Texas Tobacco Prevention Initiative

Infrastructure and Baseline Data

January 2001

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TDH

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Texas Tobacco Prevention Initiative

FY 2000

Executive Summary

Background

During the 76th Session of the Texas Legislature (1999), the Texas Department of Health (TDH) was allocated $10 million annually in tobacco settlement funds to conduct a pilot study that would determine the most effective ways to prevent tobacco use and promote cessation among Texans of all ages.

This report describes the intensive programs implemented by TDH and its collaborating organizations, the program and evaluation infrastructures that evolved to provide systems for expansion and accountability, and baseline data on tobacco use.

Overview

TDH has assembled an unprecedented comprehensive network of partners to determine the best ways to prevent and end tobacco use among its constituents. With this pilot project, TDH has established an infrastructure of nearly 400 contractors and collaborating partners; each contract includes an emphasis on reaching diverse and special populations. Contracts are in place with organizations and individuals in university, private business, law enforcement, school and community settings.

Shortly after the 76th Legislative Session, TDH determined that the best use of the $10 million would be to take this project into the communities, listen to local needs, and assist with program implementation locally as part of a diverse pilot study that would be called the "Texas Tobacco Prevention Initiative."

In the fall of 1999, TDH conducted a series of community forums, focus groups, and one-on-one discussions and found that people want to prevent tobacco use among youth and promote adult cessation efforts through schools, community organizations, media and enforcement of laws. These finding were presented to workgroups of the TDH Commissioner's Tobacco Task Force in December 1999 and were used to develop the pilot study infrastructure.

East Texas and Houston were identified as the primary sites for the pilot study because the regions experience a high rate of lung cancer and other tobacco-related diseases and they contain demographically diverse populations that are heavily targeted by the tobacco industry. Based on best practices from other states and findings from the fall 1999 community forums and focus groups, TDH and its partners focused their work in the following program activities:

- School and Community Programs
- Cessation
- Enforcement
- Media

By fall 2000, the program activities listed above were occurring in 18 sites across the pilot area. Intensity levels ranged from no activity (control area) to single and multiple combinations of program activities in the "intervention communities." Intervention areas included: Tyler, Lufkin, Waco, Texarkana, Longview, Bryan-College Station, Beaumont, Port Arthur, Harris County, Galveston County, Brazoria County, Montgomery/Waller County, Fort Bend, Liberty County, and Chambers County. Bell County served as the "non-intervention community" (see matrix on page 6).

Preliminary Observations

- The number of youth using tobacco in Texas is extremely high, especially when compared to the usage level among adults. Initial research indicates an alarming 32 percent of high school students are current cigarette smokers, compared to 22 percent of adults.
- Among youth, sixth-graders are most at risk of becoming smokers.
- Local business, civic and community leaders recognize youth tobacco use as a serious problem and want to implement prevention programs, but resources have not been available.
- Isolated interventions are difficult to implement. Local communities want a variety of programs that address the needs of current tobacco users and youth along with establishing policies that make it easy not to smoke.
- It takes time to prepare community leaders in strategies of tobacco prevention and control and then to establish and coordinate programs before significant behavioral changes can be seen. At baseline community tobacco control and prevention programs were limited or non-existent.
- People are ready and responding well to tobacco control and prevention programs.
- Infrastructure development is needed.
- There are too few youth cessation programs.
- Public participation in media and program development is key.
- TDH is building a strong infrastructure for delivering community-level programs.

Next Steps

Analysis of the pilot study data is ongoing. These findings will soon be published with recommendations for model outreach and evaluation programs that can be duplicated in and tailored to other parts of the state.

"Tobacco use among children poses perhaps the single most significant threat to the public's health in the United States."

Justice Sandra Day O'Connor
in the majority decision on FDA regulation of tobacco products, March 2000

Time Line – Texas Tobacco Prevention Initiative

Fall/Winter 1999

- Texas legislative leadership requests pilot study by TDH
- TDH identifies East Texas and Harris County as pilot areas
- Community needs identified through forums and focus groups
- Pilot infrastructure recommended to TDH Commissioners' Tobacco Task Force workgroups

Winter/Spring 2000

- TDH receives $10 million settlement money
- Research collaborative forms
- Youth and adult baseline data collected

Spring/Summer 2000

Additional baseline data collected

- Principal and lead health educator surveys
- Tobacco policy analysis
- State agency network and community capacity surveys
- Community and media opinion leader surveys
- Health care provider, law enforcement officer, and judiciary surveys

Program development

- Interim youth and adult media campaigns begin airing commercials from other states
- Community contractors recruited, trained and working
- 100 STEP Conference children help craft "DUCK" brand for youth media campaign

Summer/Fall 2000

- TDH recruits and conducts trainings with schools
- New adult cessation media buys begin
- School, community and enforcement program activities ongoing
- "Tobacco is Foul" youth media campaign launched
- "Texas DUCK Days" public awareness week held Nov. 12-18

Fall/Winter 2000

- Texas Tobacco Prevention Initiative FY 00 Reports presented to the 77th Texas Legislature
- Follow up youth and adult surveys conducted

Section 1: Pilot Infrastructure

The methodology developed for the Fiscal Year 2000 (FY 00) Texas Tobacco Prevention Initiative lays the foundation for future tobacco prevention and control methods to be tailor-made to local needs and implemented in other regions of the state. For the pilot project, TDH developed a strong infrastructure and evaluation model through contracts and subcontracts with more than 400 local and state organizations and institutions.

East Texas and Houston were identified as the primary sites for the pilot study because the regions experience a high rate of lung cancer and other tobacco-related diseases and they contain demographically diverse populations that are heavily targeted by the tobacco industry.

To determine the most effective ways to prevent tobacco use and promote cessation among Texans of all ages, a matrix was developed that identified the following "intervention" categories to be implemented to varying degrees in 18 contracted communities:

- School & Community Programs
- Cessation
- Enforcement
- Media (low level versus intensive)[20]

Fig. 1 - Matrix of Communities, Intervention Categories and Intensity Levels

Community Site	Low Level Media	Intensive Media	Enforcement	Cessation	School & Community
Tyler		X			
Lufkin			X		
Waco				X	
Texarkana					X
Longview		X	X		
Bryan-College Station		X		X	
Beaumont		X			X
Port Arthur		X	X	X	X
E. Harris Co.	X			X	
Galveston Co.	X			X	
S. Harris Co.	X		X		
Brazoria Co.	X		X		
NW Harris Co.	X				X
Montgomery/ Waller Co.	X				X
Fort Bend	X		X	X	X
W. Harris Co.	X		X	X	X
NE Harris Co.	X				
Liberty Co. Chambers Co.	X				

The infrastructure for program delivery is matched to the program intervention categories and tied to the contracting system put into place during the first year of the project. The contract specifications for interventions are based on best practices identified by Texas communities and the Centers for Disease Control and Prevention (CDC) for community, school, cessation, enforcement, and media interventions that may then be adapted locally.[3]

Distribution of Funds

Contracted partners were recruited in early 2000 and began implementing program activities in the summer and fall of 2000. Contracts at local, regional and state levels specified the nature of activities to be conducted along with reporting criteria. For example, community program contractors agreed on a monthly basis to:

- Plan and promote programs to increase community awareness of tobacco issues,
- Form coalitions or strengthen existing ones,
- Deliver tobacco-free messages at community events with local media,
- Involve youth in planning activities to target diverse and special populations, and
- Educate the community on the importance of smoke-free environments.

The program activities undertaken during the first months of the project are described in Section 3 of this report.

Fig. 2 - Contractors in Communities FY00
Texas Tobacco Prevention Initiative

Community Programs - $ 2,290,700

Pilot Site	Contractors
Texarkana	Texarkana-Bowie County Family Health Center
Beaumont	City of Beaumont Public Health Department
Port Arthur	Port Arthur City Health Department
Northwest Harris County	Harris County Public Health and Environmental Services
Montgomery/Waller, West Harris, & Fort Bend Counties	Port Arthur University of Texas Health Science Center – Houston
West Harris County	Harris County Public Health and Environmental Services
Northwest and West Harris, Fort Bend and Montgomery Counties, Beaumont, and Port Arthur	Texas Southern University

School Programs - $ 756,000

Pilot Site	Contractors
Texarkana	ESC VIII Mount Pleasant
Beaumont	ESC V - Beaumont
Port Arthur	ESC V - Beaumont
Northwest Harris County	ESC IV - Houston
Montgomery	ESC VI - Huntsville
Fort Bend & Waller County	ESC IV - Houston
West Harris County	ESC IV - Houston

MINI Grants $ 500,000
$ 4,999 per grant allocation to both pilot and non-pilot sites; 43 applications received and 19 funded from pilot sites for $82,298

Cessation Programs - $316,200

Pilot Site	Contractors
Waco	Texas Commission on Alcohol & Drug Abuse
Bryan/ College Station	Texas Commission on Alcohol & Drug Abuse
Port Arthur	Port Arthur City Health Department
Galveston County	Galveston County Health District
Fort Bend County	Texas Commission on Alcohol & Drug Abuse
East & West Harris County	Harris County Health Department

Media Programs - $3,123,140

Roles	Contractors
Develop and coordinate state media campaign	Tuerff-Davis Enviromedia (DUCK)
Media message tracking	Nu- Stats
Community organization and marketing	Ware and Associates, Inc.
Media science review	Baylor College of Medicine

Enforcement Programs - $ 301,500*

Pilot Site	Contractors
Lufkin	Lufkin Police Department, Angelina and Nacogdoches County Sheriff Departments
Longview	Longview P.D, Harrison and Gregg County Sheriff Departments (Nov. 00 - Marshall PD)
Port Arthur	Groves and Port Arthur Police Departments (Nov. 00 Nederland and Port Neches PDs)
South & West Harris County	Houston Police Department
Brazoria County	(Nov.00 Alvin, Angleton, Clute, Freeport, Lake Jackson and Pearland Police Departments)
Fort Bend County	Richmond and Rosenberg Police Departments, Ft. Bend County Sheriff Dept. (Jan 01 Sugarland Police Dept.)

*for FY 00 (delayed start up placed some contractors into FY 01 budget - total biennium expenditure of $600,000)

Program Evaluation & Development - $ 1,797,962

Roles	Contractors
Evaluation & Program Development	Baylor, NuStats, Prarie View A&M, SWTSU, Texas A&M, Texas Southern Univ., Univ. of Houston, UT-Austin and UTHSC-Houston

Gottlieb, N., Sneden, G., McMorris L., Weinstein, R., Leifermann, J., & Corrao, M. (2000). Texas tobacco pilot FY00 evaluation studies report. Austin, TX: University of Texas at Austin, Department of Kinesiology and Health Education.

Evaluation and Surveillance Infrastructure

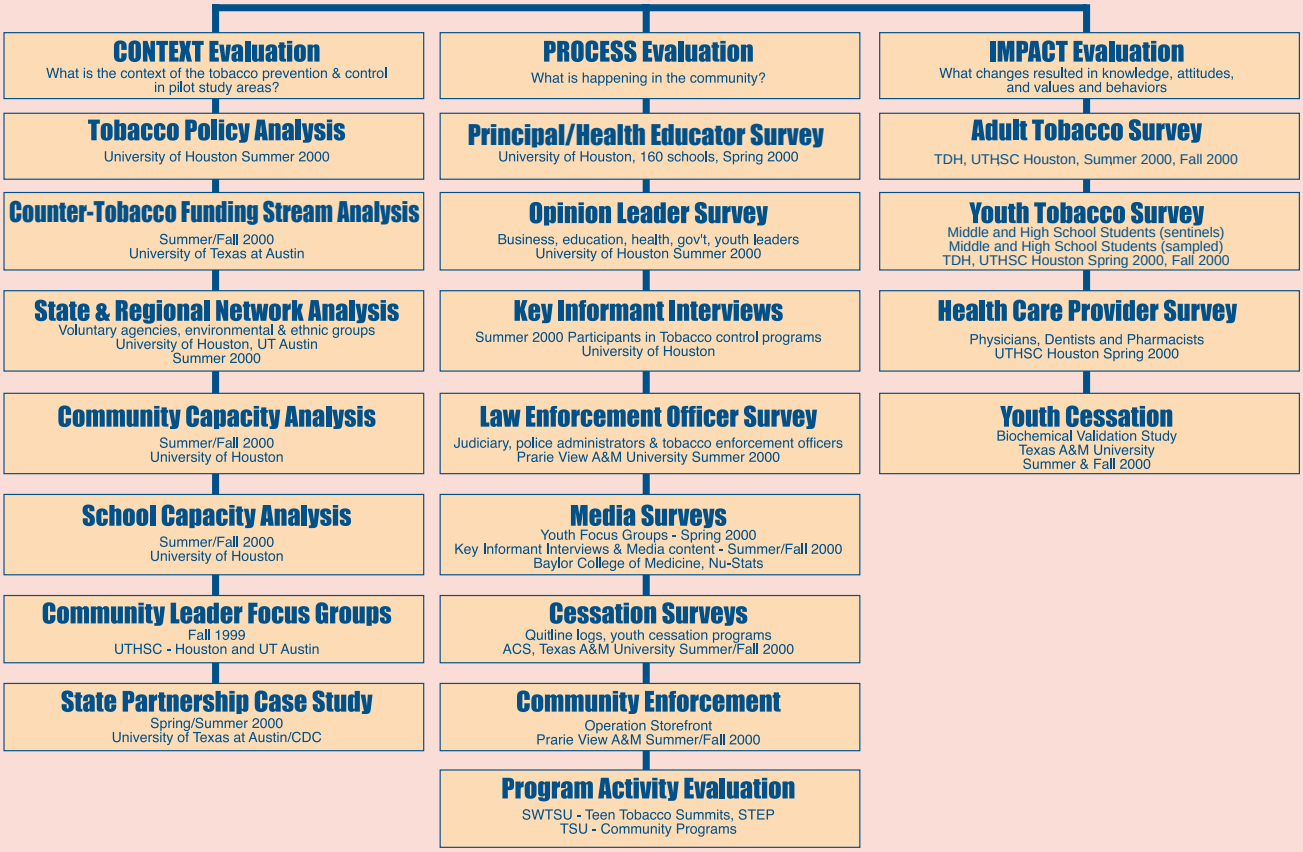
Under the direction of TDH, an impressive collaboration of diverse partners was convened to set up and conduct a coordinated population-based tobacco evaluation and surveillance plan. Eight Texas universities and one research institution worked together to:

- Collect meaningful data on the pilot study within the context of the methodological realities, and
- Focus on development of sound research methodologies, infrastructures, and tracking systems to allow for expansion of the initiative throughout the state in future years.

The team included researchers from diverse disciplines at multiple institutions who served in various roles. A model for the evaluation has been developed and instruments were designed to measure the context, process, impact and outcome of the program. In the period following funding, a baseline picture for each level of the evaluation has been constructed, initial program implementation monitored, and early impact and outcome described using interviews, observations, and questionnaires.

Fig. 3

Baseline Evaluation and Surveillance Activities (FY 00-01)



Gottlieb, N., Sneden, G., McMorris L., Weinstein, R., Leifermann, J., & Corrao, M. (2000). Texas tobacco pilot FY00 evaluation studies report. Austin, TX: University of Texas at Austin, Department of Kinesiology and Health Education.

The context evaluation describes the history and current situation for tobacco control prior to the implementation of the Texas Tobacco Prevention Pilot Initiative in each of the 18 intervention sites and the control site. The data collected can be used to interpret differences in impact after program implementation began. The process evaluation addresses the extent to which the program is being delivered as planned. This information is used to improve program implementation and to interpret impact and outcome results. The impact evaluation focuses on the extent to which the interventions resulted in changes in tobacco-related beliefs, attitudes and perceived norms. This includes addressing the extent to which the initiative resulted in decreased use of tobacco among youth and adults, reduced risk of smoking by youth, decreased exposure to environmental tobacco smoke, reduced disparities among special populations, and changes in community policies and norms.

Section 2: Baseline Data and Program Context

In early 2000, TDH measured what was happening in the pilot areas at the beginning of the study, prior to the implementation of the Texas Tobacco Prevention Initiative. The data allow TDH to measure progress toward its goals of helping:
1) Youth stay tobacco free,
2) Adults and youth quit tobacco use,
3) To reduce environmental tobacco smoke, and
4) To reduce disparities in tobacco use among special populations.

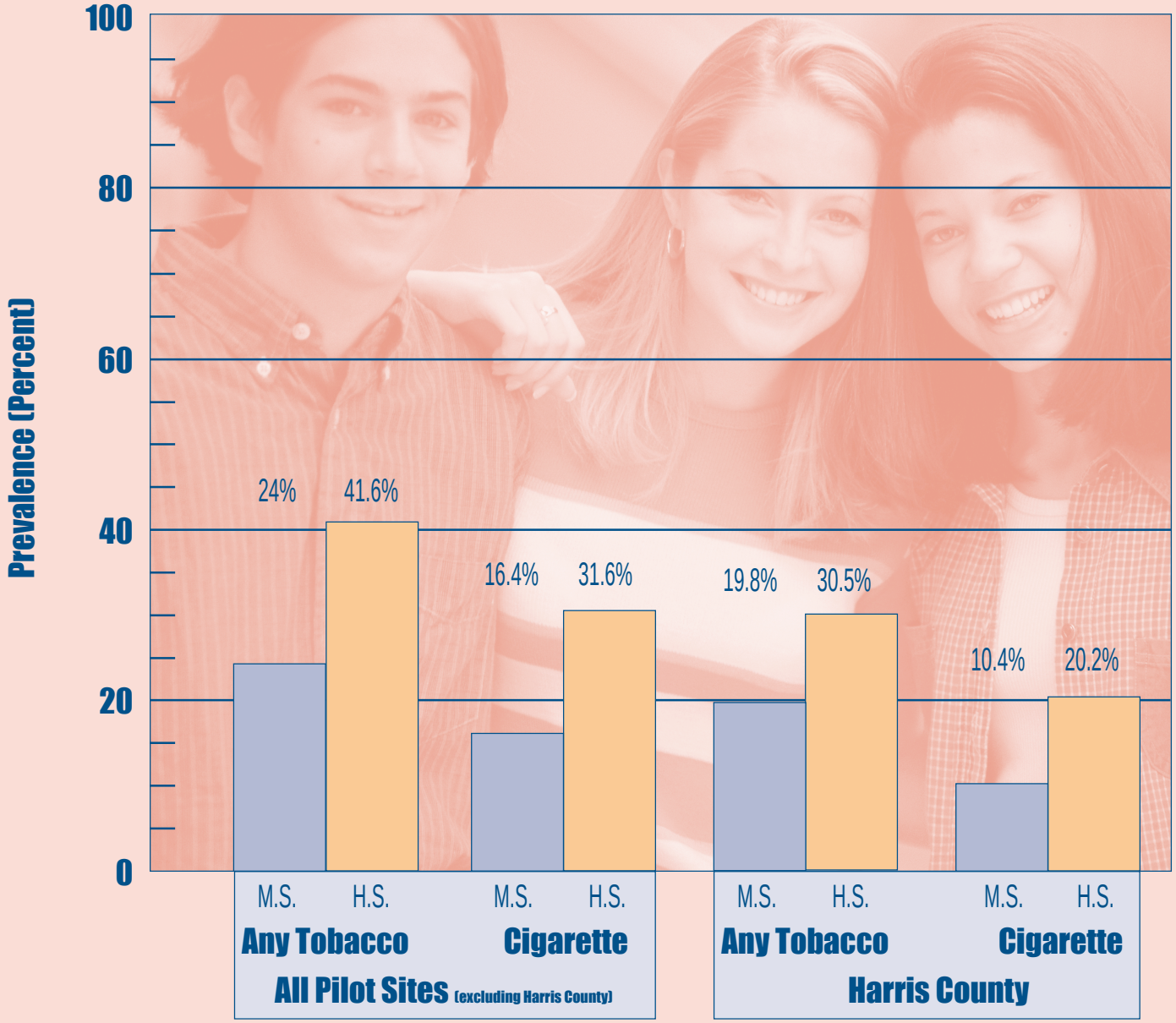
Before the implementation of the Texas Tobacco Prevention Initiative, the research partners evaluated:
- Use of tobacco by adults and youth,
- The needs, opinions, and attitudes of local school and community leaders,
- Status of municipal/state tobacco control ordinances and enforcement of current laws,
- Tobacco use cessation and nicotine management programs,
- Media industry attitudes toward tobacco use prevention, and
- Current availability of tobacco control and prevention programs.

The research partners conducted follow-up studies on program outcomes in Fall 2000, and results will be compiled in another report.

Youth Tobacco Use

The Youth Tobacco Survey was designed to measure tobacco use, exposure to environmental tobacco smoke, knowledge and attitudes about tobacco, knowledge of state tobacco laws, school curriculum, and familiarity with pro-tobacco and anti-tobacco messages.[1] Rates of use were highest for cigarettes, followed by cigars and then smokeless tobacco.

Fig. 4 - Current Tobacco Use Among Pilot Site Middle and High School Students Spring 2000



Alo, C., Huang, P., Kropp, R., McAlister, A. (2000). Youth tobacco survey in pilot study areas, Austin, Texas, Texas Department of Health, Bureau of Disease, Injury and Tobacco Prevention.

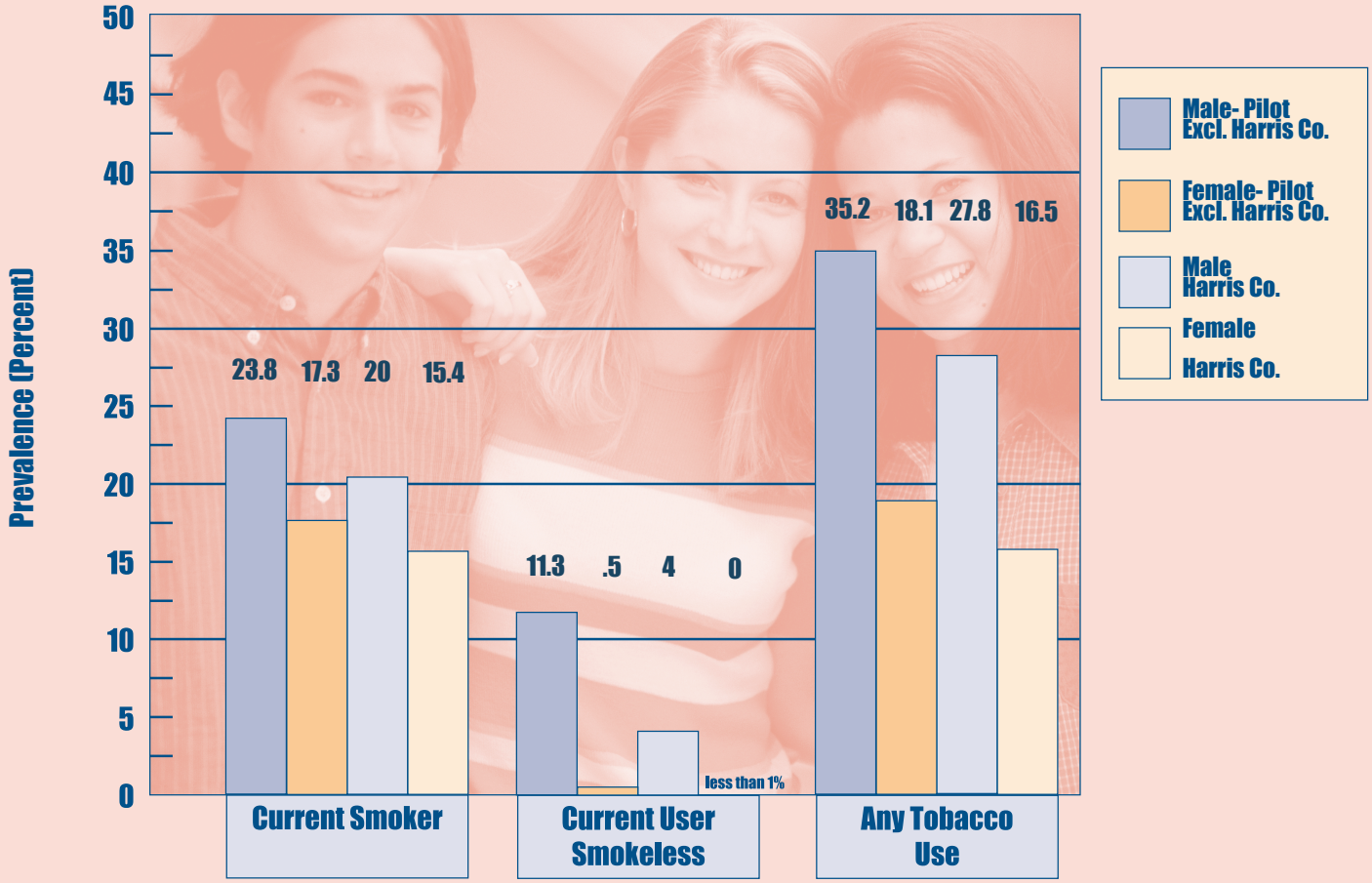
Highlights: Youth Tobacco Survey Findings

- 24 percent of middle school students and 41.6 percent of high school students in the pilot areas outside Harris County reported current use of a tobacco product. In Harris County, the corresponding figures are 19.8 percent and 30.5 percent.
- 16.4 percent of middle school students and 31.6 percent of high school students in the pilot areas outside Harris County currently smoke cigarettes. In Harris County, the corresponding figures are 10.4 percent and 20.2 percent.

Adult Tobacco Use

The adult tobacco survey used random digit dialing to obtain representative samples from the pilot areas, in addition to a statewide sample. Measures included tobacco use, cessation intentions, tobacco-related knowledge and beliefs, brand preferences, exposure to media messages for and against tobacco use and program activities.[20]

Fig. 5 - Adult Tobacco Use



McAlister, A., Hu, S., Margolis, J., Meshack, A., Morrison, T., (2000). Adult tobacco survey in pilot study areas report, Houston, TX: University of Texas – Houston School of Public Health, Center for Health Promotion and Prevention Research.

Highlights: Adult Tobacco Survey Findings

- Men (35.2 percent) and women (18.1 percent) in the pilot areas outside of Harris County were more likely to be current users of any form of tobacco than men (27.8 percent) and women (16.5 percent) in Harris County.
- Men (23.8 percent) and women (17.3 percent) in the pilot areas outside of Harris County were more likely to be current smokers than men (20.0 percent) and women (15.4 percent) in Harris County.
- Men in the pilot areas outside of Harris County (11.3 percent) were more likely to be current users of smokeless tobacco than men in Harris County (4 percent). Women's use was 0.5 percent outside of Harris County and less than 1 percent in Harris County.

Tobacco Control Prior to Implementation

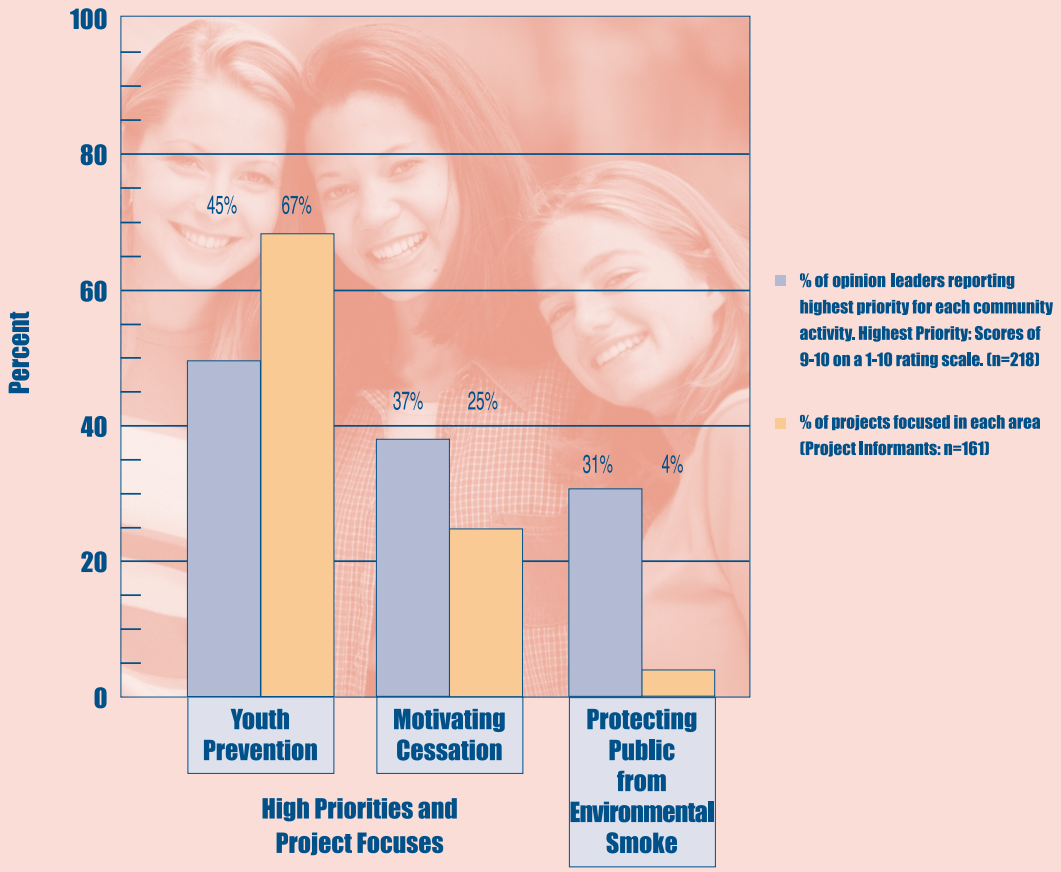
Four studies were conducted to describe what was happening in communities at baseline and the capacity of communities to implement new programs. First, 218 opinion leaders from government, business, education, health, media, youth and ethnic groups/organizations participated in a phone survey.[13] In addition, 161 community contractor staff from recently-funded pilot programs completed written surveys. State and regional staff from key state agencies and voluntary and professional organizations were interviewed by phone and included representatives from the American Cancer Society, American Heart Association, American Lung Association and the Texas Medical Association.[16] Community leaders from the community/school pilot areas of Texarkana, Beaumont, Port Arthur, Montgomery, Waller, Fort Bend County, and Northwest and West Harris County were also interviewed by phone.[11-14]

Community Programs

Highlights: Community Opinion Leaders and Community Contractor Staff

- Most opinion leaders (82 percent) followed tobacco use and public efforts to regulate tobacco very closely or somewhat closely.[13]
- Most (more than 75 percent) stated tobacco use is a very serious/serious problem in their community, as is youth access and non-smokers having to breathe in other people's smoke.
- Both leaders and community contractor staff reported their communities viewed youth prevention as the highest priority for community programs, followed by cessation. Opinion leaders were more prone to interpret public protection from tobacco smoke and elimination of disparities as higher priorities than did community contract staff. The main focus of community programs in Fall 2000 was on youth prevention (See Figure 6).

Fig. 6 Opinion Leaders' Views of Community Priorities of Current Programs



Gingiss, P.M., Murray, R., Menefee, D.S., & Gonzalez, C. (2000). Opinion leaders' perceptions of tobacco prevention and control attitudes, practices and policies in the Texas tobacco pilot evaluation communities. Houston, TX: University of Houston.

"Using tobacco won't get you anywhere but to your grave."

Jason Abordaje
Sharpstown Middle School, Houston

Prior to implementation, information was also collected from community informants in the school/community project areas of Fort Bend County, West Harris County, Port Arthur, Beaumont, Northwest Harris County, Montgomery County, and Texarkana. All of the areas had participated in the Great American Smokeout, and tobacco prevention was included in many schools' health or science curricula or through the D.A.R.E. program, although very few organized community efforts were taking place. At baseline, community tobacco control programs were rare and constituted the exception rather then the rule.[20]

Network Analysis

At baseline, staff at state, regional and voluntary health agencies, and professional organizations were trying to serve widespread geographic areas.[13,16] As a result, pockets of voluntary health agency-initiated tobacco prevention activities existed in the pilot study areas. Several agencies had school or community-based youth programs or educational materials, but were unable to meet the tobacco control needs of the schools and community on a broad basis.

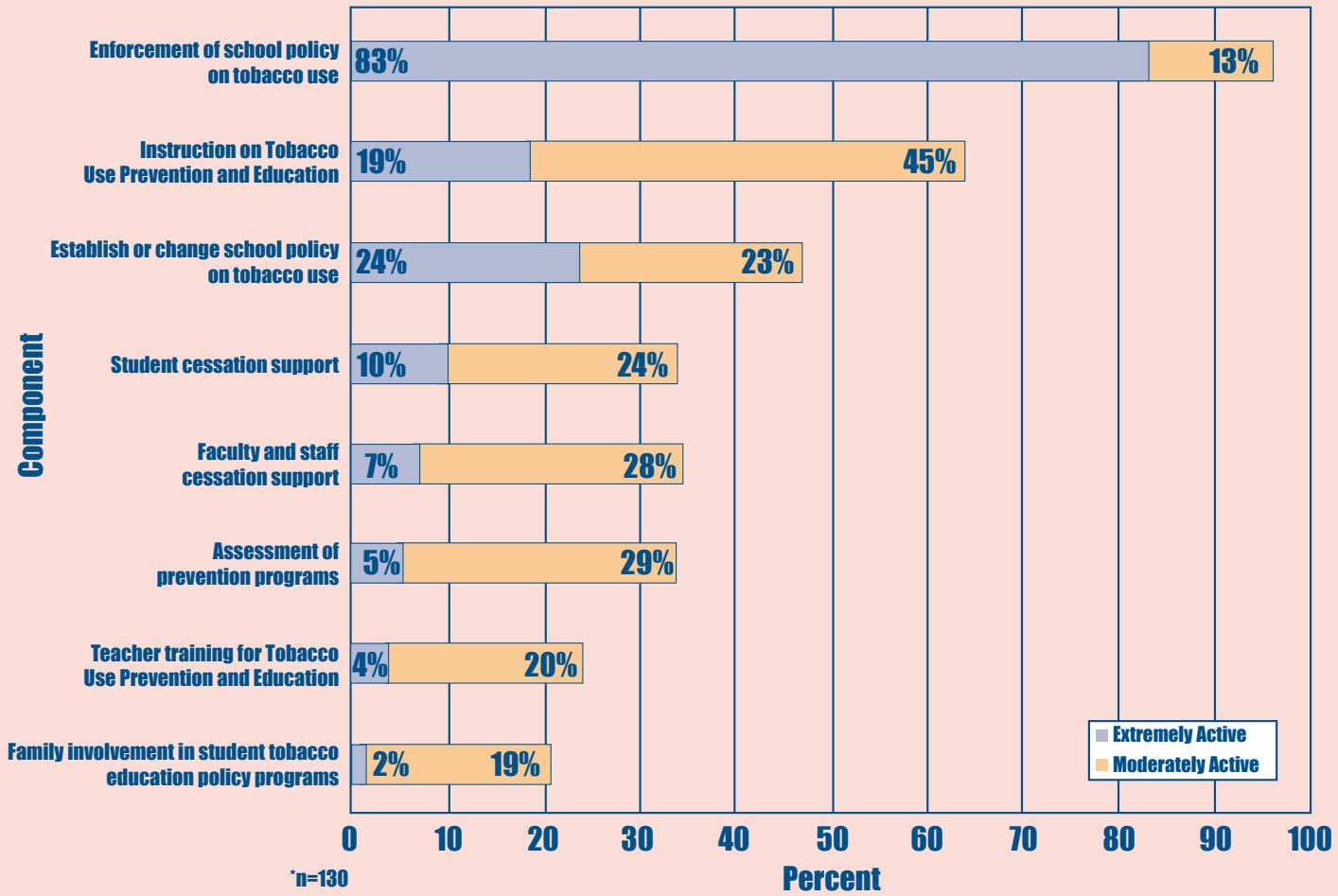
School Programs

At baseline, four evaluation studies were conducted to assess the status of tobacco control programs in schools and their capacity for implementation. Written surveys were completed by 113 principals and 131 health coordinators from secondary schools in the study area, as well as 111 health coordinators at TDH-funded secondary schools. Focus group participants included 72 percent of State Education Service Center representatives.[7-10]

Highlights: School Programs

- At baseline, enforcement was the only widely, actively practiced component among eight recommended through Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.[2] Only 19 percent of schools were extremely active in provision of tobacco use prevention education. "Little to no activity" was taking place in five components. Some TDH study communities had no activity at all in many areas (see Figure 7).
- Texas has stringent tobacco laws for schools and youth that have facilitated the high rate of school-based enforcement.
- Classroom instruction is often limited and insufficient to change student attitudes and behaviors. For example, fewer than 20 percent of teachers were using a published curriculum with proven effectiveness while 85 percent of schools were using less effective methods of instruction.
- Although Texas currently does not have a state-level requirement for health instruction in the middle schools, about half the districts had a health requirement. In the schools with district health requirements, tobacco prevention education was more frequent; teachers used more effective methods and were more receptive to further training; and the schools provided more cessation support and counselor involvement.
- Cessation programs in all secondary school programs were limited and inadequate. While approximately 40 percent of schools provided resource and referral information to students, only 26 percent of students and 9 percent of faculty were served by on-campus programs. Community respondents reported access and availability to community programs were limited for youth.

Fig. 7
Percent * of Secondary Schools Implementing Each Tobacco Program Component-Baseline (1999-2000)



*n=130

Gingiss, P.M., Boerm, M.C., Viebig, J., Menefee, D.S. & Epstein, M. (2000). Status of tobacco prevention and control programs in East Texas evaluation-area schools at baseline: secondary health coordinator/teacher report. Houston, TX: University of Houston.

Cessation Programs

At baseline, school and population-based community cessation programs were found to be of limited availability and quality. Services available included cessation activities by schools, court-referral programs and voluntary health agencies, as well as health care provider assessment and counseling in the context of primary care. At the time of the study, Texas did not have a cessation telephone quit line serving the pilot area population.[21]

Cessation Programs in Schools

The majority of pilot areas offered minimal student cessation support, with the exception of South Harris County. Low levels of cessation programming in schools were measured in Brazoria County, Fort Bend County, Northeast Harris County, and East Harris County. The lowest levels were reported in Lufkin, Tyler, and Montgomery and Waller counties.

Cessation Programs in Clinical Settings

To gauge the extent of current smoking cessation practices, Texas Health Care Providers Surveys were conducted with physicians, pharmacists and dentists. The response rate for physicians was 17 percent; dentists had a 25 percent response rate; and pharmacists had a 21.4 percent response rate. Interpretation of the findings is limited by these low response rates to the survey. The fact that providers who are active in tobacco prevention and control are more likely to respond to the survey would inflate the estimates of assessment and counseling reported.[21]

"I hope the tobacco pilot program is an ongoing process. It needs to continue and be more widespread."

Bruce Koch
Groves Police Department:

Highlights: Tobacco Health Provider Survey

- A higher proportion of physician respondents (89 percent) reported often, usually or always asking their patients about smoking, than did dentists (51 percent) or pharmacists (8 percent).
- A higher proportion of physician respondents (95 percent) reported often, usually or always advising their smoking patients to quit, than did dentists (57 percent) or pharmacists (27 percent).
- Physicians (75 percent) were more likely to indicate they were confident in their ability to counsel than dentists (44 percent).

Local Regulatory and Law Enforcement Programs

Municipal Ordinances at Baseline

Tobacco ordinances were requested from the 201 municipalities within the Texas Tobacco Evaluation Pilot Study area. Sixty-five municipalities (32 percent) responded with ordinances that had some level of restriction on Environmental Tobacco Smoke. Ordinances were examined for both the presence and absence of restrictions and the strength of the restriction. Restrictiveness ratings were modeled after guidelines by the Centers for Disease Control and the National Cancer Institute.[3, 22]

Local Tobacco Regulatory Activities

Of the 65 municipal ordinances received, 83 percent restricted smoking in municipal facilities. Less than half made provisions for clean indoor air for the public or smoking at the private worksite. Levels of restriction varied. Consequently, only a small percentage of the population is covered by strong regulation of Environmental Tobacco Smoke.

Law Enforcement

Texas has some of the toughest laws in the nation on minors' access to tobacco. Retailers may be fined for selling tobacco products, or "kiddie packs," to youth or for distributing free samples of tobacco products. Retailers may also be fined for not notifying their employees about the laws, not displaying appropriate warning signs, and for displaying outdoor ads within 1,000 feet of a church or school. Recent changes in the 75th Legislative Session under Senate Bill 55 include penalties for minors found with cigarettes or other tobacco products in their possession. One alternative is for youth cited for possession of tobacco to be referred to adolescent tobacco cessation awareness classes. Referrals to these classes serve as an indicator of enforcement. During FY00 there were 1,988 referrals to these classes within the pilot area and 2,594 throughout the remainder of the state. Referrals within the sites varied considerably, ranging from none in Fort Bend County and three in Port Arthur to 343 in Montgomery County and 381 in Harris County.[29]

Law Enforcement Officer Surveys

Surveys were sent to all 248 law enforcement departments in the pilot study area and 328 departments from 23 randomly-selected counties outside the study area during the early stages of implementation. Officers were asked about their attitudes concerning the health effects of tobacco, advertising of tobacco products, and the enforcement of tobacco laws along with their personal enforcement activities and the enforcement activities of their department in the past year. There was a 41 percent response rate on the surveys. Excerpts of the law enforcement survey items are displayed in Figure 8.

Fig. 8 - Law Enforcement Office Survey Findings

		Study Area		Tobacco Contract	
		Pilot N=299	Control N=534	Yes N=150	No N=709
Police officers should do more to educate youth about the dangers of tobacco use.	Stongly agree	40%	38%	50%	37% [a]
Providing in-service training on enforcing the tobacco laws	Yes	17%	16%	43%	12% [b]
Conducted tobacco stings	Yes	25%	24%	69%	18% [b]
Educated merchants about tobacco laws	Yes	24%	23%	63%	18% [b]
Number of citations issued to merchants in the last 12 months	None	90%	90%	67%	93% [b]
	1 to 5	6%	7%	19%	4%
	More than 6	4%	3%	14%	3%

a = p < .01; b = p < .001

Snell, C., Bailey, C., Bailey, L., (2000). Law enforcement officer attitudes and opinions toward Texas tobacco laws, Prairie View, TX: Prairie View A&M University, School of Juvenile Justice and Psychology.

Highlights: Law Enforcement Officer Surveys

Officers in departments actively participating in enforcement activities had considerably more positive attitudes about tobacco prevention and enforcement of tobacco laws than their colleagues in non-contracted departments. Also, officers in contracted departments were much more likely to engage in enforcement activities such as sting operations, training fellow officers, educating merchants and citing merchants for legal violations. Officers in non-contracted departments engaged in very little tobacco enforcement activities.

"We want to make it harder and harder on minors to get tobacco products. Hopefully, by the time they are old enough to buy them [tobacco products] they will make the decision not to use them."

Ray Palmer
Harrison County Deputy Sheriff

Judicial Surveys

Surveys were sent to all municipal judges and justices of the peace in the pilot study area and to 401 judges in 23 counties randomly-selected and stratified by population size. There was a 38 percent response rate.[28]

Out of seven questions testing their knowledge of tobacco laws, about half of the judges surveyed missed three or more questions. Judges both in and outside the pilot study area had positive attitudes toward tobacco prevention and were willing to impose sanctions against youth and merchants for tobacco law violations. However, very few merchant violations (an average of one in pilot areas) and a relatively small number of youth violations (an average of 38 in pilot areas) were being adjudicated.

Operation Storefront Texas

Researchers made observations concerning compliance with tobacco laws and the frequency and type of tobacco advertising at all convenience, grocery and drug stores in Waller and Bell counties and a random sample of such stores in Harris County.[30]

Highlights: Operation Storefront

- A large number of promotional items such as tobacco coupons, catalogs, clothing, and radios were found in the inspected stores.
- Marlboro by far had the largest of observed violations among popular brand cigarettes. Marlboro is also the most popular brand among youth.
- Promotional items were common among smokeless tobacco brands.
- Overall, 35 percent of stores observed evidenced violations of tobacco ads located at or below a height of 3 feet.
- Overall, 76 percent of stores did not have the Texas Comptroller of Public Accounts warning sign in view.

Opinion Leaders on Tobacco Law Enforcement

There was widespread agreement about a variety of enforcement strategies, including requiring licenses to sell tobacco products.

- More than 80 percent agree on the need to fine youths under 18 who buy tobacco products and to conduct police "stings."
- Over 60 percent support banning in-store tobacco ads, smoking in outdoor public areas, tobacco brand name clothing or items in schools, tobacco company sponsorship of community events, and tobacco outdoor advertising.
- About half or fewer of the sample said they were aware of tobacco prevention efforts like stings and ad bans in their communities.

Media

Industry Attitudes

A baseline interview survey of 103 (64 percent response rate) media industry members (i.e., news editors, editors, and owners/publishers) in the East Texas intervention regions showed that most media decision-makers favored tobacco prevention activities. Approximately 60 percent agreed that teen smoking was serious or somewhat serious and that not enough media communication was being directed at cessation and prevention of youth tobacco use. They recommended showing tobacco prevention ads more frequently, especially during prime time and using a greater variety of media, including print media. Most of them reported that their organization's participation in tobacco prevention had been limited to public service announcements, while over half felt that current tobacco prevention activities within their own organizations were not satisfactory.[24]

Section 3: Program Activities & Accomplishments

Programs are needed that reflect the unique needs and interests of special populations in various communities, cultures and ethnic groups throughout the state. Pilot site communities adapted, planned and implemented a variety of programs in community and school settings that addressed tobacco prevention and control during FY00. This section describes the program activities that were implemented and the process used to develop them.

Program Development

In November and December 1999, community forums and focus groups were held in designated school/community intervention areas. The forums informed the community about the settlement initiative and initiated dialogue among local leaders. Community leaders discussed pressing tobacco issues in their cities and towns and talked about who they felt would be the best partners for TDH to work with to successfully implement the school/community intervention.

Results from the Fall 1999 meetings helped to shape local program activities. Participants included individuals with institutional affiliations such as the Rotary, Kiwanis, NAACP and LULAC as well as the average citizen – smokers, former smokers and non-tobacco users. Examples of feedback include:[16]

Why do most young people avoid tobacco use?
- Peer pressure against smoking
- It's too expensive
- Environment that prohibits smoking
- Belief that tobacco harms health

What can schools do to help prevent tobacco use?
- Non-smoking adults as role models
- Tobacco-free schools
- Posters and education in schools
- Check students for possession

What can community groups do?
- Encourage local heroes and sports figures to speak out against tobacco
- Offer fun, alternative after-school activities for kids
- Make tobacco use unacceptable within the group
- Work for tobacco-free policies

What makes it hard for diverse and special populations to stop tobacco use?
- Culture – everybody around you smokes
- Heavier advertising focus on minorities and rural populations
- Despair and stress in daily life
- Cost and access to treatment

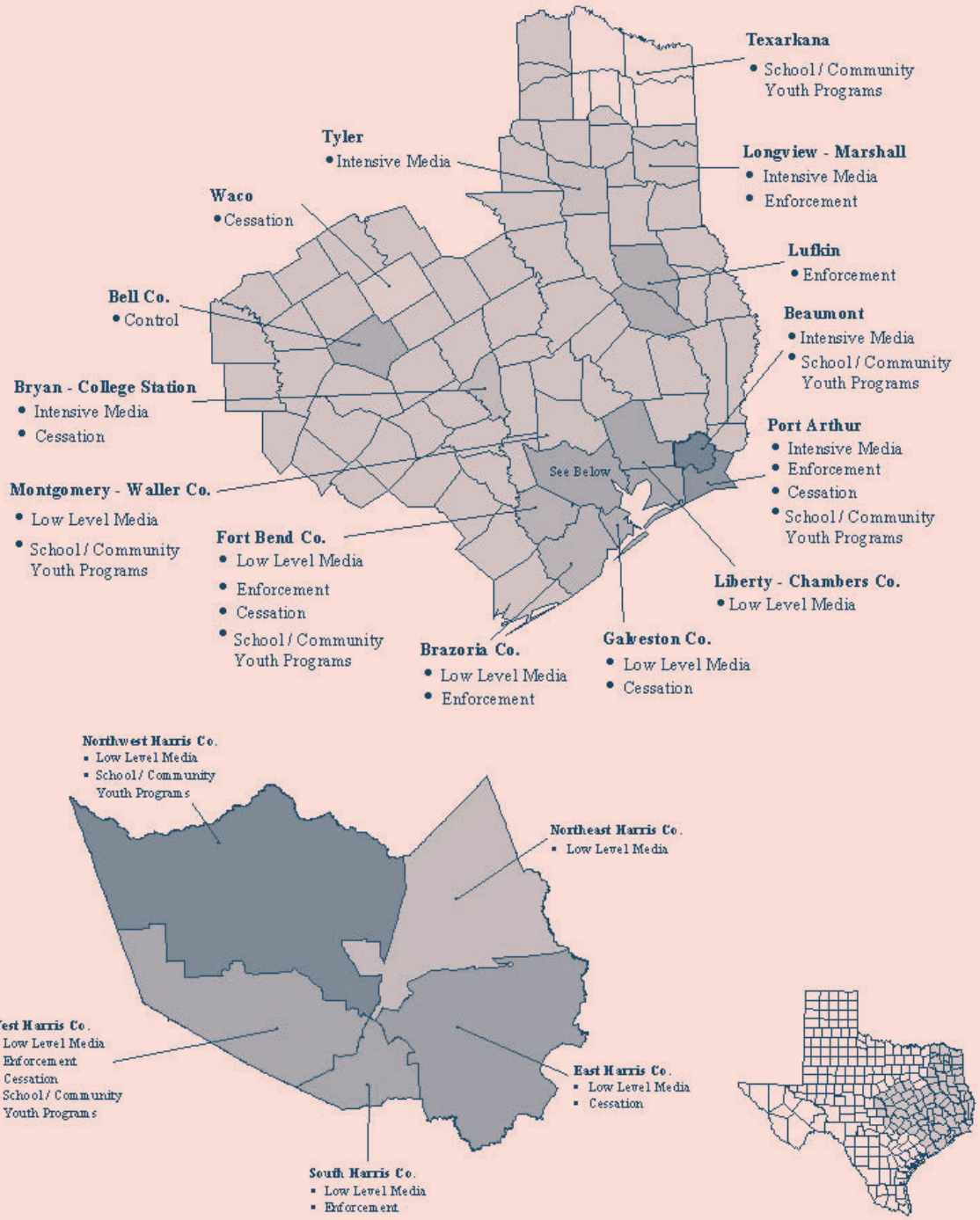
How can media help prevent or stop tobacco use?
- Involve kids in the research and design of media
- Stop glorifying tobacco use
- Run year-round, prime-time tobacco prevention campaigns
- More "facts" on tobacco use

What can regulations and law enforcement do?
- More consequences for adults who give or buy tobacco to minors
- Prohibit smoking in all public places
- Require all vendors to conduct ID checks
- Enforce current laws

Four approaches to tobacco prevention and control were developed and implemented based on best practices and community needs as part of the FY 00 Texas Tobacco Prevention Initiative. The pilot study tests the impact of specific components of tobacco prevention and control and their combinations. Pilot areas were assigned to receive one or more of the following program components:

- Media
- School and Community Programs
- Cessation
- Enforcement

Fig. 9 - Texas Tobacco Prevention Initiative Pilot Area



"It makes your teeth black and your breath just stink."

Jimmy Vesay
Westbrook High School, Beaumont

Media Programs

Participating Areas

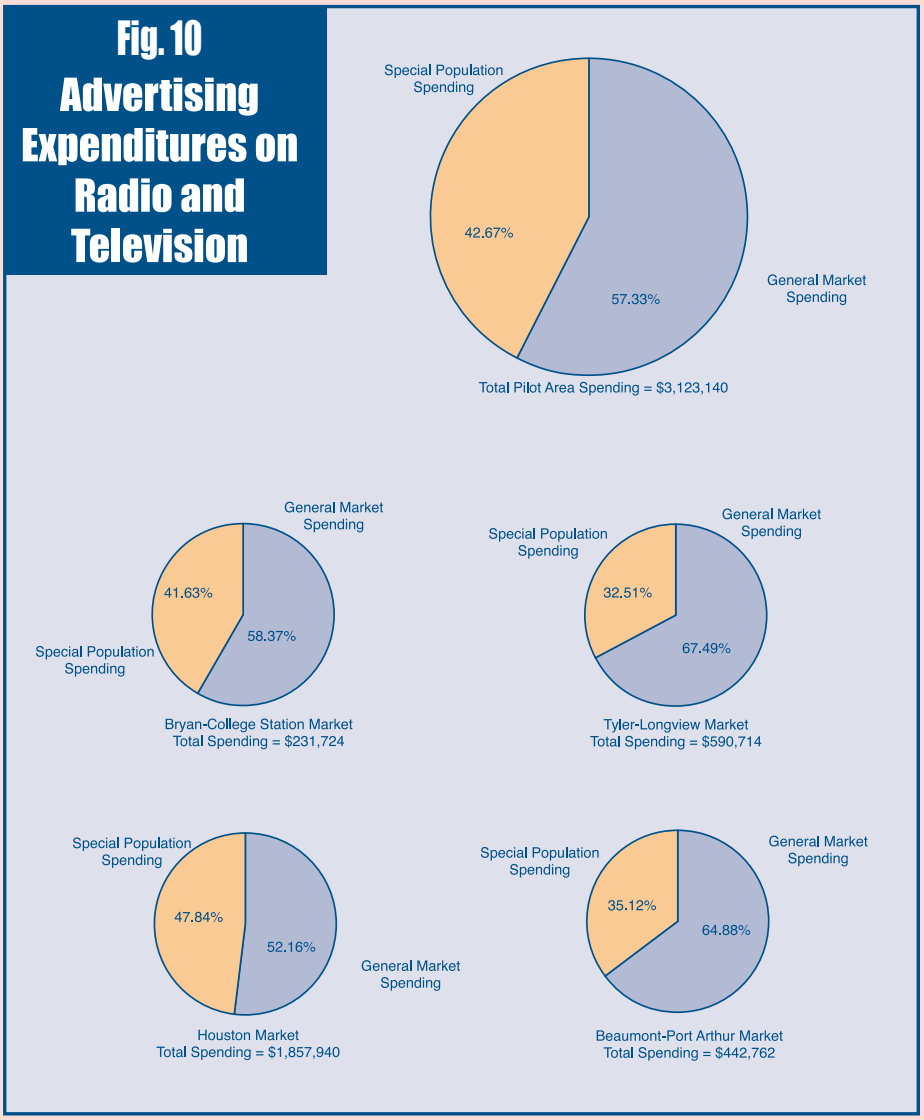
Low Level Media - $ .50 per capita

- East Harris County
- Galveston County
- South Harris County
- Brazoria County
- Montgomery County
- Fort Bend County
- West Harris County
- Northeast Harris County
- Liberty County
- Chambers County

Intensive Media - $1 per capita

- Tyler
- Longview
- Bryan-College Station
- Beaumont
- Port Arthur

Advertising aimed at youth prevention and adult cessation provided "air cover" in some areas *(see matrix on page 6)* while extensive grassroots programs educated citizens through community outreach, school programs, and law enforcement. Contracts for each area specified the type of activities to be covered with an emphasis on including special and diverse populations in each component.



In Texas, the tobacco industry spends approximately $400 million each year ($20 per person) in advertising and promotion. This initiative, while no match for the tobacco industry's resources, spent at most about $1 per person for media in 2000 in the "High Intensity" media areas. Bryan-College Station, Tyler-Longview, and Beaumont-Port Arthur were high-intensity media markets, while the Houston area was designated as a low-intensity market with a per capita media expenditure of less than $.50. The campaign was aimed at youth and adult smokers and involved youth and minorities in the development and testing of its messages. More than one-third of the amount spent on media buys was allocated to reach special populations in high media markets. All media buys were purchased with a negotiated rate that included additional free public service announcements.

Interim Campaign

An interim media campaign was developed to cover the period between the selection of a media agency and the production and launch of a Texas-specific counter tobacco industry media marketing campaign. TDH was granted access to an existing inventory of 500 television and radio messages developed by other states. Thirty spots were selected based on the goals and objectives of the Texas campaign. Focus groups with about 350 multi-ethnic, middle and high school youth from the Houston area viewed the spots and rated them for effectiveness, credibility and attractiveness.[25, 26] Three spots were selected and aired in the Pilot Area from mid-July through the end of August; "Cowboy," featuring the brother of the Marlboro man who died of lung cancer; "Pam Laffin," a testimonial from a young woman smoker suffering from emphysema; and "Cigarette Pack," a father who places a photo of his daughter inside his cigarette pack to remind him why he does not want to smoke.

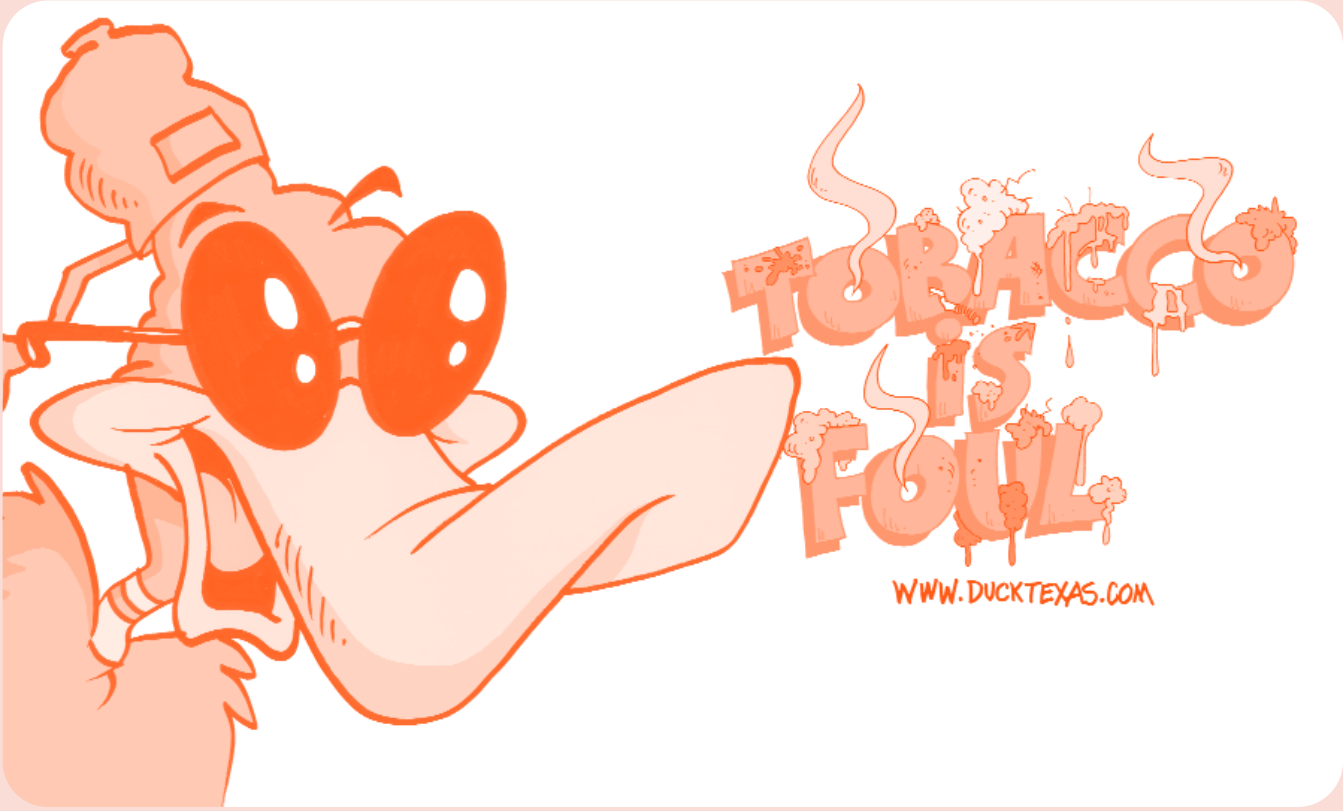
Youth Media Campaign – "Tobacco is Foul"

The "Tobacco is Foul" campaign was launched in Fall 2000 as a follow-up prevention media effort. The campaign, which features a cool, hip-talking animated duck, is aimed at reducing tobacco use in the state among young Texans between 11 and 18 years old. Because early school research revealed sixth-graders were most vulnerable to tobacco messages, 11- and 12-year-olds became the campaign's primary target audience.

The "DUCK" concept was inspired by Texas youth, who represented the ethnic and cultural diversity of East Texas. Teens shaped every aspect of the campaign from the DUCK's look to his on-air persona. They reviewed TV and radio scripts, selected the music, critiqued the Web site, led events, served as campaign spokespeople, and even appeared in some of the television and radio ads. The "Tobacco is Foul" campaign delivered five hard-hitting messages directly related to the top five beliefs associated with non-smoking in youth:

- Smoking is not relaxing.
- Smoking is not cool.
- Smoking is stupid.
- Smoking smells and tastes horrible.
- Smoking is addictive.

The youth media campaign used TV, radio and billboards in English and Spanish. Grass-roots outreach included community and school programs, a public awareness week called "Texas DUCK Days," two Web sites (www.ducktexas.com and www.txduckdays.org), a DUCK-TV mobile television studio, the DUCK mascot, and DUCK merchandise.



Adult Media Campaign

To address adult tobacco use, an adult campaign was launched in August 2000 and will continue through FY 2001. As with the youth campaign, the adult campaign spent at least 33 percent of its media-buy resources with media that targeted minority audiences. Ads were created in English, Spanish, and Vietnamese. The primary audience consisted of men and women, ages 25-49 and older, who use tobacco products. The secondary audience included younger adults, ages 18-24 who may not realize they are addicted to nicotine. The main objectives of the campaign were to:

- Create media messages and outreach programs to help adults avoid or quit using tobacco products.
- Promote quitting assistance programs (e.g., the American Cancer Society Telephone Quit Line and local tobacco cessation groups).

The campaign combined TV, radio, newspaper and billboards. Media markets and media intensity were the same as in the youth campaign. Posters were created for dental and physician offices to encourage adults to talk to their doctor about the options available to help them quit.

School and Community Programs

Participating Areas

- Texarkana
- Beaumont
- Port Arthur
- Montgomery/Waller County
- Fort Bend County
- Northwest and West Harris County

During the critical years of tobacco use adoption, community- and school-centered programs create avenues for tobacco education along with a social support system for youth. These programs offer an opportunity to vigorously engage parents, teachers, community leaders and resources in support of non-tobacco use. The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction [2] provides information to assist communities in developing evidenced-based school programs to prevent tobacco use.

Input and Training

Between May 2000 and August 2000, staff from the TDH Office of Tobacco Prevention and Control conducted eight-hour comprehensive training sessions for each of the four Regional Education Service Center Tobacco Prevention Specialists. Additional training familiarized middle and high school teachers with the TNT (Toward No Tobacco Use) curriculum[18] and issues related to tobacco prevention education, laws restricting youth tobacco access and opportunities for involving schools in community-based tobacco control.

Once the contracts and subcontracts were in place, TDH staff traveled to each of the community component areas to train the contractor staff and subcontractor representatives on tobacco prevention and tobacco settlement issues. Following the initial training, TDH Office of Tobacco Prevention and Control staff attended community events, coalition meetings, and media events organized by the contractors and subcontractors. They also provided ongoing technical assistance and guidance concerning tobacco prevention and contract issues.

Follow-up community meetings were held in September and October 2000. Settlement-funded and non-funded organizations and individuals discussed tobacco prevention activities that were taking place in their communities and brainstormed ways the community could work together for more successful outcomes.[14]

Highlights: School/Community Youth Program Activities

Initial reporting by contractors through October 2000 revealed the following results:

- All schools receiving tobacco funds participated in the school-based youth tobacco surveys.
- At least 10 tobacco-centered coalitions and/or advisory groups were created.
- Between June and November 2000, more than 25,000 East Texans were reached by tobacco prevention community activities funded by this initiative, and thousands more were touched by media efforts generated by the community contractors.
- The contractors exceeded the requirement to expend 33 percent of funds toward reaching diverse/special populations. Populations reached include: African-Americans, Hispanic/Latinos, Asian-Americans, and rural residents.
- 99 middle schools implemented the Project T.N.T. (Toward No Tobacco Use) curriculum.
- 76 high schools implemented a peer education curriculum T.A.T.U. (Teens Against Tobacco Use).
- Texas Tobacco Prevention Newsletter: A bi-monthly tobacco prevention newsletter was distributed to selected middle schools. The newsletters featured testimonies from peer role models along with facts about the harmful effects of tobacco, advertising tactics of the tobacco industry, and examples of youth-driven tobacco control activities.
- Both middle and high schools conducted school-based tobacco prevention events marking the American Cancer Society's Great American Smokeout, Kick Butts Day, Texas DUCK Days or World No Tobacco Day.
- Middle and high schools formed youth tobacco coalitions, created youth cessation support groups, conducted a letter writing campaign and designed local billboards.

Examples

Hispanic Health Coalition and Harris County Public Health and Environmental Services

- Youth designed and produced a tobacco prevention billboard to run October 27 – January 27.
- Media coverage from Telemundo Hispanic Television.

Northeast Texas Council on Alcohol and Drug Abuse and Texarkana-Bowie Family Health Center

- Partnership with the American Cancer Society on a youth-centered event surrounding the Great American Smokeout, including tobacco education presentations and a "turkey bowl" contest.
- Texarkana restaurants were encouraged to go smoke-free for the day.
- Materials on the benefits of a tobacco-free workplace distributed.

Port Arthur City Health Department and Subcontractors

- Staff traveled to Port Arthur schools on a decorated bus as a "united front" against tobacco to conduct presentations on the dangers of tobacco use.
- Media event held at Edison Middle School.

City of Beaumont Public Health Department and Subcontractors

- The Commissioner's Court proclaimed November 13-17, 2000, "Tobacco-Free Week."
- Appearance on television newscast to promote a tobacco-free message.
- Tobacco education presentations in area schools.
- "Tobacco Bash" rally for Beaumont youth, which included tobacco prevention presentations, a skit by local elementary students, and the introduction of upcoming tobacco prevention events in Beaumont.

Texas S.T.E.P. (Statewide Tobacco Education & Prevention) program at Southwest Texas State University

S.T.E.P. Conference: "Texas S.T.E.P. – Kickin' a Little Ash!" One hundred youth, 25 adult sponsors and over 250 adult participants attended the 2nd Annual Statewide Tobacco Education and Prevention Conference held at Lake Conroe, Texas, July 25-28, 2000. Topics included second-hand smoke, how nicotine affects the brain, youth access laws, and tobacco-specific prevention curricula. Youth attendees served as the core working group in the creation, initial planning, and development of the "Tobacco is Foul" youth tobacco prevention media campaign for Texas.

Teen Tobacco Summits In November 2000, the "Tobacco is Foul" DUCK campaign was unveiled to the youths who helped create it. S.T.E.P.'s Stompin' Teen Tobacco summits were held to provide the youth and their sponsors with the knowledge and the tools needed to take back to their schools/communities. A total of 262 participants and 20 school/community groups were represented.[17]

Youth attended four educational breakout sessions to aid them in developing action plans for their schools/communities. Sessions included information on the dangers of tobacco use with an emphasis on the marketing practices of the tobacco industry; how to establish a group or coalition of youth around tobacco prevention issues; how to effectively communicate a cause; and specific examples of advocacy activities that youth around the state and country have undertaken.

"We don't want to be in a hospital hooked up to tubes."

Charnelle Hale
Chloe Gilley
Marshall M.S., Beaumont

Action Plans Developed at Teen Summits
Each group developed implementation plans for the ideas they developed at the summit. Examples of some of the action plans include:
- Mt. Carmel Baptist Church "Mighty Ducks" gave community tobacco prevention presentations targeting children and parents in Richmond, Texas.
- Communities in Schools and Odom Academy created a video production, "Thank You Big Tobacco," a message to big tobacco about how smoking hurts people.
- King Middle School published a newsletter, "Trash the Ashes," to educate students about the dangers of tobacco use and provide information to make informed decisions.
- Port Neches Middle School, DUCK Days for November 12-18, 2000. Each day of the week, facts about the DUCK campaign and tobacco were delivered over the public address system during school announcements. Each student was given a pledge to complete.
- Word of God Christian Church held a Great American Smokeout Drama at their church on November 16, 2000. The production educated families, friends and community members about the dangers of tobacco and promoted good health.

Cessation Programs

Participating Areas

- Waco
- Bryan/College Station
- Port Arthur
- Galveston County
- Fort Bend County
- East and West Harris County

Tobacco use cessation programs involve strategies to increase availability of and access to cessation counseling services and use of pharmacotherapy to alleviate nicotine dependence. Cessation programs were conducted in clinical settings with individuals and in community-based settings for the general population. Management of nicotine addiction involves distribution of self-help materials, population-based telephone quit lines, low-level and intensive clinical interventions, and use of pharmaceuticals shown to be effective for cessation such as nicotine inhalers, gums, and patches.

Training

Prior to implementing project activities, all tobacco cessation contractors and subcontractors received a minimum of eight hours of training from the TDH Office of Tobacco Prevention and Control (OTPC) staff. Between June and October 2000, OTPC staff conducted three one-day trainings for cessation contractors and subcontractors and three two-day trainings for individuals wanting to become instructors for the state-mandated tobacco awareness class for minors cited for tobacco possession.

The OTPC and the University of Texas Health Science Center in Houston provided ongoing technical assistance and support. Contractors were provided materials for distribution including information on the American Cancer Society Quit Line, cessation self-help materials in English and Spanish, and a clinical resource guide designed to educate clinicians on cessation-related issues along with providing them with patient education materials and resources.

Highlights: Community-Based Cessation Programs

Cessation activities in the pilot sites included educational outreach to physicians, dentists, pharmacists, allied health professionals, worksites, churches and community organizations. The goal was to develop new and enhanced practices and policies to promote cessation among youth and adults.

Clinical Interventions were aimed at educating healthcare providers on current clinical practice guidelines for treating tobacco use and dependence.[6] Clinicians were encouraged to systematically identify tobacco users, encourage them to make a quit attempt, and assist them with their efforts to quit through counseling, pharmacology and referral to local, electronic and/or telephone resources. Clinician education was conducted through mailings, newsletters, clinic in-services, continuing education seminars and through partnerships with professional organizations (e.g., medical societies) and corporations (e.g., pharmacy chains).

Community-based programs were directed at encouraging and supporting cessation attempts by adult and adolescent tobacco users through public education and environmental change strategies (e.g., worksite smoking bans). Community events included presentations and resource distribution to worksites, faith-based organizations, day care centers and diverse population groups. Media messages reinforced community-based education efforts and promoted availability of the American Cancer Society Quit Line.

Examples

- Texas Teen Tobacco Cessation Newsletter and Presentation Project: College students, ages 18-23, who recently stopped smoking were recruited and interviewed as role models for a teen tobacco cessation newsletter. Seven thousand newsletters were distributed to students and faculty at Clements High School in Sugarland, Thomas Jefferson High School in Port Arthur, and Sharpstown High School in Houston. Topics included motivational influences, quit tips, and resources for teens. In addition to the distribution of materials, health care providers gave presentations on tobacco cessation and prevention to the students. The high school students were encouraged to carefully read the newsletter and consider the health, economic and societal dangers of smoking.
- Trainings for physicians, residents and medical students were conducted in the Houston area to engage medical professionals in school- and community-based activities.
- Physician, dentist and pharmacist newsletters were created and mailed to respective practitioners in cessation intervention areas. Approximately 2,263 clinicians received newsletters with comments from colleagues, tips on counseling patients, and local resources including the American Cancer Society Quit Line.[21]
- The Texas Department of Health introduced a "Quit and Win" incentive contest in the Beaumont/Port Arthur market. ComPro Tax of Beaumont/Port Arthur served as a local partner in the contest, providing a $2,000 U.S. Savings Bond as a prize for one of the entrants who remained tobacco-free from November 16 through December 9, 2000.
- Posters encouraging patients to talk to their healthcare provider about cessation were created by Tuerff-Davis EnviroMedia and distributed to dental and medical offices in the pilot area.

"Que no hagan tabaco."

Jorge Galvin
Beaumont

Adolescent Tobacco Cessation Awareness Classes

An important community-level alternative for minors found in possession of tobacco is referral to adolescent tobacco cessation awareness classes. Under Senate Bill 55 (75th Legislative Session), youth who are cited for possession or use of tobacco in Texas are required to attend the Adolescent Tobacco Cessation Awareness Program (ATCP). Currently there are 343 active, certified ATCP instructors available statewide with 110 located in the pilot area. Three trainings were conducted within the pilot area to ensure that sufficient instructors were available to meet the demand created by increased enforcement efforts.

Preliminary evaluation data collected from over 600 ATCP participants indicate that nearly half the youth participating in the program are either thinking about quitting or are making an active attempt to quit or reduce tobacco use upon completion of the program. This is notable, especially since 98 percent of the youth entering the program are being forced to participate and are initially "resistant" to programming.[5]

Telephone Counseling – Quit Line

Although telephone quit lines have been found to be effective in other states, before May 25, 2000, no such service existed in Texas. Quit lines advertise a telephone number where individuals seeking to stop tobacco use can contact a counselor to request either self-help materials or referrals to individual counseling programs. The American Cancer Society invested more than $1 million of its own resources to conduct a pilot study of its telephone service to help people who are ready to quit smoking in Texas in coordination with the Texas Tobacco Prevention Initiative. Texas was the only state in the nation to be included in the pilot. Healthcare providers are encouraged to refer smokers to the quit line, and media promoted the quit line in cessation areas. Between May 25 and November 30 more than 5,100 people called the American Cancer Society Quit Line.[23]

Enforcement Programs

Participating Areas
- Lufkin
- Longview
- Port Arthur
- South and West Harris County
- Brazoria County
- Fort Bend County

Tobacco regulatory and enforcement programs can exert a powerful influence on public support for tobacco control activities and provide an educational climate known to enhance the efficacy of school and community-based educational programs. Typically these programs involve enforcement education and regulation of clean indoor air, excise tax increases and reduction of minor's access to tobacco. During the pilot study, Texas has focused its efforts on education and enforcement of current laws and regulations while setting up a system for tracking policy enactment at the state and municipal levels.

Highlights: Tobacco Enforcement

• *Contractor Identification, Recruitment and Coordination:* S.T.E.P. staff began work in March 2000 to recruit local law enforcement agencies and by May 2000 had already lined up 16 law enforcement agencies in the Lufkin-Nacogdoches, Longview-Marshall, Beaumont-Port Arthur, Harris County, and Fort Bend County areas willing to participate in the project. The agencies were trained during one-day trainings held in the pilot areas at the end of May and early June 2000. The Houston, Port Neches, and Nederland Police Departments were recruited to participate in the tobacco pilot project. The Alvin, Angleton, Clute, Freeport, Lake Jackson and Pearland Police Departments were also recruited.[17]

• *Law Enforcement Officer Training:* In addition to the targeting of law enforcement agencies as contractors to enforce the state laws, Texas S.T.E.P. conducted five tobacco enforcement and prevention training sessions beginning May 25 through June 21, 2000. There were 45 individuals trained representing 16 different law enforcement agencies throughout the pilot area.[17]

• *Judiciary Education:* Presentations were made to municipal judges as part of the Texas Municipal Courts Education Center's 12-hour school focusing on the state's tobacco laws and the tobacco awareness classes. Training sessions were held within the pilot area in Houston and Tyler.

• *Community Enforcement Activity (May 1, 2000 – November 30, 2000):* Educational activities were conducted with 483 adults, 3,637 youth and 30 retailers. Enforcement activities included 158 inspections, 29 controlled buys and eight minors in possession citations.[17]

• *FDA Enforcement Activities (January 1, 2000 – March 21, 2000):* Approximately 1,000 retail tobacco sales inspections were conducted in the Houston area as part of a contract with the US Food and Drug Administration. Inspections entailed the attempt to purchase tobacco products by minors under the auspices of an FDA inspector. The program ended March 21, 2000, as the result of a ruling by the US Supreme Court declaring the FDA lacked the authority to regulate tobacco under its current enabling legislation.

Section 4: Summary

Key Findings at Baseline

Prior to the TDH Texas Tobacco Prevention Initiative

Schools and Communities:

- The number of youth using tobacco in Texas is too high, especially when compared to the usage level among adults. Initial research indicates an alarming 32 percent of high school students are current cigarette smokers, compared to 22 percent of adults.
- Sixth-graders are the youth most at risk of becoming smokers.
- Local business, civic and community leaders recognize youth tobacco use as a serious problem and want to implement prevention programs, but resources have not been available.
- Isolated interventions are difficult to implement. Local communities want programs that address the needs of current tobacco users and youth along with the establishment of policies that make it easy not to smoke.
- In schools, enforcement was the only widely practiced component among those recommended by the Centers for Disease Control and Prevention's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.

Media:

- Because sixth-graders were identified as the youth most at risk of becoming smokers, they became the primary target audience for the youth-created "Tobacco is Foul" media campaign.
- Approximately 60 percent of the surveyed media experts agreed that teen smoking was serious or somewhat serious and that not enough media communication was being directed at cessation and prevention of youth tobacco use. They recommended showing tobacco prevention ads more frequently, especially during prime time, and using a greater variety of media, including print media.

Enforcement:

- Texas has some of the toughest laws in the nation on minors' access to tobacco.
- Officers in contracted departments were much more likely than those in control areas to engage in enforcement activities such as sting operations, training fellow officers, educating merchants, and citing merchants for legal violations.
- Half the judges surveyed could not adequately answer questions testing their knowledge of tobacco laws (missing three or more out of seven questions). Very few merchant violations (an average of one and three in the pilot and control areas) and a relatively small number of youth violations (an average of 38 and 40 in pilot and control areas) were being adjudicated.
- In retail compliance with tobacco advertising laws, researchers found 35 percent of stores had tobacco ads located at or below a height of 3 feet, and 76 percent did not have the Texas Comptroller warning sign in view.

Cessation:

- School and population-based community cessation programs are of limited availability and quality.
- Texans did not have a cessation telephone quit line serving the pilot area population.

Preliminary Observations & Recommendations

The Overall Initiative

- At baseline **community tobacco control programs were rare** and constituted the exception rather than the rule. The Texas Tobacco Prevention Initiative is addressing this need.

- **Public demand for tobacco control is high.** The public has been enthusiastic in their response and support for the activities of the Texas Tobacco Prevention Initiative.

- **Isolated activities are difficult for the community to accept and implement.** Communities preferred to implement multi-faceted programs. For example, community and school sites felt restricted in implementing school programs without using media and addressing cessation and enforcement.

- **Community support is critical.** Total community involvement from youth to older adults and with support from a broad range of community institutions is vital in mounting successful tobacco control programs.

- **Time is needed.** Deeply entrenched habits and longstanding business interests do not change overnight. It takes time and new resources to successfully reduce smoking rates and save lives.

School/Community Youth Programs

- **Infrastructure development is needed.** Communities and schools have many urgent needs. Health problems like tobacco are only one of many pressing issues. Without local infrastructure dedicated to tobacco control, community and school programs are unlikely to be initiated or maintained by the community.

- **Participation of target audiences in program development is critical.** The most effective community and school programs are produced when the intended audience, such as youth or other special populations, participates in program development. Whether it is youth or another special population, their active involvement is strongly connected to the effectiveness of the program.

- **Local ownership is key to community support.** When different community groups such as faith-based organizations, schools and businesses participate in public programs, local ownership is more likely. With community-based ownership in tobacco control, the table is set for real change at the grass-roots level.

Cessation Programs

• **Increase awareness of tobacco quitting services.** Most people who smoke want to quit. Still, very few smokers are aware that tobacco quit services are available to them.This must be a fundamental part of all communication campaigns. Health providers such as doctors, nurses and clinic staff must promote them as well.

• **Use a variety of health care providers.** Mobilization of dentists, pharmacists, and other health professionals could greatly increase the number of smokers who attempt to quit.

• **There are too few youth cessation programs.** Few cessation programs are aimed at the youth and their needs. Schools need to institute programs but other community groups need to find ways to support tobacco prevention and cessation among youth.

Regulatory and Law Enforcement Programs

• **Ordinances needed.** Enforcement of existing laws and the creation of new ordinances are critical. Obeying local ordinances will not occur unless those ordinances are regularly enforced and their effects monitored.

• **Participation leads to consistent enforcement.** Officers in law enforcement agencies that actively participate in tobacco control programs are much more likely to enforce the law. They also have a more positive attitude toward tobacco prevention and health issues.

• **Officers need tobacco control training.** Training and on-going technical assistance is critical for local law enforcement agencies to fully participate in tobacco control efforts.

Media Programs

• **Public participation in media development is key.** Brands created with preliminary input from the target audience help ensure peers are receptive to messages conveyed via television, radio and billboards. For instance, in the youth campaign, teens helped create the "DUCK" brand and sat in on concept development, reviewed story boards and the Web site, and were even featured in radio andTV ads.

• **Media can enhance community programs.** Mass media messages that promote community and school programs enhance the effects of those program. Media campaigns also lend credibility to outreach programs while generating attention to and participation in those programs.

• **Multimedia messages are most effective.** Using all available media channels (TV, radio, print, outdoor, Internet) should reinforce the message and increase the message's effects. Coordinated partnerships, whereby all media promote similar and reinforcing messages, will be welcomed by communities working on tobacco control.

Delivery System

• **Accomplishments.** TDH is building a strong infrastructure for delivering community level programs. A state-of-the-art evaluation and surveillance system that covers measurement of context, process, impact and outcomes has been built and is in place to provide accountability for future efforts.

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Acknowledgements

This report would not have been possible without the notable contributions of the following individuals:

Texas Department of Health
Bureau of Disease, Injury and Tobacco Prevention

Dr. Philip Huang, Principal Investigator
Diana Satterwhite, Director,
Office of Tobacco Prevention and Control
Dr. Celan Alo
Marcus Cooper
John Dillard
Megan Haley
Scott Horel
Richard Kropp
A.J. Mitchell
Barry Sharp
Kim Steege

Baylor College of Medicine
Chronic Disease Prevention and Control Research Center

Dr. Amelie Ramirez, Principal Investigator
Kip Gallion

Prairie View A&M University
School of Juvenile Justice and Psychology

Dr. Clete Snell, Principal Investigator
Dr. Charles Bailey
Laura Bailey

Southwest Texas State University
Texas Statewide Tobacco Education and Prevention Program (S.T.E.P.)

Dave Williams, Principal Investigator
Howard Hancock
Jennifer Steele

Texas A&M University at College Station
School of Rural Public Health

Dr. Brian Colwell
Dr. Stacey Stevens

Texas Southern University
Graduate School

Dr. Joseph Jones, Principal Investigator
Dottie Atkins

Tuerff-Davis EnviroMedia, Inc.

Kevin Tuerff, Principal
Valerie Davis, Principal
Pam Udall
Stephen Roberts
Sara Beechner
Don Massa
Susan Hodgson
Brad Byram
Ali Kiselis

University of Houston
Department of Health and Human Performance and Health Law and Policy Institute, Center for Public Policy

Dr. Phyllis Gingiss, Principal Investigator
Melynda Boerm
Deleene Menefee
Dr. Richard Murray
Ron Scott

University of Texas at Austin
Department of Kinesiology and Health Education

Dr. Nell Gottlieb, Principal Investigator
Marlo Corrao
Dr. Alexandra Loukas
Laura McMorris
Gail Sneden

University of Texas – Houston School of Public Health
Center for Health Promotion and Prevention Research

Dr. Alfred McAlister, Principal Investigator
Dr. Shaohua Hu
Dr. Jeremy Margolis
Dr. Angela Meshack
Ted Morrison

Ware & Associates, Inc.

Wyntress Ware
Fran McQueen
Jessie Haynes

The final report was prepared in cooperation with the Texas Department of Health by the participating universities and organizations, coordinated by The University of Texas at Austin.

Printed on recycled-content paper with soy inks.

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