Community Tobacco-Related Attitudes and Practices: A Comparison of Program Coordinators’ and Opinion Leaders’ Views

Cindy A. Gonzalez, BS, CHES 1, Phyllis M. Gingiss, DrPH 1, Cindy Roberts-Gray, PhD2, Richard Murray, PhD1, Philip Huang, MD, MPH3, Diana Satterwhite Condon3

1 University of Houston (UH), 2 Resource Network, 3 Texas Department of Health (TDH)

PURPOSE

To collect and analyze data at the initiation of the TDH Texas Tobacco Prevention & Control Initiative within the East Texas Pilot Study regarding Opinion Leaders’ (OL) and Program Coordinators’ (PC) views towards local Tobacco Prevention and Control attitudes and practices. Objectives included: 1) Assessment of perceptions of community attitudes, practices, and local infrastructures for TPC, 2) Identification of similarities and differences in views of OL and PC, and 3) Examination of the association of local TPC programming with OL and PC views of their community’s priorities for each component.

BACKGROUND

Community tobacco prevention and control (TPC) initiatives are dependent for success on collaborative efforts among community OL and tobacco program representatives. Program planners need the support of OL who are informed and involved in the tobacco-related concerns of the community for successful coalitions and policy changes to occur. An understanding of similarities and differences in viewpoints during the early stages of community planning can facilitate improved communications and working relationships between groups.

METHODS

Opinion Leaders (OL)

Participants. 300 individuals holding formal positions in government, business, education, health, youth organizations, and ethnic networks were surveyed using phone survey methodology. Surveys were conducted from the CATI (Computer Assisted Telephone Interviewing) lab at UH. Leaders’ represented 15 counties in the East Texas pilot study area. 73% responded.

Questionnaire. The phone survey included a number of questions used in the 1996 California survey, with a number of additional questions specific to Texas. It was designed to provide baseline data prior to rollout of the TDH tobacco control activities. 13 of the questions on the survey were also included in the Program Coordinator survey. They addressed the following issues: community priorities, community support/opposition, effectiveness of current programs, enforcement, and coalition status. The results of responses to those 13 questions provide the focus of this report.

**Program Coordinators (PC)**

**Participants.** 267 Program Coordinators or Directors of community-based programs were surveyed. They were representatives of programs funded by TDH to conduct tobacco prevention and control initiatives or had attended focus groups meetings designed to assess perceptions of community practices. 55 Texas counties were represented. 60% of those contacted responded.

**Questionnaire.** PC received a written Community Capacity Questionnaire designed to identify baseline status and ongoing changes in the implementation of key elements in the TX Tobacco Plan. This questionnaire, which included 13 items similar to those in the OL questionnaire, provided data for this report.

TPC items pertaining to perceptions of community support/opposition, effectiveness of current programs, and coalition existence and impact were rated on a four-point scale (1=the strongest answer). OL and PC rating of their views of their community’s priorities for TPC were based on a 1-10 scale (10=highest priority). Results report ratings of 8-10 (highest priority) for each component.

**ANALYSES**

Statistical analyses of frequencies were used to summarize results and chi-square (\( \chi^2 \)) analyses were conducted for comparisons of responses across groups.

RESULTS

Table 1: A Comparison of OL and PC Views On Community Attitudes, Practices, and Local Infrastructures

<table>
<thead>
<tr>
<th>Question</th>
<th>Opinion Leader</th>
<th>Program Coordinator</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGHEST COMMUNITY PRIORITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Youth prevention</td>
<td>59%</td>
<td>67%</td>
<td>21.295*</td>
</tr>
<tr>
<td>• Motivating youth and/or adults to cease tobacco use</td>
<td>45%</td>
<td>47%</td>
<td>24.157**</td>
</tr>
<tr>
<td>• Protecting the public from involuntary exposure to environmental tobacco smoke</td>
<td>49%</td>
<td>25%</td>
<td>39.692***</td>
</tr>
<tr>
<td>• Eliminating disparities among different local populations</td>
<td>42%</td>
<td>18%</td>
<td>49.917***</td>
</tr>
<tr>
<td><strong>COMMUNITY SUPPORT/OPPosition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County/community leaders are very/somewhat supportive of efforts to reduce tobacco use among Youth</td>
<td>93%</td>
<td>77%</td>
<td>19.935***</td>
</tr>
<tr>
<td>County/community leaders are very/somewhat supportive of efforts to reduce tobacco use among Adults</td>
<td>80%</td>
<td>63%</td>
<td>22.202***</td>
</tr>
<tr>
<td>A great deal/some opposition in county/community to tobacco control.</td>
<td>71%</td>
<td>50%</td>
<td>36.733***</td>
</tr>
<tr>
<td><strong>EFFECTIVENESS OF CURRENT PROGRAMS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall tobacco control efforts extremely/very effective in reducing tobacco use in recent years.</td>
<td>55%</td>
<td>22%</td>
<td>58.521***</td>
</tr>
<tr>
<td><strong>ENFORCEMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree/agree policies to keep youth from buying cigarettes or chewing tobacco are enforced.</td>
<td>78%</td>
<td>68%</td>
<td>8.190*</td>
</tr>
<tr>
<td>Strongly agree/agree policies to ban smoking in restaurants, cafeterias, and indoor work places are enforced.</td>
<td>76%</td>
<td>67%</td>
<td>23.895***</td>
</tr>
<tr>
<td>Strongly agree/agree policies in local workplaces are enforced.</td>
<td>62%</td>
<td>83%</td>
<td>75.367***</td>
</tr>
<tr>
<td><strong>COALITION STATUS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of one or more coalitions</td>
<td>47%</td>
<td>62%</td>
<td>8.307**</td>
</tr>
<tr>
<td>A representative from your organization is involved in TPC coalition</td>
<td>15%</td>
<td>57%</td>
<td>66.740***</td>
</tr>
</tbody>
</table>

*p < .05  ** p < .01  ***p < .001

Results cont.

Figure 1 presents an examination of the association of local TPC programming with OL and PC views of their community’s highest priorities for each component.

Figure 1: The Association of Local TPC Programming With OL and PC Views of Their Communities Highest Priorities

CONCLUSIONS/RECOMMENDATIONS

- OL and PC differed significantly on all items. Since PC particularly viewed overall tobacco control efforts in their community as having limited effectiveness, these differences in views become even more critical.

- Representation of OL was low on local tobacco coalitions. By actively involving OL in the initial planning stages of local programs, establishment of common views and development of a shared vision may be enhanced. For example, awareness of the higher priorities that OL perceived their communities placed on ETS and elimination of disparities, would allow PC to work more closely with OL to ensure that their programming reflects local priorities.

- Local opposition was reported by both groups. Strategies for addressing opposition need to be developed and addressed collaboratively.

- Development of multiple 2-way communication channels may serve to keep all key players informed and enhance coordination across community groups as program development progresses. For example, the low perception of current TPC programs effectiveness can be modified as programs are developed and modified over time, while keeping all key community players informed of progress.

References


For additional information please contact:

Cindy Gonzalez, BS, CHES
H-NETS: Health Network for Evaluation and Training Systems
University of Houston
Department of Health and Human Performance
Houston, TX 77204-6015
713-743-9835 (W)
713-743-9860 (F)
cindy.gonzalez@mail.uh.edu

Dr. Phyllis Gingiss
H-NETS: Health Network for Evaluation and Training Systems
University of Houston
Department of Health and Human Performance
Houston, TX 77204-6015
713/743-9843 (W)
713/743-9866 (F)