

# Tobacco Prevention and Control in West Texas

A Comparison of Five Community  
Infrastructures and Readiness to Implement  
Local Programs

# Authors

- Phyllis Gingiss<sup>1</sup>, Cindy Gonzalez<sup>1</sup>, Megan Haley<sup>2</sup>, Gail Sneden<sup>2</sup>, and & A. J. Mitchell<sup>3</sup>.

<sup>1</sup>University of Houston

<sup>2</sup>Texas Department of Health, Bureau of Tobacco Prevention and Control

<sup>3</sup>University of Texas at Austin

2002 National Conference on Tobacco or Health.  
San Francisco, CA.

# Objective

- To identify level of community organization and readiness to implement tobacco control programs in order to facilitate future training and technical assistance

# Background

- **Community Selection:** Five West Texas communities with expressed interests in tobacco prevention and control.
- **Funding Status:** Communities were not in the Texas Tobacco Prevention and Control pilot areas
- **Timing:** Prior to delivery of training and technical assistance

# Written Questionnaire

- What's happening in each community
- Coalition status and functioning
- Readiness to implement
- Preferences for training and technical assistance

# Participants

- Five communities (across 9 counties)
- Representatives attending workshop
  - Alcohol and drug abuse councils (n=4)
  - Prevention resource centers (n=2)
  - Organization representatives, including the State Department of Public Safety and a local clinic (n=3),

# I. What's Happening

# Perceptions of community priorities

- Youth prevention was viewed as the highest priority in all communities
- Different levels of community importance were perceived for cessation programs for youth and adults
- All reported some local opposition to tobacco control efforts

# What's happening in each community

- Youth prevention programs and programs to eliminate health disparities were not noted to be adequate
- Most agreed policies to ban smoking in restaurants, cafeterias and indoor work places were not enforced
- Perceptions of enforcement of other tobacco policies differed within and across communities

## What's happening in each community

- None of the communities had conducted needs assessments to determine community needs, attitudes or priorities.

## II. Coalition status & functioning

# Community organization around tobacco issues

- Only 3 of 5 communities had some type of tobacco control coalition; others were considering start-up
- Perceptions frequently differed among representatives from a community
- Lead agency and sponsor differed across community groups
- None of the planning groups were exclusively tobacco-focused

# Coalition membership

- Each of the 3 reported coalitions had a lead agency identified.
- Two of the three reported involvement of the following:
  - Schools
  - Healthcare providers
  - Youth leaders

# Coalition membership

- None reported involvement of:
  - City/county officials
  - Business leaders
  - Ethnic group leaders
  - Religious leaders
  - Media leaders

# Planning Stages

- Each community was at a different stage of planning, development and implementation
- Limited overlap existed across communities in Communities of Excellence planning phases underway
- Planning at initial training did not appear to be systematic

### III. Readiness to implement

- The majority did not have sufficient indicators of a strong likelihood of implementation success

# Readiness to implement

- Indicators requiring strengthening:
  - Written plan
  - Established 2-way communication channels
  - A leader named with adequate time assigned
  - Provision for implementer monitoring and feedback

# Readiness to implement

- Most did not report a community process for evaluating and measuring progress towards tobacco control objectives

# Volunteers

- Many staff/volunteers were available and willing to implement community plans
- Most staff/volunteers had insufficient skills to carry out plans

## IV. Training and TA needs and preferences

- Training and TA were highly valued by all.
- Of 26 potential topics, 21 (81%) were perceived to be very useful by  $\geq 75\%$  of participants

# Training and TA needs and preferences rated “very useful” by all

- Best practices provided through:
  - Home
  - Schools
  - Media
  - Law enforcement agencies
- How to involve youth in prevention activities
- Overcoming cultural barriers influencing program delivery; strategies for hard to reach clients

## **Training and TA needs & preferences rated very useful by 75-90%**

- State and local statistics about tobacco use
- Development of effective outreach programs
- Laws governing sales to minors and retailer education
- Development of effective outreach programs for populations at risk

# Training and TA needs & preferences rated very useful by 75-90%

- Selection of appropriate educational materials for youth and adults
- Best practices for programs provided through the community and health care providers
- Linking youth programs to enforcement
- Building community capacity
- How to build agency “buy-in” and commitment

# Training and TA needs & preferences rated very useful by 75-90%

- Volunteer use
- Cessation referral system establishment and operation
- How to work with local media
- Identification of tobacco company tactics and effective response strategies
- Advocacy for ETS ordinances

# Recommendations

- Extensive, intensive training and TA needs were identified based on:
  - Community limitations in current capacity to successfully implement programs
  - Expressed needs and preferences

# Recommendations

- Strong potential resources were identified, such as staff/volunteer interest and availability
- Training and TA can improve capacity to build on existing resources

# Recommendations

- Given variations across and within communities:
  - ***One size training won't fit all***
  - One-time training will not be sufficient.
  - Training should address both the processes of coalition development as well as tobacco content

# Recommendations

- Due to geographic and budget constraints of most health departments, multiple approaches are necessary for addressing on-going training & TA needs
- Supplemental assistance may be provided through web-based programs

# Recommendations

- Web-based components may include:
  - On-line training
  - Links to information about specific interests
  - Chat-rooms for problem-solving
  - A monitoring and feedback system for measuring progress
  - Case studies/examples of exemplary programs

# Contact Information

Dr. Phyllis Gingiss

University of Houston - Dept. of HHP

Houston, TX 77204

713/743-9843

[pmgingiss@uh.edu](mailto:pmgingiss@uh.edu)