

Triangulation of Data from Texas Key Informants for Tobacco Intervention Planning
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Purpose

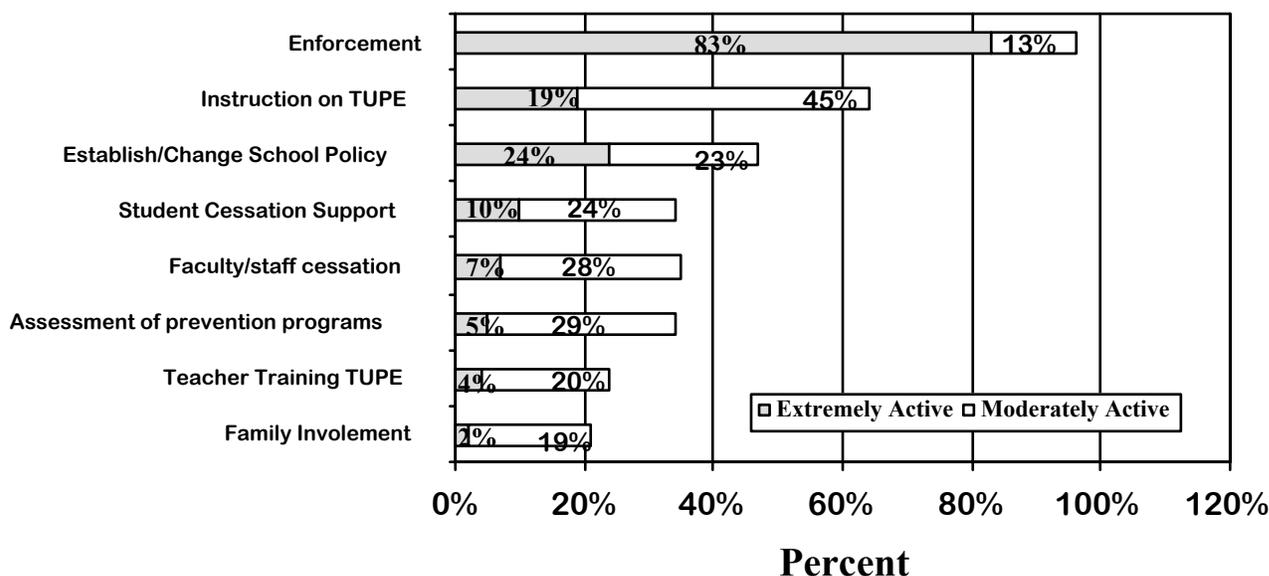
To integrate multiple databases to gain comprehensive perspectives on school Tobacco Prevention and Control practices in Texas for intervention planning.

Background

Information from multiple sources, using multiple methods, can help program planners judge the degree of support required for state tobacco control efforts to strengthen youth programs in schools and communities. In CDC’s “**Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (CDC, 1994)***”, **eight critical components for a comprehensive school program conducive to “Best Practices” are identified**. The baseline status of schools in the Texas Evaluation Pilot Areas will be analyzed through integration of data from eight research studies pertaining to these components and community and policy support for youth programs.

Methods

Studies	Objectives	Target Populations and Methods
¹ Ed. Service Center Health Specialists	<ul style="list-style-type: none"> - “What’s Happening” in the ESC regions regarding health education, with an emphasis on Tobacco Prevention & Control - Develop guidelines for content & distribution of school surveys. 	<p>Population Sample: All ESC representatives attending a statewide TDH meeting. Response rate: 13/18 (72%) of State ESC representatives)</p> <p>Methods: Focus Group</p>
² Principal Survey	<ul style="list-style-type: none"> - Identify status of tobacco control program components before 2000. - Assess school policies and their enforcement - Diagnose factors likely to influence implementation of new tobacco programs over the next three years. 	<p>Population Sample: Secondary School Principals in TDH Study Areas. Response rate: 131 (77%).</p> <p>Methods: A written questionnaire was designed for comparability to the CDC SHEP -Tobacco Questionnaire.</p>
³ Hlt. Coordinator -Lead Hlt. Teacher	<ul style="list-style-type: none"> - Identify the status of tobacco use prevention education (TUPE) in pilot area schools - Identify staff development activities & future needs - Ascertain the status of tobacco cessation assistance at their school - Diagnose teacher and school-level factors likely to influence implementation of new TUPE programs over the next three years. 	<p>Population Sample: Secondary School Health Coordinators in TDH Evaluation Study Areas. Response rate: 131 (76%).</p> <p>Methods: A written questionnaire was designed for comparability to the CDC SHEP -Tobacco Questionnaire with additional diagnostic questions drawn from <i>Bridge-It**</i></p>
⁴ School capacity survey	<ul style="list-style-type: none"> - Identify baseline status and ongoing changes in local practices of key elements of the TX Tobacco Plan - Support “capacity analysis” to diagnose environmental, organization, work unit & implementer factors influencing successful use of new programs & strengthening others. - Apply data to recommendations for staff development and technical assistance 	<p>Population Sample: Lead health contact person at school funded by TDH through Ed. Service Centers, Fall, 2000. Response rate: 111/165 (67%).</p> <p>Methods: Written survey based on <i>Bridge-It, **</i> a model for diagnosing likelihood of successful use within three years</p>
⁵ Network Analysis	<ul style="list-style-type: none"> - Describe what’s happening on the state level within key state, voluntary and racial/ethnic organizations & their organizational structures for diffusing tobacco control programs to regional/local branches - Identify the relative strengths and barriers for support within each study area 	<p>Population Sample: State & Regional staff of key voluntary agencies, TDH Tobacco Control & Prevention Specialists, TX Medical Association staff & racial/ethnic network staff.</p> <p>Methods: Phone interviews for state and regional networks using a semi-structured protocol.</p>
⁶ Opinion Leader Survey	<ul style="list-style-type: none"> - Assess views of attitudes, practices, and infrastructure for tobacco control in their local counties and communities. - Identify the degree of support and/or resistance to the state’s tobacco control efforts. 	<p>Population Sample: Individuals selected by formal positions in their communities. Leaders surveyed are from the following categories: Gov’t., business, education, health, media, youth & ethnic groups. Response rate: 218/300 (73%)</p> <p>Methods: Phone survey. Questionnaire based partially on California Surveys, modified for Texas.</p>
⁷ Community Capacity Survey	<ul style="list-style-type: none"> - Identify baseline status and ongoing changes in implementation of key elements of the TX Plan - Support capacity analysis to diagnose environmental, organization, work unit & implementer factors influencing likelihood of successful use of new or existing programs - Identify projected training and resource needs 	<p>Population Sample: Project Directors of community-based programs funded by TDH through local health depts. in the intervention areas; statewide mini-grant participants; statewide Tobacco Conference participants; and key informants at Community Forums. 55 counties represented. Response rate: 161/267 (60%).</p> <p>Methods: Written survey</p>
⁸ Policy Analysis	<ul style="list-style-type: none"> - Examine the legal structure of tobacco regulation in Texas, including the presence and content of local ordinances in study communities - Analyze the status of smoking legislation at the state and national levels 	<p>Population Sample: 201 municipalities were identified in the Pilot study areas and Bell County. 65 of those provided ordinances.</p> <p>Methods: Recent national reports provided an organizational framework for local ordinance content analysis. A dynamic database for baseline and follow-up was constructed.</p>



Results

SCHOOL STATUS AT BASELINE ^(1,2,4)

- ◆ Among the eight *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* (CDC, 1994)*, enforcement was the only guideline widely, actively practiced in the majority of schools.
- ◆ Five of the eight recommended components were reported by at least two-thirds of schools as having “ little to no activity” at baseline in the following areas: family involvement in student tobacco education and policy programs, teacher training for TUPE, assessment of prevention programs, faculty and staff cessation support, and student cessation support. Some TDH study communities had no activity at all in these areas.
- ◆ Instruction for Tobacco Use Prevention Education (TUPE) was limited and in most cases, not sufficient to be effective. For example,
 - In two-thirds of schools, rarely did more than 5 teachers spent one class a year or more on TUPE. Health, Physical Education and Science classes were most frequently involved.
 - In 40% of schools, TUPE was infused into one or more lessons or consisted of a single lesson. It was often used as an example for Life Skill Training, or Refusal Skill training. Since Texas does not have a state-level requirement for health instruction in the Middle Schools, infusion into other lessons occurred more in the Middle Schools.
 - Materials used for TUPE were predominantly (91%) from voluntary community agencies such as the American Cancer Society. Less than 20% used any published curricula with proven effectiveness.
 - Methods used in at least 85% of schools were predominately seatwork, lectures, films or videos, and groups discussions. Rarely were more effective interactive, skill-based, student-centered methods used.
- ◆ Middle school instruction and other school-based tobacco programs varied significantly based on the existence of District-level health requirements. In those districts with health requirements in their Middle Schools:
 - TUPE was more likely to be presented in the classroom
 - Role playing, simulations or practices for TUPE were more widely used
 - Others outside the classroom assisted more often in provision of TUPE. The Safe and Drug Free School Coordinator was frequently involved.
 - Faculty was more receptive to training on behavioral change methods
 - The schools were more active in providing cessation support for students, faculty and staff
 - Students caught using tobacco were more likely to be referred to their school counselor
- ◆ High schools were frustrated with the lack of instructional resources demonstrated to be effective. For many students who have received limited/no TUPE in the Middle Schools, more extensive instruction is required than currently available. The Educational Regional Service Center (ESC) representatives reported often hearing teachers and administrators state: “by high school it’s too late.”
- ◆ Cessation programs for students were limited. Health coordinators/teachers reported that 54% of their schools provided resource information to students; 33% provided resource and referral information to faculty and staff. Few principals stated that cessation programs were provided for the following: students (26%) or faculty (9%). Less than 5% of schools provided any programs for family members of students, faculty and staff, or community members. 39% referred to off-site programs.

COMMUNITY STATUS AT BASELINE**Community Opinion Leaders⁽⁶⁾:**

- ◆ Most opinion leaders indicated that use of tobacco products by youth is a very serious problem (47%); 32% stated it is a serious problem. The opinion leaders thought the highest priority of programs should be on prevention, followed by cessation. About half (47%) were aware of anti-smoking programs in local schools. Those aware mostly thought they were “effective” or “somewhat effective.” Most thought future community efforts should focus on educating youth (28%) or a combination of education and restricted access (58%). 60% thought their communities were only “somewhat” motivated to work together on an intensive youth smoking prevention program, but a majority (54%) thought such a program could be “extremely effective” (18%) or “very effective” (37%).
- ◆ The opinion leaders thought leaders in their community were far more supportive of efforts to reduce tobacco use among youths (40%, very supportive) than among adults (just 11% very supportive).

Project Informants:⁽⁷⁾ Responses from tobacco program staff informants showed the following at baseline:

- ◆ Youth prevention was seen as a top priority.
- ◆ Implementation of key components of tobacco control was “somewhat” satisfactory, but still had much room for improvement. Majority opinion is that:
 - Anti-tobacco media messages were fairly prevalent and somewhat effective whereas pro-tobacco media messages were less prevalent but more effective;
 - Tobacco bans in workplaces were seen to be enforced substantially more often than are policies to keep youth from buying tobacco;
 - Cessation programs were only somewhat available for youth and for adults;
 - Communities were only somewhat motivated to work on an intensive youth smoking prevention program; and
 - Overall, tobacco control efforts in local communities have been only somewhat effective.
- ◆ Prevention is the main purpose of most community-based tobacco control projects that were funded by TDH in the Fall, 2000. The projects are ambitious. Most have multiple components and are broadly targeted to multiple schools, agencies, and/or neighborhoods.
- ◆ Community forums for project directors/staff of tobacco programs in intervention areas indicated that many staff and administrators receiving current tobacco funding had little to no history or experience with past school/community initiatives.

Network Analysis:⁽⁵⁾ State and Regional staff at key voluntary health agencies were trying to serve widespread geographic areas. One of the regions in the study is highly populated. As a result, pockets of voluntary health agency-initiated tobacco prevention activities existed in the pilot study areas. Several agencies have school or community-based youth programs or educational materials, but they are unable to meet the comprehensive tobacco control needs of the schools and community on a widespread basis.

POLICY STATUS AT BASELINE⁽⁸⁾

- ◆ Texas has some of the toughest laws in the nation concerning minors’ access to tobacco. Recent changes (1998) made by S.B. 55 include penalties for minors caught with cigarettes or other tobacco products in their possession. Additionally, Texas law provides that the board of trustees of a school district shall: (1) prohibit smoking or using tobacco products at a school-related or school-sanctioned activity on or off school property; (2) prohibit students from possessing tobacco products at a school-related or school-sanctioned activity on or off school property; and (3) ensure that school personnel enforce the policies on school property. These stringent laws have facilitated the high rate of school-based enforcement noted.

SCHOOL INFRASTRUCTURE AT BASELINE^(3,4)

- ◆ Several situations at the schools at baseline pose potential barriers to future program implementation:
 - Two-thirds of health coordinators reported TUPE was low or not at all among their principal’s priorities.
 - Less than 10% of health coordinators indicated that most/many faculty and staff at their schools were actively involved in tobacco issues, and only 18% stated all/most/many were enthusiastic or willing to try TUPE.
 - Less than 5% of schools reported regular/frequent monitoring and feedback on implementation of the school’s tobacco programs.
- ◆ Current or proposed TUPE programs at the initial 94 schools funded by TDH are ambitious, but reported to have very little funding.
- ◆ Approximately half of the schools have an array of assets or factors disposed in favor of successful implementation of their TUPE program.
 - More than half indicated that TUPE is an improvement over what was being done, that it is fairly easy to implement, and that it is at least moderately compatible with student needs.
 - Approximately half of schools reported that staff are willing to try TUPE, are actively involved in student health issues, and believe TUPE is compatible with their professional identity.
- ◆ Areas where there still are high levels of uncertainty and/or concerns about availability of implementation support for TUPE include external policies; possible opposition or lack of support from parents and the community; inadequate staffing, funding and time for TUPE; current staff’s

lack of skills and experience in the specific techniques used in TUPE; and lack of processes (e.g., staff training, program monitoring, and written plans) to facilitate school-based implementation of tobacco prevention and control.

Conclusions and Recommendations

- ◆ TDH, Texas Education Agency and other recognized authorities should provide guidelines or technical assistance to help schools, especially high schools adopt and implement effective TUPE curricula. Over half of health teachers/coordinators indicated training needs in the following areas: teaching behavior change skills, encouraging family or community development, use of interactive teaching methods, curriculum-specific training, and teaching students of various cultural backgrounds.
- ◆ All future analyses of Texas Middle Schools should identify whether each District has a health requirement. Reports which combine all middle schools in their conclusions are likely to be misleading.
- ◆ Given the greater likelihood of initial success among Middle Schools in Districts with required health courses – due to their enhanced infrastructures, initial funding may be directed towards these districts. As examples of exemplary practices emerge, they can then become the leaders to help other schools through the adoption and early implementation trials. A statewide initiative to reinstate the health requirement in middle schools would advance this effort.
- ◆ Community-based project informants also indicated the need for professional development. Topics most often stated as very useful were:
 - Involvement of youth in tobacco prevention initiatives
 - In-depth review of “Best Practices” in tobacco control and prevention programs provided through the school and through the community
 - Selection of appropriate tobacco control and prevention education materials for youth.
- ◆ Community coalitions, health care associations, and other appropriate entities should be encouraged to conduct public awareness campaigns and implement other strategies to reinforce school/community programs. Local initiatives would be strengthened by involving community leaders and parents.
- ◆ Coordination of efforts and multiple communication channels in communities becomes especially important in view of the multiple funding sources available to local programs through State tobacco settlement agreements.
- ◆ Since schools most frequently addressed student cessation needs through referral to community-based resources, local assessments are critical of the accessibility and availability of those programs, as well as the extent to which those programs are age and culturally appropriate.
- ◆ Continue, expand, or strengthen efforts to obtain support from schools/districts, communities parents, and local leaders; and
- ◆ Provide for continued strong enforcement of youth tobacco control policies and laws in school and community settings.

References

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