

Healthy North Carolina 2020  
**EVIDENCE BASED STRATEGIES**

<b>FOCUS AREA</b>	Tobacco Use
<b>OBJECTIVE</b>	3. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days.

<b>EBS PROGRAM DESCRIPTION</b>	<b>Tobacco-Free College Campuses:</b> 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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<b>EBS LEVEL</b> <i>CDC Ranking</i>	B = Best
<b>REFERENCE/CITATION</b> <i>Data Supporting Level/Ranking</i>	The CDC Community Guide; <a href="http://www.thecommunityguide.org/index.html">www.thecommunityguide.org/index.html</a>  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; <a href="http://www.hhs.gov/ash/initiatives/tobacco/">www.hhs.gov/ash/initiatives/tobacco/</a>

<b>PROGRAM ATTRIBUTES</b>	
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.

<b>PROGRAM CONTACT INFORMATION</b>	
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

<b>CURRENT NC-DPH SUPPORT</b>	
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

<b>EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES</b>	
#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

<b>OTHER COMMENTS / NOTES</b>
<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>

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<b>EBS PROGRAM DESCRIPTION</b>	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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<b>EBS LEVEL</b> <i>CDC Ranking</i>	B = Best/Proven
<b>REFERENCE/CITATION</b> <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services; <a href="http://www.thecommunityguide.org/index.html">www.thecommunityguide.org/index.html</a>

<b>PROGRAM ATTRIBUTES</b>	
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.

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

<b>CURRENT NC-DPH SUPPORT</b>	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Tobacco Prevention and Control Branch Jim Martin - <a href="mailto:jim.martin@dhhs.nc.gov">jim.martin@dhhs.nc.gov</a> 919 707-5404
Funding – Yes/No Specific group? Other limitations?	Yes
Funding Contact	

<b>EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES</b>	
#1 – Organization Name / Contact Information	NC Association of Local Health Directors <a href="http://www.ncalhd.org/">www.ncalhd.org/</a> Lynette Tolson (919) 828-6201 <a href="mailto:ltolson@ncapha.org">ltolson@ncapha.org</a>
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

<b>OTHER COMMENTS / NOTES</b>	
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.	

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<b>FOCUS AREA</b>	Tobacco Use
<b>OBJECTIVE</b>	3. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days

<b>EBS PROGRAM DESCRIPTION</b>	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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<b>EBS LEVEL</b> <i>CDC Ranking</i>	B = Best/Proven
<b>REFERENCE/CITATION</b> <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services, <a href="http://www.thecommunityguide.org/index.html">www.thecommunityguide.org/index.html</a>

<b>PROGRAM ATTRIBUTES</b>	
Influence Level	Multi-Level
Target Population	Community level; disparate workers and public exposed to secondhand smoke in 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.

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

<b>CURRENT NC-DPH SUPPORT</b>	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	TPCB / Jim Martin <a href="mailto:jim.martin@dhhs.nc.gov">jim.martin@dhhs.nc.gov</a> 919 707-5404
Funding – Yes/No Specific group? Other limitations?	Yes
Funding Contact	

<b>EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES</b>	
#1 – Organization Name / Contact Information	NC Association of Local Health Directors <a href="http://www.ncalhd.org/">www.ncalhd.org/</a> Lynette Tolson (919) 828-6201 <a href="mailto:ltolson@ncapha.org">ltolson@ncapha.org</a>
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

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

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<b>EBS PROGRAM DESCRIPTION</b>	QuitlineNC
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<b>EBS LEVEL</b> <i>CDC Ranking</i>	B = Best/Proven
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<b>REFERENCE/CITATION</b> <i>Data Supporting Level/Ranking</i>	Guide to Community Preventive Services CDC Best Practices for Comprehensive Tobacco Control Program
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<b>PROGRAM ATTRIBUTES</b>	
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 &amp; 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. <b>For every dollar invested by the Plan on QuitlineNC services, the Plan saved \$3.95.</b> Below is the calculation to determine this ROI.</p> <p style="text-align: center;"><b>Six Months Quit Rates and Number of Successful Quits</b> (30 day point prevalence<sup>1</sup>)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>SHP Allocation</th> <th>Intent-to-Treat Quit Rate<sup>2</sup></th> <th>Respondent Quit Rate<sup>3</sup></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;"><b>Cost Benefit Analysis</b></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;">\$2,660<sup>4</sup></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><sup>1</sup> Respondents being tobacco-free for the last 30 days or more at the time of the 7-month survey.  <sup>2</sup> 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.  <sup>3</sup> This measure includes only those respondents reached reporting successful tobacco cessation and thus provides a higher quit rate.  <sup>4</sup> Excess medical costs provided by SHP</p>	SHP Allocation	Intent-to-Treat Quit Rate <sup>2</sup>	Respondent Quit Rate <sup>3</sup>	Median Number of Quitters	\$1,080,972	21.1% (1078)	41.8% (2136)	1607	Annual per Capita Medical Costs of Tobacco Use	\$2,660 <sup>4</sup>	Number of individuals presumed to quit due to Quitline NC	<u>x 1,607</u>	Estimated cost avoidance “benefit”	\$4,274,620
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PROGRAM CONTACT INFORMATION	
Organization	TPCB
Contact Person	Joyce Swetlick, Director of Tobacco Cessation
Email / Telephone	<a href="mailto:Joyce.swetlick@dhhs.nc.gov">Joyce.swetlick@dhhs.nc.gov</a> / 919-707-5402
Web Site	<a href="http://www.QuitlineNC.com">www.QuitlineNC.com</a> <a href="http://tobaccopreventionandcontrol.ncdhhs.gov/cessation">tobaccopreventionandcontrol.ncdhhs.gov/cessation</a>

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	TPCB/ Joyce Swetlick <a href="mailto:Joyce.swetlick@dhhs.nc.gov">Joyce.swetlick@dhhs.nc.gov</a> / 919-707-5402
Funding – Yes/No Specific group? Other limitations?	Yes
Funding Contact	

<b>EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES</b>	
#1 – Organization Name / Contact Information	NC State Health Plan for Teachers and State Employees Kenisha Riley <a href="mailto:Kenisha.Riley@nctreasurer.com">Kenisha.Riley@nctreasurer.com</a>
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

<b>OTHER COMMENTS / NOTES</b>
<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, increases 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 &gt; 60; ranges from some to only working on health disparities</p>

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

<b>PROGRAM ATTRIBUTES</b>	
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>	

<b>PROGRAM CONTACT INFORMATION</b>	
Organization	TPCB
Contact Person	Ann Staples
Email / Telephone	<a href="mailto:Ann.Staples@dhhs.nc.gov">Ann.Staples@dhhs.nc.gov</a> (704) 543-2347
Web Site	

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

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

<b>OTHER COMMENTS / NOTES</b>
<p>TPCB offers training and TA on evidence-based communications strategies.</p> <p>TPCB DPH applied with NC Pediatric Society to the FDA for funds thru the TRACE - Tobacco Regulation Awareness, Compliance and Education grant.</p> <p>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.</p> <p>Disseminate a statewide mass media campaign to educate about and encourage tobacco users to contact QuitlineNC for assistance to quit tobacco.</p> <p>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.</p> <p>Ranges from not being implemented to widespread &gt; 60 counties; some focus on health disparities.</p> <p>CDC recommends a new campaign meet minimum of 1,200 TRPs and sustained campaigns reach 800 TRPs.</p>