Tobacco Prevention and Control in West Texas

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

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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
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