

# University of Texas at Austin

## Texas Tobacco Related Health Disparities Project



**FY2008**

**The University of Texas at Austin**  
presented to Texas Department of Health Services  
8//20/08

**Texas Tobacco Related Health Disparities Project FY 2007- 08**  
**Public Health Promotion Research & Program Development**  
**University of Texas at Austin**

**Background**

In fall 2005 the Texas Department of State Health Services (DSHS) Tobacco Program applied for and received supplemental funding from the Centers for Disease Control (CDC) Office on Smoking and Health to address tobacco related health disparities. The CDC model requires creation and education of a core planning team that would be responsible for development of a coalition infrastructure. The coalition would then construct and review community population profiles, select priority populations, and develop an action plan.

Each of the regional tobacco control staff selected members of local work groups to participate in a statewide forum, convened in July 2006, at the State Tobacco Control Conference, with the intention that each Regional Tobacco Coordinator (RTC) would leave the conference with the beginnings of a trained core planning team. During FY07 effort to support the training coalitions from several regions, however for a variety of reasons only the workgroup that was initiated in Region 8 was able to be sustained over this time period.

**Purpose**

The FY08 Texas Tobacco-Related Health Disparities Project is a combination of trainings and resources designed to assist DSHS to deliver comprehensive community-based tobacco control programs. The overall goal is to ensure that the Texas Tobacco Control Program, and their key volunteers and stakeholders share a common vision and basic skills and resources to implement comprehensive tobacco prevention and control programs.

The Tobacco Related Health Disparities Project (TRHD) is intended 1) to provide facilitation and research support to Regional Tobacco Coordinators as they approach populations overburdened by tobacco use and exposure 2) to provide additional presentation materials and for use with priority populations and 3) to help the Regional Tobacco Coordinators prepare constituents for participation in addressing tobacco related health disparities by recommending appropriate evidenced-based education, outreach and cessation programs.

**Location**

Technical Assistance and training was provided upon request. The highest level of support was provided to the work group in San Antonio, Region 8; limited assistance also was provided for the Jefferson County Tobacco Control work group as requested. Tobacco related health disparities was also integrated into the training and technical assistance that was provided to six newly funded community coalitions. These six

funded areas included Fort Bend County, Austin/Travis County, San Antonio/Bexar County, North East Texas (including Smith and Gregg Counties), Lubbock Cooper ISD, and Midland/Ector County. This represents a significant of the service area for comprehensive tobacco prevention and control from the single pilot area in Jefferson County to a statewide community-based effort.

<b>Where</b>	<b>For Whom</b>	<b>When</b>	<b>What</b>
San Antonio, TX	San Antonio TRHD Core Planning Team	9/10/2007	Training on the issues and statistics related to TRHD
		9/24/2007	Continued support on assessing community resources and investment in tobacco control. Assistance in preparation for the first Community Stakeholders Forum.
		10/29/2007	Reviewed feedback for stakeholder's forum and planed for next steps.
San Antonio, TX	San Antonio TRHD Community Stakeholders Forum	10/10/2007	Presented data on state and local tobacco related health disparities
		11/14/2007	Information on SHS efforts presented. Identified priority populations and characteristics
San Antonio, TX	San Antonio TRHD Core Planning Team	12/3/2007	Reviewed the results of the last forum requested data from partners to move ahead on planning based on the feedback from forum participants.
		12/14/2007	.Reviewed data on zip codes with evidence of TRHD
		1/10/2007	Set the agenda for the next forum, receive data presentation from NCI Cancer Information Service
San Antonio, TX	San Antonio TRHD Community Stakeholders Forum	1/17/2007	Introduced the zip code based priority areas of the city, the group listserv, and the grant award.
Port Arthur, TX	Jefferson County Coalition Chair	5/14/08	Provided and reviewed the Community Coalition Tool Kit and reviewed the potential of their applying the Strategic Prevention Framework to their efforts in Jefferson county
San Antonio Metro Health Lubbock-Cooper ISD TPCC Coalition Midland/Ector County Austin Texas NE Texas	Community Coalition members/staff	2/4/08 2/11/ 2008 2/14/08 2/15/08 2/19/08	Texas Tobacco Prevention and Control Coalition technical assistance site visits
Austin, TX	Coalition Representatives from six funded community	2/25-27/08	Texas Tobacco Prevention & Control Coalition Training: Planning for

	coalitions and all Regional Tobacco Coordinators		Excellence in Community-based Tobacco Prevention and Control
Midland/Ector County	Community Coalition members/staff	5/11/08	Texas Tobacco Prevention and Control Coalition technical assistance site visits
Fort Bend County		5/13/08	
Lubbock-Cooper ISD TPCC Coalition		5/21/08	
NE Texas		6/2/08	
San Antonio Metro Health		6/4/08	
Austin/Travis County Health & Human Services		6/11/08	
The Woodlands, TX	Coalition Representatives from six funded community coalitions and all Regional Tobacco Coordinators		Texas Teen Tobacco Summit & Comprehensive Tobacco Prevention Conference

## Outcomes

During the first quarter of FY08 the 7 regional tobacco prevention & control staff was involved in conducting their community assessments. Region 8 is the primary area where a Tobacco Related Health Disparities workgroup is actively being supported by this project. A limited amount of technical support has also been provided to a coalition that has been on-going in the Jefferson County area of Region 5S/6 via telephone and email.

In coordination with the Region 8 Tobacco Coordinator, University of Texas staff has continued to support the San Antonio work group through active participation in discussions about the development of resources and strategic planning. Although it was difficult getting the ball rolling the San Antonio Bexar County workgroup has maintained the interest to continue working and conducted community stakeholder meetings during the first quarter of FY08. UT has provided resources and data as requested by the workgroup. This support has ranged from development of a community assessment tool, access to a listserv on the UT server, review of state and national statistics as well as presentations and support at the community stakeholder meetings.

The workgroup identified priority populations and group characteristics that should be the focus of their tobacco control efforts. In addition the tobacco-related health disparities topic, information was provided to stakeholders on local smoke-free ordinances efforts and on legislative smoke-free initiatives at the state level. The core planning team members also received some instruction on how to go about action planning.

The coalition was provided information regarding the RFA for the DSHS Tobacco Prevention and Control Coalition. Since the local health department is any active member of the workgroup they requested support of the other members in applying for the grant. Although UT and the Regional Tobacco Coordinator abstained from participation in any discussions regarding specific development of the RFA application,

partnership developed or strengthened through this workgroup assisted the city in writing its proposal.

During the second quarter of the FY2007-08 Tobacco Prevention & Control staff in 8 regional offices participated in the Texas Tobacco Prevention and Control Coalition Training: Planning for Excellence in Community based Tobacco Prevention and Control. The training, conducted primarily for the recently awarded Texas tobacco control coalitions, provided current state and regional data on tobacco use and disease burden disparities.

In coordination with the Region 8 Tobacco Coordinator, University of Texas staff has continued to support the San Antonio work group through active participation in discussions about the development of resources and strategic planning. During the second quarter of FY08 the San Antonio Tobacco-Related Health Disparities workgroup continued to developing stakeholder forums to inform the local community about the issues related to TRHD. The group also advised the San Antonio Metro Health Department in their grant application (both the Regional Tobacco Coordinator and UT abstained from discussing this topic beyond responding to questions on application timelines). One Stakeholder Forum was held during this quarter. San Antonio Metro Health Department was awarded a substantial grant for Tobacco Prevention and Control Coalition and asked the TRHD workgroup to participate in the community coalition as key coalition organizers. The grant award was introduced to the community at the January 17, 2008 stakeholder’s meeting.

Both the planning meeting and the stakeholder forum were focused on identifying data sources for targeting populations with high likelihood of experiencing tobacco related health disparities. A brainstorming session during the second forum identified traits and population of interest in the local community. Those traits and populations are listed below. During the January 17<sup>th</sup> forum the group presented that data that was provided by stakeholders to move from traits and populations to potential priority neighborhoods and communities.

Traits

Age (18-29)  
(45-64)  
Low-income status <\$25,000  
Less than high school education  
Male  
African American

Specialty Populations

Pregnant women  
Mental Health  
LGBT  
Homeless  
Military  
Illegal Immigrants

A decision was made to incorporate “Learning Lunches” into the offerings of the coalition/workgroup. These events would offer educational opportunities to the community about the impact, resources and progress related to tobacco prevention and

control, particularly (but not exclusively) related to tobacco related health disparities. The work group made a decision to hold off on additional decision until the detail of the grant requirements were laid out to be certain not to run in conflict with the grant.

From February through July 2008 the six funded community coalitions were provided training, technical assistance and resources to help them develop comprehensive community-based tobacco prevention and control efforts in their local communities. Tobacco related health disparities were addressed in the community toolkit, which was developed as a reference guide for the sites as well as in the training and technical assistance provided to funded site. Attachment A is an example of the information provided in the Texas Community-based Coalition Toolkit, a reference guide developed to centralize the information provided by both the Centers for Disease Control and Prevention (CDC) and the Substance Abuse & Mental Health Services Administration (SAMHSA). The Community Toolkit provided the framework from which the technical assistance site visits were based. TRHD was an important topic during the two site visits to each site. The first site visit focused on the community role in the needs assessment and the importance of community and coalition capacity building. The sites were required to complete a needs assessment which was designed to help them identify priority populations in their communities. Evaluation assistance was also provided to guide local evaluators in the development of needs assessment and evaluation plan. Attachment B is a sample of the data provided by the sites in a draft report which will be completed in the next few weeks. The second site visit focused on utilizing the needs assessment to develop community-based problems statements and logic models. The technical assistance was designed to highlight priority populations in the selection of priority problem statements.

Additionally, coalitions and the regional tobacco coordinators were hosted in Austin, TX and at The Woodlands, TX for extensive training which addressed effective planning for comprehensive community-based tobacco prevention and control. These discussions were grounded on identification of priority populations and promising practices for address these populations. The training presentation on promising practices and interventions for implementing comprehensive tobacco control with priority populations is being rewritten in report format to be shared as a resource for all Texas communities.

## **Conclusion**

The Tobacco Related Health Disparities Project has expanded its reach across more Texas communities during FY08. In the San Antonio area the TRHD workgroup was able to provide the basis for the community-wide comprehensive tobacco prevention initiative because major partners were already organized for addressing tobacco issues in their community. Finally the existence of community-based coalitions across the state, which have already identified partners for working with the priority populations in their local communities, will help address the need for strategic planning on tobacco related health disparities at the state level.

## ATTACHMENT A

### Which Groups Experience Higher than Average Rates of Tobacco Use?

The past 30-day smoking rate for adult Texans as of 2006 is 17.9% (BRFSS). Actual smoking rates for a community can vary greatly by ZIP code, highest level of education, gender and race/ethnicity.<sup>2</sup>

Members of certain racial/ethnic minority groups, people with low socioeconomic status and other groups are at high risk for tobacco use, are exposed to higher levels of secondhand smoke and have more tobacco-related illness and death than the average adult smoker. These groups are often more susceptible to tobacco marketing practices that take advantage of their lack of education.<sup>3</sup>

### Tobacco-Related Disease Burden

Tobacco use is a well known cause of cancers and cardiovascular and respiratory diseases. In 2005 an estimated 27,000 Texans were newly diagnosed and another 17,800 died from tobacco-related cancers such as lung, oral cavity, bladder, kidney and stomach cancers.<sup>4</sup> The burden of these disease conditions varies with the stage at which it is diagnosed as well as access to treatment.

Population groups with a higher than average rate of tobacco use or tobacco-related disease burden are listed in the chart below. U.S. Census Bureau data (<http://factfinder.census.gov/home/saff/main.html?lang=en>) can be used to complete the chart and approximate the estimated proportion of each population group in each coalition's service area.

This exercise helps identify groups that the coalition may want to designate as priority populations. When resources are limited, it is particularly important to focus program initiatives on groups that not only smoke more, but also experience more tobacco-related death and disease rates than the general community. Stakeholders from priority populations should be recruited actively to serve as coalition members.

Potential Priority Population Groups	Tobacco Use Prevalence and Disease Burden	Estimated % in Community*
Males	Texas men have higher smoking rates and earlier deaths due to smoking than women. Widespread smoking cessation is predicted to eventually cut the risk of premature death for men ages 35-60 in half.	
African Americans	Compared to White smokers, African American smokers have more cancers and more deaths due to six different cancers. Smoking cessation among African Americans has been identified as a national health priority. <sup>5</sup> African Americans represent about 12% of the Texas population based (2005 Census Estimate).	
Young Adults and Lower Socio-Economic Status (SES)	Data collected from East Texas and Central Texas in 2005-2007 show the highest rates of tobacco use among 18- 29 year olds enrolled in two-year technical school programs. <sup>6,7</sup> Current smoking rates are estimated to be about 30% . These students also have one of the lowest quit rates	
Pregnant Women	More than half the babies born in Texas are born to mothers who participate in the federally funded nutrition program for women, infants and children (WIC). Smoking rates for Texas pregnant women vary greatly by race and geography. Smoking among	

	pregnant women endangers the baby as well as the mother.	
Disabled	Smoking prevalence among people with disabilities has been estimated to be approximately 50% higher than for people without disabilities (30.4% compared to 19.3%, 2004 BRFSS). <sup>8</sup> More than 40% of smokers with disabilities are not being told about the types of available tobacco-cessation treatments. An estimated 1.8 million Texans ages 16-64 are classified as disabled (2005 Census Estimate).	
Military	More than a third of active duty service members still smoke. The military tradition of selling cheap, tax-free cigarettes persists. <sup>9</sup> Both cigarette smoking and heavy alcohol use increased significantly in this population between 1998 and 2002 and remained at those levels in 2005. <sup>10</sup> An estimated 10.1% of the Texas civilian population 18 years and over (1,605,825) are classified as military veterans, eligible to use commissaries. These numbers are predicted to increase as Texas men and women return from serving in the Middle East.	
Sexual Minorities	Cigarettes are part of the GLBT (Gay, Lesbian, Bisexual and Transgender) population culture. At the national level there is evidence of youth smoking rates in this population approaching 60%. <sup>11</sup>	
Native Americans	A 25.6% smoking rate for Native Americans was the highest of any designated racial group in Texas in 2004. <sup>2</sup> The estimated number of Native Americans is approximately 0.8% of the Texas population (2005 Census Estimate).	

## References

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## ATTACHMENT B

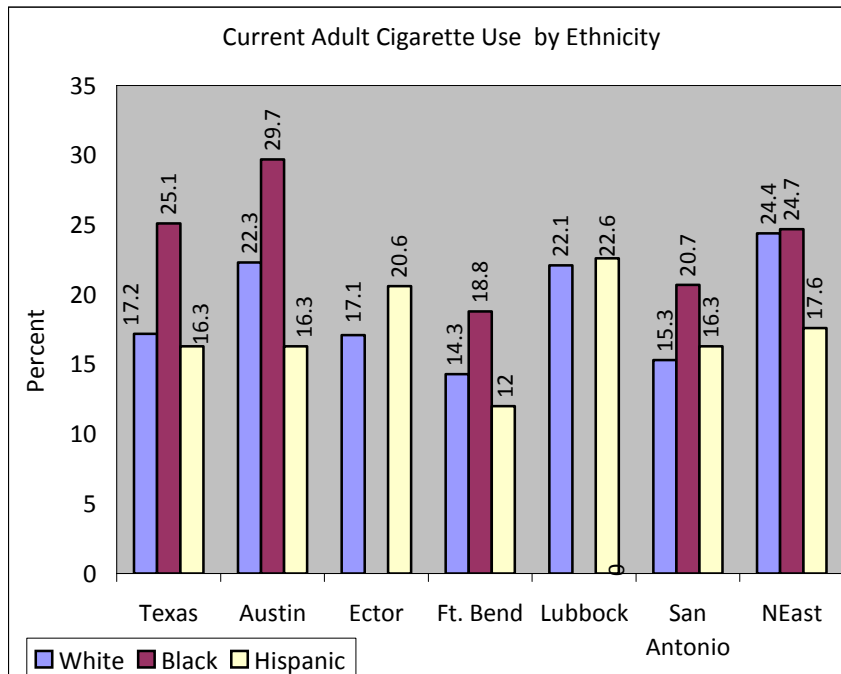
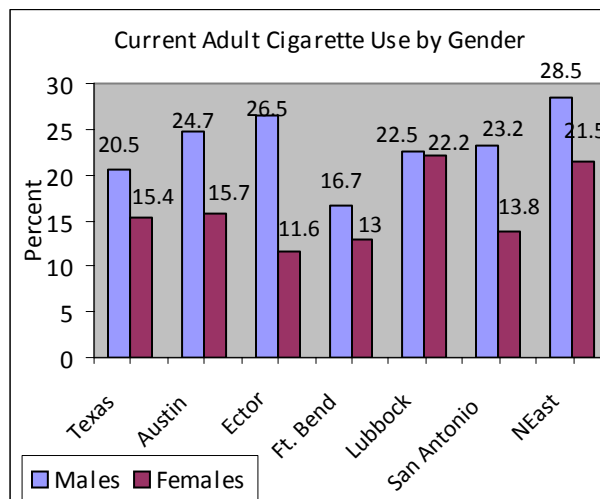
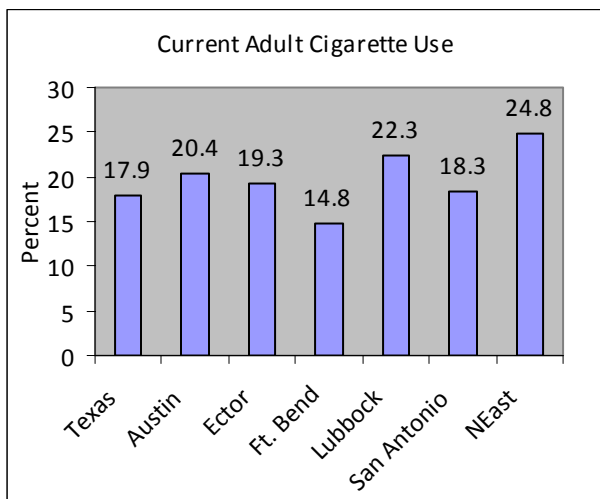
### DRAFT Tobacco Prevention and Control Coalition Evaluation Report 8-17-08

**PART C**

*EPIDEMIOLOGY OF TOBACCO USE*

*Adult Tobacco Use (from \*Behavioral Risk Factor Surveillance Survey, 2006)*

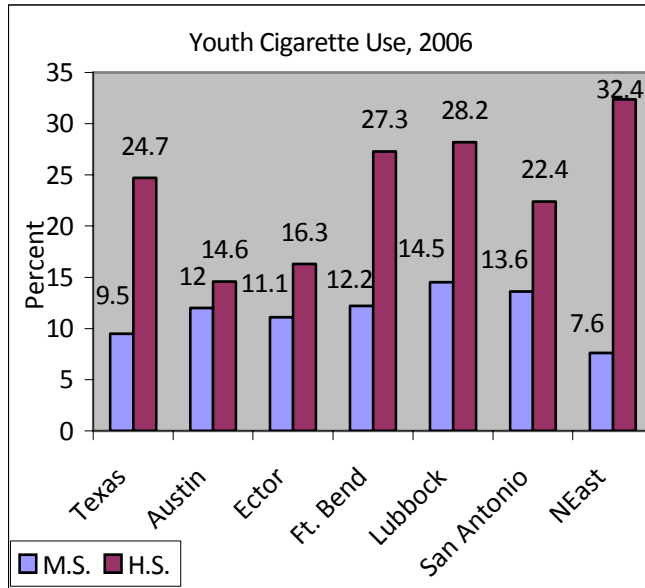
Surveillance of adult and youth tobacco use is integral to determining if tobacco prevention and control efforts work. The national goal is to reduce smoking to 12% by 2010. As seen in the figures below, the rate of cigarette use, as obtained from the 2006 BRFSS, among Texas adults is currently 17.9%. Ector, San Antonio, and North East Texas have rates of cigarette use higher than that of Texas, with North East Texas having a rate of 24%. In all communities, the smoking rates were higher for males than for females. The most pronounced difference was in Ector, where males were over twice as likely to smoke as females.



In terms of disparities, in Texas African Americans have a higher rate of cigarette use than Whites or Hispanics, and this pattern is found in Fort Bend and San Antonio. In North East, however, Whites and Blacks are equally likely to smoke. In Ector, Hispanics are more likely to smoke than Whites; the population of Blacks is not large enough for a rate to be calculated.

\*Rates for Austin are compiled from the 2005-2007 BRFSS surveys. Rates for Lubbock-Cooper are from the 2006 MSA oversample. Rates for San Antonio are from the 2007 San Antonio STEPS BRFSS.

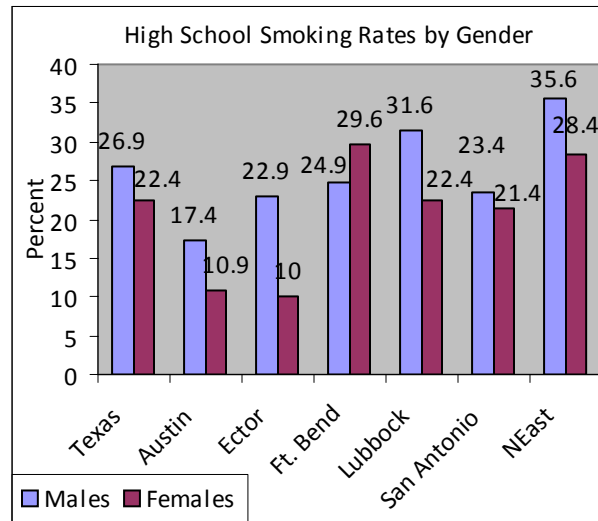
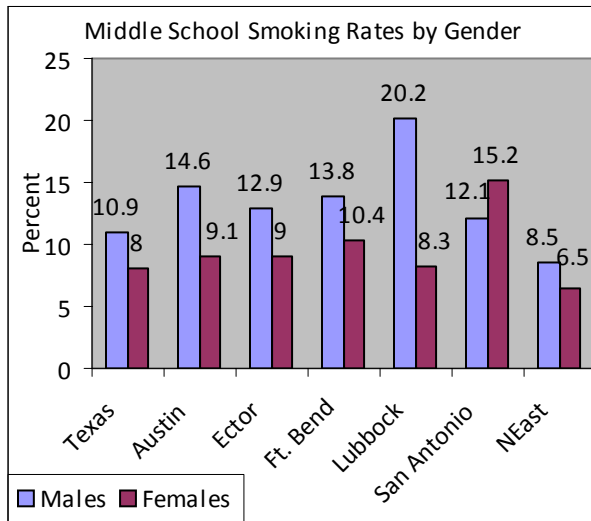
Youth Tobacco Use (from \*Youth Tobacco Survey, 2006)



Rates of smoking of middle school (M.S.) and high school (H.S.) youth are displayed to the left. All communities, except for North East Texas, had higher rates of smoking among middle school youth than Texas as a whole. For high school students, rates of smoking for Fort Bend, Lubbock-Cooper and North East Texas were higher than the state rate.

Austin and Ector had the lowest percentage difference of smoking rates between middle school and high school and the lowest high school rates.

As seen below, gender differences in smoking rates among middle school youth were most pronounced in Lubbock-Cooper. Only North East Texas had middle school smoking rates lower than the state. In contrast, only North East Texas had higher rates for male and female high school students than Texas. In Fort Bend, high school females were slightly more likely to smoke than their male peers.



\*Middle and high school data for Austin were taken from the 2005 American Community Survey.