurring funds from the federal Social Services block grant for tobacco cessation and prevention. Maintaining QuitlineNC services at level funding required \$1,898,000; this left \$830,000 for teen tobacco prevention. With limited state funding, the Tobacco Prevention and Control Branch (TPCB) funded 10 Youth Tobacco Prevention grantees. Those grantees were strategically placed in each of the 10 Community Transformation Grant (CTG) Project regions to work in collaboration with Project ASSIST and CTG regional staff on Tobacco-Free Living objectives. Grantees were asked to monitor their progress on four main focus areas: Smoke-free/Tobacco-free Policies, Real Stories, Develop and Sustain Youth Efforts, and Building Capacity for Tobacco Prevention. Each grantee was provided with a list of specified indicators for monitoring and reporting purposes. The progress on these indicators during the August 1, 2012 to May 31, 2013 timeframe is reported below in detail.

In summary, through the efforts of 10 Youth Tobacco Prevention Grantees approximately 2,900 NC Youth engaged in tobacco prevention efforts. Through these efforts, 2,400 key decision makers and over 39,000 NC citizens were involved in discussions regarding tobacco prevention in NC, resulting in 33 local smoke-free/tobacco-free policies being adopted, 18 survivors recruited to speak on their personal experiences with tobacco use and its health effects, and nearly 100 new partners identified.

Table 1: Annual Progress on Smoke-free/Tobacco-free policies

Smoke-Free/Tobacco-Free Policies	
Number of Policies Adopted	33
Parks and Recreation	3
2 and 4 Year Colleges	2
Multi-Unit Housing Properties adapting Smoke-Free Policies	23
Indoor Public Places	5
Number of Outreach Activities	71
Number of Youth Participating	515
Number of Key Decision Makers exposed	1,214
Number of media, promotional, or educational messages published or aired in support of policy change or enforcement	140

Table 2: Summary of Grantees Work with Survivors

Real Stories among Survivors	
Number of Survivors Recruited	18
Number of Presentations Conducted	30
Number of Youth assisting in presentations	1,214
Number of Participants exposed	3,455

Number of media, promotional, or educational messages published or aired related to survivors' real stories	87
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Table 3: Summary of Grantees' Efforts to Sustain Youth Engagement in Tobacco Prevention Work

Efforts to Sustain Youth Engagement in Tobacco Prevention Work	
Number of Groups Trained as Community Presenters and Advocates	148
Newly recruited partners	96
Existing partners	52
Number of Trainings with YES!	35
Number of youth trained	691
Number of adults trained	1,178
Number of School or Community-Based Meetings to Change Tobacco Norms	141
Number of citizens exposed	29,227
Number of media, promotional or educational messages with the goal of changing norms about tobacco use	124

Table 4: Summary of Grantees' Efforts to Build Capacity for Tobacco Prevention Work

Efforts for Building Capacity for Tobacco Prevention Work	
Number of Partners Engaged	40
New partnerships formed	32
Existing partners engaged	8
Number of Capacity Building Trainings	68
Number of youth attended	414
Number of adults attended	480
Number of Presentations To Coalition Members	39
Number of youth attended	109
Number of adults attended	291
Number of Presentations To Build Support For Sustainability	85
Number of citizens reached	3,863
Number of Meetings with Key Decision Makers	35
Number of key decision makers reached	1,247