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## MODELS FOR PRACTICE

### FOCUS AREA: TOBACCO USE

**Program Name:** Too Smart to Smoke Tobacco Prevention Campaign

**Location:** Newport, Vermont

**Problem Addressed:** Tobacco Use

**Healthy People 2010 Objective:** 27

**Web Address:** <http://www.nchsi.org>

#### SNAPSHOT

The vision of the Health and Traffic Safety Coalition for Orleans and Northern Essex (HTS ONE) in Vermont is to promote the health and well being of the community. Fundamental to this pursuit is the mission of HTS ONE to support and foster freedom from tobacco and other substances of abuse as well as providing healthy behavior choices to community youth and adults. Too Smart to Smoke is a tobacco prevention campaign implemented in two rural counties in economically disadvantaged areas of Vermont—Orleans and Essex Counties.

#### THE MODEL

**Blueprint:** The tobacco prevention program is spearheaded by North Country Hospital's (NCH) community health planner and is implemented by a part-time coordinator hired by the hospital. The Tobacco Prevention coordinator is responsible for organizing and implementing the tobacco prevention activities and events according to grant guidelines. The grant-funded coordinator's role is to enlist participation of community groups, primarily youth, to engage in tobacco prevention activities and events. The coordinator is supervised by the NCH community health planner who initiates the grant process, completes all reports, and generally oversees the direction of the grant.

NCH provides a significant amount of funding and in-kind support in the form of space, supplies, supervision, and program administration. Funding is also through the Vermont Department of Health, first from Centers for Disease Control (CDC) money that came to the state and since 2001, tobacco settlement money.

The goals of the program are to:

- reduce the percentage of youth in the HTS ONE area who smoked cigarettes in the past month to 16 percent by 2010;

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- reduce the percentage of adults in the ONE area who smoke to 12 percent by 2010; and
  - reduce the percentage of young children in the ONE area who are regularly exposed to tobacco smoke in the home to 10 percent by 2010.

These goals are congruent with Healthy Vermonters 2010. To accomplish these goals, a variety of cessation and prevention strategies are used, aimed at changing perceptions regarding tobacco use.

The following list of events and programs are used in tandem to meet the objectives:

- recruitment of local youth and adults to write and record tobacco prevention messages that are aired on local radio stations;
- a youth summit, youth and family day sponsorship;
- poster contests in all elementary schools;
- anti-drug theatre productions at local schools;
- a “Clear the Air” program aimed at reducing exposure to second-hand smoke in the area;
- a Focus on Life photo workshop where teens learn the basics of picture-taking while focusing on healthy lifestyles. The photos are then exhibited for public viewing throughout the area; and
- support of healthy youth behaviors, such as community winter carnivals, school/community dinner dances, scholarships for local summer camps, wilderness camps and teen leadership workshops, and school projects that focus on healthy hearts, aerobic exercise, and not using tobacco.

Each of these activities is a collaborative effort between the Tobacco Prevention Program and various community members. The program attributes its success to a strong sense of cooperation and collaboration held in this rural area.

**Making a Difference:** Orleans and Essex Counties are rural, economically disadvantaged areas of Vermont. Smoking contributes to chronic obstructive pulmonary disease (COPD) at higher incidence in these counties compared to state rates. State COPD-related deaths were 44 per 100,000 adults in 1998 compared to Essex and Orleans Counties with a rate of 57 per 100,000 adults. Smoking during pregnancy rates are also higher in the North Country Hospital area (ranging from an all time high of 40 percent to a current 33 percent) compared to the state average in 2001 of 21 percent. However, as of 2001, the rate of smoking cessation among pregnant women before the fourth month is 28 percent in the NCH service area compared to the state average of 22 percent.

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Data from 2001 revealed significant progress toward smoking cessation in not only Vermont as a whole but also in Essex and Orleans Counties.

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In 1999, the state's estimated smoking rate among eighth and twelfth graders was 22 percent and 42 percent, respectively. At the same time, twelfth graders in two of the three school districts in Orleans and Essex Counties reported higher smoking rates of 48 percent and 54 percent, respectively. One of the school districts reported a prevalence of smoking (28 percent) among eighth graders.

Data from 2001 revealed significant progress toward smoking cessation in not only Vermont as a whole but also in Essex and Orleans Counties. In 2001, the state rate of smoking among twelfth graders was 30 percent (a 12 point drop from 1999). All three of the school districts in Orleans and Essex Counties were below or equal to the state average. Among eighth graders, the Vermont smoking rate dropped from 22 percent in 1999 to 13 percent in 2001. In Orleans and Essex Counties, one school district showed a significant decrease in smoking among eighth graders from 28 percent in 1999 to 18 percent in 2001. However, an increase was seen in another school district (from 20 percent to 25 percent). The adult smoking rates for Orleans (23.6 percent) is slightly higher than the state rate (22.7 percent); however, the Orleans rate has decreased since 1999. In Essex County, the adult smoking rate has remained consistently lower than the state average at 20.9 percent.

These data indicate that rates of smoking for twelfth graders in these two counties have significantly declined from 1999 to 2001; rates among eighth graders reveal mixed results. Adult rates have declined as well.

In designing the various programs and events, program organizers also consider the Developmental Assets as one mechanism to improve program effectiveness. The Developmental Assets were developed by the Search Institute and are now used by the state of Vermont.

**Beginnings:** The Health and Traffic Safety Coalition for Orleans and Northern Essex was initiated by the North Country Hospital in 1991. The coalition was originally formed to allow various members of the community to join together with the mission of improving traffic safety, with a particular focus on preventing and reducing the incidence of driving while under the influence of alcohol and increasing seat belt use. Over the years, the coalition's mission has expanded to include broader community health issues including combating tobacco and substance use. Today, the coalition's membership exceeds 40, with representation from a broad cross-section of the community ranging from businesses, health agencies, youth groups, schools, and legislators.

North Country Hospital has been instrumental in the development of the smoking prevention program. NCH, a leader and the facilitator of the HTS ONE coalition, acts as the fiscal agent of the tobacco prevention funds.

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NCH provided tobacco prevention/cessation assistance through its Wellness Center for almost 20 years. However, in 1996, with the receipt of increased grant funding, the tobacco prevention program became more structured and firmly established. In 1998, tobacco prevention strategies for the community were officially implemented. The rural counties of Orleans and Essex were targeted due to a higher prevalence of tobacco use compared to state rates. The program serves three school districts comprised of 21 elementary schools (public and private), a junior high school, and four high schools (public and private).

**Challenges and Solutions:** The primary challenges to the HTS ONE coalition are continued funding. As the program has expanded, funding has expanded from both the national level as well as the local level, including grants from NCH and HTS ONE. The program utilizes a variety of communication channels to disseminate information on the program including newspapers, newsletters to students, press releases, radio, and informational booths at numerous community events.

#### **PROGRAM CONTACT INFORMATION**

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