

# Tobacco Prevention & Control Strategic Plan 2013-2018



January 2013



Mental Health & Substance Abuse Division

**Table of Contents**

**INTRODUCTION.....4**

**HEALTH & ECONOMIC IMPACT OF TOBACCO USE .....5**

    TOBACCO USE AMONG YOUTH AND YOUNG ADULTS .....5

    COMPLIANCE WITH TOBACCO LAWS LIMITING YOUTH ACCESS TO TOBACCO.....6

    ADULT SMOKING PREVALENCE .....7

    CESSATION AMONG YOUNG PEOPLE AND ADULTS.....9

    EXPOSURE TO SECONDHAND SMOKE .....10

    TOBACCO USE AMONG TEXANS WITH THE GREATEST HEALTH BURDEN .....12

**LANDSCAPE CHANGES 2008-2013 .....14**

**PROGRAM ELEMENTS AND PROGRESS .....16**

    PREVENTION OF TOBACCO USE AMONG YOUTH AND YOUNG ADULTS .....16

    COMPLIANCE WITH AND ENFORCEMENT OF LAWS RESTRICTING YOUTH ACCESS TO TOBACCO.....17

    CESSATION AMONG YOUNG PEOPLE AND ADULTS.....18

    EXPOSURE TO SECONDHAND SMOKE .....19

    TOBACCO RELATED DISPARITIES.....21

    INFRASTRUCTURE .....22

**FUTURE VISION.....24**

**GOALS, GUIDING PRINCIPLES, STRATEGIES AND MEASURES OF SUCCESS .....25**

    GOAL 1: PREVENT TOBACCO USE AMONG YOUNG PEOPLE .....25

    GOAL 2: PROMOTE COMPLIANCE AND SUPPORT ENFORCEMENT OF FEDERAL, STATE, AND LOCAL LAWS TO REDUCE MINORS’ ACCESS TO TOBACCO PRODUCTS .....26

    GOAL 3: INCREASE CESSATION AMONG YOUNG PEOPLE AND ADULTS .....27

    GOAL 4: ELIMINATE EXPOSURE TO SECONDHAND SMOKE.....28

    GOAL 5: REDUCE TOBACCO USE AMONG POPULATIONS WITH THE HIGHEST BURDEN OF TOBACCO RELATED DISPARITIES .....29

    GOAL 6: DEVELOP AND MAINTAIN STATEWIDE CAPACITY FOR COMPREHENSIVE TOBACCO PREVENTION AND CONTROL .....31

# Acknowledgements

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- Llano Estacado Tobacco Prevention and Control Coalition
- Northeast Texas Tobacco Prevention and Control Coalition
- San Antonio Tobacco Prevention and Control Coalition
- Texans Standing Tall
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- University of Texas at Austin
- University of Texas Health Science Center

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## Introduction

Cigarettes remain the leading cause of preventable death and disease in the United States. Former U.S. Surgeon General Luther L. Terry, M.D., declared a public health war against the effects of tobacco in 1964 in a landmark report that connected tobacco use to lung cancer and other illnesses. Almost five decades later, governments, communities, public health officials and individuals continue to fight against tobacco use, an addiction that kills more than 1,200 people a day in the United States. Each year in Texas, tobacco claims more lives than AIDS, heroin, cocaine, alcohol, car accidents, fire and murder – combined.

The battle against tobacco has changed dramatically since 1998, when Texas and other states reached court settlements with the tobacco industry over the costs incurred to treat tobacco related illnesses. Some of the money from Texas' settlement with tobacco companies was used to create an effective comprehensive tobacco control program in targeted geographic areas in the state. Evaluation of the initial pilot program revealed effective ways to prevent youth initiation of tobacco use, enhance the success of those wanting to quit, enforce state and local tobacco laws, protect the public from secondhand smoke exposure and reach special populations that are disproportionately impacted by tobacco marketing and use.

In fiscal year 2008 (FY08), five city and/or county health departments and one independent school district received DSHS funding to organize and manage comprehensive community Tobacco Prevention and Control Coalitions (TPCC). To guide the planning and implementation of the Centers for Disease Control and Prevention (CDC) Best Practices for Tobacco Prevention and Control, the coalitions use the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). Utilizing the SPF model, the TPCCs have collected, analyzed, and interpreted tobacco use data in their target communities to identify tobacco related problems and set priorities to help mobilize local stakeholders and build capacity. The TPCCs are active in implementing comprehensive programs using evidence-based strategies to address tobacco use and its harmful health effects in the community. The TPCCs mobilize community stakeholders to build local capacity and develop an annual strategic plan for comprehensive evidence-based activities that will be implemented by coalition partners and contractors in the following year. The TPCCs coordinate comprehensive community interventions that aim to prevent youth tobacco use, increase cessation, and eliminate exposure to secondhand smoke.

This plan outlines opportunities for future tobacco prevention and control efforts as well as updated methods and goals from the 2008-2013 Strategic Plan to reduce the health and economic toll of tobacco in Texas.

# Health & Economic Impact of Tobacco Use

Cigarette smoking remains the leading cause of premature death and disability in Texas and costs taxpayers nearly \$11 billion annually in medical care and health-related productivity losses. Every year, an estimated 24,100 Texans die from smoking or exposure to secondhand smoke. For every person who dies from smoking, 20 more people suffer from at least one serious tobacco related illness, such as cancer, heart diseases, and stroke. Lung cancer is the leading cause of cancer deaths in Texas. Smoking is estimated to cause approximately 84% of all lung cancer deaths – deaths that would not have occurred in the absence of smoking and exposure to secondhand smoke. Every day, more than 1,200 people in this country die due to smoking. For each of those deaths, at least two young people become regular smokers each day. Almost 90% of those replacement smokers smoke their first cigarette by age 18.<sup>1</sup> Tobacco use by youth and young adults causes both immediate and long-term damage. One of the most serious health effects is nicotine addiction, which prolongs tobacco use and can lead to severe health consequences.<sup>2</sup>

## Tobacco Use among Youth and Young Adults

Because 90% of smokers try their first cigarette before the age of 18, preventing young people from starting to use tobacco in the first place can control future health and economic costs. The 2012 Texas School Survey revealed that about 21% of high school seniors reported having used some type of tobacco product (cigarettes or smokeless tobacco) during the past month. This number is significantly down from 33% in 2000.

The national Healthy People goal is to reduce cigarette use among 9<sup>th</sup>-12<sup>th</sup> graders to 16% by 2020. In 2012, 17.3% of 9<sup>th</sup>-12<sup>th</sup> graders in Texas reported that they had smoked at least one cigarette in the last 30 days. The rate of smoking among 12<sup>th</sup> graders (19.2%) is five times higher than that of 7<sup>th</sup> graders (3.3%)<sup>3</sup> and young adults (18-29 year olds) have the highest rates of smoking among Texas adults.

Findings from the Texas Youth Tobacco Survey show the effectiveness of a comprehensive approach to tobacco prevention and control. For example, tobacco use among youth in grades 9-12 in the TPCC counties decreased from 18.7% in 2008 to 10.8% in 2012. Continued support for coalition-led, comprehensive tobacco prevention and control efforts should lead to sustained progress.

The table below shows the downward trends for both past 30 day and lifetime cigarette use among youth in middle and high school combined (grades 7 to 12).<sup>4</sup> Despite reduced lifetime and cigarette use among youth in this age group, the downward trends appear to have slowed down since 2008.

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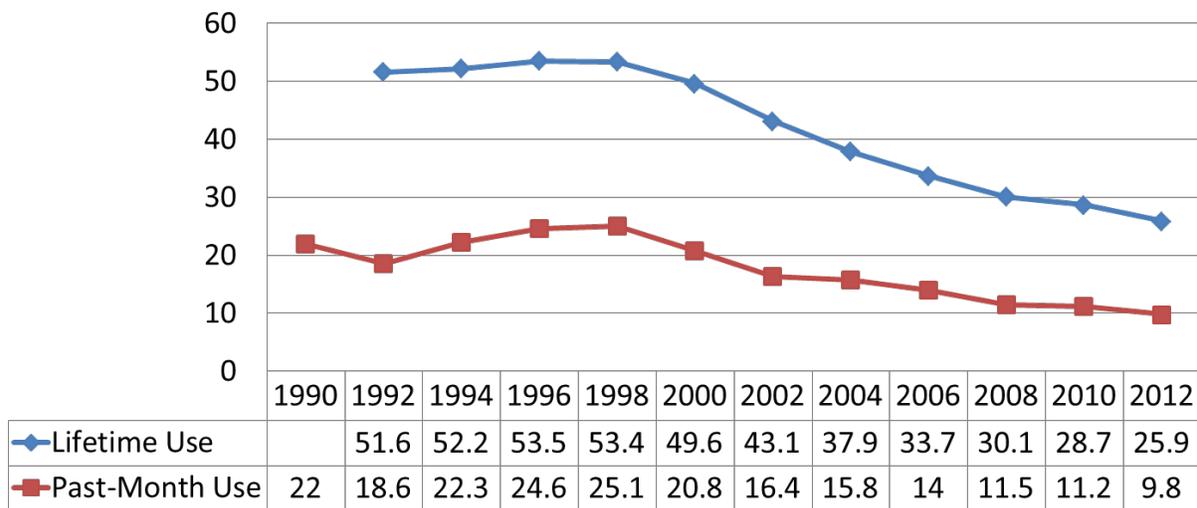
<sup>1</sup> U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

<sup>2</sup> U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

<sup>3</sup> Texas A& M University Public Policy Research Institute (PPRI). Texas Youth Tobacco Survey: 2012 State. Report to the Texas Department of State Health Services.

<sup>4</sup> Texas A& M University Public Policy Research Institute (PPRI). Texas School Survey of Substance Abuse Among Students. Report to the Texas Department of State Health Services.

## Lifetime and Past-Month Use of Cigarettes Among Students Grades 7-12, Texas: 1990-2012



Source: Texas School Survey of Substance Abuse among Students

The 2012 Surgeon General’s Report titled *Preventing Tobacco Use Among Youth and Young Adults* states that prevention efforts must focus on young adults ages 18 through 25 as well. Almost no one starts smoking after age 25. Nearly 9 out of 10 smokers started smoking by age 18, and 99% started by age 26. Progression from occasional to daily smoking almost always occurs by age 26.<sup>5</sup>

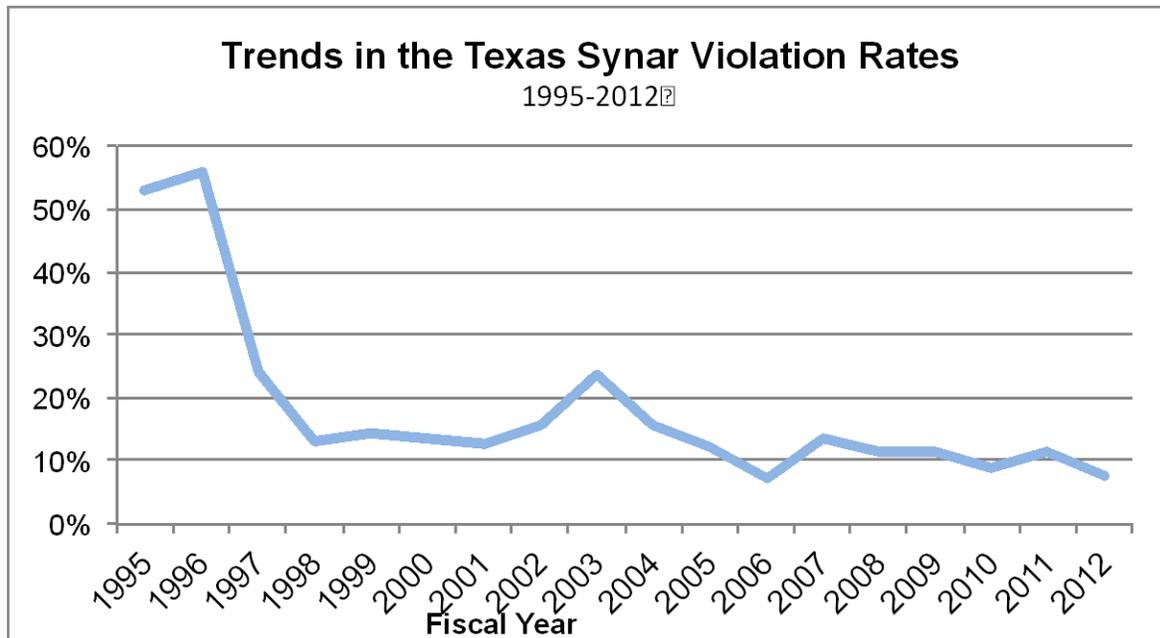
Comprehensive school and community-based programs are most effective in reducing youth tobacco use. Some of these tactics include intensive instruction on tobacco prevention, regular teacher training for tobacco prevention, family involvement in student tobacco education, enforcement of tobacco laws and policies that limit access to tobacco products. Access to tobacco products decreases when the price of tobacco increases, when retailers refuse to sell tobacco products to minors, and when youth under age 18 are educated about the legal consequences of possessing tobacco.

### Compliance with Tobacco Laws Limiting Youth Access to Tobacco

The federal Synar Amendment requires states to have laws in place prohibiting the sale and distribution of tobacco products to people below 18 years old and to enforce those laws effectively. The Synar regulation, administered by the Substance Abuse and Mental Health Services Administration, requires states to maintain their retailer violation rate to 20% as measured by an annual, random inspection of tobacco retailers. Non-compliance with the Synar requirement results in up to a 40% reduction in the federal block grant that funds substance abuse prevention and treatment programs in Texas. The Texas sales-to-minors rate was 7.6% in 2012, a dramatic decrease since the high of 56% in 1996.<sup>6</sup>

<sup>5</sup> U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

<sup>6</sup> The results of the 2012 Synar survey are reported in the federal fiscal year 2013 Synar report released by SAMHSA.



Although the Texas Tobacco Law sets strong penalties for both retailers and minors, the law is an effective deterrent for youth only when they understand the law and the penalties for breaking it. According to the 2012 Texas Youth Tobacco Survey, 47.1% of middle and high schoolers could correctly identify the penalties to youth for violating the Texas Tobacco Law.<sup>7</sup> Furthermore, more than half (51.1%) of youth in 7<sup>th</sup> through 12<sup>th</sup> grade felt that it was easy for people their age to obtain tobacco products in their community.<sup>8</sup>

### Adult Smoking Prevalence

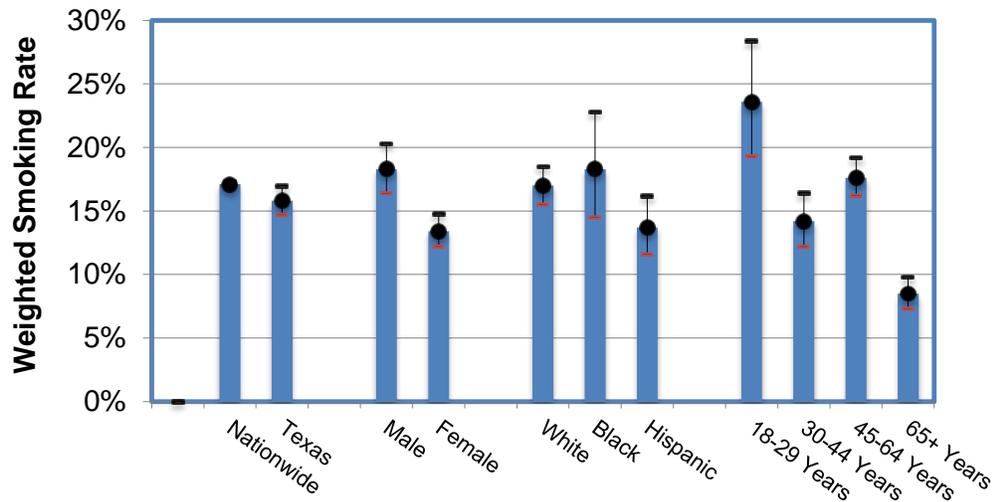
Despite the health risks and economic costs associated with smoking, 15.9% of adult Texans still smoked as of 2011.<sup>9</sup> The figure below shows that adult smoking rates vary greatly by gender, ethnicity and age.

<sup>7</sup> Texas A& M University Public Policy Research Institute (PPRI). Texas Youth Tobacco Survey: 2012 State. Report to the Texas Department of State Health Services.

<sup>8</sup> Texas A& M University Public Policy Research Institute (PPRI). Texas Youth Tobacco Survey: 2012 State. Report to the Texas Department of State Health Services.

<sup>9</sup> For purposes of comparison to baseline in 2008, this report uses 2010 BRFSS data due to changes in the methodology adopted in 2011. In the past few years, all large population health surveys that depend on telephone interviews, including the Behavioral Risk Factor Surveillance System (BRFSS), have had to respond to the rapid rise in the proportion of U.S. households that contain only cellular telephones and no landline telephones. In order to maintain survey coverage and validity, surveys have had to add cellular telephones to their samples. At the same time, new methods of weighting to adjust survey data for differences between the demographic characteristics of respondents and the target population have been adopted. Since 2004, the BRFSS has been planning and testing the addition of cellular telephones and improvements in its method of statistical weighting. These new methods were implemented during the fielding of the 2011 BRFSS, which was released in 2012. <http://www.cdc.gov/surveillancepractice/reports/brfss/brfss.html>

## Prevalence of Smoking among Texas Adults, 2010



2010 Texas Behavioral Risk Factor Surveillance System

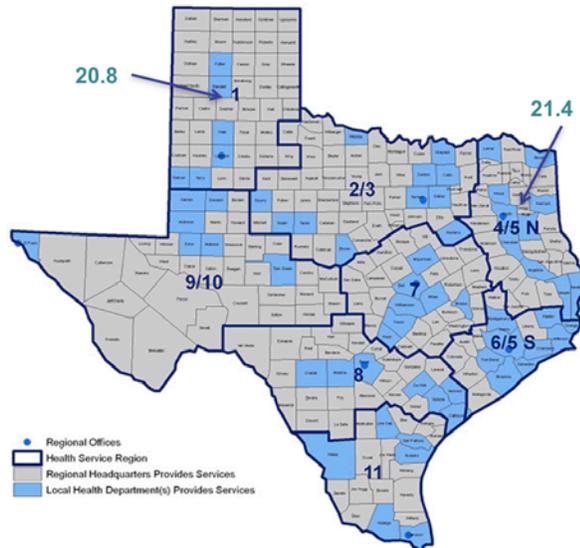
The most recent data estimates that 3,124,799 adults in Texas are current cigarette smokers.<sup>10</sup> Smoking rates are typically lower in urban areas and higher in rural areas. However, metropolitan areas like Dallas and Houston have the highest number of adult smokers by virtue of their size.

## Adult Cigarette Smoking Rates by Public Health Region in 2010

Texas Adult Smoking Rate  
**15.8%**

HP 2020 Goal  
**12.0%**

- 1 – Amarillo/Lubbock 20.8%
- 2/3 – Dallas/Fort Worth 14.7 %
- 4/5N – Tyler/Texarkana 21.4%
- 6/5S – Houston area 16.5%
- 7 – Austin/Waco/Bryan 12.0%
- 8 – San Antonio /Del Rio 15.5%
- 9/10 – El Paso/Midland/Odessa 16.4%
- 11 – Corpus/Laredo 16.7%

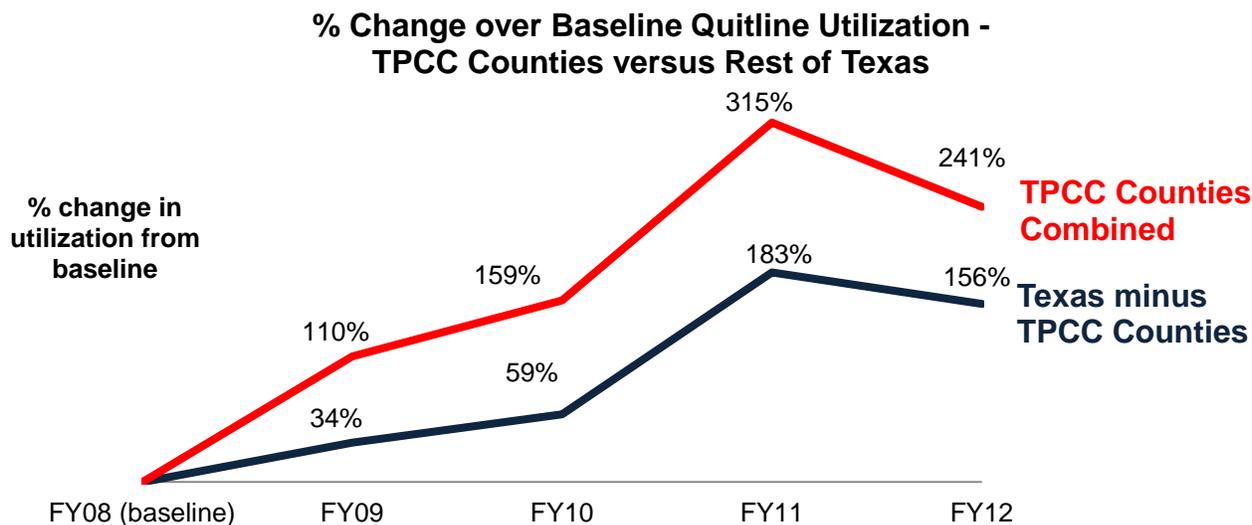


Source: 2010 BRFSS, <http://www.dshs.state.tx.us/Layouts/ontentpage.aspx?pageid=35474> Last accessed on 10/30/2012

<sup>10</sup> DSHS Center for Health Statistics BRFSS 2011 Data Request; Texas HHSC 2009 population projections for 2012

## Cessation among Young People and Adults

Tobacco dependence is a chronic condition that requires repeated attempts to quit smoking. Telephone counseling combined with nicotine replacement therapy is a proven strategy for increasing the chance of successfully quitting. From July 2011 to June 2012, the Texas Quitline served 14,534 callers. Of these, 60% were female and 61% were White.<sup>11</sup>

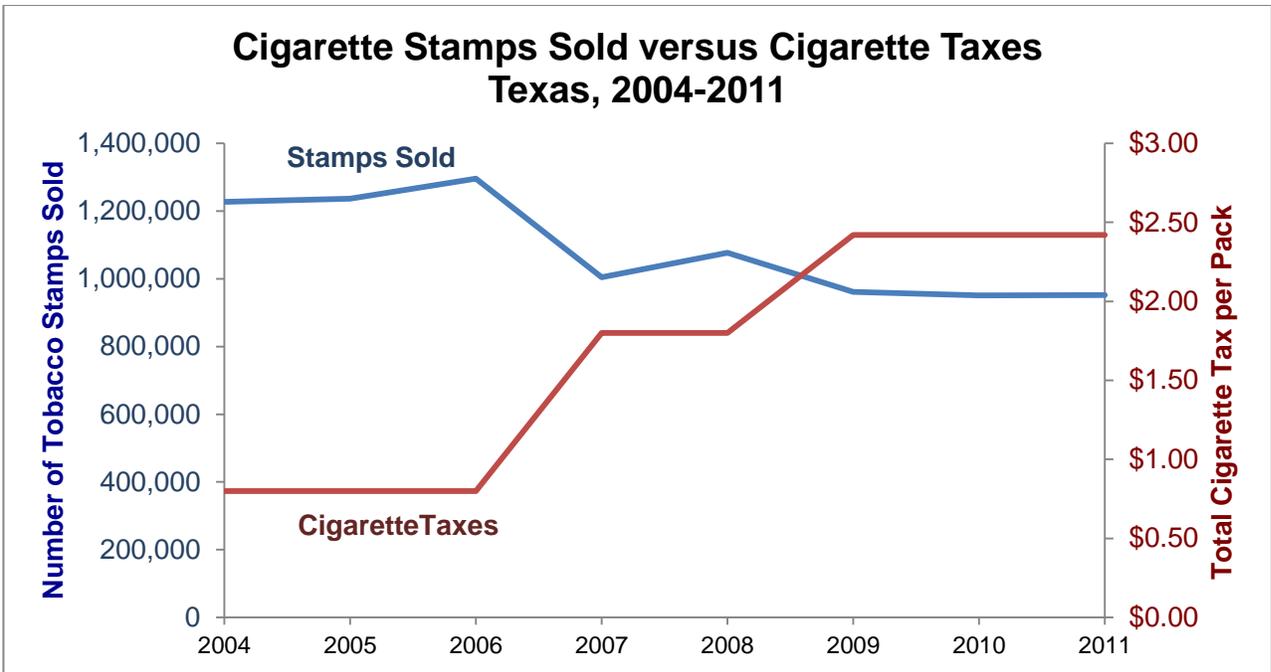


Source: ACS Quitline (September 1, 2008 to January 15, 2010) and Alere Wellbeing Monthly Service Reports

Use of the Texas Quitline services increases when the service is promoted, as in the TPCC counties. Evidence of the effectiveness of Quitline promotion can be seen over the past four fiscal years, where growth in utilization in TPCC counties has been significantly higher compared to the rest of Texas. With increased media promoting the Quitline in TPCC counties, callers in those counties have increased more than in the rest of Texas.

Another method for promoting cessation is taxation. Research shows that for every 10% increase in the price of cigarettes, adult consumption falls by about 4% and youth consumption falls by about 7%. The Texas cigarette tax was raised by \$1.00 in January 2007 to a total tax of \$1.41 per pack and the federal cigarette tax was raised by .62 cents per pack in April 2009 to a total tax of \$1.01 per pack. These tax increases over the course of about two years likely contributed to the observed decreases in the number of cigarette stamps sold, which is one indicator of tobacco use.

<sup>11</sup> Alere Wellbeing Monthly Service Report, June 2012 Year to Date



Source: Stamps Sold - Texas Comptroller of Public Accounts

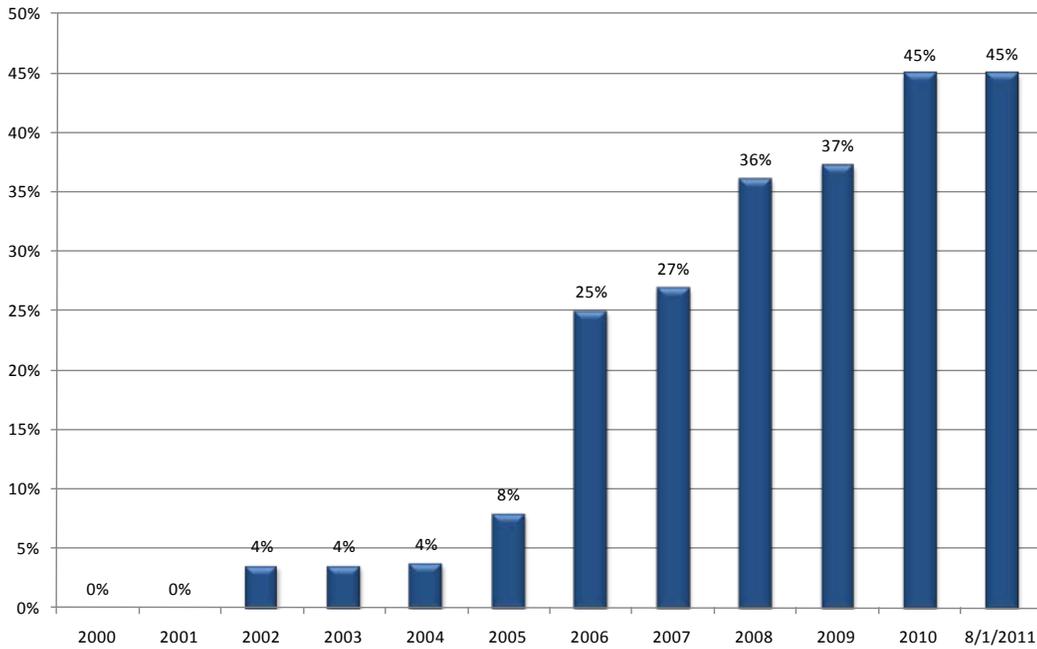
## Exposure to Secondhand Smoke

Laws that protect non-smokers from secondhand smoke have gained momentum over the past few years. With strong ordinances in the major urban cities, 45% of the state’s municipal population is now covered with 100% smoke-free city ordinances. In 2000, no Texas cities had strong smoke-free ordinances protecting non-smokers in the five settings reviewed by DSHS: municipal and private worksites, restaurants, bars in restaurants, and freestanding bars. Only 9% of cities were smoke-free in all 5 settings in 2005, but in 2006 an unprecedented 16 ordinances were passed, with 10 of them including smoking bans in all 5 settings. Houston contributed heavily to the expanded coverage in 2006, as did Dallas in 2008, and San Antonio in 2010.<sup>12</sup> On August 19<sup>th</sup> 2010, San Antonio became the last major municipality in Texas to pass a comprehensive smoke-free ordinance. In 2011, Austin amended its comprehensive ordinance to include municipal parks.

Currently, 55% of the Texas municipal population is covered by a strong smoke-free policy. Still, Texans living in unincorporated areas (approximately 26% of the Texas population), and residents of cities without smoke-free ordinances, approximately 17 million people, are exposed to secondhand smoke.

<sup>12</sup> Gingiss, Phyllis; Hermer, Laura and Boerm, Melynda. 2011. Changes in Texas Ordinances in Fiscal Year 2011 (Sept. 2010 – Aug. 2011) and Comparisons of Coverage of the Texas Municipal Population by Smoke-Free Ordinances. Report submitted to Texas Department of State Health Services, 8/2011.

**Percentage of the Texas Municipal Population Protected by 100%  
Smoke-Free Ordinances in all Five Settings\***

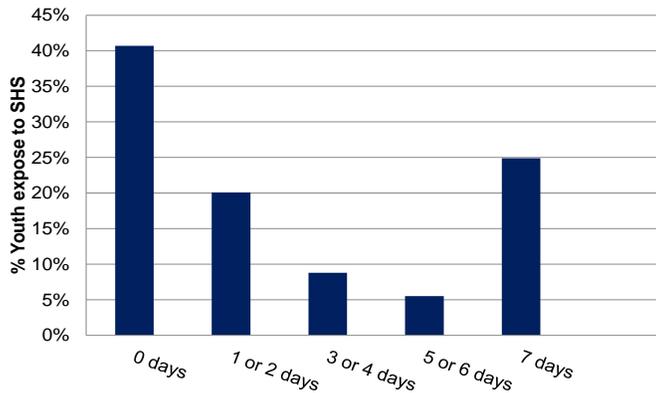


Note: Total Municipal Population per 2000 census = 15,738,989  
\*Settings Include Municipal Worksites, Private Worksites, Restaurants, Bars in Restaurants, and Bars Not in Restaurants

Data provided by UTMB  
<http://www.utmb.edu/shsordinances/>  
August 1, 2011

A substantial amount of youth also report regular exposure to secondhand smoke, as indicated in the table below. The 2012 Youth Tobacco Survey reports that nearly a quarter (24%) of middle and high school students were in the same room with someone who was smoking cigarettes everyday in the past week, and 20% were in the same room as the smoker for one to two days during the past week.

**Youth Exposed to Cigarette Smoke in the Same Room in  
the Past 7 days - Texas**

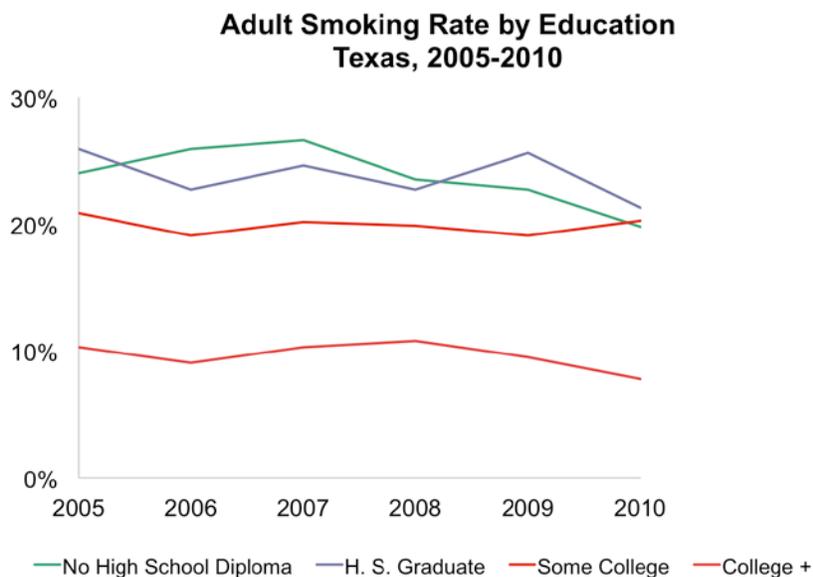


Texas Youth Tobacco Survey 2012 – State: Texas A & M Oct. 2012

## Tobacco Use among Texans with the Greatest Health Burden

Within the Texas population, the health, economic and social burdens of tobacco use vary. While the 2010 smoking rate for adult Texans was around 15.8%, smoking rates vary greatly by education level, gender and race/ethnicity.<sup>13</sup> By education level, cigarette smoking is highest among adults who have earned a general educational development (GED) diploma and those with less than a high school education. The only group to have reached the Healthy People 2020 goal of a 12% adult smoking rate is college graduates.

Another high priority group is those with substance abuse and mental health conditions. Thirty-nine leaders in public health, behavioral health, and tobacco control came together in February 2012 for a first-ever Texas initiative focused on reducing smoking prevalence among people with behavioral health disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC) as part of the Leadership Academies for Wellness and Smoking Cessation supported the summit. The summit participants designed an action plan for Texas to reduce smoking and nicotine addiction among behavioral health consumers and staff, and to create an environment of collaboration and integration among the fields of public health (including tobacco control and prevention), mental health, and substance abuse services.



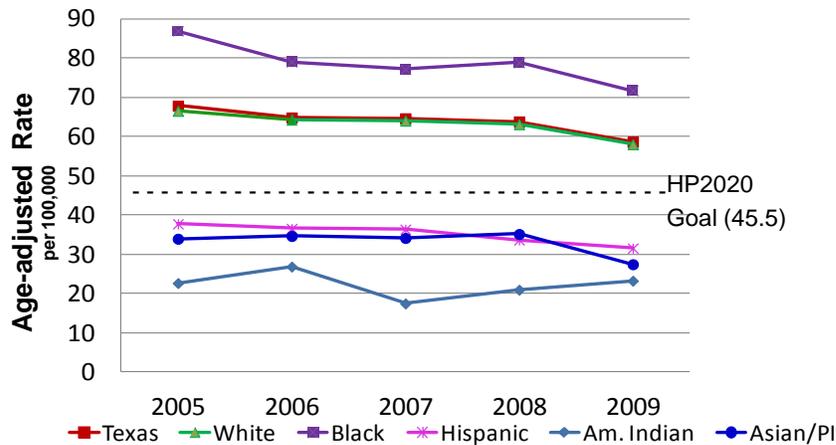
Source: BRFSS

Disparate rates of death, disease and disability from tobacco use occur in certain age, gender, educational, and racial and ethnic groups. While the age adjusted lung cancer death rate has actually

<sup>13</sup> Texas Department of State Health Services, Center for Health Statistics, Behavioral Risk Factor Surveillance Survey 2010 data query, Available at <http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?pageid=35474>. Accessed 12/3/2012

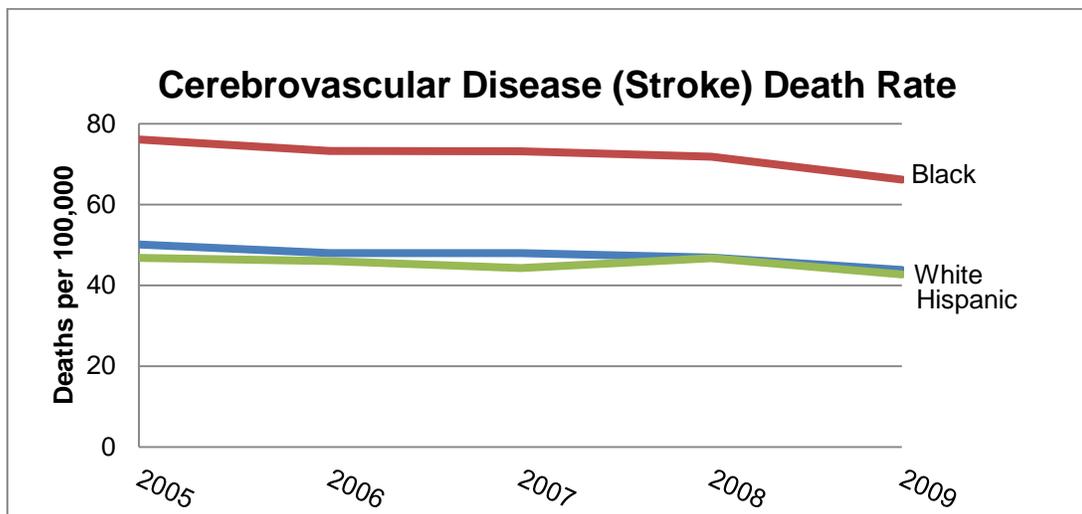
dropped below the national Healthy People 2020 Goal of 45.5 per 100,000, not all population groups have benefited from this decline. Segments of the population still experience lung cancer death rates higher than the 2020 goal. The graph below illustrates the higher burden of lung cancer among Black and White Texans. Blacks still exhibit higher than average tobacco related deaths, consistent with higher smoking rates than the general population.

### Lung Cancer Death Rate, Texas



Texas Cancer Data Registry, data accessed Oct. 2012, cancer incidence file Jan. 2012

In addition to lung cancer, deaths from heart disease and stroke can also be attributed to smoking. For example, deaths from lung cancer, stroke and heart disease are more likely to occur among African Americans than Whites and Hispanics.



Source: Texas DSHS, Center for Health Statistics <http://soupfm.tdh.state.tx.us/txhd.htm> last updated March 2012.

## Landscape Changes 2008-2013

Program accomplishments, service delivery system changes, and societal and environmental changes can all be described as “landscape changes”.

- In 2007, the Texas cigarette tax was raised by \$1.00 to a total of \$1.41 per pack.
- In 2008, DSHS stopped funding individual contractors and began funding community-based coalitions that follow the Strategic Prevention Framework to implement comprehensive tobacco prevention and control in local communities.
- From 2008 to the present, various funding sources have funded environmental tobacco control strategies in over 50 counties across the state. In addition to core funding from the state and CDC, additional funding streams included the American Recovery and Reinvestment Act, the Affordable Care Act, and the Community Transformation Grant Program.
- In 2009, passage of The Family Smoking Prevention and Tobacco Control Act gave FDA authority to regulate the manufacture, distribution, and marketing of tobacco products to protect public health. In August 2011, FDA awarded DSHS a contract to monitor and report on retailers’ compliance with advertising and labeling restrictions.
- In 2009, the federal cigarette tax was raised by .62 cents per pack to a total of \$1.01 per pack.
- In 2009 and 2011, a proposed statewide clean indoor air legislation came before the Texas legislature. In both years, the legislation did not pass.
- In 2010, the US Surgeon General released a report titled *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease*.
- In 2011, the Texas legislature reduced the DSHS Tobacco Prevention and Control Program’s budget by approximately 50%.
- In 2011, the Texas legislature eliminated funding for statewide school-based tobacco prevention programming.
- In 2011, the Texas legislature eliminated the Texas Comptroller’s compliance grant program to local law enforcement agencies. To ensure continued enforcement of and compliance with the law, DSHS subsequently funded the Tobacco Enforcement Program.
- In 2011, the Texas legislature eliminated the smokeless tobacco education program for rural Texas communities.
- In 2011, the Centers for Medicare and Medicaid Services (CMS) issued a new policy to state Medicaid directors allowing 50% of the cost of Quitline services provided to Medicaid beneficiaries to be reimbursed as administrative costs.
- In 2012, the US Surgeon General released a report titled *Preventing Tobacco Use Among Youth and Young Adults* that confirmed that cigarette smoking by youth and young adults has immediate adverse health consequences, including addiction, and accelerates the development of chronic diseases across the full life course.
- Access to Texas Quitline’s services has increased dramatically since these telephone cessation-counseling services began in 1999. Calls to the Quitline peaked in FY11, when 26,183 Texans called the Quitline compared to 3,935 callers in FY08. Quitline calls from the TPCC communities increased from 989 in 2008 to nearly 4000 in 2011.
- Clean air ordinances passed by Texas municipalities over the past five years increased the percentage of the state’s municipal population that is protected by clean air ordinances from 36% in 2008 to 45% in 2011.
- Health care reform increased the capacity to improve provider interventions through electronic health record integration and enhancements. Through Federal Meaningful Use Guidelines, which

include tobacco screening requirements, providers are incentivized to ask their patients about tobacco status as a means to improve tobacco cessation interventions. As a result, the State of Texas has been working to integrate an evidence-based tobacco protocol into all electronic health records. Health care reform has created an opportunity through mandates to help improve provider interventions for tobacco cessation efforts.

- An action plan for Texas was developed 2012 to reduce smoking and nicotine addiction among behavioral health consumers and staff, and to create an environment of collaboration and integration among the fields of public health (including tobacco control and prevention), mental health, and substance abuse services.
- In recent years, sales of cigarettes in the United States (U.S.) have declined. At the same time, however, sales of alternative tobacco products, such as smokeless tobacco, cigars, snus, and electronic cigarettes (e-cigarettes), have increased.

# Program Elements and Progress

## Prevention of Tobacco Use among Youth and Young Adults

The Texas youth leadership and activism initiative, SayWhat!, is implemented by the Texas School Safety Center (TxSSC) at Texas State University – San Marcos in coordination with the DSHS-funded tobacco prevention and control coalitions (TPCCs) and other existing youth tobacco prevention stakeholders. The initiative’s goal is to support local school and community efforts to create tobacco-free social norms among youth. Following the CDC’s Best Practices User Guide: Youth Engagement, DSHS supports mini-grants for local youth-led school groups to conduct recommended youth activities that involve advocacy and engagement with the school and community, and fight pro-tobacco influences.

The Say What! Movement ([www.txsaywhat.com](http://www.txsaywhat.com)) was created and designed by young people from across Texas to link all students who are actively working to eliminate tobacco from their schools and communities. By joining the Say What! Movement, local groups have the opportunity to connect to other youth and organizations across the state, access ideas and events hosted by other Say What! partners, and actively promote efforts to reduce tobacco use. In FY2012, 122 \$500 mini-grants were awarded to local Say What! member groups across the state of Texas, impacting 26,513 youth and 9,307 adults (35,820 total) with tobacco prevention, awareness and education efforts. The 269 registered Say What! groups reached an additional 43,277 youth and 14,842 adults.

The prevention resource centers (PRCs), substance abuse services prevention contractors, regional tobacco specialists, tobacco prevention contractors, and local school districts and DSHS-funded tobacco prevention and control coalitions reach Texas youth with prevention presentations and educational programming. In 2012, tobacco prevention contractors delivered 18,613 tobacco related prevention presentations to 52,472 adults and 247,726 youth in communities across Texas.

### Prevention Highlights: Tobacco Free Fort Bend Coalition

Fort Bend County youth who are trained in the peer-led tobacco prevention program, Teens Against Tobacco Use (TATU) educate and collaborate to spread the tobacco free message to their peers, family and community.

Due to the Tobacco Free Fort Bend Coalition's collaboration with the county's four school districts, a strong tobacco free foundation has been built that educates students, who then educate families, which translates into environmental change for healthy tobacco free communities. Since the school districts are well represented in the coalition, there is strong administrative support for youth activities. The partnership with the school districts has been strengthened due to the extensive work of the coalition in the schools.

In Fort Bend ISD, the largest school district, 10 TATU groups reached out to 22 campuses. County wide, TATU information was disseminated to approximately 10,000 students, as well as additional educators, family and community members. As advocates for smoke free workplaces, students and parents have educated local city council members for many years. Fort Bend County has three ordinances that TATU students helped support: Sugar Land in 2007, Missouri City in 2010 and Rosenberg in 2011.

## Compliance with and Enforcement of Laws Restricting Youth Access to Tobacco

Federal Synar Amendment legislation requires annual, random inspections of tobacco retailers to ensure that 20% or fewer retailers are in violation of tobacco laws to restrict the sale, distribution, advertising, and promotion of tobacco products to minors. Local enforcement agencies funded by the Texas Comptroller of Public Accounts (CPA) and the DSHS Tobacco Prevention and Control Program and DSHS's Mental Health and Substance Abuse Divisions Prevention Resource Centers (PRCs) work together to promote compliance and carry out enforcement through retailer education, licensing programs, community education, media campaigns, the Texas Tobacco Prevention Hotline. This interagency cooperation is credited with the reductions in illegal tobacco sales to minors. In 2011, DSHS received a contract from the Food and Drug Administration (FDA) to conduct undercover buys as well as advertising and labeling inspections in Texas.

In August of 2011, CPA created a new tobacco merchant education packet and distributed it to the over 25,000 tobacco retailers in Texas. The packet includes a new warning sign, a poster illustrating the need to check IDs, a flyer on how to check IDs, a booklet summarizing the law, and additional resources. Retailers receive this packet every two years when they renew their license to sell tobacco.

DSHS-funded Prevention Resource Centers (PRCs) were active in all of the state's 254 counties. Staff members conducted tobacco retailer visits requesting voluntary compliance with the youth tobacco law and provided retailers with up-to-date information and signage. In FY 2012, PRC staff across the state provided this information to 15,235 tobacco retailers.

The 82<sup>nd</sup> Legislature eliminated funding for the Underage Tobacco Compliance Grants Program. In FY12, CPA funded grantees at a reduced level, and ceased to award grants completely in FY13. However, the CPA will continue their efforts through their Enforcement Division and their Criminal Investigations Unit to ensure tobacco retailers are in compliance with the Texas Tobacco Law.

To fill the gap that has been created by the elimination of the CPA's Underage Tobacco Compliance Grants program, TCPCC has dedicated a portion of its funds to continue the undercover buys (stings) component of the CPA program as a strategy to ensure compliance with federal Synar requirements. Through a contract with Texas School Safety Center (TxSSC) at Texas State University – San Marcos, the TCPCC conducted 5,251 undercover buys through a new program called the Tobacco Enforcement Program (TEP) in FY12. The TEP contracts with local law enforcement agencies to ensure adequate enforcement of state tobacco laws to reduce minors' access to tobacco products and maintain compliance with federal Synar requirements.

The TxSSC has developed a Texas Tobacco Law webinar training titled, "Enforcing Tobacco Laws in Texas" for community and school-based law enforcement officers ([www.texastobaccolaw.org](http://www.texastobaccolaw.org)). Officers receive continuing education credits (TCLEOSE credit hours) for taking the course. The webinar is also available to all tobacco prevention professionals.

### Enforcement Highlights: TPCCs

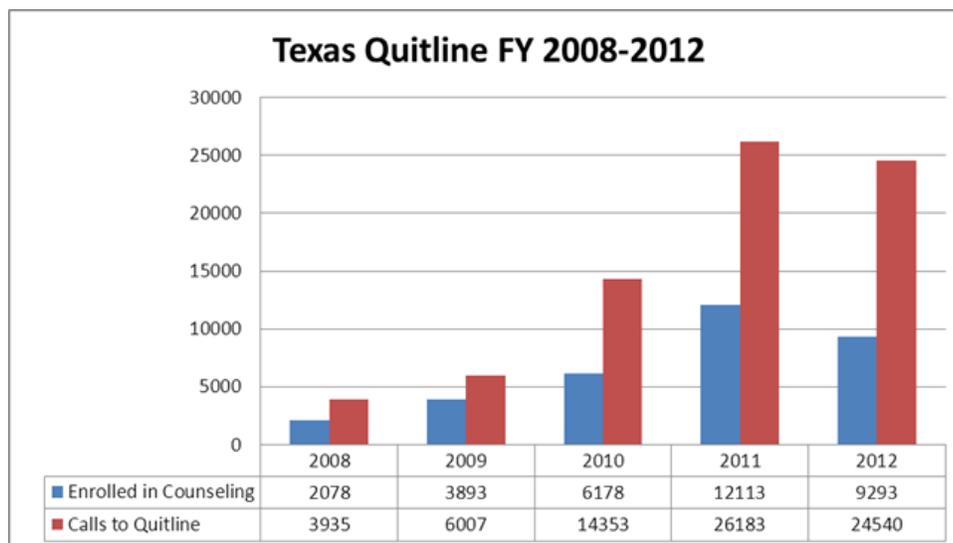
Many of the local tobacco prevention and control coalitions work closely with local law enforcement agencies receiving local tobacco enforcement contracts. San Antonio established an enforcement workgroup to increase collaboration with local TEP grantees. DSHS-funded Tobacco Free Fort Bend has a close relationship with local enforcement, and representatives from enforcement agencies regularly attend coalition meetings and collaborate on various tobacco control strategies. Northeast Texas TPCC staff also participates in the organization of an annual regional tobacco enforcement conference

## Cessation among Young People and Adults

The DSHS Tobacco Prevention and Control Program (TPCP) utilizes a variety of approaches to help tobacco users quit. These include health care systems change, worksite cessation programs, education of the public, telephone and web-based cessation counseling services (Texas Quitline), provider education, billing for tobacco cessation services and free nicotine replacement therapy (for high priority populations).

Health care systems change entails many components, including provider education on cessation screening and treatment and the integration of tobacco screening and cessation protocols into health care practices. On a larger scale, systems change entails expansion of coverage by public and private insurance providers for cessation counseling and for a variety of cessation medications through the Texas Quitline.

The Texas Quitline is an evidence-based, telephone and online tobacco cessation service. The services offered can include coaching/counseling, referrals, mailed materials, healthcare provider training, web-based services and free medications such as nicotine replacement therapy (NRT). Research shows that the Texas Quitline is highly effective in helping tobacco users quit and has the capacity to offer services to tobacco users regardless of location. DSHS has funded Quitline services, including telephone cessation counseling, for the state of Texas since the beginning of its comprehensive tobacco control efforts in 1999. Access to Texas Quitline services peaked in FY11 due to American Recovery and Reinvestment Act (ARRA) funds for increased Quitline services with media campaign support. In FY11, 26,183 Texans called the Quitline compared to 3,935 callers in FY08. The total number of tobacco users who enrolled and received counseling services in FY11 was 12,113 compared to 2,078 in FY08. The conclusion of the ARRA funding and the loss of state funds explain the decrease in registered Quitline callers from 26,183 in FY11 compared to 24,540 to FY12.



Cessation efforts educate the public, and focus on healthcare providers in an effort to increase their role in patient cessation. The DSHS program has made strides toward this goal with development and dissemination of the *Yes You Can Toolkit*. The *Yes You Can Toolkit* was developed for use by health care providers and promotes system changes in clinical settings that ensure all patients are assessed regarding their tobacco use status. Providers are educated on appropriate counseling and resources.

The *Yes You Can Toolkit* is available for download on the Yes Quit website [www.yesquit.org](http://www.yesquit.org) and in CD form.

The *Yes You Can Toolkit*, formally known as *A Clinical Toolkit for Treating Tobacco Dependence*, includes multiple reminders and aids for clinic staff to identify patients who use tobacco and to encourage them to quit. It uses information from the United States Health and Human Services reference guide for clinicians, *Treating Tobacco Use and Dependence*. The *Yes You Can Toolkit* includes an introductory staff guide, tips on counseling patients, pharmacotherapy information, a prescription pad, vital signs stickers for patient charts, fax referral forms, a list of resources, patient brochures, Quitline cards, a poster, and audio scripts for on-hold telephone messaging. In addition, information is available, within the toolkit and on the website, to guide providers and administrative staff on the integration of an electronic tobacco cessation protocol (e-tobacco protocol), into an electronic health record (EHR) system. The protocol was primarily built to streamline tobacco referrals to the Quitline, as it saves the provider time by integrating a one-click system into the EHR to refer patients to the Quitline and other cessation services. An online training on using the cessation toolkit and making referrals to the Quitline also provides physicians with Texas Medical Association continuing education units (CEUs).

TPCCs engaging in comprehensive tobacco prevention and control activities create a synergistic effect by changing the environment and social norms for the community. The involvement of the TPCC communities in the promotion of the Texas Quitline more than doubled the call volume to the Quitline in 2011. This change increased the willingness of tobacco users to change behaviors, resulting in more individuals quitting the habit for good.

Regional staff and TPCC contractors also work to make direct contact with health care providers. TPCC contractors consulted with more than 2,300 local health care providers in FY12 to disseminate the *Yes You Can Cessation Tool Kit*. Additionally, TPCCs visited 430 worksites to encourage smoke-free policies, and to promote the Texas Quitline cessation services.

The TPCP received a grant in FY12 from DSHS Maternal and Child Health Services' Title V to conduct media outreach targeting women who smoke. This funding aimed to support Title V national and state performance measures to address women who smoke during the last three months of pregnancy (NPM 15) and the proportion of women between the ages of 18 and 44 who are current cigarette smokers (SPM 4). This campaign built upon the successful FY 2011 campaign during which a new television spot was created specifically targeting the Title V population, creating multiple media strategies - radio, online and mobile banners, and a Title V website landing page (created in English and Spanish) at [www.quitforyourchild.org](http://www.quitforyourchild.org). This page is designed specifically for women and connected them to other cessation resources on the main [www.yesquit.org](http://www.yesquit.org) website. One of the highlights of this 2012 campaign was the traffic that it drove to the online landing page, [www.quitforyourchild.org](http://www.quitforyourchild.org). In the first eight weeks that the site was up, there were 49,138 visits and 96% of the visits were directly related to the media buys during that time.

## **Exposure to Secondhand Smoke**

The 2010 U.S. Surgeon General's Report titled *How Tobacco Smoke Causes Disease* made it clear that secondhand smoke (SHS) is a serious health hazard that can lead to disease and premature death in children as well as non-smoking adults. Community-level efforts of the regional tobacco staff, contractors, and coalitions, as well as state-level efforts facilitated by partners such as the American

Cancer Society, American Heart Association, and the American Lung Association have increased the public's awareness of the issue, which has contributed to significant progress in the elimination of exposure to secondhand smoke in recent years. To track this progress, DSHS supports a website that tracks progress toward a smoke-free Texas. This website presents and details all known Texas municipal ordinances designed to restrict exposure to secondhand smoke. Local communities can create reports from the website database to review local ordinances. The website lists the cities with the best clean indoor air protection in Texas and gives short summaries for ordinances in cities throughout Texas. The University of Houston maintains the Texas Smoke Free Ordinance Database website <http://www.utmb.edu/shsordinances/>.

#### Highlights: San Antonio Tobacco Prevention and Control Coalition

##### San Antonio Snuffs Out Indoor Smoking

In early January 2010, an opinion poll found 76 percent of voters in San Antonio thought the rights of employees and customers to breathe clean air in restaurants and bars were more important than the rights of smokers to smoke and business owners to allow smoking inside restaurants and bars. Six out of ten voters viewed secondhand smoke as a serious health hazard. With the poll in hand, volunteer members of the San Antonio Tobacco Prevention and Control Coalition began educational outreach to community organizations and health institutions to work on closing the gap in smokefree work environments. Leading the effort were organizations concerned about the health effects of secondhand smoke and included the American Cancer Society, American Heart Association, American Lung Association, Campaign for Tobacco Free-Kids, March of Dimes, Americans for Nonsmokers Rights, Lance Armstrong Foundation, and representatives from community-based organizations and the faith community. These organizations reached out to their own memberships and identified friends, neighbors and supporters that eventually created a large grassroots base. Presentations were made to city council members, the local chambers of commerce, downtown business organizations, faith communities, neighborhood associations and local musicians to garner widespread support. A letter-writing campaign to city council and the San Antonio Express News was launched, which generated many op-ed articles in support of the ordinance. On August 19, 2010, the San Antonio City Council voted 7 to 4 in support of a new anti-smoking ordinance that passed and added smoke-free protection to bars, pool halls, comedy clubs, restaurants and bingo halls, as well as public spaces like the San Antonio Zoo and public transportation facilities. The new smoking prohibition meant workers no longer had to choose between their health and their paycheck. All the employees at the 658 bars and restaurants that previously had allowed smoking indoors were now breathing clean air at work.

In June of 2010, the TPCP received ARRA funding to implement environmental tobacco control strategies. Six Texas communities – Carrollton, Denton, Grand Prairie, Lewisville, Lufkin and Rio Grande City – were funded to strengthen existing community coalitions and educate the public about the dangers of secondhand smoke. These coalitions worked to increase the public's knowledge of the dangers of secondhand smoke, and to promote their support for smoke-free environments. They also promoted cessation and clean air policies at worksites and municipalities to protect the public from

secondhand smoke. Four additional existing coalitions in Irving, League City, Williamson County, and Midland were also funded to mobilize their communities for similar strategies.

DSHS Division for Disease Control and Prevention Services received a CDC Community Transformation Grant in FY11. Through this grant, the Health Promotion and Chronic Disease Prevention Section has funded 18 community providers serving 30 counties to reduce tobacco use by 5% in five years through both educational strategies regarding the harm of secondhand smoke and cessation consultation services.

## **Tobacco Related Disparities**

There is compelling evidence that socioeconomic status, gender, and race and ethnicity correlate with tobacco related health disparities in U.S. populations. Groups currently experiencing poorer health status are expected to grow as a proportion of the total U.S. population; therefore, it is critical to improve the health of these special populations. The Texas Department of State Health Services TPCP has prioritized people with mental health and substance abuse problems, people with low socioeconomic status, residents of rural areas, and people in the LGBTQ community<sup>14</sup>.

Evidence shows that racial/ethnic minorities develop more smoking-related illnesses, like cancer and heart disease, over time than non-Hispanic Whites.<sup>15</sup> These minority populations, especially African Americans, are less likely to quit smoking and stay quit, even though they have lower overall rates of smoking and include more light or intermittent smokers. The findings “...suggest that the pathology of cigarette addiction and the quitting process may be different for racial/ethnic minority smokers than has been traditionally conceptualized.”

Decreasing tobacco use rates among people with mental health and substance abuse conditions has become a high priority for DSHS in the past five years. On February 1, 2012, 39 leaders in public health, behavioral health, and tobacco control came together for a first-ever Texas initiative focused on reducing smoking prevalence among people with behavioral health disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC) supported the summit as part of the Leadership Academies for Wellness and Smoking Cessation. The summit participants designed an action plan for Texas to reduce smoking and nicotine addiction among behavioral health consumers and staff, and to create an environment of collaboration and integration among the fields of public health (including tobacco control and prevention), mental health, and substance abuse services.

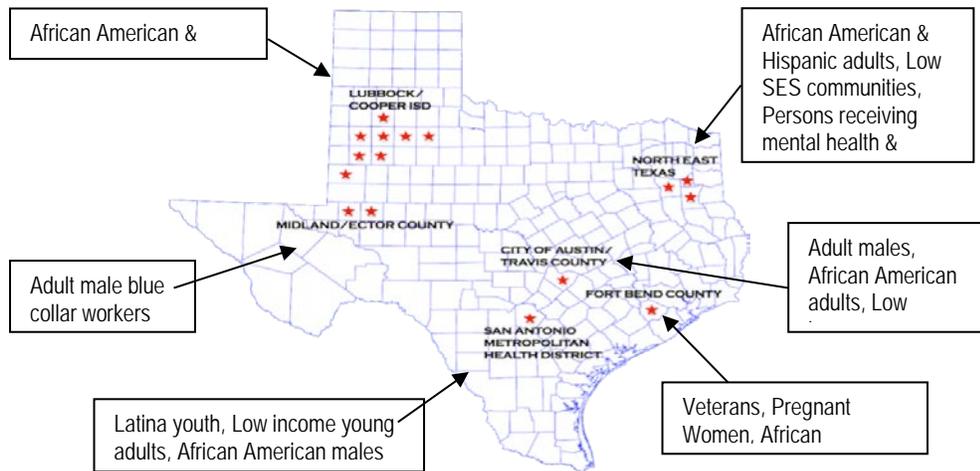
The DSHS-funded tobacco prevention and control coalitions (TPCCs) each have locally identified priority populations in addition to the TPCP’s above mentioned statewide priority populations. See the table below for each coalition’s priorities populations.

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<sup>14</sup> LGBTQ stands for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning.

<sup>15</sup> <http://tobaccodisparities.org/index.php/research/126-a-nationwide-analysis-of-us-raciaethnic-disparities-in-smoking-behaviors-smoking-cessation-and-cessation-related-factors>

## 2010 Priority Populations Identified by TPCC Sites



### Highlights: Northeast Texas Tobacco Prevention and Control Coalition Partners with Maternal Health Organizations

The Northeast Texas (NET) TPCC seeks to help disparate populations by developing and maintaining relationships with organizations that focus on women and children. Realizing the need for an innovative strategy to better reach parents through their maternal health partners, the coalition developed the Mother's Toolkit (Toolkit). This toolkit consists of tobacco education and Texas Quitline materials as well as second hand smoke messages imprinted on durable baby items. As the Toolkit has evolved, both the NET coalition and maternal health organizations have benefitted greatly from successfully integrating the Toolkit within their existing programs. Wellness Pointe Women Infant and Children (WIC) clinics utilize the Toolkit in their New Mothers' Class, offering complete educational support by healthcare professionals. St. Paul's pediatric medical clinic utilizes the Toolkits into both well child checkup visits and sick patient visits, offering complete educational support by healthcare professionals. St. Paul's also emphasizes utilizing the coalition's information about third hand smoke when counseling parents of asthmatic children. Wellness Pointe said, "We've been able to create fully comprehensive educational classes for our moms and offer them something [the Mothers' Toolkit] they can learn from and get excited about."

## **Infrastructure**

The capacity of the DSHS Tobacco Prevention and Control Program (TPCP) to coordinate a comprehensive, multi-agency (public health, behavioral health, education, and law enforcement) tobacco control effort with the efforts of community coalitions and other community-based organizations, statewide media and cessation providers, and health related voluntary groups is essential for program effectiveness and sustainability. Funding cuts to the TPCP budget by nearly 50% in FY12 present an ongoing challenge to maintain an efficient infrastructure for administration and management of strong interventions and partnerships. Central office staff was reduced by half and services provided by regional tobacco coordinators were eliminated in public health regions 2/3 and 7. Full Time Employees (FTE) providing support for the TPCP were reduced by 45% across five DSHS divisions.

Administration and management activities include the following:

- Programmatic staff oversight and coordination
- Grants management
- Contract management
- Fiscal management
- Training and Technical Assistance
- Educating the public on health effects and evidence-based programs and policy interventions
- Strategic Planning
- Evaluation
- Collaborative efforts across state, regional, and local systems

With the motivation to create synergy among tobacco control efforts and leverage funding resources, the TPCP convened and participated in numerous collaborative endeavors in FY12. Some of these collaborative efforts included a statewide epidemiological workgroup, a statewide monthly tobacco control collaborative workgroup supported by CDC, the DSHS coordinated chronic disease workgroup, the DSHS Community Transformation Grant initiative, and the behavioral health tobacco cessation academy supported by SAMHSA.

## **Future Vision**

Despite the tremendous progress that has been made in Texas and in the nation since the first Surgeon General's Report on tobacco use in 1964, tobacco use remains the leading cause of premature and preventable death. Dr. Thomas Frieden, Centers for Disease Control and Prevention Director, has stated that reducing tobacco use is a winnable battle. Tobacco prevention and control research and best practice science for effective strategies to reduce tobacco use and related health consequences are well known by public health advocates. Proven strategies for winning the battle against tobacco are laid out in a variety of guidance documents from CDC, SAMHSA, the Institute of Medicine, the World Health Organization, and the Health and Human Services Strategic Action Plan. These strategies include:

- Sustained funding of comprehensive programs
- Excise tax increases
- 100% smoke-free policies
- Aggressive media campaigns
- Cessation access
- Comprehensive advertising restrictions

The TPCP will continue to implement comprehensive tobacco prevention and control strategies through the strength of local community coalitions that are coordinated with statewide prevention, cessation, and media initiatives to reduce tobacco use and adverse health consequences in Texas. In addition, TPCP will continue to work with state and regional partners to further the strategies for winnable battles listed above within the State of Texas.

# Goals, Guiding Principles, Strategies, and Measures of Success

## Goal 1: Prevent Tobacco Use among Young People

### Guiding Principles:

- Living tobacco free reduces a young person’s immediate and substantial health risks including nicotine addiction and impairment to the respiratory and cardiovascular systems and decreases the risk of associated unhealthy behaviors such as the use of alcohol and other drugs.
- With 99% of all first use of tobacco occurring by age 26<sup>16</sup>, if young people remain tobacco-free, very few people will begin to smoke or use smokeless products.<sup>17</sup>
- Young people are valuable partners in tobacco control efforts and project a powerful voice in advocating for community change.<sup>18</sup>

*Cigarette smoking by youth and young adults has immediate adverse health consequences, including addiction, and accelerates the development of chronic diseases across the full life course.*

*One in 10 Texas secondary students are smokers. About 80% of them will continue to smoke into adulthood. Of those that continue to smoke into adulthood, one half will die about 13 years earlier than their nonsmoking peers.*

*Use of tobacco is a gateway drug among young people, because its use generally precedes and increases the risk of alcohol and illicit drug use.*

### Strategies:

- 1.1 Engage and educate young people on the health benefits of tobacco free living.
- 1.2 Engage and educate young people in promoting tobacco free environments.
- 1.3 Mobilize communities to engage and involve young people to prevent youth tobacco use
- 1.4 Mobilize key stakeholder groups to develop partnerships to leverage state and local resources to promote tobacco free living among young people.
- 1.5 Implement evidence-based, culturally appropriate programs, practices, and policies to prevent tobacco use among young people.
- 1.6 Coordinate prevention media to support community interventions and educate and encourage young people to live tobacco free and decrease tobacco industry influence.

### Key Outcome Measures:

- Increase in percentage of middle and high school students (grades 7-12) who report never having used tobacco. (Texas YTS)
- Decrease in percentage of middle school students (grades 7-8) who report using any tobacco product at least one day in the past 30 days. (Texas YTS, Texas School Survey of Substance Use Among Secondary Students (TSS))
- Decrease in percentage of high school students (grades 9-12) who report using any tobacco product at least one day in the past 30 days. (Texas YTS, TSS)
- Decrease in percentage of young adults (18-29 year olds) who are current users of any tobacco product. (BRFSS)

<sup>16</sup> NSDUH 2010, Chapter 3

<sup>17</sup> U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

<sup>18</sup> Centers for Disease Control and Prevention. Best Practices User Guide: Youth Engagement–State and Community Interventions. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

## **Goal 2: Promote Compliance and Support Enforcement of Federal, State, and Local Laws to Reduce Minors' Access to Tobacco Products**

### **Guiding Principles:**

- Texas will lose up to 40% of its Substance Abuse Prevention block grant funding if found to be out of compliance with the Synar regulations.
- Mobilizing communities to restrict minors' access to tobacco products, combined with additional interventions such as active enforcement, retailer education, and media are proven to be effective in reducing initiation, dependence, and intensity of smoking among youth.
- Evidence shows that exposure to pro-tobacco advertising and promotion leads to initiation of and progression of tobacco use among young people.
- Law enforcement, judicial and other local government officials are powerful allies in restricting youth access to tobacco.

*The tobacco industry spends \$538.5 million on advertising and promotion in Texas each year, which is 538 times more than Texas spent on tobacco prevention media campaigns in the same year.*

*66.1 million packs of cigarettes are bought or smoked by kids each year in Texas.*

### **Strategies:**

- 2.1 Implement tobacco law enforcement and retailer education activities regarding state and federal laws that restrict the sale, distribution, advertising, and promotion of tobacco products to minors.
- 2.2 Mobilize key stakeholders to leverage state and local resources to promote enforcement of laws that restrict minors' access to tobacco products.
- 2.3 Mobilize communities to engage local enforcement and judicial agencies on laws that regulate retail tobacco sales and prohibit minors' tobacco possession.
- 2.4 Coordinate media campaigns to support community interventions to educate and encourage compliance with state and federal tobacco laws.
- 2.5 Train and certify Texas Youth Tobacco Awareness Program (TYTAP) instructors and promote statewide implementation of the program.

### **Key Outcome Measures:**

- Decrease in the tobacco retailer violation rate. (Texas Synar Survey)

### Goal 3: Increase Cessation among Young People and Adults

#### Guiding Principles:

- Tobacco use is a major risk factor for multiple cancers, heart disease, lung disease, and stroke. Quitting tobacco reduces these risks.
- Tobacco related diseases kill more than 24,570 Texans each year and cost the state more than \$17.1 billion in health care costs and lost productivity.
- More than 7 in 10 smokers want to quit. Tobacco cessation services that include counseling and medications are effective at helping people quit tobacco.<sup>19</sup>
- Health care providers are valuable partners because tobacco users who are trying to quit are 30 times more likely to get counseling when the provider refers them to the Quitline for cessation counseling.
- Insurance companies can be valuable partners in expanding access to cessation services by covering treatment for tobacco dependency under both public and private insurance, including counseling and medications.<sup>20</sup>

*Research suggests that nicotine is as addictive as heroin, cocaine, or alcohol.*

*Chemicals in tobacco smoke interfere with the functioning of fallopian tubes, increasing risk for adverse pregnancy outcomes such as ectopic pregnancy, miscarriage, and low birth weight.*

#### Strategies:

- 3.1 Educate young people and adults on the benefits of quitting tobacco and resources for cessation assistance.
- 3.2 Promote cessation resources, including the Texas Quitline and cessation medications.
- 3.3 Provide training and consultation to health care providers about U.S. Public Health Service guidelines for treating tobacco dependency.
- 3.4 Promote systems-level tobacco cessation interventions through the integration of the e-Tobacco protocol for electronic health records (EHRs).<sup>21</sup>
- 3.5 Promote expanded coverage for tobacco cessation services through Texas Medicaid and other public and private insurance providers.
- 3.6 Mobilize key stakeholders to leverage state and local resources to promote tobacco cessation among young people and adults.
- 3.7 Coordinate cessation media campaigns to support community interventions that encourage young people and adults to live tobacco free lifestyles.

#### Key Outcome Measures:

- Decrease in percentage of youth (grades 6 - 12) who report using any tobacco product in the past 30 days. (Texas YTS, Texas TSS)
- Increase in percentage of youth (grades 6 - 12) who report having tried to quit smoking at least once in the past six months. (Texas YTS)
- Decrease in percentage of adults who are current users of any tobacco product. (BRFSS)
- Increase in percentage of adult current smokers who quit smoking for at least one day in the past 12 months because they were trying to quit. (BRFSS)
- Increase in number of tobacco users who used the Texas Quitline for cessation assistance. (Quitline Vendor Reports)

<sup>19</sup> National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. page 28.

<sup>20</sup> CDC Best Practices, 2007

<sup>21</sup> The U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence.

## Goal 4: Eliminate Exposure to Secondhand Smoke

### Guiding Principles:

- There is no safe level of exposure to tobacco smoke. Every inhalation of tobacco smoke exposes children, families, and loved ones to dangerous chemicals that can damage their bodies and result in life-threatening diseases such as cancer and heart disease.<sup>22</sup>
- 17 million Texans live in areas that are not protected by smoke free laws.<sup>23</sup>
- In Texas, 995,000 children are exposed to secondhand smoke at home<sup>24</sup>
- Smoke free policies improve indoor air quality, reduce negative health outcomes among nonsmokers, decrease cigarette consumption, and encourage smokers to quit<sup>25</sup>
- Smoke free policies in workplaces, restaurants, and other public places have been shown to decrease heart attacks among nonsmokers by approximately 17-19%<sup>26</sup>

*Secondhand smoke causes premature death and disease in children and in adults who do not smoke.*

*Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.*

*Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in children.*

### Strategies:

- 4.1 Educate business owners, community leaders, parents and youth about the benefits of smoke free environments.
- 4.2 Mobilize key stakeholders to develop partnerships and leverage resources to reduce exposure to secondhand smoke.
- 4.3 Support enforcement of and compliance with smoke free laws and policies.
- 4.4 Coordinate media campaigns to educate the public about the benefits of smoke free environments.

### Key Outcome Measures:

- Decrease in percentage of youth (grades 6 – 12) who report being in the same car or room with someone who was smoking cigarettes in the past 7 days. (Texas YTS)
- 100% of Texans covered by statewide clean indoor air law of moderate strength or better.

<sup>22</sup> U.S. DHHS. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. DHHS, CDC, Office on Smoking and Health, 2010.

<sup>23</sup> UTMB Report to DSHS

<sup>24</sup> Campaign for Tobacco Free Kids Website – Toll of Tobacco on Texas. Last accessed on November 27, 12 at [http://www.tobaccofreekids.org/facts\\_issues/toll\\_us/texas](http://www.tobaccofreekids.org/facts_issues/toll_us/texas)

<sup>25</sup> National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. page 28.

<sup>26</sup> National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. page 28.

## **Goal 5: Reduce Tobacco Use among Populations with the Highest Burden of Tobacco Related Disparities**

### **Guiding Principles:**

- Youth initiation, enforcement of tobacco laws, cessation, and exposure to second hand smoke all affect certain groups disproportionately. Therefore, addressing disparities should be central to all of the goal areas in this plan.
- Identification and elimination of tobacco related disparities is necessary to the gaps alleviate the disproportionate health and economic burden experienced by certain segments of the population.<sup>27</sup>
- Engaging priority populations, who bring their own perspectives and understandings of community life and health issues, is a necessary approach to reducing health inequalities.<sup>28</sup>
- People with low socioeconomic status, residents of rural areas, people in the LGBTQ<sup>29</sup> community, and people from other segments of the population are more likely to use tobacco than the general public, and also are more likely to experience tobacco related illnesses.
- People with mental health and substance abuse conditions are three times more likely to use tobacco<sup>30</sup> and die from tobacco related illnesses approximately 25 years younger than the general public.<sup>31</sup>
- Culturally appropriate resources and services are most effective in reaching high risk populations.

### **Strategies:**

- 5.1 Identify populations with the greatest burden of tobacco related disparities by utilizing both traditional and non-traditional data.
- 5.2 Monitor changes in key indicators for priority populations.
- 5.3 Engage and educate priority populations about the benefits of smoke free environments and tobacco free living.
- 5.4 Implement culturally appropriate evidence based strategies across all goals.
- 5.5 Mobilize key stakeholders to develop partnerships that engage priority populations in interventions that address tobacco related disparities.
- 5.6 Ensure that media campaigns are culturally appropriate.

### **Key Outcome Measures:**

- Increase in percentage of middle and high school students (grades 7-12) from populations with tobacco-related disparities who report never having used tobacco. (Texas YTS)
- Decrease in percentage of middle and high school students (grades 7-12) from populations with tobacco-related disparities who report using tobacco in the past 30 days. (Texas YTS, Texas TSS)
- Increase in percentage of middle and high school students (grades 7-12) from populations with tobacco-related disparities who report having tried to quit smoking at least once in the past six months. (Texas YTS)
- Increase in percentage of adults from populations with tobacco-related disparities who call the

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<sup>27</sup> CDC. Best Practices for Comprehensive Tobacco Control Programs—2007. Atlanta: U.S. DHHS, CDC, Office on Smoking and Health; October 2007.

<sup>28</sup> NIH. Principals of Community Engagement (Second Edition). Atlanta: U.S. DHHS, NIH Publication No. 11-7782. [http://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](http://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf). Accessed 12/5/2012.

<sup>29</sup> LGBTQ stands for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning.

<sup>30</sup> Department of State Health Services, 2011 Clinical Management for Behavioral Health Services.

<sup>31</sup> National Association of State Mental Health Program Directors, 2007

Quitline. (Texas Quitline Reports)

- Decrease in percentage of adults from populations with tobacco-related disparities who report current use of any tobacco product. (BRFSS)
- Increase in percentage of adult current smokers from populations with tobacco-related disparities who quit smoking for at least one day in the past 12 months because they were trying to quit. (BRFSS)
- Decrease in percentage of middle and high school students (grades 7-12) from populations with tobacco-related disparities who report being in the same car or room with someone who was smoking cigarettes in the past 7 days. (Texas YTS)

## **Goal 6: Develop and Maintain Statewide Capacity for Comprehensive Tobacco Prevention and Control**

### **Guiding Principles:**

- Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking.<sup>32</sup>
- Community support and involvement at the grassroots level are critical in implementing effective interventions.<sup>33</sup>
- Comprehensive tobacco control programs must have a surveillance and evaluation system that monitors and documents outcomes to inform decision-making and ensure accountability.<sup>34</sup>
- The cultural context of affected target populations must be understood to identify and eliminate tobacco related disparities.

### **Strategies:**

- 6.1 Build and sustain state, regional and local capacity to assess, plan, implement, evaluate, and maintain evidence based tobacco prevention and control initiatives.
- 6.2 Maintain surveillance of tobacco use among young people, adults, and priority populations.
- 6.3 Maintain an epidemiology workgroup that promotes data driven strategic planning.
- 6.4 Establish a statewide workgroup to provide expert guidance on comprehensive tobacco prevention and control program implementation strategies.
- 6.5 Develop a five-year strategic plan to guide implementation of strategies to accomplish comprehensive program goals.
- 6.6 Implement and evaluate comprehensive tobacco prevention and control interventions through effective, sustainable, and targeted community coalitions.
- 6.7 Provide training and technical assistance to community-based organizations, local coalitions, and health care providers on the implementation of evidence-based tobacco prevention and control programs, policies, and practices.
- 6.8 Collaborate with other state and local programs that target tobacco related health risks.
- 6.9 Disseminate information about evidence based tobacco prevention and control resources and opportunities.
- 6.10 Maintain a system to evaluate the processes and outcomes of comprehensive tobacco prevention and control activities. Use evaluation finding to modify program implantation.

### **Measures of Success:**

- Increase in state, regional, and local stakeholders' utilization of training and technical assistance resources related to assessment, community mobilization, planning, implementation, and evaluation of tobacco control initiatives.
- Increase in state, regional, and local stakeholders' utilization of existing tobacco surveillance and reporting data to inform data-driven decision making.
- Statewide workgroup established and active.
- Effective and sustainable comprehensive community coalitions implemented and evaluated statewide.

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<sup>32</sup> CDC. Best Practices for Comprehensive Tobacco Control Programs—2007. Atlanta: U.S. DHHS, CDC, Office on Smoking and Health; October 2007. page 7

<sup>33</sup> CDC. Best Practices for Comprehensive Tobacco Control Programs—2007. Atlanta: U.S. DHHS, CDC, Office on Smoking and Health; October 2007, page 22.

<sup>34</sup> CDC. Best Practices for Comprehensive Tobacco Control Programs—2007. Atlanta: U.S. DHHS, CDC, Office on Smoking and Health; October 2007, page 45.