

North Carolina

Making Tobacco Free Schools a Reality in a Tobacco-Growing State

Public Health Problem

Each year cigarette smoking accounts for approximately one of every five deaths in the United States. For high school students in North Carolina, the 2007 Youth Risk Behavior Survey results indicated that

- 22% currently smoked cigarettes—more than one of every five high school students.
- Among students who currently smoked cigarettes, 55% tried to quit smoking cigarettes during the 12 months before the survey.

Tackling the smoking problem among youth—in a state that grows half of all the tobacco produced in the United States—has long presented a significant challenge for both the public health and public school sectors.

Program Example

In recent years, local community efforts, such as those supported through the North Carolina Tobacco Prevention and Control Branch, Health and Wellness Trust Fund and the state's Tobacco Free Schools (TFS) initiative, have made significant strides in addressing this major health concern. Partnerships and cross-agency efforts at multiple levels have been key to North Carolina's progress in preventing smoking among its youth. In supporting the 100% tobacco free schools campaign, officials in the Department of Public Instruction

- Gained state superintendent endorsement and promotion of TFS.
- Worked to obtain a State School Board Resolution on TFS.

In addition, the North Carolina Healthy Schools Initiative, partly funded through CDC's Division of Adolescent and School Health, supported development and implementation of school policies designed to advance the state's anti-smoking campaign among youth. Individuals and teams working with the Healthy Schools Initiative

- Helped develop and review model language for TFS policies—demonstrating the State Department of Public Instruction's commitment to the TFS effort.
- Provided access for the state health department's Tobacco Control Program to engage school administrators and decision makers in promoting TFS policies.
- Sponsored and participated in regional workshops to train principals, other administrators, school nurses, and Safe and Drug-Free Schools staff in ways to attain compliance with TFS policies.
- Conducted forums with school superintendents, principals, and school board members, encouraging them to join the growing ranks of other districts endorsing TFS policies and leading the state's TFS effort—and to take pride in doing so.
- Supported development of special signage—free to schools in districts adopting 100% TFS policies.

Implications and Impact

The percentage of school districts in North Carolina adopting 100% TFS policies increased from 5% in 2000 to 75% in 2007. Building on that momentum, the state legislature further bolstered the campaign by passing a law in 2007 mandating statewide TFS compliance. By July 2008, all 115 of North Carolina's school districts were 100% tobacco free.

Nutrition, Physical Activity and Obesity

North Carolina

Use of Communication Campaigns with Multiple Goals

Public Health Problem

Communication campaigns provide a wide reach into a target population that may have unique access points. Given the rates of childhood overweight and obesity in North Carolina, estimated at 16% of children 6-17 years being overweight and another 16% classified as obese, the state program used communication efforts to reach a variety of audiences who in turn could change food and activity policies and environments that benefit children.

Intervention Example

Among North Carolina's efforts to address the childhood obesity problem were two communication efforts: one with the goal of promoting school wellness policy, the other intended to support an on-going intervention by re-enforcing the program's behavioral messages. The first campaign, "Successful Students Eat Smart and Move More" is a state-wide social marketing intervention intended to create a buzz around school wellness policies. It was modeled after a California project with the same name, which targeted school board members. North Carolina expanded it to include parent members of the PTA and School Health Advisory Council chairs. Some of the materials created included two-page advocacy documents on fundraising, food as a reward and classroom parties and events, and two-page white papers on issues such as soft drinks and TV related to school age children. These items were posted on project web sites as well as PTA web sites. This year, the effort also included a series of workshops with school board members, PTA members and other school personnel. The intent of these efforts was to reinforce school districts to implement their school nutrition and physical activity wellness policies.

The second campaign, called "Eat Smart Move More" is a statewide advertising effort targeted at moms 25-54. This target population was chosen because they are the gatekeepers for food purchasing decisions for the family. The television and radio advertisements used in this initiative promote the Eat Smart Move More intervention's seven target areas for behavior change including "prepare more meals at home," "tame the tube," "choose to move more everyday," "rethink your drink," "enjoy more fruits and veggies," "breastfeed your baby" and "right-size your portions." The campaign included targeted paid advertising. North Carolina used a media buyer to negotiate media partnerships that maximize coverage with additional free spots where possible. These ads were tested with consumers using a web survey and edited based on the findings.

Implications and Impact

The Successful Students campaign trained 300 people this spring on wellness policy. Twenty-one school boards were reached. The PTA ran wellness policy articles and ads in one of their statewide newsletters, reaching approximately 30,000 parent members.

For the Eat Smart Move More Campaign, North Carolina bought radio time in four media markets and had TV partners in two media markets; they reached 1.3 million viewers and radio listeners in the target audience an average of 3 times with the message. The TV partners provided drawings for exotic trips as incentives for viewers to sign up. What they learned is that they got more traffic from word-of-mouth than from the TV promotions.

Nutrition, Physical Activity and Obesity

North Carolina (continued)

One lesson learned was the importance of obtaining audience input on communication messages. The biggest barrier noted with the ad campaign was the expense. The state program devoted some money in their budget for periodic ads at the state level. However, the state program noted that the way to overcome these limits was to get local partners to support it on their level as they had media partners to promote the messages as well.

Heart Disease and Stroke

North Carolina

Implementing the Chronic Care Model

Public Health Problem

The American health care delivery system has significant shortcomings, including the gap between evidence-based recommendations and medical practice, limited use of technology, a lack of integration among clinical disciplines, and inadequate coordination among clinicians.

Diffusion of the Improving Performance in Practice (IPIP) Initiative

The North Carolina Heart Disease and Stroke Prevention Program has provided resources at the state and community levels to support implementation of the IPIP initiative. The three-year pilot program, with support from the American Board of Medical Specialties and the Robert Wood Johnson Foundation, helps physicians in North Carolina measure clinical performance and assemble outcomes data on asthma, diabetes, and hypertension. The IPIP initiative works with Community Care of North Carolina, a coalition of Medicaid providers comprising 14 networks across the state, to assist with integration of the chronic care model into treatment for diabetes, asthma, and hypertension. The North Carolina Heart Disease and Stroke Prevention Program provides funding for two local health departments in Pitt and Henderson Counties to support the IPIP initiative. Local health departments link practices participating in the IPIP initiative with local resources to support management of hypertension in high-risk patients.

Implications and Impact

Implementation of the chronic care model has been shown to improve control of high blood pressure in at-risk patients, which in turn reduces the risk of heart disease and stroke. The IPIP initiative has served as a model for the North Carolina Governor's Healthcare Quality Initiative, adopted in 2008, which provides a set of best practice guidelines to more effectively treat the most widespread and costly chronic medical conditions: diabetes, asthma, hypertension, congestive heart failure, and heart attack.