Public Health Program Promotion for Teen Smoking Prevention Program

Written Assignment #7

Erika McKenzie

December 11, 2014

MPH 585 Programming and Evaluation

Professor Wheeler
Table of Contents

Introduction

Needs Assessment

Program Strategic Plan

Mission, Vision and Values

SWOT Analysis

Program Objectives

Logic Model

Inputs

Outputs

Outcomes -- Impact

Detail Program Objectives for Plan Implementation

Tasks, Timelines, Responsible Leads/Partners

Program Pro Forma

Budgetary Needs

Program Evaluation Plan

Outcome measurements and standards

Program Strategies Summary
Introduction

Every day in the United States about 3,900 kids under age 18 will try their first cigarette, and more than 950 of them will become regular, daily smokers (Children and Teens, 2014). Of those, half will eventually die from smoking related illnesses. Of current adult smokers, 68% of them started the habit when they were under 18 and the younger one begins smoking, the harder it is for them to stop. Smoking comes with countless health risks including heart attack, stroke, heart disease, diabetes, and respiratory issues and the earlier one begins smoking the more severe these risks and side effects can be. Smoking is still the number one cause of preventable death (Health Effects, 2014), and while progress has been made in addressing the problem, there is still much more progress to be made, especially among teens. Across the United States billions of dollars have been allocated to decrease tobacco use, but not a single state actually uses these funds to meet federal recommendations for tobacco control programs (Smoking & Tobacco Use: Fast Facts, 2014). With a staggering public health problem that is still causing so many unnecessary deaths, states need to utilize available resources and meet spending recommendations from the Centers for Disease Control and Prevention (CDC) to better address and manage the problem and ultimately save lives.

Teen Smoking in Washington State

Needs Assessment

Washington State has concerning smoking rates. The CDC reports that Washington State ranks sixth in the country for its percentage of adult smokers, and 15th for youth aged 12-17 with 9.7% of this age group self identifying as having smoked at least once in the past 30 days (Washington Tobacco Facts, 2014).
There are several possible explanations for why this problem exists, but one contributing factor is that tobacco companies strategically market and advertise their products to lure more young and new smokers. Kids are more susceptible and easily influenced than adults to smoking advertisements; the National Cancer Institute reviewed evidence regarding tobacco advertising and promotional activities and youth smoking initiation and concluded that there is a causal relationship between the two (Tobacco Industry Marketing, 2014). Another problem is that states are not utilizing available funding to properly regulate tobacco products and their marketing; in 2009 the Food and Drug Administration (FDA) was granted authority to regulate tobacco products but this is not happening at the recommended levels by the CDC (Tobacco Industry Marketing, 2014).

Washington State also has the 10th highest tax on cigarettes in the country (State Highlights: Washington, 2011). When the price of cigarettes increases by ten percent the youth consumption rate is reduced by seven percent (Tobacco Industry Marketing, 2014), but these savings can be severely negated by promotions and coupons from tobacco companies.

There are also several other factors that can contribute to the problem of young people smoking. Some of these factors include the social norms in ones social and physical environments, tobacco use within ones social group or family, parental smoking, negative affect (such as depression, anxiety, or stress), and unrealistic expectations of the positive effects of smoking such as stress management or weight control. Youth are more sensitive to nicotine and therefore create a stronger dependency faster, and some of this sensitivity can be attributed to biological or genetic factors. Several other factors have also been associated with increased tobacco use including low socioeconomic status (SES), poor parental support or involvement, easy accessibility and availability, lower levels of academic achievement, low self esteem, and
aggressive behavior. Those with less skills to resist influences or peer pressure are also more likely to succumb to earlier tobacco initiation (Factors Associated With Youth Tobacco Use, 2014).

According to the Washington State Department of Health 12th graders have the highest smoking rate from grades 6-12 in the state at 16% (Washington Tobacco Facts, 2014). Among those 12th graders who smoked, there were more male smokers than female smokers (18 and 13% respectively). Regarding the ethnicity for the State as a whole, American Indians had the highest smoking rates at 19%, followed by Blacks at 13% (Washington Tobacco Facts, 2014).

These findings for the state are fairly consistent with the rates in King County specifically. Twelfth graders still have the highest smoking rates of all youth at 15%. Males in this group still have higher smoking rates than females and ethnicities with the highest cigarette smoking rates are, in order, American Indian/Alaska Natives, Native Hawaiian/Pacific Islander, and Hispanic/Latino youth (Public Health Data Watch: Tobacco Use in King County, 2014).

Washington State currently has several measures in place to attempt to address the youth smoking problem. One measure is the “minimum price law” which means that tobacco retailers cannot sell cigarettes for less than what they purchase it for and this helps to limit discounting or promotions on cigarettes themselves. Washington State also highly taxes the sale of cigarettes and requires licensure of all tobacco vendors, as well as limiting certain promotions, sampling, and displays. Washington State has also instated smoke-free laws for workplaces and public places to limit secondhand smoke exposure and also make it more difficult for smokers to get their fix, given that they have to leave a public place to do so (State Highlights: Washington, 2011). Washington State also has a quitline available where smokers can call and receive coaching on tobacco cessation, but only 4.4% of smokers actually called it for assistance from
While Washington State has taken several measures to help the problem of youth smoking, there is still a clear health need in King County of Washington State for more to be done to further improve the problem. Washington State and King County should develop different strategies to address the problem in new and more ways. There is a need to counter the advertising from tobacco companies through mass media and school and community programs. Tobacco free social norms need to have an increased emphasis in these counter advertising messages. The state should also take advantage of available funding to implement anti smoking messages and programs. While Washington State already has a high tobacco tax compared to other states, increasing the tax even more could limit access to many youth by making it less affordable. In addition, tobacco sales need to be more heavily regulated as well as penalties for those providing tobacco to minors better enforced. There is also a health need for current youth smokers to get professional assistance to quit. While preventing the initiation of teen smoking is ideal, helping current teen smokers to quit will also further improve the problem. There is a health need for more tobacco cessation programs available to minors.

**Program Strategic Plan**

**Mission Statement:**

The mission of the Teen Smoking Prevention Program (TSPP) in Washington State is to prevent the initiation of smoking in teens by reframing social norms around smoking, while also lowering rates of current teen smokers by helping them quit.
The TSPP will serve the entire community by focusing primarily on teens. When teens quit smoking others around them will be influenced to quit as well and younger populations will be discouraged from starting. The majority (68.9%) of current adult smokers in 2011 reported they want to quit and 42.7% had attempted to do so in the last year (CDC, 2014). Many current smokers find that having support from someone who has already quit is extremely helpful in their own quit efforts.

TSPP is unique in that Washington State does not currently have any programs to help teens who already smoke quit. The Quit Line in Washington State only allows teens to call in once for assistance, but quit coaches cannot call them or mail them materials because of current privacy laws (Washington State Tobacco Quitline: Frequently Asked Questions, 2013). Many teens who smoke may want to quit but not have adequate assistance or resources to do so and they may not know how to access current resources available. There is a need for teens to have this type of assistance just as much as adults do, given that most current adult smokers begin smoking when they are teens and generally the longer one smokes the harder it becomes to quit as the habit gets reinforced over time (CDC, 2014). While Washington State has other Tobacco Prevention programs in place, most of them are geared toward adult smokers; the TSPP will help to fill the need for a smoking prevention program to target the community’s youngest members and potential smokers.

The TSPP also aims to improve the issue of Washington State not utilizing available funding to properly regulate tobacco products and their marketing. Since 2009 the Food and Drug Administration has had authority to regulate tobacco products but this is not happening at the recommended levels in most states, including Washington State (Tobacco Industry Marketing, 2014). The TSPP will help to utilize this available funding and support better
enforcement of tobacco laws pertaining to minors, as well as counter the advertising from big tobacco companies.

The TSPP will focus heavily on counter marketing to the big tobacco companies’ advertisements. This anti-smoking marketing will help to educate and discourage the initiation of smoking in youth, as well as help to create and reinforce social norms that frown upon teen smoking. In an environment where smoking is socially unacceptable with one’s peers, current teen smokers will be encouraged to quit and be able to utilize a quit tobacco program through TSPP for assistance. In addition to working on changing social norms, the TSPP will also work with law enforcement and tobacco suppliers to better enforce the restriction of tobacco sales to only adults, and increase penalties for those who do not abide by these laws. When stricter repercussions are in place for providing tobacco to minors, their access will be limited.

Potential problems to the mission of TSPP include pushback from tobacco companies or increased tobacco advertising, which will be responded to with strategic counter marketing from the TSPP. Another potential problem is working with privacy laws pertaining to minors in the development of a smoking cessation program for them. In anticipation of this potential problem, stakeholders like politicians and policymakers would be consulted for their insight as to how to manage this as well as employing a lawyer for the program to help manage any potential legal issues.

The core values and philosophy of the TSPP include focusing on independence and freedom from tobacco companies and addiction and all that having an addiction entails. Improved quality of life and a positive outlook for the future will also be focused on to reach the priority audience of teens. Health in general will be a key value as well by promoting that a
healthy life is a happy life when one has their health to help them achieve other goals and ambitions.

**Vision for the Program:**

The vision for TSPP is to reduce teen smoking rates and thereby decrease adult smoking rates as the teen population ages into adulthood. In turn this will ultimately save and prolong lives from lowered smoking rates overall. Another important part of the vision is for teen smoking to be something that is even more stigmatized than it already is; social norms that discourage and frown upon teen and adult smoking will be reinforced over time by TSPP.

The community will also benefit in the short term from TSPP in several ways. Teens will have access to credible quit tobacco programs and treatment specialists to help them quit if they are already smoking. The community will have a significant amount of counter tobacco/smoking advertising to better educate the public about smoking risks and discourage tobacco usage. Laws pertaining to tobacco sales to minors will be better enforced with stricter penalties in addition to higher taxes on cigarettes; the extra money from this can go back into the community to discourage smoking and reinforce TSPP.

**Worksheet 1: Assessing Readiness for Strategic Planning**

<table>
<thead>
<tr>
<th>Strengths, Weaknesses, Opportunities and Threats (SWOT Analysis)</th>
<th>What weaknesses exist for your planning and program success?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the strengths that will contribute to planning and program success?</strong></td>
<td><strong>Federal funding available</strong></td>
</tr>
<tr>
<td><strong>Support and collaboration from stakeholders</strong></td>
<td>Tobacco companies tobacco marketing and advertising</td>
</tr>
<tr>
<td></td>
<td>Privacy laws pertaining to minors</td>
</tr>
<tr>
<td></td>
<td>Legal issues with nicotine replacement</td>
</tr>
</tbody>
</table>
What are the opportunities your planning and program will create?

There is definite opportunity for specific tobacco prevention programs (more than just smoking prevention) in addition to my program, there’s consumer needs for this as well.

What are the threats to your planning and program success?

Upsurge of electronic cigarettes (ecigs) and reinforced “smoking behavior” or these being used as a gateway to real cigarette smoking or other tobacco product use.

Tobacco companies advertisements and promotion.

NOTES: These important needs for a successful strategic planning process are currently in place:

- Access to many of the types of data needed for the environmental scan (i.e. It may make be helpful to complete the community health assessment prior to strategic planning)
- Adequate time for a quality environmental scan
- Adequate time to devote to stakeholder engagement in the process
- Budget allocations for the process
- Buy-in from Senior Leadership at the Health Department
- Commitment to the process including remaining flexible

Worksheet 2: Identifying Stakeholders and Their Role

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Level of Engagement Needed</th>
<th>Action Needed and By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public schools- teachers, school counselors</td>
<td>High</td>
<td>Promotion of tobacco free environments and social norms that discourage teen smoking, spreading word about program and helping teens to find resources and education pertaining to teen smoking</td>
</tr>
</tbody>
</table>

therapy promotion or abuse for minors

Not targeting all types of tobacco use in teens
<table>
<thead>
<tr>
<th>Local politicians &amp; policymakers</th>
<th>high</th>
<th>Support with privacy laws pertaining to minors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social media networks- facebook, Instagram, twitter</td>
<td></td>
<td>Promotion of tobacco free environments and social norms that discourage teen smoking, spreading word about program</td>
</tr>
<tr>
<td>Lawyer</td>
<td></td>
<td>Support for legalities and understanding of laws pertaining to minors and privacy</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>medium</td>
<td>Enforcement of laws pertaining to tobacco sales to minors</td>
</tr>
<tr>
<td>Tobacco suppliers</td>
<td>High</td>
<td>Adherence to laws pertaining to tobacco sales to minors</td>
</tr>
<tr>
<td>Media channels- news stations, newspapers, radio stations</td>
<td>high</td>
<td>Promotion of tobacco free environments and social norms that discourage teen smoking, spreading word about program</td>
</tr>
</tbody>
</table>

**Overarching Objectives for the Program:**

1. Decrease current teen (ages 13-18) smoking rate in Washington State by at least 5% over the course of the first year of implementation.
   
   a. Note: current smokers will be defined as those who have smoked at least 1 cigarette in the last week.

2. Help at least 5% of current teen smokers to quit within 1 year of implementation.
   
   a. Note: “Quit” or tobacco free will be defined as those who have not smoked a single or any part (even a puff) of a cigarette in at least one week.
Program Focus: Teen Smoking Prevention Program Logic Model

Explanation of How Logic Chart was Derived:

I previously worked as a Certified Tobacco Treatment Specialist for nearly the last three years of my employment. I used some of the ideas from how we implemented our program with adults and my knowledge from my experience and training and applied those ideas to my logic model for my program for teens. For example, we provided free nicotine replacement therapy to our participants as long as they did not have any health issues that could be of concern. For my program I anticipate that minors will need a doctor’s prescription to have access to these medications so I included that as part of my plan in my logic model. Nicotine replacement therapy is FDA approved and is helpful in reducing withdrawal symptoms while someone is quitting smoking. I logically thought through the inputs, outputs and the outcomes I am familiar with from my certification for tobacco treatment in conjunction with the outcomes I hope to achieve from my program to complete the logic model.

Assumptions:

- Legal and privacy issues pertaining to minors participating in a Tobacco Cessation program will be resolved
- Stakeholder support and adequate governmental funding

External Factors

- Parental and school influence/involvement with teens smoking or quitting
- Teens’ availability of & access to a doctor for clearance or prescription for NRT
- Tobacco companies marketing efforts
- Level of stakeholder support (law enforcement and tobacco suppliers abiding by laws pertaining to tobacco sales to minors)
<table>
<thead>
<tr>
<th>INPUTS</th>
<th>OUTPUTS: ACTIVITIES</th>
<th>OUTPUTS: PARTICIPATION</th>
<th>OUTPUTS: IMPACT-SHORT</th>
<th>OUTPUTS: IMPACT-MEDIUM</th>
<th>OUTPUTS/IMPACT-LONG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Treatment Specialist Training for Tobacco Cessation Program for minors</td>
<td>Nicotine Replacement Therapy for minors (w/ doctor approval)</td>
<td>Technical assistance for Tobacco Cessation program (phones, website, materials etc.)</td>
<td>Partnerships with and support from stakeholders</td>
<td>Government funding</td>
<td>Policy and regulatory action</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicotine Replacement Therapy for minors (w/ doctor approval)</td>
<td>Weekly Tobacco Treatment Coaching calls for minors</td>
<td>Nicotine replacement therapy (NRT) (w/ doctor approval)</td>
<td>Counter advertising to tobacco companies</td>
<td>Better enforcement of laws pertaining to tobacco sales to minors</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical assistance for Tobacco Cessation program (phones, website, materials etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partnerships with and support from stakeholders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy and regulatory action</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OUTPUTS:**
- Weekly Tobacco Treatment Coaching calls for minors
- Nicotine replacement therapy (NRT) (w/ doctor approval)
- Counter advertising to tobacco companies
- Better enforcement of laws pertaining to tobacco sales to minors

**OUTCOMES/IMPACT-SHORT:**
- From quitting smoking:
  - Breathing easier,
  - Saved money,
  - Lower blood pressure,
  - Improved sense of taste and smell,
  - No stigma of smoking or being outsider,
  - Socially acceptable,
  - Better breath,
  - Don’t have smoky smelling clothes,
  - Not exposing others to second hand or third hand smoke
- Harsher penalties for tobacco sales to minors
  → Better enforcement of tobacco laws and less access for minors

**OUTCOMES/IMPACT-MEDIUM:**
- Harsher penalties for tobacco sales to minors
  → Better enforcement of tobacco laws and less access for minors

**OUTCOMES/IMPACT-LONG:**
- Increased teen quit rates
- Reduced initiation among teens
- From quitting smoking or not smoking as a teen: Avoiding chronic diseases & reducing several health risks, better health, saved money, no dependence on tobacco, more self-control, independence & freedom from addiction & tobacco companies in addition to continued short & medium outcomes

**OUTCOMES/IMPACT:**
- From counter marketing to tobacco companies and people quitting: environment that stigmatizes and frowns upon teen smoking
### SMART objective 1: Reduce current teen (ages 13-18) smoking rates in Washington State by at least 3% over the course of the first year of implementation.

<table>
<thead>
<tr>
<th>Key Component</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific - What is the specific task?</strong></td>
<td>Lower teen smoking rates</td>
</tr>
<tr>
<td><strong>Measurable - What are the standards,</strong></td>
<td>Teens are defined as ages 13-18 in this group. The goal is to measure or</td>
</tr>
<tr>
<td><strong>measure or parameters?</strong></td>
<td>reduce the smoking rate in this group by 5% in the first year. The</td>
</tr>
<tr>
<td></td>
<td>smoking rate among youth aged 12-17 in 2013 was 9.7%. “Current” smokers</td>
</tr>
<tr>
<td></td>
<td>will be defined as those who have smoked at least one cigarette in the</td>
</tr>
<tr>
<td></td>
<td>last week.</td>
</tr>
<tr>
<td><strong>Evaluation period of measure is Short</strong></td>
<td>Intermediate: 1 year</td>
</tr>
<tr>
<td><strong>Term (months), Intermediate (1-3 years),</strong></td>
<td></td>
</tr>
<tr>
<td><strong>or Long Term (3 or more years)?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Achievable - Is the task feasible?</strong></td>
<td>I believe so, I think 3% is a realistic goal within the first year.</td>
</tr>
<tr>
<td><strong>Realistic - Are sufficient resources</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>available? (Inputs from logic model)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Time-Bound - What are the start and end dates?</strong></td>
<td>January 1, 2015 – December 31, 2015</td>
</tr>
</tbody>
</table>

### SMART objective 2: Help at least 3% of current teen smokers to quit within 1 year of implementation.

<table>
<thead>
<tr>
<th>Key Component</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific - What is the specific task?</strong></td>
<td>Help current teen smokers quit</td>
</tr>
<tr>
<td><strong>Measurable - What are the standards,</strong></td>
<td>“Quit” will be defined as those who have not smoked a single or measure or</td>
</tr>
<tr>
<td><strong>measure or parameters?</strong></td>
<td>any part (even a puff) of a cigarette in at least one week.</td>
</tr>
<tr>
<td><strong>Evaluation period of measure is Short</strong></td>
<td>1 week to qualify as quit. Overall objective time frame is one year.</td>
</tr>
<tr>
<td><strong>Term (months), Intermediate (1-3 years),</strong></td>
<td></td>
</tr>
<tr>
<td><strong>or Long Term (3 or more years)?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Achievable - Is the task feasible?</strong></td>
<td>I think so</td>
</tr>
<tr>
<td><strong>Realistic - Are sufficient resources</strong></td>
<td>Maybe. There could be some potential issues with privacy laws available? (Inputs from logic model)</td>
</tr>
<tr>
<td><strong>available? (Inputs from logic model)</strong></td>
<td>prescription based methods from their doctors</td>
</tr>
<tr>
<td><strong>Time-Bound - What are the start and end dates?</strong></td>
<td>January 1, 2015-December 31, 2015</td>
</tr>
</tbody>
</table>
**Detail Program Objectives for Plan Implementation**

**Tasks, Timelines, Responsible Leads/Partners**

It is important to have a success strategy for the Teen Smoking Prevention Program (TSPP). The priority population is teens living in Washington State; this population values freedom, independence, social acceptance and health and therefore these would be the products the TSPP would sell. Another more tangible product the program would have is a Teen Smoking Cessation Program. The strategy is to help this population understand how smoking cigarettes and developing an addiction infringes on their values. They will see how remaining tobacco free will allow them to keep their independence and freedom from big tobacco companies and everything an addiction entails, as well as have their health to pursue their dreams and have a good quality of life. One of the goals is to reframe social norms to discourage and frown upon teen tobacco use; if teens are in an environment where smoking is not socially acceptable then they will be less likely to smoke given that they want to be accepted by their peers. The price the priority population would be giving up is any positives they associate with smoking. This could include stress management, rebelliousness, and social acceptability (until smoking is reframed as being socially unacceptable). The population could access the Teen Smoking Cessation program over the phone, online, or in person, depending on what would work best for them.

Since the Teen Smoking Prevention Program has several components, they will be implemented in phases. The first phase of implementation will be counter marketing to big tobacco companies with the goal of reframing social norms to be one that discourages and frowns upon teen tobacco use. This counter marketing would be done through schools and the media. Media and promotions used would be through televisions, the internet, radios, newspapers, and social networks. The purpose of this first phase aside from changing norms is to
raise awareness about the issue as well as educate on the risks of smoking. Shortly after the counter marketing is implemented, law enforcement will make it known that harsher penalties will be enforced for those who do not follow tobacco laws pertaining to minors. This stricter enforcement (phase two) will also be introduced through the counter marketing efforts in the first phase. After the first two phases have been running for approximately two months, the Teen Tobacco Cessation program will become available. Training and preparation for the initiation of this program will also be happening while phase one and two are being implemented. This program will be available for current teen smokers who may be influenced to quit from the counter marketing and stricter law enforcement. Phasing in each part of the program will allow time for phases one and two to make their impact first, which is crucial for phase three to be utilized.

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Start Date</th>
<th>Duration (in weeks)</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and Preparation for Teen Smoking Cessation Program</td>
<td>15-Dec-14</td>
<td>10</td>
<td>1-Mar-15</td>
</tr>
<tr>
<td>Counter Tobacco Marketing/Education</td>
<td>1-Jan-15</td>
<td>52</td>
<td>31-Dec-15</td>
</tr>
<tr>
<td>Stricter law enforcement awareness</td>
<td>15-Jan-15</td>
<td>50</td>
<td>31-Dec-15</td>
</tr>
<tr>
<td>Teen Smoking Cessation Program</td>
<td>1-Mar-15</td>
<td>44</td>
<td>31-Dec-15</td>
</tr>
</tbody>
</table>
Program Pro Forma

This budget is for one year of implementation of the Teen Smoking Prevention Program in Washington State. Office space used would be at various Public Health Departments in Washington State. These are also the same facilities that the Tobacco Treatment Specialists would work out of. Supplies needed for the program have already been obtained and are available at these health departments. The lawyer handling any legal issues with the program would be donating their legal advice in support of the program as needed as not many legal issues are anticipated with the program.

Enrollment into the Teen Tobacco Cessation Program would involve a nominal participant fee at fifteen dollars per enrollment. Participant fees help those involved to stay motivated to participate when they feel they have invested something (McKenzie, Neiger, & Thackeray, 2013). Fifteen dollars should be affordable and therefore not a barrier to enrolling, but still enough to help keep participants invested and committed to the program. This money will then be put back into the program costs. There will be scholarships available for teens who may not be able to pay the enrollment fee but who still want to participate.

**Revenue and Support**

<table>
<thead>
<tr>
<th>Contributions from Sponsors:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Lung Association</td>
<td>$20,000</td>
</tr>
<tr>
<td>Washington State Department of Health</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

**Third Party support:**

Public Schools in King County, Washington state **donating office supplies & materials**

**Gifts:**

donations from community members $55,000

**Grants**

Centers for Disease Control and Prevention $40,000
Food and Drug Administration $50,000
Participant Fee: $15/enrollment**
Sale of Curriculum Material: n/a

**This is a variable revenue and was not included in the total because this revenue depends on how many individuals enroll in the program. This revenue will be minimal relative to total revenue.

TOTAL INCOME: $185,000

Expenditures
Direct costs
Personnel
- Salary and Wages:
  - 2 Tobacco Treatment Specialists: $35,000/year= $70,000
  - Fringe benefits: 0.30 of $70,000= $21,000
- Lawyer: legal advice donated in kind $0

Supplies:
- Quit Guides: $1 per Quit Guide (printed as ordered by participants) $1**
- Meeting Costs: locations: Public Health Departments and Public Schools $0
- Equipment: phones, computer system to document calls for Tobacco Treatment program, office supplies: donated use in kind from Public Health Department $0
- Travel: n/a $0
- Postage: only needed to mail Quit Guides to program participants= $5** shipping per Quit Guide mailed in WA state
- Advertising: to counter Big Tobacco Company Marketing via media (internet, newspapers, posters, mail flyers etc)= printing and supply donation from individual companies in community $0

**These costs are variable depending on how many individuals participate in the program. These expenses have not been added into the total but these expenses will be minimal relative to the overall budget.

TOTAL OF DIRECT COSTS: $91,000
+ cost of printing & mailing Quit Guides as they are ordered ($6 per Quit Guide for printing and postage)

Indirect Costs (rent, insurance, telephone, other utilities): n/a; will be using office building and supplies donated in kind from public health departments in the area

TOTAL OF INDIRECT COSTS: $0

TOTAL EXPENDITURES: $91,000

BALANCE: $185,000 (revenue) -$91,000 (expenses) $94,000 leftover
Program Evaluation Plan

For the Teen Smoking Prevention Program evaluation design there will be a few evaluation methods in place to gauge the program’s value and effectiveness. Formative evaluation aims to ensure that the quality of the program is the best it can be either before or during implementation (McKenzie, Neiger, & Thackeray, 2013). The TSPP would be pilot testing the marketing materials prior to the start of the program with a small segment of the population to ensure that they would have the desired impact and reach the audience effectively. The program would be evidence based and the Tobacco Treatment Specialists would undergo rigorous training to get certified to ensure their capacity to apply knowledge, skills, and abilities to help teens quit tobacco. Resources used would only be going toward the consumer oriented program and the Quit line for the Teen Tobacco Cessation part of the TSPP would be in support of the overall program. Satisfaction of participants would be measured via surveys during and after completion of the program.

Process evaluation in the program will involve several components. Process evaluation measures how many services were offered and how many people participated in the program (McKenzie, Neiger, & Thackeray, 2013), so the TSPP would monitor how many teens were participating in the Teen Smoking Cessation program, to what extent, and what pieces of the program were utilized (ie: phone coaching, the app, website, etc). This information would help to evaluate the fidelity, dose, and response to the program. Context of the program would also be evaluated and external factors would be considered when looking at their influence on program results. Reach would be calculated to assess what proportion of the priority population had an opportunity to participate.
The TSPP would not necessarily employ outcome evaluation as it doesn’t seem to fit the plan. Outcome evaluation measures the extent to which diseases decrease as a result of a program (McKenzie, Neiger, & Thackeray, 2013); since the target population is so young it would be extremely difficult to gauge whether reduced rates of lung cancer or other diseases in this population would be as a result of the program or not since the onset for these illnesses is usually much later in life and many other variables could have an impact on whether an individual develops lung cancer or not.
References


Children and Teens. (2014). Retrieved from American Lung Association:

Factors Associated With Youth Tobacco Use. (2014, February 14). Retrieved from Centers for Disease Control and Prevention:
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/

Fast Facts. (2014, April 24). Retrieved from Centers for Disease Control and Prevention:
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/


NACCHO. (2010). Developing a Local Health Department Strategic Plan: A How-To Guide. Retrieved from National Association of County & City Health Professionals:
National Tobacco Control Program. (2012, November 15). Retrieved from Centers for Disease Control and Prevention:

http://www.cdc.gov/tobacco/tobacco_control_programs/ntcp/index.htm

Public Health Data Watch: Tobacco Use in King County. (2014). Retrieved from Public Health - Seattle and King County:


http://www.lung.org/stop-smoking/about-smoking/facts-figures/tobacco-industry-marketing.html


http://www.doh.wa.gov/Portals/1/Documents/Pubs/340-206-TobaccoQuitlineFAQ.pdf