Texas Tobacco Evaluation Pilot Study  
Community Baseline Report (2000)– Executive Summary  
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To describe baseline information (prior to January, 2000) about “what was happening” in Tobacco Control in local communities prior to implementation of the Pilot Study and the capacity of communities to effectively implement programs, three studies were conducted. First, 218 Opinion Leaders from a sample of 300 were interviewed by a phone survey. They represented leaders from government, business, education, health, media, youth and ethnic groups. Next a written Community Capacity survey was completed by 161 project directors or staff from community-based programs newly funded by TDH. Finally, a Network Analysis was conducted through phone interviews of State and Regional staff of key voluntary agencies, TDH Tobacco Control & Prevention Specialists, TX Medical Association staff and racial/ethnic network staff.

Highlights

Opinion Leaders

• The issue of tobacco use is salient to most opinion leaders. They reported following the issues of tobacco use and public efforts to regulate it very closely (31%) or somewhat closely (51%).

• When read the statement “The Texas Legislature should adopt a statewide smoke-free law banning smoking in workplaces and public buildings,” 37% strongly agreed, and 45% agreed,. When asked where laws and controls on the sale and use of tobacco should be made, 52% said at the state level, 12% at the county level, 15% said at the local community level and 17% stated at all levels.

• Most (>75%) stated tobacco use is either a very serious or serious problem in their community. A similar number stated youth access to tobacco products is be a very serious or a serious problem. Similarly, two out of three agreed that non-smokers having to breathe in other people’s smoke is a very serious/serious problem.

• Opinion leaders (45%) stated the highest priority of programs should be on prevention, followed by cessation (37%). Approximately a third stated that public protection from tobacco smoke and elimination of disparities among priorities also were among the highest priorities. However, when examining current community activities, the main focus of programs underway in the Fall, 2000, were more heavily focused on youth prevention, with less attention to ETS and elimination of population disparities.

• Few thought future efforts should be directed just at restricting access to tobacco (10%). More thought the focus should be 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%).
• Leaders in their community were perceived to be far more supportive of efforts to reduce tobacco use among youths (40%, very supportive) than among adults (just 11% very supportive). In contrast, project informants noted equal interest by community leaders in both populations (34% very supportive for youth and adults).

• Opinion leaders noted more opposition to tobacco control efforts (78% indicated a great deal/some) than did project informants (46%).

• Less than one-half (46%) of opinion leaders reported awareness of local tobacco control coalitions, and 22% said they were or had been a member of such a coalition. Those who had been involved rated these coalition efforts as having a “moderately positive” impact on reducing tobacco use in their communities. In comparison, project informants (61%) were aware of local coalitions, were more likely to be represented (73%), and perceived the coalition to have a high impact. In recent years, however, project informants did not state that tobacco control efforts had been very effective in their communities.

Network Analysis:

The level of program activity by network respondents in each study area ranged from very low (zero in two of the pilot areas - Liberty/Chambers and Texarkana) to a high of twelve (Fort Bend). The type of anti-tobacco program support most often reported was that of school and community anti-tobacco education in schools. Several barriers exist to agencies’ abilities to adequately meet school/community needs:

– Understaffing is a significant problem for the voluntary health agencies. Most staff are responsible for conducting program activities in more counties than can be realistically served (10 – 30 counties per person)
– Pockets of voluntary agency-initiated TUPE exist in selected pilot areas. In several instances these efforts supported the pilot study design while in others, efforts in the schools ran counter to the component analysis study.
– Synergy effectively exists between 3 of the agencies in only one of the pilot sites, Fort Bend County.; Synergy exists between at least two of the agencies in Waco and Bryan/College Station
– 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.

Project Staff Informants:

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;
Communities were only somewhat motivated to work on an intensive youth smoking prevention program; half reported a great deal or some opposition to tobacco control efforts in their community, 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.

- 17% of Project Informants stated that youth cessation programs were extremely available and accessible to all and a third stated they were somewhat available. Since most schools reported referring students to community resources for cessation assistance, these service gaps are of concern. The majority stated cessation programs for adults were not adequate.

- Of interest, the Project Informants were more prone to view ETS protection and elimination of population disparities as less notably lower priorities in the communities (15% and 10%, respectively) than did opinion leaders (31% and 34%, respectively).

- 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.

Community Capacity to Implement Tobacco Programs and Local Assistance Needs at Baseline

- In the majority of cases, there is a broad array of factors that can be expected to facilitate effective implementation of the individual agency’s tobacco control efforts—e.g., staff and volunteers are active proponents for tobacco control and are enthusiastic or willing to implement their agency’s plan for tobacco prevention and control projects. However, there also are several key resources or support systems that are not yet in place to assure effective implementation of the agencies’ tobacco control projects. The majority report that:
  - there is no written plan for continuation;
  - staff and/or volunteers lack skills and “know how” that is required to implement effective prevention and control initiatives; and
  - there is no funding for continuing the project.

- Survey respondents identified several valuable community resources that can help to strengthen tobacco control—e.g., the majority were aware of one or more coalitions or community groups or organizations involved in local tobacco control efforts and report the coalition has had at least moderately positive impact. But, substantial numbers of survey respondents indicated that there is “some” or even “a great deal” of opposition to tobacco control efforts in their county/community.

- Survey respondents also provided guidance regarding preferred methods of assistance for helping them to improve delivery of tobacco prevention and control programs in their communities. They are most interested in receiving:
  - materials and supplies to support their projects and programs; and
  - networking opportunities with other program providers.
• Substantial numbers of survey respondents also reported that one-on-one training and professional development is necessary to improve delivery of tobacco prevention and control programs by their agency and community. The topics they reported most often as potentially “very useful” were:
  – involving 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; and
  – selecting appropriate tobacco control and prevention education materials for youth.

Conclusions and Recommendations

The evaluation results of the community studies suggest the following recommendations for continuing, expanding, and/or strengthening the effective implementation of tobacco control in local communities:

• Survey respondents provided guidance regarding preferred methods of assistance for helping them to improve delivery of tobacco prevention and control programs in their communities. They are most interested in receiving:
  – materials and supplies to support their projects and programs; and
  – networking opportunities with other program providers.

• 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

• Several voluntary agencies have school or community-based youth programs or educational materials and share common commitments to tobacco prevention and control with TDH. However, they are unable to meet the comprehensive tobacco control needs of schools and communities on a widespread basis with current limited resources.

• Continue, expand, or strengthen efforts to obtain community support, support from parents, support from schools, and support from local leaders;

• 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.