Laying the Groundwork for Tobacco Retailer Licensing in North Carolina

COUNTER TOBACCO CAPSTONE SUMMARY REPORT
2011-2012

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Acronyms and Abbreviations

The Alliance – North Carolina Alliance for Health
ASSIST—American Stop Smoking Intervention Study
CDC – United States Centers for Disease Control and Prevention
CH—Chapel Hill
Counter Tobacco – Counter Tobacco North Carolina
CP – Community Partner
DHHS—US Department of Health and Human Services
GIS – Geographic Information Systems
HBHE – Health Behavior and Health Education
HWTF – Health and Wellness Trust Fund
IRB—Institutional Review Board
NC – North Carolina
NC DPH—North Carolina Department of Public Health
NC GASP—North Carolina Group to Alleviate Smokers Pollution
OCHD – Orange County Health Department
POS – Point of sale
SCT – Social Cognitive Theory
SEF – Social Ecological Framework
SES – Socioeconomic Status
TPCB – Tobacco Prevention and Control Branch
TRL – Tobacco Retailer Licensing
TRY — Together for Resilient Youth
UNC – University of North Carolina at Chapel Hill
YSL – Youth serving locations
Abstract

**Background:** Tobacco use, primarily of cigarettes, is the leading preventable cause of death in the United States (Danaei et al., 2009; Mokdad, Marks, Stroup, & Gerberding, 2004; US Department of Health and Human Services, 2004). In North Carolina, 12,200 of our state’s citizens die every year from tobacco use, and the state spends $769 million in tobacco-related Medicaid costs. Additionally, despite widespread prevention efforts, cigarette-smoking rates remain high among youth (Everett et al., 1999). Exposure and access to tobacco is also an area reflective of striking disparities along racial, socio-economic, and age lines. It is therefore imperative that North Carolina take progressive steps to decrease youth cigarette use. One way in which states and localities are reducing tobacco use is by creating tobacco control policies that act at the point-of-sale (POS). POS policies are those that are directed at the location and event of purchase of tobacco products. One POS policy that has been used in the majority of states, but not in North Carolina, is tobacco retailer licensing. Tobacco retailer licensing laws can effectively decrease access and smoking rates, illegal sales of tobacco products and resulting tax revenue losses, and the burden of enforcement costs on the state when fees from licensing fund enforcement efforts. **Methods:** As a group of Capstone students from the Department of Health Behavior at the UNC Gillings School of Global Public Health, we produced four deliverables to lay the groundwork for tobacco retailer licensing in North Carolina. These deliverables are presented in the following order: 1) Tobacco retailer maps of Chapel Hill and Durham County 2) Policy brief 3) Social marketing materials, and 4) Manuscript. To assess the locations of tobacco retailers in two local communities, team members collected Geographic Information Systems (GIS) data on every tobacco retailer in Chapel Hill and Durham County. From these data, team members created maps of tobacco retailers in Chapel Hill and Durham County and examined spatial patterns based on available data, such as census information on racial composition and income of census blocks. To create a policy brief that advocates of POS policies could use to communicate with policy makers, a review of the scientific, legal, and advocacy materials on licensing tobacco retailers was conducted. To inform and inspire advocacy among potential allies around tobacco retailer licensing, the team created social marketing materials that were message-tested with Durham and Chapel Hill residents as well as community leaders, and revised materials with this input to create final versions. Finally, the team drafted a manuscript to document existing published evidence of POS tobacco marketing, youth tobacco use, and youth purchase of tobacco at tobacco retail outlets near schools. **Results:** We increased the North Carolina tobacco advocacy community and the general public’s knowledge about tobacco retailer licensing. The data collected and materials produced were presented to members of the Orange County Health Department, the North Carolina Tobacco Prevention and Control Branch, the North Carolina Alliance for Health, and community leaders from Durham and Chapel Hill as testimony for the need for tobacco retailer licensing in these areas. Finally, all of the materials will be made available on the Counter Tobacco website for advocates to continue to use. **Discussion:** Working with the tobacco control advocacy and policy-making communities provided the Capstone team with the opportunity to continually refine the priorities and deliverables of our project. These experiences provided a solid foundation of policy advocacy and social marketing skills for Capstone team members. The Capstone team’s activities and materials will advance POS policies in North Carolina and across the country.

**Major Deliverables:**
1. GIS maps of tobacco retailers in Chapel Hill and Durham County
2. North Carolina tobacco retailer licensing policy brief (“Laying the groundwork for tobacco retailer licensing in North Carolina”)  
3. Tobacco retailer licensing social marketing materials
4. Tobacco retailer licensing and youth manuscript (“Tobacco marketing, product availability, and sales to minors at stores near schools: A systematic review”)

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We would like to sincerely thank Dr. Kurt Ribisl, Pam Seamans, Ann Houston-Staples, Sally Herndon, Pamela Diggs, and the Capstone Teaching Team for their time, mentorship, and support during the Capstone experience.

Introduction
The Capstone is a yearlong field experience involving mentored application of the skills and knowledge acquired in the Master’s of Public Health (MPH) program of the Department of Health Behavior (HB) at the UNC Gillings School of Global Public Health to a health problem of interest in North Carolina. Teams of four to five students, comprising a Capstone team, are assigned to work with a community partner on a project determined primarily by the partner organization with advising by a faculty advisor and support from the course teaching team. Work on the project ultimately results in a number of tangible, useful deliverables for the Capstone partner organization with the goals of advancing progress in the field and improving health outcomes in the community.

The Capstone process began in March of 2010 with presentations by potential community partners. Following these presentations, students were given the opportunity to collaborate with the teaching team to decide on the project of their choice, were matched, and then began finalizing project work plans in collaboration with the community partner. We were assigned to work with the Counter Tobacco project until completion of the project in May of 2012.

Dr. Kurt Ribisl of the HB Department at the Gillings School of Global Public Health primarily mentored the Counter Tobacco team as the faculty advisor as well as the official community partner. This was a unique feature of the Counter Tobacco Capstone team, since most other Capstone groups had two different entities acting as their faculty adviser and community partner. As a researcher, Dr. Ribisl’s work focuses on the use of innovative policies to decrease tobacco use and its associated
negative health outcomes. Some of his most recent work has focused on mapping tobacco retail locations using Geographical Information Systems (GIS) technology and the implementation of point-of-sale (POS) policies to control tobacco sales. Through his funded work with Counter Tobacco North Carolina (Counter Tobacco), a POS focused project, Dr. Ribisl has extensive experience and a network of professional connections in this area. The aim of Counter Tobacco is to create an online resource (www.CounterTobacco.org) for government and community organizations around the country to combat sales and promotions of tobacco products. The website includes model policy solutions to counteract the impact of tobacco sales and marketing, case studies of effective regulation of POS locations, peer-reviewed evidence to support POS policy approaches, and other tobacco control resources. Tobacco control advocates and practitioners across the country can use this website to further strengthen their programmatic, policy, and advocacy work in the field.

In addition to working with Dr. Ribisl, we also developed partnerships with the North Carolina Alliance for Health (The Alliance) and the North Carolina Tobacco Prevention and Control Branch (TPCB), both organizations that work in tobacco control and advocacy, to ensure more interaction with organizations and community members in Durham and Chapel Hill. Chapel Hill and Durham County were considered appropriate locations for our work because they have a number of advocacy organizations with experience in tobacco control advocacy, and their distance made data collection on tobacco retailers feasible for the student team.

Our primary collaboration was with The North Carolina Alliance for Health. The Alliance is “a statewide coalition of organizations advocating for policies that promote wellness and reduce the impact of obesity and tobacco” (“Mission/Vision”, n.d.). Most recently, the Alliance championed the passing of House Bill 2, which prohibited smoking in bars and restaurants and expanded local control to pass smoke-free policies (“Accomplishments”, n.d.). Though their leadership is located in Raleigh, constituent organizations can be found across the state and include Healthy Carolinians, the American
As an advocacy organization, the Alliance works most directly with partner organizations, lobbyists, and policymakers at the local and state levels.

The Counter Tobacco Capstone team was involved throughout the 2011-2012 academic year in a variety of activities to better understand the state of research and advocacy in POS tobacco control, including organization meetings, state and national webinars, and several workshops. Utilizing the knowledge gained from these experiences, working with Dr. Kurt Ribi, and the community organizations mentioned above, we produced four major deliverables all with the shared goal of advancing POS policies on the state advocacy and legislative agendas. These deliverables included 1) GIS maps of tobacco retailers in Durham and Chapel Hill 2) a policy brief on POS policies in North Carolina to distribute to policy advocates and legislators 3) social marketing campaign materials that could be used to mobilize the community to advocate for change, laying the foundation for future legislative changes to POS policies at the state and local levels in North Carolina, and 4) a systematic literature review and manuscript for publication examining the link between tobacco POS policies and promotions and youth smoking, as well as the implications of existing evidence for future policies.

This summary report details the work completed during the 2011-2012 academic year in fulfillment of the Capstone requirement to produce the aforementioned deliverables. The report begins with a brief literature review that introduces the public health problem of tobacco use with a focus on smoking, youth use of cigarettes, and disparities in tobacco sales and use. The report continues with a logic model that describes activities completed and outcomes achieved, as well as a description of our community engagement activities, our plan for long-term sustainability, and a short description of project deliverables. Next, key findings are presented. The report concludes with a summary of lessons learned, challenges faced, and recommendations for future tobacco control activities related to POS policies.
Background

Health Issue: Youth Tobacco Use in North Carolina

In the United States, the use of tobacco products is the leading preventable cause of death (Danaei et al., 2009; Mokdad, Marks, Stroup, & Gerberding, 2004; US Department of Health and Human Services, 2004). Despite decades of prevention efforts, the latest report by the Surgeon General on youth tobacco use states that each day 3,800 American youth under the age of 18 start smoking (Preventing Tobacco Use among Youth and Young Adults, 2012). This is especially problematic as many of those who initiate smoking at an early age continue throughout their lifetime, and long-term exposure to tobacco is highly damaging to health (U.S. Surgeon General, 2010). Further, earlier ages of smoking initiation are associated with greater numbers of cigarettes smoked each day relative to later ages of initiation, resulting in greater cumulative effects of tobacco use (Everett et al., 1999). In the state of North Carolina, the smoking rate among youth aged 12-17 years is 10.8%, higher than both the national average for youth smoking and the youth smoking rates of many other states (Centers for Disease Control and Prevention, 2010b). To protect and nurture its future leaders and citizens, the state of North Carolina is in need of new smoking prevention initiatives that effectively restrict youth access to cigarettes.

Environmental Determinants of Youth Smoking

Policy and environmental determinants of youth smoking include exposure to cigarette advertisements and availability of cigarettes at prevalent POS locations frequented by youth, such as convenience stores. Evidence suggests that youth purchase cigarettes more often at stores with more advertisements (Celebucki & Diskin, 2002; Henriksen, Feighery, Schleicher, Haladjian, & Fortmann, 2004), and that youth prefer the most heavily advertised brands (Glanz, Sutton, & Arriola, 2006). Additionally, higher retailer proximity, density, and advertising in stores near schools are related to higher smoking prevalence among youth (Cohen et al., 2007; Lovat et al., 2007). Overall, existing
evidence demonstrates that exposure to POS marketing and access to cigarettes can have a strong impact on youth smoking behavior.

In addition to the evidence for the effects of advertisements and availability of tobacco products at the POS, exposure and access to cigarettes are areas reflective of striking health disparities, both in general and among youth. Racial and ethnic minorities and those of low socio-economic status (SES), including youth, are disproportionately exposed to and affected by tobacco use and its associated negative health outcomes (US Department of Health and Human Services, 1998). Furthermore, tobacco retailer density overall and the number of POS retailers near youth-serving locations, such as schools, may be higher in lower-income and minority communities (Seidenberg, Caughey, Rees, & Connolly, 2010). As a result, minority youth come into contact with sales and promotions of cigarettes more frequently. This is reflected in observations of higher rates of smoking in areas with greater proportions of low-income households (Chahine, Subramanian, & Levy, 2011). Therefore, interventions that restrict locations of tobacco outlets are likely to have a greater positive impact on low SES communities where tobacco outlets are more prevalent, helping to reduce health disparities in tobacco use among minority and low-income youth.

Policy Solutions to Youth Tobacco Use

Though laws designed to prevent youth under 18 from accessing tobacco products exist across the US, many are not adequately enforced and do little to prevent youth tobacco use and initiation. POS policies that limit the number of tobacco retailers near youth-serving locations are the next frontier of tobacco regulation and show promise in preventing youth access to tobacco products and cigarettes (Centers for Disease Control and Prevention, 2011b). For example, requiring retailers to obtain a license to sell cigarettes can be used to decrease youth access to tobacco products, prevent tax evasion on tobacco sales, raise revenue for state and local government use (if a fee is attached to the license), allow for local control of retailer location and density, and increase enforcement opportunities of existing
sales to minors laws (McLaughlin, 2010). While evidence continues to emerge in this area, precedent for enacting POS laws has been set in other states and communities, and is supported on a national level by the US Department of Health and Human Services (DHHS) (Banthin, 2010). Overall, POS policies offer promising new opportunities to protect youth by limiting access to cigarettes.

Despite the potentially strong health and economic benefits of such laws, the state of North Carolina currently prohibits, or preempts, local regulation of cigarette retailers (North Carolina General Assembly, 2012). Preemption means that localities in North Carolina cannot enact licensing laws that are more stringent than the state law, which is that tobacco retailers are not required to obtain any license to sell tobacco products, including cigarettes. Encouragingly, there is support at the national level for eliminating such preemptory laws. The US DHHS has prioritized the elimination of state laws preempting local tobacco regulation as one of its Healthy People 2020 objectives, its evidence-based goals for promoting national health (U.S. Department of Health and Human Services, 2011).

**Counter Tobacco Capstone Project**

In light of the environmental determinants of youth tobacco use, precedent set in other states for enacting POS regulations, and national support for undoing preemption, our Capstone work was focused on promoting licensing of cigarette retailers by local jurisdictions in North Carolina. To inform our intervention strategies, we drew from the CDC’s Community Guide, which recommended a multi-pronged approach to restricting minors’ access to tobacco products (Zaza, Briss, & Harris, 2005). Packaged as a single intervention, “Community Mobilization with Additional Interventions” includes efforts to build community awareness, support, and action for youth tobacco prevention, in addition to policy-level changes, such as stronger local laws restricting sales of tobacco to minors, and increases in the enforcement of such laws. In combination, these kinds of interventions created a physical and social environment in which youth tobacco use was discouraged. To achieve policy change, community groups were mobilized to advocate for stronger local tobacco control laws (Zaza et al., 2005). While exactly
which components of these interventions were most effective in limiting youth access to tobacco has yet to be determined, the Community Guide recommends their combined implementation to achieve reductions in youth tobacco use. Our Capstone project drew from this multi-pronged approach in determining our deliverables and approaches; we therefore created materials that would reach advocates, policy makers, and the general public.

**Theoretical Approach.**

The Social Ecological Framework (SEF), an approach to understanding various influences on behavior, and the Health Impact Pyramid, a framework for considering various intervention opportunities to change behavior, informed our Capstone team’s overall approach to youth smoking prevention. The SEF (Figure 1) posits that health behavior is influenced by a variety of factors at different levels, including the intrapersonal, interpersonal, organizational, community, and policy levels (Glanz, Rimer, & Viswanath, 2008). Importantly, healthy behaviors are easiest to perform when the overarching political climate and social norms of organizations and social groups favor such behaviors (Glanz et al., 2008). With our Capstone project, we targeted changes to the greater physical environment that restrict youth access and exposure to cigarettes, and to the social environment, that promote an environment in which youth smoking is discouraged and prevention policies are endorsed.

*Figure 1: Social Ecological Framework*
Another related framework, the Health Impact Pyramid (Figure 2) describes the relative impact of various types of interventions on health behaviors (Frieden, 2010). The Health Impact Pyramid includes five levels in which interventions can occur, arranged from the base level to the top level as having increasingly more individual effort needed to implement behavior change, and decreasing impact on population health. The two levels with the broadest population impact are socioeconomic factors, followed by environmental factors that make healthy behaviors the default. In promoting policy change, we focused on altering the environment so that healthier choices were easier to make; for example by decreasing the number, density, and proximity of tobacco retailers to youth serving locations (YSL), it will be more difficult to purchase and use tobacco products. These types of changes will achieve maximum impact on the population health of North Carolina youth, because they do not rely on an individual’s choice to purchase a tobacco product.

![Health Impact Pyramid](image)

*Figure 2: Health Impact Pyramid*

**Target Population: Community Leaders of Chapel Hill and Durham County.**

Through our Capstone, we laid the groundwork for POS advocacy efforts and policy change in Chapel Hill and Durham County by engaging with community leaders and advocacy organizations. Chapel Hill and Durham are both progressive local jurisdictions that we hoped could lead statewide
change to stronger tobacco policies in the future. Though preemption currently restricts localities such as these from implementing tobacco retailer licensing laws, our activities were aimed at increasing knowledge about licensing and demonstrating the potential effects of a licensing law, with the ultimate goal of starting a statewide advocacy effort to remove the preemptory language. This approach was deemed feasible by the Capstone team because there exists historical precedent for tobacco control advocacy in the area. Organizations and community members from Chapel Hill and Durham were a part of the North Carolina Group to Alleviate Smokers Pollution (NC GASP) organization as early as 1991, and these two areas participated in Project American Stop Smoking Intervention Study (Project ASSIST) in 1995 (Washington, Barnes, & Glantz, 2011). Moreover, Orange and Durham counties were early adopters of clean air provisions, indicating that there is support for tobacco control policies in these counties (Washington et al., 2011). Finally, in the face of political opposition and criticism in the media, UNC-Chapel Hill has maintained a strong legacy of research showing evidence for progressive tobacco policies (Washington et al., 2011). Overall, both Chapel Hill and Durham have histories as pioneer communities in promoting health, and are well positioned to lead the state in tobacco policy initiatives. Recently, Durham became the first county in North Carolina to adopt policies for tobacco-free public places. Our team capitalized on this history and experience by working with The Alliance and the TPCB to raise advocates’ knowledge of POS and licensing policies, as many organizations have little knowledge of the importance and effects of these policies.

Methods

The background knowledge of youth smoking in North Carolina and current state policy aided us in the process our team used to create our deliverables.

Logic Model

A logic model is a tool to help visualize the components and steps within a process, along with the intended results from that process. Logic models highlight the major steps that lead to changes in
outcomes (Kellogg, 2004). The Logic Model below (Figure 3) illustrates the relationship between inputs (i.e. resources) the activities the Capstone team performed; the activities our colleagues will perform in the future; and the short, medium and long-term outcomes we anticipate as a result. To summarize, using the inputs listed in the first column, members of the Capstone team produced materials and resources for tobacco POS policy advocacy efforts. The outputs, or products, produced by the Capstone team will assist in the implementation of policies that lift state preemption of local measures to address POS issues, policies that require licensure of tobacco retailers, and policies that limit youth access to tobacco. These efforts will result in the intended outcome of lower smoking initiation, lower rates of tobacco use, and lower morbidity and mortality attributable to smoking in the Chapel Hill and Durham County areas and statewide. Some of the outcomes and overall impact are expected to occur after the conclusion of the Capstone project. These are shown in italics and are included to provide context for our Capstone work.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Time</td>
<td>• Write a systematic review of the literature on the effects of tobacco retailers near schools</td>
<td>• Manuscript: “Tobacco Marketing, Product Availability, and Sales to Minors at Stores near Schools: A Systematic Review”</td>
<td>• Augmented body of literature on stores near schools and their effect on smoking rates</td>
<td>• Reduced youth access and exposure to cigarettes and tobacco marketing in NC</td>
</tr>
<tr>
<td>• Existing evidence</td>
<td>• Develop maps of tobacco retailers in CH and Durham County using GIS</td>
<td>22 maps of CH and Durham County</td>
<td>• Increased awareness of countertoacco.org among NC tobacco advocates</td>
<td>• Reduced differential access and exposure to tobacco marketing among low-income residents and racial and ethnic minorities.</td>
</tr>
<tr>
<td>• Funding</td>
<td>• Create a POS policy brief</td>
<td>• POS policy brief</td>
<td>• Increased awareness of POS policies in NC tobacco advocacy community</td>
<td>• Reduced smoking initiation among NC youth and adults</td>
</tr>
<tr>
<td>• HBHE department facilities/ resources</td>
<td>• Communicate to advocates in NC about POS policy solutions to reduce youth access and exposure to tobacco</td>
<td>• Contact list of tobacco control advocates in NC</td>
<td>• POS policies on NC tobacco advocacy agenda</td>
<td>• Reduced tobacco use among NC youth and adults</td>
</tr>
<tr>
<td>• Other UNC facilities/ resources</td>
<td>• Produce TRL social marketing materials</td>
<td>• 3 TRL social marketing ads</td>
<td>• POS issues on state legislative agenda</td>
<td>• Reduced morbidity and mortality attributable to smoking in NC</td>
</tr>
<tr>
<td>• Student team</td>
<td>• Present to, engage, and mobilize tobacco control advocates around TRL</td>
<td>• Presentation to and mobilization of tobacco control advocates</td>
<td>• Lifting of state preemption of TRL</td>
<td>• Reduced differential morbidity and mortality among low-income and minority groups.</td>
</tr>
<tr>
<td>• Faculty adviser</td>
<td></td>
<td></td>
<td>• Passage of local or statewide TRL in NC</td>
<td></td>
</tr>
<tr>
<td>• NC tobacco control advocacy groups</td>
<td></td>
<td></td>
<td>• Passage of ordinances limiting tobacco retailers near YSL</td>
<td></td>
</tr>
<tr>
<td>• Consultants from advocacy community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 3: Counter Tobacco Logic Model*
Planning for Sustainability

While outlining the planned work and intended results of this Capstone project presented above, the team evaluated the sustainability of the work. Planning for sustainability is important in order to have a lasting impact. According to Shediac-Rizkallah (1998), three main categories of factors influence the sustainability of a program: project design and implementation factors, factors within the organizational setting, and factors within the broad community environment. The authors provide three lenses through which to measure sustainability: maintenance of the health benefits, institutionalization of the program within an organization, and capacity building (Shediac-Rizkallah, 1998). Our project aims to intervene on a policy level to prevent the youth smoking, and we evaluated sustainability using all three approaches. The findings from our analysis of this project’s sustainability will be presented in the results section.

Engagement & Assessment Activities

Just as planning for sustainability is important to making long lasting impacts, community engagement is essential for community action and change. According to The Principles of Community Engagement (McCloskey et al., 2011), community engagement is important in order to improve health promotion and health research. A review of the literature revealed nine topic areas in which community engagement proved to have positive effects: agenda setting, study design and intervention delivery, intervention implementation and change, ethics, public involvement, overall understanding of academic partners, research participation, enhanced knowledge of community organizations, and public receptivity (Staley, 2009).

The approach for our project mirrored traditional tobacco prevention advocacy efforts. In the past, agenda-setting on anti-tobacco initiatives has been initiated by officials and advocates working at the state and national levels (American Lung Association, 2011). The Centers for Disease Control and Prevention (CDC)’s Office on Smoking and Health provides national leadership for an approach to
reducing tobacco use (Centers for Disease Control and Prevention, 2010a). For these reasons, we sought to engage the network of tobacco prevention advocacy organizations within North Carolina as our community of stakeholders, namely The Alliance and the TPCB. We conducted engagement and assessment activities with these organizations to understand priorities and consult with their leaders on activities and deliverables. These groups provided us mentorship by allowing us to attend meetings to observe policy advocacy in action, talking through advocacy strategies over the phone, consulting on our Capstone deliverables, and introducing us to members of their networks for opportunities to present our Capstone work.

We spent time speaking with The Alliance’s policy director, Pam Seamans, MPP, and additionally initiated contact with their coalition members and attended their quarterly membership meeting and tobacco prevention strategic planning meeting during the month of October 2011. At the quarterly membership meeting we attended, our faculty advisor, Dr. Ribisl gave a presentation on POS tobacco issues. Our team subsequently collected feedback with an informal poll and an open discussion on the receptivity of coalition members to innovative tobacco prevention initiatives.

The TPCB is a branch of North Carolina’s Division of Public Health, Chronic Disease and Injury Section that leads North Carolina’s fight against tobacco and builds the capacity of other agencies in the state to carry out relevant strategies to reduce the health effects of tobacco. Our Capstone team networked with various individuals from TPCB, participating in dialogue about our POS advocacy efforts during a meeting at their office, which was held in conjunction with the TPCB team, in October 2011. In February 2012, we hosted two community consultants, Ann Houston Staples, Director of Public Education and Communication at TPCB and Jonathan Polansky, founder of Onbeyond, LLC, a social marketing firm, at UNC, and presented our deliverables to them for their feedback.
Work Plan Deliverables

In addition to engaging with the tobacco advocacy community to gain their buy-in and involvement in our project deliverables, our deliverables were intended to facilitate continued community engagement. Specifically, the Capstone team and collaborators selected a combination of deliverables that would raise awareness in the advocacy community and its leadership about POS concerns, as well as enable tobacco control policy advocates and practitioners to act when they move to focus on POS issues. The GIS maps and policy brief will help illustrate the need for POS policy change to policy makers. Complementing advocacy efforts to address policy solutions, the ready-to-use social marketing campaign materials will assist policy advocates as they continue to raise awareness and garner support among the general public. The manuscript summarizes the evidence showing an association between tobacco retailer proximity to schools and youth tobacco uptake for public health practitioners working on POS issues. In addition, the deliverables selected built on the collective experience of the Capstone team, and encouraged development of new skills among team members, such as those in political advocacy, health communications, manuscript writing, and GIS-mapping. A more detailed description of deliverables can be found in Tables 1-4.

Results

Sustainability Findings

In this section, we will examine the sustainability of the Counter Tobacco Capstone project using the Shediac-Rizkallah framework. We will discuss project design and implementation factors, factors within the organizational setting, and factors in the broader community environment that influence the sustainability of this project and its associated outputs, outcomes, and impact (Shediac-Rizkallah, 1998).

Project design and implementation factors.

Several project design and implementation features of the Counter Tobacco project were important when planning for sustainability. These features include the following:
• Manuscript contributing to the body of literature on the effects of tobacco retailer proximity to schools and youth tobacco use uptake

• Dissemination plan for the social marketing materials and GIS maps on the web (www.CounterTobacco.org) and to the Town of Chapel Hill and Durham County GIS divisions to community leaders and advocates for future use

• Policy brief and Capstone team presentations communicating to policymakers to increase support for tobacco POS regulation

• Building support around tobacco POS regulation amongst local advocacy organizations through involving these networks in the creation of our deliverables

Through each of these activities, we are laying the groundwork for sustained efforts to promote tobacco retailer licensing policies in North Carolina. First, the manuscript we have drafted contributes to the scientific literature by documenting existing evidence of the relationship between the presence of tobacco retailers near schools and youth uptake of tobacco use. Second, our original maps and social marketing materials will be made available to local and national allies, including the Chapel Hill and Durham GIS divisions as well as tobacco control policy advocates at large, who visit www.CounterTobacco.org. By disseminating our materials through the Counter Tobacco website, we will provide interested parties with powerful tools to assist them in their goal to improve public health in their localities. The Counter Tobacco website is supported financially by the CDC, Office of Smoking and Health and the National Cancer Institute, and is maintained by Dr. Ribisl and the Counter Tobacco staff. The CDC funding for the website of about $60,000 per year has been extended an additional year, lasting into 2013. In addition, it will be funded by the National Cancer Institute, possibly totaling up to $500,000, through 2016. These funding sources will provide financial stability for continued advocacy by allowing our materials to be accessed, updated, and built upon while available on CounterTobacco.org. Although this specific Capstone project ends in May 2012, by making the materials we developed
available indefinitely on the Counter Tobacco website, these materials can be used to promote POS policies across the state and nationwide, particularly as policy environments become more conducive to supporting such regulations. To this end, our communications with and presentations to policymakers and residents of Chapel Hill and Durham have “set the stage” for future POS policies by promoting an environment more receptive to such tobacco regulation. Finally, having the ultimate goal of intervening on the policy level offers the potential for a more sustainable, institutionalized approach to addressing tobacco initiation among youth than does a one-time health intervention at the interpersonal or community level.

**Factors within the organizational setting.**

In addition to the project design and implementation factors mentioned above, a few factors within the setting of our partnering organizations will increase the sustainability of the Counter Tobacco Capstone project. First, Counter Tobacco North Carolina, a coalition of POS advocates in North Carolina, received grant funding during the 2011-2012 school year, with the potential to extend funding. This formalization and funding of Dr. Ribisl’s network of interested colleagues provides financial stability for continuing advocacy efforts. Additionally, POS issues are periodically integrated into the scope of work of the Alliance, NC TPCB, and other tobacco control advocacy groups in the state. These organizations have been solid, stable advocates in North Carolina for several years. The Alliance held a strategic planning meeting during the 2011-2012 school year, and consulted with the Counter Tobacco Capstone group to examine how our efforts may be integrated into their future plans. In addition, the Orange County Tobacco Coalition has included tobacco retailer licensing as a long-term National Association of City and County Health Organizations grant outcome. Unfortunately, POS policy advocacy was determined not to be a priority for these organizations in their short-term strategic plans, which impacts the sustainability of this work. However, within each organization, there is a “champion” or strong
A supporter of POS policies, who will likely further the sustainability of our work as POS policies continue to be brought to these organizations via Counter Tobacco NC and CounterTobacco.org.

**Factors within the broader community environment.**

The nature of working at the policy level means that there will be both assets and challenges offered by the broader community environment. Generally speaking, we face a challenging economic and political environment for sustaining any progressive policy work, both nationally and locally. However, policy advocacy agencies work toward tobacco control from a variety of angles, and are open to learning about POS strategies as an element of the fight against the harmful effects of tobacco.

Communities have used tobacco retailer licensing as a means of reducing the exposure and access of youth to tobacco advertising and products by reducing retailer density and proximity near schools (Centers for Disease Control and Prevention, 2011b). Evidencing this is the fact that 42 states have some form of POS policy in place to mitigate the harmful effects of tobacco in their communities (Centers for Disease Control and Prevention, 2011b). These policies are broad in impact, are institutionalized in local law, and are likely to be in place long-term. Our project looks to them as successful case studies in how to affect change and maintain sustainability in the broader community environment.

Despite the factors promoting sustainability mentioned above, there are a number of challenges to the sustainability of Counter Tobacco’s goals presented by the broader community environment as well, particularly the competing priorities of advocates in ensuring funding for tobacco prevention efforts. During the summer of 2011, the Health and Wellness Trust Fund (HWTF) was abolished, which had previously funded tobacco prevention programs throughout the state. Consequently, tobacco prevention advocates are currently investing most of their resources to ensure continued funding for existing programs. Before the decision was made to cut HWTF monies, the HWTF received one fourth of the annual funds that the state was allocated from the Tobacco Master Settlement Agreement. Although funds for tobacco prevention efforts formerly funded by the HWTF have been allocated
towards these existing projects for the rest of the current fiscal year, future funds will be diverted to North Carolina’s general fund for use anywhere in the general state budget. Consequently, tobacco control groups are primarily focusing on securing funding and preserving the integrity of the State’s recently adopted clean indoor air laws, rather than on promoting new legislative approaches to tobacco prevention such as POS policies. Overall, factors at the community level both supported and challenged the sustainability of our Capstone project.

**Engagement and Assessment Findings**

The discussion of sustainability above was informed by our engagement and assessment findings, which yielded information about the strengths of existing tobacco prevention advocacy networks, as well as their challenges and current priorities. Our engagement and assessment findings yielded tangible ways to modify and tailor our deliverables to be of maximum utility to these tobacco prevention advocacy communities.

Through engagement and assessment, it became clear that the main strengths of the State’s existing tobacco prevention advocacy network are its committed individuals, experts who have worked in the field of tobacco prevention for many years. These individuals have connections at all levels of government in North Carolina as well as experience implementing strategies to promote tobacco prevention at local levels and statewide.

These individuals provided valuable feedback that guided our Capstone deliverable creation. For example, presentations to Jonathan Polansky and Ann Staples helped us to refine and tailor our social marketing messages before testing them via intercept interviews with the general public. Additionally, as described in our methods section, the presence of competing priorities was exemplified when we polled members of the Alliance at a meeting in January 2012. Specifically, we discovered that some members were sympathetic to POS issues, some were fairly supportive, but the majority prioritized securing continued funding and maintaining clean indoor air laws. Understanding the
priorities of our community allowed us to tailor our policy briefs and presentations to be useful to this community.

Additionally, informal feedback gleaned through telephone conversations and meetings allowed us to revise our work plan from writing a grant to support a local organization’s POS advocacy efforts to creating a draft manuscript to advance the scientific literature on tobacco POS opportunities. After speaking with a number of organizations, we found that few organizations had the current capacity to support POS advocacy efforts, given existing priorities, and that few funding sources for such work existed. In addition, from informal conversations with local and state-level policymakers, we came to understand the value of evidence in policy advocacy. When an opportunity arose, the team chose instead to contribute to a manuscript to help build the case for future tobacco POS policies; this manuscript describes the impact of POS promotions and sales on youth tobacco purchases and use. Overall, our community engagement and assessment findings guided our work throughout our Capstone project.

**Summary of Deliverables**

Tables 1-4 provide a summary of the deliverables created as part of the Capstone experience and the key findings associated with each deliverable.

Table 1.  
**Summary of Capstone Deliverables: GIS maps of tobacco retailers in Chapel Hill and Durham County**

<table>
<thead>
<tr>
<th>Methods</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| • Requested a list of tobacco retailers in CH from Town of CH Town Manager, Roger Stancil, and received a “sundries” list in return naming the establishments in CH that applied for a license to sell sundries, including food, soda, and other items  
• Collected a list of all possible tobacco retailer locations in Durham County and CH using the Ref USA database for retail establishments  
• 2 team members obtained training in using | **Accuracy of sundries list:** Comparison of the list to the list of geocoded tobacco retailers revealed that 29 tobacco retailers in Chapel Hill were not listed on the sundries list, which is 58% of retailers in Chapel Hill.  
**Findings from CH:**  
• There are 47 tobacco retailers in CH.  
• Only the poorest and second poorest census tract groups in CH have high retailer concentration (3-4
ArcGIS software
- Used “ground-truthing”, or driving and scanning every secondary road, in Durham County and CH to verify the retailers on the list that sold tobacco; Geo-coded those retailers using GPS units
- Cleaned retailer data and uploaded GPS coordinates into ArcGIS
- Obtained other GIS data layers, including roads, school parcels, parks, childcare centers, and Census tracts
- Created GIS maps of Durham and CH retailers
- Linked information from the US Census and CH and Durham GIS divisions to Census tracts to map demographics
- Mapped the distribution of retailers across Census tracts showing SES (CH) and percent minority (Durham)
- Analyzed patterns of retailers, including distance to schools and retailer density; Analyzed spatial data for SES and racial/ethnic disparities
- Mapped effects of policy solutions on retailer density and location for inclusion in policy brief

Retailers within 500 ft of another retailer:
- 13 (28%) retailers are within 1,000 ft of a youth-serving location
  - None of the retailers near youth-serving locations are in the Census tracts with the highest median income.
- There is evidence for disparities in tobacco retailer density and location by Census tract SES breakdown in CH

Findings from Durham:
- 233 tobacco retailers in Durham County
- 13 (30%) schools, all within racially mixed or predominantly minority areas, have tobacco retailers within 1000 feet
- Retailer density appears to be greater in areas with higher proportions of minority residents
- There is evidence for disparities in tobacco retailer density and location by Census tract racial breakdown in Durham

Table 2.


Purpose: To provide a review of the problem of youth access to tobacco, a description of current POS tobacco policies in North Carolina, and to integrate these findings with GIS maps from Chapel Hill and Durham County to provide the basis for policy recommendations to reduce youth access to tobacco.

Timeline: August 2011-April 2012 (~8 months)

<table>
<thead>
<tr>
<th>Methods</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducted a review of all relevant policies related to POS of tobacco in Durham County and Chapel Hill</td>
<td>Current POS policies in North Carolina: There are no policies in place in NC that require tobacco retailers to be licensed. In fact, licensing is preempted at the state level, meaning that no local governments in NC can enact licensing policies for their localities until the state law is changed.</td>
</tr>
<tr>
<td>Narrowed policy recommendations to top three most relevant based on policy research</td>
<td>Policy recommendations: Based on GIS maps of Chapel Hill and Durham County, we recommend that NC lift preemption on retailer licensing, and that local governments implement tobacco retailer licensing ordinances. These ordinances ought also to limit retailers near schools and require retailers to be a minimum distance from one another. Restricting retailers near schools and limiting retailer density has the potential to reduce disparities in access to tobacco products for Chapel Hill citizens of low SES, and racial/ethnic minorities in Durham County and youth.</td>
</tr>
<tr>
<td>Incorporated content from social marketing materials into the policy brief</td>
<td></td>
</tr>
<tr>
<td>Presented policy brief to community consultants for feedback</td>
<td></td>
</tr>
<tr>
<td>Finalized policy brief and presented findings and other Capstone deliverables to:</td>
<td></td>
</tr>
<tr>
<td>o Sally Herndon, TPCB</td>
<td></td>
</tr>
<tr>
<td>o Joseph Lee, UNC Gillings School of Global Public Health</td>
<td></td>
</tr>
<tr>
<td>o Leah Ranney, Tobacco Prevention and Evaluation Program</td>
<td></td>
</tr>
<tr>
<td>o Donna King, OCHD</td>
<td></td>
</tr>
<tr>
<td>o Pam Diggs, OCHD</td>
<td></td>
</tr>
<tr>
<td>o Lee Storrow, NC Alliance for Health</td>
<td></td>
</tr>
</tbody>
</table>
Table 3.
Summary of Capstone Deliverables: Tobacco Retailer Licensing Social Marketing Materials

**Purpose:** To raise awareness of the problem of a lack of tobacco retailer licensing in North Carolina, to increase support for enacting licensing policies, and to encourage potential allies to visit www.CounterTobacco.org.

**Timeline:** August-March 2012 (~7 months)

<table>
<thead>
<tr>
<th>Methods</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identified intended audience and scope of campaign materials.</td>
<td><strong>Campaign scope, audience, and strategy:</strong> We decided to do a series of 2-3 print ads targeted at potential allies of POS regulation among health advocates and the public. These ads can be used by advocates in the future, posted in various public venues when tobacco retailer licensing becomes a salient issue in a given community.</td>
</tr>
<tr>
<td>• Developed general communication strategy for intended audience.</td>
<td><strong>IRB:</strong> Message testing deemed IRB exempt.</td>
</tr>
<tr>
<td>• Submitted an application to the UNC Institutional Review Board (IRB) for message testing with intended audience.</td>
<td><strong>Messages to test:</strong></td>
</tr>
<tr>
<td>• Developed messages and materials.</td>
<td>• After initial meeting with community consultants, we decided to test:</td>
</tr>
<tr>
<td>• Created mock-ups of social marketing ads.</td>
<td>o Irony to expose the inconsistency in NC licensing laws.</td>
</tr>
<tr>
<td>• Submitted mock-ups to graphic designers and received their draft.</td>
<td>• Other similar products are licensed: NC requires alcohol retailers to be licensed, but not tobacco retailers.</td>
</tr>
<tr>
<td>• Presented drafts of ads to community consultants and Counter Tobacco team for feedback.</td>
<td>• Other benign products are licensed: CH requires retailers that sell ice cream and soda to be licensed, but not tobacco retailers.</td>
</tr>
<tr>
<td>• Submitted changes to graphic designers and received their second draft.</td>
<td>o Arguments of economic fairness to raise support for licensing laws.</td>
</tr>
<tr>
<td>• Developed intercept survey for message testing with second draft of materials.</td>
<td>• NC taxpayers spend $2.26 billion each year on smoking-related health care costs; tobacco retailers spend $0 to sell cigarettes.</td>
</tr>
<tr>
<td>• Tested messages and materials via 10 intercept surveys at a Laundromat in Durham County and a retail mall in Chapel Hill</td>
<td>• Each NC household spends $563 in taxes each year on smoking-related health care costs; tobacco retailers spend $0 to sell cigarettes.</td>
</tr>
<tr>
<td>• Summarized findings of intercept survey and made edits to ads.</td>
<td><strong>Final messages:</strong></td>
</tr>
<tr>
<td>• Submitted final changes to graphic designers and received final materials.</td>
<td>• Similar product: NC requires alcohol retailers to be licensed, but not tobacco retailers</td>
</tr>
<tr>
<td>• Prepared report detailing methodology of material creation and message testing. Included final materials.</td>
<td>• Economic argument NC taxpayers spend $2.26 billion each year on smoking-related health care costs.</td>
</tr>
<tr>
<td>• Published materials in image gallery on CounterTobacco.org.</td>
<td></td>
</tr>
</tbody>
</table>

• Betsy Vetter, NC Alliance for Health
• Sterling Fulton-Smith, TPCB
• Tish Singeltary, TPCB
• Wanda Boone, Durham TRY
• Prepared a “Next Steps Recommendations” document for the 2012-2013 Counter Tobacco Capstone team
<table>
<thead>
<tr>
<th>Methods</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Received a collection of articles that co-authors obtained from a thorough review of the literature. Articles were included if they were a result of primary data collection, were on tobacco retailer proximity to schools, tobacco advertisement near schools, tobacco products available near schools, and youth uptake. 25+ articles were passed to Capstone team from Counter Tobacco NC research team.</td>
<td><strong>Scope of the problem:</strong>&lt;br&gt;• Existing research has examined the impact of store location and density, the amount of tobacco advertising in stores near schools, and the availability of smokeless tobacco products near schools. There is evidence that stores near schools tend to sell tobacco to minors, which increases youth access to tobacco products and subsequent smoking behavior.</td>
</tr>
<tr>
<td>• Organized information from each of these articles, including population, sample size, study design, measures, and key findings in a table.</td>
<td><strong>Youth purchase of tobacco at stores near schools:</strong>&lt;br&gt;• While a small amount of peer-reviewed publications have investigated youth tobacco purchase attempts at stores near schools, there is evidence that youth can purchase tobacco products at these stores in many cases without verification of their age or identity.</td>
</tr>
<tr>
<td>• Assessed articles for relevance and narrowed pool to 10+ articles that addressed the effects of tobacco retailer and advertisement location and density near schools on youth smoking behavior.</td>
<td><strong>Tobacco industry documents on targeted marketing at stores near schools</strong>&lt;br&gt;• Several published examples exist of the tobacco industry's targeting marketing to youth at stores near schools</td>
</tr>
<tr>
<td>• Synthesized the information from table to an outline.</td>
<td><strong>POS policy solutions</strong>&lt;br&gt;• As has been implemented in other states and localities, POS policies are a viable way to limit youth access to tobacco by regulating tobacco sales and promotions at stores near schools</td>
</tr>
<tr>
<td>• Supplemented articles gathered with an additional search on youth access to, as measured by youth purchase of, tobacco at stores near schools o Searched 12 databases o Search terms included words for “youth,” “tobacco,” “sales/stores,” “schools,” and “proximity.”</td>
<td></td>
</tr>
<tr>
<td>• Reviewed and outlined: tobacco industry documents showing how the industry targeted marketing at stores near schools and POS policy solutions to address problems related to school proximity to tobacco retailers and youth smoking uptake</td>
<td></td>
</tr>
<tr>
<td>• Created a draft manuscript from this outline.</td>
<td></td>
</tr>
<tr>
<td>• Combined drafts of sections described above with Methods section, portions of Policy Solutions section, and Recommendations for Future Research section written by co-authors (not on Capstone team)</td>
<td></td>
</tr>
</tbody>
</table>
Discussion

Considerations for Sustainability

To ensure the sustainability of our deliverables as discussed above, we recommend several strategies to continue advocacy and communication around POS policies in North Carolina. Promotion of the Counter Tobacco website and sustained traffic to it will be an important facet of our project’s sustainability and the availability of original materials. Continued advocacy for POS issues is also a critical strategy in sustaining the work of our Capstone project. Specific recommendations for next steps are made in the Conclusion of this Report and in Appendix B.

Strengths and Limitations of Engagement & Assessment Activities

Our Capstone team was able to successfully use the information we gained from the tobacco control advocacy community to guide how we framed POS tobacco issues in our policy brief, GIS maps, and the social marketing materials. Their insights also guided the way in which we approached our deliverables in substituting the writing of a grant for POS advocacy work for the drafting of a manuscript to contribute to the scientific literature. Having knowledge about current priorities and interest surrounding the enactment of POS policies led us to focus on informing potential allies about local POS opportunities and strategizing about advocacy opportunities during the course of our Capstone project.

To improve upon our community engagement and assessment, we may have chosen to spend more time soliciting in-depth feedback on our POS efforts from one advocacy organization as opposed to many. However, with various sources of community input, we have guided our efforts to be responsive to the needs of multiple stakeholders. Additionally, after learning that current tobacco control advocacy efforts in North Carolina are not focused on POS issues, we may have gained even more information to guide our current efforts by asking more questions about the future of tobacco POS policies in North Carolina, so that we could more strategically tailor our efforts to anticipate future needs.
Potential Impacts and Benefits of the Capstone Project

Our efforts to introduce the need for POS policies in North Carolina may benefit our Capstone partner, and impact tobacco control advocates in North Carolina and beyond. We believe our work has resulted in a higher level of awareness of the need for POS policies amongst health advocates in North Carolina. The GIS information for Chapel Hill and Durham County serve as evidence that there are problems related to tobacco retailer density, especially with regard to youth-serving locations. In light of these findings and our research, we have created ready-to-go social marketing materials that can be used to further launch advocacy efforts on POS policies within the state in the future. In addition, our policy brief, GIS maps, and social marketing materials can now be used by Counter Tobacco, and disseminated across communities throughout North Carolina as they continue the mission of changing POS policies.

Beyond tangible deliverables, we have also worked to cultivate relationships with our leading health advocates in North Carolina. These relationships will benefit Counter Tobacco as they decide to move forward with POS issues. The combination of the Capstone team efforts represents a model framework that any community or organization can use in approaching POS policy efforts.

Lessons Learned & Challenges

During the course of our Capstone, we learned firsthand how to engage with community members in policy advocacy efforts, better cultivate and navigate professional relationships, and create a variety of materials to be used in a grassroots effort for policy change. Our Capstone team also experienced successes and challenges alike during the course of our experience, resulting in many lessons learned.

Our most notable challenges were experienced during the search for our community partner, in our efforts to find a potential grantee, and when trying to mobilize community members to prioritize POS issues. Without an established community partner and potential grantee at the beginning of the
project, our Capstone project dedicated a significant amount of time to assessing and contacting potential allies in the community to work with us on a grant proposal. However, through this process we had the opportunity to engage with multiple organizations in the community, which benefited our team by orienting us to many of the health advocacy groups in North Carolina and providing us with an opportunity to improve our project negotiation skills.

Another challenge we faced, as mentioned in our sustainability findings and learned through our process of community engagement, is the resistance we found towards advocacy efforts around POS issues. Organizations that work on tobacco control policy issues are not primarily focused on POS strategies, especially in the current political and economic climate. By coming to terms with this challenge, we experienced the reality that comes with advocacy and learned more about the prioritization of policy issues in the process.

Although challenges were present, our team is also extremely proud of our accomplishments during our Capstone experience. During the course of our project, we created tangible materials that will be used in North Carolina in the future to advocate for POS policies. In the process of creating these materials, we were also able to gain and strengthen our own skills sets in areas that include GIS, health communication, and policy advocacy. Additionally, we have gained skills to engage the policymaking and advocacy communities, critical to promoting policy change for public health.

**Conclusion & Recommended Next Steps**

Over the course of our Capstone experience, the Counter Tobacco team has gained an appreciation of the rewards and pitfalls of policy advocacy work. On one hand, we feel energized by the idea of having a broad and lasting impact on local tobacco control policy. On the other hand, we understand that our deliverables only lay the groundwork for POS policy advocacy, and that this type of policy change may be a long time coming given the current financial climate and advocacy goals.
Our recommended next steps relate to the sustainability of the work we have done. We primarily recommend strategies that address continuing advocacy and communication. Many of our efforts will be sustained via the grant-funded activities of Counter Tobacco NC. Materials should continue to be made available, as they will be relevant as long as POS is still an issue. The funding of Counter Tobacco NC and intense interest on the part of Dr. Ribisl and colleagues leave us encouraged that this will occur.

Next year’s Counter Tobacco Capstone team will support this work by promoting use of the Counter Tobacco website, perhaps through advocacy networks, email listservs, webinars, and/or conferences; this continued and increased traffic will be an important part of Counter Tobacco’s sustainability and the availability of the materials we have created. Continued advocacy for POS issues is also a critical strategy in sustaining this project. Next year’s Capstone team should maintain the contacts we have made with advocates this year. Contact information for these individuals and their areas of expertise are listed in Appendix B, along with specific next steps. These next steps include following-up on potential advocacy opportunities around sundries licensing in Chapel Hill, connecting groups in Durham doing work around advertisement and retailer density, and pushing to get licensing on the advocacy agendas of local organizations who have expressed interest. We hope the deliverables that we have created will be used to convince the general public to join along with Counter Tobacco NC to advocate lifting preemption and requiring tobacco retailers in North Carolina to be licensed.
References


Appendix A: Work Plan

Counter Tobacco
Capstone Work Plan

A. Capstone Team Members

Kurt M. Ribisl, PhD.
Community Partner

In partnership with the following organizations: NCDPH Tobacco Prevention and Control Branch, Orange County Health Department, YES!, and NC Alliance for Health

Kurt M. Ribisl, Ph.D.
Faculty Adviser

Associate Professor
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Name
Allison Schmidt
Phone: 914-671-9041
E-mail: aschmid@email.unc.edu

Name
Linnea Warren
Phone: 505-263-9818
E-mail: lkwarren@email.unc.edu
A. Working Title

Please provide a working title that describes the population, setting, health topic(s), and major deliverable(s) you will be working on. E.g., Evaluation and Adaptation of a Reproductive Health Peer Education Curriculum for NC Latino Youth.

Counter Tobacco: Laying the Groundwork for Tobacco Retailer Licensing in North Carolina

B. Capstone Project Description

In narrative format, please describe the significance of the health problem(s) the Capstone project aims to address. Describe the population that will benefit from the Capstone project work. Describe the setting that will be impacted by the Capstone project work. Describe the methods that the Capstone team will use to address the health problems. (1-2 paragraphs)

Tobacco use is the leading preventable cause of death in the United States (Danaei, Ding, Mozaffarian, Taylor, Rehm, Murray, & Ezzati, 2009; Mokdad, Marks, Stroup, & Gerberding, 2004; U.S. Department of Health and Human Services, 2004). Disparities exist such that racial/ethnic minorities and those of low socio-economic status (SES) are disproportionately exposed to and affected by tobacco use and related health outcomes (U.S. Department of Health and Human Services, 1998). Another group among which tobacco use rates are high is youth (Everett, Warren, Sharp, Kann, Husten, & Crossett, 1999). In North Carolina, the smoking rate among youth aged 12-17 years is 10.8% (Centers for Disease Control and Prevention, 2010). Those youth at highest risk for tobacco use, often also disproportionately of low SES, may be the least likely to be reached through school-based and other existing tobacco prevention initiatives (Glynn, Anderson, & Schwarz, 1991). This is especially problematic as many of those who use tobacco at an early age continue to use tobacco throughout their lifetime; sustained and long-term exposure to tobacco is highly damaging to health (U.S. Department of Health and Human Services, 2010). Through our Capstone project, we will work to reduce youth smoking rates through the promotion of policies to implement environmental-level changes to reduce access to and exposure to tobacco products.

We aim to reduce youth access to tobacco products and youth exposure to tobacco product marketing by promoting the regulation of the proximity of tobacco retail outlets or tobacco marketing near youth-serving locations (such as schools, parks, and daycare facilities). Towards this aim, we will be creating Geographic Information System (GIS) maps of tobacco point-of-sale (POS) locations in Chapel Hill and Durham, North Carolina, and overlay these with maps of youth-serving locations and areas of low socioeconomic status and with a high proportion of minority residents. North Carolina law preempts local regulation of tobacco promotion and sales (Centers for Disease Control and Prevention, 2010); we will encourage policymakers to remove this preemption to allow for restriction of tobacco POS locations near youth serving areas. To help sustain work to advance these goals, we will identify potential partners to continue these efforts in the area of tobacco prevention for youth.
Project findings will be shared with tobacco control advocates and policy makers in Chapel Hill and Durham to lay the groundwork for lasting change at the environmental and policy levels through legislative and regulatory changes.

C. Deliverables & Activities

*Please list all Capstone deliverables and their purposes; the activities necessary to complete them; and the timeline for completing them.*

**Deliverable I: GIS maps of all tobacco retailers in Durham and Chapel Hill and their proximity to youth-serving locations such as schools, playgrounds, and parks.**

*Team Point People: Amber Anderson (Durham), Linnea Warren (Chapel Hill)*

*Description:* Conduct an analysis of patterns of the number, location, and density of retailers to assess disparities using GIS data and resulting maps. Development of maps will include identifying retailers through the Reference USA database, ground-truthing retailers, identifying their exact location through GPS, linking retailers to violations in existing public government databases (e.g. sales to minors), and linking retailers with census socio-demographic data. Ground-truthing involves driving every secondary road in the town and verifying whether tobacco retailers on the Reference USA-derived list actually sell tobacco and add any new retailers that are not included on the list. At the end of the process, students will have created an accurate, current list of all tobacco retailers in Durham and Chapel Hill. GIS layers are available to students through the UNC GIS Library database. Two students will be taking an introductory GIS course during the fall semester to acquire necessary skills to create maps.

*Purpose:* The GIS mapping deliverable is intended to reveal any existing access disparities in Durham and Chapel Hill communities related to tobacco retailers and youth, and to provide powerful, detailed visual aids and analyses that will be included in potential recommendations and presentations to policy makers in Durham and Chapel Hill.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DUE DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0 Collect all tobacco retailer locations - Durham</td>
<td>Completed summer 2011</td>
</tr>
<tr>
<td>3.1 GIS training of 2 team members</td>
<td>Completed 9/30/2012</td>
</tr>
<tr>
<td>3.2 Identify retailers (Ref USA), Ground-truth and geocode all retailers in CH</td>
<td>Completed 10/1/2011</td>
</tr>
<tr>
<td>3.3 Clean retailer data</td>
<td>Completed 10/15/2011</td>
</tr>
<tr>
<td>3.4 Obtain other GIS data layers</td>
<td>Completed 10/15/2011</td>
</tr>
<tr>
<td>3.5 Write letter to Town of Chapel Hill to obtain a list of Chapel Hill tobacco retailers</td>
<td>Completed 10/15/2011 and received response 11/30/2011</td>
</tr>
<tr>
<td>3.6 Create GIS maps of Durham and Chapel Hill retailers</td>
<td>Completed 12/15/2011</td>
</tr>
<tr>
<td>3.7 Link government databases info and census data in GIS</td>
<td>Completed 1/15/2011</td>
</tr>
<tr>
<td>3.8 Map distribution of retailers across census tracts showing socioeconomic status and percent minority</td>
<td>Completed 1/15/2011</td>
</tr>
<tr>
<td>3.9 Analyze patterns of retailers (density and proximity to schools and other youth-serving locations)</td>
<td>Completed 1/30/2012</td>
</tr>
<tr>
<td>3.10 Map effects of policy solutions on retailer density and location for inclusion in policy brief</td>
<td>Completed 2/15/2012</td>
</tr>
</tbody>
</table>

*Team Point Person: Meredith Kamradt*  

*Description:* Students will create a policy brief on POS tobacco policies in Durham County and Chapel Hill entitled “Laying the groundwork for tobacco retailer licensing in North Carolina.” The brief will include the GIS data and resulting maps, a review of current policies related to tobacco sales in the project areas, and recommendations for potential policy changes. With this policy brief, the students will host a presentation to policy makers, tobacco control advocates, and other interested parties.  

*Purpose:* To provide a review of current POS tobacco policies in Durham County and Chapel Hill and integrate these findings with GIS mapping technology to provide the basis for policy recommendations to reduce tobacco sales disparities. The presentation of the results from this report will be used to influence local policymakers to consider policy change related to pre-emption and POS licensing on a state-wide level.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DUE DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0 Conduct a review of all relevant policies related to POS of tobacco in Durham County and Chapel Hill</td>
<td>Completed 12/16/2011</td>
</tr>
<tr>
<td>2.1 Narrow policy recommendations to top three most relevant based on policy research</td>
<td>Completed 1/11/2012</td>
</tr>
<tr>
<td>2.2 Submit draft of policy review section to Counter Tobacco team members, faculty adviser, and community partner(s)</td>
<td>Completed 1/30/2012</td>
</tr>
<tr>
<td>2.3 Meet to discuss revisions to policy section draft</td>
<td>Completed 2/7/2012</td>
</tr>
<tr>
<td>2.4 Incorporate GIS data and maps to the policy brief and submit to Counter Tobacco team members, faculty adviser and community partner(s)</td>
<td>Completed 2/15/2012</td>
</tr>
<tr>
<td>2.5 Meet to discuss GIS section revisions</td>
<td>Completed 2/15/2012</td>
</tr>
<tr>
<td>2.6 Submit draft policy recommendations to Counter Tobacco team members, faculty adviser, and community partner(s)</td>
<td>Completed 2/30/2012</td>
</tr>
<tr>
<td>2.7 Meet to discuss revisions to policy recommendations section</td>
<td>Completed 3/15/2012</td>
</tr>
<tr>
<td>2.8 Finalize policy brief and present to policy makers, tobacco control advocates, county health department liaisons, and other interested parties.</td>
<td>Completed 4/16/2012</td>
</tr>
</tbody>
</table>

Deliverable III: Point of Sale Health Communication Campaign Materials  

*Team Point People: Allison Schmidt & Jenny Brown*  

*Description:* Students will develop and implement a health communication campaign to encourage community support around the local regulation of tobacco sales and marketing around youth-serving locations. We will develop materials, conduct message testing with the target audience, and publish materials on CounterTobacco.org (a online resource for point-of-sale tobacco control policy advocates and practitioners) for use by advocacy organizations in the future on the topics of youth access and exposure to tobacco.
Purpose: To raise awareness of the problem of a lack of tobacco retailer licensing in North Carolina, to increase support for enacting licensing policies, and to encourage potential allies to visit www.CounterTobacco.org.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DUE DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 Identify intended audience and scope of campaign materials</td>
<td>Completed 11/1/2011</td>
</tr>
<tr>
<td>4.1 Develop general communication strategy for intended audience</td>
<td>Completed 11/1/2011</td>
</tr>
<tr>
<td>4.2 Submit IRB for message testing with intended audience</td>
<td>Completed 11/16/2011</td>
</tr>
<tr>
<td>4.3 Develop messages and materials</td>
<td>Completed 2/1/2012</td>
</tr>
<tr>
<td>4.4 Create mock-ups of social marketing ads and submit to graphic designers and receive their first draft.</td>
<td>Completed 2/1/2012</td>
</tr>
<tr>
<td>4.5 Present drafts of ads to community consultants and Counter Tobacco team for feedback.</td>
<td>Completed 2/10/2012</td>
</tr>
<tr>
<td>4.6 Submitted changes to graphic designers and received their second draft.</td>
<td>Completed 2/15/2012</td>
</tr>
<tr>
<td>4.7 Develop intercept survey for message testing with second draft of materials</td>
<td>Completed 3/1/2012</td>
</tr>
<tr>
<td>4.8 Test messages and materials</td>
<td>Completed 3/15/2012</td>
</tr>
<tr>
<td>4.9 Summarize findings of intercept survey and make edits to materials.</td>
<td>Completed 3/18/2012</td>
</tr>
<tr>
<td>4.10 Submit final changes to graphic designers and receive final materials.</td>
<td>Completed 3/23/2012</td>
</tr>
<tr>
<td>4.11 Prepare report detailing methodology of material creation and message testing. Include final materials.</td>
<td>Completed 4/1/2012</td>
</tr>
<tr>
<td>4.12 Finalize design of materials</td>
<td>Completed 4/18/2012</td>
</tr>
<tr>
<td>4.13 Send published materials to Counter Tobacco.org for addition to Gallery</td>
<td>Completed 4/20/2012</td>
</tr>
</tbody>
</table>

Deliverable IV: Tobacco Retailer Licensing and Youth Manuscript: “Tobacco Marketing, Product Availability, and Sales to Minors at Stores near Schools: A Systematic Review”

Team Point People: Jennifer Brown, Meredith Kamradt, Allison Schmidt, and Linnea Warren

Description: Students will draft sections of a manuscript for publication in a peer-reviewed journal. The manuscript will be entitled “Tobacco Marketing, Product Availability, and Sales to Minors at Stores near Schools: A Systematic Review,” and will include the following sections: scope of the problem, youth purchase of tobacco at stores near schools, tobacco industry documents on targeted marketing at stores near schools, and POS policy solutions.

Purpose: To provide a summary of the evidence that tobacco retailers near schools increase youth uptake of tobacco use in order to contribute to the body of scientific literature supporting tobacco retailer licensing.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DUE DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Receive a collection of articles from co-authors obtained from a thorough review of the literature</td>
<td>Completed 1/14/2011</td>
</tr>
<tr>
<td>1.1 Organize information from each of these articles, including</td>
<td>Completed 2/15/2011</td>
</tr>
</tbody>
</table>
population, sample size, study design, measures, and key findings in a table

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DUE DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2 Assess articles for relevance and narrow pool</td>
<td>Completed 2/20/2012</td>
</tr>
<tr>
<td>1.3 Synthesize the information from table to an outline</td>
<td>Completed 2/30/2012</td>
</tr>
<tr>
<td>1.4 Supplement articles gathered with an additional search specifically on youth access</td>
<td>Completed 3/15/2012</td>
</tr>
<tr>
<td>1.5 Review and outline tobacco industry documents</td>
<td>Completed 3/15/2012</td>
</tr>
<tr>
<td>1.6 Create a draft manuscript from outline mentioned above</td>
<td>Completed 4/12/2012</td>
</tr>
<tr>
<td>1.7 Combine drafts of sections described above</td>
<td>Completed 4/15/2012</td>
</tr>
</tbody>
</table>

**Deliverable V: Capstone Summary Report**

**Team Point People:** All student team members

**Description:** Students will complete drafts of individual Capstone Summary Report sections throughout the fall and spring semesters. During the spring semester, sections will be combined in a unified format, reviewed by the student team, and submitted to teaching team for feedback. Using this feedback, students will then revise the Summary Report and submit a final version to teaching team. The Report will be added to the Health Behavior Capstone Summary Report collection housed in the Health Sciences Library on UNC campus.

**Purpose:** To provide documentation of Capstone activities, deliverables, and partners. Also, to create a document that will serve as a resource to future potential students Capstone partners.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DUE DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0 Draft Plan for Sustainability (IX)</td>
<td>Completed 10/28/2011</td>
</tr>
<tr>
<td>5.1 Draft Introduction (V)</td>
<td>Completed 11/2/2011</td>
</tr>
<tr>
<td>5.2 Draft Background/Literature Review (VI)</td>
<td>Completed 11/2/2011</td>
</tr>
<tr>
<td>5.3 Draft Logic Model (VII)</td>
<td>Completed 11/2/2011</td>
</tr>
<tr>
<td>5.4 Draft Description and Analysis of Engagement and Assessment Activities (VIII)</td>
<td>Completed 11/16/2011</td>
</tr>
<tr>
<td>5.5 Updated Work Plan</td>
<td>Completed 12/7/2011</td>
</tr>
<tr>
<td>5.6 Drafts of Abstract, Deliverables, Potential Impact and Benefits, Key Findings, Lessons Learned, and Challenges, Conclusion, and Appendices sections of Summary Report</td>
<td>Completed 3/21/2012</td>
</tr>
<tr>
<td>5.7 Draft of Entire Summary Report for student team review</td>
<td>Completed 4/11/2012</td>
</tr>
<tr>
<td>5.8 Final Draft of Summary Report to Teaching Team</td>
<td>Completed 4/25/2012</td>
</tr>
</tbody>
</table>

**D. Important HBHE Principles**

a. **Theory-Grounded**

*Please explain how the Capstone project work will be grounded in theory.*

This project is focused on making policy-level and environmental changes in the Triangle area in the areas of restricting point of sale tobacco advertising in North Carolina. Generally, we plan on utilizing principles of community organizing to engage and mobilize the community partners with whom we ally, including tobacco control advocates, youth groups and community members.

This project will be grounded in the SEF, the Health Impact Pyramid, and the SCT, specifically via the reciprocal interaction between the environmental changes we propose and individual behavior. We hope that the Triangle and the State of North Carolina will act as innovators in restricting POS marketing in high-impact areas, so Diffusion of Innovations is also at play.
b. Evidence-Based

Please explain how the Capstone project efforts will be evidence-based.

Evidence shows that point-of-sale tobacco advertising, as is present in tobacco retailers in the Chapel Hill and Durham areas, results in increased positive brand imagery in adolescents (Donovan, Jancey, and Jones, 2002). Positive brand imagery is associated with increased impulse purchasing and tobacco initiation (Donovan, Jancey, and Jones, 2002). This Capstone project intends to reduce this exposure by advocating for policies that restrict the number of POS tobacco retailers near schools and in sub-populations that are disproportionately affected by tobacco use (see “Capstone Project Description”). Moreover, this type of policy-change is considered to be vital part of “best practice” in tobacco control programs for youth, along with clean indoor air regulations, educational programs, and mass media campaigns (Wakefield and Chaloupka, 2000).

c. Participatory

Please explain how the Capstone project efforts will involve the intended audience.

The Capstone team intends to engage most deeply with the community partner(s) throughout the Capstone process. Depending on the chosen community partner(s), this could result in engagement with one of the target populations, adolescents. As outlined in the deliverables and activities section, we will also be collaborating closely with our community partners throughout each process. Through the development of a social marketing campaign related to point of sale policy changes, the team will also elicit feedback and participation from community members and intercept survey participants in message testing sessions.

d. Public Health-Oriented

Please explain how the Capstone project work will impact public health.

By advocating for policy change around POS advertising near schools and in disadvantaged areas, we anticipate having a significant impact on public health. Criteria for defining these areas will be determined via literature review during the pattern analysis phase of the GIS deliverable. Much of this impact results from recognizing the factors that accompany social determinants of health and intervening at the policy level. We will be addressing the public health issue of tobacco use, which often begins in school-age children and which has a disproportionate impact on low-income, low educational attainment, and high percent racial/ethnic minority communities.

e. Attention to the Potential for Sustainability and Dissemination

Which project outputs should be sustained after the Capstone project ends, how, and by whom? How will you share outcomes with stakeholders, relevant institutions, organizations, and individuals?

In addition to the long-lasting effects of a potential policy change that may result from the project, we also anticipate that this Capstone project will lay the groundwork for future research in this area. We plan on disseminating results to stakeholders, such as community partners, local and state government legislators and boards (where applicable), via CounterTobacco.org, presentations, meetings, policy briefs and testimonies, and conferences. We will share the maps produced in this project with the Towns of Durham and Chapel-Hill for use by their GIS team. Additionally, there may be another Capstone team in line for the 2012-2013 school year to build on our project.

E. IRB Implications

Will you be conducting secondary data analysis or primary data collection? Do you plan to pursue additional activities with the same information for dissemination (e.g., conference paper, article)? Please refer to the IRB Guidance for Student Research and Class Projects document to determine whether or not you will need to do an IRB.
We will be conducting message testing and will be submitting for full IRB review. See Social Marketing Materials section for dates. IRB submitted and awaiting approval.

F. Roles & Responsibilities
The Capstone has four stakeholder groups: students, community partners, faculty advisers, and the HBHE Department, as represented by the Capstone teaching team. The roles and responsibilities for each of these groups are outlined in Appendix A. The student team has identified the following team members for the roles listed below:

a. Teaching Team Liaison: Allison Schmidt
b. Community Partner Liaison: Meredith Kamradt
c. Faculty Adviser Liaison: Amber Anderson
d. Department Liaison: Jenny Brown
e. Intra-team and Document Liaison: Linnea Warren

G. Resources

a. Capstone Site Resources
The HBHE department will reimburse up to $100 of expenses relating to the direct activities necessary to carry out the established deliverables of the Capstone team.

What materials/resources will the Capstone partner supply to support this Capstone project (e.g., work space; transportation costs; long distance phone and faxes; data sources; data processing; printing; postage; clerical support; supplies for focus groups/meetings; etc.)? Does this Capstone team have all of the resources (e.g., money, space, technology, etc.) necessary to produce the deliverables outlined in the work plan? If no, explain how the resources will be obtained.

Resources
- possibility of using HBHE meeting space (TBD)
- mileage reimbursement for travel to off-campus sites for GIS mapping
- social marketing materials design, mock-ups, & printing (or video)
- printing of policy briefs
- printing of GIS maps (if applicable)
- access to POS website to conduct online survey

b. Capstone Partner Key Personnel
Please use the table below to identify key personnel (besides the community partner) at the Capstone organization/agency who will interact with the Capstone team.

<table>
<thead>
<tr>
<th>Name, Degree(s)</th>
<th>Title</th>
<th>Relationship to Capstone Team</th>
<th>Communication Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pam Seamans, MPP</td>
<td>Policy Director, North Carolina Alliance for Health</td>
<td>Policy Consultant</td>
<td>E-mail communication as needed for policy brief deliverable</td>
</tr>
<tr>
<td>Name, Degree(s)</td>
<td>Title</td>
<td>Area(s) of Expertise</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Ann Staples, CHES</td>
<td>Director of Public Education and Communication, Tobacco Prevention and Control Branch</td>
<td>Social Marketing Consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In-person meeting at NC Alliance for Health quarterly meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jonathan Polansky</td>
<td>OnBeyond, LLC</td>
<td>Social Marketing Consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In-person meeting at UNC and E-mail contact as needed during development of social marketing campaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim Martin, MA</td>
<td>State Advisor on Teen Tobacco Use, Tobacco Prevention and Control Branch</td>
<td>Legal/policy Consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-mail contact as needed during development of policy brief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sally Herndon, MPH</td>
<td>Head, Tobacco Prevention and Control Branch</td>
<td>Strategy/policy Consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In-person meeting at OCHD and E-mail contact as needed throughout Capstone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. Consultants on Call

Do you require any special expertise beyond what will be provided by your community partner, faculty, adviser, and the teaching team? If so, please use the table below to identify any faculty, adjunct faculty, alumni, PhD students, or other public health professionals who might be able to lend their expertise to the project.

Lisa Isgett Fastnaught, MPH | GIS consultant | GIS |
Lisa will be able to offer five to ten hours of GIS consultation over the course of the year. To be used after University services are requested and deemed insufficient.

d. Other?

Please describe any other assets available to the team.

- Team is aware of no other assets.

H. Logistical Considerations

a. Timing

Are there any timing considerations that will be important for the student team to be aware of when working on this project and its deliverables?

- Legislative Meetings
- Capacity of chosen community partner and their other commitments
- Turnover time for social marketing materials

b. Travel
What special travel considerations exist for the student team? If travel is required, who is covering that expense?

- Travel to other cities, for example Asheville or Wilmington, will be covered by our faculty’s UCRF grant, which runs through December 2011.

- Travel expenses will be paid with departmental funds and UCRF funds for trips to present Capstone-related work and for mileage when working on mapping in Chapel Hill.

c. Other
Are there any other important issues that the Capstone team (students, faculty adviser, and community partner) or teaching team should know about this Capstone project and/or the deliverables?

UCRF grant and other grants obtained by Dr. Ribisl will cover cost of these deliverables.

I. Permissible Uses of Information

a. Ownership of the Deliverables
The Capstone partner owns the final deliverables. However, HBHE reserves the right to publicly list the organization as a Capstone partner, to keep copies of all Capstone teams’ final deliverables for review by the HBHE community, and to include a brief project description in Capstone promotional materials. Please explain the degree to which students will be allowed to use the work produced in pursuit of their educational or professional careers (e.g., thesis, dissertation, manuscript). Describe the procedures for obtaining approval to disseminate the Capstone project deliverables. If there are certain data or products that cannot be disseminated, please list them here.

All deliverables created will be open access and available for anyone to use.

b. Authorship
What are your plans for authorship if you produce publishable materials?

If published, the lead Capstone student team member(s) assigned to the specific deliverable will be included as primary author(s). Other Capstone student team members could potentially receive co-authorship for a publication that they did not lead, if their contribution warrants authorship. Contribution may include, but will not be limited to, writing, data collection, or manuscript preparation.

c. Use of Recorded Materials
Who (e.g., Capstone partner, HBHE, students) can use the photographs, recordings, interviews, or auditory recording created by HBHE MPH Students during their Capstone projects?
The research team will have ownership over any recorded materials generated from Capstone project work. Due to IRB requirements, the team may have to apply for additional IRB approval to use recorded materials for uses beyond the Capstone project.
Appendix 1: Roles & Responsibilities

**Individual students** are responsible for:
- Indicating how (s)he will contribute to the work plan deliverables
- Contributing equitably to team activities and deliverables
- Providing professional, constructive feedback to teammates, community partner(s), faculty adviser, and teaching team as needed
- Being familiar with department policies and procedures as they relate to Capstone
- Attending Capstone Celebration Day

The **student team** is responsible for:
- Assisting in the development of mutually agreed upon specific, tangible, substantive, timely, and feasible activities and deliverables activities be achieved during the Capstone
- Drafting the initial team work plan and updating the document throughout the Capstone process
- Obtaining approval from the community partner for team work plan
- Become oriented to political, cultural, and social norms that relate to the community partner and Capstone experience
- Exhibiting professional and ethical behavior and seeking mentorship from community partner
- Maintaining confidentiality of all Capstone information and deliverables
- Implementing the team work plan in a way that equitably involves each student in each major deliverable
- Facilitating team development (e.g., establishing team ground rules, providing constructive feedback, division of labor, etc.) and decision-making
- Meeting regularly as a team to decide on activities and tasks to be completed as part of the Capstone process
- Participating in progress meetings with the faculty adviser(s), teaching team, and community partner three times in the fall semester and three times in the spring semester (roughly once per month)
- Participating in a feedback session with the faculty adviser(s), all community partners, and the Capstone teaching team at least once a semester
- Determining whether or not an IRB is necessary and if so, managing the IRB process
- Ensuring that applicable practice and research ethics guide group conduct
- Providing professional, constructive feedback to the community partner(s), the faculty adviser, and teaching team as needed
- Producing team deliverables that advance the mission of the Capstone partner
- Obtaining approval of deliverables as they are produced from the lead community partner and faculty adviser
- Renegotiating and revising the project activities and deliverables as necessary
- Identifying a **mentor (community partner/faculty adviser) liaison** who is responsible for:
  - communicating with the community partner AND faculty adviser
making requests to the community partner and faculty adviser when guidance is needed
fielding needs/questions from the community partner and faculty adviser
soliciting feedback on Capstone activities and deliverables from the community partner and faculty adviser
ensuring that both the community partner and faculty adviser approve all deliverables

Identifying a teaching team liaison who is responsible for:
- communicating with members of the teaching team on behalf of his/her Capstone team
- providing weekly updates summarizing the team’s progress on the Capstone project work (community partners and faculty advisers should be copied on these emails)
- maintaining group records on Blackboard/Sakai
- updating the teaching team if contact information for the community partner or faculty adviser changes
- turning in group coursework assignments

Identifying a department liaison who is responsible for:
- Serving as a liaison between the front office and members of their Capstone team
- Serving as their team’s resident expert on all Capstone policies and procedures
- Contacting the TAs and/or HBHE staff with questions about policies and procedures
- Submitting all receipts and the necessary paperwork (reimbursement forms, agenda and participant list for food purchases) to the TAs
- Coordinating resources needed to complete the project(s) (e.g., work space, equipment, access to data, etc.)
- Attending all department liaison meetings

The community partner is responsible for:
- Mentoring and facilitating the work of the student team
- Developing mutually agreed upon specific, tangible, substantive, timely, and feasible activities and deliverables activities to achieve during Capstone
- Approving the team work plan
- Orienting students to the Capstone partner’s people, projects, and resources
- Orienting students to political, cultural, and social norms that relate to the Capstone team experience
- Modeling professional, ethical behavior
- Respecting the student team’s obligation to uphold Federal and University guidelines on conducting research
- Providing resources needed to complete the project(s) as needed (e.g., work space, equipment, access to data, etc.)
- Meeting with the student team in person or by conference call and maintaining regular communication with students outside of scheduled meetings
- Participating in progress meetings with the faculty adviser and student team at least three times in the fall semester and at least three times in the spring semester (roughly once per month)
- Participating in a feedback session with other community partners, the faculty advisers, and the Capstone teaching team at least once a semester
- Providing timely, specific, and constructive feedback to the student team as needed
• Renegotiating and revising the project activities and deliverables as necessary
• Reviewing Capstone deliverables as they are produced
• Completing an evaluation form for the student team at the end of each semester
• Attending Capstone Celebration Day
• Identifying a suitable replacement to serve in the role of community partner if unable to continue as a community partner or unable to fulfill any of these specific responsibilities

The **faculty adviser** is responsible for:
• Reviewing and approving team work plans
• Providing advice to students on the team work plan (e.g., tasks, timelines, scope of work, adjustments)
• Providing intellectual and technical expertise and experience to the Capstone team
• Directing students to TAs, teaching team, Consultants on Call, or other resources as appropriate
• Supporting the Capstone partner and student team, as necessary, to ensure that the deliverables are moving forward to a successful conclusion
• Reviewing Capstone deliverables as they are produced
• Participating in progress meetings with the student team and community partner at least three times in the fall semester and at least three times in the spring semester
• Participating in a feedback session with other faculty advisers, all community partners, and the Capstone teaching team at least once a semester
• Providing useful feedback during and at the end of the project in addition to a final grade
• Attending Capstone Celebration Day and helping to evaluate teams

The **teaching team** is responsible for:
• Reviewing and approving team work plans
• Conducting feedback sessions with community partners and faculty advisers at least once a semester and as needed to provide updates on course activities, discuss issues of relevance to the Capstone experience, and provide support for challenges encountered during the Capstone experience
• Advising student teams via e-mail and meetings as requested by students
• Maintaining regular communication with community partners, faculty advisers, and students related to Capstone activities, particularly with feedback on what is working and what is not working
• Facilitating the resolution of conflicts that may arise between community partners and students or within the student team regarding Capstone activities and materials
• Coordinating feedback sessions with community partners and faculty advisers
• Assessing the performance of individual students and student teams as a whole
Appendix 2: References


# Appendix B: Contact Information and Recommended Next Steps

## Contact Information

| Name             | Organization                        | Title                                              | Phone            | E-Mail                        |
|------------------|--------------------------------------|***************************************************|------------------|--------------------------------|
| Anne Staples     | TPCB                                 | Director of Public Education & Communication       | (919) 707-5400   |                                |
| Anna Stein       | TPCB                                 | Legal Consultant                                   | (919) 707-5400   | abstein@live.unc.edu (will change to TCPB address after May 2012) |
| Bronwyn Lucas    | Youth Empowered Solutions (YES!)     | Executive Director                                  | (919) 229-8017   | bronwyn@youthempowered solutions.org |
| Donna King       | Orange Co. HD                        | Health Promotion and Education Services Division Director | (919) 245-2449   | dking@co.orange.nc.us           |
| Emily Clabaugh   | Youth Empowered Solutions (YES!)     | Development Director (Raleigh)                     | (919) 741-6142   | emily@youthempowered solutions.org |
| Jeanne Dairaghi  | Youth Empowered Solutions (YES!)     | Assistant Director (Asheville)                     | (919) 878-8777   | jeanne@youthempowered solutions.org |
| Jim Martin       | TPCB                                 | Director of Policy and Programs                    | (919) 707-5400   | jim.martin@dhhs.nc.gov          |
| Joseph Lee       | Gilling School of Global Public Health | Doctoral Student                                    | (919) 843-5062   | jose.lee@unc.edu                |
| Lee Storrow      | NC Alliance for Health; Chapel Hill Town Council | Executive Assistant; Town Council Member          | 919-914-0311     | t-Lee-Storrow@heart.org          |
| Leah Ranney      | TPEP                                 | Associate Director                                  | (919) 843-8354   | Leah_Ranney@unc.edu             |
| Mel Downey-Piper | Partnership for a Healthy Durham; Durham County Health Department | Partnership Coordinator                            | (919) 560-7833   | rmpiper@durhamcountync.gov      |
| Pam Diggs        | Youth Tobacco Use Prevention Coordinator | TRU Coordinator                                   | (919) 245-2424   | pdiggs@co.orange.nc.us          |
| Pam Seamans      | NC Alliance for Health               | Policy Director                                    | (919) 968-6611   | pamseamans@nc.rr.com            |
| Sally Herndon    | TCPB                                 | Branch Head                                        | (919) 707-5400   | sally.herdon@dhhs.nc.gov        |
| Wanda Boone      | Durham T.R.Y.                        |                                                   |                  | wandaboeone@aol.com             |

## Next Steps

- Sundries ordinance
  - Follow-up with Anna Stein on legal clarification of Chapel Hill sundries ordinance and potential opportunities for enforcement
  - Potentially have 2012-2013 Capstone Team work with UNC School of Government (Jill Moore, Public Health attorney) for legal clarification
Follow-up with Lee Storrow, Chapel Hill Town Council Member, for clarification on CH sundries ordinance
- Keep apprised of state position on sundries
  - If sundries licensing becomes target for statewide abolition, considering researching who the proponents are
  - Potential media opportunity for countertobacco.org
- Keep apprised of American Heart Association policy priorities to determine when licensing moves up on their agenda
  - Betsey Vetter will be looking for guidance from the national board
  - Kurt will talk with the American Health Association’s national representatives this summer about pushing POS on the national agenda
- Keep an eye out for “Family Dollar” (http://www.huffingtonpost.com/2012/03/29/family-dollar-store-cigarettes_n_1388018.html) or “Jungle Tobacco” (exclusive tobacco retailer in Wilmington, NC with kid-friendly colors located near schools and Monkey Joe’s, a kids’ party and play place) situations for advocacy opportunities
  - Could be social media components for the 2012-2013 Capstone Team
- Be familiar with maps, policy brief, & social marketing materials, to recommend their use during interactions with countertobacco.org community (primarily those in NC).
  - Help to disseminate materials via social media, potentially by 2012-2013 Capstone Team
- Get in touch with Pam Seamans to attend an Alliance for Health Meeting
- Contact Sally Herndon to take part in development of work plan for 2012-2013 Capstone Team as early as possible
- Keep apprised of budget situation and what happens in the short session of the NC General Assembly
  - Decisions will have significant impacts on tobacco control in North Carolina
- Follow-up with Kurt on the state of TPCB’s application for the FDA grant
  - The grant will incorporate some of Capstone 2011-2012’s ideas
  - Application due early May
- Reach out to community contacts as early as possible to keep Counter Tobacco and licensing on their minds throughout 2012-2013 and to promote CT.org
- Follow-up with Sally Herndon and the newly forming licensing affinity group
- Connect Durham TRY and Orange County TRU youth for potential continued summer advocacy
• Share violations mapping tool with Wanda Boone at Durham TRY