

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Tobacco Use
OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product.

EBS PROGRAM DESCRIPTION	Tobacco-Free College Campuses: Smoking and all tobacco use is prohibited on all campus property and at college-sponsored events. Restricting tobacco use throughout a campus reduces health risks and promotes the health and well-being of members of the entire campus community. Because campuses are often highly visible within a community, adopting a tobacco-free policy educates the public, local government and organizations about the advisability of such a policy, and encourages them to adopt similar measures. A campus-wide policy can also help reduce youth initiation to tobacco use, through positive modeling behavior. In addition to promoting public health, a campus-wide tobacco-free policy can be economically beneficial as well, especially if supported by an effective cessation policy.
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EBS LEVEL <i>CDC Ranking</i>	B = Best
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	The CDC Community Guide; www.thecommunityguide.org/index.html David B. Abrams et al., Boosting Population Quits Through Evidence-Based Cessation Treatment and Policy, 38 AM. J. PREV MED S351 (2010) US DHHS, Ending the Tobacco Epidemic; www.hhs.gov/ash/initiatives/tobacco/

PROGRAM ATTRIBUTES	
Influence Level	Community
Target Population	
Intervention Setting	Community Colleges, Colleges and Universities
Key Measures	Compliance measures, students and staff support
Cost	Low
Time to Implement	<u>Organization</u> 6 to 12 months <u>Patient/Client</u>
Difficulty to Implement <i>Resource Intensity</i>	Low to Moderate
ROI <i>if known</i>	The total annual health care costs in North Carolina directly caused by smoking are estimated at \$2.46 billion. In addition, the health care costs for secondhand smoke are estimated to be in excess of \$293.3 million per year in North Carolina. The State Health Plan of NC estimates that the annual direct medical cost to the State Health Plan per tobacco user is \$2,660. The total estimated annual direct medical cost for the State Health Plan due to tobacco use is \$178,220,000. Community College employees are on the State Health Plan. Efforts to promote tobacco-free environments have led to substantial reductions in the number of people who smoke, the amount of tobacco products consumed, and the number of people exposed to environmental tobacco hazards. Lower health care costs, reduced absenteeism, lower maintenance cost.

PROGRAM CONTACT INFORMATION	
Organization	NC Tobacco Prevention and Control Branch
Contact Person	Jim Martin
Email / Telephone	jim.martin@dhhs.nc.gov 919 707-5404
Web Site	www.tobaccofreecollegesnc.com

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Jim Martin - jim.martin@dhhs.nc.gov 919 707-5404
Funding – Yes/No Specific group? Other limitations?	Yes Community Transformation Grant (CTG) Project
Funding Contact	Tish Singletary (919) 707-5410

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	Halifax Community College; Dr. Ervin Griffin, President (252) 536-2551
#2 – Organization Name / Contact Information	Montgomery Community College, Dr. Mary Kirk, President (910) 576-6222
#3 – Organization Name / Contact Information	Gardner-Webb University; (704) 406-4000

OTHER COMMENTS / NOTES
<p>As of April 2013, 35 of the 58 community colleges have adopted, implemented and now enforce a tobacco-free campus policy, including all grounds. Also 12 of 35 private colleges and universities have a tobacco-free campus policy and four of 16 UNC System campuses prohibit smoking within 100 linear feet of their campus buildings. State law limits the authority of UNC campuses to prohibit smoking on all campus grounds.</p> <p>The Tobacco Prevention and Control Branch can provide free tobacco-free campus signs.</p> <p>The Tobacco Prevention and Control Branch and the Community Transformation Grant work together with local health departments to provide training, technical assistance and resources to community colleges, colleges and universities.</p>

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Tobacco Use
OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product

EBS PROGRAM DESCRIPTION	Collaborate with statewide and local partners to maintain a statewide smoke-free law for all NC restaurants and bars that protects workers and patrons from exposure to secondhand smoke. This is a population-based strategy to maintain protection from exposure to secondhand smoke for all restaurant and bar workers and the public statewide.
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EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services; www.thecommunityguide.org/index.html

PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	Community level; restaurant and bar workers and the general public
Intervention Setting	Restaurant and bar venues statewide
Key Measures	Compliance rates, air quality, public support, health impact and outcomes
Cost	Low ongoing costs
Time to Implement	<u>Organization</u> - ongoing efforts to maintain compliance with the law. <u>Patient/Client</u>
Difficulty to Implement <i>Resource Intensity</i>	Low
ROI <i>if known</i>	The decline in heart attacks in North Carolina in 2010, the year following the state's Smoke-Free Restaurants and Bars Law implementation date represents an estimated \$3.3 to \$4.8 million in health care cost savings.

PROGRAM CONTACT INFORMATION	
Organization	NC Alliance for Health
Contact Person	Pam Seamans, Executive Director
Email / Telephone	pamseamans@nc.rr.com ; 919-968-6611
Web Site	http://www.ncallianceforhealth.org/default.aspx ;

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Tobacco Prevention and Control Branch Jim Martin - jim.martin@dhhs.nc.gov 919 707-5404
Funding – Yes/No Specific group? Other limitations?	Yes
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	NC Association of Local Health Directors www.ncalhd.org/ Lynette Tolson (919) 828-6201 ltolson@ncapha.org
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES	
TPCB offers education on building support and successfully implementing evidence-based policies in all of these venues, as well as maps and networking. Widespread > 60 counties; majority working on health disparities.	

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Tobacco Use
OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product

EBS PROGRAM DESCRIPTION	Work with state and local coalitions and partners to build support for the state to adopt a comprehensive smoke-free law that protects all workers in every workplace from exposure to secondhand smoke. This is a population-based strategy to protect all workers and the public statewide
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EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services, www.thecommunityguide.org/index.html

PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	Community level: disparate workers and public exposed to secondhand smoke in the workplaces and public places.
Intervention Setting	Community level: disparate workplaces and public places not covered by the state smoke-free restaurants and bars law
Key Measures	Workers exposed to secondhand smoke; public support for smoke-free worksites and public places; air quality measures,
Cost	Low cost
Time to Implement	<u>Organization</u> – 2-3 years for building support for a comprehensive smoke-free worksite law <u>Patient/Client</u>
Difficulty to Implement <i>Resource Intensity</i>	Moderate difficulty to build statewide support
ROI <i>if known</i>	Example health cost-saving data: The decline in heart attacks in North Carolina in 2010, the year following the state's Smoke-Free Restaurants and Bars Law implementation date, represents an estimated \$3.3 to \$4.8 million in health care cost savings.

PROGRAM CONTACT INFORMATION	
Organization	NC Alliance for Health
Contact Person	Pam Seamans, Executive Director
Email / Telephone	pamseamans@nc.rr.com ; 919-968-6611
Web Site	www.ncallianceforhealth.org/default.aspx

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	TPCB / Jim Martin jim.martin@dhhs.nc.gov 919 707-5404
Funding – Yes/No Specific group? Other limitations?	Yes
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	NC Association of Local Health Directors www.ncalhd.org/ Lynette Tolson (919) 828-6201 ltolson@ncapha.org
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES
Currently not being implemented; majority working on health disparities

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Tobacco Use
OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product

EBS PROGRAM DESCRIPTION	QuitlineNC
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EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
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REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services CDC Best Practices for Comprehensive Tobacco Control Program
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PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	
Intervention Setting	Telephone and/or the Internet
Key Measures	Quit rates of participants at six months; satisfaction rate of participants; number of callers registered and number of tobacco users enrolled in an intervention.
Cost	A range of approximately \$2.4 million to enroll 1% (14,538) of North Carolina tobacco users in a comprehensive intervention of coaching and medication (including nicotine replacement patches, gum or lozenge) down to \$1.6 million to enroll 1% of North Carolina tobacco users in an evidence-based coaching program only.
Time to Implement	<u>Organization</u> : Upon an executed contract, a new vendor providing Quitline services will need 45-60 days to start up with state specific materials, staffing, custom report development, custom database programming, and staff training <u>Patient/Client</u> : Quitline participants remain in the intervention for approximately two months. They will have lifetime access to the web coach portion of the program.
Difficulty to Implement <i>Resource Intensity</i>	High Difficulty due to the amount of financial resources, staff time, and coordination needed.

ROI <i>if known</i>	<p>The following ROI was created from the data of the State Health Plan for Teachers and State Employees (Plan) comprehensive Quitline intervention which included multiple call coaching and nicotine patches provided to Plan tobacco users. The method of creating the ROI was developed by <i>Chenoweth & Associates, Inc.</i> in 2010 for the former Health and Wellness Trust Fund. Using their methodology, the ROI for Quitline services provided to Plan members is approximately 4:1. For every dollar invested by the Plan on QuitlineNC services, the Plan saved \$3.95. Below is the calculation to determine this ROI.</p> <p style="text-align: center;">Six Months Quit Rates and Number of Successful Quits (30 day point prevalence¹)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>SHP Allocation</th> <th>Intent-to-Treat Quit Rate²</th> <th>Respondent Quit Rate³</th> <th>Median Number of Quitters</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$1,080,972</td> <td style="text-align: center;">21.1% (1078)</td> <td style="text-align: center;">41.8% (2136)</td> <td style="text-align: center;">1607</td> </tr> </tbody> </table> <p style="text-align: center;">Cost Benefit Analysis</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Annual per Capita Medical Costs of Tobacco Use</td> <td style="text-align: right;">\$2,660⁴</td> </tr> <tr> <td>Number of individuals presumed to quit due to Quitline NC</td> <td style="text-align: right;"><u>x 1,607</u></td> </tr> <tr> <td>Estimated cost avoidance “benefit”</td> <td style="text-align: right;">\$4,274,620</td> </tr> </table> $\frac{\text{Benefit}}{\text{Cost}} = \frac{\$4,274,620}{\$1,080,972} = \$3.95 = \sim 4:1 \text{ ROI}$ <p>¹ Respondents being tobacco free for the last 30 days or more at the time of the 7-month survey. ² This measure regards non-respondents and those who responded “don’t know” or “refused” as continued tobacco users, and thus provides a more conservative quit rate. ³ This measure includes only those respondents reached reporting successful tobacco cessation and thus provides a higher quit rate. ⁴ Excess medical costs provided by SHP</p>	SHP Allocation	Intent-to-Treat Quit Rate ²	Respondent Quit Rate ³	Median Number of Quitters	\$1,080,972	21.1% (1078)	41.8% (2136)	1607	Annual per Capita Medical Costs of Tobacco Use	\$2,660 ⁴	Number of individuals presumed to quit due to Quitline NC	<u>x 1,607</u>	Estimated cost avoidance “benefit”	\$4,274,620
SHP Allocation	Intent-to-Treat Quit Rate ²	Respondent Quit Rate ³	Median Number of Quitters												
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Number of individuals presumed to quit due to Quitline NC	<u>x 1,607</u>														
Estimated cost avoidance “benefit”	\$4,274,620														

PROGRAM CONTACT INFORMATION	
Organization	TPCB
Contact Person	Joyce Swetlick, Director of Tobacco Cessation
Email / Telephone	Joyce.swetlick@dhhs.nc.gov 919-707-5402
Web Site	www.QuitlineNC.com tobaccopreventionandcontrol.ncdhhs.gov/cessation

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	TPCB/ Joyce Swetlick Joyce.swetlick@dhhs.nc.gov / 919-707-5402
Funding – Yes/No Specific group? Other limitations?	Yes
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	NC State Health Plan for Teachers and State Employees Kenisha Riley Kenisha.Riley@nctreasurer.com
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES
<p>TPCB offers QuitlineNC services and data as well as training and TA on evidence-based tobacco cessation strategies, health systems change and quality improvement. Funds are very limited for NC's evidence based Youth Tobacco Prevention Initiative. Currently no funds exist to continue the Youth Tobacco Survey in 2013.</p> <p>Educate and prompt healthcare providers to identify and intervene with tobacco-using clients using evidence based strategies from the Clinical Practice Guidelines that include medication and counseling.</p> <p>Increase (as resources allow) the enrollment of QuitlineNC to match the Centers of Disease Control and Prevention (CDC) recommendation of reaching 6% of North Carolinians who smoke.</p> <p>Assure that population-based approaches to tobacco dependency treatment such as the Quitline include the provision of nicotine replacement therapy as it is evidence-based to increase quit rates and create a higher return on investment.</p> <p>Promote existing Quitline fax referral system.</p> <p>Create a Quitline electronic referral system.</p> <p>Promote the partnership with QuitlineNC with various health plans (including Medicaid) and self-insured employers.</p> <p>Ranges from limited 25 counties or less to widespread > 60; ranges from some to only working on health disparities.</p>

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Tobacco Use
OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product.

EBS PROGRAM DESCRIPTION	Warn about the dangers of tobacco through federally funded statewide media campaigns; local paid media campaigns, earned media campaigns.
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EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services www.thecommunityguide.org/index.html

PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	Tobacco Users and Susceptible Teens
Intervention Setting	Community
Key Measures	Gross Rating Points (GRPs) and Targeted Rating Points (TRPs)
Cost	CDC Recommendation: \$1.38 per capita
Time to Implement	<u>Organization</u> Two years <u>Patient/Client</u> One year
Difficulty to Implement <i>Resource Intensity</i>	Moderate. Many good campaigns are available through the CDC's Media Campaign Resource Center. Much expertise is available at state and national levels to assist.
ROI <i>if known</i>	

PROGRAM CONTACT INFORMATION	
Organization	TPCB
Contact Person	Ann Staples
Email / Telephone	Ann.Staples@dhhs.nc.gov / (704) 543-2347
Web Site	

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Ann Staples ann.staples@dhhs.nc.gov (704) 543-2347
Funding – Yes/No Specific group? Other limitations?	Yes ASSIST grantees now get funding.
Funding Contact	Sally Herndon Sally.Herndon@dhhs.nc.gov (919) 707-5401

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES

TPCB offers training and TA on evidence-based communications strategies.

TPCB DPH applied with NC Pediatric Society to the FDA for funds thru the TRACE - Tobacco Regulation Awareness, Compliance and Education grant.

Disseminate a statewide mass media campaign to educate about the addictiveness and harms of tobacco use and the harms of exposure to secondhand smoke with the purpose of preventing tobacco use among young people and encouraging cessation among users of all ages.

Disseminate a statewide mass media campaign to educate about and encourage tobacco users to contact QuitlineNC for assistance to quit tobacco.

Develop and distribute a coordinated paid, earned and social media campaign to support smoke-free and tobacco-free environments, such as multi-unit housing, public places and college campuses.

Ranges from not being implemented to widespread > 60 counties; some focus on health disparities.

CDC recommends a new campaign meet minimum of 1,200 TRPs and sustained campaigns reach 800 TRPs.

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Tobacco Use
OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product

EBS PROGRAM DESCRIPTION	Enforce bans on tobacco advertising, promotion, and sponsorship through enforcement of FDA regulations in NC and NCGS 14-313 Youth Tobacco Access Law.
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EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
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REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services, www.thecommunityguide.org/index.html
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PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	Retail merchants and communities
Intervention Setting	Community
Key Measures	Percentage of illegal sales to minors (federal requirement through the Synar Amendment)
Cost	Varies based on state and federal funding; currently funded at \$100,000 per year
Time to Implement	<u>Organization</u> : DHHS Substance Abuse Services conducts ongoing education and coordinates enforcement with Alcohol Law Enforcement 12 months a year. <u>Patient/Client</u>
Difficulty to Implement <i>Resource Intensity</i>	Moderate
ROI <i>if known</i>	

PROGRAM CONTACT INFORMATION	
Organization	DHHS Mental Health, Developmental Disabilities and Substance Abuse Services (MHDDSAS)
Contact Person	Margaret Brake, Program Manager
Email / Telephone	Margaret.Brake@dhhs.nc.gov ; Phone: (919) 715-5989
Web Site	www.ncale.org www.fda.gov/tobaccoproducts

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	No
T.A. Contact	
Funding – Yes/No Specific group? Other limitations?	No
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES

FDA contract was extended for an additional year through September 2013.

Work with state agencies along with statewide and local stakeholders to educate about statewide regulations that would require all establishments selling tobacco products over the counter and by vending machines to be licensed.

Work with other state agencies, statewide and local stakeholders to educate about a statewide law to provide local governments with authority to regulate promotions, sampling, and display of tobacco products in commercial establishments.

Not currently being implemented; some focus on health disparities.

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Tobacco Use
OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product

EBS PROGRAM DESCRIPTION	Raise taxes on tobacco by educating the public and decision-makers about the impact of pricing strategies on tobacco-use patterns, advocating for an increase in the tax on tobacco to equal the national average, and advocating for the tax on other tobacco products to be equal to the tax on cigarettes.
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EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services, www.thecommunityguide.org/index.html

PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	General Population, greater effect with youth and lower income adult tobacco users
Intervention Setting	Statewide
Key Measures	Percentage increase in the price
Cost	Varies based on resources
Time to Implement	<u>Organization</u> : 6-12 months per year for educational efforts <u>Patient/Client</u>
Difficulty to Implement <i>Resource Intensity</i>	High--based on feasibility
ROI <i>if known</i>	The use of tobacco products costs the State \$2.46 billion in direct healthcare costs (\$769 million in Medicaid expenses alone). Raising North Carolina's cigarette tax would save healthcare costs. According to the American Cancer Society Cancer Action Network and Campaign for Tobacco Free Kids 2013 report, over a five-year period, a \$1.00 cigarette tax in NC is projected to have \$10.93 million in health care cost savings from fewer smoking caused lung cancer cases; \$25.78 million in health care cost savings from smoking caused heart attacks and strokes; \$5.87 million in State Medicaid program savings; and \$23.45 million in health care cost savings from smoking-affected pregnancies and births. This report projects North Carolina's overall long-term health-care cost savings from adult and youth smoking declines due to a \$1.00 cigarette tax increase of \$2.85 billion.

PROGRAM CONTACT INFORMATION	
Organization	NC Alliance for Health
Contact Person	Pam Seamans, Executive Director
Email / Telephone	pamseamans@nc.rr.com ; 919-968-6611
Web Site	www.ncallianceforhealth.org/default.aspx

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Sally Herndon, sally.herndon@dhhs.nc.gov
Funding – Yes/No Specific group?	Yes

Other limitations?	
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	NC Alliance for Health; Pam Seamans, Executive Director pamseamans@nc.rr.com
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES
<p>TPCB offers education on the impact of pricing strategies for tobacco use, tobacco-related disease and tobacco-attributable costs with assistance from Campaign for Tobacco Free Kids</p> <p>Increase the price of cigarettes through tax modernization, increasing the tax at least \$1.</p> <p>Increase the price of other tobacco products by increasing the tax to an amount equivalent to the tax on cigarettes by modernizing the tax of the product wholesale price.</p> <p>These revenues should be used for a broad range of prevention activities including preventing and reducing dependence on tobacco, alcohol and other substances.</p> <p>Educate on the impact of reinstating North Carolina's cigarette tax stamp law to promote health, safety, crime prevention efforts and increased state revenue.</p> <p>Statewide implementation; majority working on health disparities.</p>

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Tobacco Use
OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product

EBS PROGRAM DESCRIPTION	Monitor tobacco use and prevention policies through YTS, YRBS, Policy Tracking
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EBS LEVEL <i>CDC Ranking</i>	L = Leading
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services www.thecommunityguide.org/index.html

PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	Youth
Intervention Setting	School and Community
Key Measures	Percentage of high school students reporting current use of any tobacco product
Cost	Varies based on availability of funding
Time to Implement	<u>Organization</u> : 9-12 months per year conducting evidenced-based interventions in the schools and communities. <u>Patient/Client</u>
Difficulty to Implement <i>Resource Intensity</i>	Low
ROI <i>if known</i>	

PROGRAM CONTACT INFORMATION	
Organization	TPCB with DPI
Contact Person	Jim Martin
Email / Telephone	jim.martin@dhhs.nc.gov 919 707-5404
Web Site	tobaccopreventionandcontrol.ncdhhs.gov ;

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Jim Martin jim.martin@dhhs.nc.gov 919 707-5404
Funding – Yes/No Specific group? Other limitations?	Yes
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES
TPCB offers data and policy tracking

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OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product

EBS PROGRAM DESCRIPTION	Coordinate with the Department of Public Instruction, local school districts, school leaders and school health programs to decrease percent of middle school students and of high school students reporting observation of adult non-compliance for the 100% tobacco-free school policy.
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EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services, www.thecommunityguide.org/index.html

PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	Youth
Intervention Setting	Schools
Key Measures	Compliance with the 100% tobacco-free school policy.
Cost	Additional Tobacco-free Signs vary from \$9.00 to \$65.00 each for various sizes, costs for communications and trainings are low.
Time to Implement	<u>Organization:</u> Ongoing yearly communication via signs and communications <u>Patient/Client:</u>
Difficulty to Implement <i>Resource Intensity</i>	Low
ROI <i>if known</i>	

PROGRAM CONTACT INFORMATION	
Organization	TPCB with DPI
Contact Person	Jim Martin
Email / Telephone	jim.martin@dhhs.nc.gov 919 707-5404
Web Site	www.nctobaccofreeschools.org tobaccopreventionandcontrol.ncdhhs.gov ;

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Jim Martin jim.martin@dhhs.nc.gov 919 707-5404
Funding – Yes/No Specific group? Other limitations?	Yes
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	
#2 – Organization Name / Contact Information	
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OTHER COMMENTS / NOTES
Widespread > 60 counties; majority working on health disparities.

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Tobacco Use
OBJECTIVE	2. Decrease the percentage of high school students reporting current use of any tobacco product

EBS PROGRAM DESCRIPTION	Support statewide and community mobilization in support of education and enforcement interventions to reduce the illegal tobacco product sales to minors and FDA advertising and labeling requirements at retail stores and vending machines.
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EBS LEVEL <i>CDC Ranking</i>	L = Leading
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services, www.thecommunityguide.org/index.html

PROGRAM ATTRIBUTES	
Influence Level	Multi-Level
Target Population	Youth; Retail merchants
Intervention Setting	Community
Key Measures	Percentage of illegal sales to minors (federal requirement through the Synar Amendment); compliance with FDA advertising and labeling requirements at retail stores and vending machines.
Cost	Varies based on state and federal funding; currently funded at \$100,000 per year for the state.
Time to Implement	<u>Organization:</u> DHHS Substance Abuse Services conducts ongoing education and coordinates enforcement with Alcohol Law Enforcement 12 months a year. <u>Patient/Client:</u>
Difficulty to Implement <i>Resource Intensity</i>	Moderate
ROI <i>if known</i>	

PROGRAM CONTACT INFORMATION	
Organization	DHHS Mental Health, Developmental Disabilities and Substance Abuse Services (MHDDSAS)
Contact Person	Margaret Brake, Program Manager
Email / Telephone	Margaret.Brake@dhhs.nc.gov ; Phone: (919) 715-5989
Web Site	www.ncale.org www.fda.gov/tobaccoproducts

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Jim Martin jim.martin@dhhs.nc.gov
Funding – Yes/No Specific group? Other limitations?	Yes
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES
Widespread > 60 counties; some focus on health disparities