

North Carolina Tobacco Program Evaluation Plan (PEP)
Draft Version 1
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NC Tobacco Prevention and Control**

Purpose of Plan

The purpose of the North Carolina Program Evaluation Plan (PEP) is to describe the evaluation activities that will guide the evaluation efforts of North Carolina's Tobacco Prevention and Control Program (TPCB). Such written documentation helps to foster a clear understanding among stakeholders and the public regarding the methods, timeframe and measures by which the state will assess program effectiveness.

According to the Centers for Disease Control and Prevention (CDC), program evaluation "provides tailored information to answer specific questions about a program." Often these questions are ad hoc and emerge from management concerns regarding operations. Accordingly, data collection in evaluation is often more flexible and less planned out than in ongoing surveillance efforts. The challenge facing program evaluation is to "build upon surveillance systems by linking statewide and local program efforts to progress in achieving...outcome objectives." Our purpose is, then, to show that state and local interventions lead ultimately to a reduction of tobacco use by the residents of North Carolina.

The evaluation plan contains a brief summary of the general structure of the North Carolina Tobacco Prevention and Control Program. It also presents a short discussion on our approach to program accountability. Finally, its primary focus is on presenting details about the objectives, indicators, methods and timeframes that are critical to the evaluation of program effectiveness.

The goals of the evaluation plan are:

- Describe how the attainment of program objectives is measured.
- Describe how performance of local program is monitored.
- Describe how Technical Assistance efforts of TPCB are tracked.
- Provide a clear timeline for when planned changes resulting from the program's efforts may be observed.
- Identify additional considerations to the interpretation of data.

The TPCB has a significant role in public health because "tobacco use is the number one preventable cause of death and disease in North Carolina and the nation". Accordingly, the tobacco program has an obligation to be accountable to the residents of North Carolina and the CDC. The evaluation plan helps to address this obligation by showing how the program's public health effects can be tangibly ascertained.

Tobacco Prevention and Control Program Background and Goals

Centuries old social, economic, and political traditions in the nation's leading tobacco producing state are giving way to the knowledge gained in recent decades about the health effects of tobacco use and widening state and local support for the policies and interventions known to be effective. While major barriers remain, the tobacco prevention and control movement in North Carolina has made strides in the last few years that indicate a change in norms, and position North Carolina's TPCP as a leader among tobacco producing states. Accomplishments and indicators of change include:

1. On September 1, 2005 North Carolina raised its cigarette tax from 5 cents to 30 cents and raised the tax on other tobacco products 5%. Preliminary data shows a 30.9% drop in packs sold and a 314.8% increase in revenue from 9/1/05 to 12/05 over the same period last year. The price increased by another 5 cents July 1, 2006, and data on consumption and revenue will be released for July 1, 2005 through June 30, 2006. This brings NC from 51st in the US to 44th; the NC Alliance for Health goal continues to be 75 cents. TPCB continues to analyze data and plan a strategic release in late 2006.
2. NC 2005 YTS results show statistically significant declines in cigarette smoking; 20.3% of HS and 5.8% of MS students currently smoking cigarettes compared to 27.3% (HS) and 9.3% (MS) in 2003. This means an estimated 27,000 fewer current smokers than 03. Lieutenant Governor Perdue held a press conference in Charlotte to celebrate this success on behalf of the HWTF, which she chairs.
3. NC General Assembly goes smokefree. In a historic vote, the NC General Assembly passed legislation to make the two buildings it occupies smokefree. This chips away at a 1993 "dirty air law" passed as a tobacco industry tactic to require state controlled buildings to set aside 20% of space for smoking and preempt stronger local rules.
4. Community Colleges were legislatively exempted from the 1993 "dirty air law" passed as a tobacco industry tactic to require state controlled buildings to set aside 20% of space for smoking. Education by a local CDC funded coalition prompted a community college to request the permissive legislation.
5. The NC Quitline has been operational since November, 2005 and to date has reached approximately 3000 North Carolina tobacco users with cessation assistance. Preliminary quit rate data of these callers is currently being collected and will be reported when available.
6. Local grantees reported (both CDC and HWTF grantees) reported on a total of 372 local smokefree worksite policies passing. 48% of restaurants are smokefree based on the Restaurant Heart Health Survey of 40 counties this past year.
7. An increase of 15 school districts with a 100% tobacco free school policy (bringing the total to 78 (68%)) and an increase in 100% tobacco free hospitals brings the total to 48.
8. HWTF maintained its budget of \$15 million for teen tobacco prevention and the TPCB maintained its key infrastructure this year despite CDC budget cuts and a long negotiation over roles, scope of work and budget with the Health and Wellness Trust Fund.

TPCB program builds the capacity of organizations and communities to carry out effective, culturally appropriate strategies in CDC's four goals:

- Prevent initiation of tobacco use among young people.
- Eliminate exposure to secondhand smoke.
- Promote cessation for adults and youth.
- Identify and eliminate tobacco-related disparities in specific populations.

To achieve these outcomes, the TCPB has adopted ten strategies that are critical to its success. These elements are interrelated and all are necessary for building a comprehensive plan to reduce the toll of death and disease brought on by tobacco use in North Carolina. The ten strategies are:

- Enhance community based policies programs in tobacco use prevention.
- Enhance school-based policies and programs in tobacco use prevention.
- Strengthen policies, enforcement and education to reduce tobacco sales to minors.
- Promote smoke-free air laws/policies.
- Distribute grants to reach diverse community and underserved populations.
- Support grants for tobacco use prevention research and demonstration projects.
- Increase public education through media.
- Promote effective cessation/treatment policies, programs and services.
- Establish statewide infrastructure and management for all state and local programs.
- Enhance evaluation and assessment of all tobacco use prevention programs.

The specific performance objectives of TPCB have been approved as part of the 2003 - 2008 grant awarded by the Centers for Disease Control and Prevention. Updates to the program plan are developed annually to reflect a modified program design and/or strategic activities.

North Carolina's program design and strategic activities are evidenced based. Such science-based initiatives are expected to result in reduced tobacco use among North Carolina residents. Accordingly, the focus of process evaluation is to ensure that statewide and local efforts comply with the best practices endorsed by CDC while outcome evaluation tracks significant changes of tobacco related behaviors. To strengthen validity, it is important to define *a priori* those indicators and criteria that point to success and to establish a timeline when significant outcomes are expected. Currently, TPCB is in the process of updating outcome indicators as appropriate from key indicators identified by CDC as having been scientifically linked program outcomes.

Evaluation Overview

The typology of outcomes has a hierarchical and sequential structure that ranges from ultimate impacts through short term outcomes to process outputs:

- Ultimate Outcomes – Health impact e.g. reduction of morbidity and mortality rates related to tobacco use
- Long-term Program Outcomes – e.g., reduction of tobacco prevalence, increased cessation rates
- Intermediate Outcomes –e.g., decreased access, increased prices, increased quit attempts, policy compliance
- Short-term Outcomes – e.g., changes of policy, institutionalization of policies, policy enforcement efforts
- Outputs – e.g., tangible results directly associated with strategic activities like trainings, formation of community action groups, media events etc...

Each level of performance is dependent on the previous level. In other words, an adequate infrastructure and influence network is necessary to support strategies that result in successful change of attitudes and understandings of decision-makers, consumers, media leaders etc... Such accomplishments are a pre-requisite for the successful adoption of new public and private policies, which in turns leads to reduced tobacco use and finally to improved health.

The linkage among these elements has been described in the action plan and illustrated in the logic model of the program (see appendix). Such documentation describes a theory of change that emphasizes the importance of time and dosage in successful outcome attainment at each level. The theory also highlights the complexity of program performance. Higher level outcomes are usually the product of multiple state and local initiatives rather than the result of a single specific activity or event.

The evaluation design should be sensitive to these programmatic properties. Evaluation indicators and data collection methods need to reflect issues at all levels of the program's core functions. The evaluation plan details the methods that will be used to assess important issues ranging from partnership building to outcome attainment.

The overarching goal of the surveillance and program evaluation effort is to evaluate the effectiveness of North Carolina's efforts to prevent and control tobacco use. Evaluation priorities focus on the level of goal attainment achieved by the program, the goodness of fit between our target outcomes and observed results as well as the validation of the logic model underlying programmatic strategies. In addition, on-going attention is directed at providing feedback to grantees in order to assist coalitions to improve program performance. Reports are continually disseminated that assist state staff and local coalitions to troubleshoot performance issues early, to identify successful community practices that can be emulated and to share information that can garner more support from important constituencies and stakeholders. Finally, some assistance is given to coalitions to evaluate the effectiveness of their initiatives.

A significant constraint on the capacity of program evaluation is the lack of randomization. Without the opportunity to randomize the coalitions, social areas and/or populations that receive certain resources and program elements, it is not possible to conclusively demonstrate the

effectiveness TPCP. There is always a possibility that causes other than tobacco prevention and control programming are creating, inflating or suppressing the outcomes. Beyond this, substantial funds received under the Master Settlement Agreement will be allocated independently to local coalitions outside of the auspices of TPCP. These grants targeting youth prevention and cessation are expected to have a significant effect on social norms and, in turn, affect adult tobacco use.

While randomization can not be used to control for all these factors, program evaluation can show policy change over time and its association with planned interventions and anticipated outcomes. Such linkages can persuasively support the thesis that tobacco prevention and cessation efforts of TPCB are instrumental in promoting normative change. In addition, a matched case-control quasi-experimental design can be used to look at the effect on counties with coalitions funded by Health or Wellness Trust Fund as well as counties without a funded tobacco program to determine the impact of CDC funded effort on adult tobacco use. One may also rely on a time series analysis design in which tobacco use is measured at multiple time points. These observations may be linked to programmatic variables in a way that allows for a time series analysis that is sensitive to levels of dosage and resources at different points of time. Significant results that are consistent with planned programmatic initiatives point to the *plausibility* of a causal relationship between tobacco prevention and control efforts and outcomes. Thus, credible data showing the outcomes of tobacco prevention and control programming can be developed:

Health Impacts

The ultimate impact of the North Carolina Tobacco Prevention and Control Program is to reduce illness and premature death related to tobacco use. Reductions of morbidity and mortality rates resulting from tobacco use and/or secondhand smoke are both resource and time sensitive. The more comprehensive and extensive TPCP programs are across North Carolina, the greater the public health outcomes are likely to be. In addition, health improvements are likely to be gained following a significant reduction in tobacco use. Changes in morbidity and mortality are, therefore, expected after the achievement of the long-term outcomes has been sustained for an extended period of time. For example, California's TCP saw significant reductions in heart disease mortality after nearly seven years of intensive programming and a reduction of cancer incidence after almost ten years. These data underscore how slowly heart and cancer trends change.

Evaluation Question

Has the health of North Carolina citizens changed as a result of implementing a Tobacco Prevention and Control Program?

Measure of Success

Cardiovascular disease and cancer are leading causes of death in North Carolina. Accordingly, a significant reduction in the mortality rates of these chronic diseases is a priority:

- According to the North Carolina Health Statistics Pocket Guide, the age-adjusted mortality rate of heart disease in 2005 was 211.5 per 100,000 as compared to the national average of 235.6 per 100,000 for year 2003 (NCHS, Health, United States, 2006).
- The North Carolina Health Statistics Pocket Guide (2005) reports the age adjusted rate of lung cancer was 68.9 per 100,000 from 2001 through 2003 as compared to a national rate of 54.1 in the year 2003 (NCHS, Health, United States, 2006).
- The age adjusted mortality rate for strokes in North Carolina was 58.7 per 100,000 for the year 2005 (North Carolina Health Statistics Pocket Guide, 2005) as opposed to national rates of 53.5 per 100,000 in year 2003 (NCHS, Health, United States, 2006).

Mortality rates will be tracked to assess changes that occur over time. The specific criteria of success on each of these indicators will mirror the outcomes that North Carolina officially adopts as targets.

Timeframe

With limited resources, it is reasonable to expect reductions of mortality rates for lung cancer in 10 to 15 years and heart disease in 7 to 12 years.

Table of Measures

<i>Health Impact</i>	<i>Indicator</i>	<i>Standard of Success</i>	<i>Data Source</i>	<i>Dates</i>
Heart Disease	Age adjusted mortality rate	from 211.5 to TBA	CDC-Vital Statistics	Baseline yr. 2003 Outcome yr. 2012
Strokes	Age adjusted mortality rate	from 68.9 to TBA	CDC-Vital Statistics	Baseline yr. 2003 Outcome yr. 2012
Lung Cancer	Age adjusted mortality rate	from 68.9 to TBA	CDC-Vital Statistics	Baseline yr. 2000 Outcome yr. 2012

2010 Program Objectives

Reduction of tobacco use is expected to improve public health by reducing illness and premature deaths. In order to realize these benefits, it is necessary to direct resources and efforts towards planned program goals and objectives. Since most adults who use tobacco begin as teenagers, priority is given to the prevention of initiation and the promotion of cessation among youth and their caretakers. Resources are also directed towards changing social norms through the adoption and implementation of public and private policies and laws in schools, colleges, public venues, government facilities and workplaces. As more venues adopt smoke free policies, efforts will be made to increase the availability and accessibility of cessation opportunities for those addicted to tobacco use so as to promote compliance with new tobacco free policies. Priority is also given to serving those populations who are more adversely affected by tobacco use so as to eliminate disparities in tobacco use.

Evaluation Questions

1. What are the effects of efforts to prevent initiation and promote quitting on tobacco use among youth?
2. What are the effects of efforts to promote smoke free environments on exposure to secondhand smoke?
3. What are the effects of efforts to promote quitting on tobacco use among adults?
4. What are the effects of efforts to support initiatives specifically designed for priority populations so as to reduce disparities of tobacco use among groups more adversely affected?

Measure of Success

1. Measures for youth focus on overall tobacco use, the proportion of youth who have never smoked among both middle school and high school populations and the proportion of 100% tobacco free schools. Data will be collected by the Youth Tobacco Survey and 100% TFS database.
2. Measures of reduction in exposure to secondhand smoke focus on smoke-free workplaces, restaurant, public venues, and government facilities as reported in IPTS and Health & Heart Survey.
3. Measures of quitting among adults focus on the proportion of adults who smoke, and/or use spit tobacco, the proportion of tobacco users who have called the Quitline Data and the proportion that have made a quit attempt. Data are also gathered on the proportion of public and private health plans that include treatment of tobacco use and dependence based on clinical practice guidelines as a covered benefit. These data are provided by numerous sources such as the NC Alliance for Health, Quitline provider and BRFSS.
4. Measures of the elimination of disparities focus on the success of all identified diverse populations in not exceeding the average rates of tobacco use among NC middle school students, high school youth, adults and pregnant women. These data will be gathered mostly by YTS, BRFSS and PRAMS

Timeframe

The behavioral changes are expected to emerge incrementally over time and will be tracked as milestones of progress. By 2010, reductions of tobacco use are expected to meet target outcomes.

Table of Measures

2010 Objectives	Indicator	Standard of Success	Data Source	Timeframe
Prevent Youth Initiation				
1. Increase percent of high school students who have never smoked.	Percent of high school youth identified as never smokers	from 45.7% to 60.0%	YTS	Baseline yr. 2006 Outcome yr. 2010
2. Decrease percent of high school students using tobacco products	Percent of high school youth using tobacco	from 28.5% to 19.1%	YTS	Baseline yr. 2006 Outcome yr. 2010
3. Decrease percent of middle school students using tobacco products	Percent of middle school youth using tobacco	from 10.5% to 9.2%	YTS	Baseline yr. 2006 Outcome yr. 2010
4. Increase the percent of high school youth who do not currently smoke	Percent of high school youth who do not currently smoke	from 79.7% 88.0%	YTS	Baseline yr. 2006 Outcome yr. 2010
5. Decrease the percent of students who use spit tobacco from 7.9% to 7.0%	Percent of students who use spit tobacco	from 7.9% 7.0%	YTS	Baseline yr. 2006 Outcome yr. 2010
Eliminate Exposure to SHS				
1. Increase the percent of adults who do not currently smoke from 75.2% to 80.0%	Percent of adults who do not currently smoke	from 75.2% to 80.0%	BRFSS	Baseline yr. 2006 Outcome yr. 2010
2. Increase the percent of persons reporting no exposure to SHS in the workplace to 100%	Percent of persons reporting no exposure to SHS in the workplace	from 76.9% to 100.0%	BRFSS	Baseline yr. 2006 Outcome yr. 2010
Promote Smoking Cessation				
1. Increase the percent of adults who do not currently smoke from 75.2% to 80.0%	Percent of adults with insurance plans that offer cessation services	from 75.2% to 80.0%	BRFSS	Baseline yr. 2006 Outcome yr. 2010
2. Increase the percent of adult smokers who have recently quit from 7.2% to 10.0%	Percent of adults who stopped smoking	from 7.2% to 10.0%	BRFSS	Baseline yr. 2006 Outcome yr. 2010
Identify and Eliminate Disparities				
1. Decrease percent of current tobacco users to 18% among: African American, American Indian, persons w/ Less than High School schooling, Hispanic & 18-24 year olds	Percent of current tobacco users per priority population	AA from 22.3% Indian from 33.6% < H S from 28.3% Hispanic Met @ 16.1% 18-24 from 26.8%	BRFSS	Baseline yr. 2006 Outcome yr. 2010
2. Increase percent of AA adults who make a cessation attempt (stopped smoking for at least a day in the last 12 months)	Percent of AA adults who stopped smoking for 12 months	from: 33.9% to: 50% Met @ 67.2%	BRFSS	Baseline yr. 2006 Outcome yr. 2010
3. Decrease percent of pregnant women who reported smoking during the last three month of pregnancy to 15% among: African American, American Indian, Medicaid Recipients, WIC Recipients, women with < \$16k income and living in rural regions.	Percent pregnant women who reported smoking during the last three month of pregnancy per diverse pop	African American from 10.3% American Indian from 26.8% Medicaid Pop from 19.8% WIC Recipients from 18.4% < HS from 21.9% <\$16k from 22.0% Rural residents from 26.8%	PRAMS	Baseline yr. 2004 Outcome yr. 2010

Intermediate Objectives

The intermediate objectives are the next link in the chain of outcomes. The changes that are described by these objectives are expected to emerge in approximately three years. For the most part, they address positive behavioral changes such as attitudes towards tobacco use compliance with smoke free policies or improved rates of quit attempts.

Evaluation Questions

1. What are the effects of efforts to promote policies that prevent initiation among youth?
2. What are the effects of efforts to promote smoke free environments through the adoption of smoke free policies?
3. What are the effects of efforts to promote effective and accessible cessation services?
4. What are the effects of efforts to reduce disparities of access to culturally appropriate and evidence based services among groups more adversely affected by tobacco use?

Measure of Success

1. Measures of youth prevention focus on the increase of the excise tax, reduced youth susceptibility to smoking and maintenance of a low level of youth access to tobacco products
2. Measures of reduction in exposure to secondhand smoke focus on youth and adult compliance with 100% TFS policies.
3. Measures of cessation among focus on increasing the proportion of adults and youth who have made an attempt to quit smoking during the last 12 months. In addition, an increase of the excise tax is regarded as an effective strategy to promote cessation as well.
4. Measures of the elimination of disparities focus on the successful increase of the excise tax and adult compliance with 100% TFS policies as reported by disparate youth groups.

Timeframe

The behavioral changes described in this section are generally expected to occur by 2008. These changes are likely to occur incrementally over a two year period after new prevention and cessation initiatives are successfully implemented. In other words, it will take time for efforts to raise awareness on public health risk of tobacco use, educate on how to deal with the risk and mobilize community resources to affect the acceptance of new policies.

Table of Measures

Intermediate Objectives	Indicator	Standard of Success	Data Source	Timeframe
Prevent Youth Initiation				
1. By June 30, 2008, reduce the number of high school students who think smoking is cool	% of high school students	from 15.2% to 13.2%	TPCB TFS Database	Baseline yr. 2007 Outcome yr. 2008
2. By June 30, 2008, maintain the rate of successful purchase attempts by young people	Rate of successful attempts	at 10.0%	ALE report	Baseline yr. 2007 Outcome yr. 2008
3. By June 30 2008, reduce the number of high school students who are susceptible non-smokers	% of high school students	from 20.4% to 18.0%	YTS	Baseline yr. 2007 Outcome yr. 2008
4. By June 30, 2010, increase the price of cigarettes by increasing the tax on a pack of cigarettes	Amount of tax	from 35 cents to \$1.10	Tax Revenue Data	Baseline yr. 2007 Outcome yr. 2008
Eliminate Exposure to SHS				
1 By June 30, 2008, increase the number of high school students who report compliance with 100% TFS policies	% of youth	from 80.0% to 85.0%	YTS	Baseline yr. 2007 Outcome yr. 2008
2. By June 30, 2008, increase the number of students who report adult compliance with 100% tobacco free policies at schools	% of youth	from 50.9% to 55.0%	YTS	Baseline yr. 2007 Outcome yr. 2008
Promote Smoking Cessation				
1. Increase the % of middle school youth who made a quit attempt during the last year	% making quit attempt	from: 69.5% to: 70%	YTS	Baseline yr. 2006 Outcome yr. 2007
2. Increase the % of high school youth who made a quit attempt during the last year	% making quit attempt	from: 55.5% to 65%	YTS	Baseline yr. 2006 Outcome yr. 2008
3. Increase % of adults who quit smoking for at least one day	% of adults who quit smoking for at least one day	From 54.9% to 60%	iPTS	Baseline yr. 2006 Outcome yr. 2008
4. Increase the price of cigarettes by increasing the tax on a pack of cigarettes	Amount of tax	From: .35 to \$1.1.0	iPTS	Baseline yr. 2007 Outcome yr. 2008
Identify and Eliminate Disparities				
1. Increase the price of cigarettes by increasing the tax on a pack of cigarettes	Amount of tax	From: .35 to \$1.1.0	iPTS	Baseline yr. 2007 Outcome yr. 2008
2. Increase % of AA who report adult compliance with 100% TFS policy	Percent reporting compliance	from: 19.5% to: 21.5%	YTS	Baseline yr. 2006 Outcome yr. 2007

Short-Term Outcomes

Short-term objectives address the effects of interventions on the attitudes, understanding and support of identified populations toward policies aimed at reducing tobacco use as well as exposure to secondhand smoke. Advancement reflects the success of efforts to engage target populations, raise awareness, recruit advocates, empower youth and promote policy changes, which will, in turn, lead to changes in knowledge and attitudes about the health risks of tobacco use and the adoption of new policies.

Evaluation Questions

1. What are the effects of effort to engage youth and community groups to advance the adoption or enforcement of a 100% TFS policy?
2. What are the effects of interventions to advance the adoption of new or improved smokefree policies in public venues?
3. What are the effects of interventions to promote the use of evidence based cessation methods?

Measure of Success

Measures of success focus on the involvement of youth and community groups in efforts to change the knowledge and attitudes of communities toward tobacco use. In addition, attention is focused on tracking policy changes that eliminate or effectively reduce exposure to secondhand smoke in public venues.

1. Measures of secondhand smoke track the adoption of smokefree policies designed to eliminate or reduce exposure to secondhand smoke in public venues.
2. Measures of cessation focus on coverage of cessation service by insurance plans, promotion of cessation services by healthcare professional, calls to quitline and reported quit attempts
3. Measures of the elimination of disparities focus on the success of expanding opportunities and enhancing the involvement of diverse populations in tobacco prevention and control efforts.
4. Measures of initiation monitor efforts designed to support the adoption or enforcement of 100% TFS policies.

Timeframe

The attainment of short-term objectives reflects the coordinated efforts of a well-organized program. Significant progress should be seen within the first year of start-up. Typically, attainment of policy change is expected within two years

Table of Measures

Short-Term Objectives	Indicator	Standard of Success	Data Source	Timeframe
Prevent Youth Initiation				
1. Maintain the number of compliance checks on retail sales of tobacco products to minors	# of checks	target: 6000	BRFSS	Baseline yr.: 2007 Outcome yr.: 2008
2. Increase the number of school districts that are 100% tobacco free for students, staff and visitors in buildings, campus and at school related events	% of school districts	from: 5.2% to: 86.9%	TFS Policy Database	Baseline yr.: 2001 Outcome yr.: 2008
3. Increase the level of confirmed awareness of TRU anti-tobacco use ads	% of youth	From: 54% to: 59%	TPEP Media Report	Baseline yr.: 2007 Outcome yr.: 2008
4. Maintain the number of youth who are aware of anti-tobacco media messages at 79%	% of youth	Target: 79%	YTS	Baseline yr.: 2007 Outcome yr.: 2008
5. Increase compliance with school tobacco-free policy reported by high school student from 80% to 85%	% of h s students	from: 80% to: 85%	YTS	Baseline yr.: 2007 Outcome yr.: 2008
Eliminate Exposure to SHS				
Indicator				
Standard of Success				
Data Source				
Timeframe				
1. Increase the number of adults who believe smoking should not be allowed in restaurants	% of adults	from: 54.4% to: 70%	BRFSS	Baseline yr.: 2007 Outcome yr.: 2008
2. Increase the number of private venues (businesses, agencies or other facilities serving the public) adopting a smoke-free policy developed in partnership with local coalitions	# of organizations	from: 367 to: 470	iPTS	Baseline yr.: 2007 Outcome yr.: 2008
3. Increase the number of NC hospitals adopting a smoke free policy	% of hospitals	from: 44% to: 81.3%	NC Prevention Partners	Baseline yr.: 2007 Outcome yr.: 2008
4. Increase the number of people working in a workplace with a smoke free policy	% of adults	From 76.9% to: 80%	BRFSS	Baseline yr.: 2007 Outcome yr.: 2008
Promote Smoking Cessation				
Indicator				
Standard of Success				
Data Source				
Timeframe				
1. Increase the number of non-federal funding sources that support the quitline	# of non-federal funding sources	from: 2 to: 3	iPTS, Program data	Baseline yr. 2007 Outcome yr. 2008
2. Increase the level of non-federal funding for adult calls to the quitline	Level of funding	from: \$874,000 to: \$1.5 mil	NC Prevention Partners	Baseline yr. 2007 Outcome yr. 2008
3. Increase the number of calls to the quitline from users who heard through a media campaign	# of calls	from: 875 to: 1000	YTS	Baseline yr. 2007 Outcome yr. 2008
Identify and Eliminate Disparities				
Indicator				
Standard of Success				
Data Source				
Timeframe				
1. Pass 100% TFS policy in Hoke, Robeson and Scotland County school districts	# of policies	target: 3	TFS Database	Baseline yr. 2007 Outcome yr. 2008
2. Increase the % of workers with < than a college education protected from SHS inn their workplace	% of workers	from: 65% to: 70%	BRFSS	Baseline yr. 2007 Outcome yr. 2008
3. Increase the number of hospitals in rural Eastern North Carolina that adopt a smoke free policy	# of organizations	Target: 10%	NC Prevention Partners	Baseline yr. 2007 Outcome yr. 2008
4. Increase the number of African American churches adopting Tobacco Free Church Grounds policies	# of organizations	From: 14 to: 39	iPTS	Baseline yr. 2007 Outcome yr. 2008
5. Increase the number of calls to the quitline	# of calls	Target: 10%	Program Reports	Baseline yr. 2007 Outcome yr. 2008

Outputs

Outputs refer to the steps that are taken on a daily basis to encourage and sustain involvement in the tobacco movement. These efforts build relationships, sustain participation and promote events that create the competency, energy and momentum necessary to achieve the goals of TPCB. They represent evidenced-based practices shown as effective in promoting social change.

Evaluation Question

1. To what extent has TPCB used best practices successfully to gather the support and mobilize the participation necessary to build an effective program?

Measure of Success

Measures of success focus on the extent to which output targets have been met.

1. Measures of youth prevention focus on efforts to educate and mobilize communities to support an increased excise tax, tobacco free schools, and the involvement of youth in the tobacco movement.
2. Measures of reduction in exposure to secondhand smoke focus on the promotion of smoke-free workplaces, expanding partnerships with credible business related interests and increasing media exposure on SHS issues
3. Measures of quitting focus on efforts to negotiate cessation funding from non-federal sources for the Quitline, to educate healthcare providers on Clinical practice Guidelines and promoting consumer utilization of cessation services.
4. Measures of the elimination of disparities focus on efforts to network with diverse populations and to build the capacity of organizations serving them to participate in the tobacco movement.

Timeframe

The attainment of significant outputs should come into view within a grant year.

Table of Measures

Youth Initiation	Indicator	Standard of Success	Data Source	Timeframe
By June 30, 2008, disseminate a PowerPoint presentation on the excise tax.	# of presentations disseminated	target: 1	iPTS database	Outcome yr. 2008
By June 30, 2008, publish on the web at least two documents on the excise tax	# of documents published on web	target: 2	iPTS database	Outcome yr. 2008
By June 30, 2008, update a fact sheet on the excise tax	# of fact sheets	target: 1	iPTS database	Outcome yr. 2008
By June 30, 2008, conduct 18 compliance workshops in school systems with recently adopted 100% TFS policies	# of workshops	target: 18	iPTS database	Outcome yr. 2008
By June 30 2008, create or update maps showing the location of school districts with a 100% TFS policy	# of maps	target: at least 1	iPTS database	Outcome yr. 2008
By June 30 2008, conduct presentations to 6 local/state group meetings encouraging 100% TFS policy adoption.	# of group meetings	target: 6	iPTS database	Outcome yr. 2008

By June 30, 2008, maintain communication with 15 school districts in rural areas to educate about adoption of a 100% TFS policy.	# of rural school districts	Target: 15	iPTS database	Outcome yr. 2008
By June 30, 2008, conduct presentations for 15 local Boards of Education encouraging TFS adoption	# of school boards receiving presentations	Target: 15	iPTS database	Outcome yr. 2008
By June 30, 2008, conduct presentations for 15 local Boards of Education encouraging TFS adoption	% of school districts receiving manual	Target: 100%	iPTS database	Outcome yr. 2008
By June 30, 2008, disseminate TFS signs to 18 school districts that adopt the 100% TFS policy	# of school districts receiving signs	Target: 18	iPTS database	Outcome yr. 2008
By June 30, 2008, host 3 follow-up TFS regional forums/meetings in various regions of North Carolina, including southeastern NC and the Northwest for school districts that have not passed a 100% TFS policy	# of regional forums	Target: 3	iPTS database	Outcome yr. 2008
By March 30, 2008, work with HWTF to conduct a statewide meeting with school Superintendents, School Board members. Principals and School Health Advisory Committees from the school districts that have not passed a 100% TFS policy yet.	# of statewide meetings for HWTF grantees	Target: 1	iPTS database	Outcome yr. 2008
By June 30, 2008, maintain the number attending regional conferences or workshops at 350	# of participants	Target: 350	iPTS database	Outcome yr. 2008
Promote Smoking Cessation	Indicator	Standard of Success	Data Source	Timeframe
By July 2008, increase Quitline funding from non-federal sources by 1	# of non-federal funding sources	Target: 1	iPTS database	Outcome yr. 2008
By June 30, 2008, have an agreement in place with North Carolina health care payers to financially support the quitline	# of agreements	Target: at least 1	iPTS database	Outcome yr. 2008
By June 30, 2008, have an updated strategic plan for Quit Now NC!	# of plans	Target: 1	iPTS database	Outcome yr. 2008
Eliminate Exposure to SHS	Indicator	Standard of Success	Data Source	Timeframe
By June 30, 2008, 25 media messages sharing the health benefits of local Rules on smoking in workplaces and public places will be delivered.	# of media messages	Target: 25	iPTS database	Outcome yr. 2008
By June 30, 2008, a minimum of 20 "factoids", talking point sheets and fact sheets on secondhand smoke will be developed and distributed to local coalitions.	# of promotional materials on SHS	Target: 20	iPTS database	Outcome yr. 2008
By June 30, 2008, a set of items will be drafted for inclusion into an Elon University survey on smoking bans.	# surveys	Target: 1	iPTS database	Outcome yr. 2008
By June 30, 2008, create/update a map showing hospitals that have adopted a smoke free policy	# of maps showing sf hospitals	Target: at least 1	iPTS database	Outcome yr. 2008
By June 30, 2008, create/update a map showing Local Health Department that post a smoke free dining guide on a website	# of maps showing LHDs with a web dining guide	Target: at least 1	iPTS database	Outcome yr. 2008
By June 30, 2008, create/update a map showing local health departments that have adopted a smoke free policy	# of maps showing sf health departments	Target: at least 1	iPTS database	Outcome yr. 2008
By June 30, 2008, increase the number of health departments or other agencies promoting smoke-free dining lists on the web from 27 to 38.	# of LHDs	Target: 38	iPTS database	Outcome yr. 2008
By June 30, 2008, maintain the number of worksite consultations provided by local coalitions on SHS issues at 350 annually.	# of worksite consultations	Target: 350	iPTS database	Outcome yr. 2008
By June 30, 2008, increase the number of letters-to-the-editor, op/eds, editorials or columns in NC newspapers supporting NC smoke-free policies from 52 to 70 annually.	# of media messages on SHS	Target: 70	iPTS database	Outcome yr. 2008

By June 30, 2008, TPCB will develop and present a training module to at least 8 local coalitions and North Carolina Alliance for Health on increasing opinion-page writing supportive of smoke-free policies.	# of stakeholders receiving training	Target: 8	iPTS database	Outcome yr. 2008
Identify and Eliminate Disparities For Specific Diverse Populations	<i>Indicator</i>	<i>Standard of Success</i>	<i>Data Source</i>	Outcome yr. 2008
By June 30 2008, generate at least one report on Quitline impact on diverse populations.	# of reports	Target 1	iPTS database	Outcome yr. 2008
By June 30 2008, re-establish and reconvene the Diversity and Parity Work Group to build support for policy, program and media issues.	# of meetings	Target : at least 1	iPTS database	Outcome yr. 2008
By June 30, 2008 collaborate with the Health and Wellness Trust Fund to provide training, technical assistance and monitoring of priority population grantees	# of contacts with Priority Population grantees	Target : at least 1	iPTS database	Outcome yr. 2008
By June 30, 2008 create a list of local spokespersons to promote TFS in Hoke, Robeson and Scotland counties	# of lists	Target: at least 1	iPTS database	Outcome yr. 2008
By June 30, 2008, generate an agreement with DMA to pay for Medicaid client quitline calls	# of agreements	Target: 1	iPTS database	Outcome yr. 2008
By June 30, 2008, train local coalitions and partners to draft letters to the editor for key local champions about SHS issues related to blue collar and service industry worksites.	# of trainings	Target: at least 1	iPTS database	Outcome yr. 2008
By June 30, 2008, work with the General Baptist State Convention and the Old North State Medical society to develop presentation for increase the number of African American churches adopting Tobacco Free Church Grounds policies	# of presentation templates	Target: at least 1	iPTS database	Outcome yr. 2008

Special Studies

Several studies will be developed to complement the monthly tracking of local coalition efforts. Their purpose is to focus on concerns that go beyond the tracking grant performance. Their data should help the Branch 'fine tune' the support, technical assistance and resources that the Tobacco & Prevention Program makes available.

Coalition Self-Assessment is a survey designed for local ASSIST coalitions to complete. The purpose of the survey is to identify coalition needs and concerns in a timely manner. The three areas covered by the survey are progress in advancing priority goal areas, technical assistance provided and functioning of coalition. The survey is administered at the midpoint and end of the grant year. Results are shared with the TPCB staff. A confidential report is sent each local coordinator identifying only their coalition

Grant Performance Assessment A rating protocol will be used to assess the progress of local coalitions in the implementation of Annual Action Plan. Ratings will be assigned to the significant components of the Annual Action Plan based on the data collected and reviewed in iPTS by field team coordinators. Ratings will be discussed and finalized by a peer review team. Approved rating along with justification and recommendations will be shared with local coordinators quarterly.

Workshop/Training Assessments will be conducted as needed to provide feedback to staff on the effectiveness of training. Typically, program evaluation provides secondary analysis and interpretation of data that has already been collected from participants. Wherever possible, program evaluation will also provide consultation in evaluation design, instrument development, analysis, interpretation and/or report generation.

Validation of logic model upon which our grants are based will also be pursued as data become available. Priority will be given to the expected linkage between the adoption of tobacco or smoke free policies and tobacco use. The first issue will be the identification of the types of local policy change that can be associated with various behavioral outcomes at a point in time. The second issue will be to conduct a time series analysis of significant policies to determine whether their impact on an outcome can be related to dosage.

Appendix 1 - Objectives for Prevent Youth Initiation

Prevent Youth Initiation	Indicator	Target	Data Source	Target Year
2010 Objectives				
1. Increase percent of high school students who have never smoked.	Percent of high school youth identified as never smokers	from 29.8% to 60.0%	YTS	<i>Baseline yr. 1999 Outcome yr. 2010</i>
3. Decrease percent of middle school students using tobacco products	Percent of middle school youth using tobacco	from 18.4% to 9.2%	YTS	<i>Baseline yr. 1999 Outcome yr. 2010</i>
4. Increase the percent of high school youth who do not currently smoke	Percent of high school youth who do not currently smoke	from 74.3% 88.0%	YTS	<i>Baseline yr. 1999 Outcome yr. 2010</i>
5. Increase the percent of adults who do not currently smoke	Percent of adults who do not currently smoke	from 73.2% 80.0%	BRFSS	<i>Baseline yr. 1999 Outcome yr. 2010</i>
Intermediate Objectives				
1. Increase the excise tax	Amount of increase	from .05 to at least .62	NC Dept of Revenue,	<i>Baseline yr. 2004 Outcome yr. 2006</i>
2. Increase the percent of schools that are 100% tobacco free	Percent of schools that are 100% tobacco free	from 5.1% to 62.5%	TPCB TFS Database	<i>Baseline yr. 2001 Outcome yr. 2006</i>
Short-Term Objectives				
1. Maintain public support for increase of cigarette tax.	Percent of public support	target: gt than 50%	BRFSS	<i>Outcome yr. 2004</i>
2. Demonstrate support for a significant increase in NC cigarette tax	Number of effective bills	target: at least 1 renewed/ 3 new	TPCB Policy Tracking Database	<i>Outcome yr. 2004</i>
3. Increase the % of schools prohibiting student use of tobacco on campus	Percent of schools	From: 81% to: 95%	TFS Policy Database	<i>Baseline yr.: 2003 Outcome yr.: 2004</i>
4. Increase the % of schools prohibiting staff use of tobacco on campus etc...	Percent of schools	From: 81% to: 95%	TFS Policy Database	<i>Baseline yr.: 2002 Outcome yr.: 2004</i>
5. Increase number of NC school districts adopting a 100% TFS policy	# of NC school districts	from: 18 to: 35	TPCB Policy Tracking Database	<i>Baseline yr.: 2003 Outcome yr.: 2004</i>
6. Increase percent of school districts prohibiting visitor tobacco use except in designated outside areas	Percent that prohibit visitor tobacco use except in designated outside areas	from: 15% to: 50%	TPCB Policy Tracking Database	<i>Baseline yr.: 2002 Outcome yr.: 2004</i>
7. Increase the number of leaders and school districts with increased capacity to address	# of trained leaders # of school district with trained leaders	from: 159 to: 300 leaders	TPCB Policy Tracking Database	<i>Baseline yr.: 2002 Outcome yr.: 2004</i>
8 Generate at least 25 pro health editorials, articles and/or ads supporting TFS schools	# of pro health articles/editorials	target: 25	TPCB TFS Database	<i>Outcome yr.: 2005</i>
9 Maintain the number of youth attending youth summits	# of youth	target: 500 youth	iPTS	<i>Outcome yr.: 2004</i>
10 Maintain the number of adults attending youth summits	# of adults	target: 175 adults	iPTS	<i>Outcome yr.: 2004</i>
Output Objectives				

1. Encourage community organizations to adopt the advancement of a 100% TFS as a priority action item	# of organizations	target: 15	TFS Policy database	<i>Outcome yr. 2004</i>
2. Disseminate media messages to support an increase of the excise tax	# of messages	target: 4	Media database	<i>Outcome yr. 2004</i>
3. Provide breakfast sessions for superintendents, school board members, principals, SHACs and key stakeholders to support 100% TFS policy	# of sessions	target: 6	TFS Policy database	<i>Outcome yr. 2004</i>
4. TFS Signage Project will distribute signage to NC school districts to support the enforcement of their tobacco policies	# of school districts	target: 35	TFS Policy database	<i>Outcome yr. 2004</i>
5. Promote and maintain a developed TFS website	# of hits	target: 2,000	TFS Policy database	<i>Outcome yr. 2004</i>
6. <i>Provide educational tools on public health benefits of a tobacco tax increase.</i>	<i># of tools</i>	<i>target: at least 2</i>	<i>iPTS</i>	<i>Outcome yr. 2004</i>

Appendix 2 - Objectives for Secondhand Smoke

SHS	Indicator	Target	Data Source	Target Year
2010 Objectives				
1. Reduce the percent of high school youth exposed to SHS at home	Percent of high school youth exposed to SHS	from 47.5% to 40%	YTS	Baseline yr. 1999 Outcome yr. 2010
2. Reduce the percent of middle school students exposed to SHS at home	Percent of middle school students exposed to SHS	from 47.1% to 40%	YTS	Baseline yr. 1999 Outcome yr. 2010
Intermediate Objectives				
1. Increase the worksite nonsmoking policies in blue collar industries	Percent of workers covered by nonsmoking policies	From 51.2% to 76%	NCI CPS	Baseline yr. 1999 Outcome yr. 2006
2. Increase the worksite nonsmoking policies in service industries	Percent of workers covered by nonsmoking policies	From 56.8% to 76%	NCI CPS	Baseline yr. 1999 Outcome yr. 2006
3. Increase percent of smoke free public venues and recreational facilities	Percent of smoke-free, indoor, recreational facilities	from: 61.6% to: 68%	UNC Recreational Facility Survey	Baseline yr. 2002 Outcome yr. 2006
4. Encourage at least 2 agencies or government entities to pursue nonsmoking policies as an exemption to state's preemption law	# of agencies/entities	target: 2	UNC EnTER;	Outcome yr. 2006
5. Develop database to estimate % of government housing w\ nonsmoking policy	Data reports	target: 1	UNC EnTER;	Baseline yr. 2002 Outcome yr. 2006
Short-Term Objectives				
1. Increase the number of media articles/reports on danger of SHS	# of media articles	from: 5 to: 10	iPTS, Media database	Baseline yr. 2004 Outcome yr. 2005
2. Increase the number of media articles celebrating private policy change	# of media articles	from: 1 to: 10	iPTS, Media database	Baseline yr. 2003 Outcome yr. 2004
3. Increase the number of worksite consultations on SHS	# of worksite consultations	from: 15 to: 40	iPTS, Training database	Baseline yr. 2003 Outcome yr. 2004
4. Increase the percent of adults surveyed who believe smoking should not be allowed in restaurants	Percent of adults	From 44.3 to: 50	iPTS	Baseline yr. 2003 Outcome yr. 2004
5. Assess smoke free policies of LHDs	Report	Target: 1 (accomplished)	iPTS	Outcome yr.: 2004
6. Increase the number of partnerships with credible business related organizations supporting smoke free business policies	# of partnerships	from: 3 to: 5	iPTS	Baseline yr. 2004 Outcome yr. 2005
7. Increase the number of state colleges banning smoking in dorms and other buildings	# of colleges	from: 4 to: 6	iPTS, UNC EnTER	Baseline yr. 2004 Outcome yr. 2005

Output Objectives				
1. Provide trainings to local advocates on SHS advocacy	# of trainings	Target:: 6	iPTS	Outcome yr. 2004
2. Submit media messages to local media	# of media messages	Target:: 5	iPTS	Outcome yr. 2004
3. Increase the number of partnerships with business-related organization supporting smoke-free policy	# of partnerships	Target: 2	iPTS	Outcome yr. 2004
4. Create new tools to help local coalition reach business leaders	# of tools	Target: 3	iPTS	Outcome yr. 2004
5. Coalition will call on local employers to encourage smoke free policies	# of coalitions	Target: 8	iPTS	Outcome yr. 2004
6. Coalitions will release "What are you breathing ads"	# of coalitions	Target: 4	iPTS	Outcome yr. 2004
7. LHDs will smoke-free dining on the Web	# of LHDs	Target: 2	iPTS	Outcome yr. 2004
8. Provide "Pulse" news releases & letters-to-the-editor on smoke-free work places	# of releases	Target: 6	iPTS	Outcome yr. 2004
9. "What are you breathing ads" will be tested with a focus group	# of focus groups	Target: 1	iPTS	Outcome yr. 2004
10. Conduct key informant interviews with business leaders	# of interviews	Target: 8	iPTS	Outcome yr. 2004

Appendix 3 - Objectives for Promote Cessation

Promote Cessation	Indicator	Target	Data Source	Target Year
2010 Objectives				
1. Increase the percent of insured adults with insurance covering comprehensive cessation services	Percent of adults with insurance plans that offer cessation services	from 8% to 100%	Basic Insurance Coverage Tracking	Baseline yr. 1999 Outcome yr. 2010
2. Increase the percent of adults who stopped smoking for a day or longer in the last 12 month	Percent of adults who stopped smoking	from 55.8% to 60%	BRFSS	Baseline yr. 1999 Outcome yr. 2010
3. Increase the percent of high school youth who attempt to quit smoking in the past year.	Percent of high school youth who attempt to quit smoking in past year	from 56.8% to 65%	YTS	Baseline yr. 1999 Outcome yr. 2010
4. Increase the percent of middle school students who attempt to quit smoking in the past year.	Percent of middle school students who attempt to quit smoking in past year	from 62.4% to 70%	YTS	Baseline yr. 1999 Outcome yr. 2010
4. Increase the percent of middle school students who attempt to quit smoking in the past year.	Percent of middle school students who attempt to quit smoking in past year	from 62.4% to 70%	YTS	Baseline yr. 1999 Outcome yr. 2010
5. Increase the percentage of Carolina Care Providers adopting PHS clinical guidelines	Percent of providers adopting PHS clinical guidelines	Target: 60%	WATCH Survey	Baseline yr. 1999 Outcome yr. 2010
Intermediate Objectives				
1. Increase the use of PHS clinical guidelines for cessation in local health departments	# using guidelines	from: 13 to: 20	Women's Health Branch Data	Baseline yr. 2002 Outcome yr. 2006
2. Establish Quit Now NC as cessation service for public provider	Percent of plans that cover comprehensive insurance services	Target: 1 (accomplished)	NCPP BASIC	Baseline yr. 2002 Outcome yr. 2006
Short-Term Objectives				
1. Increase the percent of adults who were assessed, assisted & arranged for follow up services by provider	# of adults	Target: 25%	BRFSS	Outcome yr. 2004
2. Establish a pilot cessation program with State Employee Health Program	Adoption of pilot project	target: 1 (accomplished)	iPTS, Program data	Outcome yr.: 2004
3. Increase the number of active organizations, agencies and individuals in QuitNowNC	# of active participants	from: 75 to: 200	NCPP	Outcome yr.: 2004
4. Increase the percent of high school youth told the dangers by a provider	Percent of youth told of dangers	from: 30% to: 45%	YTS	Baseline yr. 2002 Outcome yr. 2004
5. QuitNow NC will provide cessation services to active quitters	# of active quitters	target: 100	NC Quitline documentation	Outcome yr. 2004
Output Objectives				
1 HWTF's web page will have at least one active link to an appropriate cessation service for teens	# of active links	target: one link	Program documentation	Outcome yr.: 2004

Appendix 4 - Objectives for Identify & Eliminate Disparities

Identify and Eliminate Disparities	Indicator	Target	Data Source	Target Year
2010 objectives				
1. Decrease percent of current tobacco users to 12% among: African American, American Indian, persons w/ High School or Less Schooling, Hispanic, Rural Residents & 18-24 year olds	Percent of current tobacco users	AA from 23.3% Indian from 33.3% HS/< from 31.5% Hispanic from 31.9% Rural from 26.8% 18-24 from 27.1%	BRFSS Combined 1997-2001	Baseline yr. 1999 Outcome yr. 2010
2. Increase percent of adults who make a cessation attempt (stopped smoking for at least a day in the last 12 months among priority populations)	Percent of adults	from: 51% to: 70%	BRFSS combined 1997-2001	Baseline yr. 1999 Outcome yr. 2010
3. Decrease percent of pregnant women or infants exposed to SHS to 10% among:	Percent of homes	AA from 11.2% Indian from 26.8% Mdcd from 16.2% WIC from 15.5% <HS from 16.4% <16K from 18.7%	PRAMS combined (1997-1999) Birth Certificate Data combined (1996-2000)	Baseline yr. 1999 Outcome yr. 2010
Intermediate Objectives				
1. Increase number of schools adopting 100% Tobacco free policy with large rural and minority enrollment	# of schools with a 100% tobacco free policy	from: 1 to: 5	TPCB TFS database	Baseline yr. 2002 Outcome yr. 2006
2. Increase number of colleges with smoke free dorms and buildings	TPCB TFS database	from: 1 to 3	TPCB TFS College database	Baseline yr. 2002 Outcome yr. 2006
3. Increase worksite nonsmoking policies especially in blue-collar industries.	Percent workers covered by nonsmoking policies	from: 51.2% to: 76%	NCI (CPS) BRFSS	Baseline yr. 2002
4. Increase worksite nonsmoking policies especially in service industries.	Percent workers covered by nonsmoking policies	from: 56.8% to: 76%	NCI (CPS) BRFSS	Baseline yr. 2002 Outcome yr. 2006
Short-Term Objectives				
1. Persuade restaurants in rural counties to adopt/improve SHS policy	# of restaurants	target: 2	HHS	Outcome yr.: 2004
2. Develop partnership w/ member of diverse populations to promote smoke free govt regulated housing	# of partners	Target: 2	iPTS	Outcome yr.: 2004
3. Educate diverse pop organizations on health benefits of excise tax	# of organizations	From: 1 to: 5	iPTS	Baseline yr.: 2003 Outcome yr.: 2004
Output Objectives				
1. Install as members of the diversity work group public housing agency(ies) or other non-traditional resource	# of non-traditional resources	Target 1	iPTS	Outcome yr.: 2004

2. Disseminate data from strategic plan on disparities in presentation(s) to GLBT community	# of presentations	Target 1	iPTS	Outcome yr.: 2004
3. Participate in Gay community event(s) to test a draft instrument	# of events	Target 1	iPTS	Outcome yr.: 2004
4. Identify relevant media channels in GLBT community in collaboration w/ community members	# of channels	Target 2	iPTS	Outcome yr.: 2004
5. Develop public housing survey	# of surveys	Target 1	iPTS	Outcome yr.: 2004
6. Review Disparity Report to provide feedback to Diversity workgroup	# of reviews	Target 4	iPTS	Outcome yr.: 2004
7. Provide technical assistance to priority pop grantees	# of contacts	Target 12	iPTS	Outcome yr.: 2004
8. Provide presentations/training to AA adults/youth interested in TPCB activities	# of presentations	Target 2	iPTS	Outcome yr.: 2004
9. Meet w/ local coalitions...to share strategic plan & recruit members	# of meeting	Target 1	iPTS	Outcome yr.: 2004
10. Share strategic plan on disparities at health conference(s)	# of conferences	Target 1	iPTS	Outcome yr.: 2004
11. Reconvene Diversity work group w/ at least one meeting on media issues	# of meetings	Target 1	iPTS	Outcome yr.: 2004
12. Develop report(s) in Spanish on tobacco disparities	# of reports	Target 1	iPTS	Outcome yr.: 2004
13 Recruit faith organizations serving diverse communities...	# of communities	Target 2	iPTS	Outcome yr.: 2004
14 Work wit diverse populations to promote clean air...	# of diverse groups	Target 2	iPTS	Outcome yr.: 2004
15 Share finding on cessation services w/ Diversity work group...	# of presentations	Target 1	iPTS	Outcome yr.: 2004
16. Evaluate utilization of Quitline by diverse populations...	# of studies	Target 1	iPTS	Outcome yr.: 2004
17. Coalitions will use media materials designed for diverse populations	# of coalitions	Target 4	iPTS	Outcome yr.: 2004
18. Report on Quitline impact based on data gathered from other states	# of reports	Target 1	iPTS	Outcome yr.: 2004
19. Report on barriers to quitting....	# of reports	Target 1	iPTS	Outcome yr.: 2004
20. Uncommitted diverse population organizations in the community will support an increase in excise tax.	# of organizations	Target 2	iPTS	Outcome yr.: 2004
21. Disseminate info to diverse community based organizations on public health benefits of a higher excise tax.	# of organizations	Target 5	iPTS	Outcome yr.: 2004